

2023 Benefits Guide



Open Enrollment:
June 14-30, 2023

Benefits Effective: August 1, 2023



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Your 2023 Benefits Enrollment

Highlights of 2023

- Move to OneDigital Benemax
- No change in employee contributions
- Enhancements to Gold Plan
- Customer Service
 - 800-528-1530
 - Or via email
- Benemax.service@onedigital.com

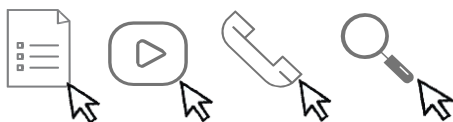
How to use your Benefits Guide

Sectional Navigation

Use the icons on the left to skip ahead to any section of this guide you want to explore.

Informational Icons

When you see any of these icons, click to open documents, watch informational videos, see more information, or link out to carrier websites.



Open Enrollment

Open Enrollment begins **June 14** and runs through **June 30**. All employees must re-elect benefits for the upcoming year.

Your benefits will be active starting August 1, 2023.

Mid-Year Changes

Once Open Enrollment ends, the only time you are allowed to make changes to your benefits elections in the middle of the year is if you experience a qualified mid-year change. Examples include getting married or divorced, having a baby or adopting, or gaining or losing coverage.

You must notify Human Resources **within 30 days** of the mid-year event to be eligible to change your elections.

ENROLL NOW





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Important Contacts

On-line Benefit Information can be found at

www.mybenemax.com

Keyword: Apps

Medical

Call Benemax First | 800.528.1530

www.mybenemax.com keyword: Apps

Blue Cross Blue Shield | 800-262-2583

www.bluecrossma.com | Group # 2374587

Dental

Guardian | 888.600-1600

www.guardiananytime.com

DentalGuard Preferred Network

Group# 038237

Vision

Blue 20/20 | 855.875.6948

www.blue2020ma.com

Group# 30021493

Life Insurance

Equitable | 866.274.9887

www.equitable.com/employeebenefits

Group# 826

Disability

Equitable | 866.274.9887

www.equitable.com/employeebenefits

Group# 826

Flexible Spending

Benemax | 800.528.1530

www.myBenemax.com

Keyword: Apps

Health Savings

Fidelity | 800.343.3548

<https://www.fidelity.com/go/hsa/why-hsa>

Human Resources

Apps Associates

hrusa@appsassociates.com



Have questions about your benefits?

Independent Member Advocate (IMA)

We get it, insurance is confusing. That's why you have a dedicated Benemax IMA that can handle your benefits questions and claims issues. Our Advocates work for you, not the insurance company, your interests are our priority. Get assistance with:

- benefits and coverage questions
- billing issues, claims and appeals
- processing enrollment changes and locating ID cards
- locating in-network providers
- Information on how your plan works

Nora Jarboe
Direct line
508-242-6127
Or speak to the
next available IMA
at 800-528-1530
Email
Benemax.service@onedigital.com



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Your Medical Plans

Apps Associates provides three medical plan options. (Platinum, Gold, Silver)

Two of the plan are Benemax Health Plans® which integrates a fully insured component from Blue Cross Blue Shield of Massachusetts (BCBS) and an employer-funded component from Apps Associates. The BCBS plan has an annual individual deductible of \$5,000 (\$10,000 per family). The third plan referred to as the Silver plan, does not include the Benemax supplement/wrap on out-of-pocket costs, it is the BCBS plan alone.




Platinum Plan – Includes the Benemax wrap – Covered services are covered 100% for up to \$3,500 per individual or \$7,000 per family. Then a delayed deductible applies as shown below.

Gold Plan – Includes the Benemax wrap - Members are responsible for the first \$2,000 per individual (\$4,000 per family), see next page for details.

Silver Plan – Does not include the Benemax Wrap. This plan is the BCBS plan alone – see details on page 7.

Benemax provides customer service for all plans. Members are encouraged to call Benemax First when they have a problem with a claim or coverage.

The next pages include a short description on these plans. The summary of benefits and coverage is available on each plan by clicking on the page icon. 

Medical Premiums (bi-weekly)	Platinum	Gold	Silver
Employee	\$128.30	\$97.41	\$52.46
Employee plus 1	\$247.26	\$206.51	\$146.05
Family	\$374.05	\$321.33	\$262.21

Waving Medical Coverage? – Medical Opt-Out Stipend

For employees who are eligible for qualified medical coverage on a spouse's plan, Apps Associates offers a \$1,800 annual (\$69.23 per pay period) opt-out stipend.



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Medical Plan – Platinum



The Benemax Health Plans® integrates a fully insured component from Blue Cross Blue Shield of Massachusetts (BCBS) and an employer-funded component from Apps Associates. The BCBS plan has an annual individual deductible of \$5,000 (\$10,000 per family).

Platinum Plan – Includes the Benemax wrap – Covered services are covered 100% for up to \$3,500 per individual or \$7,000 per family. Then a delayed deductible applies as shown below.

Below is a brief reference of the **Platinum Plan's** frequently used services and your final cost after your claims have been processed by both BCBS and Benemax.

Platinum Plan		Your Cost	
The first \$3,500 for an individual or \$7,000 for a family is covered by Apps Associates, via Benemax. Members are responsible for the remaining \$1,500 per individual or \$3,000 per family and the co-pays and co-insurance after the full deductible has been met.			
Covered Services		In-Network	Out-of-Network
Plan Year Delayed Deductible		First \$3,500 / \$7,000 paid by Apps	
Individual			\$1,500
Family			\$3,000
Maximum Out-of-Pocket - Individual / Family		\$6,850 / \$13,700	
Routine office visits & tests		No cost	*20% after deductible
Routine Vision exams (1 exam per 24 months)		No cost	*20% after deductible
Diabetic management services (first 2 visits per year)		No cost	*20% after deductible
Non-routine office visits with PCP		*\$25 co-pay after deductible	*20% after deductible
Mental health or substance abuse treatment		*Deductible	*20% after deductible
Office visits with Specialist		*\$40 co-pay after deductible	*20% after deductible
Urgent Care			
Limit-service clinic (CVS minute clinics)		*\$0 co-pay after deductible	n/a
Short-term rehab therapy (up to 60 visits per year)		*Deductible	*20% after deductible
Chiropractic care		*Deductible	*20% after deductible
Emergency room visits (co-pay waived if admitted)		*Deductible	*Deductible
Diagnostic lab work and X-rays (non-routine)		*Deductible	*20% after deductible
Complex imaging (MRI/CT/PET)		*Deductible	*20% after deductible
Day surgery – in a non-hospital facility / hospital		*Deductible	*20% after deductible
Inpatient hospital services		*Deductible	*20% after deductible
Durable medical equipment		*20% co-insurance after deductible	*40% after deductible
Prescription Drugs (BCBS approved)		See page 8	
The out-of-network deductible is combined with in-network deductible. Out-of-network charges often include charges considered over usual and customary by the insurance carrier. Any charges over usual and customary are the member's responsibility.			

* Represents services supplemented by your employer, via Benemax.



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Medical Plan - Gold



On the **Gold Plan**, the BCBS plan has an annual individual deductible of \$5,000 (\$10,000 per family). Members pay the first \$2,000 per individual plan or \$4,000 per family plan. A single in a family plan must meet the \$4,000 before benefits begin to pay. Apps Associates pays the remaining plan deductible and the in-network co-pays (including approved prescriptions) and co-insurance due after the BCBS deductible is met.

The **Gold plan** is a health savings account (HSA) qualified plan.

Below is a brief reference of frequently used services and your final cost after your claims have been processed by both BCBS and Benemax.

Gold Plan



Your Cost

Members are responsible for the first \$2,000 per individual or \$4,000 per family. Apps Associates, via Benemax pays the remaining deductible on your behalf. Co-pays and co-insurance applies after the full deductible has been met.

Covered Services	In-Network	Out-of-Network
Plan Year		
Individual		*\$2,000
Family		*\$4,000
Maximum Out-of-Pocket - Individual / Family		\$6,850 / \$13,700
Routine office visits & tests	No cost	*20% after deductible
Routine Vision exams (1 exam per 24 months)	No cost	*20% after deductible
Diabetic management services (first 2 visits per year)	No cost	*20% after deductible
Non-routine office visits with PCP	*Deductible	*20% after deductible
Mental health or substance abuse treatment		
Office visits with Specialist	*Deductible	*20% after deductible
Urgent Care		
Short-term rehab therapy (up to 60 visits per year)	*Deductible	*20% after deductible
Chiropractic care	*Deductible	*20% after deductible
Emergency room visits (co-pay waived if admitted)	*Deductible	*Deductible
Diagnostic lab work and X-rays (non-routine)	*Deductible	*20% after deductible
Complex imaging (MRI/CT/PET)	*Deductible	*20% after deductible
Day surgery – in a non-hospital facility / hospital	*Deductible	*20% after deductible
Inpatient hospital services	*Deductible	*20% after deductible
Durable medical equipment	*20% co-insurance after deductible	*40% after deductible
Prescription Drugs (BCBS approved)	See page 8	

The out-of-network deductible is combined with in-network deductible. Out-of-network charges often include charges considered over usual and customary by the insurance carrier. Any charges over usual and customary are the member's responsibility.

* Represents services supplemented by your employer, via Benemax.



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Your Medical Plans

Continued




The **Silver Plan** shown below, is the BCBS PPO Saver. It includes a combined in and out-of-network annual individual deductible of \$5,000 (\$10,000 per family). Co-pays and co-insurance apply after the deductible.

The Silver plan **does not** include any supplement from Apps Associates.

The Silver plan is a health savings account (HSA) qualified plan.

Below is a brief reference of frequently used services and your final cost after your claims have been processed by BCBS.

Silver Plan 	Your Cost	
Covered Services	In-Network	Out-of-Network
Plan Year		
Individual	\$5,000	
Family	\$10,000	
Maximum Out-of-Pocket - Individual / Family	\$6,850 / \$13,700	
Routine office visits & tests	No cost	20% after deductible
Routine Vision exams (1 exam per 24 months)	No cost	20% after deductible
Diabetic management services (first 2 visits per year)	No cost	20% after deductible
Non-routine office visits with PCP	\$25 co-pay after deductible	20% after deductible
Mental health or substance abuse treatment	Deductible	20% after deductible
Office visits with Specialist	\$40 co-pay after deductible	20% after deductible
Urgent Care		
Limit-service clinic (CVS minute clinics)	*\$0 co-pay after deductible	n/a
Short-term rehab therapy (up to 60 visits per year)	Deductible	20% after deductible
Chiropractic care	Deductible	20% after deductible
Emergency room visits (co-pay waived if admitted)	Deductible	Deductible
Diagnostic lab work and X-rays (non-routine)	Deductible	20% after deductible
Complex imaging (MRI/CT/PET)	Deductible	20% after deductible
Day surgery – in a non-hospital facility / hospital	Deductible	20% after deductible
Inpatient hospital services	Deductible	20% after deductible
Durable medical equipment	20% co-insurance after deductible	40% after deductible
Prescription Drugs (BCBS approved)	See page 8	

The out-of-network deductible is combined with in-network deductible. Out-of-network charges often include charges considered over usual and customary by the insurance carrier. Any charges over usual and customary are the member's responsibility.

The rates and benefit plan information shown in this guide are illustrative only. To the extent the rates or the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents and/or plan document(s) that govern the terms and conditions of the plans described in this guide, the underlying insurance and/or plan documents will govern in all cases. The insurance carrier will determine the actual rates based upon the final member enrollment, plan selection, funding, type, and eligibility criteria. Until that time, and the carrier's final communication, the rates will be subject to change.



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Your Medical Plans Continued – Prescription Drugs

Platinum Plan members will receive a Benemax Rx card at the beginning of the plan year. The card will pay for prescriptions until an individual on plan reaches \$3,500 or a family reaches \$7,000 in combined medical and pharmacy charges. Members are then responsible for the co-pays shown below.

Gold Plan members will receive a Benemax Rx card once the single or family plan year deductible is reached. There are no co-pays due after the deductible has been met.

Silver Plan members will not receive a card for Rx as there is no supplement to the BCBS plan. The co-pay below are due after the \$5,000 individual deductible is met.

This card allows you to purchase prescription drugs that are approved by BCBS and CVS Caremark, BCBS's pharmacy benefit manager (PBM), for zero copay. **Only BCBS prescription drugs are covered.

For first time Rx Card users:



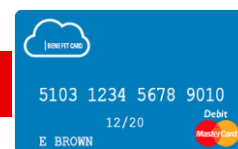
Activate your card!
Cards take 24-48 hours to fully activate.
Rx refills ordered or charges made before allowing this activation time will result in card rejections.



At the pharmacy, present your BCBS ID card to ensure coverage, then use your Rx Card to pay the balance due. The card functions as a credit card or you can set up a pin during activation. Pay for your Rx separately from any other items.



****You can only use the Rx Card for BCBS approved prescription drugs. Buyer beware,** the card will work for Rx drugs that are not covered under your BCBS medical plan. Post audits are conducted. You will be asked to repay the plan for any Rx that was not covered by BCBS



Platinum & Silver Plans Summary of RX Co-pays due after Deductible

Retail Pharmacy Co-pays

(at retail pharmacies, up to a 30-day supply)

Tier 1 - Generic Drugs	\$10	\$20
Tier 2 - Preferred brand drugs	\$25	\$50
Tier 3 - Non-preferred brand drugs	\$45	\$90

Mail Order Copays

(via Caremark/CVS, up to a 90-day supply)

Tier 1 - Generic Drugs	\$20	Not Covered
Tier 2 - Preferred brand drugs	\$50	
Tier 3 - Non-preferred brand drugs	\$135	

The plan includes BCBS's Mail Order with Retail Choice Program. This program saves you 33% of the cost of your maintenance medications when you switch to a 90-day supply and fill your prescription through the mail service pharmacy. See more from BCBS by clicking below.





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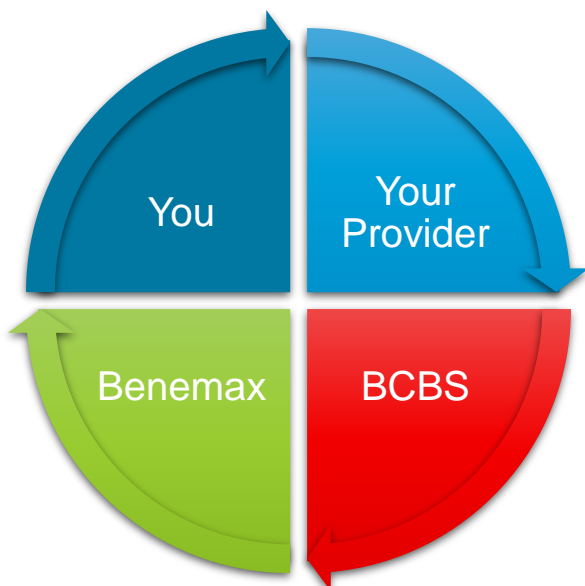
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How Your Health Plan Works

Platinum & Gold Plan - The chart below will help you understand who pays for what and when.

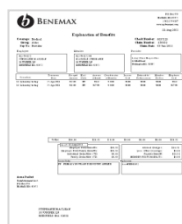


You or a member of your Family visits your provider (doctor/ hospital) and shows both their BCBS ID card and their Benemax Card. [Click here](#) to learn more about why showing your Benemax card is important.

Your Doctor or Provider will bill BCBS.

BCBS will process your claim, notify your provider, and send a Claims Summary to you and your provider.

Benemax receives a report of your claims from BCBS. Benemax reviews your claim and makes additional payments on behalf of your employer.



Benemax posts a Benemax Explanation of Benefits (EOB) on your [Claims Connection](#) portal. You are responsible to pay the amount due to your provider as shown on the Benemax EOB.

When you receive your BCBS claims summary or a provider bill, log in to [Claims Connection](#) to view your member responsibility as stated on the Benemax EOB before making a final payment to your provider.



Virtual Benefit
Manager



Claims
Connection



Understanding
Your EOB

Your I.D. Cards

Silver Plan members will not receive a Benemax card. Silver plan members verify what to pay providers via their BCBS summary of benefit and their BCBS ID card.



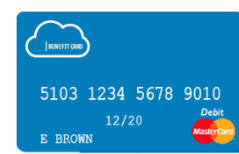
BCBS Medical Card
Your primary health insurance card. Please show this card to all medical providers at the time of service, including pharmacists.



Benemax Card (Platinum & Gold Plans only)
Your medical supplemental payer card. This card can be shown to medical providers to help explain the secondary layer of coverage provided by 2Life. Listen to this [benefit byte](#) on why this card is important



Guardian Dental Card
Your dental insurance card. Please show this card to your dental provider at the time of service.



Benemax Rx for Platinum & Gold Plans & FSA Debit Card
If enrolled in Flexible Spending Account (FSA), use this card to purchase eligible FSA items or services. This is a dual -purpose card that is used for \$0 co-pay prescription drugs when on the Platinum & Gold plans.



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Wellness Benefits



Blue Cross Blue Shield of Massachusetts offers you additional programs to promote wellness.

Wellness Incentive Program



Click here to sign up!

The member can:

- Earn up to **\$400** annually, or \$100 per quarter, for completing a variety of wellness activities
- Order a **FREE**, co-branded Virgin Max Buzz health tracker

Employees will receive engagement and communication materials from BCBS and Virgin Plus. These will include a program guide on Max Buzz and other wearable devices, challenges, point redemption options, etc.

Employees can earn points and be rewarded for a variety of activities: completing a health assessment, completing challenges, daily healthy habits, first-time milestone achievements, well visits, preventive cancer screenings, and flu immunizations. Points can be redeemed for VISA gift cards, merchandise, cash and charitable donations.

All communication on this program is directed through the Virgin Pulse Member Service portal:

- Live Chat: member.virginpulse.com (Monday - Friday 2:00 am - 9:00 pm EST)
- Dedicated email address: bcbsma@virginpulse.com
- Dedicated toll-free phone line: 844-854-7285 (Monday-Friday 8:00 am - 9:00 pm EST)

Mind and Body Reimbursement – You can get up to 30 percent off standard rates when you use an alternative health practitioner in the BCBS network. To learn more, sign in to MyBlue at www.bluecrossma.com/myblue

Fitness Benefit \$150 reimbursement at any health club that includes cardiovascular and strength-training exercise equipment or through a fitness studio with instructor-led group classes such as yoga, Pilates, Zumba, kickboxing, indoor cycling/spinning, and other exercise programs.

This is good for one membership per subscriber who has been active on BCBS medical plan for 4 months or more.

Weight loss benefit reimbursement is available up to \$150 toward the cost of three months membership in Weight Watchers® or in another approved program. This is good for one member per subscriber plan. The member must be on the BCBS plan for 4 months before accessing this benefit.

Maternity Care- Visit www.bluecrossma.org/maternity.com for information about BCBS's Maternity Care program. Expectant mothers are eligible for reimbursement up to \$90 for completing a childbirth course. New mothers can get a cost-free manual or dual electric breast pump and call-in maternity support.

Living Health® Smoke-free program – Online help at www.ahealthyme.com

BCBS offers zero co-pay on many popular smoking cessation drugs. You are required to obtain a prescription from you PCP.

Blue Care Line – answers health questions 24 hours a day, 7 days a week: 800-247-BLUE (2583). This number is on your BCBS ID card.



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Telemedicine



Your BCBS plan also includes coverage for certain medical and behavioral health services via telehealth online video visits. You can consult with medical professionals, 24/7/365, and schedule convenient behavioral health visits right from your mobile device or home computer. These services are for conditions that can be treated through video visits such as bronchitis, sinus infections, pinkeye, or for behavioral health issues such as depression, anxiety, sleep difficulties and more. To access BCBS's national telehealth service provided by Well Connection, download BCBS' My Blue member App or register at <https://member.bluecrossma.com/login>.

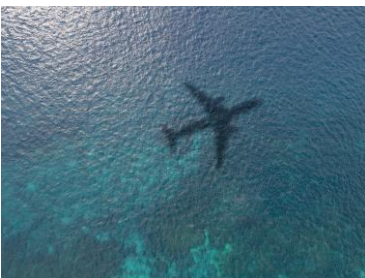
Telehealth visits are charged at time of service. Benemax will automatically reimburse the cost of a BCBS approved Telehealth visit to the extent that it exceeds the member's cost shown on your benefit page.



Employee Assistance Program

Apps Associates through Equitable provides an Employee Assistance Program (EAP) for employees and their family members. EAP's provide confidential and emotional support, work-life solutions, legal guidance and financial resources. Click on the links below for additional information.

Get the FREE support you need today!



Emergency Travel Assistance Program

Apps Associates through Equitable/AXA provides an emergency travel assistance program for all active full-time employees. This program is available when traveling more than 100 miles away from your home. Contact AXA Assistance USA 24 hours a day, 7 days a week.



The following description of available benefit election options are purely informational and have been provided to you for illustrative purposes only. Payment of benefits will vary from claim to claim within a particular benefit option and will be paid at the sole discretion of the applicable insurance carrier or plan for each benefit option. The terms and conditions of each applicable policy or certificate of coverage will provide specific details and will govern in all matters relating to each particular option described in this summary. In no case will any information in this summary amend, modify, expand, enhance, improve or otherwise change any term, condition, or element of the policies, plans, or certificates of coverage that govern the benefit options described in this summary.



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Dental Plan



Good dental hygiene has substantial impact on your overall health. Prevent both oral conditions and other diseases through regular preventive dental care.

Find a In-network Provider by clicking above. Network is DentalGuard Preferred.

In-Network Benefits	Guardian Silver Plan	Guardian Gold Plan
Deductible	Individual: \$50 Family: \$150	Individual: \$25 Family: \$75
Preventive Services	100% covered	100% covered
Basic Services	You pay 20%*	100% covered
Major Services	You pay 50%*	You pay 20%*
Annual Maximum Benefit	\$1,500 per person	\$2,500 per person
Orthodontic Care	Not Covered	You pay 50%; \$2,500 lifetime maximum benefit
Premiums (Bi-weekly)	Employee: \$8.10 Employee + 1: \$17.01 Employee + Family: \$28.34	Employee: \$12.94 Employee + 1: \$27.30 Employee + Family: \$45.59

* Deductible applies first



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BLUE 20/20



Find a In-network
Provider by clicking
above. Your plan uses
the Insight Network

Vision Plan

Protect your sight and enjoy those sunsets even more with vision insurance. Receive both preventative and materials coverage!

In-Network Benefits

BLUE 20/20
Vision Plan



Vision Exams

\$10 copay

Lenses

Single: \$25 copay
Bifocal: \$25 copay
Trifocal: \$25 copay

Frames

\$130 allowance, then additional 20% off balance

Contact Lenses

Disposable: \$130 Allowance
Medically Necessary: 100% Covered

Frequency of Services

Exam: Every 12 months
Lenses: Every 12 months
Frames: **Every 24 months**
Contact Lenses: Every 12 months

Premiums (Bi-weekly)

Employee: \$2.97
Employee + 1: \$4.32
Employee + Family: \$7.74



Blue 20/20 is
administered by
EyeMed Vision Care®,
an independent
company.

eye
med

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS

PEARLE
VISION

OPTICAL

The rates and benefit plan information shown in this guide are illustrative only. To the extent the rates or the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents and/or plan document(s) that govern the terms and conditions of the plans described in this guide, the underlying insurance and/or plan documents will govern in all cases. The insurance carrier will determine the actual rates based upon the final member enrollment, plan selection, funding, type, and eligibility criteria. Until that time, and the carrier's final communication, the rates will be subject to change.



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Savings Plans

Health Savings Account



<https://www.fidelity.com/go/hsa/why-hsa>

Take advantage of triple tax savings through an HSA. Reduce your taxable income by contributing into this account, purchase qualified healthcare items free of tax, and earn tax-free interest on HSA investment dollars. Unused funds will roll over from year to year.

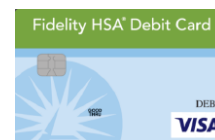
You must be enrolled in the company HDHP Medical Plan to be eligible for an HSA. This is either the Gold or Silver plan.

If you are age 55 or older, you can contribute an extra \$1,000 each year through the HSA Catch-Up Contribution.

2023 HSA Maximum Contribution:

Individual: \$3,850

Family: \$7,750



Flexible Spending Account



Save tax dollars and receive an advanced loan to assist with qualified expenses with an FSA. Determine your per paycheck contribution in the beginning of the year, and then spend those funds on qualified health expenses or dependent care expenses as needed before the plan year ends.

2023 FSA Maximum Contributions:

Healthcare FSA: \$3,050

Limited Purpose FSA: \$3,050

Dependent Care FSA: \$5,000



The following description of available benefit election options are purely informational and have been provided to you for illustrative purposes only. Payment of benefits will vary from claim to claim within a particular benefit option and will be paid at the sole discretion of the applicable insurance carrier or plan for each benefit option. The terms and conditions of each applicable policy or certificate of coverage will provide specific details and will govern in all matters relating to each particular option described in this summary. In no case will any information in this summary amend, modify, expand, enhance, improve or otherwise change any term, condition, or element of the policies, plans, or certificates of coverage that govern the benefit options described in this summary.



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EQUITABLE



Life insurance

Apps Associates provides benefit eligible employees with one times their annual salary to a maximum of \$500,000 in life insurance that is paid in full by the company. The policy includes accidental death and dismemberment (AD&D) benefits that provide an additional 1 times base annual salary

Basic Life and AD&D



You can't put a price tag on your life, but Apps Associates helps you protect your loved ones with life insurance in the event of a premature loss.

Basic Life Benefit:

1x your earnings to a Maximum of
\$200,000



Voluntary Life and AD&D



You can purchase additional life and AD&D insurance for you and your dependents. This plan is optional and paid 100% by you through payroll deductions if you choose to sign up.

	Benefit	Guarantee Issue
Employee	Increments of \$10,000 up to 5x your earnings; \$500,000 Maximum	\$100,000
Spouse	Increments of \$5,000 to \$500,000, not to exceed 100% of employee's supplemental life	\$20,000
Child	\$2,000 to \$10,000 in \$2,000 increments	\$10,000

For Voluntary Life and AD&D: You must submit an Evidence of Insurability (EOI) form to the insurance carrier if you select an amount of insurance over the "Guarantee Issue Amount (GI)". Any coverage amount over the GI is subject to the carrier's approval. If approved, you will receive a letter in the mail notifying you of the approval.

Visit the Benemax Virtual Benefit Manager at www.mybenemax.com keyword Apps for Voluntary Life & AD&D enrollment forms.



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Paid Family & Medical Leave

Apps Associates has purchased a private plan through Guardian Life for PFML. Employees living in Massachusetts will file all leave claims with Guardian at www.GuardianAnytime.com. For medical leaves, short term disability (STD) claims can be filed with Equitable after or at the same time as filing with Guardian. The Guardian PML plan will pay first and Equitable will pay anything over the State's maximum amount to the Equitable maximum benefit shown above.

This process is followed for any State that provides a paid medical leave policy. Employees in States outside of Massachusetts are required to file claims through their individual state programs before filing a STD claim at Equitable.



Disability Insurance

EQUITABLE

Short and Long-Term Disability Insurance provides income protection in the event you are hurt and cannot work. Apps Associates provide these disability benefits to full time employees at no cost.

Short-Term Disability

Benefit	60% of your earnings to a maximum of \$2,500 a week
Duration	13 weeks
Elimination period	Illness: 7 Days Accident: 0 Days



Long-Term Disability

Benefit	60% of your earnings to a maximum of \$10,000 a month
Duration	ADEA1 without SSNRA
Elimination period	90 days

The following description of available benefit election options are purely informational and have been provided to you for illustrative purposes only. Payment of benefits will vary from claim to claim within a particular benefit option and will be paid at the sole discretion of the applicable insurance carrier or plan for each benefit option. The terms and conditions of each applicable policy or certificate of coverage will provide specific details and will govern in all matters relating to each particular option described in this summary. In no case will any information in this summary amend, modify, expand, enhance, improve or otherwise change any term, condition, or element of the policies, plans, or certificates of coverage that govern the benefit options described in this summary.



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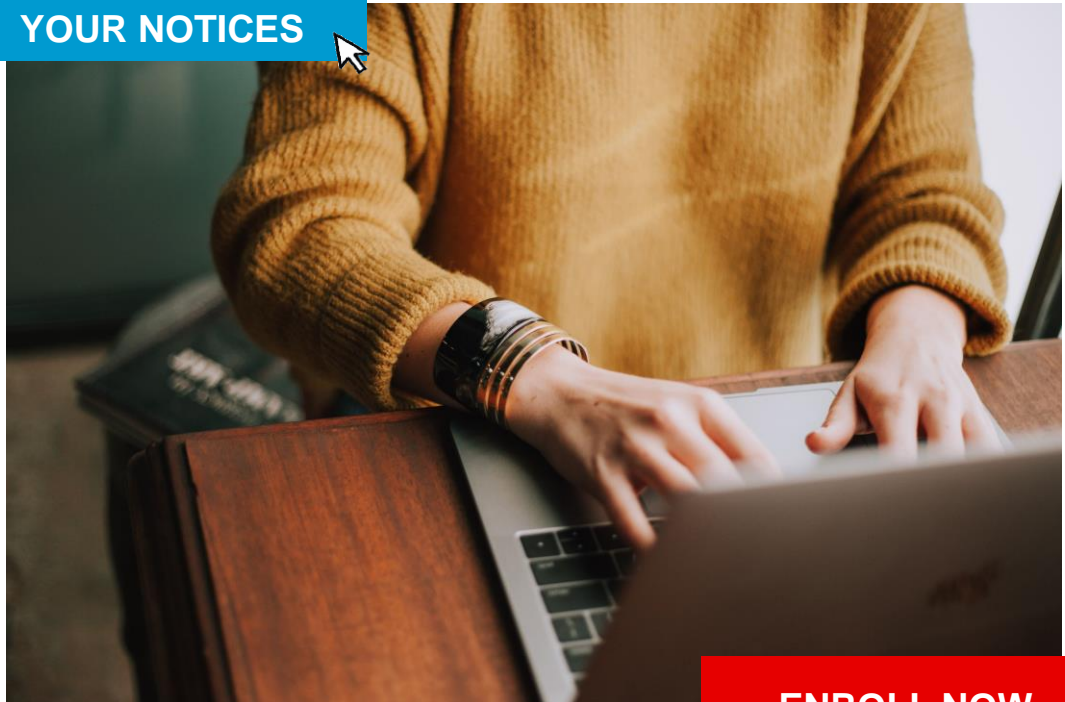
Notices &
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Employee Notices

Please review the following required employee notices detailing your rights and options. You can also request a paper copy of any of these notices at any time.



**DOWNLOAD
YOUR NOTICES**



ENROLL NOW

Benefits Enrollment

Your company uses **ADP online enrollment system** to make enrollment and future changes easy on employees. This system will allow you to make all of your benefit elections online without any forms. You can also access this system throughout the plan year to review benefit information or make demographic or enrollment changes.

