



TeamSnap Total Rewards



Employee Health Benefits

Provided by ADP Totalsource



Benefits offered by TeamSnap through ADP Totalsource are part of your comprehensive total rewards package. We encourage you to evaluate & elect benefits that best suite you & your eligible dependents needs.



Eligibility



Eligibility

Full time employees scheduled to work at least a minimum of 30 hours per week are eligible for benefits on the first of the month following their date of hire.

Eligible dependents for medical, dental and vision coverage are available for:

- Your legal spouse, civil union partner, domestic partner, or common law spouse (if not legally separated)
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, a foster child, a child of your covered domestic partner, or a child for whom you are the legal guardian)
- Your dependent children of any age who are physically or mentally unable to care for themselves



Enrollment

Plan Effective Year

June 1st, 2022-May 31st, 2023



Enrollment

You can sign up for benefits or change your benefit elections within 30 days of your initial eligibility date, during the annual benefits open enrollment period held in April, or within 30 days of experiencing a qualifying life event.

Qualifying life events include but are not limited to (see slide 8 for more details):

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Death of your spouse or covered child
- Changes in your child or spouse's eligibility for benefits



Qualifying Life Change Events

Here are some helpful tips to guide you through processing your Qualifying Life Events (QLEs) online! Updating your QLEs will help you get the right benefits for your health care needs.

To add a QLE online:	What to expect:	Things you'll need:
1. Log in to ADP Totalsource	Our online tool will tell you which documents to submit for each life event.	The date your Life Event took place
2. Find the Support Tile on the home page.	You'll need to review the legal disclosure & agree to the authorization before completing your submission.	Specific benefits changes you're requesting
3. Click Report a Life Change & begin submitting your life event!	Once you've completed the submission, you'll be given a confirmation number for future reference.	Documentation for proof of the Life Event*
		If applicable, dependent's person information (ex. Social Security Number or Date of Birth)

**All changes and supporting documentation must be completed within 60 days of the event, or you will have to wait until the next benefits Open Enrollment period to make benefits elections.*



Deadlines & Effective Dates

ADP TotalSource Benefits Plan Year	June 1-May 31
Open Enrollment	Every year in the spring for a June 1 effective date
FSA election period	During Open Enrollment

Plan Year Expenses	
Deductible & Out-of-Pocket Maximums	January 1 - December 31



Medical Insurance Plans



Overview on Medical

TeamSnap offers medical insurance plan options through ADP Totalsource accessing the UnitedHealthcare (UHC) network. Locate an UHC network provider [HERE](#).

The following slides summarize the key features of the medical plans offered. Please refer to the official plan documents for additional information on coverage and exclusions.

Waiving Medical Health Benefits with TeamSnap

If you decide to waive medical benefits TeamSnap will offer a \$400/month allowance. This will be paid out \$200 a paycheck and will ONLY apply if you have waived all medical benefits. Once you waive your benefits please complete [this form](#) to request to receive paperwork that you must complete & return to receive the paycheck allowance.

- You can still enroll in dental and vision and receive the \$400/month allowance. This only is applied if you waive medical health benefits.



Medical Plan 1 : Choice Plus BTUT-1000-80 [\(Link to Full Summary\)](#)

	2022-2023 Plan Year
Deductible (individual/family)	\$1,000/\$3,000
Calendar year out-of-pocket max (individual/family)	\$3,500/\$7,000
Primary care visit / virtual visit	\$25 Copay / No Charge
Specialist visit	\$50 Copay
Urgent care /emergency room	\$75 Copay / \$250 Copay
Hospitalization inpatient/outpatient	Ded then 20%
Prescription copays (mail order available)	\$10 \$35/Spec \$150 \$60/Spec \$500
Diagnostics/scans/labs	Lab: Designated Network-No Charge/In-Network-Deductible then 50%; X-ray: No Charge; Advanced Imaging: deductible then 20%

Coverage level	Monthly cost
Employee	\$116.32
Employee + Spouse	\$246.92
Employee + Children	\$230.19
Employee + Family	\$357.69



Medical Plan 2 : Navigate/Navigate Balanced BTWF-1500-90 [\(Link to Full Summary\)](#)

	2022-2023 Plan Year **No Coverage in TN**
Deductible (individual/family)	\$1,500/\$3,000 Excludes hospital per occurrence deductible
Calendar year out-of-pocket max (individual/family)	\$4,000/\$8,000
Primary care visit / virtual visit	\$25 Copay / No Charge
Specialist visit	\$50 Copay referral required
Urgent care /emergency room	\$75 Copay / \$350 Copay
Hospitalization inpatient/outpatient	Deductible then 10%-\$500 Inpatient stay per occurrence deductible applies first / Deductible then 10%-\$500 Hospital based per occurrence deductible applies first
Prescription copays (mail order available)	\$15 \$45/Spec \$150 \$65/Spec \$500
Diagnostics/scans/labs	Lab: Designated Network-No Charge/In-Network-Deductible then 50%; X-ray: No Charge; Advanced Imaging: Deductible then 10%/\$500 Hospital based per occurrence deductible applies prior to the Annual

Coverage level	Monthly cost
Employee	\$0.00
Employee + Spouse	\$0.00
Employee + Children	\$0.00
Employee + Family	\$0.00



Medical Plan 3 : Choice Plus BTUU-1500-80 [\(Link to Full Summary\)](#)

	2022-2023 Plan Year
Deductible (individual/family)	\$1,500/\$4,500
Calendar year out-of-pocket max (individual/family)	\$4,500/\$9,000
Primary care visit / virtual visit	\$25 Copay / No Charge
Specialist visit	\$50 Copay
Urgent care /emergency room	\$75 Copay / \$250 Copay
Hospitalization inpatient/outpatient	Ded then 20%
Prescription copays (mail order available)	\$15 \$45/Spec \$150 \$65/Spec \$500
Diagnostics/scans/labs	Lab: Designated Network-No Charge/In-Network-Deductible then 50%; X-ray: No Charge; Advanced Imaging deductible then 20%

Coverage level	Monthly cost
Employee	\$50.56
Employee + Spouse	\$108.19
Employee + Children	\$100.86
Employee + Family	\$156.73



Medical Plan 4 : Choice Plus BTUV-2000-80 [\(Link to Full Summary\)](#)

	2022-2023 Plan Year
Deductible (individual/family)	\$2,000/\$6,000
Calendar year out-of-pocket max (individual/family)	\$4,000/\$8,000
Primary care visit / virtual visit	\$25 Copay / No Charge
Specialist visit	\$50 Copay
Urgent care /emergency room	\$75 Copay / \$250 Copay
Hospitalization inpatient/outpatient	Ded then 20%
Prescription copays (mail order available)	\$15 \$45/Spec \$150 \$65/Spec \$500
Diagnostics/scans/labs	Lab: Designated Network-No Charge/In-Network-Deductible then 50%; X-ray: No Charge; Advanced Imaging: deductible then 20%

Coverage level	Monthly cost
Employee	\$0.00
Employee + Spouse	\$0.00
Employee + Children	\$0.00
Employee + Family	\$0.00



Medical Plan 5 : Choice Plus BTVD-2800 HSA [\(Link to Full Summary\)](#)

	2022-2023 Plan Year
Deductible (individual/family)	\$2,800/\$5,600
Calendar year out-of-pocket max (individual/family)	\$6,000/\$12,000
Primary care visit / virtual visit	Ded then \$30 / Ded then \$10
Specialist visit	Ded then \$60
Urgent care / emergency room	Ded then \$75 / Ded then \$350
Hospitalization inpatient/outpatient	Ded then \$500 copay per admission / Ded then \$300
Prescription copays (mail order available)	Ded then \$10 Ded then \$35/Spec \$150 Ded then \$60/Spec \$500
Diagnostics/scans/labs	Lab: Designated Network-Deductible then 0% In-Network-Deductible then 50%; X-ray: Deductible then 0%; Advanced Imaging: Deductible then \$300
Company HSA contribution	\$999.96 (employee) / \$1,500.00 (employee +)

Coverage level	Monthly cost
Employee	\$0.00
Employee + Spouse	\$0.00
Employee + Children	\$0.00
Employee + Family	\$0.00

** A Health Savings Account (HSA) can accompany this high deductible health plan (HDHP).*

See slide 22 for details!



Dental Insurance Plan



Dental [\(Link to Full Summary\)](#)

TeamSnap offers one dental insurance plan options through Aetna Dental. The plans offers in and out of network benefits providing you the freedom to choose any provider. Locate a Aetna Dental provider [HERE](#).

	2022-2023 Plan Year
Plan	AET-APPO DEN 5,000-Area 3A/8A
Deductible (Individual/Family)	\$50/\$150
Benefit max	\$5,000
Preventive services	100% ded waived
Basic services	90%, after ded
Major services	60%, after ded
Orthodontic services	Adult & Child 50% \$2,000 lifetime max

Coverage level	Monthly cost
Employee	\$0.00
Employee + Spouse	\$0.00
Employee + Children	\$0.00
Employee + Family	\$0.00

**Physical Dental cards will not be provided by Aetna Dental.*

Instead once you're enrolled please register [HERE](#) to grab digital copies of your cards.



Vision Insurance Plans



Vision [\(Link to Full Summary\)](#)

TeamSnap offers a vision insurance plan through ADP Totalsource utilizing the VSP network. You have the freedom to choose any vision provider. Locate a VSP network provider [HERE](#).

Benefit	Copay	Frequency
Well vision examination	\$10	Once every 12 months within a Plan Year
Prescription glasses	\$15	Once every 12 months within a Plan Year
Single vision, lined bifocal and lined trifocal	None	Once every 12 months within a Plan Year
Retail allowance for frames		\$200 allowance per Plan Year-20% off amount over your allowance
Contact lenses (instead of glasses)		\$150 allowance per Plan Year-15% off exams
Laser VisionCare (instead of glasses or contacts)		\$150 allowance both eyes for Custom LASIK, Custom PRK, Bladeless LASIK, LASIK, or PRK Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

Coverage level	Monthly Cost
Employee	\$0.00
Employee + Spouse	\$0.00
Employee + Children	\$0.00
Employee + Family	\$0.00

**VSP does not provide any benefits cards. You only need to state you are under VSP Choice for benefits once enrolled.*



Health Care Wealth Benefit Options



Health Savings Account (HSA)

- An HSA gives you the choice to use tax-free money for eligible medical expenses OR save your triple-tax-advantaged funds for later.
- Maximum HSA contributions for 2022:
 - \$3,650 individual
 - \$7,300 family
- Additional \$1,000 “catch up” contribution each year for employees 55 years and older
- You’ll pay a maintenance fee of \$1 per month (your worksite employer has elected to pay the fee on your behalf).
- You must have a High Deductible Health Plan (HDHP) to be eligible.
 - **UHCCPHSA-BTVD-2800-Cpy-CO-FL**
- You must enroll in an HSA separately. You will forfeit any contribution your employer made prior to you opening your HSA.
 - Your employer is contributing
Annually \$999.96/\$1,500.00 monthly \$83.33/ \$125.00
- If enrolled in Medicare benefits, you are not eligible to contribute to an HSA or receive an employer contribution. Tax penalties may apply.



Health Care Flexible Spending Account (HCFSA) [\(Link to Full Summary\)](#)

- The current annual contribution limit is **\$2,850**.
- Health care FSA funds can be used for eligible medical, dental and vision expenses.
- Up to \$570 of your remaining health care or limited health care FSA balance may be carried over into the coming Plan Year if you remain eligible to participate in the FSA.
 - Carryover does not apply to the Dependent Care FSA.
- If you participate in an HDHP, you will only be able to elect a Limited Plan FSA.
 - The Limited Plan FSA will only cover basic dental and vision expenses, so consider contributing less
- The HDHP is meant to be paired with an HSA. The HSA will cover all qualified medical expenses, and the surplus of dental and vision expenses –so consider contributing more.



Dependent Care Flexible Spending Account (DCFSA) [\(Link to Full Summary\)](#)

Use for non-medical dependent expenses

- Examples: after-school programs, preschools, elderly home care
- Eligible dependents are children under 13 or elderly family members who live at home.

Plan contributions (\$50 –\$5,000)

- \$50 to \$2,500 if married and filing separately
- \$50 to \$2,000 if a Highly Compensated Employee

Important deadlines

- May 31, 2023 for incurring claims
- July 30, 2023 for requesting reimbursement



DCFSA does not include carry over allowance and does not cover medical expenses for dependents.



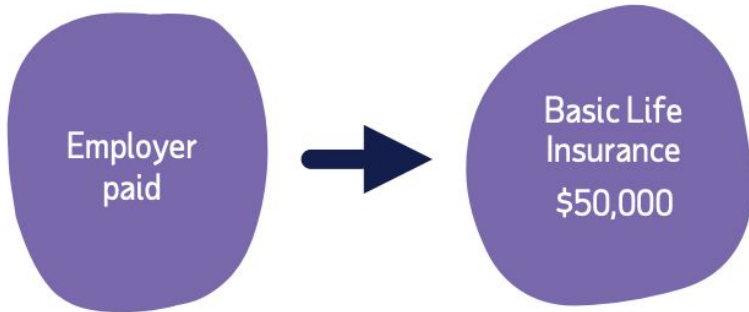
Life & Disability Plan Options



Life, Accidental Death & Personal Loss, and Disability

Life & Disability insurance is an important element of your income protection planning, especially for those who depend on you for financial security. For your peace of mind TeamSnap provides the following through ADP Totalsource for all benefit-eligible employees at no cost.

Basic \$50,000



Offered to all Full-time eligible employees





Long-Term Disability (LTD)

LTD1 60% \$10,000/mo-90



Offered to all Full-time eligible employees





Short-Term Disability (STD)

STD1 60% \$2,500/wk (14/14-13)

Employer
paid



STD Benefits
60% up to
\$2,500 per week
for up to 13
weeks of
disability.





Voluntary Benefits & Discounts



Voluntary Benefit Options



Accident insurance

If you're in an accident, medical insurance may not cover all necessary tests and services. Fortunately, the MetLife Group Accident Plan picks up where medical insurance leaves off.



Accidental Death & Dismemberment (AD&D)

Pays benefits to you and your family if you die or become dismembered or blinded due to a covered accident.



Hospital indemnity insurance

Charges mount up when you're in the hospital. The Hospital Indemnity Plan pays you a lump sum every day you are confined. You can use the money for any reason.



Critical illness insurance

Health insurance can leave you with out-of-pocket expenses. A payment from the MetLife Critical Illness Plan can help cover many of those costs.



Term life insurance

Life insurance provides death benefits as well as additional support, planning and protection services.



Short-Term Disability

Provides you with continuing weekly income during the initial weeks while you are out of work due to an illness or accident.



Legal services

Engage professional, state bar-certified attorneys for a wide range of legal matters.



* Part-time employees working at least 15 hours per week are eligible for voluntary benefits.

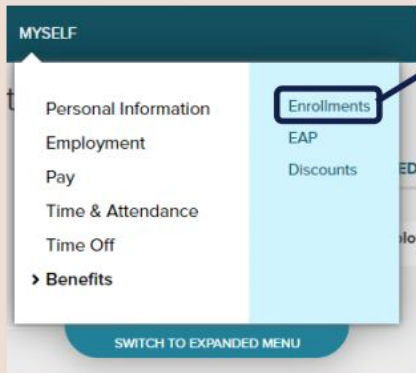
* Review policy details for pre-existing terms and conditions.



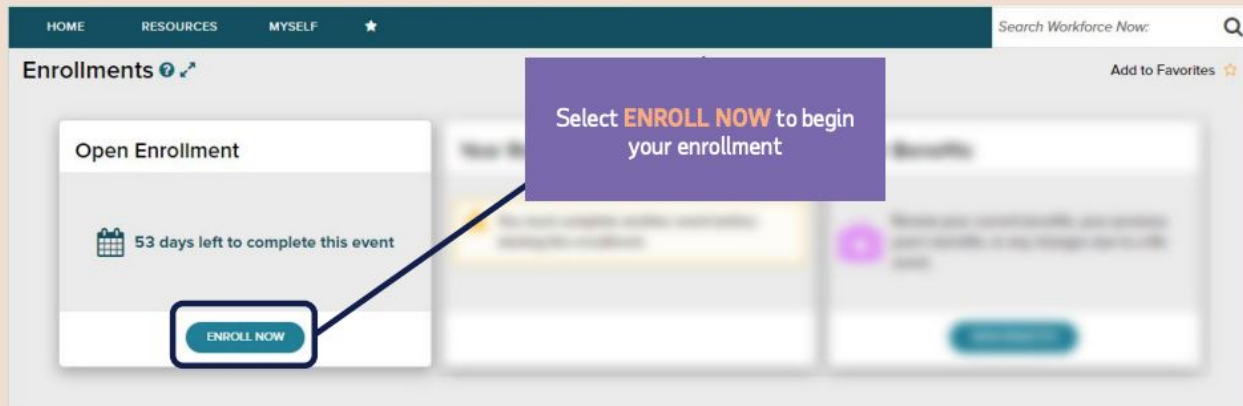
Steps to Enroll



Plan Enrollment



You can find your benefit enrollment wizard here





Plan Enrollment

Selecting the Plan Name will provide you with a **Summary of Benefits Coverage** and more details about the plan

Click **SELECT PLAN** to enroll

View the cost of the benefit **Per Pay Period, Monthly, or Annually**

VIEW PLAN COMPARISON allows you to compare up to 3 plans side by side

Select **WAIVE THIS BENEFIT** if you are waiving coverage. You will need to provide a waive reason for Medical, Dental, or Vision plans if you are not enrolling in any of these benefits

The screenshot shows a 'Medical' enrollment page. On the left, a sidebar lists 'Available Benefits' including 'HEALTH AND WELFARE - MEDICAL', 'HEALTH AND WELFARE - DENTAL', 'HEALTH AND WELFARE - VISION', 'HEALTH AND WELFARE - EMPLOYEE LIFE', 'HEALTH AND WELFARE - VOLUNTARY TERM LIFE', 'INSURANCE - SPOUSE LIFE', 'INSURANCE - CHILD LIFE', 'INSURANCE - LONG TERM DISABILITY', 'INSURANCE - SHORT TERM DISABILITY', 'INSURANCE - VOLUNTARY SHORT TERM DISABILITY', 'INSURANCE - AD&D', and 'CUSTOM - LEGAL'. The main content area is titled 'Medical' and contains the following sections:

- 1. Which plan would you prefer?** This section includes a 'Per Pay Period' dropdown menu.
- Currently Enrolled In** A table with columns: PLAN, PROVIDER, PER PAYCHECK, EMPLOYER COST, and EFFECTIVE DATE. The first row is 'HDHP, All FT Employees' with provider 'UHC07', a cost of '\$', and an effective date of 'November 1, 2020'. The status is 'CURRENTLY ENROLLED'.
- Other Options** A table with columns: PLAN, PROVIDER, PER PAYCHECK, EMPLOYER COST, and EFFECTIVE DATE. The first row is 'UHCNAVEPO-SITWE-500-90-MB-FL, ALL FT EMPLOYEES' with provider 'UHC07', a cost of '\$', and an effective date of '-'. There are three buttons: 'VIEW PLAN COMPARISON', 'SELECT PLAN', and 'WAIVE THIS BENEFIT'.
- 2. Who do you want to cover?** This section includes a 'MANAGE DEPENDENTS' link and a 'Need Help?' link.

At the bottom left, there is a 'You' icon with a green checkmark.



Add Dependents & Beneficiaries

Available Benefits

- HEALTH AND WELFARE - MEDICAL
- HEALTH AND WELFARE - DENTAL
- HEALTH AND WELFARE - VISION
- INSURANCE - EMPLOYEE LIFE
- INSURANCE - VOLUNTARY TERM LIFE
- DISABILITY
- INSURANCE - VOLUNTARY SHORT TERM DISABILITY
- INSURANCE - AD&D
- CUSTOM - LEGAL
- CUSTOM - GROUP ACCIDENT
- CUSTOM - HOSPITAL INDEMNITY

Medical

1. Which plan would you prefer? \$ [blurred] Per Pay Period

Currently Enrolled In

PLAN	PROVIDER	PER PSYCHECK	EMPLOYER COST	EFFECTIVE DATE	
HQHP All ET Employees	UHC07	\$191.61	—	November 1, 2020	SELECT PLAN
	UHC07	\$191.61	—	—	SELECTED

2. Who do you want to cover?

MANAGE DEPENDENTS

Need Help?

You

Daffy Duck Spouse

Newly Added Dependents & Beneficiaries will show here with a + icon.

Click here to Add or Edit Dependents & Beneficiaries

Select the icon to add the dependent to a plan. The icon will light up Green when they've been added.



You will need a **social security number** and **date of birth** to add a dependent or beneficiary. Adding a dependent will automatically update the **plan cost** based on your coverage level.



Click Forward to Complete Your Elections

PER PAYCHECK	COSTS
PLAN COST	\$0.00
TOTAL PER PAYCHECK	\$0.00

COVERED INDIVIDUALS

CO	PC
You	You

PCP IDENTIFIER NUMBER

788

SAVE AND CONTINUE TO NEXT BENEFIT

CONTINUE TO PREVIEW

Select **CONTINUE TO PREVIEW** to review your elections and continue to the next benefit.

Available Benefits

✓ HEALTH AND WELFARE - MEDICAL

✗ HEALTH AND WELFARE - DENTAL

HEALTH AND WELFARE - VISION

The left navigation pane will show your progress as you move through enrollment:

✓ = Enrolled

✗ = Waived Coverage

🚩 = Needs Attention

▮ = You've viewed this section



Sign Up for Optum HSA

*To open an HSA, enter the amount you want to contribute either per year or per pay period and click **ENROLL**.

*If you are not contributing but your employer is, enter \$0 and **CONTINUE TO PREVIEW**

CONSUMER HEALTH AND SAVINGS ACCOUNTS - HEALTH SAVINGS ACCOUNT

- HEALTH AND WELFARE - DENTAL
- HEALTH AND WELFARE - VISION
- INSURANCE - EMPLOYEE LIFE
- INSURANCE - VOLUNTARY TERM LIFE
- INSURANCE - SPOUSE LIFE
- INSURANCE - CHILD LIFE
- INSURANCE - LONG TERM DISABILITY
- INSURANCE - SHORT TERM DISABILITY
- INSURANCE - VOLUNTARY SHORT TERM DISABILITY
- INSURANCE - AD&D
- CUSTOM - LEGAL
- CUSTOM - GROUP ACCIDENT
- CUSTOM - HOSPITAL INDEMNITY

1. Which plan would you prefer?

PLAN	PROVIDER	PER PAYCHECK	EMPLOYER COST	EFFECTIVE DATE	
HSA	OPTUM	--	--	--	SELECTED

REMOVE ENROLLMENT

How much would you like to contribute?

Your estimated annual contribution can be any amount from **\$0.00** up to **\$2,750.00**.

For the ENTIRE YEAR, I want to contribute:

Maximum yearly goal

Enter a different amount

Annual

Per Pay Period

TOT Annual CONTRIBUTION **\$0.00**

SAVE FOR LATER

CONTINUE TO PREVIEW

Need Help?



Choose Your Health Care FSA & Contribution Amount

REMINDERS

*Limited FSA only covers basic dental and vision expenses if also enrolled in an HSA.

*Contribution amount will be based on the plan year, not calendar year.

Available Benefits

- HEALTH AND WELFARE - MEDICAL
- HEALTH AND WELFARE - DENTAL
- HEALTH AND WELFARE - VISION
- INSURANCE - EMPLOYEE LIFE
- INSURANCE - VOLUNTARY TERM LIFE
- INSURANCE - SPOUSE LIFE

FSA Health Care

1. Which plan would you prefer?

PLAN	PROVIDER	PER PAYCHECK	EMPLOYER COST	EFFECTIVE DATE	
LPFSA	OPTUM	--	--	--	SELECT PLAN
HCFSA	OPTUM	--	--	--	SELECT PLAN

Select the **Health Care FSA** if **NOT** enrolled in HSA

Select the **Limited Health Care FSA** if enrolled in HSA



Review & Complete Enrollment

Enrollments 🔍 🌟 Add to Favorites

Welcome to New Client Implementation

📅 53 days left to complete this event

Welcome → Select Benefits → Summary

Please review this summary of your New Client Implementation. 📄 Download

⚠️ Your benefit elections will not be processed until you click "SUBMIT ENROLLMENT". You will still be able to make changes until November 30, 2020 11:59 PM EST

🔄 SAVE FOR LATER **SUBMIT ENROLLMENT**

Enrollment Summary 📄 Per Pay Period

Plan	Effective Date	Coverage	Your Cost
Medical			\$191.61
🟢 UHC07: HDHP, All FT Employees	November 1, 2020	You	
Employee Life			\$0.00
🟢 METLDT Basic \$10,000, All FT Employees: \$10,000.00	November 1, 2020		
Long Term Disability			\$0.00
🟢 METLDT LTD Basic 50% \$1,000mo-180, All FT Employees: \$0.00	November 1, 2020	You	
Short Term Disability			\$0.00
🟢 METLDT STD Basic 90 Days, All FT Employees: \$0.00	November 1, 2020		

🔄 SAVE FOR LATER **SUBMIT ENROLLMENT**

📌 Need Help?

Review then select
SUBMIT ENROLLMENT to submit your elections



Your Benefit Enrollment is Complete!

Enrollments 🔍 + Add to Favorites

- Open Enrollment**
📅 53 days left to make changes
[ENROLL NOW](#)
- Year Round Enrollment**
📅 Make changes anytime
[ENROLL NOW](#)
- Your Benefits**
🏠 Review your current benefits, your previous year's benefits, or any changes due to a life event.
[VIEW BENEFITS](#)

Make additional changes to your enrollment during the enrollment period

Update or Enroll in Year Round benefits such as HSA

View or Download your benefits statement for your records

Your Benefits

This information is your benefits coverage as of the date below. Select a different date to view other coverage.

11/01/2024 📅 Download

Enrollment Summary				Pay Pay Period
Plan	Effective Date	Coverage	Your Cost	
🏠 Medical				
🏠 HCSA-HSA-AETP Employees	November 1, 2024	Yes		
🏠 Employee LFI				
🏠 VETG-Gen \$15,000-AETP Employees	November 1, 2024		\$40,000.00	
🏠 Long Term Disability				
🏠 VETG-LTD Gen \$25,500-\$50,000-AETP Employees	November 1, 2024	Yes	\$0.00	
🏠 Short Term Disability				
🏠 VETG-LTD Short Term Disability AETP Employees	November 1, 2024	Yes	\$0.00	
				Per Pay Period: \$0.00

Related Benefits

- Vision: [Make Account Changes or View Statement](#)
- Dental: [Make Account Changes or View Statement](#)



Important Contact Information



Pre Member Support Line with UHC



Questions about our health plans? We have answers.

The Pre-Member Assist Line through ADP TotalSource is available year-round to help answer your questions about UnitedHealthcare products and services.

The Pre-Member Assist Line can help you:

- Get answers about medical benefits and coverage policies.
- Find out about prescription drug coverage.¹
- Locate participating network providers.²

When you call:

- 1 Please let us know you're a "pre-member" seeking benefits through ADP TotalSource.
- 2 Have the plan code available (UnitedHealthcare example: UHC-CP-BIDJ-3000-KY-FL; Neighborhood Health Partnership example: UHCN-HP-HSA-BTWI-4000-Copay-SFL³). You can get this information directly from ADP TotalSource.

³Note: In the examples above, the plan code is underlined.



Call our Pre-Member Assist Line today

1-866-480-2957, Monday through Friday, 7 a.m. to 8 p.m. CT. TTY users can dial 711.



Health Advocate

If you're enrolled in an ADP TotalSource medical benefits plan, we've got great news. You and your family are automatically eligible for Health Advocate.

Health Advocate can help you:

- Find the right doctors and hospitals
- Schedule tests and appointments
- Learn more about health conditions and treatments
- Resolve billing and claims issues

Lower your bills with medical bill saver:

- Give Health Advocate your medical and dental bills of \$400 or more.
- They'll contact your provider to negotiate a discount.
- If they're successful, they'll share in 25% of the savings. If they're unsuccessful, you'll pay nothing!
- Once an agreement is made, Health Advocate will obtain provider sign-off on payment terms and conditions.
- You'll get an easy-to-read savings statement of the outcome and payment terms.

Please note that some states may have restrictions in place that impact Health Advocate's ability to negotiate medical bills. These rules are subject to change by state. Negotiation of fees related to Medicaid or Medicare are prohibited by federal law.

Health Advocate **ADP** HEALTH FINANCE

Quick Links

ADP TotalSource®
Welcome!

NEWS Enter to win a Fitbit Charge 31 Deadline to enter: December 31, 2019. [Click here to enter.](#)

Health
Use our Health resources to find a doctor, clarify your treatment options, and manage your health and well-being. [BROWSE HEALTH](#)

Make your Thanksgiving more meaningful
Here's how to take the focus off the food. [READ NOW](#)

Stay current with your preventive care
Get started now. [READ NOW](#)

Finance
Let us help you manage your... [READ NOW](#)

Got junk?
Here's how to turn your trash into treasure. [READ NOW](#)

Get serious about planning for retirement
These five tips will... [READ NOW](#)



866.695.8622

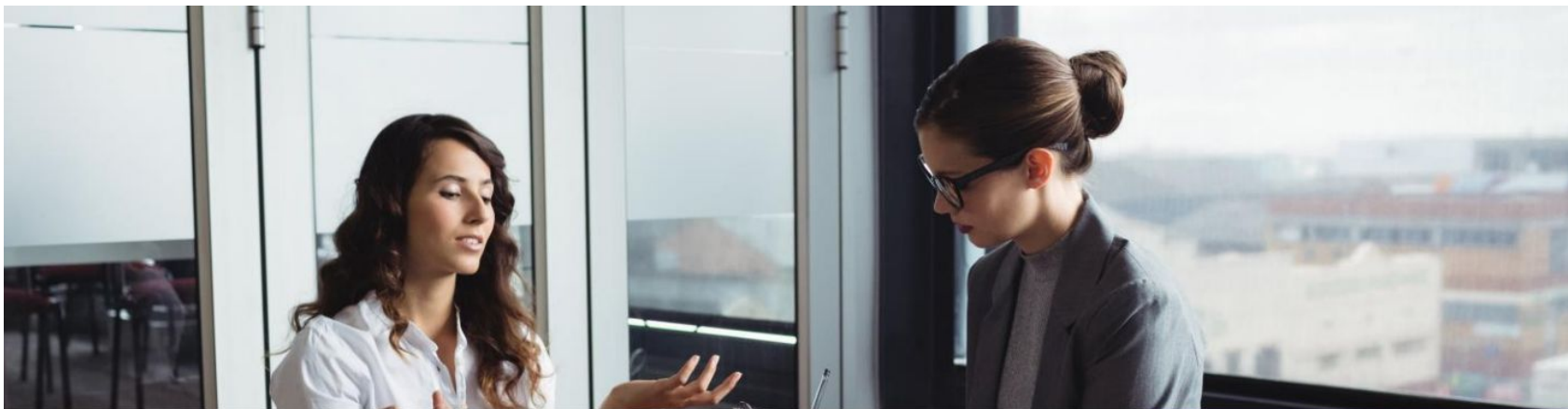
Email: answers@HealthAdvocate.com

Web: HealthAdvocate.com/ADPTotalSource

Download the app today!



Employee Assistance Program (EAP)



The Employee Assistance Program (EAP) is a confidential service designed to help employees with a variety of personal concerns, including:

- Mental and emotional health
- Parenting, childcare and education
- Senior caregiving services
- Physical wellness and nutrition
- Legal and financial issues

Learn more about the EAP on **MyLife.adp.com**. Log in to My TotalSource® and click on Myself > Benefits Program > Life Management > EAP Portal.

1-866-574-7256



LifeCare



ALL Important Contact Information

ADP MyLife Advisors @ 844-448-0325 or MyLifeAdvisor@adp.com

- Monday-Friday, 8:00 AM – 11:30 PM (EST)
- Real people ready to help guide you through all ADP questions and beyond
 - Ex: Password Resets, Benefits Enrollment/Questions, Navigating Total Source

ADP Health Advocate @ 866-695-8622 (Download the Mobile App) or <http://www.healthadvocate.com>

- Takes health care and benefits problems off your hands and into trained professionals
- Available to all employees enrolled in any company medical plan
- Spouses, children, parents, and parents-in-law may use this service as well
- Please mention your affiliation to ADP TotalSource
-

[Employee Assistance Program \(EAP\)](#) @ 866-574-7256 or log in to ADP TotalSource© select Myself→Benefits→EAP.

- A confidential service designed to help employees with a variety of personal problems
- Please mention your affiliation to ADP TotalSource •

Benefit Offerings Overall

- **Medical Coverage** is with United Healthcare (Download the Mobile App) or www.myuhc.com
 - UHC Pre-member assist line 1-866-480-2957
 - Please note callers must identify that they are calling from ADP and are a pre-member.
 - Callers also must have the 4-character UnitedHealthcare plan code and plan state.
 - I.E UHCCP-UHPD AHFI-2000-80-CO-FL
- **Dental Coverage** is with Aetna Dental (Download the Mobile App) or www.aetna.com
- **Vision Coverage** is with VSP (Download the Mobile App) or <http://www.vsp.com/>
 - *No ID Cards Required*



Parental Leave



Parental Leave

Birth Parents

- 8 weeks paid leave
- 6-8 weeks disability

Non-Birth Parents

- 8 weeks paid leave

All New Parents (Birth & Non-Birth Parents)

- Flexibility for appointments & pre-birth adoption activities
- Ease back plan of
 - 20 hrs at full pay for 2 weeks
 - 30 hrs at full pay for 2 weeks

View our full parental leave policy in our [TeamSnap Playbook!](#)

**Family Medical Leave (FMLA) requirements apply & must be an employee for 6 months with the company*



Retirement



401k Plan with Slavic401k

A 401(k) retirement plan is available after a 3-month waiting period. TeamSnap pays all plan management fees!

You'll receive an email from Slavic401k on the 1st of your month following your 90 day mark at TeamSnap and enroll [here](#). You can view the 401k Compliance Information packet [here](#).

Please keep in mind that however you setup your 401k account the deduction % or deduction amount will come out of EVERY paycheck including paychecks with bonus payments in them (like commissions & quarterly bonuses.)





Time Off at TeamSnap



Time Off at TeamSnap

We want every employee to take the time they need now and again!

- Unlimited Personal Time Off (PTO)
- 11 Paid Holidays - Business Closed : New Years, Memorial Day, Martin Luther King Day, Juneteenth, Independence Day, Labor Day, Thanksgiving, the day after Thanksgiving, Christmas Eve, Christmas Day and New Years Eve.
- 10 days Paid Sick Leave
- 8 Weeks Paid Parental Leave + Re-entry Program
 - Available for employees after 6 months of service to TeamSnap



The Extra Perks



The Extra Perks

- Flexible work hours and location
- Comfortable office environment – leave your suit at home!
- TeamSnap App Discounts! (slack or email Laura Greene laura.greene@teamsnap.com)
 - 100% off any individual team you or your family participates in.
 - 50% off any clubs/leagues/tournament organizers that you or your family participates in when they become a new customer to TeamSnap.
 - 20% on any clubs/leagues/tournament organizers that you or your family participates in if they are a current TeamSnap customer. The discount will show up on the next renewal.
 - Want the deepest discount of them all? You can self-provision and operate any club/league/tournaments account for personal use, as long as you are the commissioner and there are no sales/support requirements (you get to be sales & CX on this one!).
- \$1,500/year education and training allowance
- \$50/month wellness allowance for a gym membership, yoga classes or anything else that gets you moving
 - This perk is a “use it or lose it” allowance each month. It does not accrue over time if not used.



Questions?

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