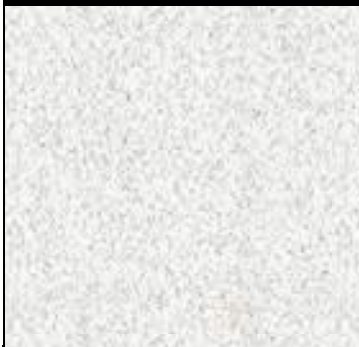




2023-2024 EMPLOYEE BENEFITS GUIDE



PART TIME
EMPLOYEES
20-29 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 between 20-29 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

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.

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.

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.

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.

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 the system.



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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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 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
ACCIDENT, CRITICAL ILLNESS & HOSPITAL	PRINCIPAL 800-331-2213 www.principal.com Group #: 1042288
RETIREMENT	EMPOWER RETIREMENT 800-338-4015 www.empowermyretirement.com