



2023-2024 EMPLOYEE BENEFITS GUIDE



FULL TIME
EMPLOYEES
30+ HOURS PER WEEK





ELIGIBILITY & ENROLLMENT

You and your family have unique needs, which is why David Mail Services, Inc. offers a variety of benefit plans from which you may choose. Consider your spouse's benefits through his or her place of employment and your dependents' eligibility when weighing each option.

Eligibility

You must work at least 30 hours per week to be eligible to participate in the Davis Mail Services, Inc. benefit plan.

When Does Coverage Begin?

- **New Hire:** Coverage for all benefits begins on the first day of the month following 60 days of employment. Due to IRS regulations, once you have made your choices for the current plan year, you won't be able to change your benefits until the next open enrollment period, unless you experience a qualifying life event.
- **Newly Eligible:** If you become benefits eligible due to an increase in hours, your benefits are effective on the first of the month following 60 days after your status change. As with a New Hire, once you have made your choices for the current plan year, you won't be able to change your benefits until the next open enrollment period, unless you experience a qualifying life event.
- **Open Enrollment:** Any changes made to your benefit elections during the open enrollment period are effective on September 1.
- **Qualifying Life Event:** Any changes you make to your benefits due to a qualifying life event go into effect the first of the month following the date of that event.



Eligible Dependents

Dependents eligible for coverage in the Davis Mail Services, Inc. medical, dental, vision, voluntary life, critical illness, and accident insurance plans include:

- Your legal spouse
- Children up to age 26
- Dependent children, regardless of age, provided he or she is incapable of self-support due to a mental or physical disability, is fully dependent on you for support as indicated on your federal tax return and is approved by your medical plan to continue coverage past age 26

Qualifying Life Events

When one of the following events occurs, you have 30 days from the date of the event to Davis Mail Service, Inc. and/or request changes to your coverage.

- Change in your legal marital status (marriage, divorce, or legal separation)
- Change in the number of your dependents (for example, through birth or adoption, or if a child is no longer an eligible dependent)
- Change in your spouse's or domestic partner's employment status (resulting in a loss or gain of coverage)
- Change in your employment status from full-time to part-time, or part-time to full-time, resulting in a gain or loss of coverage

IMPORTANT BENEFIT INFORMATION

Required Medical Enrollment

Enrollment in the BASIC Fixed Indemnity Plan is **required** for all full-time employees working 30 or more hours per week unless you provide proof of coverage elsewhere OR you enroll in the MedPremier 5K HSA Medical Plan, the MedPremier 5K PPO Medical Plan, or the BUY UP Fixed Indemnity Medical Plan.

Proof of other coverage includes coverage in a spouse's employer-sponsored plan, VA, TRICARE, retiree coverage, or an individual health plan. Medicare is **not** a valid waiver of medical coverage.

Important Note About Medicare Coverage

The Centers for Medicare and Medicaid state that because health insurance coverage is offered and available through Davis Mail Services, **Medicare does not allow you to decline your employer's insurance if you are working full-time** (more than 30 hours per week). At age 65, you are able to enroll in Medicare; however, Medicare is considered your **secondary** coverage. As a result, you must be enrolled in the MedPremier 5K HSA Medical Plan, the MedPremier 5K PPO Medical Plan, or the BUY UP Fixed Indemnity Medical Plan if you are working full-time.

Medical Benefits

The MEDPREMIER 5K HSA MEDICAL PLAN offers an in-network annual deductible of **\$5,000** for single coverage (\$10,000 for dependent coverage) and 30% coinsurance. **All services** – including physician office visits and prescription medications – are first applied to the deductible before copays are applied. Once the deductible has been met, there are copays for prescriptions. A \$10,000 life insurance benefit (for the employee only) is also included with the benefit.

The MEDPREMIER 5K PPO MEDICAL PLAN offers an in-network annual deductible of **\$5,000** for single coverage (\$10,000 for dependent coverage) and 30% coinsurance. There are first-dollar copays for physician office visits, emergency, and prescriptions, which means you don't have to satisfy the deductible before copays begin. A \$10,000 life insurance benefit (for the employee only) is also included with the benefit.

Medical Benefits

The BASIC FIXED INDEMNITY PLAN pays a lump sum to the provider for a number of services such as physician office visits, medical outpatient, medical inpatient, emergency medical, hospital admission, accidental injury, dental, vision, and life insurance. **Preventative services are not covered under this plan, so the plan does not meet the Minimum Essential Coverage requirements as defined by the Affordable Care Act.**

The BUY UP FIXED INDEMNITY PLAN pays a lump sum to the provider for a number of services such as physician office visits, medical outpatient, medical inpatient, emergency medical, hospital admission, accidental injury, dental, vision, and life insurance. **Preventative services are covered under this plan, so the plan meets the Minimum Essential Coverage requirements as defined by the Affordable Care Act.**

Both indemnity plans include a full dental and vision plan so you will not need to elect the standalone dental or vision plans!

Medical ID Cards

Cards will be mailed to your home address as soon as possible. Please watch for an envelope from **BOON/AETNA** in the mail. Many people mistake these envelopes as junk mail and throw them away! **It is important to note that because the medical plans are through BOON/AETNA, your provider or pharmacist must call the Provider and Member Services phone number on the ID card to verify coverage!**

Dental Benefits

The plan, with coverage through **PRINCIPAL**, features a \$1,250 annual benefit maximum per member on the plan and no waiting period for services. There are benefits for both in and out of network services. Preventative services are covered at 100%, with basic restorative services at 80% and major restorative services at 50%. You have the option to enroll yourself, your spouse, child(ren), or entire family in the plan.



IMPORTANT BENEFIT INFORMATION

Vision Benefits

The plan, with coverage through **PRINCIPAL** via the **VSP Network**, features exam and material copays and provides an annual exam and one pair of lenses every 12 months. One set of frames is available every 24 months. If you wear contacts, you are able to get a new supply every 12 months in lieu of lenses and/or frames. You have the option to enroll yourself, your spouse, child(ren), or entire family in the plan.

Short-Term Disability Benefits

This coverage through **PRINCIPAL** is for you only; there is no coverage for dependents. STD insurance protects a portion of your income if you become partially or totally disabled for a short period of time. It replaces 60% of your income, up to a maximum weekly benefit of \$1,500, depending on your current weekly earnings. You must be sick or disabled for at least 14 calendar days before you can receive a benefit payment. Payments may last up to 24 weeks.

This benefit is only guaranteed at time of hire. Any future enrollment will require completion of a Personal Health Statement and will be subject to approval by Principal.

Long-Term Disability Benefits

This coverage through **PRINCIPAL** is for you only; there is no coverage for dependents. LTD insurance protects a portion of your income if you become partially or totally disabled for a longer period of time. It replaces 60% of your income, up to a maximum monthly benefit of \$5,000, depending on your current weekly monthly. You must be sick or disabled for at least 180 calendar days before you can receive a benefit payment. Payments may last up to your Social Security normal retirement age.

This benefit is only guaranteed at time of hire. Any future enrollment will require completion of a Personal Health Statement and will be subject to approval by Principal.

Accident Benefits

This coverage through **PRINCIPAL** provides specific benefits in the event you or a dependent is in need of various medical services. The plan pays you a lump sum according to the accident or injury sustained.

Critical Illness Benefits

This coverage through **PRINCIPAL** provides specific benefits in the event you or a dependent experience an illness such as cancer, heart attack, stroke, etc. The plan pays you a lump sum according to the specific illness.

This benefit is only guaranteed at time of hire. Any future enrollment will require completion of a Personal Health Statement and will be subject to approval by Principal.

Voluntary Life Insurance Benefits

You have the option to purchase life insurance for yourself and your dependents. You may elect up to \$500,000 in increments of \$10,000 for yourself, up to \$30,000 in \$5,000 increments for your spouse, and up to \$10,000 per child. Any amount over the Guarantee Issue is subject to EOI and will need approval from Principal.

This benefit is only guaranteed at time of hire. Any future enrollment will require completion of a Personal Health Statement and will be subject to approval by Principal.

Premium Payments

You pay the full premium through bi-weekly payroll deduction for all benefits.

Medical, dental, and vision benefits are deducted on a pre-tax basis. All other benefits are deducted on a post-tax basis.

Benefit Enrollment

You must complete your benefit enrollment within the first 30 days of your date of hire. Please complete your enrollment using our online benefit portal at davismail.ease.com. Instructions are located on the following pages, but you will receive a link shortly after your date of hire that will allow you to log in to our online benefit enrollment system.

IMPORTANT!! If your enrollment is not received within the specified timeframe, you will be automatically enrolled in the **BASIC Fixed Indemnity Plan with Employee Only coverage**.

MEDICAL BENEFITS

	AETNA MEDPREMIER 5K PPO PLAN		AETNA MEDPREMIER 5K HSA PLAN	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
ANNUAL CALENDAR YEAR DEDUCTIBLE				
INDIVIDUAL	\$5,000	Not Covered	\$5,000	Not Covered
FAMILY	\$10,000	Not Covered	\$10,000	Not Covered
ANNUAL CALENDAR YEAR OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)				
INDIVIDUAL	\$7,900	Not Covered	\$6,750	Not Covered
FAMILY	\$15,800	Not Covered	\$13,500	Not Covered
COINSURANCE & COPAYS				
COINSURANCE	30%	Not Covered	30%	Not Covered
PREVENTATIVE	No Cost	Not Covered	No Cost	Not Covered
PRIMARY CARE	\$60	Not Covered	30% ¹	Not Covered
SPECIALIST	\$70	Not Covered	30% ¹	Not Covered
URGENT CARE	30% ¹	Not Covered	30% ¹	Not Covered
EMERGENCY	\$300 + 30%	\$300 + 30%	30% ¹	30% ¹
DIAGNOSTICS / IMAGING	30% ¹	Not Covered	30% ¹	Not Covered
HOSPITAL OUTPATIENT	30% ¹	Not Covered	30% ¹	Not Covered
HOSPITAL INPATIENT	30% ¹	Not Covered	30% ¹	Not Covered
PRESCRIPTION COPAYS				
TIER 1 - GENERIC	\$20	50% coinsurance	\$20 after 30% ¹	50% coinsurance
TIER 2 - BRAND	\$60	50% coinsurance	\$60 after 30% ¹	50% coinsurance
TIER 3 - NONPREFERRED	\$100	50% coinsurance	\$100 after 30% ¹	50% coinsurance
TIER 4 – SPECIALTY	50% coinsurance	50% coinsurance	50% ¹	50% coinsurance

¹ After deductible

FIND A PROVIDER. Go to www.aetna.com/individual-families.html and select **Find a Doctor**. Select **Guests> Plans from an employer**. Enter your zip code, select **Continue as guest** and click on **Search**. Under **Select Plan**, choose **Aetna Open Access Plans** and click next to **Elect Choice EPO (Open Access)**. Click **Continue** and search by preference. You may also call **866-292-3374**.

PLEASE NOTE: This is a summary only. Any discrepancies will be resolved by the Plan Documents. The complete Summary of Benefits and Coverage can be accessed via our online benefits portal – www.davismail.ease.com

MEDICAL BENEFITS

	BASIC FIXED INDEMNITY PLAN		BUY UP FIXED INDEMNITY PLAN	
	PLAN PAYS	FREQUENCY	PLAN PAYS	FREQUENCY
MINIMUM ESSENTIAL COVERAGE BENEFITS				
COINSURANCE	Not Covered		100%	
ANNUAL DEDUCTIBLE	Not Covered		\$0	
LIFETIME MAXIMUM	Not Covered		Unlimited	
PREVENTATIVE CARE & SCREENING	Not Covered		100%	
MEDICAL BENEFITS				
PHYSICIAN OFFICE VISIT	\$95	9 days per year	\$95	9 days per year
X-RAY AND LAB	\$50	3 days per year	\$50	3 days per year
MEDICAL IMAGING	\$250	1 day per year	\$250	1 day per year
OUTPATIENT SURGERY	\$725	2 days per year	\$725	2 days per year
INPATIENT SURGERY	\$725	2 days per year	\$725	2 days per year
HOSPITAL ADMISSION	\$1,250	2 times per year	\$1,250	2 times per year
HOSPITAL CONFINEMENT	\$850	365 days per year	\$850	365 days per year
EMERGENCY ROOM	\$500	2 days per year	\$500	2 days per year
PRESCRIPTIONS	\$70	12 days per year	\$70	12 days per year
DENTAL BENEFITS				
ANNUAL BENEFIT MAXIMUM	\$1,500 per member		\$1,500 per member	
ANNUAL DEDUCTIBLE	\$25 per member		\$25 per member	
PREVENTATIVE, BASIC, AND MAJOR SERVICES	100% 80% 50%		100% 80% 50%	
VISION BENEFITS				
EXAM	\$105	Every 12 months	\$105	Every 12 months
SINGLE LENSES, CONTACT LENSES	\$95	Every 24 months	\$95	Every 24 months
BIFOCAL LENSES, FRAMES	\$120	Every 24 months	\$120	Every 24 months
EMPLOYEE LIFE AND AD&D BENEFITS				
DEATH BENEFIT	\$10,000	N/A	\$10,000	N/A

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DENTAL BENEFITS

PRINCIPAL PPO DENTAL PLAN

IN NETWORK

OUT OF NETWORK

ANNUAL CALENDAR YEAR DEDUCTIBLE

INDIVIDUAL

\$100

\$100

FAMILY

\$300

\$300

ANNUAL CALENDAR YEAR MAXIMUM

PER MEMBER

\$1,250

\$1,250

COVERED SERVICES

PREVENTATIVE

Oral exams, cleanings, fluoride treatment, sealants, space maintainers, x-rays

100%

100%

BASIC

Fillings, extractions, emergency, endodontics, periodontics

80%

80%

MAJOR

Crowns, bridges, dentures, inlays, onlays, oral surgery

50%

50%

ORTHODONTIA

Children to age 19

50% | \$1,250 lifetime maximum

50% | \$1,250 lifetime maximum

WAITING PERIOD

None

None

Find a Provider

To find an in-network dentist, visit www.principal.com/find-dentist and select **Search for a dentist**. Enter your zip code and click **Continue**. You may also call **800-986-3343**.

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VISION BENEFITS

			VSP VISION PLAN	
			VSP PROVIDER	NON VSP PROVIDER
COPAYS				
EXAM		\$10		Up to \$45 allowance
MATERIALS		\$25		Not applicable
COVERED MATERIALS				
LENSES				
SINGLE VISION		Covered in full after material copay		Up to \$30 allowance
BIFOCAL		Covered in full after material copay		Up to \$50 allowance
TRIFOCAL		Covered in full after material copay		Up to \$65 allowance
LENTICULAR		Covered in full after material copay		Up to \$100 allowance
FRAMES				
RETAIL FRAMES		\$150 allowance + 20% discount		Up to \$70 allowance
CONTACT LENSES				
FITTING & EVAL		Up to \$60 copay		Included in allowance
LENSES		\$150 allowance		Up to \$105 allowance
BENEFIT FREQUENCY				
EXAM		12 Months		12 Months
LENSES		12 Months		12 Months
FRAMES		24 Months		24 Months
CONTACTS <i>(in lieu of lenses/frames)</i>		12 Months		12 Months

Find a Provider

To find an in-network provider, please visit vsp.com (click on **Find a Doctor**) or call **800-877-7195**.

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LIFE BENEFITS

PRINCIPAL VOLUNTARY LIFE INSURANCE PLAN

VOLUNTARY EMPLOYEE LIFE/AD&D

COVERAGE AMOUNT	Increments of \$10,000 up to \$500,000
BENEFITS PAYABLE	To your beneficiary or beneficiaries if you die or, or to you if you lose a limb or suffer paralysis in an accident
GUARANTEE ISSUE	\$100,000
MAXIMUM BENEFIT	\$500,000
BENEFIT REDUCTION	65% of original benefit at age 65 50% of original benefit at age 70

VOLUNTARY SPOUSE LIFE /AD&D

COVERAGE AMOUNT	Increments of \$5,000 to a maximum of \$200,000 not to exceed 50% of employee's elected amount
BENEFITS PAYABLE	To you if your spouse dies while covered under the plan, or to your spouse if he/she loses a limb or suffers paralysis in an accident
GUARANTEE ISSUE	\$30,000
MAXIMUM BENEFIT	\$100,000
BENEFIT REDUCTION	65% of original benefit at age 65 50% of original benefit at age 70

VOLUNTARY CHILD LIFE

COVERAGE AMOUNT	\$2,000 \$3,000 \$4,000 \$5,000 \$10,000
BENEFITS PAYABLE	To you if your child dies while covered under the plan
GUARANTEE ISSUE	\$10,000
MAXIMUM BENEFIT	\$10,000
BENEFIT REDUCTION	Coverage terminates at age 26

Evidence of Insurability – Voluntary Life and AD&D Insurance

EOI (Statement of Health), satisfactory to Principal, will be required for any of the following reasons:

- If, at time of hire, you elect an amount in excess the Guarantee Issue
- If, at time of hire, you decline Voluntary Life Insurance but enroll during Open Enrollment or with a Qualifying Life Event
- If you elect to increase your Voluntary Life amount more than two increments (\$10,000 for spouse or \$20,000 for yourself) during Open Enrollment

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DISABILITY BENEFITS

PRINCIPAL DISABILITY PLANS

SHORT-TERM DISABILITY

WEEKLY BENEFIT	60% of weekly earnings
MAXIMUM WEEKLY BENEFIT	\$1,500
ELIMINATION PERIOD	15 days
BENEFIT DURATION	Up to 24 weeks
WHO PAYS	You pay the full premium through payroll deduction

LONG-TERM DISABILITY

MONTHLY BENEFIT	60% of monthly earnings
MAXIMUM MONTHLY BENEFIT	Up to \$5,000 in \$100 increments not to exceed 60% of your normal monthly earnings
ELIMINATION PERIOD	180 days
BENEFIT DURATION	To Social Security Normal Retirement Age
MONTHLY PREMIUM	Rate is based on your age and 60% of the amount elected
WHO PAYS	You pay the full premium through payroll deduction

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ACCIDENT BENEFITS

PRINCIPAL ACCIDENT INSURANCE PLAN

ACCIDENTAL DEATH and DISMEMBERMENT

EMPLOYEE BENEFIT	\$25,000
SPOUSE BENEFIT	\$12,500
CHILD BENEFIT	\$6,250

INJURY

BURN	Up to \$5,000
COMA	\$15,000
CONCUSSION	\$500
DENTAL INJURY	\$500
DISLOCATION	Up to \$7,500
EYE INJURY WITH SURGICAL REPAIR	\$500
FRACTURE	Up to \$10,000
INJURIES NOT SPECIFICALLY LISTED	\$100
INTERNAL INJURY	\$1,500
KNEE CARTILAGE INJURY WITH SURGICAL REPAIR	\$1,500
RUPTURED DISC WITH SURGICAL REPAIR	\$1,500
TENDON / LIGAMENT / ROTATOR CUFF INJURY WITH SURGICAL REPAIR	\$1,500

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CRITICAL ILLNESS BENEFITS

PRINCIPAL CRITICAL ILLNESS INSURANCE PLAN

SCHEDULED BENEFIT

	EMPLOYEE	SPOUSE
INCREMENTS	\$5,000	\$2,500
MINIMUM AMOUNT	\$5,000	\$2,500
GUARANTEE ISSUE AMOUNT	\$15,000	\$7,500
MAXIMUM AMOUNT	\$15,000	\$7,500 - cannot to exceed 50% of employee's scheduled benefit
CHILD(REN) BENEFIT	Automatically covered for 25% of your benefit	

BENEFIT FOR COVERED CONDITIONS

	FIRST OCCURRENCE	ADDITIONAL OCCURRENCES
CANCER ONE	100% of Benefit Amount	100% of Benefit Amount
CANCER TWO	25% of Benefit Amount	25% of Benefit Amount
HEART ATTACK	100% of Benefit Amount	100% of Benefit Amount
MAJOR ORGAN FAILURE	100% of Benefit Amount	100% of Benefit Amount
STROKE	100% of Benefit Amount	100% of Benefit Amount

DEFINITIONS

CANCER ONE	A malignant tumor characterized by uncontrolled growth of malignant cells and invasion of normal tissue, and blood cancers.
CANCER TWO	Chronic lymphocytic leukemia, carcinoma in situ, early-stage prostate cancer, papillary microcarcinoma of the thyroid and noninvasive papillary cancer of the bladder. Excludes all skin cancers.
HEART ATTACK	Death of heart muscle due to inadequate blood supply. All of the following criteria must be satisfied: typical clinical symptoms such as central chest pain, diagnostic increase of specific cardiac markers for myocardial infarction, and new electrocardiographic changes of infarction.
MAJOR ORGAN FAILURE	Irreversible end-stage failure of bone marrow, heart, kidney, liver, lung, or pancreas and for kidney failure, dialysis is initiated, or for other organs listed above, a transplant is recommended.
STROKE	Death of brain tissue due to an acute cerebrovascular event; clinical evidence of infarction of brain tissue or intracranial or subarachnoid hemorrhage; clear evidence on a CT, MRI, or similar imaging technique that a stroke has occurred.

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IMPORTANT CONTACTS

COVERAGE	CONTACT
MEDICAL AND PHARMACY	BOON/AETNA 866-292-3374 MedPremier Group #: 187779 Fixed Indemnity Group #: 187778
DENTAL	PRINCIPAL 800-986-3343 www.principal.com Group #: 1042288
VISION	PRINCIPAL/VSP 800-877-7195 www.vsp.com Group #: 1042288
VOLUNTARY LIFE	PRINCIPAL 800-245-1522 www.principal.com Group #: 1042288
DISABILITY	PRINCIPAL 800-331-2213 www.principal.com Group #: 1042288
ACCIDENT, CRITICAL ILLNESS & HOSPITAL	PRINCIPAL 800-331-2213 www.principal.com Group #: 1042288
RETIREMENT	EMPOWER RETIREMENT 800-338-4015 www.empowermyretirement.com