



Group Benefits Guide

MATRIX
OneSource
A Vensure Employer Services Company



Benefit Programs Overview

BENEFIT PROGRAMS FOR TODAY'S CHANGING WORLD: Offering flexibility and options for you and your employees.

Employee benefits are a crucial but often complicated part of an employment package, and it is not always as easy to understand quantifiable perks such as salary and vacation time. However, insurance benefits are much more than just a workplace bonus—they are key safeguards that can enhance your quality of life for decades to come.

When you first receive information about your employee benefits package, you might feel a bit overwhelmed. The complex terminology and mechanics of insurance policies can be daunting, and you might be uneasy about spending a portion of your paycheck in return for something that may not be of use to you for some time. There is also the anxiety that results from wondering how to take full advantage of these benefits as well as knowing that these are big decisions that can have a significant long-term impact.

This guide is intended to provide you with the basics about employee benefits so that you can understand what your employer is offering to you and help make those decisions that best meet your needs.

Group Benefit Plan Options

METLIFE

- › Dental Coverage
 - › PPO Enhanced
 - › PPO Basic
 - › DHMO
- › Vision Coverage
- › Life with AD&D (Term)
 - › Employer Paid Basic Life with AD&D
 - › Employee & Dependent Voluntary Life with AD&D

COLONIAL

- › Critical Illness Coverage
- › Cancer Coverage
- › Disability Insurance
- › Hospital Confinement
- › Indemnity Insurance
- › Life (Term & Permanent)

RELIANCE STANDARD:

- › Mini-Medical Plan 1
- › Mini-Medical Plan 2

401(K)

Have questions?

Want to check current benefits?

Want to enroll?

Call (904) 719-6870

M-F, 8 am to 6 pm EST

Benefits@MatrixOneSource.com



Dental Coverage

PPO DENTAL COVERAGE

	PPO PLAN OPTION 1 - Enhanced		PPO PLAN OPTION 2 - Basic	
Coverage	In-Network Negotiated Fee	Out-Of-Network 90% of R&C Fee	In-Network Negotiated Fee	Out-Of-Network Negotiated Fee based on Maximum Allowed Charge
Type A: Preventive (cleanings, exams, X-rays)	100%	80%	100%	80%
Type B: Basic Restorative (fillings, extractions)	80%	80%	80%	60%
Type C: Major Restorative (bridges, dentures)	50%	50%	50%	50%
Type D: Orthodontia (braces)	50%	50%	NA	NA
Deductible				
Individual	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
Annual Maximum Benefit Per Person	\$1,500	\$1,500	\$1,000	\$1,000
Orthodontia Lifetime Maximum Per Person	\$1,000	\$1,000		
Child(ren)'s eligibility for dental coverage is from birth up to age 26 if a full-time student.				
Late enrollment waiting period: There is a one year waiting period for all services following date of request.				

Monthly Premiums	Plan 1	Plan 2
Employee	\$39.22	\$27.63
Employee + Spouse	\$80.63	\$57.35
Employee + Child(ren)	\$90.21	\$60.13
Family	\$141.08	\$95.88

DMO DENTAL COVERAGE

Coverage	Copay
Diagnostic Treatment	
Periodic oral evaluation	\$0
Comprehensive oral evaluation - new or established patient	\$0
X-rays intraoral - complete series-including bitewings	\$0
X-rays bitewings - four films	\$0
Panoramic film	\$0
Preventive Services	
Prophylaxis- adult and child	\$0
Sealant	\$0
Restorative Services	
Amalgam - one surface, primary or permanent	\$0
Resin-based composite - one surface, anterior	\$0
Composite (white) filling - one surface - posterior tooth	\$30
Crowns	
Crown porcelain fused to high noble metal	\$245
Crown porcelain fused to predominantly base metal	\$245

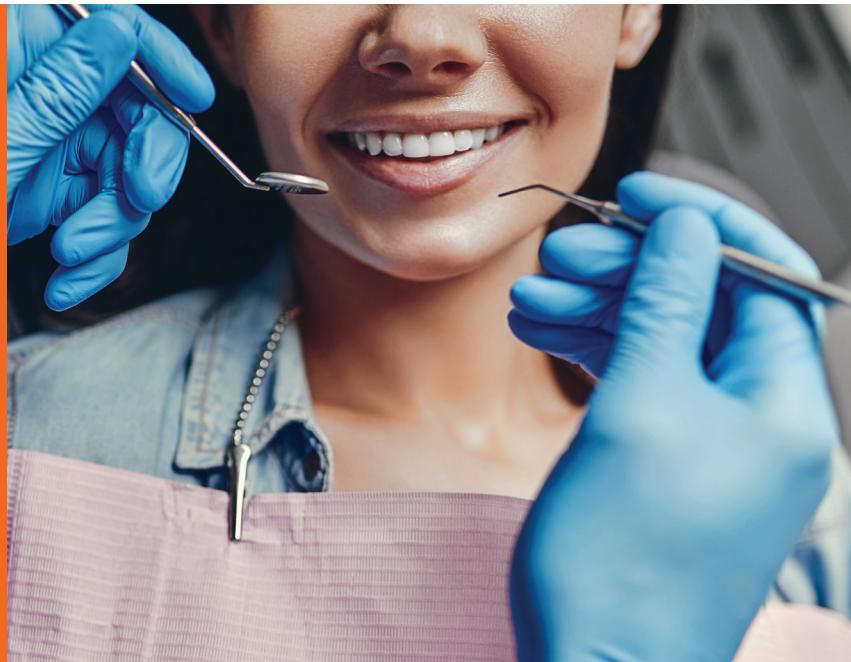
DMO DENTAL COVERAGE (Continued)

Coverage	Copay
Endodontics	
Therapeutic pulpotomy	\$30
Root canal - molar - per tooth	\$210
Periodontics	
Osseous surgery (incl. flap entry) - four or more contiguous teeth or bounded	\$300
Periodontal scaling & root planing - four or more contiguous teeth or bounded	\$50
Periodontal Scaling & Root Planning - 4+ teeth per Quadrant	\$50
Periodontal maintenance	\$40
Prosthodontics	
Complete denture - maxillary/mandibular	\$325
Partial denture - resin base - maxillary/mandibular	\$400
Crowns/Fixed	
Pontic - porcelain fused to predominantly base metal	\$245
Porcelain crown fused to high noble metal	\$245
Oral Surgery	
Extraction, erupted tooth or exposed root (elevation and / or forceps removal)	\$5
Surgical removal of erupted tooth	\$30
Removal of impacted tooth - soft tissue	\$50
Extraction - removal of impacted tooth - completely bony	\$80
Adjunctive General Services	
Palliative (emergency) treatment of dental pain - minor procedure	\$10
Consultation	\$0

Monthly Premiums	DHMO
Employee	\$15.97
Employee + Spouse	\$27.95
Employee + Child(ren)	\$33.54
Family	\$47.11

- **The DHMO is an in-network only plan with a designated network. You must select a primary care dentist.*

Please note the DHMO is only available in: TX, CA, NY, NJ and FL.





METLIFE

Vision Coverage

VISION COVERAGE

		In-Network	Out-of-Network
Eye Examination Retinal Imaging (Once every 12 months)		\$10 copay	Reimbursed up to \$45
Lenses (Once every 12 months)	Single Lenses	\$0 copay	Reimbursed up to \$30
	Bifocal Lenses	\$0 copay	Reimbursed up to \$50
	Trifocal Lenses	\$0 copay	Reimbursed up to \$65
Frames (Once every 12 months)		\$0 copay, \$130 allowance	Reimbursed up to 70
Contact Lenses (Once every 12 months)	Contact Fitting	maximum \$60 copay	
	Standard Contacts	\$0 copay	
	Elective Contacts	\$130 allowance	Reimbursed up to \$105
INSTEAD OF GLASSES	Medically Necessary Contacts	In Full after copay	Reimbursed up to \$210

Monthly Premiums

Employee	\$8.55
Employee + Spouse	\$13.33
Employee + Child(ren)	\$14.05
Family	\$20.65

DID YOU KNOW?

- Without coverage, the average cost of eyeglasses is roughly \$285: with comprehensive eye examination the total cost is typically well over \$400.
- Your coverage is available with a \$10 copay.

Life Coverage

EMPLOYEE & DEPENDENT VOLUNTARY LIFE WITH AD&D

Coverage Options	Employee: \$10,000 increments to a maximum of the lesser of 5 times your basic annual earnings, to a maximum of \$500,000 Spouse: \$5,000 to \$100,000 in \$5,000 increments, up to 50% of your coverage amount Dependent: \$10,000
Grief Counseling	You, your dependents, and your beneficiaries have access to grief counseling ¹ sessions and funeral related concierge services to help cope with a loss – at no extra cost.
Life Settlement Account	For immediate access to death proceeds.
Travel Assistance	This service provides you and your dependents with medical, legal, transportation and financial assistance 24 hours a day, 365 days a year when you are more than 100 miles away from home.
Will Preparation	To help ensure your decisions are carried out.
Estate Resolution Services	Personal service and compassion assistance to help probate your and your spouse's/domestic partner's estates.
Portability	So you can keep your coverage even if you leave your current employer.
Accelerated Benefits Option	If you become terminally ill and are diagnosed with 12 months or less to live, you have the option to receive up to 80% of your life insurance proceeds.
Conversion	For protection after your coverage terminates.
Waiver of Premiums for Total Disability	Offering continued coverage when you need it most.
Total & Permanent Disability	Installment payments during a total and permanent disability.
Premium Pay	Continued premium payments during a total disability.

EMPLOYEE & DEPENDENT VOLUNTARY LIFE WITH AD&D

Option 1	\$10,000 of Basic Life and AD&D coverage.
Option 2	\$25,000 of Basic Life and AD&D coverage.

WHAT ARE VOLUNTARY BENEFITS?

Sometimes called “supplemental insurance,” voluntary benefits are policies you buy to add to the health and life insurance your employer may already provide. These benefits can help you pay for things your other insurance won’t, such as lost wages, out-of-pocket expenses and household bills.



METLIFE

Colonial Voluntary Benefits

Advantages

Flexibility

Use claim payments however you like – pay deductibles, co-payments and other expenses not covered by your health or life insurance

Portability

Take coverage with you if you leave your job or retire

Stability

Maintain coverage whether or not you’re employed

Convenience

Pay premiums using your choice of payroll deduction, bank draft or direct billing

Policies

Disability Insurance

Helps replace part of your regular income if you are unable to work because of a covered injury or illness

Accident Insurance

Helps cover out-of-pocket expenses in the event of a covered accident

Cancer and Critical Illness Insurance

Helps with the high cost of cancer or critical illness screenings, diagnosis and treatment

Life Insurance

Helps pay for final expenses and helps provide financial security for your family members

Hospital Confinement Indemnity Insurance

Helps pay for covered hospital-related expenses, including co-payments and deductibles

Products have exclusions and limitations that may affect benefits payable. Products vary by state and may not be available in all states. See your Colonial Life benefits counselor for complete details.

RELIANCE STANDARD BENEFITS

Reliance Standard Mini-Medical Plans

BasicAdvantage Total Plans

- › Visit any doctor or hospital.
- › Enrolled dependents receive the same coverage as you.
- › No pre-existing conditions exclusions or limitations.
- › BasicAdvantage Total Plan enrollees also receive these added non-insurance benefits:
 - › Prescription Drug Card offering discounts at participating pharmacies.
 - › VSP Access Plan membership offering discounts

- on eye exams and prescription glasses at network doctors.
- › 24-Hour Nurse Helpline.
- › On-line Wellness Assistance.
- › Vitamins & Nutritional Supplements Plan.
- › On Call Travel Assistance.

INPATIENT HOSPITAL BENEFITS	PLAN 1	PLAN 2
Hospital Room & Board Benefits		
Daily Benefit for the Treatment of Mental & Nervous Conditions	\$100 per day	\$100 per day
Number of Daily Benefits Per Coverage Year	25	25
Daily Benefit for the Treatment of Alcohol & Substance Abuse	\$100 per day	\$100 per day
Number of Daily Benefits Per Coverage Year	25	25
Daily Benefit for the Treatment of All Other Covered Conditions	\$400 per day	\$700 per day
Number of Daily Benefits Per Coverage Year	90	90
Hospital Admission Benefit For Specified Conditions		
Daily Benefit for Cancer (Malignant Neoplasm)	\$4,000 per day	\$4,000 per day
Number of Daily Benefits Per Coverage Year	1	1
Daily Benefit for Heart Attack (Myocardial Infarction) or	\$3,000 per day	\$4,000 per day
Daily Benefit for Heart Disease ¹	\$1,500 per day	\$2,000 per day
Number of Daily Benefits Per Coverage Year	1	1
Daily Benefit for Accidental Injury	\$2,000 per day	\$3,000 per day
Number of Daily Benefits Per Coverage Year	1	1
Daily Benefit for Stroke (Cerebrovascular Accident - CVA) Number of Daily Benefits Per Coverage Year	\$1,500 per day	\$2,000 per day
1	1	1
Daily Benefit for Childbirth	\$1,500 per day	\$2,000 per day
Number of Daily Benefits Per Coverage Year	1	1
Maximum Surgery Benefit Per Procedure²	\$1,000 per day	\$1,500 per day
Maximum Anesthesia Benefit³	\$200 per day	\$300 per day

1 The Hospital Admission Benefit is payable for either Heart Attack or Heart Disease during a coverage year, but not both.

2 Benefits for covered inpatient surgery are scheduled and range from \$9 to \$1,000 under Plan 1 and \$9 and \$1,500 under Plan 2 based on the specific surgical procedure performed.

3 Benefits for covered inpatient anesthesia vary and are equal to 20% of the applicable inpatient surgery benefit.

\$159.25	Plan 1	Plan 2
Employee	\$111.54	\$159.25
Employee + Spouse	\$235.34	\$336.05
Employee + 1 Child	\$167.31	\$238.09
Employee + Child(ren)	\$282.14	\$402.96
Family	\$374.75	\$535.12

RELIANCE STANDARD BENEFITS

Reliance Standard Mini-Medical Plans

OUTPATIENT BENEFITS	PLAN 1	PLAN 2
Doctor Visit Benefits		
Daily Benefit for a New Patient Office Visit Number of Daily Benefits Per Coverage Year	\$75 per day 1	\$100 per day 1
Daily Benefit for an Established Patient Office Visit Number of Daily Benefits Per Coverage Year	\$70 per day 5	\$70 per day 9
Daily Benefit for a Consultation Office Visit Number of Daily Benefits Per Coverage Year	\$100 per day 1	\$150 per day 1
Daily Benefit for an Emergency Room Doctor Visit Number of Daily Benefits Per Coverage Year	\$75 per day 1	\$100 per day 1
Radiology Benefits		
Daily Benefit for a Magnetic Resonance Imaging (MRI) Number of Daily Benefits Per Coverage Year	\$150 per day 1	\$300 per day 1
Daily Benefit for a Computerized Tomography (CT) Scan Number of Daily Benefits Per Coverage Year	\$75 per day 1	\$125 per day 1
Daily Benefit for all other Radiology Services Number of Daily Benefits Per Coverage Year	\$40 per day 5	\$60 per day 5
Pathology Benefits		
Daily Benefit for all other Radiology Services Number of Daily Benefits Per Coverage Year	\$40 per day 5	\$50 per day 5

4 Benefits for covered outpatient surgery are scheduled and range from \$14 to \$1,000 under Plan 1 and \$14 to \$1,500 under Plan 2 based on the specific surgical procedure performed.

5 Benefits for covered outpatient anesthesia vary and are equal to 20% of the applicable outpatient surgery benefit.

OUTPATIENT BENEFITS	PLAN 1	PLAN 2
Wellness Care Visit Benefits		
Daily Benefit for an Annual Physical Number of Daily Benefits Per Coverage Year	\$750 per day 1	\$125 per day 1
Daily Benefit for a Mammogram Screening Number of Daily Benefits Per Coverage Year	\$50 per day 1	\$50 per day 1
Daily Benefit for a Prostate or Cervical Cancer Screening Number of Daily Benefits Per Coverage Year	\$35 per day 1	\$35 per day 1
Emergency Room Visit Benefits		
Daily Benefit for the treatment of an Accidental Injury Number of Daily Benefits Per Coverage Year	\$500 per day 2	\$500 per day 2
Daily Benefit for the treatment of a Sickness Number of Daily Benefits Per Coverage Year	\$50 per day 3	\$50 per day 3
Maximum Surgery Benefit Per Procedure⁴	\$1,000 per day	\$1,000 per day
Maximum Anesthesia Benefit⁵	\$200 per day	\$300 per day
Prescription Drug Benefits		
Daily Benefit per Generic Drug Prescription (filled or refilled) Number of Daily Benefits Per Coverage Year	\$25 per day 18	\$25 per day 32
Daily Benefit per Brand Name Drug (filled or refilled) Number of Daily Benefits Per Coverage Year	Not covered	\$50 per day 7



401(k) Retirement Savings Plan

- › Zero cost to you and low participant costs
- › Eliminate your role as trustee of your own plan
- › Outsourced fiduciary services to MatrixOneSource
- › Eliminate the hassles of 401(k) plan administration
 - › No more IRS form 5500 to file
 - › No more plan audits
 - › Outsourced loan and distribution processing
- › Full flexibility in plan design (matching, profit sharing, eligibility...)
- › Low cost no-load mutual funds from Vanguard, T. Rowe Price, American Funds, MFS and more.

Investment Options

Mutual funds purchased at NAV (no-load) from “open architecture” family of funds

› Vanguard › American Funds › MFS › Fidelity › T. Rowe Price › SSgA

› Highly Rated Funds	› Email Express - Participant account balances emailed to the participant very Friday
› Performance and Prospectuses are Online	› Managed portfolios to make investing easy for 0.25%
› Daily Valuation and online access	› Quarterly Statements Mailed to participants home
› Investment Advice - actually speaking to an Advisor	

Absolute Fee Transparency

The participant fees are disclosed as a line item on the participant's statement. Fees are not "hidden" in the investment returns. 12b-1 fees paid to Slavic401k.com are credited back to the individual participants that own the fund. This ensures absolute objectivity in fund recommendations.

401(k) Retirement Savings Plan

Comprehensive Administration

- › Plan Design and Set-up Consultation
- › Non-discrimination testing
- › 5500 preparation included as part of the Multiple Employer Plan
- › Eligible Participation Notification
- › Loan Distribution Processing
- › Sponsor Express-monthly plan summary (testing) emailed to the sponsor
- › Trustee Services
- › Annual Audit included

COMPANY COSTS

Set-up (one time cost)	0
Old Plan Takeover (one time cost)	\$350 plus \$3 per participant
Annual Fee	\$350 minimum required (\$39 collected from participants is applied to the \$350 minimum)

PARTICIPANT COSTS

Non prorated Administration	\$39 annually (9.75 deducted from the account each quarter)
One-time loan set-up fee	\$150 set-up plus \$50 annual loan maintenance fee
Distributions	\$40

ASSET EXPENSES

Weighted Mutual Fund Expense Ratio	0.14%		
Worksite Plan Size	Slavic401k.com	Matrix Service Fee	Total Asset Fee
\$0 - \$600,000	0.85%	0.25%	1.10%
\$600,000 - \$1M	0.75%	0.20%	0.95%
\$1M - \$2M	0.40%	0.15%	0.55%
\$2M - \$4M	0.30%	0.10%	0.40%
\$4M+	0.20%	0.10%	0.30%

*Slavic fee includes up to 0.04% paid to fidelity, Mid Atlantic Trust or Matrix Financial Services for custody and clearing trades.

2019 LIMITS

401(k) deferral	\$19,000
Catch-up contribution for age 50+	\$6,000
Contribution limit (Deferral, Match, Profit Sharing	\$56,000 (plus catch-up if applicable)
Salary Definition of Highly Compensated Employee	\$125,000 in 2018 (also includes +5% owners, and lineal family
compensation)	regardless of
Maximum Annual Compensation Limit	\$280,000

PHONE: 904-719-6870

REPRESENTATIVES ARE AVAILABLE: Monday-Friday 8 am to 6 pm EST

EMAIL: Benefits@MatrixOneSource.com

