





# Welcome to the Davinci Home Services, Inc DBA It's Maid Day benefits booklet for **2022**

- This guide summarizes the benefits plan options available for **2022** with additional information on plan notices, disclosures, and legal requirements. Please review this information as well as the Summary of Benefits from each of the insurance providers so you can make the most informed decisions for you and your family.
- Open Enrollment is scheduled for **7/26 8/01**, **2022**. Coverage for the plan year will take effect on **09/01/2022**. You will not be able to enroll or change your coverage after this until the next Open Enrollment period or unless you experience a qualified event.
- To be eligible for coverage, employees must be actively employed and work 30 or more hours each week. Eligible dependents are defined as the spouse of the employee or the children of the employee, up to a specific age, as defined by the carrier. If cover domestic partnerships: Please complete the Domestic Partnership (DP) setup form in order for your DP to be enrolled.
- If you're a newly hired employee, you'll be able to enroll for coverage outside of the standard Open Enrollment period. After enrolling, your coverage will take effect the first of the following month after eligibility.
- If you have questions, please contact the appropriate health insurance carrier (see Insurance Provider Contact Information on the last page) or the Benefits Department at 1-800-741-6277 opt 4 then opt 2 and email is <a href="mailto:peo\_benefitsteam@paychex.com">peo\_benefitsteam@paychex.com</a>.

**Note:** This booklet is intended to provide only the highlights of your benefits; see your plan documents or contact the insurance carriers for full details. If any conflict ever arises between this booklet and the actual plan document, the terms of the plan document will govern in all cases. Davinci Home Services, Inc DBA It's Maid Day reserves the right to change, modify, or terminate the benefit plans at any time. This booklet is not a contract for purposes of employment or payment of benefits.



# Benefits to Support You

# Physical

- Dental
- Vision
- Group Term Life Insurance
- Short-Term Disability
- Long-Term Disability
- MetLife Voluntary Insurance

# Financial

Working Advantage

## **Emotional**

Employee Assistant Program



# **Employee Assistance Program**

The Employee Assistance Program is employerprovided, **free** for you and your dependents, and available to full-time and part-time employees.

#### Services include:

- Personal assistant: Travel coordination, child and elder care referral services, and much more!
- Personal online profile with work and life resources and training courses
- Health and wellness program
- 30-minute legal consultation and referral
- Confidential, professional counseling available over the phone, 24/7



# To access EAP, Personal Assistant, Wellness or Work/Life Services:

Simply call 1-800-960-5371 or go to eniweb.com

- Click on Member Log-In
- Enter user name and password if a returning user, or if a new user, click on Register
- Enter Company ID: PBS220
  Enter 1st Name and Last Name
- Click on Next and then continue to follow prompts



# Working Advantage Employee Discount Program

### Full-time and part-time employees save on:

- Shopping
- Entertainment
- Theater and events
- Travel

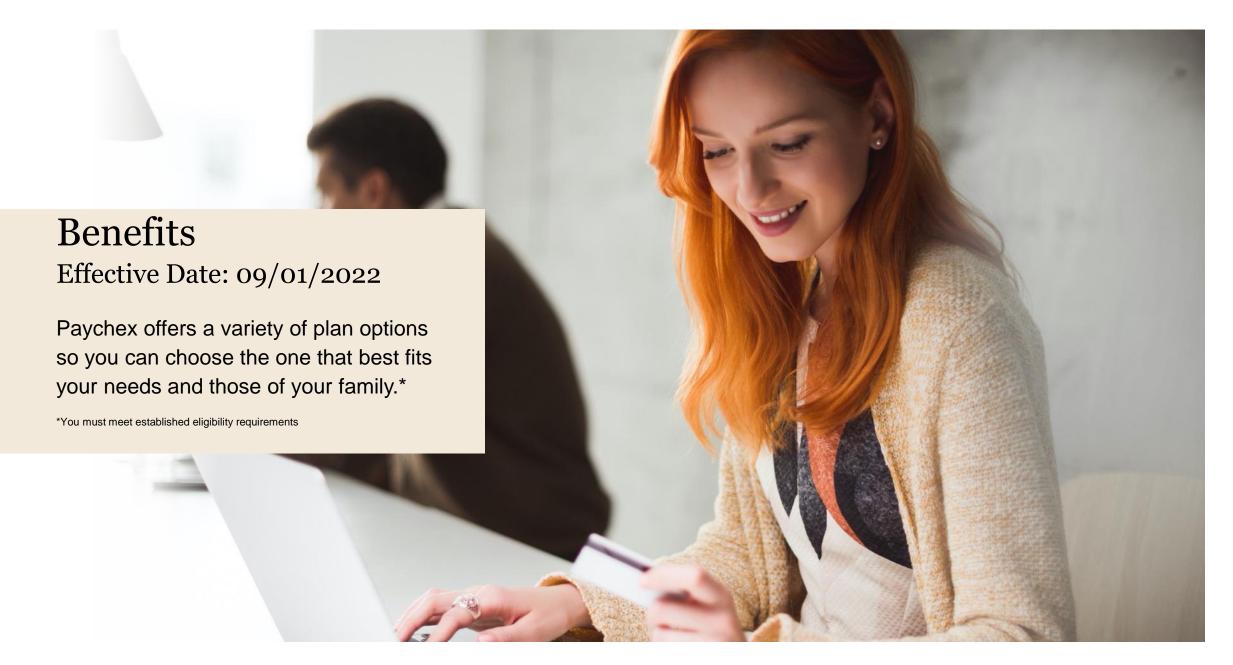






#### Register for your FREE account today!

- 1. Go to workingadvantage.com
- 2. Select the **Register button** at the top of the page
- Enter the requested information for "Sign
   Up to Become a Member" using Company
   ID #710961959
- 4. Call 1-800-565-3712





## MetLife

Dental Insurance Plan Option

#### Website:

Metlife.com

#### **Member services:**

800-942-0854



#### **MetLife Your Choice PPO**

- \$1,000 annual benefit max
- In and out of network
- Out of network may be balance billed
- Does not include orthodontics

#### **MetLife Platinum PPO**

- \$5,000 annual benefit max
- In and out of network
- Out of network may be balance billed
- Does include orthodontics





# MetLife

Dental Insurance Plan Option

Website:

Metlife.com

**Member services:** 

800-942-0854

Benefits & Services	MetLife Choice PPO	MetLife Platinum PPO
Preventive Services	Type A	Type A
Office visit	100%	100%
Oral exam	100%	100%
Prophylaxis	100%	100%
Bitewings	100%	100%
Sealants	Not covered	Not covered
Fluoride	100% for child	100% for child
Basic Services	Type B	Type B
Amalgams	50%	80%
Endodontics — Root canal therapy, x-rays	50%	80%
Periodontics — Scaling, root planing, maintenance	50%	80%
Simple extractions	50%	80%
Major Services	Type C	Type C
Crowns	50%	50%
Bridges	50%	50%
Dentures	50%	50%
Endodontics — Molar root canal therapy, x-rays	50%	50%
Orthodontic Services		
Ortho benefit	Not covered	50%



# Dental Insurance Comparison



MetLife Your Choice PPO			
Coverage Type	In-Network	Out-of-Network	
Type A – Cleanings, oral examinations	100% of Negotiated Fee*	100% of R&C Fee**	
Type B – Fillings	50% of Negotiated Fee*	50% of R&C Fee**	
Type C – Bridges and dentures	50% of Negotiated Fee*	50% of R&C Fee**	
Type D – Orthodontia	No coverage	No coverage	
Deductible	In-Network	Out-of-Network	
Individual	\$50	\$50	
Family	\$150	\$150	
Annual Maximum Benefit	In-Network	Out-of-Network	
Per person	\$1,000	\$1,000	
Orthodontia Lifetime	In-Network	Out-of-Network	
Maximum	III-Network	Out-or-Network	

<sup>\*</sup>Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated Fee fees are subject to change.

MetLife Platinum PPO				
Coverage Type	In-Network	Out-of-Network		
Type A – Cleanings, oral examinations	100% of Negotiated Fee*	100% of R&C Fee**		
Type B – Fillings	80% of Negotiated Fee*	80% of R&C Fee**		
Type C – Bridges and dentures	50% of Negotiated Fee*	50% of R&C Fee**		
Type D – Orthodontia	50% of Negotiated Fee*	50% of R&C Fee**		
Deductible	In-Network	Out-of-Network		
<b>Deductible</b> Individual	In-Network \$50	Out-of-Network \$50		
Individual	\$50	\$50		
Individual Family Annual Maximum	\$50 \$150	\$50 \$150		
Individual Family Annual Maximum Benefit	\$50 \$150 <b>In-Network</b>	\$50 \$150 <b>Out-of-Network</b>		

<sup>\*\*</sup>R&C Fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

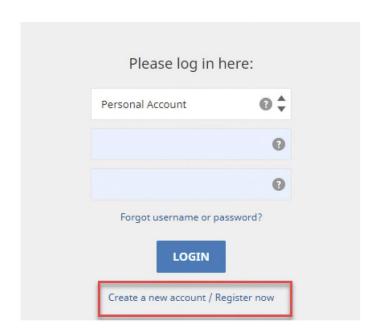


### MetLife - How To Print ID Card

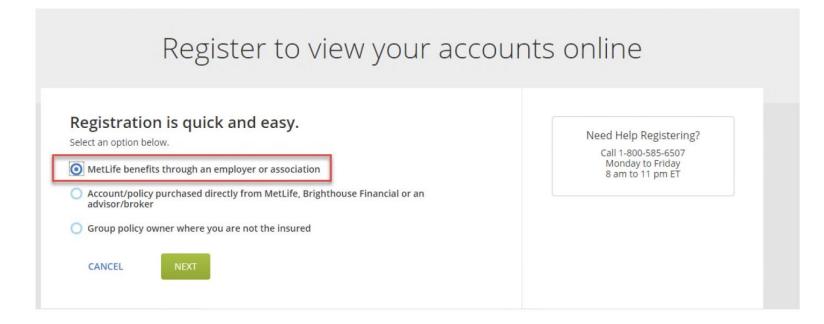


SOLUTIONS ✓ SUPPORT ✓ ABOUT US ✓

1. From MetLife.com click on Login/Register

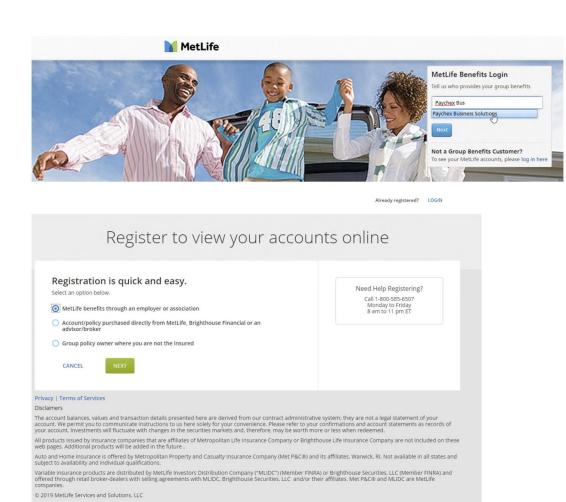


2. Select Create a new account



3. Select MetLife benefits through an employer or association

### MetLife - How To Print ID Card



4. Type Paychex Business Solutions in the search bar



5. On the Metlife Paychex Business Solutions page, select Log in

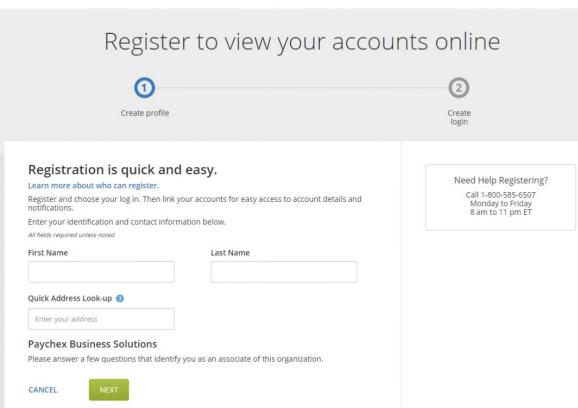


### MetLife - How To Print ID Card

# Log in to Your Paychex Business Solutions Account Enter your username and password to view and manage your policies. All fields are required. Username Password I forgot my username or password **LOG IN CREATE A NEW ACCOUNT**



6. Select Create a New Account



MetLife

7. Complete registration information



Already registered? LOGIN

# MetLife - How To Lookup Dentist

#### Find a Dental Provider

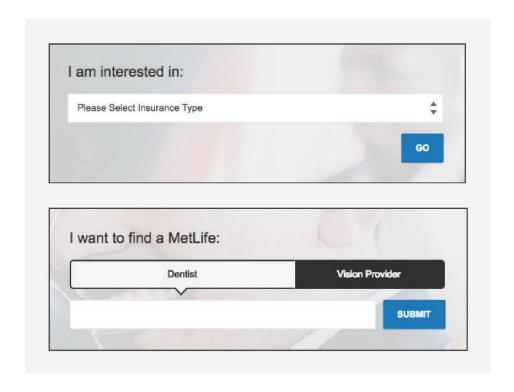
With MetLife Dental insurance, you can choose from thousands of general dentists and specialists nationwide. You can find the names, addresses, languages spoken and phone numbers of participating dentists by searching our online **Find a Dentist** directory.

#### 1. Go to metlife.com

Select "I want to find a MetLife."
Click "Dentist" and enter your ZIP Code and select your network.

#### 3. Advanced Search

Use the Advanced Search option to locate a dentist by name, language spoken, specialty or gender.



## Aetna Vision Care

Vision Insurance Plan Options

#### Website:

Aetna.com

#### **Member services:**

800-704-7287



- Large national network
- Eye exam covered once each year
- Allowances for contacts and frames
- Out-of-network reimbursement available
- Additional discounts available



# Vision Insurance Comparison



Aetna Core Vision			
Vision Care Services	Member Cost	Out-of-Network Reimbursement	
Exam Options			
Routine/ Comprehensive Eye Exam	\$0 Copay; once every 12 months	Up to \$35	
Standard Contact Lens Fit and Follow-Up	\$55	N/A	
Premium Contact Lens Fit and Follow-up	10% off retail price	N/A	
Frames	\$110 allowance, 20% off balance over allowance; once every 24 months	Up to \$40	
Contact Lenses	\$100 allowance, 15% off balance over allowance; once every 12 months	Up to \$50	

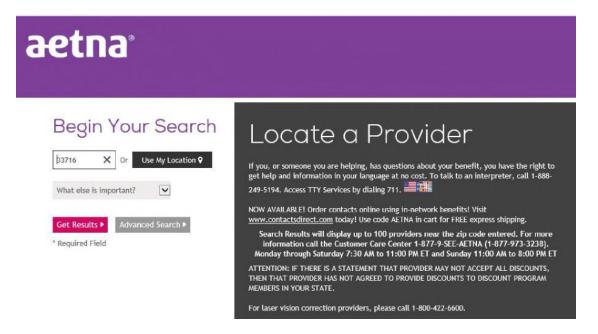
Aetna Plus Vision			
Vision Care Services	Member Cost	Out-of-Network Reimbursement	
Exam Options			
Routine/ Comprehensive Eye Exam	\$0 Copay; once every 12 months	Up to \$35	
Standard Contact Lens Fit and Follow-up	\$0 Copay	Up to \$40	
Premium Contact Lens Fit and Follow-up	\$0 Copay, 10% off retail price, then apply \$55 allowance	Up to \$40	
Frames	\$160 allowance, 20% off balance over allowance; once every 12 months	Up to \$80	
Contact Lenses	\$160 allowance, 15% off balance over allowance; once every 12 months	Up to \$128	



# Aetna - How To Lookup Vision Providers



Go to <u>AetnaVision.com</u>. A login is not needed.
 Simply click Find a Provider



2. Enter your zip code. You can also limit your search by commonly used criteria (what else is important?) Click Get Results to see in-network vision providers in your area.

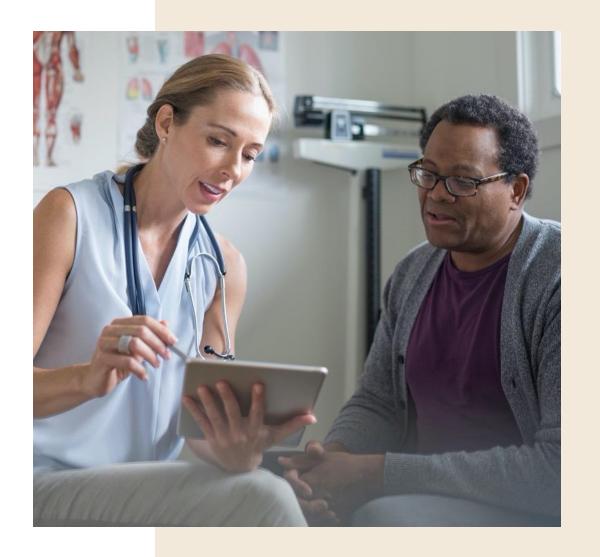
# Short-term and Long-term Disability

### Short-term Disability (STD)

A type of insurance benefit that can replace up to 60% of an eligible employee's income when they are disabled and unable to work due to illness or an accident.

### Long-term Disability (LTD)

A type of insurance benefit that can replace up to 60% of an eligible employee's income when they are disabled and unable to work due to illness or an accident, after STD has been exhausted.



# **Employee Paid Disability**



MetLife Insurance Company				
Maximum Benefit	Elimination Period			
Short-term Disability				
60% of income up to \$2,000 a week	14 days			
Short-term Disability				
60% of income up to \$2,000 a week	26 weeks	14 days		



# **Employee Paid Disability**



MetLife Insurance Company					
Maximum Benefit	Elimination Period				
Long-term Disability	Long-term Disability				
60% of income up to \$5,000 a month  Through disability period, up to retirement  90 days					
Long-term Disability					
60% of income up to \$5,000 a month	Through disability period, up to retirement	180 days			



# Life Insurance/Accidental Death and Dismemberment (AD&D)

### Hartford Life Insurance Company

• \$25,000 company-paid group term life

### **Voluntary life insurance**

- \$10,000 increments up to the lesser of 5 times salary or \$1,000,000
- Guaranteed issue up to 3 times salary or \$400,000 (includes all life insurance)
- Evidence of insurability (EOI) above guaranteed issue
- Option to enroll in life insurance for spouse up to \$20,000 (\$1.40 per \$5,000) and dependent children up to \$10,000 (\$0.20 per \$2,000)
- · Age reduction rule applies to this policy



Age range	Price per month per \$1,000
< 24	\$0.05
25-29	\$0.06
30-34	\$0.07
35-39	\$0.08
40-44	\$0.09
45-49	\$0.13
50-54	\$0.19
55-59	\$0.34
60-64	\$0.52
65-69	\$0.89
70 >	\$1.51

**Example:** A person 43 years old wants \$40K in coverage

\$40,000 divided by \$1,000 = **\$40** \$40 X \$0.09 = **\$3.60 per month** 



# MetLife Voluntary Insurance



### Accident Insurance

(Low and high plans available)

Accidents happen frequently and can be very costly. Even the best medical plans may leave you with extra out-of-pocket expenses when dealing with accidents. Accident Insurance can help you be better prepared. There are over 150 covered conditions associated with an accident that could trigger benefits, including injuries, hospitalization, medical services and treatments.

### Critical Illness Insurance

Help protect your family and your budget from the impact of a **critical illness**.

Coverage includes conditions such as **heart attack, cancer,\* or stroke**.\*\*

A lump-sum payment is made directly

to you to use any way you see fit, whether it's for everyday living expenses or out-of-pocket medical costs like copays and deductibles.

### Hospital Insurance

(Low and high plans available)

Hospital visits and stays are costly and often unexpected. If you are out of work unexpectedly, you may have trouble meeting household expenses such as your mortgage and car payment, on top of any medical expenses that you are obligated to cover like deductibles, copays and out-of-network care or treatments. With Hospital Indemnity Insurance, you receive a lump-sum payment to help cover costs that result from a hospitalization.‡



# MetLife Voluntary Insurance (Continued)



### Legal Insurance

Legal coverage means added peace of mind. There's a low monthly cost for unlimited use. MetLaw provides you access to legal advice and representation on a wide range of matters, including wills, real estate matters, traffic offenses, adoptions and much more. Once enrolled, you'll have a nationwide network of more than 14,000 participating plan attorneys to choose from.

Know the facts: 70% of us have at least one ongoing legal issue annually.<sup>±</sup>

### Have Questions?

Please call MetLife directly at **1-800-GET-MET8** (**1-800-438-6388**). For more detailed plan information and rates, please visit <a href="mailto:paychexflex.com">paychexflex.com</a>







# Next Steps on Paychexflex.com

### All completed forms are due no later than

# 8/01/2022

- You will receive an email with a link to complete your enrollment electronically
- Complete onboarding via desktop PC, laptop, tablet, or mobile web browser

√ Step 1 Paychex Flex registration

√ Step 2 Elect your benefits

√ Step 3 Complete your payroll information



## Benefits Elections – Online Enrollment

### Getting started

- All eligible employees must complete online enrollment
- Policy information is required if covered under another plan
- Dates of birth and social security numbers are required for employee and dependents
- Select plan type and level of coverage

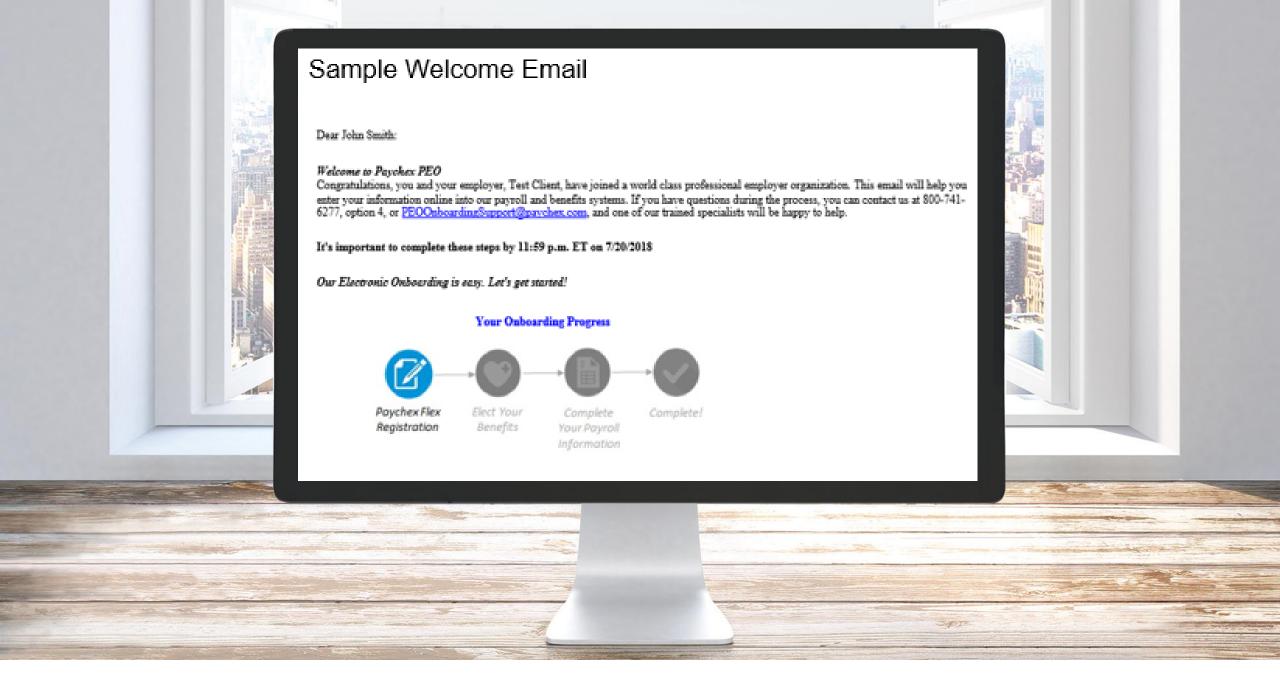


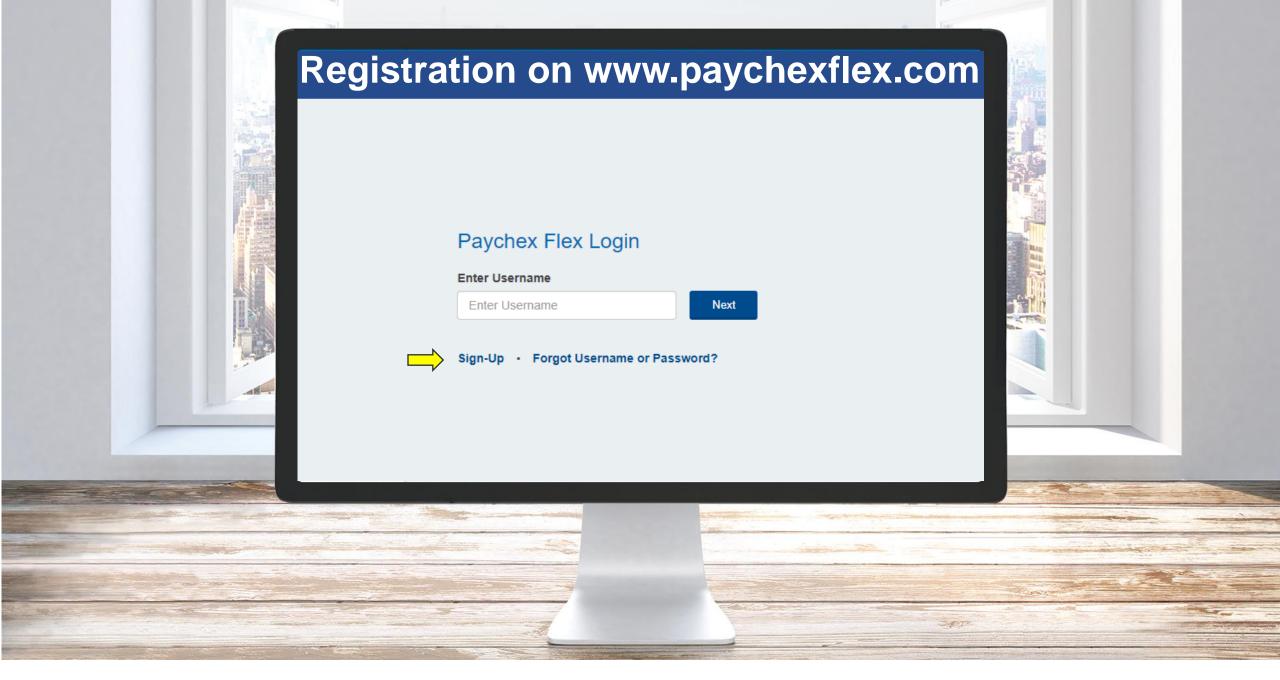
# Payroll – Online Enrollment

### Getting started

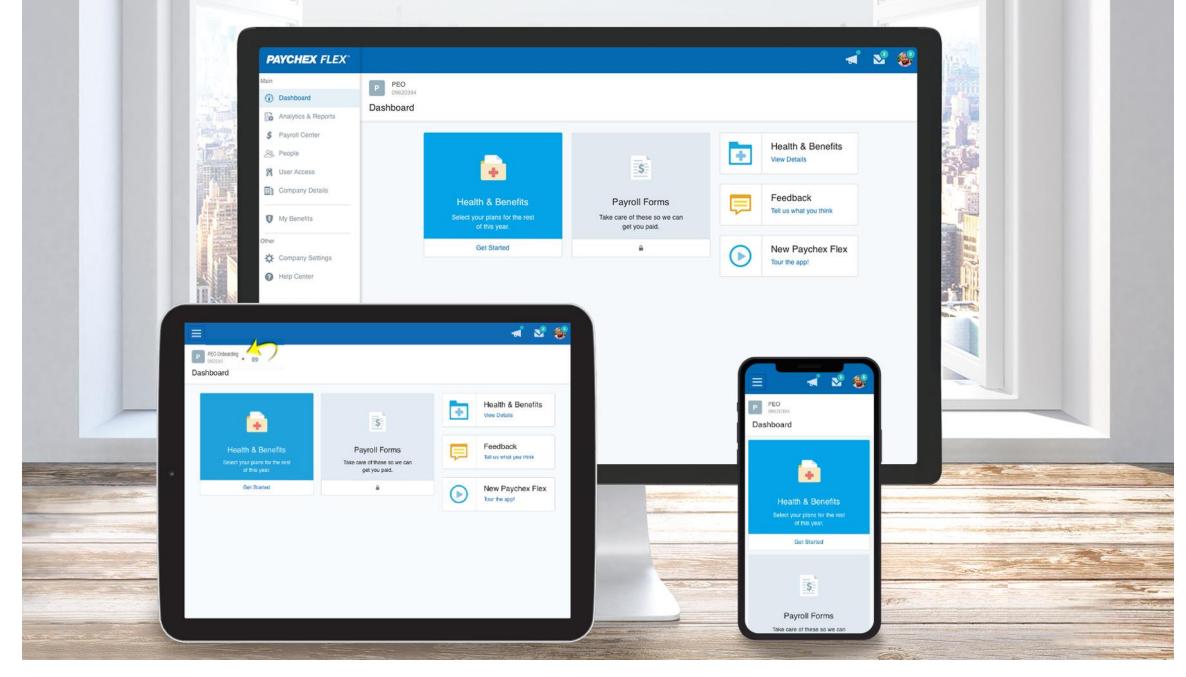
- Personal information
- Employee acknowledgements
- Federal tax withholdings (as applicable)
- State withholdings form (as applicable)
- W-4
- Voluntary Self Identification (EEO)
- Direct deposit enrollment



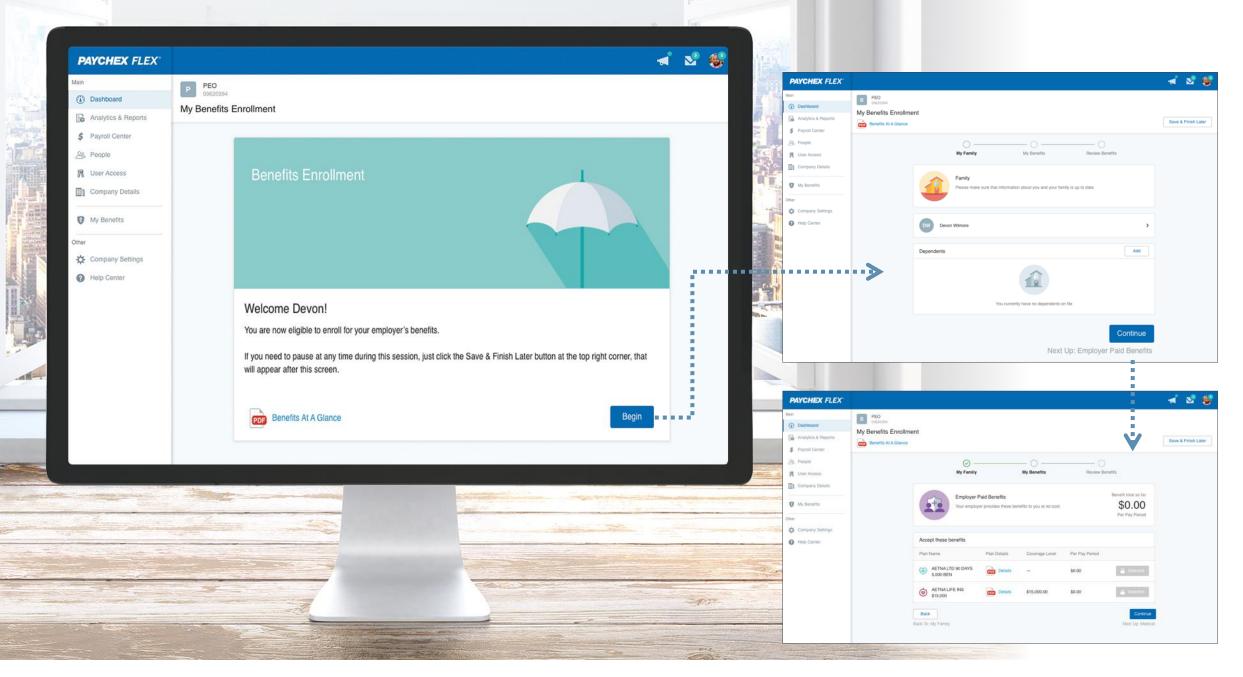




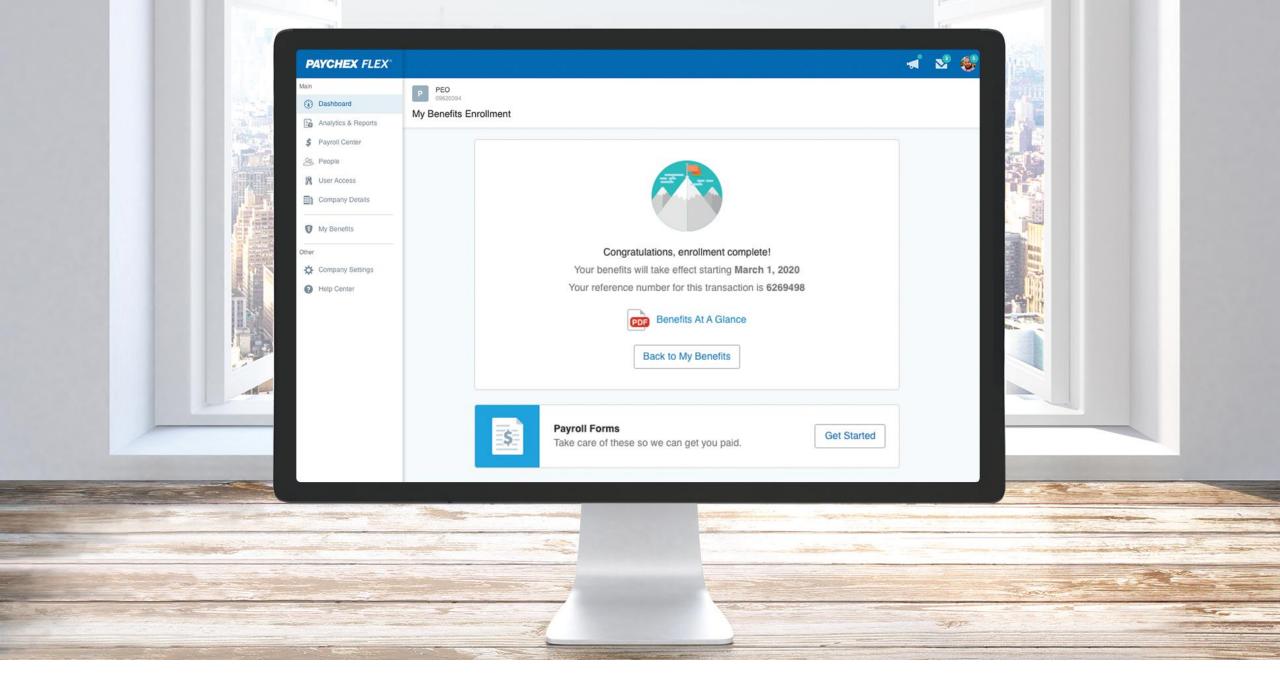












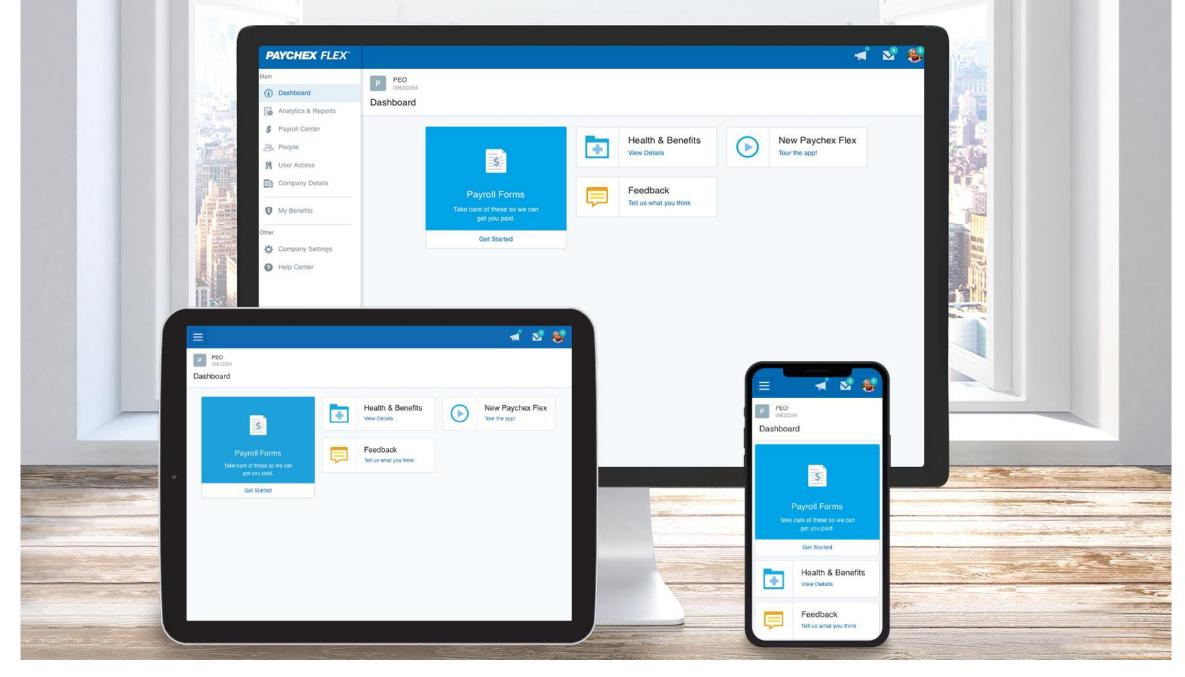


# **Changing Your Benefits**

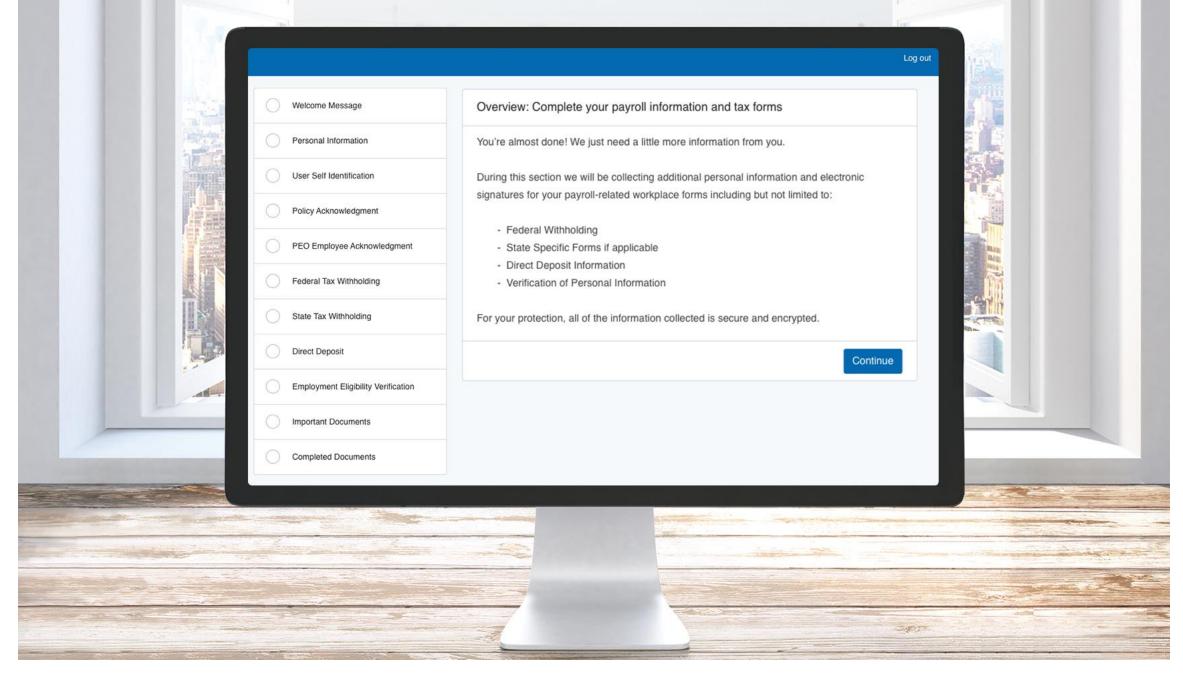
You will not be able to make changes to your plan midyear unless you experience a qualifying event.

If an employee does experience a qualifying event, they have **30 days to report** that event (preferably online) and make the appropriate changes to their plan. Otherwise the plans that employees enroll in will remain in effect until December 31. The next opportunity to make a change to benefits is during annual enrollment in the fall.

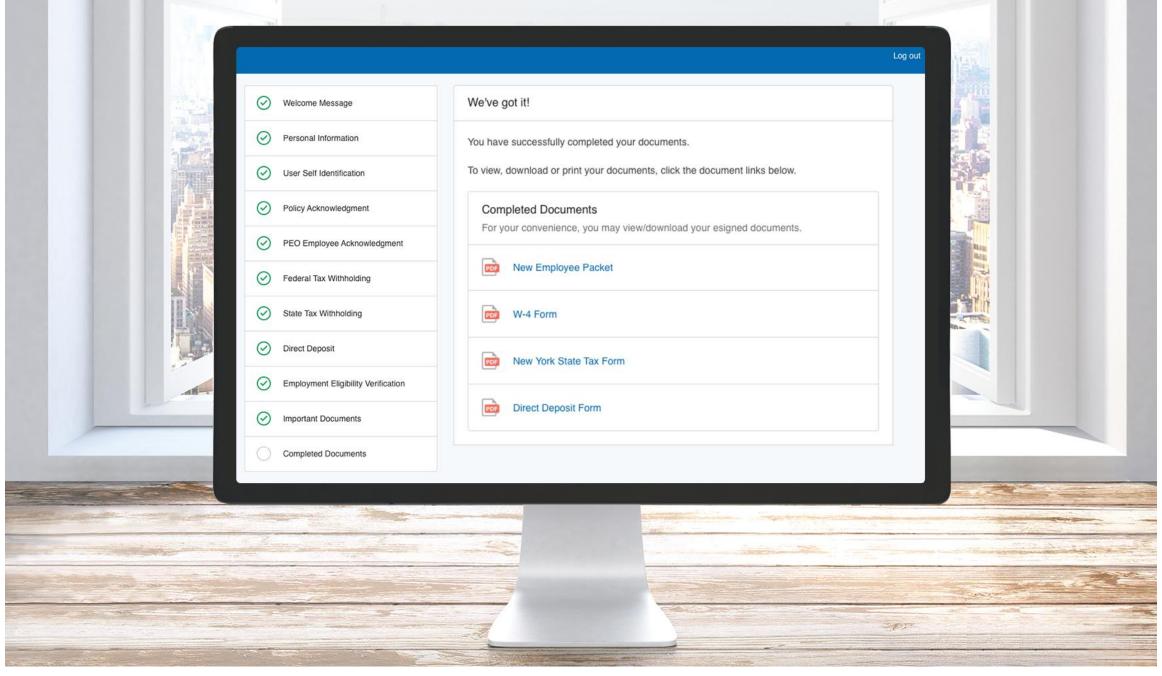














# Paychex Flex® App

Paychex makes it easy to select your health plans and manage your benefits and payroll information through the Paychex Flex App.

Download the Paychex Flex app on your mobile phone from Google Play or the App Store.





Dashboard

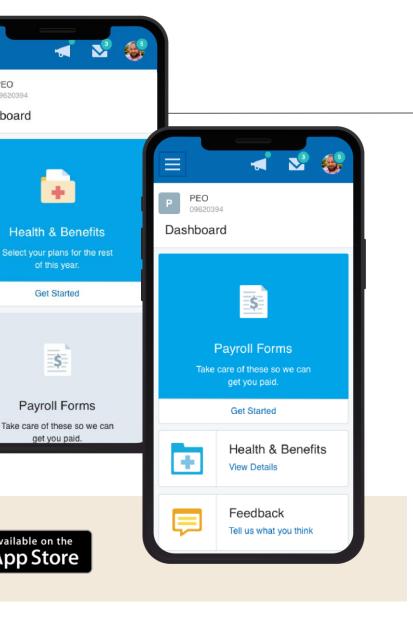
of this year.

Get Started

\$

Payroll Forms

get you paid.







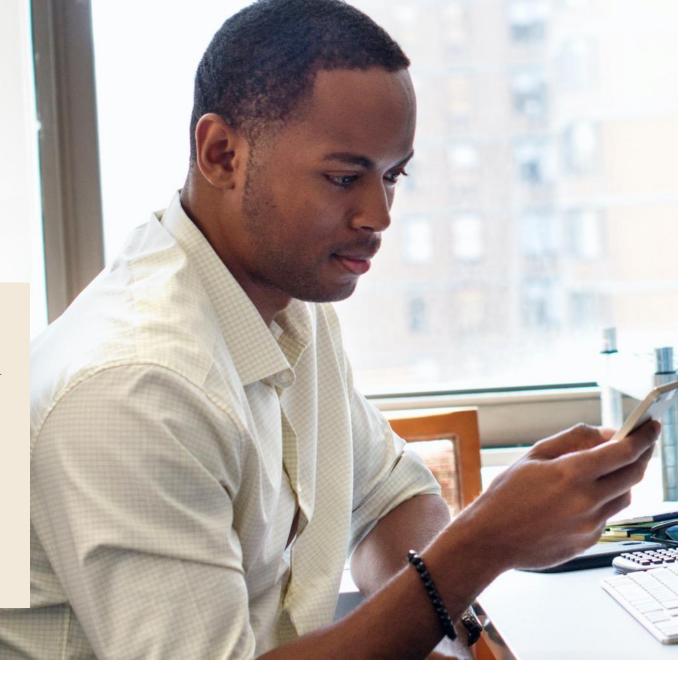
# **Employee Support**

PEO Onboarding Support Team:

800-741-6277

Option 4 then option 2 Monday – Friday from 8 a.m. – 8 p.m.

Email: PEOOnboardingSupport@paychex.com



# **Employee Support Numbers**

New Hire/Onboarding	800-741-6277, option 4, option 2; PEOOnboardingSupport@paychex.com
Employee Service Center	800-741-6277
401(k) Service Center	877-244-1771
Employment Verification	866-349-5193
Benefits Enrollment Center	800-741-6277, option 4
Payroll	800-741-6277, option 5
W-2 Support	800-741-6277, option 7; PEOW2@paychex.com

www.paychexflex.com



# **Employee Contact Card**

#### **Paychex Contacts**

**Suzana Wade** - **COA** – swade@paychex.com – 727-556-2812 x5250103

Employee online site: www.paychexflex.com

Payroll: See employer

**Benefits**: 800-741-6277 opt 4 then opt 2

#### **Company Contacts**

Metlife Dental: 800-942-0854 – www.metlife.com

Aetna Vision/Eye Med: 877-973-3238 - www.aetnavision.com

The Hartford: 800-523-2233 - www.thehartford.com

MetLife Supplemental Plans: 800-438-6388 - www.metlife.com Employee Assistance Program: 800-327-2255 - www.eniweb.com

Working Advantage: 800-565-3712 - www.workingadvantage.com/paychexbusiness



# PAYCHEXONE

The Total HR Solution®





**Employee Benefits Contribution Sheets** 

#### Class 1 - All Employees - Pre Tax

60 Day Waiting Period

#### Weekly Payroll Schedule - 48 Deductions

Benefits Effective First of the Month Benefits Effective Through 12/31/2022

Description	Employee	Employee + Child(ren)	Employee + SP / DP	Family
METLIFE DENTAL CHOICE P	PO - 998			Plan #081905
Employee Cost per Month	\$27.32	\$60.48	\$54.56	\$82.12
Employee Cost per Pay Period	\$6.83	\$15.12	\$13.64	\$20.53
www.metlife.com				
METLIFE DENTAL PLATINUM	1 PPO - 998			Plan #081906
Employee Cost per Month	\$46.16	\$102.28	\$92.28	\$138.92
Employee Cost per Pay Period	\$11.54	\$25.57	\$23.07	\$34.73
www.metlife.com				
AETNA VISION CORE - 998				Plan #081896
Employee Cost per Month	\$4.60	\$9.12	\$8.68	\$13.36
Employee Cost per Pay Period	\$1.15	\$2.28	\$2.17	\$3.34
www.aetnavision.com				
AETNA VISION PLUS - 998				Plan #081903
Employee Cost per Month	\$12.80	\$25.36	\$24.16	\$37.20
Employee Cost per Pay Period	\$3.20	\$6.34	\$6.04	\$9.30
www.aetnavision.com				
HARTFORD VOLUNTARY LIF	E INS - 998			Plan #VLI001
		0% Employee Paid benef ary and amount of covera	it - rate will vary based on fa age.	ctors such as age,

**HARTFORD SPOUSE LIFE INS - 998** 

Plan #SPI001

100% Employee Paid benefit - rate will vary based on factors such as age, salary and amount of coverage.

https://abilityadvantage.thehartford.com/

https://abilityadvantage.thehartford.com/



Employee Benefits Contribution Sheets

Class 1 - All Employees - Pre Tax

60 Day Waiting Period

Weekly Payroll Schedule - 48 Deductions

Benefits Effective First of the Month Benefits Effective Through 12/31/2022

Description Employee Employee + Employee + Employee + Family

HARTFORD CHILD LIFE INS - 998 Plan #CHI001

100% Employee Paid benefit - rate will vary based on factors such as age, salary and amount of coverage.

https://abilityadvantage.thehartford.com/

HARTFORD LIFE INS \$25,000 - 998 Plan #LIF021

Employee Cost per Month \$0.00 Employee Cost per Pay \$0.00

Period

Period

https://abilityadvantage.thehartford.com/

 METV ACCIDENT HI PLAN - 998

 Employee Cost per Month
 \$16.00
 \$30.52
 \$24.00
 \$39.36

 Employee Cost per Pay Period
 \$4.00
 \$7.63
 \$6.00
 \$9.84

www.metlife.com/mybenefits

 METV ACCIDENT LO PLAN - 998

 Employee Cost per Month
 \$8.48
 \$16.00
 \$12.72
 \$20.64

 Employee Cost per Pay
 \$2.12
 \$4.00
 \$3.18
 \$5.16

www.metlife.com/mybenefits

METV CRITICAL HI PLAN - 998 Plan #VCI001

100% Employee Paid benefit - rate will vary based on factors such as age, salary and amount of coverage.

www.metlife.com/mybenefits

METV CRITICAL LO PLAN - 998 Plan #VCI002

100% Employee Paid benefit - rate will vary based on factors such as age, salary and amount of coverage.

www.metlife.com/mybenefits

METV HOSPITAL HI PLAN - 998				Plan #VHI001
Employee Cost per Month	\$30.52	\$61.68	\$47.04	\$78.84
Employee Cost per Pay Period	\$7.63	\$15.42	\$11.76	\$19.71

www.metlife.com/mybenefits



**Employee Benefits Contribution Sheets** 

Class 1 - All Employees - Pre Tax

60 Day Waiting Period

Weekly Payroll Schedule - 48 Deductions

Benefits Effective First of the Month Benefits Effective Through 12/31/2022

		0		
Description	Employee	Employee + Child(ren)	Employee + SP / DP	Family
METV HOSPITAL LO PLAN - 998				Plan #VHI002
Employee Cost per Month	\$15.20	\$30.68	\$23.40	\$38.84
Employee Cost per Pay Period	\$3.80	\$7.67	\$5.85	\$9.71
www.metlife.com/mybenefits				
MET LIFE EE LTD 180 DAYS - 998				Plan #VLD001
www.metlife.com/mybenefits	Rai	te will vary based on fact	ors such as age, salary and	d amount of coverage.
MET LIFE EE LTD 90 DAYS - 998				Plan #VLD002
www.metlife.com/mybenefits	Rai	te will vary based on fact	ors such as age, salary and	d amount of coverage.
MET LAW LEGAL PLAN - 998				Plan #VLG001
Employee Cost per Month	\$16.52			

Employee Cost per Month \$16.52
Employee Cost per Pay \$4.13

Employee Cost per Pay Period

www.metlife.com/mybenefits

MET LIFE EE STD 26 WEEKS - 998 Plan #VSD001

Rate will vary based on factors such as age, salary and amount of coverage.

www.metlife.com/mybenefits

MET LIFE EE STD 13 WEEKS - 998 Plan #VSD002

Rate will vary based on factors such as age, salary and amount of coverage.

www.metlife.com/mybenefits