



VOLUNTARY PLANS

Optima's flexible benefits platform gives employees access to a wide range of valuable coverage options designed to fit different needs and budgets. Depending on the employer's selected offering, plans may be available with employer contributions, flexible contribution arrangements, or voluntary employee-paid options.

AllyHealth Telemedicine and Optional Additions for Teletherapy, Virtual Primary Care, Dermatology - NOT Part of Trust Plans



Prices shown below are per month per employee
All Plans - monthly cost includes coverage for spouse and dependent children

- 1 Telemedicine Only - \$9**
 - ✓ Speak to a Board-Certified Physician 24/7 - Can prescribe medicine if necessary
 - ✓ Prescriptions called into the pharmacy of YOUR choice
- 2 Telemedicine with Teletherapy - \$15 per month (Teletherapy minimum of 5 enrolled)**
 - ✓ Teletherapy provides up to 10 visits per household
- 3 Telemedicine with Virtual Primary Care and Dermatology - \$16** VPC and Dermatology portion Direct Bill Only

Virtual Primary Care provides

 - ✓ Health Risk Assessment with Lab Tests and Routine Screens one-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
- 4 Telemedicine, Teletherapy, Virtual Primary Care and Dermatology- \$21** VPC and Dermatology portion Direct Bill Only

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 ISSUES TREATED

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

METLIFE - 4 DENTAL PLAN OPTIONS - METLIFE NETWORK: PDP PLUS

	Ultra Plan	High Plan	Medium Plan	Low Plan	Info
Out of Network	90% UCR \$50/\$150 Deductible	90% UCR \$50/\$150 Deductible	90% UCR \$50/\$150 Deductible	MAC \$50/\$150 Deductible	90% UCR plans can use any dentist and be covered as indicated - MAC plan if you go out of network will have overage fees.
Deductible	\$50/\$150				Max of 3 for a family
Annual Max	\$3,000	\$1,500	\$1,000	\$1,000	Max Benefit Provided, each enrollee gets this amount
Preventative	100%	100%	100%	100%	Example: Cleanings
Basic	80%	80%	80%	50%	Example: Fillings, Root Canals
Major	50%	50%	50%	50%	Example: Implants, Crowns
Orthodontia	\$1,500	\$1,500	\$1,000	\$1,000	50%coverage, Lifetime Benefit for kids under 19
Monthly Rates					Renewal Date 8-1
Single	\$55.02	\$42.56	\$34.34	\$24.32	
EE + SP	\$109.85	\$84.96	\$67.91	\$47.74	
EE + CH	\$120.10	\$92.89	\$82.17	\$56.23	
Family	\$186.97	\$144.60	\$126.39	\$86.12	

Metlife/Davis - Vision Plan Group or Direct Billed

MetLife - Davis Vision Network or VSP Network Option

- ✓ 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 Tints, Scratch Resistant, Anti-Reflective, Blue Light, Polarized Discount Options
- ✓ Renewal date 8-1

VSP MONTHLY RATES: **Single** \$7.32 **EE+SP** \$14.68 **EE+CH** \$12.43 **Family** \$20.49

DAVIS 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



- ✓ 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
- ✓ Guaranteed Issue only available at initial enrollment, if enrolled later, enrollments will be subject to Evidence of Insurability (EOI)

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

Hartford- 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 - \$0.60 per child

Guaranteed Issue only available at initial enrollment, if enrolled later, enrollments will be subject to Evidence of Insurability (EOI)

Monthly Rates - Rates change based on your age bracket as of 1-1 each year

	Employee Rate Per \$10k	Spouse Rate Per \$5k
Less Than 25	\$0.60	\$ 0.40
25-29	\$0.50	\$ 0.30
30-34	\$0.60	\$ 0.35
35-39	\$0.90	\$ 0.50
40-44	\$1.30	\$ 0.75
45-49	\$2.10	\$ 1.25
50-54	\$3.20	\$ 1.95
55-59	\$4.50	\$ 2.75
60-64	\$5.50	\$ 3.30
65-69	\$7.90	\$ 4.80
70-74	\$13.90	\$8.50
75+	\$38.70	\$ 23.25

EXAMPLE: 45 Year Old- \$50K of Coverage: \$10.50 a month

Hartford-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.

Rates change based on your age bracket as of 1-1 each year

	Option 1	Option 2
Benefit Amount	60%	
Max Weekly Benefit	\$2,308.00	
Elimination Period-Accident or Sickness	7 Days	14 days
Benefit Duration	26 WEEKS	
Rate Per \$10 Covered Benefit		
0-25	0.901	0.877
25-29	0.775	1.152
30-34	0.907	0.984
35-39	0.834	0.784
40-44	0.551	0.557
45-49	0.717	0.482
50-54	0.930	0.675
55-59	0.993	0.841
60-65	1.234	0.908
65+	1.514	1.075

45 Year Old - \$50K Example - Monthly Cost	\$41.37	\$27.81
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Hartford-Voluntary Long Term Disability- Group or Direct Billed

- ✓ 60% Wage Replacement after 180 Day Waiting Period
 - ✓ If you make under \$100K elect option 1
- Rates change based on your age bracket as of 1-1 each year

	Option 1	Option 2
Benefit Amount	60%	
Max Weekly 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 25	0.06	0.07
25-29	0.09	0.10
30-34	0.15	0.16
35-39	0.30	0.32
40-44	0.41	0.43
45-49	0.53	0.55
50-54	0.77	0.79
55-59	0.87	0.89
60-64	0.61	0.62
65+	0.50	0.50
45 Year Old \$50K Example	\$22.08	\$22.92

Hartford Accident Plan- Group or Direct Billed

- ✓ 24 Hour Coverage On and Off the Job
- ✓ 2 Rich Plan options to choose from
- ✓ Rates Renew 1-1

	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

LOW PLAN RATES:	Single \$5.53	EE+SP \$8.76	EE+CH \$9.40	Family \$14.74
HIGH PLAN RATES:	Single \$7.83	EE+SP \$12.36	EE+CH \$13.24	Family \$20.77

Hartford- Hospital Indemnity Group or Direct Billed

Covered Benefits

	Benefit Limits	Benefit	Low Plan	High Plan
Hospital Benefits				
Admission Benefit	1 time 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	Up to 90days/year	Confinement"		
			\$100	\$150

- ✓ 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 - based on your age 8-1
- ✓ Renewal Date 1-1

RATES - LOW PLAN

Type	Monthly
Employee Only	\$6.23
Employee + Spouse	\$12.94
Employee+ Children	\$11.79
Employee + Spouse & Children	\$19.34

RATES - HIGH PLAN

Type	Monthly
Employee Only	11.13
Employee + Spouse	\$23.15
Employee+ Children	\$20.98
Employee + Spouse & Children	\$34.46

Hartford- Critical Illness- Group or Direct Billed

- ✓ 2 Benefit Options- \$25,000 or \$50,000
- ✓ Spouse and Child(ren) Coverage 50% of the Employee Benefit
- ✓ \$50 Health Screen Benefit

Rates change based on your age bracket as of 1-1 each year

Covered Conditions	Initial Benefit	Recurrence Benefit
Cancer Category		
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit
Non-Invasive cancer	25% of Benefit Amount	100% of Initial Benefit
Skin Cancer	\$250 Annually	NONE
Cardiovascular Disease Category		
Coronary Artery Disease where: Coronary Art Bypass graft CABG surgery involving either a median sternotomy or minimally invasive procedure is necessary	100% of Benefit Amount	100% of Initial Benefit
Heart Attack Category		
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Kidney Failure Category		
Kidney Failure	100% of Benefit Amount	None
Major Organ Failure Category		
Major Organ Failure for heart, Lung & liver	100% of Benefit Amount	None
Progressive Disease category		
Progressive Disease	100% of Benefit Amount	None
Stoke Category- Mild 10%, Moderate 25%		
Severe Stoke	100% of Benefit Amount	100% of Initial Benefit

MONTHLY (12) PREMIUM RATES Premium per \$1,000 of coverage

SPECIFIED DISEASE ATTAINED AGE RATES

Age Band ²	Monthly Rates per \$1,000		
	Employee	Spouse	All Children
<25	\$0.13	50.13	\$0.16 (all ages)
25-29	\$0.19	50.19	
30-34	\$0.27	50.27	
35-39	\$0.36	50.36	
40-44	\$0.56	50.56	
45-49	\$0.93	50.93	
50-54	\$1.27	51.27	
55-59	\$1.62	51.62	
60-64	\$2.22	\$2.22	
65-69	\$3.02	\$3.02	
70-74	\$3.65	\$3.65	
75-79	\$4.21	\$4.21	
80+	\$4.42	\$4.42	

Example: 45 Year Old

Single- \$25K Benefit

Monthly

Cost: \$23.25 a month

Spouse and Children are covered at 50% of the benefit amount

Metlife-Legal Services

Group or Direct Billed-

\$17.25 per month (Covers Spouse and Dependents)

Family Life

- ✓ Adption
- ✓ Elder care legal matters
- ✓ Estate planning
- ✓ Prenuptial agreement
- ✓ Wills and Power of Attorney

Holistic well-being

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

Coverage that supports
and protects what matters most

Assets

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

Protection

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



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