

Happy Living,
Happy Life

2020

EMPLOYEE
BENEFIT GUIDE

FLEX
TECHNOLOGY GROUP



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This guide provides an overview of the benefits program. It is not intended to be a complete description of the benefits or official summary plan descriptions for these programs. If there is a conflict between this guide and the official plan documents, the plan documents will govern. Flex Technology Group reserves the right to modify or terminate any of the described benefits at any time and for any reason. The descriptions of these benefits are not guarantees of current or future employment or benefits. For information about the specific plans available to you, please contact Human Resources.



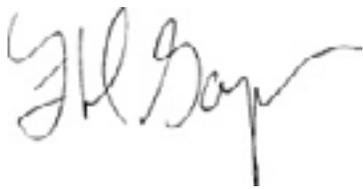
Welcome >

Welcome to Your Flex Technology Group (FTG) Benefits!

Frank's Message for 2020 Benefits Guide:

Flex Technology Group (FTG) is a legendary company built by extraordinary employees. Each of you bring your skills, dedication, and commitment to the company every day. I am forever grateful for your hard work. Together, we have created a national company committed to serving our customers, and one another, with an unparalleled level of service. Our employees are best in class contributing to the future of the organization for years to come.

FTG is committed to your future by providing a comprehensive benefits package that serves you and your family. The benefits outlined in this guide will support you and your family's well-being and align with your wellness goals for the year ahead. I wish you all a happy and healthy future in the year ahead and thank you for being a part of Flex Technology Group.



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Eligibility

Active, full-time employees working at least 30 hours per week are eligible for benefits on the first of the month following 30 days of employment.

You may enroll your eligible dependents in many of the same plans you choose for yourself. Eligible dependents include:

- Your legal spouse or same/opposite gender domestic partner*
- Your natural, adopted, stepchildren, or domestic partner's children up to age 26
- Children of any age, if incapable of self-support due to mental or physical disability

*Contact Human Resources for a Declaration of Domestic Partnership form which must be approved before coverage can begin.

Enrolling & Making Changes

The choices you make when you first become eligible are in effect for the remainder of the plan year. It's important to review your benefit options and choose the best coverage for you and your family.

You have three opportunities to enroll in or make changes to your benefits:

1. Within 30 days of your eligibility date
2. During the annual enrollment period
3. Within 30 days of a qualified change in family status. Examples include:
 - Marriage, divorce, or legal separation
 - Birth or adoption of a child
 - Death of a dependent
 - Loss or gain of other health coverage for you and/or your dependents
 - Change in employment status
 - Change in Medicaid/Medicare eligibility for you or a dependent
 - Receipt of a Qualified Medical Child Support Order

How to Enroll

Follow these steps to enroll in your benefits.

- 
- ### 1 Evaluate Your Needs

Be a smart health care shopper and ask yourself the following questions:

 - Who should I cover? Evaluate your coverage options for all dependents who meet eligibility requirements.
 - How much did I spend on health care last year? Consider your past expenses to help you plan for your future needs.
 - Will I need more or less health coverage next year? Estimate the amount of health care you will require in the upcoming year.
 - ### 2 Review Your Options

Review this benefit guide to compare your options and evaluate plan costs and potential savings.
 - ### 3 Enroll Online

Follow these steps to complete your benefit elections. Click here for step-by-step enrollment instructions: [Download Guide](#)

 - Log in to [Kronos](#).
 - Click on the *three lines* in the upper left hand corner next to the Flex Technology Group logo
 - Click on the *star icon* to open the Favorites tab
 - Click on *Links* to open a drop down menu and select Kronos Benefits Center (you will be redirected to a single sign on page for PlanSource to enroll in benefits)
 - Review your selected benefits and,

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Helpful Benefit Terms & Definitions

To better understand your coverage, it's helpful to be familiar with benefits vocabulary. Take a moment to review these terms, which may be referenced throughout this guide.

Balance Bill – When a health care provider bills a patient for the difference between what the patient's health insurance reimburses and what the provider charges.

Copay – A fixed dollar amount you pay the provider at the time of service; for example, a \$25 copay for an office visit or a \$15 copay for a generic prescription.

Coinsurance – The percentage paid for a covered service, shared by you and the plan. Coinsurance can vary by plan and provider network. Review the plans carefully to understand your responsibility. You are responsible for coinsurance until you reach your plan's out-of-pocket maximum.

Deductible – The amount you pay each plan year (May 1 - April 30) before the plan coinsurance pays. Embedded deductible means you will never pay more than the individual deductible; aggregate deductible means the total family deductible must be met before the plan coinsurance pays. Not all covered services are subject to the deductible. For example, the deductible does not apply to preventive care services.

Emergency Room Care – Care received at a hospital emergency room for life-threatening conditions.

High Deductible Health Plan – A high deductible health plan (HDHP) has a lower monthly premium and a higher deductible than traditional health plans. The plan starts paying for eligible medical expenses after you've met the deductible (Preventive Care services are covered 100%). A HDHP can be combined with a health savings account (HSA) allowing you to pay for certain medical expenses with funds from the HSA.

Health Savings Account (HSA) – A HSA is an account that allows eligible individuals with HDHP to set aside money on a pre-tax basis to pay for qualified medical expenses.

In-Network Care – Care provided by contracted doctors within the plan's network of providers. This enables participants to receive care at a reduced rate compared to care received by out-of-network providers.

Out-of-Network Care – Care provided by a doctor or at a facility outside of the plan's network. Your out-of-pocket costs may increase and services may be subject to balance billing.

Out-of-Pocket Maximum – The maximum amount you pay per year before the plan begins paying for covered expenses at 100%. This limit helps protect you from unexpected catastrophic expenses.

Premium – The complete cost of your plans. You share this cost with the company and pay your portion through payroll deductions.

Preventive Care – Routine health care, including annual physicals and screenings, to prevent disease, illness, and other health complications. In-network preventive care is covered at 100%.

Urgent Care – Visit urgent care for sudden illnesses or injuries that are not life-threatening. Urgent care centers are helpful when care is needed quickly to avoid developing more serious pain or problems.

Benefit Acronyms

AD&D = Accidental Death & Dismemberment

HDHP = High Deductible Health Plan

FSA = Flexible Spending Account

HMO = Health Maintenance Organization

HSA = Health Savings Account

LTD = Long-Term Disability

OOPM = Out-of-Pocket Maximum

PPO = Preferred Provider Organization

STD = Short-Term Disability

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Blue Cross Blue Shield (BCBS) Medical Plan Options

Plan Features	BCBS PPO \$1,500		BCBS PPO \$5,000		BCBS HDHP/HSA \$2,800	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Year Deductible (Embedded) Individual/Family	\$1,500 / \$3,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$10,000 / \$20,000	\$2,800 / \$5,600	\$5,600 / \$11,200
Coinsurance	20%	50%	20%	50%	20%	50%
Plan Year Out-of-Pocket Maximum Individual/Family	\$3,000 / \$6,000	\$6,000 / \$12,000	\$7,750 / \$15,500	\$15,500 / \$31,000	\$5,000 / \$10,000	\$10,000 / \$20,000
	You pay:		You pay:		You pay:	
Office Visit Copay	\$25 / \$50	50% after deductible	\$30 / \$60	50% after deductible	20% after deductible	50% after deductible
Preventive Care	\$0	50% after deductible	\$0	50% after deductible	0% no deductible	50% after deductible
Retail / Convenience Clinic	\$25	50% after deductible	\$30	50% after deductible	20% after deductible	50% after deductible
Urgent Care	\$75	50% after deductible	\$100	50% after deductible	20% after deductible	50% after deductible
Emergency Room	\$250 copay; then 20% coinsurance	\$250 copay; then 20% coinsurance	\$500 copay; then 20% coinsurance	\$500 copay; then 20% coinsurance	20% after deductible	20% after deductible
Chiropractic Care	\$50	50% after deductible	\$60	50% after deductible	20% after deductible	50% after deductible
Diagnostic Lab/X-Ray	\$0	50% after deductible	\$0	50% after deductible	20% after deductible	50% after deductible
Diagnostic Imaging (MRI, PET, CAT)	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Inpatient Hospital	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Telemedicine	\$25	N/A	\$30	N/A	\$49	N/A
Outpatient Hospital (Hospital Facility)	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Hospital (Non-Hospital Clinic)	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Prescription Drugs (In-Network)						
Deductible	None		None		None	
Retail Copay	\$10 / \$30 / \$50		\$15 / \$60 / \$80		\$15 / \$30 / \$50	
Specialty Rx	20% coinsurance to a max of \$250	N/A	20% coinsurance to a max of \$250	N/A	20% coinsurance to a max of \$250	N/A
Mail-Order Copay	2x Retail Copay for 90 Day Supply		2x Retail Copay for 90 Day Supply		2x Retail Copay for 90 Day Supply	

Please Note

Stay In-Network to take advantage of BCBS' lower contracted rates. If you go Out-of-Network for care, you may pay \$500 if no precertification is obtained, your cost for prescriptions may be higher, and you will end up paying the balance of out-of-network bills above and beyond what you would pay in-network!

Valuable BCBS Health & Wellness Resources

How to Find a BCBS In-Network Provider

Visiting an in-network provider will save you money. To find an in-network BCBS provider, log into your member account at www.azblue.com/member and click "Find a Doctor." Follow the search category prompts to find a doctor near you.

Got a Health Question? Call Nurse On Call

Nurse On Call provides instant access to registered nurses who are trained to understand your health concerns and provide you with general health tips, as well as trusted guidance on possible urgent care situations. If you have a health question, call Nurse On Call at 866-422-2729. You can also log on to your member portal at www.azblue.com/healthyblue and click on Nurse On Call Home.

Telehealth – Care from the Comfort of Home

Skip the waiting rooms and scheduling hassles. Telehealth services through BlueCare Anywhere puts you in control of when and where you access care. You can speak with a licensed physician, counselor, or psychiatrist 24/7/365 via phone or video consultation. This gives you direct access to licensed medical and counseling professionals who may be able to:

- Define treatment of common medical conditions, such as colds, flu, bronchitis, allergies, rashes, depression, and more
- Provide specialist referrals
- Prescribe medications

To get started, download the BlueCare Anywhere App for Apple or Android. For more information, call 844-606-1612 or go online to www.azblue.com/bluecareanywhere.

Be Aware – Prior Authorization May Be Needed

Some health care services, prescription drugs, or durable medical equipment may need prior authorization, prior approval, or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost, but when in doubt, ask your health care provider to obtain a preauthorization and provide a copy to you.

Download the MyBlue AZ Mobile App

The MyBlue AZ mobile app gives you instant access to:

- Your digital member ID card
- Search for doctors, hospitals, and labs
- View your deductibles and out-of-pocket balances
- Pay your bills
- Explore care options and estimated costs



Search for the MyBlue AZ App at the App Store and Google Play.

Telehealth vs. Urgent Care vs. Emergency Room

How Do You Choose?

Need medical attention, but it's not a true emergency? Save time and money by using telehealth services or visiting urgent care. Emergency room copays are expensive and the average wait time is 4.5 hours! Telehealth services and urgent care centers provide quality care just like the ER, but you could save hundreds of dollars and hours of time in the waiting room for non-life-threatening issues.

How to Decide Where to Go		
Telehealth (Non-Life-Threatening) 	Urgent Care Center (Non-Life-Threatening) 	Emergency Room (Life-Threatening) 
<ul style="list-style-type: none"> ▪ Headaches ▪ Fever and flu symptoms ▪ Cough, cold, and sore throat ▪ Skin irritations/rashes ▪ Counseling services ▪ Psychiatry services <p>BCBS – BlueCareAnywhereAZ.com to sign up or download the BlueCare Anywhere APP</p> <p>Kaiser Health Plan TeleHealth – kp.org/getcare to learn more or 1-866-454—8855</p>	<ul style="list-style-type: none"> ▪ Earaches and infections ▪ Minor cuts, bumps, sprains, and burns ▪ Fever and flu symptoms ▪ Allergic reactions ▪ Animal bites ▪ Mild asthma ▪ Headaches ▪ Urinary tract infections ▪ Back and joint pain 	<ul style="list-style-type: none"> ▪ Sudden numbness or weakness ▪ Disorientation or difficulty speaking ▪ Sudden dizziness or loss of coordination ▪ Seizure or loss of consciousness ▪ Shortness of breath or severe asthma attack ▪ Head injury or major trauma ▪ Blurry or loss of vision ▪ Severe cuts or burns ▪ Overdoses ▪ Uncontrolled bleeding ▪ Coughing or vomiting blood ▪ Heart attack or chest pain ▪ Severe allergic reactions

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Kaiser Medical Plan Options

Plan Features	Kaiser HDHP/HSA	Kaiser HMO
	In-Network	In-Network
Annual Plan Year Deductible (Embedded) Individual/Family	\$2,800 / \$5,600	\$1,500 / \$3,000
Annual Plan Year Out-of-Pocket Maximum Individual/Family	\$5,250 / \$10,500 Includes Deductible & Copays	\$4,000 / \$8,000 Includes Deductible & Copays
	You pay:	You pay:
Office Visit Copay	\$30 after deductible	\$20 per visit, no deductible
Preventive Care	0% no deductible	\$0 no deductible
Retail / Convenience Clinic	\$30 after deductible	\$20 per visit, no deductible
Urgent Care	\$30 after deductible	\$20 per visit, no deductible
Emergency Room	30% after plan deductible	20% after plan deductible
Chiropractic Care (3)	\$30 after deductible	\$20 per visit, no deductible
Diagnostic Lab	\$10 per encounter after plan deductible	\$10 per encounter after plan deductible
Diagnostic X-Ray	\$10 per encounter after plan deductible	\$10 per encounter after plan deductible
Diagnostic Imaging (MRI, PET, CAT)	30% up to \$150 per procedure after plan deductible	20% up to max of \$150 per procedure after plan deductible
Outpatient Hospital	30% after plan deductible	20% after plan deductible
Prescription Drugs: Retail (up to a 30-day supply)		
Deductible	Integrated with Medical	Integrated with Medical
Most Generic (30 day)	\$15 after deductible	\$10, no deductible
Most Generic Mail-Order (100 Day)	\$30 after deductible	\$20, no deductible
Most Brand Name (30 day)	\$30 after deductible	\$30, no deductible
Most Brand Name Mail-Order (100 day)	\$60 after deductible	\$60, no deductible
Most Specialty (30 day)	20% after deductible (not to exceed \$200)	20%, no deductible (not to exceed \$200)

Valuable Kaiser Health & Wellness Resources

Are You Registered?

If you're already registered on www.kp.org, you're all set to start using your Kaiser Permanente app. If not, go to www.kp.org/registernow to set up your account from a computer. Then, use your new user ID and password to activate the app. To make the most of your membership, go to www.kp.org/memberservices.

How to Find a Kaiser In-Network Provider

Visiting an in-network provider will save you money. To find an in-network Kaiser provider, log in to your member portal or use your computer and go to www.kp.org/facilities to find doctors and locations.

Good Health Is in Your Hands – Kaiser Mobile App

Use the convenient features of My Health Manager right from your smartphone or other mobile device, to email your doctor, view most test results, schedule or cancel routine appointments, refill most prescriptions, and view past visits. Just download the Kaiser Permanente app at no cost.

Telephone & Video Visits

Next time you need a doctor, ask if a video visit is right! Visit www.kp.org/mydoctor/videovisits and join on your mobile app or computer.

1. Get the App
2. Click Get Prepared
3. Go to Appointments
4. Click Join Your Video Visit



How the Health Savings Account (HSA) Works

If you enroll in the BCBS or Kaiser HDHP plan, you will also be enrolled in a Health Savings Account (HSA) through Discovery Benefits. You may use your HSA to help pay for eligible health care expenses not covered under your medical, dental, or vision plan. An HSA makes it easy to pay for current health care costs and save for future health care needs in retirement.

What are the benefits of an HSA?

- FTG gives you money each pay period to help fund your account.
- You can set aside tax-free* money to pay for out-of-pocket health care expenses.
- The HSA is your bank account. If you leave the company, the account goes with you.
- All unused funds roll over year to year.
- HSAs make a great retirement savings account for health care.

How are contributions made to an HSA?

FTG will automatically contribute to your HSA each pay period. Company contributions are pro-rated based on your effective date. You can contribute pre-tax dollars from your paycheck up to the annual IRS maximums to pay for eligible health care expenses. When you enroll in an HSA, you will receive a Discovery Benefits debit card. Payment and claim options are available online through your own personal account at www.discoverybenefits.com.

Note that the Plan Year maximum may be different than the IRS Calendar Year maximum due to the crossover of the Plan Year with the Calendar Year. Each year the IRS raises the maximum HSA maximum by \$50/\$100 for Employee/Family coverage respectively. When you enroll in benefits for the 5/1 to 4/30 Plan Year, the Kronos setup allows a maximum contribution which includes your contribution plus FTG's, only for the IRS maximum at 5/1; it doesn't account for the increase for the next January 1 in the next calendar year.

Are HSAs Really Tax-free?

Yes! HSAs give you a triple tax advantage:

1. Your contributions to the HSA are not taxed.
2. Payment of qualified expenses is tax-free.
3. Earnings are tax-free.*



HSA contributions cannot exceed the annual IRS maximums listed below:

Coverage Type	2020 FTG HSA Contribution	2020 Maximum Employee Contribution	2020 IRS Contribution Limit
Individual Coverage	\$33.33/month (up to \$400/year)	\$3,150	\$3,550
Family Coverage	\$66.66/month (up to \$800/year)	\$6,300	\$7,100
Age 55+ Catch-up Contribution	\$0	\$1,000	\$1,000

IRS maximum contribution is for calendar year;
FTG plan year is May 1 through April 30.

HSA Eligibility

- You must be enrolled in the BCBS HSA or Kaiser HSA plan.
- You cannot be covered under another non-qualified health plan including your spouse's Health Care FSA.
- You cannot be enrolled in Medicare or Tricare, or have received Indian Health Service (IHS) or VA benefits in the last three months.
- You cannot be claimed as a dependent on someone else's tax return.

Questions? Refer to [IRS Publication 969](#) or visit www.discoverybenefits.com for complete HSA rules.

*State taxes may still apply in CA, NJ, and AL. For detailed tax implications of an HSA, please contact your professional tax advisor.

Flexible Spending Accounts (FSAs)

Make Your Money Work for You



A flexible spending account lets you use pre-tax dollars to cover eligible health care, dependent care, and transit/parking expenses. There are different types of FSAs that help to reduce your taxable income when paying for eligible expenses for yourself, your spouse, and any eligible dependents, as outlined below:

FSA Type	Detail
Health Care FSA	<ul style="list-style-type: none"> Can reimburse for eligible health care expenses not covered by your medical, dental and vision insurance. Maximum contribution for 2020 is \$2,750.
Limited Purpose FSA	<ul style="list-style-type: none"> Option for employees enrolled in a Health Savings Account (HSA) eligible plan. When moving to an HSA-eligible medical plan with a Health Care FSA balance remaining, up to \$500 can transition to the Limited Purpose FSA. Use this FSA to reimburse for eligible preventive care, dental and vision expenses. Maximum contribution for 2020 is \$2,750.
Dependent Care FSA	<ul style="list-style-type: none"> Can be used to pay for a child's (up to the age of 13) child care expenses and/or care for a disabled family member in the household, who is unable to care for themselves. Maximum contribution for 2020 is \$5,000.
Commuter Spending Account – for mandatory State programs only	<ul style="list-style-type: none"> Can be used to cover qualified transit passes, vanpooling, payments for transportation in a commuter highway vehicle, and qualified parking costs. Transit maximum contribution for 2020 is \$270 per month. Parking maximum contribution for 2020 is \$270 per month.

How do I use it?

You must enroll in the FSA program within 30 days of your hire date or during annual open enrollment. At this time, you must establish an annual contribution amount within the maximum limit. Once enrolled, you will have online access to view your FSA balance, check on a reimbursement status, and more. Visit www.discoverybenefits.com to access Discovery Benefits online portal.

What are the benefits?

- Your taxable income is reduced and your spendable income increases!
- Save money while keeping you and your family healthy.

A few rules you need to know:

- Although the Dependent Care FSA plan year runs from 5/1/2020 through 4/30/2021, the plan allows a grace period through 7/15/2021 allowing you to incur expenses (2 ½ months) after the plan year ends.
- For the Health Care and Limited Purpose FSA you may carryover up to \$500 from your 5/1/2020 Health FSA to the 5/1/2021 plan year.
- Although the plan year runs from May 1, 2020 through April 30, 2021, the plan allows an annual run-out period through 7/15/2021, allowing you to seek reimbursement for any expenses incurred during the plan year (5/1/2020-4/30/2021).
- Each account functions separately; you cannot transfer funds from a Dependent Care FSA to a Health Care FSA.

For more details about using an FSA, contact Discovery Benefits.

Please Note

Each year you wish to participate in a Flexible Spending Account or Health Savings Account, you must choose an annual amount within the IRS guidelines, portions of which will be deducted each payroll. You may make changes to your HSA amount during the year, but changes can only be made to your FSA amount if you experience a qualifying event.

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Dental Coverage

For a Healthy Smile



Good dental care improves your overall health. Our dental plans help you maintain a healthy smile through regular preventive dental care and offer coverage to fix problems as soon as they occur. To find an in-network provider or view your dental plan information, visit www.metlife.com. No dental cards are issued.

Plan Features	MetLife Low Dental Plan		MetLife High Dental Plan	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
	You pay:		You pay:	
Plan Year Deductible (waived for Preventive Services)	\$50 Individual/\$150 Family		\$50 Individual/\$150 Family	
Plan Year Benefit Maximum (per individual)	\$1,250		\$2,000	\$1,500
Diagnostic & Preventive Services (e.g., x-rays, cleanings, exams)	Covered in full	20% after deductible	Covered in full	0% after deductible
Basic & Restorative Services (e.g., fillings, extractions, root canals)	20% after deductible	40% after deductible	10% after deductible	20% after deductible
Major Services (e.g., dentures, crowns, bridges)	50% after deductible	50% after deductible	40% after deductible	50% after deductible
Orthodontia (adults and children to age 19)	Not covered		50% after deductible	50% after deductible
Orthodontia Lifetime Maximum	N/A		\$1,000 per individual	

Plan Features	MetLife Low Dental Plan (TX Only)		MetLife High Dental Plan (TX Only)	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
	You pay:		You pay:	
Plan Year Deductible (waived for Preventive Services)	\$50 Individual/\$150 Family		\$50 Individual/\$150 Family	
Plan Year Benefit Maximum (per individual)	\$1,250		\$2,000	
Diagnostic & Preventive Services (e.g., x-rays, cleanings, exams)	Covered in full	0% after deductible	Covered in full	0% after deductible
Basic & Restorative Services (e.g., fillings, extractions, root canals)	20% after deductible	20% after deductible	10% after deductible	10% after deductible
Major Services (e.g., dentures, crowns, bridges)	50% after deductible	50% after deductible	40% after deductible	40% after deductible
Orthodontia (adults and children to age 19)	Not covered		50% after deductible	50% after deductible
Orthodontia Lifetime Maximum	N/A		\$1,000 per individual	

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Vision Coverage

Seeing Is Believing



Keep your vision clear and your eyes in good health with regular eye exams. The vision plan offers an extensive network of optometrists and vision care specialists. To find a VSP Choice network provider, visit www.vsp.com. Like vision loss, hearing loss can have a huge impact on productivity and overall quality of life. VSP Vision Care now offers great savings on hearing aids to you and your entire family! Call TruHearing at 877-396-7194 and mention VSP.

Plan Features	VSP Vision Plan	
	In-Network	Out-of- Network*
You pay:		
WellVision Exam every plan year	\$10 copay	Up to \$45
Frames every plan year	\$25 copay \$130 allowance (\$150 for featured brands) 20% savings on amounts over the allowance	Up to \$70
Lenses every plan year		
Single Vision	\$25 copay	Up to \$30
Bifocal	\$25 copay	Up to \$50
Trifocal	\$25 copay	Up to \$65
Lenticular	\$25 copay	Up to \$100
Len Enhancements every plan year		
Standard Progressive	\$55 copay	N/A
Premium Progressive	\$95-\$105 copay	
Custom Progressive	\$150-\$175 copay	
Contact Lenses (in lieu of lenses and frames) every plan year		
Exam	Up to \$60 copay	N/A
Contacts	\$130 allowance	Up to \$105
Extra Savings		
Glasses & Sunglasses	<ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Visit www.vsp.com/specialoffer for more details. Save 20% on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your WellVision exam. 	
Retinal Screening	<ul style="list-style-type: none"> Pay up to a \$39 copay on routine retinal screening as an enhancement to a WellVision exam. 	
Laser Vision Correction	<ul style="list-style-type: none"> Get an average 15% off the regular price or 5% off the promotional price at contracted facilities. 	



Cost >

Your Cost for Coverage



Your monthly premiums for medical, dental, and vision are shown in the table below.

Benefit Plan	Employee Only	Employee + Spouse/ Domestic Partner	Employee + Child(ren)	Employee + Family
Medical				
BCBS HSA \$2,800	\$100	\$385	\$210	\$480
BCBS PPO \$1,500	\$225	\$645	\$430	\$845
BCBS PPO \$5,000	\$125	\$405.34	\$220.83	\$487
Kaiser HSA \$2,800 (CA)	\$140	\$560	\$530	\$860
Kaiser HMO \$1,500 (CA)	\$190	\$760	\$655	\$1055
Dental				
MetLife Dental PO \$1,250	\$10.76	\$39.66	\$43.48	\$78.54
MetLife Dental PPO \$2,000	\$23.86	\$66.41	\$76.97	\$129.43
Dental				
VSP Vision	\$7.94	\$12.70	\$12.96	\$20.90

HSA Fund Contribution

Plan year May 1 – April 30, employer contribution if H.S.A. medical coverage is chosen and Family coverage is \$33.33 per pay period.

\$400 Individual/\$800 Family	Employee only coverage, employer contributes \$400.00 throughout 24 pay periods, \$16.66 per pay period - OR - employee plus dependent(s) \$800 throughout 24 pay periods, \$33 per pay period
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Example: If a new employee becomes eligible October 1, and has chosen EE H.S.A. coverage, the employer contribution per pay will still be \$16.66, but the Total

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Disability Coverage

Income Protection When You Need It

If you experience an injury or illness that prevents you from working, disability coverage provides partial income replacement to assist you financially.

Short-Term Disability (STD)

Short-Term Disability coverage, through Mutual of Omaha, provides you with a portion of income replacement if you are unable to work due to a non-occupational illness or injury. You are automatically enrolled in STD at no cost to you.

STD benefits may be offset by benefits you receive from the state-mandated disability plans in California, New Jersey, New York or Rhode Island.

Short-Term Disability (STD)			
Percent of Earnings	Weekly Maximum	Elimination Period	Maximum Duration
60%	\$1,000	14 days	11 weeks

Voluntary Long-Term Disability (VLTD)

Voluntary Long-Term Disability pays you a portion of your earnings if you cannot work for an extended period of time due to a disabling illness or injury. Benefits are reduced by other sources of disability income you may qualify for such as Social Security and Workers' Compensation.

Pre-Existing Exclusion

Your VLTD plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/12 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered. After 12 months of coverage, the pre-existing exclusion will no longer apply. If you are currently enrolled in the VLTD plan, you will receive equal credit towards this 12 months. If you enroll as a new hire or newly eligible employee, you will have this one-time opportunity to elect VLTD without providing a Statement of Health. If you waive coverage during your initial offering period, future requests for VLTD for you will require proof of good health.

Voluntary Long-Term Disability (VLTD)			
Percent of Earnings	Weekly Maximum	Elimination Period	Maximum Duration
60%	\$10,000	90 days	Up to Social Security Normal Retirement Age

How Do I Calculate My Voluntary LTD Monthly Premium?

Follow these steps to calculate your voluntary LTD monthly premium.

Step 1: To determine your monthly earnings, take your annual earnings and divide by 12. \$ _____

Note: If your monthly earnings exceed \$16,666.67, use only up to \$16,666.67 in this calculation.

Step 2: Multiply your monthly earnings above by the applicable premium factor below, based on your age group. \$ _____. This will be your estimated monthly premium.

Note: Premiums are based on your current age as of the effective date of coverage. At each policy anniversary, future costs will change as your age increases. Due to rounding, your actual payroll deductions may vary.

Voluntary Long-Term Disability (VLTD)	
Age	Premium Factor
Under 35	0.00182
35-39	0.00376
40-44	0.00623
45-49	0.00879
50-54	0.0972
55-59	0.01235
60-64	0.01265
65+	0.00912

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Employee Assistance Program (EAP) In Good Times & Bad

When you need help with work, home, personal or family issues, the Employee Assistance Program through Mutual of Omaha offers value-added programs and services at no charge.

You and your household family members can access this confidential service to help with many life challenges including elder care, illness, grief and loss, stress, depression, financial counseling, family challenges, legal matters, and much more. These services can help you overcome challenges while saving you time and money.

The EAP gives you access to:

- Unlimited phone sessions
- Up to 5 face-to-face sessions per year
- Child care and elder care assistance
- Financial and legal resources

Contact the EAP 24/7

Call 800-316-2796

Online at

www.mutualofomaha.com/eap



Life and AD&D Insurance

Plan Ahead

Life and Accidental Death and Dismemberment (AD&D) insurance, through Mutual of Omaha, provides financial security to you and your family if you pass away or become seriously injured.

Basic Life and AD&D Insurance

As an eligible employee, you receive Basic Life and Basic AD&D insurance equal to your annual base salary up to a maximum of \$50,000. Basic Life and AD&D is provided by the company at no cost to you.

Voluntary Life and AD&D Insurance

In addition to your employer-paid Basic Life and AD&D, you may buy voluntary Life and AD&D coverage at discounted rates. The chart describes the coverage you can buy for yourself, your spouse, and your child(ren). Some states even allow grandchildren to be covered up to age 26 or higher. Please check with your Human Resources Department or review your life certificate to learn more. Premiums are deducted from your paycheck post-tax and the benefit payout will be tax-free.

Guaranteed Issue

If you enroll as a new hire or newly eligible employee, you will have this one-time opportunity to elect coverage up to \$100,000 for yourself, \$25,000 for your spouse, and \$10,000 for your children without needing to complete Evidence of Insurability form (proof of good health). If you waive coverage during your initial enrollment period, future requests for any amount of coverage for you and your dependents will require proof of good health.

Annual Benefit Amount Increase

If you enroll for even the minimum amount of coverage as a new hire or newly eligible employee, you'll have the ability to enroll for additional coverage at your next enrollment by up to \$10,000, provided the total amount of insurance does not exceed your maximum benefit amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. you get married or have a child). Amounts over the Guarantee Issue will require proof of good health.

Choosing a Beneficiary

You may choose anyone to be the beneficiary of your Life and AD&D policy in the event of your death or serious injury. Review your beneficiary designation periodically to ensure it reflects your current wishes. You may change your beneficiary as often as needed via Kronos. Remember, the laws regarding naming beneficiaries and the distribution of funds to beneficiaries can vary by state.

Plan Features	Voluntary Life and AD&D Options*		
	Employee	Spouse	Dependent Child(ren) (up to age 26)
Coverage Options	\$10,000 increments	\$5,000 increments	\$1,000 increments, minimum of \$2,000
Maximum	The lesser of 5 times earnings or \$500,000	\$250,000 (not to exceed employee coverage)	\$10,000
Guaranteed Issue Limit	\$100,000	\$25,000	
Guaranteed Issue Period	Within 30 days of benefits eligibility		

*Evidence of Insurability (EOI), may be required.

401(k) Retirement

To help you build a solid financial future, Flex Technology Group is proud to offer eligible employees a 401(k) retirement plan. You are eligible to enroll in the 401(k) Plan upon meeting the age and eligibility requirements. There are two types of salary deferrals: Pre-Tax 401(k) deferrals and Roth 401(k) deferrals. Additionally FTG also provides a discretionary matching contribution into your account. For more information contact the Human Resources Department.

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How Much Voluntary Life and AD&D Insurance Should I Buy?

When deciding how much voluntary Life and AD&D coverage to buy, consider the following:

1. How much will your dependents need to pay debts, such as a mortgage, car loan, or credit card balances?
2. How much do your dependents need to maintain their current standard of living?
3. What kind of future would you like to provide for your dependents or others who depend on you for financial support

Voluntary Life and AD&D Insurance Premiums

Use the rate chart to determine your monthly premiums. Due to rounding, your actual payroll deduction may vary.

Voluntary Life & AD&D Monthly Premiums					
Employee & Spouse					
Employee Age	\$10,000	\$20,000	\$40,000	\$50,000	\$100,000
Under 30	\$0.90	\$1.80	\$3.60	\$4.50	\$9.00
30-34	\$1.12	\$2.24	\$4.48	\$5.60	\$11.20
35-39	\$1.22	\$2.44	\$4.88	\$6.10	\$12.20
40-44	\$1.46	\$2.92	\$5.84	\$7.30	\$14.60
45-49	\$2.09	\$4.18	\$8.36	\$10.45	\$20.90
50-54	\$3.19	\$6.38	\$12.76	\$15.95	\$31.90
55-59	\$4.74	\$9.48	\$18.96	\$23.70	\$47.40
60-64	\$7.08	\$14.16	\$28.32	\$35.40	\$70.80
65-69	\$13.37	\$26.74	\$53.48	\$66.85	\$133.70
70+	\$21.51	\$43.02	\$86.04	\$107.55	\$215.10



Voluntary Life & AD&D Monthly Premiums				
Dependent Child				
Coverage	\$2,000	\$4,000	\$5,000	\$10,000
Premium	\$0.58	\$1.16	\$1.46	\$2.91

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Voluntary Legal Services A Licensed Attorney at Your Service

When you enroll in MetLife Legal Plans, you gain access to attorneys who can help with and advise on a variety of legal issues. The legal plans provides telephone and office consultations for a wide range of legal matters including:

- Estate planning
- Real estate matters
- Traffic offence
- Debt matters
- Document preparation
- Family law matters

By enrolling in MetLaw Legal plans, you also gain access to Fraud Scout which provides unlimited access to fraud specialists if your identity is stolen. Coverage is available for \$24/month. For more information, call 800-821-6400 or visit www.info.legalplans.com and enter the access code 9901208.

Voluntary Worksite Benefits Complete Your Coverage

Voluntary worksite benefits protect you financially during an unexpected accident or illness. No health questions are required, but a pre-existing condition clause may apply. You are responsible for the cost of these benefits and coverage is available for yourself, your spouse/domestic partner, and your children. Benefits are payable regardless of any other insurance plans and benefits.

Accident Insurance

Accidents can happen any time. MetLife Accident insurance helps pay for expenses related to unexpected accidents and injuries. Choose from two coverage levels: Low or High. The benefit amount is determined by the injury and medical care received and is paid in a lump sum amount. The rate chart shows the monthly premiums for the Low and High Plans.

Coverage Options	Voluntary Accident Insurance Monthly Premiums	
	Low Plan	High Plan
Employee	\$8.64	\$16.64
Employee & Spouse	\$15.21	\$29.14
Employee & Child(ren)	\$17.79	\$34.19
Employee & Family	\$22.27	\$42.81

[View more voluntary worksite benefits on the next page >](#)

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Critical Illness Insurance

Are you protected if you experience a critical illness? MetLife Critical Illness insurance helps pay for expenses related to the diagnosis of a critical illness, such as a heart attack, coma, kidney failure, or cancer. Initial occurrence and recurrence benefit payments are also included for eligible events. Choose from two coverage levels: \$15,000 or \$30,000. Benefits are paid in a lump sum amount. The rate chart shows the monthly premiums based on your age.

Voluntary Critical Illness Insurance				
Monthly Premiums per \$1,000 of Coverage				
Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Under 25	\$0.32	\$0.55	\$0.58	\$0.81
25-29	\$0.34	\$0.58	\$0.61	\$0.84
30-34	\$0.49	\$0.79	\$0.75	\$1.05
35-39	\$0.73	\$1.11	\$0.99	\$1.37
40-44	\$1.14	\$1.69	\$1.40	\$1.96
45-49	\$1.79	\$2.59	\$2.05	\$2.85
50-54	\$2.71	\$3.85	\$2.97	\$4.11
55-59	\$3.93	\$5.48	\$4.19	\$5.74
60-64	\$5.79	\$7.98	\$6.05	\$8.25
65-69	\$8.86	\$12.10	\$9.12	\$12.36
70+	\$13.20	\$18.20	\$13.46	\$18.46

Why Enroll

Why enroll in a Critical Illness or Hospital Indemnity plan? Many people have found these plans to be helpful in receiving money in lump sums for approved claims, especially if you are enrolled in a High Deductible Health Plan (HDHP). If you are enrolled in a HDHP, then you pay "first dollar" for all of your health care services, and this "extra" money can really help, particularly if you are in the process of building up your Health Savings Account.

Hospital Indemnity Insurance

An unexpected hospital stay can be expensive, even with medical insurance. MetLife Hospital Indemnity insurance helps pay for expenses and bills related to being admitted or confined in a hospital. Choose from two coverage levels: Low or High. The benefit amount is determined by the injury and medical care received and is paid in a lump sum amount. The rate chart shows the monthly premiums for the Low and High Plans.

Coverage Options	Voluntary Hospital Indemnity Insurance Monthly Premiums	
	Low Plan	High Plan
Employee	\$10.00	\$20.00
Employee & Spouse	\$19.83	\$39.67
Employee & Child(ren)	\$18.10	\$36.19
Employee & Family	\$30.79	\$61.58



Contacts >

Your Benefit Contacts

Coverage	Contact/Policy Number	Phone	Website/Email
Benefits General Questions	FTG Benefits Team	888-353-9774	Email: benefitsinfo@flexfg.com
Medical	Blue Cross Blue Shield (BCBS) # 35925	844-899-4072	www.azblue.com
	Kaiser Permanente (CA) #36100 (NoCA) / #233922 (SoCA)	800-464-4000 800-788-0616 (Spanish)	www.kaiserpermanente.org
Telehealth (BCBS members only)	BCBS BlueCare Anywhere	844-606-1612	www.bluecareanywhereaz.com
24/7 Nurse Line (BCBS members only)	BCBS Nurse On Call	866-422-2729	N/A
Health Savings Account (HSA)	Discovery Benefits	866-451-3399	www.discoverybenefits.com
Dental	MetLife #05489257	800-942-0854	www.metlife.com/mybenefits
Vision	Vision Service Plan (VSP) #30040186	800-877-7195	www.vsp.com
	TruHearing	877-396-7194	www.truhearing.com/vsp
Employee Assistance Program (EAP)	Mutual of Omaha	800-316-2796	www.mutualofomaha.com/eap
Flexible Spending Accounts (FSA)	Discovery Benefits	866-451-3399	www.discoverybenefits.com
Life, AD&D & Disability	Mutual of Omaha	800-877-5176	www.mutualofomaha.com
Voluntary Legal & Identity Theft	MetLife Legal Plan #217755	800-821-6400	www.info.legalplans.com Access Code: 9901208
Voluntary Accident, Critical Illness & Hospital Indemnity	MetLife Policy #214755	800-438-6388	www.metlife.com/mybenefits