

Employee Medical Summary



Client Name: Issam Tina Solutions

Benefit Class: 13 GA Employees pre tax

Effective Period: 01/01/2022 -12/31/2022

New Employee Waiting Period: 1st of the month following 0 days

		MNATHSA60	KHDGA4	MNATHSA40	EPONAT68	KHMOGA1	MNAT2080
		AETNA MCPOS HSA-6000-100	KAISER DHMO 4500-70 HSA (MS13) GA	AETNA OA MCPOS HDHP 4000-100	AETNA EPO 6350-80	KAISER DHMO 1000-80 (MS5) GA	AETNA MCPOS 2000-80
In Network							
Deductible	Individual	\$6,000	\$4,500	\$4,000	\$6,350	\$1,000	\$2,000
	Family	\$12,000	\$9,000	\$8,000	\$12,700	\$2,000	\$4,000
Member Co-Insurance %		0%	30%	0%	20%	20%	20%
Primary Care/ Specialist		\$30 copay after deductible/\$60 copay after deductible	30% after deductible	\$30 copay after deductible/\$60 copay after deductible	\$40 copay/\$80 copay	\$25/\$35 copay	\$30 copay \$60 copay
Xrays & Laboratory Tests/ Complex Imaging		0% after deductible	30% after deductible	0% after deductible	Xray 20% after deductible/Labs no charge	20% after deductible	20% after deductible
Urgent Care		\$85 after deductible	30% after deductible	\$80 after deductible	\$85 copay	\$25 copay	\$85 copay
Hospital Emergency Room		\$350 after deductible	30% after deductible	\$350 after deductible	\$350 copay	20% after deductible	\$350 copay
Inpatient Hospital		\$500 after deductible	30% after deductible	\$500 after deductible	20% after deductible	20% after deductible	20% after deductible
Outpatient Hospital		\$300 after deductible	30% after deductible	\$300 after deductible	20% after deductible	20% after deductible	20% after deductible
Prescription		\$3/\$10/45/70/30% (\$300 Max)/ 50% (\$500 Max)	\$10/30% up to \$75/40% up to \$100 after deductible	\$3/\$10/\$45/\$70/30% (\$300 Max)/50% (\$500 Max)	\$3/\$10/\$45/\$70/30% (\$300 Max)/50% (\$500 Max)	\$15/\$30/\$60	\$3/\$10/\$45/\$70/30% (\$300 Max)/50% (\$500 Max)
Out of Pocket Max: Individual		\$6,750	\$6,000	\$7,000	\$7,350	\$3,000	\$6,850
Family		\$13,500	\$12,000	\$14,000	\$14,700	\$6,000	\$13,700
Out of Network							
Individual/Family Deductible		\$12,000 (2x)	Not Applicable	\$8,000 (2x)	Not Applicable	Not Applicable	\$6,000 (2.5x)
Member Co-Insurance %		50%	Not Applicable	50% after deductible	Not Applicable	Not Applicable	50%
Out of Pocket Individual/Family		\$15,000(2x)	Not Applicable	\$14,000 (2x)	Not Applicable	Not Applicable	\$9,000 (3x)
MONTHLY PREMIUMS							
Employee Only		\$199.16	\$215.16	\$226.28	\$229.60	\$411.24	\$439.38
Employee and Spouse		\$723.33	\$757.76	\$782.00	\$789.19	\$1,189.12	\$1,250.81
Employee and Child(ren)		\$635.87	\$667.32	\$689.56	\$696.20	\$1,059.48	\$1,115.75
Employee and Family		\$1,115.75	\$1,164.71	\$1,198.78	\$1,209.30	\$1,772.53	\$1,859.11

Find participating providers at: www.aetna.com/docfind

HNO plans are network driven and only available in certain areas. If an employee resides outside a network, they will not be offered HNO plans.

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KHMOGA0

KAISER HMO 0-100 20/30 (MS3) GA

In Network

Deductible Individual	\$0
Family	\$0
Member Co-Insurance %	0%
Primary Care/ Specialist	\$20/\$30 copay
Xrays & Laboratory Tests/ Complex Imaging	\$10/\$10/\$50
Urgent Care	\$20 copay
Hospital Emergency Room	\$150 copay
Inpatient Hospital	\$500 copay
Outpatient Hospital	\$100 copay
Prescription	\$15/\$30/\$60
Out of Pocket Max: Individual	\$2,000
Family	\$4,000

Out of Network

Individual/Family Deductible	Not Applicable
Member Co-Insurance %	Not Applicable
Annual Out of Pocket Individual/Family	Not Applicable

MONTHLY PREMIUMS

Employee Only	520.52
Employee and Spouse	1,429.53
Employee and Child(ren)	1,278.01
Employee and Family	2,111.28

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HNO plans are network driven and only available in certain areas. If an employee resides outside a network, they will not be offered HNO plans.

Employee Dental Benefits Summary



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		METLIFE LOW2 DPPO 1000/750 R1	METLIFE MID DPPO 1500 R1	METLIFE HIGH DPPO 3000 R1
In Network		MDPOL2R1	MDPOMR1	MDPOHR1
Deductible	Individual	\$50	\$50	\$50
	Family	\$150	\$150	\$150
Individual Calendar Year Maximum		\$1000	\$1500	\$3000
Type A - Preventive		Covered 90%	Covered 100%	Covered 100%
Type B - Restorative		Covered 70%	Covered 80%	Covered 80%
Type C - Major Restorative		Covered 40%	Covered 50%	Covered 50%
Type D - Orthodontia		Children < 26	Children < 26	Children < 26
Orthodontia Lifetime Maximum		\$1,000 per Child Only to age 26	\$1,000 per Child Only to age 26	\$1,500 per Child Only to age 26
Out of Network				
Deductible	Individual	\$50	\$50	\$50
	Family	\$150	\$150	\$150
Individual Calendar Year Maximum		\$1000	\$1500	\$3000
Type A - Preventive		Covered 90%	Covered 100%	Covered 100%
Type B - Restorative		Covered 70%	Covered 80%	Covered 80%
Type C - Major Restorative		Covered 40%	Covered 50%	Covered 50%
Type D - Orthodontia		Children < 26	Children < 26	Children < 26
Orthodontia Lifetime Maximum		\$1,000 per Child Only to age 26	\$1,000 per Child Only to age 26	\$1,500 per Child Only to age 26
MONTHLY PREMIUMS				
Employee Only		\$22.98	\$32.84	\$45.23
Employee and Spouse		\$46.84	\$66.91	\$92.04
Employee and Child(ren)		\$52.45	\$74.92	\$104.88
Employee and Family		\$81.76	\$116.79	\$162.77

Note: some plans are only available in certain areas. Please use the Engage online benefit enrollment application to see the specific plans available to you. Information presented here is for comparison purposes. If the information here is different than what is shown in the policy certificate, the certificate will prevail.

Employee Vision Benefits Summary



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MVSP1	METLIFE VSP OPTION 1		METLIFE VISION HIGH OPTION 2	
Exam (once every 12 rolling months)	IN-NETWORK	OUT OF NETWORK	IN-NETWORK	OUT OF NETWORK
Routine Comprehensive Eye Exam	\$10	\$45 reimbursement	\$10 Copay	\$45 reimbursement
Eyeglass Lenses/Lens options (once every 12 rolling months)				
Single vision lenses	\$20 copay	\$30 reimbursement	\$10 copay	\$30 reimbursement
Bifocal vision lenses	\$20 copay	\$50 reimbursement	\$10 copay	\$50 reimbursement
Trifocal vision lenses	\$20 copay	\$65 reimbursement	\$10 copay	\$65 reimbursement
Lenticular vision lenses	\$20 copay	\$100 reimbursement	\$10 copay	\$100 reimbursement
UV treatment	\$20 copay	No discount	Covered 100%	Applied to the contact lens allowance
Contact Lenses (once every 12 rolling months)				
Conventional contact lenses	\$60 maximum copay	No Discount	\$60 maximum copay	No discount
Elective contact lenses	\$150 allowance	\$105 reimbursement	\$180 allowance	\$105 reimbursement
Medically necessary contact lenses	\$20 copay	\$210 reimbursement	\$20 copay	\$210 reimbursement
Frames (once every 12 rolling months)				
Frame allowance	\$150 after \$20 copay + additional 20% off balance over allowance	\$70 reimbursement	\$180 allowance, \$200 allowance on featured frames. Costco, Walmart, Sam's Club \$100 allowance	\$70 reimbursement
Discounts^{1,2}				
Additional pairs of eyeglasses or prescription sunglasses.	20% discount off retail	Not covered	20% discount off retail	Not covered
Laser vision correction	15% discount off retail or 5% off promotional price	Not covered	15% discount off retail or 5% off promotional price	Not covered
MONTHLY PREMIUMS				
Employee Only	\$9.26		\$12.29	
Employee and Spouse	\$19.29		\$25.61	
Employee and Child(ren)	\$18.10		\$24.02	
Employee and Family	\$30.79		\$40.88	

¹ Discounts cannot be combined with any other discounts or promotional offers and may not be available on all brands.

² Discounts apply to purchases made after the plan allowances have been exhausted.

Employee Supplemental Benefit Plans

Client Name: Issam Tina Solutions

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Effective Period: 01/01/2022 -12/31/2022

New Employee Waiting Period: 1st of the month following 0 days

Control Group: 210013

Plan Information



Voluntary Life and Accidental Death & Dismemberment Insurance

Term Life Insurance plus AD&D coverage that pays benefits to you or your beneficiary(ies) if you die or are injured. Guaranteed issue at initial eligibility. Subject to evidence of insurability is not elected at initial enrollment.

This is optional coverage you may elect and pay for.

Age

Voluntary life insurance offered in \$10,000 increments with a \$10,000 minimum for employee coverage & \$5,000 minimum for spouse. Evidence of Insurability (EOI) required for employee coverage over \$300,000 and spouse coverage over \$50,000.

Will preparation services are included with supplemental life plans

	Employee	Spouse
Less than 30	\$0.1018	\$0.0976
Age 30-34	\$0.1249	\$0.1196
Age 35-39	\$0.1375	\$0.1312
Age 40-44	\$0.1501	\$0.1427
Age 45-49	\$0.2099	\$0.2005
Age 50-54	\$0.3065	\$0.2918
Age 55-59	\$0.5457	\$0.5195
Age 60-64	\$0.8365	\$0.7976
Age 65-69	\$1.5554	\$1.4819
70+	\$2.9155	\$2.7770

Rates shown per \$1,000 of coverage

Child Life Coverage		Cost shown is per coverage level per employee per month			
Coverage Level		\$2,500	\$5,000	\$7,500	\$10,000
Cost		\$0.73	\$1.45	\$2.18	\$2.91

MSLIFE1

Employee Supplemental Benefit Plans

Effective Period: 01/01/2022 -12/31/2022

New Employee Waiting Period: 1st of the month following 0 days

Control Group: 210013

Plan Information



Voluntary Short Term Disability Insurance

Insurance that replaces a percentage of your income if you experience a temporary injury or illness that prevents you from working. Guaranteed issue at initial eligibility. Subject to evidence of insurability is not elected at initial enrollment.

This is optional coverage you may elect and pay for.

Age on Date of Your Disability	Rate
Age 0-44	\$0.4300
Age 45-45	\$0.4500
Age 46-46	\$0.4600
Age 47-47	\$0.4700
Age 48-48	\$0.4900
Age 49-49	\$0.5100
Age 50-50	\$0.5300
Age 51-51	\$0.5500
Age 52-52	\$0.5700
Age 53-53	\$0.6100
Age 54-54	\$0.6600
Age 55-55	\$0.6900
Age 56-56	\$0.7400
Age 57-57	\$0.7800
Age 58-58	\$0.8000
Age 59-59	\$0.8300
Age 60-60	\$0.8600
Age 61-61	\$0.8900
Age 62-62	\$0.9000
Age 63-63	\$0.9200
Age 64-64	\$0.9300
Age 65-99	\$0.9500

Rates per \$10 of covered volume. Employee paid benefit

Employee Supplemental Benefit Plans

Effective Period: 01/01/2022 -12/31/2022

New Employee Waiting Period: 1st of the month following 0 days

Control Group: 210013

Plan Information



Voluntary Long Term Disability Insurance

Insurance that replaces a percentage of your income if you experience an injury or illness that prevents you from working for an extended period of time.

Guaranteed issue at initial eligibility. Subject to evidence of insurability is not elected at initial enrollment .

This is optional coverage you may elect and pay for

Voluntary Long Term Disability Coverage

Age 0-24	\$0.1900
Age 25-29	\$0.2800
Age 30-34	\$0.3900
Age 35-39	\$0.5500
Age 40-44	\$0.7400
Age 45-49	\$1.1400
Age 50-54	\$1.5300
Age 55-99	\$2.0300

Rates per \$100 of covered volume. Employee paid benefit

BENEFIT DURATION: The later of Your Normal Retirement Age as defined by Social Security or the period shown here:

Age on Date of Your Disability	Benefit
less than 60	to age 65
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

MVLTD1P

Employee Supplemental Benefit Plans

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Control Group: 210013

Plan Information

MetLife Supplemental Insurance Plans

Guaranteed Issue - fixed dollar indemnity benefits



Accident Insurance

This is optional coverage you may elect and pay for

24 hour - Accident only coverage for ER, Doctors visits, Hospital and ICU stays, MRI/CT, ambulance, accidental death and dismemberment.

MONTHLY PREMIUMS	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Group Accident	\$14.15	\$26.19	\$23.97	\$36.01

EE



Critical Illness Insurance

This is optional coverage you may elect and pay for

10,000 Non Tobacco: Pays lump sum benefit when diagnosed with a heart attack, cancer, or any other covered condition. Spouse and Children are covered at 50% of the employee benefit amount.

MONTHLY PREMIUMS	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Age <35 (Non-Tobacco)	\$4.09	\$6.09	\$5.14	\$7.14
Age 35-49 (Non-Tobacco)	\$9.24	\$14.06	\$10.39	\$15.22
Age 50-59 (Non-Tobacco)	\$19.31	\$29.81	\$20.47	\$30.96
Age 60-64 (Non-Tobacco)	\$29.60	\$45.86	\$30.75	\$47.02
Age 65-69 (Non-Tobacco)	\$36.73	\$57.09	\$37.89	\$58.14
Age 70+ (Non-Tobacco)	\$45.55	\$70.53	\$46.70	\$71.68

\$10,000 Tobacco: Pays lump sum benefit when diagnosed with a heart attack, cancer, or any other covered condition. Spouse and Children are covered at 50% of the employee benefit amount.

MONTHLY PREMIUMS	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Age <35 (Tobacco)	\$6.19	\$9.13	\$7.24	\$10.29
Age 35-49 (Tobacco)	\$15.74	\$23.93	\$16.90	\$24.98
Age 50-59 (Tobacco)	\$33.90	\$52.27	\$35.05	\$53.42
Age 60-64 (Tobacco)	\$52.06	\$80.81	\$53.21	\$81.97
Age 65-69 (Tobacco)	\$64.65	\$100.44	\$65.80	\$101.59
Age 70+ (Tobacco)	\$79.45	\$123.32	\$80.60	\$124.47

EE

Employee Supplemental Benefit Plans



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Control Group: 210013

Plan Information



Critical Illness Insurance

This is optional coverage you may elect and pay for

\$20,000 Non Tobacco : Pays lump sum benefit when diagnosed with a heart attack, cancer, or any other covered condition. Spouse and Children are covered at 50% of the employee benefit amount.

MONTHLY PREMIUMS	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Age <35 (Non-Tobacco)	\$8.19	\$12.17	\$10.29	\$14.27
Age 35-49 (Non-Tobacco)	\$18.47	\$28.13	\$20.78	\$30.44
Age 50-59 (Non-Tobacco)	\$38.62	\$59.61	\$40.93	\$61.92
Age 60-64 (Non-Tobacco)	\$59.19	\$91.73	\$61.50	\$94.04
Age 65-69 (Non-Tobacco)	\$73.47	\$114.19	\$75.77	\$116.28
Age 70+ (Non-Tobacco)	\$91.10	\$141.05	\$93.41	\$143.36

\$20,000 Tobacco : Pays lump sum benefit when diagnosed with a heart attack, cancer, or any other covered condition. Spouse and Children are covered at 50% of the employee benefit amount.

MONTHLY PREMIUMS	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Age <35 (Tobacco)	\$12.38	\$18.26	\$14.48	\$20.57
Age 35-49 (Tobacco)	\$31.49	\$47.86	\$33.79	\$49.96
Age 50-59 (Tobacco)	\$67.80	\$104.53	\$70.11	\$106.84
Age 60-64 (Tobacco)	\$104.11	\$161.62	\$106.42	\$163.93
Age 65-69 (Tobacco)	\$129.30	\$200.87	\$131.61	\$203.18
Age 70+ (Tobacco)	\$158.89	\$246.63	\$161.20	\$248.94

EE



Group Hospital Indemnity

Pays benefits to help employees with higher out-of-pocket medical expenses for Hospital - ICU, doctors visits, surgery, anesthesia, and ambulance for any reason - sickness or accident.

MONTHLY PREMIUMS	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
High Plan	\$39.83	\$74.49	\$62.84	\$99.83
Highest Plan	\$61.58	\$126.86	\$105.30	\$170.58

EE



Pet Insurance

Pet parents can select from a range of annual limits, deductibles and coinsurance levels

No initial exam

Payroll deducted

Each pet's premium will be unique based on the age, breed, location and gender, as well as what coverage amount you select.

You may request a quote anytime by visiting the website

<https://mybenefits.metlife.com>

Employee Supplemental Benefit Plans



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Plan Information

Flexible Spending Accounts

Section 125/Health Savings/Commuter Benefits

Employees may carry over all of their unused health and/or dependent care FSA funds from 2021 to 2022.

2022 FSA Maximums: Health FSA \$2,750; Dependent FSA \$5,000

2022 Health Savings Account Max: Individual \$3,600, Family \$7,300

2022 Commuter Benefits (monthly): Parking \$270, Transit \$270

"Stackable" Debit Card, daily claims processing & Reimbursements

Run out period 90 days

24/7 Online account access and claim filing

General Health FSA:	Qualified Medical, Rx, Dental and Vision Expenses
Limited Health FSA:	Qualified H.S.A Compatible Expenses
Dependent Care FSA:	Qualified Daycare Expenses for Children < Age 14
Transit & Parking FSA:	Commuter Transit Benefit

**Availability of these plans may vary by employer*

Note: Previous year participants must actively enroll during open enrollment for the new plan year starting January 1st. Please use the Engage Benefit Enrollment Application to make your elections.



Employee Assistance Program (EAP) and Health Advocate

Personalized counseling up to 1-3 visits for services related to emotional or financial distress; 24/7 online access.

EAP services are included at no cost for employees participating in an Engage sponsored Health, Dental, or Vision plan.



Core Health Advocacy Services

Available to employees and their dependents including parents and parents-in-law. Assigns team of Personal Health Advocates (PHAs) to work with providers and insurance companies on the member's behalf to help resolve claims issues, provide cost estimates, and obtain second opinions.

Core services are included at no cost for employees participating in an Engage sponsored Medical Plan.



This is optional coverage you may elect and pay for

Pet Assure Veterinarian Discount Plan
Available to any pet

PETPlus Discount Plan
Available only to cats and dogs

Covers all veterinary services	9.00 Unlimited pets	
Covers prescriptions, preventatives and more at wholesale pricing.	4.50 Single cat or dog	8.50 Unlimited cats & dogs

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Plan Information



Online, Telephonic and In-Office Services (Network Attorneys)



Credit Monitoring, Identity Restoration, and more

This is optional coverage you may elect and pay for

MONTHLY PREMIUMS	Employee	Employee, Spouse /Significant Other & Children 18 and younger
<i>Legal Plan Services</i>	15.95	\$15.95
<i>ID Theft Protection</i>	\$8.45	\$15.95
<i>Both Plans (Legal & ID Theft)</i>	\$24.40	\$28.90



Medicare Transition Services

This service is provided at no cost to you
www.Medicaretransitionservices.com

Medicare advice line, educational events and videos
Dynamic shopping experience with selection guidance



Free for All Employees

Employee discount and reward programs for:
Theme Parks & Attractions, Hotels, Rental Cars, Water Parks,
Virtual Events & Shows, Movie Tickets, Gift Cards, and more.