



Optima Payroll Services Corp
Multiple Employer Trust

Voluntary Plans

We are pleased to provide you with the information and rates for the Optima Payroll Services Trust. All employer groups must sign a participation agreement to be eligible to receive and offer these plans. Only actively employed individuals are eligible to participate.

Optima's unique offering allows Employer Groups to have their plan set up traditionally with a group bill like all other plans are set up OR to get billed directly from Optima for the plans they choose. This option means no group invoice or payroll deductions and provides the group this robust benefits package without any administrative burden.

AllyHealth Telemedicine and Optional Additions for Teletherapy, Virtual Primary Care, Dermatology - Group Billed Only

Prices shown below are per month per employee

All Plans – monthly cost includes coverage for spouse and dependent children

✔ **Telemedicine Only - \$9**

- Speak to a Board-Certified Physician 24/7 – Can prescribe medicine if necessary
- Prescriptions called into the pharmacy of YOUR choice

✔ **Teletherapy with Telemedicine - \$15 per month (Teletherapy minimum of 5 enrolled)**

- Teletherapy provides up to 10 visits per household

✔ **Telemedicine with Virtual Primary Care and Dermatology - \$16**

Virtual Primary Care provides

- Health Risk Assessment with Lab Tests and Routine Screens on-time per year at no cost.
- Ongoing care and referrals with prescription management on chronic issues

Dermatology provides

- Access to care within hours not weeks or months. Simply provide information on your condition and send a few photos to get treatment.
- Skin Cancer “spot checks” for quick diagnosis

✔ **Telemedicine, Teletherapy, Virtual Primary Care - \$21**

✔ **Telemedicine, Teletherapy, Virtual Primary Care and EAP - \$25**

EAP (Employee Assistance Program) includes

- Work-Life/Personal Guidance, Short-term focused counseling, health and wellness coaching, and more to help employees overcome personal and workplace challenges.

Telemedicine – Common Issues Treated

- Cold & Flu
- Sinus Infection
- Rashes – Sores
- Sore Throat
- Urinary Tract
- Bronchitis
- Fever
- Ear Infection
- Asthma
- Allergies
- Pink Eye
- Poison Ivy

Teletherapy – Common Issues Treated

- Addictions
- Depression
- Child Issues
- Eating Disorders
- Grief and Loss
- Life Changes
- Stress
- Trauma & PTSD
- Parenting Issues
- Marital Issues
- Postpartum
- Panic

Virtual Primary Care – Common Issues Treated

- Diabetes
- Prediabetes
- High Cholesterol
- Allergen Conditions
- Obesity Management
- Respiratory Illness
- Cold/Flu
- GI Tract Issues
- Arthritis
- Anemia
- UTI's, Vaginitis
- & More

Dermatology – Common Issued Treated

- Acne
- Rashes
- Eczema
- Alopecia
- Rosacea
- Suspicious spots & moles
- Warts & other abnormal bumps
- Inflamed or enlarged hair follicles
- Insect bites
- Cold sores
- Psoriasis
- & More



Metlife- Dental Insurance- Group or Direct Billed

Metlife- 3 Dental Plan Options- High, Medium, Low Network Metlife PDP Plus

	High Plan	Medium Plan	Low Plan	Info
Out of Network	90% UCR	90% UCR	MAC	90% UCR plans can use any dentist and be covered as indicated- MAC plan if you go out of network will have overage fees.
Annual Max	\$1,500	\$1,000	\$1,000	Max Benefit Provided, each enrollee gets this amount
Preventative	100%	100%	100%	Example:Cleanings
Basic	80%	80%	50%	Example:Fillings, Root Canals
Major	50%	50%	50%	Example:Implants, Crowns
Orthodontia	\$1,500	\$1,000	\$1,000	50% coverage, Lifetime Benefit, for kids under 19
Monthly Rates				
Single	\$44.33	\$ 35.77	\$25.33	
EE+SP	\$88.50	\$70.74	\$49.73	
EE+CH	\$96.76	\$85.59	\$58.37	
Family	150.63	\$131.66	\$89.71	

Metlife/Davis- Vision Plan Group or Direct Billed

Metlife- Davis Vision Network

Eye Exam \$10 Copay Allowed 1 per 12 months

Standard Lenses \$25 Copay Allowed 1 per 12 months

Contact Allowance \$130 Allowed 1 per 12 months -Cannot have both Contacts and Frames benefit in the same year

Frames Allowance \$130 Allowed 1 per 24 months -Cannot have both Contacts and Frames benefit in the same year

Progressive Lens Up to \$175 Coverage for No Line Bi-focal

Lens Enhancements Yes Tints, Scratch Resistant, Anti-Reflective, Blue Light, Polarized Discount Options

Monthly Rates

Single	\$5.70	EE+SP	\$11.42	EE+CH	\$11.99	Family	\$16.70
---------------	---------------	--------------	----------------	--------------	----------------	---------------	----------------

Mass Mutual- Voluntary Whole Life Insurance Direct Billed ONLY Cost

- ✔ will vary based on Age and Smoker or Non-Smoker
- ✔ Guarantee Issue up to \$100,000 No Underwriting when First Eligible
- ✔ Earns Cash Value And Can Pay a Dividend
- ✔ Premiums Never Increase- Benefit Never Decreases
- ✔ Coverage for Spouse and Dependents Available
- ✔ Chronic Care Benefit- 50% Lump Sum Payment for Long Term Care
- ✔ Max coverage up to \$250,000
- ✔ Great for Final Expense Coverage

Rates are available at <https://www.optimabenefitsgroup.com/exclusive-benefits/group-life-insurance>



Metlife- Voluntary Term Life Insurance- Group or Direct Billed

Voluntary Life Insurance- Age Banded Rates Guarantee issue and Max Benefit
 \$150K for Employee - \$10K Increments
 \$25K for Spouses - \$5k Increments
 \$10K for Children- \$10K Only - \$1.50 for All Children in a Family

Monthly Rates

	Employee Rates- Per \$10K	Spouse Rate Per \$5k
Less Than 25	\$ 0.50	\$ 0.30
25-29	\$ 0.60	\$ 0.30
30-34	\$ 0.70	\$ 0.40
35-39	\$ 0.90	\$ 0.50
40-44	\$ 1.00	\$ 0.70
45-49	\$ 1.50	\$ 1.05
50-54	\$ 2.30	\$ 1.70
55-59	\$ 4.30	\$ 3.00
60-64	\$ 6.30	\$ 6.10
65-69	\$ 9.80	\$ 9.70
70-74	\$ 17.50	\$ 17.85
75+	\$ 29.50	\$ 17.85

Example: 45 Year Old- \$50K of Coverage: \$7.50 a month

Metlife- Voluntary Short Term Disability Group or Direct Billed

- ▶ 60% Wage Replacement after 7 or 14 Days Elimination Period
- ▶ 3 Month/12 Month Pre- Existing Conditions- Any Claims within the first 12 months of coverage will have a 3 month prior to coverage look back.

	Option 1	Option 2
Benefit Amount	60%	
Max Weekly Benefit	\$2,308.00	
Elimination Period- Accident or Sickness	14 days	7 days
Benefit Duration	26 Weeks	
Rate Per \$10 Covered Benefit		
Less than 30	0.499	0.585
30-34	0.525	0.616
35-39	0.476	0.558
40-44	0.513	0.602
45-49	0.626	0.734
50-54	0.776	0.910
55-59	0.951	1.116
60-64	1.126	1.321
65+	1.351	1.586
45 Year Old - \$50K Example - Monthl Cost	\$36.12	\$42.35

Metlife- Voluntary Long Term Disability- Group or Direct Billed

- ▶ 60% Wage Replacement after 180 Day Waiting Period
- ▶ If you make under \$100K elect option 1

	Option 1	Option 2
Benefit Amount	60%	
Max Monthly Benefit	\$5,000.00	\$10,000.00
Income Threshold	\$100,000.00	\$200,000.00
Elimination Period- Accident or Sickness	180 Days	
Benefit Duration	Social Security National Retirement Age	
Rate Per \$100 Covered Payroll		
Less than 30	0.088	0.101
30-34	0.088	0.101
35-39	0.232	0.265
40-44	0.367	0.418
45-49	0.539	0.614
50-54	0.752	0.857
55-59	0.896	1.021
60-64	0.698	0.795
65+	0.316	0.360
45 Year Old \$50K Example	\$22.46	\$25.58

Metlife Accident Plan- Group or Direct Billed

- ▶ 24 Hour Coverage On and Off the Job
- ▶ 2 Rich Plan options to choose from

	Low Plan	High Plan
Accidental Death	\$25,000	\$50,000
Fracture (max 2 per accident)	\$750-\$8k	\$1,500-\$10k
Dislocation (max 2 per accident)	\$750-\$8k	\$1,500-\$10k
Burn (1 time per accident)	\$75-\$1,500	\$100-\$2K
Physician Visit (within 90 days)	\$75	\$100
Urgent Care	\$75	\$100
Medical Testing (max 2 per accident)	\$150	\$200
Physician Follow-Up (2 per accident, 6 per year)	\$75	\$100
Medical Appliances (crutches, walking boot)	\$75-\$300	\$150-\$400
Therapy Services (Chiropractor, Physical) - 10 times	\$35	\$50
Blood/Plasma/Platelets (1 per accident)	\$400	\$500
Surgery	\$150-\$1,500	\$200-\$2,000
Hospital Admission	\$1,000	\$1,500

Monthly Rates

Single	\$3.56	\$5.24	EE+SP	\$7.02	\$10.30	EE+CH	\$8.19	\$11.97	Family	\$9.82	\$14.36
---------------	--------	--------	--------------	--------	---------	--------------	--------	---------	---------------	--------	---------

Metlife- Aura- Voluntary ID Theft Group or Direct Billed

Comprehensive Digital Protection

- ✔ Comprehensive Digital Protection
 - ✔ Financial Fraud Protection
 - ✔ Identity theft protection
 - ✔ Privacy Protection
 - ✔ Parental Controls
 - ✔ Senior Fraud Protection
 - ✔ Password Manager
 - ✔ VPN & Antivirus
 - ✔ \$5M Insurance per Adult
 - ✔ 25x7 Customer support
- ▶ All In One Easy to use App
 - ▶ Financial Fraud Protection Connected to 3 Bureaus
 - ▶ Dark Web & Social Media Monitoring
 - ▶ Family Plans include 10 additional Adults and unlimited Minors.

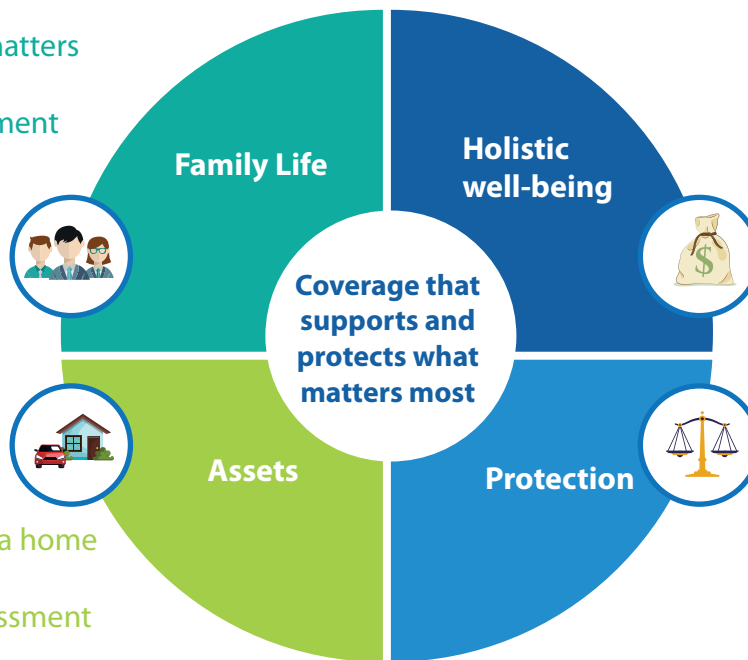
̄AURA

Monthly Rates
 Single Employee: \$8.95
 Family: \$14.95

Metlife-Legal Services Plan-Group or Direct Billed-

\$17.25 per month (Covers Spouse and Dependents)

- Adption
- Elder care legal matters
- Estate planning
- Prenuptial agreement



- Caregiver support services
- Debt issues, bankruptcy
- Financial wellness program
- Negotiation with creditors
- Tax audit representation

- Buying or selling a home
- Foreclosure
- Property tax assessment
- Refinancing
- Respossession

- Civil matters
- Identity theft
- Pet liabilities
- Small claims assistance
- Tenant negotiations

Metlife- Hospital Indemnity

Covered Benefits

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Low Plan	High Plan
Hospital Benefits				
Admission Benefit	4 time(s) per calendar year*	Admission	\$500	\$1,000
		ICU Supplemental Admission (Benefit paid concurrently with the admission benefit when a Covered person is admitted to ICU)	\$500	\$1,000
Confinement Benefit	15 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 15 of those days	Confinement*	\$100	\$100
		ICU Supplemental Confinement (Benefit paid concurrently with the admission benefit when a Covered person is admitted to ICU)	\$65	\$65

- ✓ No Limitation on Pre Existing conditions
- ✓ Benefit Paid Directly- No Coordination of Benefits
- ✓ Pregnancy is Covered, NO WAITING PERIOD
- ✓ Treatment for Drugs and Alcohol or the result of are NOT COVERED
- ✓ Benefit Reduction by 25% at age 65-69, 50% at age 70 or older

Proposed Rates - Low Plan

Type	Monthly
Employee Only	\$5.06
Employee + Spouse	\$11.06
Employee+ Children	\$8.44
Employee + Spouse & Children	\$14.42

Proposed Rates - High Plan

Type	Monthly
Employee Only	\$8.35
Employee + Spouse	\$18.27
Employee+ Children	\$13.61
Employee + Spouse & Children	\$23.53

Metlife- Critical Illness- Group or Direct Billed

- ▶ 2 Benefit Options- \$25,000 or \$50,000
- ▶ \$50 Health Screen Benefit If covered on dental, a cleaning will count to receive the \$50 Benefit

Example:

Covered Conditions	Initial Benefit	Recurrence Benefit
Cancer Category		
Invasive Cancer	100% of Benefit Ammount	100% of Initial Benefit
Non-Invasive cancer	25% of Benefit Ammount	100% of Initial Benefit
Skin Cancer	5% of Benefit Ammount	NONE
Cardiovascular Disease Category		
Coronary Artery Discase where: Coronary Art Bypass graft CABG surgery involving either a median stemotomy or minimally invasive procedure is necessary	50% of Benefit Ammount	100% of Initial Benefit
Heart Attack Catagory		
Heart Attack	100% of Benefit Ammount	100% of Initial Benefit
Kidney Failure Catagory		
Kidney Failure	100% of Benefit Ammount	None
Major Organ Failure Catagory		
Major Organ Failure for heart, Lung & liver	100% of Benefit Ammount	None
Progressive Disease catagory		
Progressive Disease	100% of Benefit Ammount	None
Stoke Category		
Stoke	100% of Benefit Ammount	100% of Initial Benefit

Monthly (12) Premium rates

Premium per \$1,000 of Coverage

Attained Age	Employee only	Employee + Spouse	Employee + Child (ren)	Employee + Spouse & Child (ren)
<25	\$0.21	0.36	0.34	0.49
25-29	0.23	0.39	0.36	0.53
30-34	0.27	0.45	0.40	0.59
35-39	0.38	0.61	0.51	0.74
40-44	0.50	0.81	0.64	0.94
45-49	0.69	1.08	0.82	1.21
50-54	0.93	1.44	1.06	1.57
55-59	1.27	1.95	1.40	2.08
60-64	1.66	2.52	1.79	2.65
65-69	2.07	3.14	2.20	3.28
70-74	2.70	4.07	2.83	4.20
75+	3.72	5.60	3.85	5.74

**Example: 45 Year Old
Single- \$25K Benefit
Monthly Cost: \$17.25 a month**

Metlife-Pet Insurance- Direct Billed Only

- ▶ Flexibility to select various levels of coverage with no breed exclusions or upper age limits; ability to include multiple pets on one policy through our innovative family plans¹⁴
- ▶ Optional wellness coverage (preventive care) included in annual limit¹⁰
- ▶ Competitive rates with discounts,¹¹ healthy pet incentive¹² and the only provider offering family plans¹⁴ (i.e., multiple pets covered by one policy)
- ▶ Coverage of pre-existing conditions when switching providers, no initial exam or previous vet records to apply
- ▶ Apply Online Direct with Metlife
- ▶ Flexible Deductible, Annual Limits, and Reimbursement Options
Includes Telehealth Concierge Service for Immediate Attention



Easy to use with a highly intuitive & engaging user experience



Convenient way to manage pet health & wellness in one location



Personalized access to information & resources.



For More Information please contact Optima

- ✉ info@optimabenefitsgroup.com
- ☎ 866-839-0511
- 📍 1465 Monroe Ave. Rochester, NY 14618

**Please note that any/all information provided on this document is for illustrative purposes only and doesn't guarantee benefits. Please contact Optima to ensure enrollment.*