

Benefits Enrollment Guide

Plan Year: March 1st, 2023 to February 29th, 2024



Volunteers of America®

FLORIDA

**Medical, Dental, Vision, Basic Life, Voluntary
Life, Short- & Long-term Disability,
Reimbursement Accounts, and Voluntary Plans**

Pick the best benefits for you and your family.



Volunteers of America strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Open Enrollment Guide.

Open enrollment is a short period each year when you can make changes to your benefits. This guide will outline all the different benefits offered, so you can identify which offerings are best for you and your family.

Elections you make during open enrollment will become effective on 3/1/2023. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to HR.

















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The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.

If you have any questions about the guide, please contact HR.

Contacts

Coverage	Carrier	Phone/Website
Medical		1-888-266-5519 www.aetna.com
Bank of America (HSA)		1-800-718-6710 hsabusinesssolutions@bankofamerica.com
Medcom (FSA)		1-800-523-7542, option 1
Wellness		1-800-708-1105 www.go365.com
Dental		1-877-238-6200 www.aetna.com
Vision		1-855-638-3931 www.metlife.com
Life, AD&D, and Disability		1-800-775-8805 www.mutualofomaha.com
LegalShield		Jan Tinder: 1-813-928-7757 jantinder3@gmail.com https://jantinder.wearelegalshield.com/
AFLAC		Torri Zaniol: 1-813-341-2995 torri@enrollmentalliance.com www.enrollmentalliance.com
403B (Retirement)		Joseph Faulk: 813-928-5454
Pet Insurance		1-877-738-7874 www.petsnationwide.com
Employee Assistance Program		800-316-2796 www.mutualofomaha.com/eap
DATIS/Wellness Questions		Kerry Forbes 1-727-369-8473 Lawanda Walker 1-727-498-4085
Coverage, Claims, or Concerns		1-813-902-3502 benefits@ffinsbr.com

Eligibility & Benefits

Who is Eligible?

Volunteers of America of Florida is proud to offer a fully comprehensive benefits package to all of our benefit eligible employees. Benefit eligible employees are defined as all full-time employees working a minimum of 30 hours per week who have completed the 60-day waiting period.

Spouses and Dependents are eligible as follows:

- **Medical:** to the end of the month in which the child reaches age 26. If the dependent meets certain criteria, they may be eligible for coverage up to age 30. See HR for more information.
- **Dental:** to the end of the month in which the child reaches age 26.
- **Vision:** to the end of the month in which the child reaches age 26.
- **Life:** to the end of the month in which the child reaches age 26, and to the end of the month in which the employee reaches age 70 for spouse life coverage.

How to Enroll

Are you ready to enroll? The first step is to review, verify all your personal information, and make any necessary changes in DATIS.

Once all your information is up to date, it's time to make your benefit elections. The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.



How to Make Changes

The benefit choices you make should be tailored to your personal needs. Take the time to review all benefits available to you and evaluate the network, costs, and covered services. After the Open Enrollment ends, you may not add, delete, or change the coverage you have selected for yourself or your dependents, until the next Open Enrollment period. Outside of Open Enrollment, changes to insurance coverage can **only** be made within 30 days of a Qualifying Family Status Change, which include:

- Marriage
- Birth or adoption of a dependent child
- Change in custody of a dependent child
- Death of a spouse or dependent child
- Your spouse has a change of employment or status affecting benefits coverage
- Your change of employment status
- You experience an involuntary loss of other group benefits coverage
- Or within 60 days if the Qualifying Event is relative to Medicaid or CHIP Eligibility
- Employees or Dependents become eligible or lose eligibility with state Medicaid or CHIP subsidies (Special Enrollment Rights Offered)



Our employee benefit program includes:

- Medical Insurance offered through Aetna
- Dental Insurance offered through Aetna
- Vision Insurance offered through MetLife
- Basic Life and Voluntary Life Insurance offered through Mutual of Omaha
- Short- and Long-term Disability offered through Mutual of Omaha
- Employee Assistance Program (EAP) through Mutual of Omaha
- Wellness Program through Humana Go365



Your Benefits in 2023-2024

2023 CHANGES

- NEW! Introducing Aetna as VOA's new medical and dental provider
 - Four new medical plan options (Core HMO, Core PPO, Basic HMO, and Basic PPO)
 - Two traditional dental plan options (Low and High Plans)

NO CHANGES

- Vision PPO plan remains the same through MetLife.
- Basic Life, Short/Long Term Disability, AD&D, and Voluntary Life benefits offered through Mutual of Omaha.
 - Guaranteed Issue for Employees: Up to \$80,000
 - Guaranteed Issue for Spouses: Up to \$30,000
- EAP offered through Mutual of Omaha
- Wellness through Humana Go365 – *please enroll via DATIS*
- AFLAC and 403b Plan
- Pet Insurance through Nationwide
- Legal and/or ID shield

Medical Coverage for 2023

This year, Volunteers of America of Florida employees can elect medical insurance coverage through Aetna.

Aetna Open Access Medical Plans

Aetna Open Access Elect Choice

Like HMOs, these plans cover services performed solely by in-network providers. These tend to have a lower cost system but are more restrictive than OAMC plans.

Aetna Open Access Managed Choice

Like PPOs, these plans have a network of providers, but also allows for the use of providers outside the plan's network. It is more flexible than an EPO but is usually more expensive.

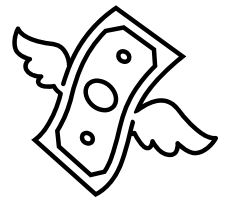
How to Find a Provider

The Aetna network represents about two-thirds of doctors and three-fourths of acute care hospitals nationwide. So, you're sure to find the providers you need.

1. Go to www.aetna.com and click on *Find a Doctor* at the top of the screen
2. Log in to view your Aetna member portal, or click on *Plan From an Employer* to open the *Directory of Health Care Professionals*
3. Enter your zip code to find the nearest providers
4. Select a Plan
 - To view providers under the HMO plan options, select "*Elect Choice EPO (Open Access)*"
 - To view providers under the PPO plan options, select "*Managed Choice POS (Open Access)*"
5. Search by category (Doctors/Specialists, Hospitals and Facilities, Pharmacy, etc.,) or by looking up specific provider names and locations you may prefer

Opting Out of Group Health Plans

If your income is less than 400% of the poverty level (about 66% of the population,) you will qualify for premium tax credits / subsidy when enrolling on the Exchange. HOWEVER, if your employer coverage is deemed "affordable" under the rules of Obamacare, which it is, and you DECLINE the coverage, you will NOT be eligible for the premium tax credits.



Premiums for health insurance paid through an employer are paid on a pre-tax basis which means your tax bill is reduced. Premiums paid on an after-tax basis (individual insurance) are more expensive. The ACA Individual Mandate is no longer in effect since 2019. You will no longer have to pay a penalty to the Federal government if you choose to go without health insurance.



Benefits Highlights – Elect Choice Medical Plans

	CORE HMO HSA	BASIC HMO
Services	<i>In-Network Only</i>	<i>In Network Only</i>
Physician Visit	20% after deductible	Primary Care: \$40
Specialist Visit	20% after deductible	Specialists: \$125
Urgent Care	20% after deductible	100% covered after deductible
Deductible (Individual/Family)	\$3,500 / \$7,000 (\$3,500 per person)	\$5,000 / \$10,000 (\$5,000 per person)
Hospitalization	20% after deductible	\$600 copay after deductible
Preventive Care	100% Covered	100% Covered
Emergency Room	20% after deductible	\$500 copay after deductible
Out-of-pocket Maximum (Individual/Family)	\$6,500 / \$13,000 (6,500 per person)	\$8,000 / \$16,000 (\$8,000 per person)
Lab	20% after deductible	\$5 copay after deductible
X-Ray		\$10 copay after deductible
Complex Imaging		\$300 copay after deductible
Prescription Drugs - Retail (Generic/Preferred/Non- preferred)	Deductible, then \$10/\$50/80	\$10 / 50% / Not covered (Only Generic RX are Covered)
Mail Order through CVS Caremark Mail Service Pharmacy®	Deductible, then \$20/\$100/\$160	Deductible, then \$20/50%/Not covered

Elect Choice Plans are In-Network Coverage Only

Aetna's HMO plans provide coverage for In-Network Only. There are **no** out-of-network benefits. You must choose physicians, hospitals and other health care providers who are in-network. If your doctor refers you for additional services, ensure the specialists, hospital or facility is in your plan's network.

You should know that if your doctor sends you for an x-ray, CT scan, or MRI, it will generally cost less at an independent, or "freestanding", in-network imaging center rather than an outpatient hospital. **Your In-Network National Lab Facility is Quest Diagnostics.**



Benefit Highlights – Managed Choice Medical Plans

	CORE PPO HSA		BASIC PPO	
Services	In-Network	Out-of-Network	In Network	Out-of-Network
Physician Visit	20% after deductible	50% after deductible	Primary Care: \$40	50% after deductible
Specialist Visit	20% after deductible	50% after deductible	Specialists: \$125	50% after deductible
Urgent Care	20% after deductible	50% after deductible	100% covered after deductible	50% after deductible
Deductible (Individual/Family)	\$3,500 / \$7,000 (\$3,500 per person)	\$10,500 / \$21,000 (\$10,500 per person)	\$5,000 / \$10,000 (\$5,000 per person)	\$14,000 / \$28,000 (\$14,000 per person)
Hospitalization (if Value Based)	20% after deductible	50% after deductible	\$600 copay after deductible	50% after deductible
Preventive Care	100%	50% after deductible	100%	50% after deductible
Emergency Room	20% after deductible	20% after deductible	\$500 copay after deductible	\$500 copay after deductible
Out-of-pocket Maximum (Individual/Family)	\$6,500 / \$13,000	\$21,000 / \$42,000	\$8,000 / \$16,000 (\$8,000 per person)	\$24,000 / \$48,000 (\$24,000 per person)
Lab	20% after deductible	50% after deductible	\$5 copay after deductible	50% after deductible
X-Ray			\$10 copay after deductible	
Complex Imaging			\$300 copay after deductible	
Prescription Drugs - Retail (Generic/Preferred/Non-preferred)	Deductible, then \$10/\$50/\$80	50% after deductible	\$10/50%/Not Covered (Only Generic RX are Covered)	50% after deductible (Only Generic RX are Covered)
Mail Order through CVS Caremark Mail Service Pharmacy®	Deductible, then \$20/\$100/\$160	50% after deductible	Deductible, then \$20/50%/Not Covered	50% after deductible



Your Cost in 2023-2024 – Medical Plans

The following charts show the deductions for each Aetna medical plan that will take effect 3/1/2023.

Medical Plans for VOA Employees <u>Employee Bi-Weekly Deductions</u>				
Wellness				
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
CORE HMO HSA	\$67.20	\$286.70	\$231.29	\$385.48
BASIC HMO	\$25.73	\$143.35	\$115.64	\$192.74
CORE PPO HSA	\$106.45	\$396.05	\$300.28	\$502.56
BASIC PPO	\$58.45	\$234.51	\$173.15	\$290.34
Non-Wellness				
CORE HMO HSA	\$96.00	\$409.56	\$330.41	\$550.68
BASIC HMO	\$36.75	\$204.79	\$165.20	\$275.34
CORE PPO HSA	\$135.25	\$518.91	\$399.40	\$667.76
BASIC PPO	\$69.47	\$295.95	\$222.71	\$372.94

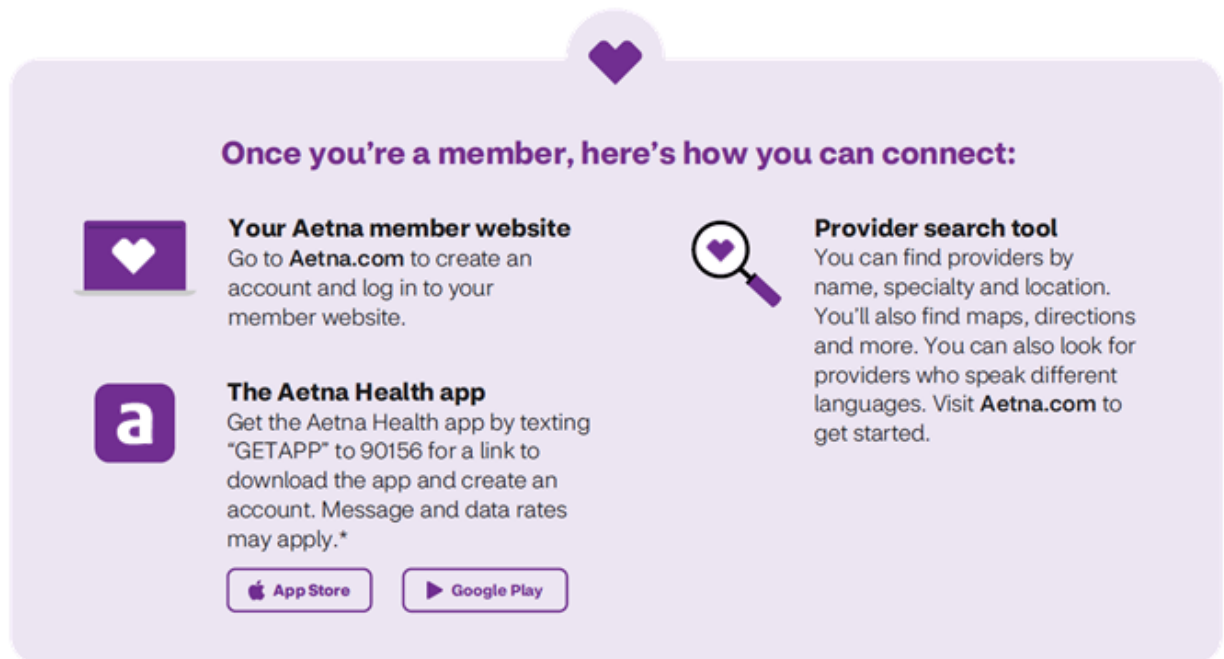


Connecting You & Your Health Insurance Benefits


Aetna's member website and health app are designed to assist Volunteers of America of Florida, Inc. employees and their qualified dependents with their health insurance benefit options. Members can manage their benefits, connect to care virtually, and handle claims—from anywhere.

As a member, you can:


- ☐ View your health plan summary and get information about what's covered
- ☐ Track spending progress toward your deductible or maximums for you and your family
- ☐ View and pay claims, and even see the breakdown of your costs, like what's covered by your plan and what you're responsible for
- ☐ Use tools to help you choose quality in-network providers
- ☐ Get personalized reminders to help improve your health, and much more!




Once you're a member, here's how you can connect:





Your Aetna member website
Go to [Aetna.com](https://www.aetna.com) to create an account and log in to your member website.



Provider search tool
You can find providers by name, specialty and location. You'll also find maps, directions and more. You can also look for providers who speak different languages. Visit [Aetna.com](https://www.aetna.com) to get started.



The Aetna Health app
Get the Aetna Health app by texting "GETAPP" to 90156 for a link to download the app and create an account. Message and data rates may apply.*



Preventive and Emergency Care

Preventive care services include routine wellness exams, well-child exams, physicals, mammograms, flu shots and other immunizations. Visit www.aetna.com to access age and gender specific preventive care recommendations that will help you manager your health.

- **Nurse Line** is available 24/7 for information on a wide range of health and wellness topics, as well as help with preparing for a doctor visit or support on medical issues. **1-800-556-1555**



How to Utilize Your Health Benefits After Enrollment

Log on to www.aetna.com to:

1. Find in and out of network providers and hospitals working under Aetna's vast network.
2. Print a temporary health plan ID card.
3. Compare treatment and medication costs so that you know how much of your care is covered before your visit.
4. Browse a variety of Aetna member discounts and wellness programs to help you maintain a healthy lifestyle.
5. Manage your prescriptions and order medications to be sent directly to your home.

More Ways to Save Money with Aetna

Aetna offers built-in plan discounted programs members can utilize—with no claims, limits, or referrals needed. Your whole family can use them, too!**



**Savings on eyewear
and exams**



**Savings on healthy
lifestyle choices**



**Savings on natural
products and services**



**Savings options on
hearing aids and exams**

How to get started

Log in to your member website at **Aetna.com**, once you're an Aetna member. It's the place to take care of your benefits. Your place to save, too. You can:

Find a vision, hearing or natural
therapy professional





Sign up for a weight-loss program

Buy health products

Find a gym, and more

****DISCOUNT OFFERS ARE NOT INSURANCE.** They are not benefits under your insurance plan. You get access to discounts off the regular charge on products and services offered by third party vendors and providers. Aetna makes no payment to the third parties — you are responsible for the full cost. Check any insurance plan benefits you have before using these discount offers, as those benefits may give you lower costs than these discounts. Not available to NY policyholders.

Where to Go for Care – Knowing Your Options

In-person options for care				
Care Options	Non-emergency	Non-emergency	Urgent	Emergency
	 Primary care physician (PCP)** Your PCP is the best option for in-person, non-emergency care. To find in-network PCPs near you, log in to your member website.	 MinuteClinic® MinuteClinic offers convenient care 7 days a week from certified nurse practitioners and physician assistants at select CVS Pharmacy® and Target stores nationwide.	 Urgent Care Center Urgent care centers provide quick care for serious, but not life-threatening, situations. Many urgent care centers offer imaging, X-ray and lab services.	 Emergency Room The emergency room (ER) is for emergencies that can permanently impair or endanger your life. Using the ER for non-life-threatening issues can be very costly and probably means a very long wait time.
When to Use	<ul style="list-style-type: none"> Physicals (wellness, screening) Vaccinations & injections Chronic condition management (heart disease, diabetes, arthritis, etc.) Acute care (sinus infections and injuries) Urgent care may be available by appointment 	<ul style="list-style-type: none"> Minor illnesses & injuries Screenings & monitoring Skin conditions Vaccinations & injections Wellness & physicals Women's services Travel health Visit minuteclinic.com to confirm services available at your location	<ul style="list-style-type: none"> Back/neck pain Cuts that require stitches Minor burns Flu Sprains Fractures Bronchitis Headaches and more 	<ul style="list-style-type: none"> Chest pain Severe abdominal pain Trouble breathing Uncontrollable bleeding Symptoms that may put your life at risk
Availability	Weekdays during business hours (May be open extended hours and/or Saturdays)	7 days a week (including evenings and weekends)	Many open 7 days a week with extended hours	24 hours a day 7 days a week 365 days a year
How to Access	By appointment only	At select CVS Pharmacy and Target stores Schedule an appointment at minuteclinic.com or through the CVS Pharmacy App	Walk in	Walk in
Average Wait Time	Average wait time of 22 minutes upon arrival ¹	Make an appointment at minuteclinic.com	15 - 45 minutes ²	2 - 4 hours for non-emergency care ²
Average Cost to You	\$ \$ <ul style="list-style-type: none"> Pay your copay at appointment, if applicable. Pay your estimated patient responsibility at time of visit, if applicable. **** You may be billed for any balance. 	\$ <ul style="list-style-type: none"> No-cost or low-cost access to all covered services. *** Pay your estimated patient responsibility at time of visit, if applicable. **** You may be billed for any balance. 	\$ \$ \$ <ul style="list-style-type: none"> Pay your copay at time of visit, if applicable. Pay your estimated patient responsibility at time of visit, if applicable. **** You may be billed for any balance. 	\$ \$ \$ \$ <ul style="list-style-type: none"> Pay your copay at time of visit, if applicable. Pay your estimated patient responsibility at time of visit, if applicable. **** You may be billed for any balance.

¹"Vitals' Annual Physician Wait Time Report," <http://www.vitals.com/about/wait-time>. ²Urgent Care Locations, LLC. Urgent care center vs. emergency room. Available at: www.urgentcarelocations.com/urgent-care-101/urgent-care-center-vs-emergency-room. Accessed April 4, 2018. ³Terms and Conditions: [bit.ly/2nJFYG](https://www.aetna.com/legal-notices/privacy.html). Privacy Policy: [aetna.com/legal-notices/privacy.html](https://www.aetna.com/legal-notices/privacy.html). By texting 90156, you consent to receive a one-time marketing automated text message from Aetna with a link to download the Aetna Health app. Consent is not required to download the app. You can also download by going to the App Store or Google Play. ⁴In Texas, PCP is known as physician (primary care). In the State of Washington, PCP refers to primary care provider. ⁵Applies only to covered services at MinuteClinic. Not applicable for HSA plans. Video Visits are not a covered service under this benefit. Members in health maintenance organization (HMO) and indemnity plans are not eligible for this benefit. Such members should refer to their benefits plan documents in order to determine coverage and applicable cost share for walk-in clinic benefits and services, as applicable. Visit MinuteClinic.com for age and service restrictions. This is not available for fully insured groups in AL, AK, AR, CA, CO, DE, GA, HI, IA, ID, MA, ME, MS, MT, ND, NM, NY, OR, SD, UT, VT, WA, WV and WY. ⁶Lab, tests and additional services may result in additional charges. Labs and tests cannot be purchased separately and are only performed as part of a standard visit.

Policies and plans are insured and/or administered by Aetna Life Insurance Company or its affiliates (Aetna). Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health family of companies. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Refer to Aetna.com for more information about Aetna® plans. In Texas, PCP is known as physician (primary care). In the State of Washington, PCP refers to primary care provider. Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health family of companies. Teladoc® is not available to all members. Teladoc and Teladoc physicians are independent contractors and are not agents of Aetna. For a complete description of the limitations of Teladoc services, visit [Teladoc.com/Aetna](https://www.teladoc.com/Aetna). Teladoc, Teladoc Health and the Teladoc Health logo are registered trademarks or trademarks of Teladoc Health, Inc. Apple, the Apple logo and iPhone are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc. Google Play and the Google Play logo are trademarks of Google LLC.



Virtual Visits with Aetna through Teladoc

Sometimes it's not easy to get to the doctor's office when a health issue pops up. Try a virtual visit, and see the doctor anytime, from anywhere. Virtual visits let you speak securely by online video with your family doctor, specialist, or mental health therapist.

Aetna offers employees virtual visits with Teladoc, the nation's largest virtual health care company.



Access to quality care at your fingertips

General Medical

\$49 or less/visit

Talk to a licensed doctor for non-emergency conditions 24/7
Flu • Sinus infections • Sore throats • And more

Mental Health

\$85 or less/therapist visit

\$190 or less/psychiatrist first visit

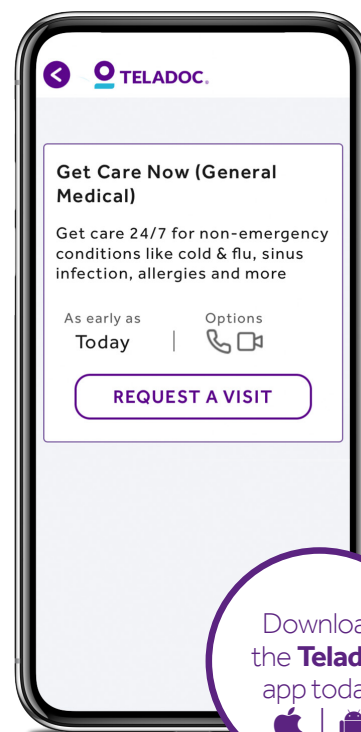
\$95/psychiatrist ongoing visit

Talk to a therapist 7 days a week (7 a.m. to 9 p.m. local time)

Dermatology

\$75 or less/consult

Upload images of a skin issue online and get a custom treatment plan within 2 days
Eczema • Acne • Rashes • And more



Set up your account or log in today.

Teladoc.com/Aetna | 1-855-Teladoc (835-2362)

Free Service Locations with Aetna

Partnering with Aetna means you are officially a part of the CVS Health® family which offers affordable care at a one-stop convenience. Visiting a MinuteClinic, is a lower-cost alternative to the emergency room or urgent care.

MinuteClinic can help you:



Get care 7 days a week, including evenings, so you can feel better faster



Choose in-person and virtual care options to easily access care your way



Treat a variety of conditions, illnesses and injuries

- Asthma and allergies
- Bronchitis and upper respiratory infections
- Insect stings
- Diabetes
- Sore throats and ear infections
- Minor cuts, blisters and wounds

To find a location and learn more, visit www.cvs.com/minuteclinic now.



Affordable care, **one-stop convenience**

1,150+ Find more than 1,150 MinuteClinic® locations in 35 states and the District of Columbia.



Get virtual care*. At home or wherever you are, there's someone here to help.



\$0 copay for members in copay-based plans. Members with high-deductible health plans pay a discounted rate. After the deductible is met, there's no charge.



Book an appointment online or via our kiosks within CVS® store locations.



Get women's health care, including prescriptions for birth control and other medications, when medically appropriate.



**Services and appointment availability may vary by location. For virtual care: Services and appointment availability may vary by location. Services not yet available in AL and MS.*

More Programs and Resources

No health and benefits plan would be complete without extra support to help you feel your best. That's why you'll have a variety of ways to enhance your health and keep a healthy lifestyle. So, whether you're looking to eat healthier, exercise more, lower your stress or just need a friendly ear to listen, we've got the program that's just right for you.



Aetna Health ConnectionsSM Disease Management program

This program can help you take care of health conditions*

Maybe you've been working with your doctor to take care of a condition. Or perhaps you just received a diagnosis and are learning more about it. Either way, we're here to support you with this program. Our nurses, who act as health coaches, can help you follow your doctor's treatment plan — in the way that works best for you.

You can find support for more than 35 common conditions, including diabetes, heart disease, asthma, low back pain and many others. Just visit **Aetna.com** for the complete list.

*Our program and nurses do not diagnose or treat members. We assist you in getting the care you need, and our program is not a substitute for the medical treatment and/or instructions provided by your health care providers.



Aetna Enhanced Maternity Program

Going through a maternity journey is different for everyone. That's why this program supports all women throughout their entire experience, whether they have risk factors or not.

Special program features include:

- **A fertility advocate*** to be your care manager and provide support if you're facing infertility
- **Predictive data** to help us identify pregnancies early on so we can provide timely, more responsive outreach to you
- **Preeclampsia prevention** by providing education and resources, if needed
- **Guided genetic counseling and screening services**, backed by medical expertise
- **Education and resources** to help close racial gaps in health care and support women of color

You can count on us for support — wherever you are in the maternity journey.

*While only your doctor can diagnose, prescribe, or give medical advice, our fertility advocates/care managers can provide information on a variety of maternity-related topics. Always consult your plan documents for more information on what kinds of fertility treatments are covered. Contact Aetna for more information.



More Programs and Resources



Simple Steps To A Healthier Life® program

This interactive online health and wellness program can help enhance your health

With its health assessment and online health coaching programs*, this program helps lower health risks. It can help you stay healthy, productive and connected with Aetna® care management support services. It also provides a personalized health risk score and easy-to-find health information.

*Our program and nurses do not diagnose or treat members. We assist you in getting the care you need, and our program is not a substitute for the medical treatment and/or instructions provided by your health care providers.



Aetna Behavioral Health AbleTo Support

Focusing on health conditions and life changes

When you're managing chronic pain or going through major life changes, it's common to feel overwhelmed. And you may not know where to go for support. That's why we've teamed up with AbleTo, a leading behavioral health provider to help.

Through the AbleTo emotional support program, you'll get help with issues that can make life more challenging. This eight-week program offers you emotional support after a medical diagnosis or life transition — for example, becoming a caregiver or giving birth. And it combines counseling and coaching to help you:

- Work through the normal emotions you're having
- Understand the types of changes you need to make
- Feel like you're in control of your health and life

Once you connect with an Aetna® or AbleTo representative, they'll explain more about the program and how it can help. They'll also answer any questions you have.

Aetna® does not recommend the self-management of health problems. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a health care professional.



Glossary of Terms

Benefits

Items and services that are covered by your insurance plan.

Certificate of Coverage

A description of the benefits included in your plan. In this guide, we refer to this as “benefit plan documents.”

Coinsurance

The money you have to pay for health services after you have paid any applicable deductible.

Copayment

A copayment, or copay, is a fixed amount you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible

A deductible is the amount you owe for health care services each year before the insurance company begins to pay. For example, if your annual deductible is \$1,000, your plan won't pay anything until you've met your \$1,000 deductible for covered health care services that are subject to the deductible. The deductible may not apply to all services, such as preventive care.

Deductibles are useful for keeping the cost of insurance low. The amount varies by plan, with lower deductibles generally associated with higher premiums. They are standard on most types of health coverage. *(Examples found on the following page).*

Flexible Spending Account (FSA)

An account that allows you to save tax-free dollars for qualified medical and/or dependent care expenses that are not reimbursed. You determine how much you want to contribute to

the FSA at the beginning of the plan year. Most funds must be used by the end of the year, as there is only a limited carryover amount.

Guaranteed Issue

The maximum amount of life insurance you can purchase without submitting an Evidence of Insurability.

Health Care

This is when doctors and other specialists help you when you are ill or need treatment or provider service for your annual checkups and preventive care visits.

Health Plan ID Card

The card issued to you by Florida Blue that includes your name, group and policy information, and important phone numbers.

Health Statement

A document showing recent claim and financial activity for all family members covered on your plan. It shows network and non-network information as well as remaining balances for deductibles and out of pocket costs.

Initial Enrollment

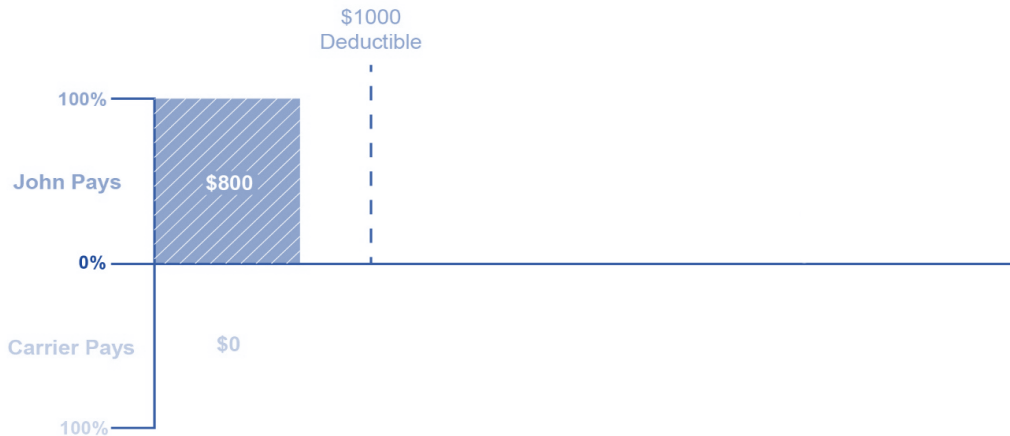
Period when newly hired employees may elect benefits. All benefit elections must be made prior to the effective date of eligibility.

Network Provider

All doctors, hospitals, nursing homes, and laboratories that have contracts with an insurance company. Sometimes called “in-network provider” or “participating network provider.”

Example

John has a health plan with a \$1,000 annual deductible. John falls off his roof and has to have three knee surgeries, the first of which is \$800. Because John has not paid anything toward his deductible yet this year, and because the \$800 surgery doesn't meet the deductible, John is responsible for 100% of his first surgery.

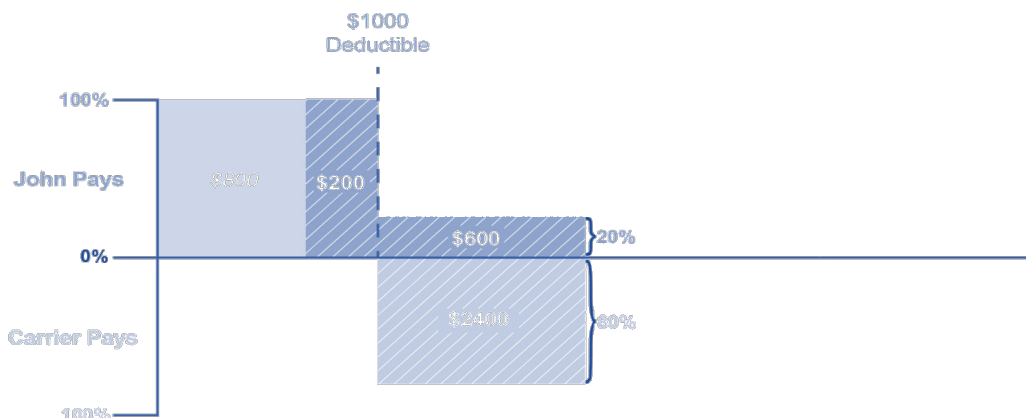


Coinsurance

Coinsurance is your share of the costs of a covered health care service calculated as a percentage of the allowed amount for the service. You pay coinsurance plus any deductibles you still owe for a covered health service.

Example

John's second surgery occurs in the same plan year as his first surgery and costs a total of \$3,200. Because he has only paid \$800 toward his \$1,000 annual deductible, John will be responsible for the first \$200 of the second surgery. After that, he has met his deductible and his carrier will cover 80% of the remaining cost, for a total of \$2,400. John will still be responsible for 20%, or \$600, of the remaining cost. The total John must pay for his second surgery is



Flexible Spending Account (FSA)

An account that allows you to save tax-free dollars for qualified medical and/or dependent care expenses that are not reimbursed. You determine how much you want to contribute to the FSA at the beginning of the plan year. Most funds must be used by the end of the year, as there is only a limited carryover amount.

In-network

Health care received from your primary care physician or from a specialist within an outlined list of health care practitioners.

Inpatient

A person who is treated as a registered patient in a hospital or other health care facility.

Medically Necessary (or medical necessity)

Services or supplies provided by a hospital, health care facility or physician that meet the following criteria: (1) are appropriate for the symptoms and diagnosis and/or treatment of the condition, illness, disease or injury; (2) serve to provide diagnosis or direct care and/or treatment of the condition, illness, disease or injury; (3) are in accordance with standards of good medical practice; (4) are not primarily serving as convenience; and (5) are considered the most appropriate care available.

Medicare

An insurance program administered by the federal government to provide health coverage to individuals aged 65 and older, or who have certain disabilities or illnesses.

Member

You and those covered become members when you enroll in a health plan. This includes eligible employees, their dependents, COBRA beneficiaries and surviving spouses.

Out-of-network

Health care you receive without a physician referral, or services received by a non-network service provider. Out-of-network health care and plan payments are subject to deductibles and copayments.

Out-of-pocket Expense

Amount that you must pay toward the cost of health care services. This includes deductibles, copayments and coinsurance.

Out-of-pocket Maximum (OOPM)

The highest out-of-pocket amount paid for covered services during a benefit period.

Preferred Provider Organization (PPO)

A health plan that offers both in-network and out-of-network benefits. Members must choose one of the in-network providers or facilities to receive the highest level of benefits.

Premium

The amount you pay for a health plan in exchange for coverage. Health plans with higher deductibles typically have lower premiums.

Primary Care Physician (PCP)

A doctor that is selected to coordinate treatment under your health plan. This generally includes family practice physicians, general practitioners, internists, pediatricians, etc.

Pharmacy Benefits

RX Management with Aetna Maintenance Choice®

In order to ensure members always have access to their medications, Aetna members can utilize Maintenance Choice® Opt-Out to save time and money when obtaining your medications. Members can fill 90-day supplies for their prescription medications with CVS Caremark Mail Service Pharmacy, or at participating CVS Pharmacy stores.

Get the medicine you need, on your terms. With this Opt-Out feature, you can decide where you fill your prescriptions for medication you take regularly.



Your choice, your way

Fill a 90-day supply of your maintenance drugs at a discounted rate. You can do this with our mail service pharmacy or at CVS Pharmacy® locations.

After two retail fills, you'll need to get a 90-day supply from CVS Caremark® Mail Service Pharmacy or at CVS Pharmacy stores.



How to opt out

You can opt out of Maintenance Choice for all your maintenance medicines. Just let us know that you'd like to continue to fill your 30-day supply at your retail pharmacy.

If you opt-out, you'll pay the regular retail copay for your 30-day supply. If you don't opt out, you'll pay the full cost of your medications on the third fill.

Call us anytime to opt out of the program and continue filling 30-day supplies. We're here for you at **1-888-Rx Aetna (TTY: 711)** or **1-888-792-3862 (TTY: 711)**.



Call us anytime

If you have questions or want to opt out of the 90-day supply, just call us at 1-888-792-3862

Let's get started

Getting 90-day refills for the medicines you take regularly is easier than ever.

- 1. If you're filling your prescription at a local CVS Pharmacy[®],** your pharmacist can change your prescription to 90-day refills.
- 2. If you're not filling your prescription at a CVS Pharmacy** and would like to switch to a mail service pharmacy:
 - **Call Customer Care at 1-888-Rx-Aetna (TTY: 711) or 1-888-792-3862 (TTY: 711).** We'll contact your doctor for a new prescription and handle all the details.
 - **Order online.** Visit the website that's on your member ID card, and then sign in to your account to submit your order.

Delivery perks

CVS Caremark® Mail Service Pharmacy:

Subscribe to the mail-order service and your prescription will arrive every 90 days.

CVS Pharmacy on-demand delivery:

Ask for 4-hour delivery within 10 miles of any CVS Pharmacy store, for a small fee.*

CVS Pharmacy one- to two-day delivery:

Delivery within one to two days, at no extra cost to you**, via the United States Postal Service.

**Orders must be placed by 4 PM or four hours before pharmacy closing, whichever is earlier, to ensure delivery within the same day. Orders placed after this time will be delivered the following day. Member must be at home and 18 or older to receive the delivery. Delivery is limited to certain locations within a 10-mile radius of CVS Pharmacy locations, and as allowed in accordance with state law, regulations, and guidelines. Your delivery is provided at a special rate as part of your prescription benefits plan. You will be notified of the fee before you prepay for your delivery order.*

***Most prescriptions eligible with qualifying health plans. The delivery period does not include Sundays or United States Postal Service holidays. Order cut-off times and delivery fees apply. Service is available at participating locations only. Delivery is not available to every address. Delivery prices may vary from store prices. Coupons and promotions may not be available with delivery orders. Other restrictions may apply. Ask the pharmacy staff for details.*

CVS Specialty Pharmacy

CVS Specialty makes it easier to manage your medications and connects you with a care team that has expertise in your condition.

Your pharmacy plan covers some drugs, and your medical plan covers others. Depending on your plan, you may need to pay a copayment or coinsurance. And certain drugs require precertification. This just means you need approval from the plan before they'll be covered. Talk with your provider or call us at the number on the back of your member ID card with any questions about your prescriptions or medications.

We make it simple for you

Your care team

Your team — nurses and pharmacists who are specially trained in your condition — helps you understand how to use your medicine. They'll also:

- Remind you when it's time to refill
- Help you stay on track with your treatment
- Help you manage symptoms and side effects

Convenient delivery, flexible payments

CVS Specialty provides:

- Delivery to your home, doctor's office, a CVS Pharmacy® or any place you choose, at no added cost*
- Package tracking for prompt delivery
- Flexible payment options



How to get started

You can manage your medications at CVSSpecialty.com.

- **Existing prescriptions?** Call **1-800-237-2767 (TTY: 711)** to transfer your prescription
- **New prescriptions?** Your doctor can:
 - E-prescribe to CVS Specialty
 - Call one of our registered pharmacists at **1-800-237-2767 (TDD: 1-800-863-5488)**, Monday through Friday, 7:30 AM to 9:00 PM ET
 - Fax the prescription to 1-800-323-2445

Need help?

Live chat is available at CVSSpecialty.com during hours of operation.

*Where allowed by law. Based on the availability of CVS Pharmacy locations and subject to applicable laws and regulations. Services are also available at Longs Drugs locations. Products are dispensed by CVS Specialty and certain services are only accessed by calling CVS Specialty. Certain specialty medications may not qualify. In compliance with state laws, in-store pickup is currently not available in Oklahoma. Puerto Rico requires first-fill prescriptions to be transmitted directly to the dispensing specialty pharmacy. For details, call 1-800-237-2767. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information. Aetna®, CVS Pharmacy® and CVS Specialty® are part of the CVS Health® family of companies. Prices for specialty pharmacy services are established by Aetna affiliates and may exceed Aetna's cost for these services. Visit Aetna.com for more information about Aetna® plans.



Wellness Programs

What is Humana Go365?

Humana Go365 is a wellness and rewards program for everyone – no matter your age or health status. When you register for Humana Go365, you begin making steps towards a healthier life. By understanding your health today, you can find out what your risks are for tomorrow – all in a safe, secure, and confidential manner.

You are automatically eligible to participate in Humana Go365 and earn gift cards, fitness trackers, and more by taking care of your health. Employees can start earning the *Wellness Discount* when they register for Humana's Go365 Wellness Program by signing up through Humana's www.go365.com and reaching Platinum Status by the end of the Plan Year (February 29th).

If you sign up for Go365, you will be required to reach Bronze Status within 30 days of your Go365 effective date or you will be disenrolled. The good news is that reaching Bronze status is easy; just complete *any* portion of your health assessment, log a verified workout, *OR* complete a biometric screening to start earning points.

Members can earn gift cards and merchandise from the Go365 mall. In addition, Volunteers of America sponsors contests and incentives throughout the year where eligible employees can earn HSA contributions. All employees may be able to earn extra prizes and gift cards just for participating.

Employees interested in joining Go365 after their enrollment period can contact Kerry Forbes.

Rewards for participating in a wellness program are available to **all** employees.

If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Please contact Human Resources, and we will work with you to find a wellness program with the same reward that is right for you regardless of your health status.

Looking for ways to earn money for your HSA/FSA through wellness? See page 27 for more details!

Making the Most of Your Wellness Program

The more you do to stay healthy, the more points you can earn. The first step to reaching Platinum status is taking your Health Assessment, especially if you complete it within the first 90 days of joining Humana's Go365. Next, if you complete a Biometric Screening online, you will earn an additional 2,000 points towards your status goal. From then on, any qualified activity you log will earn Go365 points (like verified workouts, dental exams, flu shots, etc.)

When you are a member of Humana Go365, you'll earn points for completing health activities. Specifically, you get one Go365 Buck for each point you earn. You can redeem your Bucks at the Humana Go365 Mall for a wide variety of rewards such as gift cards and mall discounts. When you have other members of your household enrolled in Humana, their healthy activities can count toward Go365 points, too.

Download the Humana Go365 App to stay on track with your fitness goals while you're on the go! With the App, you can:

- Complete or update your Health Assessment in quick, two-minute sections.
- Check your Status, explore ways to increase your points total, and see your points history.
- Enroll and interact with a health coach.
- Redeem your Bucks in the Go365 Virtual Mall.



Flexible Spending Accounts

Paying for health care can be stressful. That's why Volunteers of America offers an employer-sponsored flexible spending account (FSA) through Medcom.



An FSA is a tax advantaged benefit plan whose funds are exempt from taxes. Your out-of-pocket health care expenses are eligible for reimbursement if the expenses are for medically necessary care or treatment incurred during the **Plan Year: March 1st, 2023 to February 29th, 2024**. If you have dependents, your out-of-pocket costs for their expenses are eligible, too.

What are the Benefits of an FSA?

There are a variety of different benefits of using an FSA, including the following:

- **It saves you money.** Allows you to put aside money tax-free that can be used for qualified medical expenses. Additionally, you'll pay less in taxes since your taxable income is decreased by your contributions.
- **It is flexible.** You can use your FSA funds at any time, even if it's the beginning of the year.
- **Annual \$610 Rollover.** Volunteers of America has selected the *Rollover* feature for your FSA plan! You no longer need to worry about losing unspent funds in your Medical Flexible Spending Account at the end of the plan year. Now, any remaining funds up to \$610 left in your current Medical FSA will rollover to the new year, so long as you re-enroll during Open Enrollment.

How to Use Your FSA Benefits

Your **maximum contribution** to the IRS for the Plan Year: \$3,050 for your Health Care FSA

Once you're enrolled, you will receive a MasterCard directly linked to your FSA account to pay for your out-of-pocket health care expenses.

FSA Store Partnership

Medcom has recently partnered with FSA Store and uses their full-service website to increase FSA awareness for all FSA participants. FSA Store is the only e-commerce site exclusively stocked with FSA eligible products and services, eliminating the guesswork behind what reimbursable by a Flexible Spending Account. Visit www.medcombenefits.com and click on your FSA Store banner to shop and view list of eligible medical expenses.

Contact Medcom for more information:

Toll Free: 800-523-7542, option 1

Claims Fax: 877-723-0149

MedcomReceipts@MedcomBenefits.com

www.medcombenefits.com

<https://medcom.wealthcareportal.com/>

FSA Tax Advantage

Federal, State and FICA taxes are not taken on the amount you contribute to your Health FSA. This could represent a 25% - 40% savings on your out-of-pocket costs for medical expenses. Below is an **example** of your tax savings. *You can also earn up to \$500 from wellness, see page 27 for details!*

	Without FSA	With FSA
Gross Income	\$36,500	\$36,500
FSA Contributions	\$0	\$1,000
Taxable Salary	\$36,500	\$35,500
Fed/State/FICA (Estimated taxes)	\$7,450	\$7,100
After-tax earnings	\$29,050	\$28,400
Eligible Out-of-Pocket Expenses	\$1,000	\$0
Remaining Spendable Income	\$28,050	\$28,400
Savings	\$0	\$350

How to Register for FSA

Step 1: If this is your first time accessing WealthCare portal, simply click the register button atop the right corner of the home screen on <https://medcom.wealthcareportal.com/>

Step 2: After clicking the register button, complete the registration form. Choose a username and password. Enter the required demographic information. Your *Employee ID* is your full social security number, with no dashes or spaces. You can obtain your *Employer ID* from Medcom's Customer Service at 800-523-7542, option 1, Monday-Friday 830am-5pm ET.

- If you already have a benefit debit card, the card number can be used in place of the Employer ID in the Registration ID field.
- Before clicking register, be sure to view and accept the terms of use.

Step 3: After successfully completing the registration form, click register. The process may take several seconds. Do not click your browser's back button or refresh the page.

Step 4: Secure authentication.

The next part of the registration process involves setting up your secure authentication. This important step helps ensure your account is secure and private.

After the registration form is successfully completed, you're prompted to complete the secure authentication setup process by:

- Selecting security questions.
- Verifying your email address.
- Submitting setup information.

Step 5: Log in! After registering, for all subsequent logins you can enter your username and click the sign in button on the home page. You are prompted to answer two of your four security questions, and then enter your password.

Health Savings Accounts

Health savings accounts (HSAs) are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs) which offer lower monthly premiums in exchange for a higher deductible (the amount you pay before insurance kicks in). Volunteers of America offers the Florida Blue High Deductible Health Plan for eligible members.

What does an HSA do for you?

- **Contribute Anytime.** You, Volunteers of America, and family members can continue anytime, up to a yearly maximum.
- **You own your HSA.** You decide how to spend – or save – your health savings account. If you change jobs or health plans, you keep the account. You can even name a beneficiary to inherit your account.
- **There's no "use it or lose it."** The money in your HSA is carried over from year to year and is yours to keep, even if you leave the company. Any money not used at the end of the plan year rolls over to the next year.
- **Triple Tax Savings:** tax-free contributions, tax-free earnings, and tax-free spending.
- **It is an investment.** Your HSA is a savings account that earns interest. It's a terrific way to put money away for health care costs down the road, even in retirement. After you build up to a certain amount, you will have investment options.

Am I Eligible?

To be eligible for Health Savings Account, you must meet the following requirements:

- | | |
|--|---|
| • You are covered by a High Deductible Health Plan (HDHP) | You have not received VA benefits within the past 3 months |
| • You are not covered by any other health plan that is not a HDHP | • You are not claimed as a dependent on someone else's tax return |
| • You are not enrolled in any part of Medicare, TRICARE or TRICARE for Life | • You are not covered by an FSA (other than a Limited FSA) |

The maximum amount that you could contribute to an HSA in 2021 was \$3,600 for individual coverage and \$7,200 for family coverage. **In 2023, it increases to \$3,850 for individual coverage and \$7,750 for family coverage.**

Additionally, if you are age 55 or older, you may make an additional "catch-up" contribution of \$1,000. You may change your contribution amount at any time throughout the year as long as you don't exceed the annual maximum.

Reminders

1. Health Savings Accounts can only be used for qualified expenses for you and your family, like:
 - Medical plan deductibles and coinsurance; and
 - Dental and vision care services (See IRS Publication 502 for complete list of qualifying expenses)
2. You should save receipts to prove your expense is qualified in case you are ever audited.

Have you set up your HSA Banking?

- If you already have an existing bank account with Bank of America, you will be able to keep your account and make contributions for 2023.
- If you are enrolling for the first time and you are eligible, an HSA bank account will be set up for you at Bank of America (eligibility is determined by your medical plan enrollment and your answers to HSA requirements in DATIS).
- You may change your payroll deduction any time during the year through your HR Department.

For more information, call 800-718-6710 or visit www.myhealth.bankofamerica.com/login

HSA Case Study

The **example** that follows illustrates how an HSA can help you budget for future medical expenses.

Justin is a healthy 28-year-old single man who contributes \$1,000 each year to his HSA. His plan's annual deductible is \$1,500 for individual coverage. Here is a look at the first two years of Justin's HSA plan, assuming the use of in-network providers. (This example only includes HSA contribution amounts and does not reflect any investment earnings.)

Year 1		→	Year 2	
HSA Balance	\$1,000		HSA Balance	\$1,850
Total Expenses: - Prescription drugs: \$150	(-\$150)		Total Expenses: - Office visits: \$100 - Prescription drugs: \$200 - Preventive care services: \$0 (covered by insurance)	(-\$300)
HSA Rollover to Year 2	\$850		HSA Rollover to Year 3	\$1,550
Since Justin did not spend all of his HSA dollars, he did not need to pay any additional amounts out-of-pocket this year.			Once again, since Justin did not spend all of his HSA dollars, he did not need to pay any additional amounts out-of-pocket this year.	

You can earn BIG money in your HSA account by participating in the wellness program in 2023:

- up to \$1,500 for single coverage or \$2,500 with dependent coverage
- Must enroll yourself and dependents 18 and older on the health plan in Go365

You can also earn gifts & prizes from Go365 by participating in the program! Employees who participate fully in Go365 and meet all wellness incentive deadlines can earn up to \$1,500 (\$2,500 if covering dependents) in their HSA and hundreds of dollars in gift cards to places like Amazon, Walmart and Target!



Dental Insurance

Dental insurance helps pay for dental care and usually includes regular checkups, cleanings, and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

This year, Dental Insurance will be provided by Aetna. A High Plan and a Low Plan are available for VOA employees. Find a now provider at www.aetna.com by searching by your plan name: “**Dental PPO/PDN with PPO II and Extend Network**”.

	Low Plan	High Plan
Aetna Dental		
IN-NETWORK SERVICES		
Deductible (Single/Family) Calendar Year	\$100/\$300	\$50/\$150
Preventive Expenses Benefit	100%	100%
Basic Expenses Benefit	80%	80%
Major Expenses Benefit	50%	50%
Orthodontia	N/A	N/A
Max. Benefit Per Calendar Year	\$500	\$1,500
OUT-OF-NETWORK SERVICES		
Deductible (Single/Family)	\$100/300	\$50/\$150
Preventive Expenses Benefit	80%	100%
Basic Expenses Benefit	60%	80%
Major Expenses Benefit	40%	50%
Max. Benefit Per Calendar Year	\$500	\$1,500

	Low Plan	High Plan
Employee	\$0	\$10.89
Employee + Spouse	\$10.02	\$27.99
Employee + Child(ren)	\$10.90	\$31.49
Employee + Family (2+dependents)	\$18.69	\$38.73



Vision Insurance

MetLife's vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

If you seek the services of a provider, the following information will help you get started:

- Visit www.metlife.com/vision to find an eye doctor in your area.
- Be sure to enter your zip code and "MetLife Vision PPO" plan

	MetLife Vision PPO	
<i>Services</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Exams	\$10	Reimbursed up to \$45
Lenses		
<i>Single Vision</i>	\$20	Reimbursed up to \$30
<i>Bi-Focal</i>	\$20	Reimbursed up to \$50
<i>Tri-Focal</i>	\$20	Reimbursed up to \$65
<i>Lenticular</i>	\$20	Reimbursed up to \$100
Frames	\$100 Allowance after \$20 copay (Costco - \$55 Allowance)	Reimbursed up to \$55
Elective Contact Lenses	\$100 Allowance (Contact Fitting – covered in full not to exceed a \$60 copay)	Reimbursed up to \$80
Laser Vision Correction		
<i>Lasik or PRK</i>	Discount	N/A
Frequency of Benefits		
<i>Exams/Frames/Lenses</i>	12/24/12	

Cost per semi-monthly pay period:

	Vision Plan
Employee	\$3.27
Employee + 1 Dependent	\$6.13
Employee + Family	\$8.72



Disability Income Benefits

Volunteers of America provides full-time employees with short- and long-term disability income benefits through Mutual of Omaha. Without disability coverage, you and your family may struggle to get by if you miss work due to an injury or illness.

We want to do everything possible to protect you and your family. That's why Volunteers of America pays for the full cost of short- and long-term disability insurance—meaning that you owe nothing out of pocket.

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note, though, that you are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

	Short-term Disability	Long-term Disability
Benefits Begin	On the 1 st day for Accident; On the 8 th day for Illness	After 90 days of disability
Benefit Duration	13 weeks	Social Security Normal Retirement Age (SSNRA)
Percentage of Income Replaced	60%	60%
Maximum Benefit	\$500 Weekly Benefit	\$5,000 Monthly Benefit

There is an additional 20% benefit included with Enhanced Disability, as well as an additional 5% benefit with Vocational Rehabilitation participation. These programs are available options for any member that participates in receiving long-term disability income benefits.



Basic & Voluntary Life

Life insurance can help provide for your loved ones if something were to happen to you. Volunteers of America provides all eligible employees with a maximum of \$100,000 in group life and accidental death and dismemberment (AD&D) insurance through Mutual of Omaha. It is provided to all benefit eligible employees in the amount of one (1) times your annual earnings. Benefits are reduced by 65% at age 70 and 50% at age 75. Volunteer of America pays for the **full cost** of this benefit—meaning you are not responsible for paying any monthly premiums. *Contact HR or visit the enrollment website to update your beneficiary information.*

While Volunteer of America offers basic life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage through Mutual of Omaha at group rates.

With voluntary life insurance, you are responsible for paying the full cost of coverage through biweekly payroll deductions. **The guaranteed issue of \$80,000** and the maximum benefit is \$200,000. The chart below outlines the monthly costs of purchasing additional coverage.

Monthly Cost for Every \$1,000 of Employee and Spouse Voluntary Life Insurance Coverage											
Age	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Life	\$0.08	\$0.09	\$0.12	\$0.021	\$0.36	\$0.66	\$1.19	\$1.55	\$2.60	\$4.69	Up to \$16.91
AD&D	\$0.04										
Dependent Children	Maximum Benefit of \$10,000										

Employees can choose amounts in increments of \$10,000 up to 5 times your annual salary. If you were previously enrolled, you can elect up to an additional \$10,000 without Evidence of Insurability at Open Enrollment up to the guaranteed issue amount. For amounts over the guaranteed issue amount, an Evidence of Insurability will be required. Benefits are reduced to 65% at age 65, to 40% at age 70, and to 25% at age 75.

Spouses can choose amounts in increments of \$5,000 up to a maximum amount of \$100,000; not to exceed the employee's benefit amount. **The guaranteed issue amount is \$30,000.** Benefits are reduced when the employee's benefit reduces due to age. Coverage ends when the employee turns age 70. The child benefit option is \$10,000. The child benefit is for children ages 14 days to age 26. There is no benefit from birth to 14 days.

NOTE: Voluntary Life and AD&D rates are based on age and are calculated automatically on DATIS.



Employee Assistance Program

Life's not always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life. An Employee Assistance Program (EAP) can be the answer for you and your family.

What EAP Benefits Can Do for You

You can trust your EAP professional to assess your needs and handle your concerns in a confidential, respectful manner. Our goal is to collaborate with you and find solutions that are responsive to your needs. Your EAP benefits are provided through Volunteers of America – there is **no cost** to you for utilizing EAP services. If additional services are needed, your EAP will help locate appropriate resources in your area.

- EAP representatives are available 24 hours a day, seven days a week.
- Volunteers of America employees have access to three (3) face to face sessions with a counselor (*one legal consultation per issue*).
- Consult an EAP representative with a variety of concerns, including:
 - Emotional well-being
 - Healthy lifestyles
 - Family and relationships
 - Work and life transitions
 - Legal and financial concerns
 - Workplace challenges

How to Contact

For any additional questions or concerns, call 800-316-2796 or visit www.mutualofomaha.com/eap for more information.

Your EAP Resources

Accessibility:

- You have access to EAP professionals 24 hours a day, seven days a week.
- EAP provides information on referral resources and miscellaneous services for employees and their eligible dependents
- Access to a robust network of licensed mental health professionals
- You can also find a wide library of educational articles, handouts, and resources online

Legal Help such as:

- Online Will Preparation
- Legal library & online forms
- Legal consultations

More Resources for:

- Financial tools and resources
- Work/life balance
- Substance use and other addictions
- Dependent and elder care resources



[Click here for a Comprehensive EAP Overview](#)

Will Preparation



Log on to www.willprepservices.com and use the code MUTUALWILLS (case sensitive) to register.

1. Answer the simple questions and watch the customization of your document happen in real time.
2. Download, print and share any document instantly!
3. Don't forget to update your documents with any major life changes, including marriage, divorce, and birth of a child.
4. Make the document legally binding – check with your state for requirements.



Additional Benefits

Supplemental Products

As an employee, you are also eligible to enroll or participate in the following voluntary programs:

- **Accident** – This program pays cash for any accident you get in 24 hours a day. The accident could be a minor cut or something major like a broken bone. Benefits are payable for work related and non-work-related accidents.
- **Hospital** – The program pays cash for hospital stays or emergency room visits.
- **Cancer** – This program pays cash for a diagnosis of cancer. It includes a wellness benefit, hospital confinement benefit, and chemotherapy benefits.
- **Critical Care** – This program pays cash for major illnesses that may happen like heart attacks, strokes, and end stage renal failure, among others.



Book an Appointment
TODAY!

<https://benefitenrollment.as.me/VOA>



Pet Insurance

Nationwide is the nation's oldest and largest pet health insurance provider and is the #1 choice in America for pet insurance. Pet insurance provides coverage for veterinary expenses related to accidents and illnesses. Policies are available for dogs, cats, birds, reptiles, and other exotic pets.



Pets are unpredictable. While it's hard to anticipate accidents and illnesses, Nationwide helps make it a little easier to be prepared for them. From preventive care visits to significant medical incidents, Nationwide provides protection for pets when they need it most. Nationwide policies cover a multitude of medical problems and conditions related to accidents and illnesses, including cancer.

Coverage is available for dogs, cats, birds, and exotic pets. Policyholders are free to use any veterinarian worldwide – even specialists and emergency care providers. My Pet Protection® from Nationwide® helps you provide your pets with the best care possible by reimbursing you for vet bills. You can get cash back for accidents, illnesses, hereditary conditions, and more!

- ✓ **Easy to use:** Low \$250 annual deductible and \$7,500 in annual benefits
- ✓ **Just for employees:** Preferred pricing offered only through your company
- ✓ **Use any vet, anywhere:** No networks, no pre-approvals



How to Sign Up

There's no rush to get started – you can enroll **anytime** during the year! Choose from two easy ways to sign up:

1. Call 877-738-7874 and tell the pet insurance specialist that you are an employee of Volunteers of America of Florida. You'll then receive preferred pricing on your base medical policy.
2. Visit www.petinsurance.com/voa-fla to search for Volunteers of America of Florida to enroll online. The rates given will include your preferred pricing.

During Enrollment, you may be asked for the following information:

- Name & Address
- Home or primary telephone number
- Name of your pet
- Pet's species (canine, feline, etc.)
- Payment information/plan

NOTE: Enrollments received on or before the 15th are effective the 1st of the following month; enrollments received from the 16th to the end of the month are effective the 1st of the second following month. For example, if you enroll on March 11th, your effective date is April 1st; but if you enroll on March 18th, your effective date is May 1st.

Retirement

403b Plan

Volunteers of America has a 403b plan with Empower and National Life Group that matches contributions.

The Empower plan is an “equity-based” option when the funds go up and down based up the selected mutual fund’s performance. The National Life Group option is a fixed annuity with an optional income rider. This is often referred to as “safe money”.

The company matches 50% up to 2% of compensation. Therefore, you will want to contribute at least 2% in order to maximize the matching contribution. Vesting does apply to the match, but you can start accruing match dollars right away!

Employees who average 20 or more hours per week are eligible to enroll with no waiting period. Best of all, you can join or change/stop contributions **at any time**.

If you’re interested in joining the 403b plan,
you are strongly encouraged to contact our
independent financial advisor.

Joseph R. Faulk

4111 W. Spruce St., Tampa, FL 33607

Phone: (813) 928-5454

Fax: (813) 879-5520

Toll Free: (855) 928-5454

Email: JFaulk@1stCardinal.com



Protection Is Just a Tap Away

EASY TO COMPLETE WILL & OTHER QUESTIONNAIRES

Questionnaires are available to help lawyers prepare documents for you in the areas of:

- Estate Planning
- Prenuptial Agreement
- Uncontested Divorce
- Personal Bankruptcy

This feature now includes the option to "save as you go" so you can complete your a questionnaire at your leisure.

FREE LEGAL FORMS

Use Forms by LegalShield to quickly and easily create, sign and send legally binding agreements.

ASK A LEGAL QUESTION

Virtual assistant "Erin" can provide answers to common questions and redirect inquiries to a member services representative for a live chat.

EMERGENCY LEGAL ACCESS

24/7 emergency access for covered situations

MEMBERPerks

This exclusive discounts program gives members savings on favorite brands and services.



Create Your Account

Legal protection is just a tap away.

Follow these steps to create your LegalShield account:

1. ACTIVATE YOUR LEGALSHIELD ACCOUNT

Simply visit accounts.legalshield.com.

(Tip: Your membership number can be found in the email welcoming you as a LegalShield Member.)

2. DOWNLOAD the LegalShield mobile app.

3. SIGN IN by selecting "I am a member" and use the email and password you just created in step 1.



Identity Theft & Privacy Protection

Guarding your personal information is as EASY as 1-2-3!

Follow these steps to create your IDShield account:

1. CREATE AN ACCOUNT WITH LEGALSHIELD

Create your account at accounts.legalshield.com using your member number. If you already have a LegalShield account, simply sign-in.

2. ADD YOUR INFORMATION TO BE MONITORED

Select "Credit and Dark Web" from your IDShield Member Portal and create your identity protection account. Once you create your account you can add the personal information you want to monitor, including your social media accounts.

From the IDShield Member Portal you can also access your password manager, VPN Proxy One and anti-malware protection services provided by Trend Micro™. To download these services you will be asked to create a separate account with Trend Micro.

3. DOWNLOAD THE IDSHIELD MOBILE APP

After you create your identity protection account, download the IDShield mobile app and sign-in using your created login credentials.

Legal Shield only	ID Shield Individual	ID Shield Family	Legal + ID Shield Individual	Legal + ID Shield Family
\$15.95 month	\$8.95 month	\$18.95 month	\$24.90 month	\$30.90 month
\$3.68 biweekly	\$2.07 biweekly	\$4.37 biweekly	\$5.75 biweekly	\$7.13 biweekly

[illegible]