



As a FrankCrum PEO client, your employees have the opportunity to participate and elect our Voluntary Benefits (Dental, Vision, Voluntary Life/AD&D, Disability) at no charge to you. These plans are 100% employee paid. There are no participation requirements. These benefits provide your employees the ability to purchase affordable benefits for themselves and their families at competitive group rates. Benefit elections are effective on the 1st of the month following 60 days of the client's effective date with the PEO (e.g., If enrollment is complete on 3/1, benefits would be effective 5/1).

FrankCrum collects benefit premiums for dental and vision a month prior to the benefit plan's effective date. Spending accounts, Voluntary Life/AD&D and Voluntary Disability are collected on a current month cycle (no advance collection required). For example: If the benefit effective date is 3/1 (weekly payroll), the first benefit deduction date is 2/4.

Example:

Benefit Effective Date: 3/1/2024
(weekly payroll)

Deduction Effective:
02/04/2024
Check Date



Benefits Effective:
03/01/2024

Benefit 1st Deduction: 2/4/2024
(client and member)

Plans may be subject to underwriting guidelines. This information is for discussion purposes only and should not be relied upon solely to determine rates or payment benefits. Should a discrepancy exist, plan and carrier documents and rates prevail. This is not a guarantee of benefits. Rates Expire 10/31/2024.

Voluntary Benefits renew annually on 11/1. Rates and plans are subject to change after 11/1 renewal.

Limited & Dependent Care (DC) FSA - administered by Payflex

- Available to employees working 30 hours or more per week
- Enrollment in FSA is based on calendar year (1/1 to 12/31)
- Medical Expense Reimbursement (MER) FSA
 - Can be used for qualified medical expenses including deductibles, copayments and coinsurance
- Limited-Purpose (LP) FSA
 - Can be used in conjunction with an HSA and allows pre-tax dollars for dental and vision expenses
- For MER and LP FSA annual limits for 2024 are still pending. The limit for 2023 is currently \$3050.00.
- Dependent Care (DC) FSA
 - Can be used for qualified dependent care expenses, including
 - Daycare
 - Preschool
 - Elderly care or
 - Other dependent care
- FSA annual limits for 2024 are still pending. The DC FSA limit for 2023 is currently \$5000.00.
 - \$5,000 for a married couple filing jointly
 - \$5,000 for a single parent
 - Subject to change annually

Dental - MetLife

- Available to employees working 30 hours or more per week
- Multiple plans to select from with various coverage levels
- Employee deductions available on a pre-tax basis
- No ER contribution or participation required
- Child and adult Orthodontics included with High PPO Plan election
- Child Orthodontics are included with Mid PPO Plan election

Coverage Type	High PPO Plan		Mid PPO Plan		Low PPO Plan		DHMO Plan
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network
PREVENTATIVE	100%	100% of R&C*	100%	100% of PDP**	100%	100% of PDP**	No Copay
BASIC	80%	80% of R&C*	80%	80% of PDP**	80%	50% of PDP**	No Copay
MAJOR	50%	50% of R&C*	50%	50% of PDP**	50%	20% of PDP**	SPD for Copay

The DHMO is available in CA, TX, and FL. TX, MA, MT, MS, and LA can only select the High PPO. All other states can choose High or Low PPO plans.

DEDUCTIBLE

Individual	\$50	\$50	\$50	\$50	\$50	\$75	None
Family	\$150	\$150	\$150	\$150	\$150	\$225	None

ANNUAL MAXIMUM

Per Person	\$5,000	\$1,500	\$2,000	\$1,000	\$1,000	\$1,000	NA
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LIFETIME ORTHODONTICS MAXIMUM

Per Person	\$1,500	\$1,500	\$1,000	\$1,000	NA	NA	NA
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Child orthodontics included in Mid PPO Plan. Child and adult orthodontics included in High PPO Plan.

Orthodontics available in DHMO: \$1,000 copay for partial, \$1,850 for full benefits, covers 24 months of R&C Orthodontic treatment and 24 months of retention.

*R&C-Reasonable & Customary-Rendered by a Non Participating Provider and based on the lowest of either the actual charge or the usual charge of most dentists in the same geographical area for the same service. **Fees that MetLife Preferred Dentist Program Network Dentists have agreed to accept as payment in full.

Monthly Rates	PPO High	PPO Mid	PPO Low	DHMO (FL)	DHMO (TX)	DHMO (CA)
EMPLOYEE	\$48.76	\$39.64	\$27.65	\$17.70	\$15.63	\$16.46
EMPLOYEE + SPOUSE	\$98.00	\$79.68	\$55.89	\$30.70	\$29.76	\$30.82
EMPLOYEE + CHILD	\$105.28	\$85.59	\$58.83	\$31.51	\$30.70	\$32.06
FAMILY	\$157.12	\$127.73	\$98.79	\$48.65	\$44.50	\$43.62

Vision - MetLife

MetLife Vision Plan Comparisons		
Plan	Low	High
*Eye Exam	\$10 copay	\$0 copay
**Frames (Allowance)	\$130 (Standard) after \$25 copay	\$150 (\$0 copay)
**Frames (Allowance) (At Costco/Walmart or Sam's)	\$70 after \$25 copay	\$85 (\$0 copay)
*+Standard Lenses	\$25 copay	\$0 copay
*Contact Lenses (vs. glasses)	\$60 copay (fitting) then \$130 allowance	\$60 copay (fitting) then \$150 allowance

*every 12 mos. ** every 24 mos.

+includes single vision, lined bifocal/trifocal/lenticular

Low Plan Monthly Rates:

Employee Only \$5.38

Employee + Spouse \$10.78

Employee + Children \$11.54

Family \$18.45

High Plan Monthly Rates:

Employee Only \$8.64

Employee + Spouse \$17.31

Employee + Children \$18.52

Family \$29.62

Hospital Indemnity - MetLife

Hospital Indemnity insurance can help you be better prepared by providing you with a payment to use as you see fit if you experience a covered event and meet the policy and certificate requirements.

Typically, a flat amount is paid for hospital admission and a per-day amount is paid for each day of a covered hospital stay, from the very first day of you stay.

This payment can help you focus more on getting back on track and less on the extra expenses an accident or illness may bring.

- Admission to a hospital
- Hospital stays
- Admission to an Intensive Care Unit
- Intensive Care Unit stays
- Inpatient Rehab Unit stays (accidents only)

Monthly Rates:

Employee Only \$31.52
Employee + Spouse \$60.08
Employee + Children \$56.00
Family \$95.20

Accident - MetLife

Pays cash directly to participant for accidental events and other medical services including dislocations, fractures, concussions, burns, ambulance rides, medical testing, and physical therapy.

Low Plan Monthly Rates:

Employee Only \$5.68
Employee + Spouse \$10.66
Employee + Children \$11.59
Family \$14.62

High Plan Monthly Rates:

Employee Only \$10.77
Employee + Spouse \$19.96
Employee + Children \$21.68
Family \$27.40

Critical Illness - MetLife

Pays cash directly to the insured for cancer, heart attack, stroke, heart transplant and other conditions as defined in the policy.

\$15,000 BENEFIT MONTHLY RATES:					\$30,000 BENEFIT MONTHLY RATES:				
Age*	Employee Only	Employee + Spouse	Employee + Children	Family	Age*	Employee Only	Employee + Spouse	Employee + Children	Family
<25	\$3.60	\$6.15	\$6.45	\$9.00	<25	\$7.20	\$12.30	\$12.90	\$18.00
25-29	\$3.90	\$6.45	\$6.75	\$9.45	25-29	\$7.80	\$12.90	\$13.50	\$18.90
30-34	\$5.55	\$8.85	\$8.40	\$11.70	30-34	\$11.10	\$17.70	\$16.80	\$23.40
35-39	\$7.95	\$12.45	\$10.95	\$15.30	35-39	\$15.90	\$24.90	\$21.90	\$30.60
40-44	\$12.30	\$18.75	\$15.30	\$21.60	40-44	\$24.60	\$37.50	\$30.60	\$43.20
45-49	\$18.90	\$28.05	\$21.75	\$30.90	45-49	\$37.80	\$56.10	\$43.50	\$61.80
50-54	\$28.35	\$41.25	\$31.20	\$44.25	50-54	\$56.70	\$82.50	\$62.40	\$88.50
55-59	\$40.65	\$58.65	\$43.50	\$61.50	55-59	\$81.30	\$117.30	\$87.00	\$123.00
60-64	\$59.25	\$84.60	\$62.10	\$87.60	60-64	\$118.50	\$169.20	\$124.20	\$175.20
65-69	\$89.70	\$127.20	\$92.55	\$130.05	65-69	\$179.40	\$254.40	\$185.10	\$260.10
70+	\$135.00	\$192.45	\$137.85	\$195.45	70+	\$270.00	\$384.90	\$275.70	\$390.90

Voluntary Term Life and AD&D - MetLife

- **Total Available**
Employee: \$10,000 increments to the lesser of 5 times your basic annual earnings or \$500,000; EOI lesser of 3 times pay and \$100,000
Spouse/Domestic Partner: \$5,000 increments up to \$100,000, up to 50% of your coverage amount. EOI \$25,000
Children: \$1,000/\$2,000/\$4,000/\$5,000 & \$10,000
- **Guarantee Issue:** Up to three times annual pay or \$100,000, whichever is less for the employee.
- **Eligibility:** Available to employees working 30 hours or more per week

Voluntary TermLife and AD&D	
A. Annual Earnings =	\$30,000
B. Age/Variable for Life and AD&D	40-44 / 0.20
C. Volume	\$100,000.00
D. Factored over a weekly pay frequency =	\$5.00

No employer participation or contribution is required.

Voluntary Term Life Rates	
Age*	Monthly Cost per \$1,000 of Employee Coverage
<30	\$0.11
30-34	\$0.13
35-39	\$0.14
40-44	\$0.20
45-49	\$0.25
50-54	\$0.43
55-59	\$0.80
60-64	\$0.91
65-69	\$1.52
70+	\$4.16

Voluntary Short Term Disability - MetLife

- **Benefit Duration:** 13 or 26 weeks
- **Elimination Period:** 14 days for injury or sickness including pregnancy
- **Benefit:** 60% of weekly earnings up to a weekly benefit maximum of \$2,308

Voluntary STD Example (Using 13 week benefit plan for age 40-44)		Contribution
A. Annual Earnings =		\$30,000
B. Weekly Earnings = (A divided by 52)		\$577
C. Weekly Benefit = (B multiplied by 60%)		\$346.15
D. Value Per \$10 = (C divided by 10)		\$34.62
E. Estimated Monthly Contribution = (D multiplied by 0.32)		\$11.08

Disability Age Per \$10 Weekly Benefit		
Age	13 Week Benefit Duration	26 Week Benefit Duration
>25	\$0.30	\$0.43
25-29	\$0.32	\$0.45
30-34	\$0.32	\$0.46
35-39	\$0.29	\$0.42
40-44	\$0.32	\$0.45
45-49	\$0.38	\$0.56
50-54	\$0.47	\$0.69
55-59	\$0.59	\$0.85
60-64	\$0.69	\$1.00
+65	\$0.83	\$1.20

Voluntary Long Term Disability – MetLife

- **Elimination Period:** 90 or 180 days
- **Benefit:** 60% of monthly earnings up to a monthly benefit maximum of \$10,000

Short Term and Long Term Disability are available to hourly and salaried employees working 30 hours or more per week. No employer participation of contribution required.

Benefit Duration	
Age on Date of Disability	Benefit Duration
< 60	To age 65
60-64	5 Years (60 Months)
65-69	To age 70
70+	12 Months

Voluntary Long-Term Disability Cont.

Voluntary LTD Example (Using 90 day elimination period plan for age 40-44)	Contribution
A. Annual Earnings =	\$30,000
B. Weekly Earnings = (A divided by 12)	\$2,500
C. Value Per \$100 = (B Divided by 100)	25
D. Estimated Monthly Contribution = (C multiplied by 0.57)	\$14.25

Disability Age Per \$100 Covered Monthly Payroll		
Age	90 Day Elimination Period	180 Day Elimination Period
<35	\$0.20	\$0.11
35-39	\$0.41	\$0.33
40-44	\$0.57	\$0.46
45-49	\$0.77	\$0.63
50-54	\$1.03	\$0.83
55-59	\$1.17	\$0.97
60-64	\$0.92	\$0.72
65+	\$0.35	\$0.26

Additional Benefits - Allow Year-Round Enrollment

- **MetLife Policies** include auto, homeowner, personal excess liability, boat, condo, motor home, recreational vehicle and renter's insurance
- **Entertainment Discounts:** TicketsAtWork
- **Credit Union Membership:** Corporate America Credit Union (CAFCU)
- **Pet Assure Veterinary Discount Plan:**

Pet Assure Veterinary Discount Plan	
Vet Discount Plan	\$8/month for unlimited # of pets
Rx Discount Plan	\$4.50/ month for one pet
	\$8.50/month for unlimited # of pets
- **Metlaw:** MetLife Legal Plans, formally known as Hyatt Legal Plans, gives you access to experts who can assist you with a broad range of personal legal needs you might face throughout your life. This could be when you're buying or selling a home, starting a family, dealing with identity theft, or caring for aging parents.
 - **Monthly Cost \$18**
(covers spouse and dependents at additional premium)
- **LifeLock with Norton:** Comprehensive identity theft protection from Lifelock helps safeguard your finances, credit and good name. In today's In today's always-connected world, that's more important than ever.

LifeLock with Norton - Monthly Rates		
Coverage	Benefit Essential	Benefit Premier
Employee	\$8.50	\$21.25
Employee + Dependent(s)	\$17.00	\$42.50

If You Have Further Questions, Contact Us.

Benefits Department

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