



Employee Orientation

Global Community Charter School - 70226798

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PAYCHEX[®]
HR | Payroll | Benefits | Insurance

Welcome

- Your company is working with Paychex to provide Employee Benefits, Payroll Administration, and Human Resources services to you.
- Paychex, a national Professional Employer Organization (PEO) and an industry leader, takes care of many Human Resource-related administrative tasks and also provides increased access to employee programs and services, including:
 - Direct Deposit
 - Discount Programs
 - Webinars and eLearning



2025 Benefits & Onboarding

- This guide summarizes the benefits plan options available for **2025** 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 begins on **5/27/2025** and ends on **6/13/2025**. Coverage for the plan year will take effect on **7/01/2025**. 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 3 and or email : peo_benefitsteam@paychex.com**.
- *(Medical is subject to Final Underwriting)*

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. Your company 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

Effective Date **07/01/2025**

Paychex offers a variety of plan options so you can choose the one that best fits your needs and those of your family.*

*You must meet established eligibility requirements



PAYCHEX[®]

HR | Payroll | Benefits | Insurance

Health Insurance Options

Effective Date July 1, 2025 Plan Name	UHC Oxford	UHC Oxford	UHC Oxford
	Oxford Gold FRDM	Oxford Silver LBTY 40/80	Oxford Silver FRDM 40/80
In Network			
Preventive Care	No charge	No charge	No charge
Deductible (individual/Family)	\$1,000/\$2,000	\$3,250/\$6,500	\$3,250/\$6,500
Coinsurance	10%	40%	60%
Out-of-Pocket Max (Individual/Family)	\$6,700/\$13,400	\$9,200/\$18,400	\$9,200/\$18,400
Primary Care Physician	Member pays \$50	Member pays \$40	Member pays \$40
Virtual/Telemedicine Copay	No charge	No charge	No charge
Specialist	Member pays \$50	Member pays \$80	Member pays \$80
Urgent Care	\$75 copay	\$100 copay	\$100 copay
Emergency Room Copay	\$500 copay	50% coinsurance	50% coinsurance
In Patient Hospital	\$250 copay max \$2,500	40% coinsurance	40% coinsurance
Outpatient Surgery - Facility	\$50 copay	\$80 copay	\$80 copay
Diagnostic X-Ray Lab	\$50-\$150 copay 50% coinsurance	\$40-\$80 copay 50% coinsurance	\$40-\$80 copay 50% coinsurance
Prescription Deductible	\$150	\$200	\$200
Rx Copay Generic	\$10-\$25	\$10-\$25	\$10-\$25
Rx Brand Name	\$40-\$100/prescription after drug deductible	\$50-\$125/prescription after drug deductible	\$50-\$125/prescription after drug deductible
Rx Specialty	\$80-\$200/prescription after drug deductible	\$90-\$225/prescription after drug deductible	\$90-\$225/prescription after drug deductible
Out of Network			
Deductible (Individual/Family)	N/A	N/A	N/A
Coinsurance	N/A	N/A	N/A
Out of Pocket Max (Individual/Family)	N/A	N/A	N/A



Comparison

Effective Date						
June 1, 2025						
Plan Name	Anthem Anthem Gold EPO 1000 9TUF	UHC Oxford Oxford Gold FRDM	Anthem Anthem Silver BA 3250 9Y7E	UHC Oxford Oxford Silver LBTY 40/80	Anthem Anthem Silver EPO 3250 A2TG	UHC Oxford Oxford Silver FRDM 40/80
In Network						
Preventive Care	No charge	No charge	No charge	No charge	No charge	No charge
Deductible (individual/Family)	\$1,000/\$2,000	\$1,000/\$2,000	\$3,250/\$6,500	\$3,250/\$6,500	\$3,250/\$6,500	\$3,250/\$6,500
Coinsurance	10%	10%	50%	40%	50%	60%
Out-of-Pocket Max (Individual/Family)	\$7,000/\$14,000	\$6,700/\$13,400	\$9,450/\$18,900	\$9,200/\$18,400	\$9,450/\$18,900	\$9,200/\$18,400
Primary Care Physician	Member pays \$50	Member pays \$50	Member pays \$40	Member pays \$40	Member pays \$40	Member pays \$40
Virtual/Telemedicine Copay	available	No charge	available	No charge	available	No charge
Specialist	Member pays \$55	Member pays \$50	Member pays \$80	Member pays \$80	Member pays \$80	Member pays \$80
Urgent Care	\$60/visit	\$75 copay	\$80/visit	\$100 copay	\$80/visit	\$100 copay
Emergency Room Copay	\$500/visit	\$500 copay	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
In Patient Hospital	10% coinsurance	\$250 copay max \$2,500	50% coinsurance	40% coinsurance	50% coinsurance	40% coinsurance
Outpatient Surgery - Facility	\$300/visit	\$50 copay	50% coinsurance	\$80 copay	\$40/visit	\$80 copay
Diagnostic X-Ray Lab	\$50/visit	\$50-\$150 copay 50% coinsurance	Lab \$20/visit X-ray \$75/visit	\$40-\$80 copay 50% coinsurance	Lab \$20/visit X-ray \$75/visit	\$40-\$80 copay 50% coinsurance
Prescription Deductible	\$150/person or \$300/family	\$150	\$200/person or \$400/family	\$200	\$200/person or \$400/family	\$200
Rx Copay Generic	\$10-\$25/prescription	\$10-\$25	\$25-\$63/prescription	\$10-\$25	\$25-\$63	\$10-\$25
Rx Brand Name	\$40-\$100/prescription after drug deductible	\$40-\$100/prescription after drug deductible	\$75-\$188/prescription after drug deductible	\$50-\$125/prescription after drug deductible	\$75-\$188/prescription after drug deductible	\$50-\$125/prescription after drug deductible
Rx Specialty	\$80-\$200/prescription after drug deductible	\$80-\$200/prescription after drug deductible	\$90-\$225/prescription after drug deductible	\$90-\$225/prescription after drug deductible	\$90-\$225/prescription after drug deductible	\$90-\$225/prescription after drug deductible
Out of Network						
Deductible (Individual/Family)	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A
Out of Pocket Max (Individual/Family)	N/A	N/A	N/A	N/A	N/A	N/A



Get rewarded for exercising

With the Oxford Sweat Equity® program you may earn up to \$200 in 6 months for meeting the program exercise requirements.

What it is

It's our goal to help people live healthier lives. Making exercise a part of your routine may be one of the most important steps you take toward being the healthiest "you." To help you on your way, we've created the Sweat Equity physical fitness reimbursement program.

The program offers a variety of exercises to choose from and the option to combine your fitness facility visits with your physical fitness classes and events to help you reach the required 50 workouts in a 6-month period.¹



How it works

As an eligible Oxford subscriber, you may get reimbursed up to \$200 in a 6-month period.² You can apply for reimbursement under the program as long as you:

- Are an active subscriber of an eligible Oxford plan
- Have gone to the gym and/or exercise classes, as described below, 50 times in 6 months

Your reimbursement period begins on the date of your first fitness facility visit, class or event and ends 6 months later. You can start a new reimbursement period 1 day after your previous reimbursement period ends.

¹ For the spouse, domestic partner or dependent children to be eligible for this benefit, they must also be enrolled members of your Oxford health plan.



Rewards for participation

Subscribers: May earn up to \$200 in a 6-month period;² up to \$400 in a plan year when you participate for 2 consecutive 6-month periods.

Spouses/partners and dependent children ages 13 and older: May earn up to \$100 in a 6-month period;² up to \$200 in a plan year when they participate for 2 consecutive 6-month periods.



Flexible, accessible health options for employees



Half of U.S. consumers report wellness as a top priority in their daily lives.¹ One Pass Select™ is designed to help make it easier for your employees to prioritize their health and wellness through a lower-cost, extensive nationwide gym network – including digital fitness. Best of all, your employees have the freedom to choose the option that fits their needs and lifestyle.



average retail gym membership savings with One Pass Select¹

See the benefits of One Pass Select



Potential increased productivity

Studies show that healthier employees are typically more productive²



No cost to you, low cost to your employees

Allows you to offer various fitness pricing options and competitive, flexible health options so employees can choose what's best for them



A simple digital experience

Easy access through UnitedHealthcare Rewards on the **UnitedHealthcare® app** or **myuhc.com®** to browse membership options, a fitness directory and more



UHC Rewards integration

Employees can redeem UHC Rewards dollars to use toward a One Pass Select subscription



of employees who signed up for One Pass Select were actively engaged in the program⁴

**United
Healthcare**
Oxford



Get in on UHC Rewards

Good news—your health plan comes with a way to earn up to \$300. UnitedHealthcare Rewards is included in your health plan at no additional cost.



There's so much good to get

With UHC Rewards, a variety of actions—including things you may already be doing, like tracking your steps or sleep—lead to rewards. The activities you go for are up to you, and the same goes for ways to spend your earnings.

Here are just a few of the ways you can earn:

Connect a tracker	\$25
Take a health survey	\$15
Get an annual checkup	\$25
Get a biometric screening	\$50

Visit UHC Rewards for the full list of rewardable activities that are available to you—and look for new ways of earning rewards to be added throughout the year.

Earn up to
\$300

**United
Healthcare
Oxford**

continued



**A simpler employee
experience that
helps reduce the
total cost of care**

Member Care | Care Cash | Oxford



Half of U.S. adults have trouble affording health care costs and 40% have delayed or gone without medical care in the last year due to costs.¹ To help Oxford-covered employees and their covered family members pay for certain health care costs and encourage them to use quality care, we offer Care Cash®. This preloaded debit card can be used for UnitedHealth Premium® primary care and specialist provider visits* as well as network primary care provider visits, 24/7 Virtual Visits, urgent care visits, outpatient behavioral health visits and lab visits.

Helping to remove barriers to care

Through Care Cash, employees may:

- ✓ **Save money** – Care Cash helps them pay their portion** of certain eligible health care costs
- ✓ **Stay healthier** – Care Cash helps them consider quality care and may help reduce delays in getting care
- ✓ **Take ownership of their health** – Care Cash is designed to educate employees on how to use their benefits effectively

*Tier 1 medical plans should look for network primary care providers and specialists (not Premium Care Physicians). Care Cash medical plan eligibility must be maintained.

**Cost sharing (copays, deductibles and coinsurance).

***Care Cash medical plan eligibility must be maintained.

continued

Spending power

Care Cash is designed to give employees:

\$200

for the year for individual coverage, or

\$500

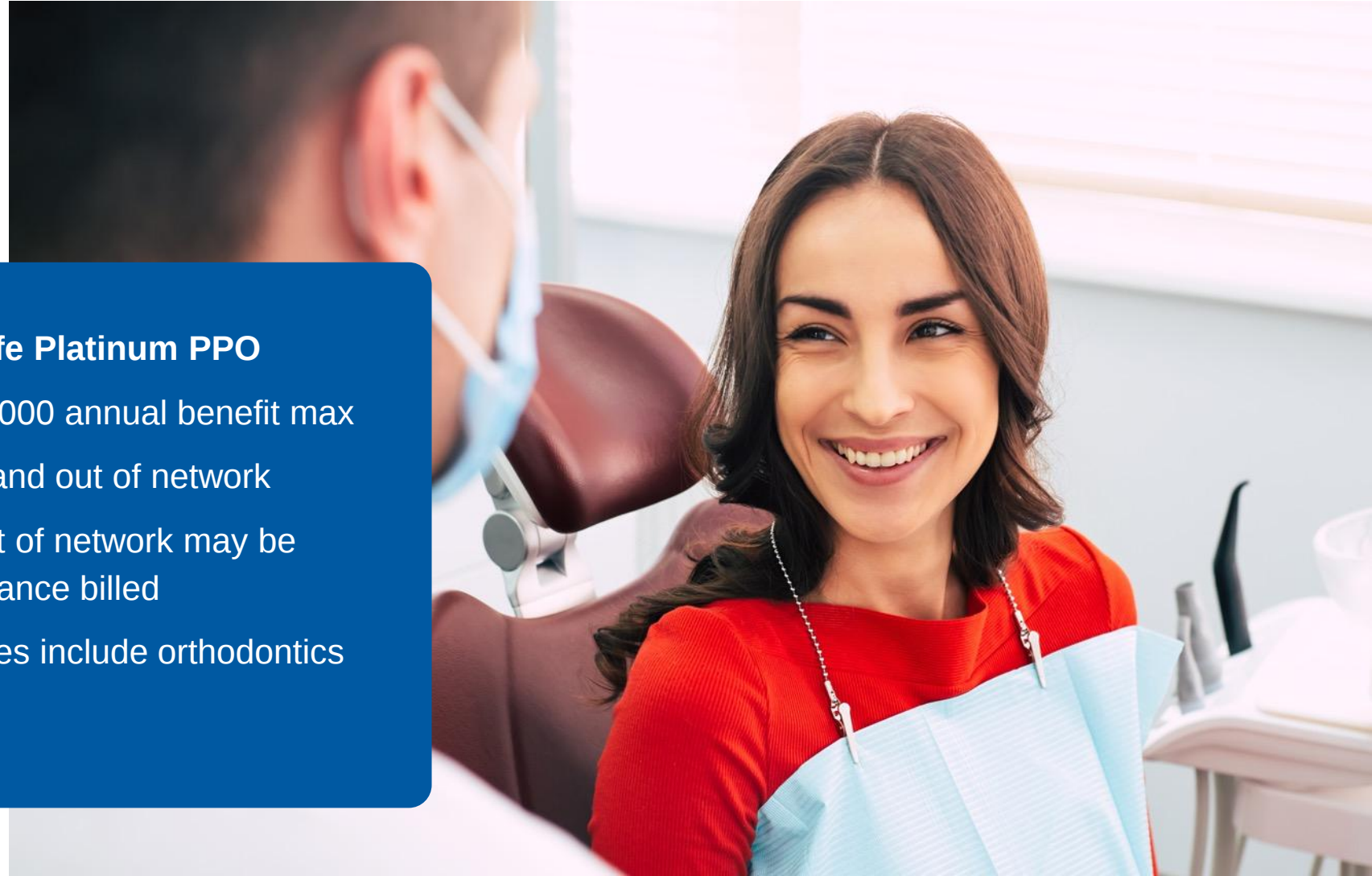
for family coverage

The card is reloadable, with any remaining balance rolling over each year toward a \$2,000 max.***

**United
Healthcare
Oxford**

MetLife Dental

Insurance Plan Option



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

Website: Metlife.com **Member services:** 800-942-0854

Paychex MetLife Dental

Website:
Metlife.com

Member services:
800-942-0854

*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.

**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.

Benefits & Services	MetLife Choice PPO	MetLife Platinum PPO
Individual Deductible	\$50	\$50
Family Deductible	\$150	\$150
Deductible Waived for Preventive	Not Applicable	Not Applicable
Annual Maximum	\$1,000	\$5,000
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
Flouride	100%	100%
Basic Services	Type B	Type B
Amalgams	50%	80%
Endodontics - Root canal therapy, x-rays	50%	80%
Periodontics - scaling, root planning, maintenance	50%	80%
Simple Extractions	50%	80%
Major Services	Type C	Type C
Crowns	50%	50%
Bridge	50%	50%
Dentures	50%	50%
Endodontics - Molar root canal therapy, x-rays	50%	50%
Orthodontic Services		
Dependent Child Age	Not Covered	to age 19
Adults	Not Covered	Covered
Ortho Benefit	Not Covered	50%
Lifetime Max	Not Covered	\$1,000
Deductible (in addition to the individual deductible)	Not Covered	None

MetLife - How to Print Your ID Card



1. From [MetLife.com](https://www.MetLife.com) click on Login



Log in to MetLife

Personal Account ? ▼

Login

First-time user? Register Now

Register to view your accounts online

Select an option below.

☒ I obtained my policy/benefit through my employer, an association or a court ordered settlement.

☐ I obtained my policy/benefit directly through a MetLife agent, Brighthouse Financial, an advisor/broker or an executive benefit plan.

☐ I am a group policy owner, but am not the insured.

CANCEL NEXT

Need Help Registering?
Call 1-800-585-6507
Monday to Friday
8 am to 11 pm ET

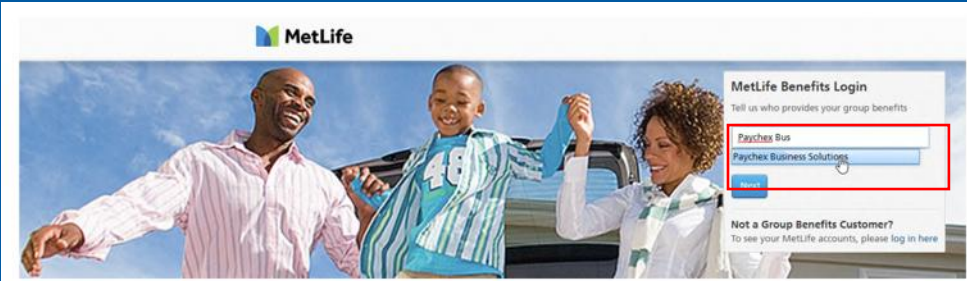
2. Select Register Now

3. Select MetLife benefits through an employer or association

MetLife - How to Print Your ID Card



4. Type **Paychex Business Solutions** in the search bar
5. On the MetLife Paychex Business Solutions page, select Register



MetLife Benefits Login

Tell us who provides your group benefits

Paychex Bus
Paychex Business Solutions

Not a Group Benefits Customer?
To see your MetLife accounts, please log in here

Already registered? [LOGIN](#)

Register to view your accounts online

Registration is quick and easy.
Select an option below.

☒ MetLife benefits through an employer or association

☐ Account/policy purchased directly from MetLife, Brighthouse Financial or an advisor/broker

☐ Group policy owner where you are not the insured

[CANCEL](#) [NEXT](#)

Need Help Registering?
Call 1-800-585-6507
Monday to Friday
8 am to 11 pm ET

[Privacy](#) | [Terms of Services](#)

Disclaimers

The account balances, values and transaction details presented here are derived from our contract administrative system; they are not a legal statement of your account. We permit you to communicate instructions to us here solely for your convenience. Please refer to your confirmations and account statements as records of your account. Investments will fluctuate with changes in the securities markets and, therefore, may be worth more or less when redeemed.

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Auto and Home Insurance is offered by Metropolitan Property and Casualty Insurance Company (Met P&C) and its affiliates, Warwick, RI. Not available in all states and subject to availability and individual qualifications.

Variable insurance products are distributed by MetLife Investors Distribution Company ("MLIDC") (Member FINRA) or Brighthouse Securities, LLC (Member FINRA) and offered through retail broker-dealers with selling agreements with MLIDC, Brighthouse Securities, LLC, and/or their affiliates. Met P&C and MLIDC are MetLife companies.

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MetLife | Paychex Business Solutions

[My Group Benefits](#) [Forms](#) [Customer Support](#)

You're eligible for the benefits below as a Paychex Business Solutions employee.

View your Paychex Business Solutions benefits

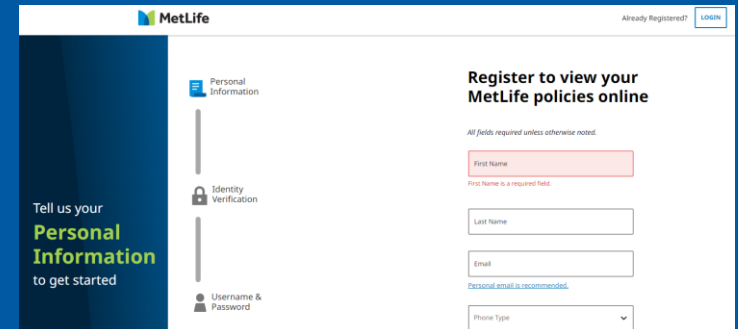
Log in to view your policies
[Looking for a different Employer or association](#)

[LOGIN](#)

[REGISTER](#)

[Forgot Email or Password](#)

6. Complete registration information



MetLife

Already Registered? [Login](#)

Tell us your **Personal Information** to get started

Personal Information

Identity Verification

Username & Password

Register to view your MetLife policies online

All fields required unless otherwise noted.

First Name

First Name is a required field.

Last Name

Email

Personal email is recommended.

Username and Password

Phone Type

MetLife - How to Lookup a 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.

HOW TO LOCATE A MetLife Dental Network Provider

STEP 1: Go to www.metlife.com

STEP 2: Click on “Find a Dentist”

STEP 3: Under Plan Type click on “PDP Plus”

STEP 4: Enter Zip code

STEP 5: Click on **Find a Dentist**

For detailed information about the METLIFE plans and a list of network providers, you may contact MetLife at (866) 832-5756 or visit www.metlife.com.

The image displays three sequential screenshots of the MetLife website's navigation process for finding a dentist, with key elements highlighted by red boxes.

- First Screenshot:** The header "How can we help you?" is on the left. On the right, a list of links includes "Find a Dentist >" (highlighted with a red box), "Find a Vision Provider >", "Open Enrollment >", "Customers >", "Legislative Updates >", "Register for MyBenefits >", and "Show More +".
- Second Screenshot:** The header "Choose your network." is on the left. On the right, a list of plan types includes "PDP >", "Dental HMO/Managed Care >", "MetLife EPO Network >", "PDP Plus >" (highlighted with a red box), "Federal Dental (FEDVIP) >", and "Don't know your network".
- Third Screenshot:** The header "Find a dentist in your area." is on the left. On the right, there is a search input field labeled "Enter Zip, City or State" (highlighted with a red box) and a blue button labeled "Find A Dentist" (also highlighted with a red box).

Aetna Vision Care

Insurance Plan Option

- Large national network
- Eye exam covered once every 12 months
- Allowances for contacts and frames
- Out-of-network reimbursement available
- Additional discounts available



Website: Aetnavision.com. **Member services:** 877-973-3238

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	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

Summary of Benefits for Paychex Core Plan

Effective Date: 01/01/2021
 External Plan ID: 1018025101
 Line Value: 364
 Frequency: 12/12/24

	In Network	Out of Network*
Exam	Aetna Access Network	

Use your Exam coverage once every rolling 12 months

Eye Exam with Dilation as Necessary	\$0 Copay	\$35 Reimbursement
Standard Contact Lens Fit/Follow Up ¹	Member pays discounted fee up to \$55	Not Covered
Premium Contact Lens Fit/Follow-Up	Member pays 90% of retail	Not Covered

Eyeglass Lenses / Lens options

Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses OR contact lenses

Standard Plastic Single Vision Lenses	\$10 Copay	\$20 Reimbursement
Standard Plastic Bifocal Vision Lenses	\$10 Copay	\$30 Reimbursement
Standard Plastic Trifocal Vision Lenses	\$10 Copay	\$55 Reimbursement
Standard Plastic Lenticular Vision Lenses	\$10 Copay	\$55 Reimbursement
Standard Progressive Vision Lenses (copay includes bifocal cost)	\$75 Copay	\$30 Reimbursement
Premium Progressive Vision Lenses ¹	20% Discount off retail minus \$120 plan allowance plus \$75 Copay = member out-of-pocket	\$30 Reimbursement
UV Treatment	Member pays discounted fee of \$15	Not Covered
Tint (Solid and Gradient)	Member pays discounted fee of \$15	Not Covered
Standard Plastic Scratch Coating	\$0 Copay	\$8 Reimbursement
Standard Polycarbonate Lenses - Adult	Member pays discounted fee up to \$40	Not Covered
Standard Polycarbonate Lenses - Child to age 19	Member pays discounted fee up to \$40	Not Covered
Standard Anti-Reflective Coating	Member pays discounted fee of \$45	Not Covered
Photochromic/Transitions Plastic	Member pays 80% of retail	Not Covered
Polarized and Other Lens Add Ons	Member pays 80% of retail	Not Covered

Contact Lenses (contact lens allowance includes materials only)

Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses or contact lenses

Conventional Contact Lenses	\$100 Allowance** Additional 15% off balance over the allowance	\$50 Reimbursement
Disposable Contact Lenses	\$100 Allowance	\$50 Reimbursement
Medically Necessary Contact Lenses	\$0 Copay	\$200 Reimbursement

Frames

Use your Frame coverage once every rolling 24 months

Any Frame available, including frames for prescription sunglasses	\$110 Allowance** Additional 20% off balance over the allowance.	\$40 Reimbursement
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Summary of Benefits for Paychex Plus Plan

Effective Date: 01/01/2021
 External Plan ID: 1018026101
 Line Value: 365
 Frequency: 12/12/21

	In Network	Out of Network*
Exam	Aetna Access Network	

Use your Exam coverage once every rolling 12 months

Eye Exam with Dilation as Necessary	\$0 Copay	\$35 Reimbursement
Standard Contact Lens Fit/Follow Up ¹	\$0 Copay	\$40 Reimbursement
Premium Contact Lens Fit/Follow-Up	Member pays 90% of retail, less \$55	\$40 Reimbursement

Eyeglass Lenses / Lens options

Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses

Standard Plastic Single Vision Lenses	\$10 Copay	\$20 Reimbursement
Standard Plastic Bifocal Vision Lenses	\$10 Copay	\$30 Reimbursement
Standard Plastic Trifocal Vision Lenses	\$10 Copay	\$55 Reimbursement
Standard Plastic Lenticular Vision Lenses	\$10 Copay	\$55 Reimbursement
Standard Progressive Vision Lenses (copay includes bifocal cost)	\$75 Copay	\$55 Reimbursement
Premium Progressive Vision Lenses ¹	20% Discount off retail minus \$120 plan allowance plus \$10 Copay = member out-of-pocket	\$55 Reimbursement
UV Treatment	\$0 Copay	\$8 Reimbursement
Tint (Solid and Gradient)	\$0 Copay	\$8 Reimbursement
Standard Plastic Scratch Coating	\$0 Copay	\$8 Reimbursement
Standard Polycarbonate Lenses - Adult	\$0 Copay	\$20 Reimbursement
Standard Polycarbonate Lenses - Child to age 19	\$0 Copay	\$20 Reimbursement
Standard Anti-Reflective Coating	\$0 Copay	\$23 Reimbursement
Photochromic/Transitions Plastic	Member pays 80% of retail	Not Covered
Polarized and Other Lens Add Ons	Member pays 80% of retail	Not Covered

Contact Lenses (contact lens allowance includes materials only)

Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses or contact lenses

Conventional Contact Lenses	\$160 Allowance** Additional 15% off balance over the allowance	\$128 Reimbursement
Disposable Contact Lenses	\$160 Allowance	\$128 Reimbursement
Medically Necessary Contact Lenses	\$0 Copay	\$210 Reimbursement

Frames

Use your Frame coverage once every rolling 12 months

Any Frame available, including frames for prescription sunglasses	\$160 Allowance** Additional 20% off balance over the allowance.	\$80 Reimbursement
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Aetna - How To Lookup Vision Providers



1. Go to [AetnaVision.com](https://www.aetnavision.com). A login is not needed. Simply click Find a Provider

Begin Your Search

Or

What else is important?

* Required Field

Locate a Provider

If you, or someone you are helping, has questions about your benefit, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-888-249-5194. Access TTY Services by dialing 711. 

NOW AVAILABLE! Order contacts online using in-network benefits! Visit www.contactsdirect.com today! Use code AETNA in cart for FREE express shipping.

Search Results will display up to 100 providers near the zip code entered. For more information call the Customer Care Center 1-877-9-SEE-AETNA (1-877-973-3238). Monday through Saturday 7:30 AM to 11:00 PM ET and Sunday 11:00 AM to 8:00 PM ET

ATTENTION: IF THERE IS A STATEMENT THAT PROVIDER MAY NOT ACCEPT ALL DISCOUNTS, THEN THAT PROVIDER HAS NOT AGREED TO PROVIDE DISCOUNTS TO DISCOUNT PROGRAM MEMBERS IN YOUR STATE.

For laser vision correction providers, please call 1-800-422-6600.

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.

FSA | Medical Expenses

A Flexible Spending Account (FSA) allows eligible employees to use pretax dollars to pay for eligible medical, dental, vision, hearing, and prescription drug expenses for you, your spouse, and your eligible tax dependents.

- There is an annual maximum dollar amount of **\$3,300 for 2025**, which is prorated if you join the plan midyear
- Participants can be reimbursed up to their annual election, regardless of their available account balance.
- Debit card is available.
- Use it or Lose it – Funds must be used by 12/31
- Up to \$550 in unused funds can roll over into the next year, automatically.
- FSASTore.com is a great resource to purchase FSA-eligible items at a discount.

Popular Categories



Maximum contribution for 2025: **\$1,650**

Plan start: **7/01/2025**

FSA | Dependent Care Account (DCA)

A Flexible Spending Account (FSA) DCA allows eligible employees to use pretax dollars to pay for eligible elderly care expenses or child expenses such as daycare, before and after school care, nursery school, preschool and summer day camps.

The annual maximum per household is \$5,000 for childcare and elderly care expenses.

- Participants must provide receipts and will be reimbursed up to their available FSA account balance.
- Money cannot be moved or used for medical expenses.
- No debit card available.
- Children under 13 years old
- Use it or Lose it – Funds must be used by 12/31



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.



Employer Paid Disability

Maximum Benefit	Duration of Benefit	Waiting Period
Short-term Disability		
\$1500 per week	13 Weeks	7-days

Employee Paid Disability

Maximum Benefit	Duration of Benefit	Waiting Period
Long-term Disability		
\$3,000 through \$10,000 monthly	Through disability period, up to retirement	90 or 180 days or end of STD maximum benefit period

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



MetLife Insurance Company

Company Paid

1 X Salary

Voluntary Life Insurance

- \$10,000 increments up to the lesser of 5 times salary or \$1,000,000
- Guaranteed issue up to 5x salary or \$400,000, whichever is less

Spouse Life Insurance

- \$10,000 increments up to \$100,000 (maximum of 50% of employee life insurance)
- Guaranteed issue up to \$50,000

Dependent Children Life Insurance

- \$10,000 per child (employee must have \$20,000 minimum life insurance)

Evidence of Insurability (EOI) is required for elections above guarantee issued amount.

Age Reduction: Reduced to 65% at age 65, 40% at age 70, and 25% at age 75.

Age range	Price per month per \$1,000
< 24	\$0.06
25-29	\$0.07
30-34	\$0.08
35-39	\$0.09
40-44	\$0.10
45-49	\$0.14
50-54	\$0.20
55-59	\$0.36
60-64	\$0.54
65-69	\$0.93
70 >	\$1.57

Example:

A 43-year-old wants to elect
\$40,000 in life insurance

$\$40,000 \text{ divided by } \$1,000 = \$40$

$\$40 \times \$0.10 = \$4.00 \text{ per month}$

MetLife Voluntary Insurance



Accident Insurance

Accident insurance can help you be better prepared.

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.

This plan provides a lump-sum payment for over 150 different covered events, such as:

Fractures, dislocations, second and third degree burns, skin grafts, torn knee cartilage, ruptured disc, concussions, cuts, lacerations, eye injuries, coma, broken teeth

You'll receive a lump-sum payment when you have these covered medical services or treatments:

Ambulance, emergency care, inpatient surgery, outpatient surgery, medical testing benefits (X-rays, MRI, CT scans), physician follow-up visits, transportation, home medications, therapy services

Includes Accidental Death & Dismemberment benefits.

Age reduction: Reduced to 75% at age 65, 50% at age 70.

(Low and high plans available)

Critical Illness Insurance

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

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.

Coverage includes conditions such as **heart attack, cancer*, stroke**, kidney failure, or Alzheimer's**.

100% of Initial Benefit is **\$15,000** (low plan) and **\$30,000** (high plan).

Total benefit may be 3 times the amount of your initial benefit (initial + 2 recurrences).

22 Listed conditions will pay 25% of the initial benefit amount.

Health Screening Benefit pays out **\$50** (low plan) or **\$100** (high plan) per calendar year (after 30 days of coverage). N/A in NH

(Low and high plans available)

Hospital Insurance

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-pocket care or treatments**.

With **Hospital Indemnity Insurance**, you receive a lump-sum payment to help cover costs that result from a hospitalization.

Examples – Low plan or High plan:

Admission: \$500 or \$1,000

ICU Admission: \$1,000 or \$2,000

Confinement: \$100/day or \$200/day, up to 365 days

ICU Confinement: \$200/day or \$400/day, up to 30 days

Health Screening Benefit pays out **\$50** (low plan) or **\$100** (high plan) per calendar year (after 30 days of coverage). N/A in all states

(Low and high plans available)

MetLife Voluntary Insurance (continued)



Whole Life + Long Term Care Rider

Increments of \$10,000 up to \$100,000

Guaranteed issue for first year

Plan cost locked in at initial enrollment and builds value over time

Ability to take loans on face value; no age reduction throughout the life of the policy

Accelerated death benefit for terminal illness rider – plan will pay up to 80% of the death benefit

Accelerated long-term care rider – plan will pay up to 80% of life insurance proceeds

- Employee is enrolled in \$100,000
- Employee will be paid \$4,000 a month for up to 20 months (until they reach \$80,000 paid)

Legal Insurance

Legal coverage means added peace of mind.

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.±

*There's a low monthly cost for unlimited use.

Have Questions?

Please call MetLife directly at **1-800-GET-MET8** (1-800-438-6388).

For more detailed plan information and rates, please visit: paychexflex.com

EXAMPLES:

Money Matters: Debt collection defense, Identity theft defense, Personal bankruptcy

Home & Real Estate: Mortgages, Foreclosure, Refinancing

Estate Planning: Wills, Trusts, Power of Attorney

Family & Personal: Adoption, Name change, Demand letters, Immigration assistance

Civil Lawsuits: Administrative hearings, Small claims assistance, Pet liabilities

Elder-Care Issues: Consultation & Document Review for parents

Vehicle & Driving: Defense of traffic tickets, Driving privileges restoration

Cancer Advocate Plus



A Benefit Designed to Help Save Lives

- Cash Benefits begin upon diagnosis
- Spouse Benefits (50% of the employee)
- Cancer Screening, Cancer Recovery, Cancer Management based on your DNA
 - Welcome email is sent with a link to create your account and order your **hereditary cancer risk screening test kit**
- Education & Resources
- Portable

Cancer Advocate Plus

A personalized approach to cancer management



Unfortunately, 1 in 3 women and 1 in 2 men will get cancer.¹ What if you could do more to help prepare yourself for a potential diagnosis? Chubb and healthŌme have partnered to introduce a first-of-its-kind cancer insurance with genetic benefits, designed to provide genetic information to help you proactively manage cancer risk and provide a personal, precise, proactive, and confidential way for you to manage your health.

A Benefit Designed to Help Save Lives

Cancer Advocate Plus is insurance that lasts a lifetime, offering personal and precise cancer management based on your DNA.

Cancer Advocate Plus features the following:

- Proactive Cancer Screening
- Genetic Counseling & Cancer Advocacy
- Pharmacogenetic Drug Response Testing
- Clinical Trial Identification & Enrollment Assistance
- Genetic Tumor Testing
- Expert Medical Review
- Precision Treatment Recommendation Report
- Dedicated Cancer Nurse Advocates
- Cash Benefits
- Cancer Recovery Support
- Recurrence Monitoring

Cash Benefits

- Diagnosis Cancer Benefit: \$5,000 Employee (\$2,500 for Spouse)
- Cancer Recovery First Payment: \$5,000 Employee (\$2,500 for Spouse)
- Cancer Recovery Second Payment: \$5,000 Employee (\$2,500 for Spouse)

Coverage Features

- Guaranteed Issue with no health questions
- Automatically renewed as long as the insured is an eligible employee, premiums are paid and the policy is in force
- Employee and spouse coverage available
- Portability allows you to keep this coverage if you change employers or retire while the Policy is in force

Spouse Benefits

- Spouses are eligible for all of the Cancer Services and Tests
- Spouses' Cash Benefits are 50% of the employee and equal three payments of \$2,500

Cancer Advocate Plus Pays Cash Benefits

Payment Upon Diagnosis of Cancer	\$5,000
Recovery Payment (6 Months After Diagnosis)	\$5,000
Recovery Payment (12 Months After Diagnosis)	\$5,000
Total Cash Payment	\$15,000

*Cancer diagnosis must be on or after effective date for the benefits to be payable.
This example is solely to illustrate a situation that can result in benefits payable for a claim.
It is not based on an actual claim.*

What's Next?



PAYCHEX[®]
HR | Payroll | Benefits | Insurance

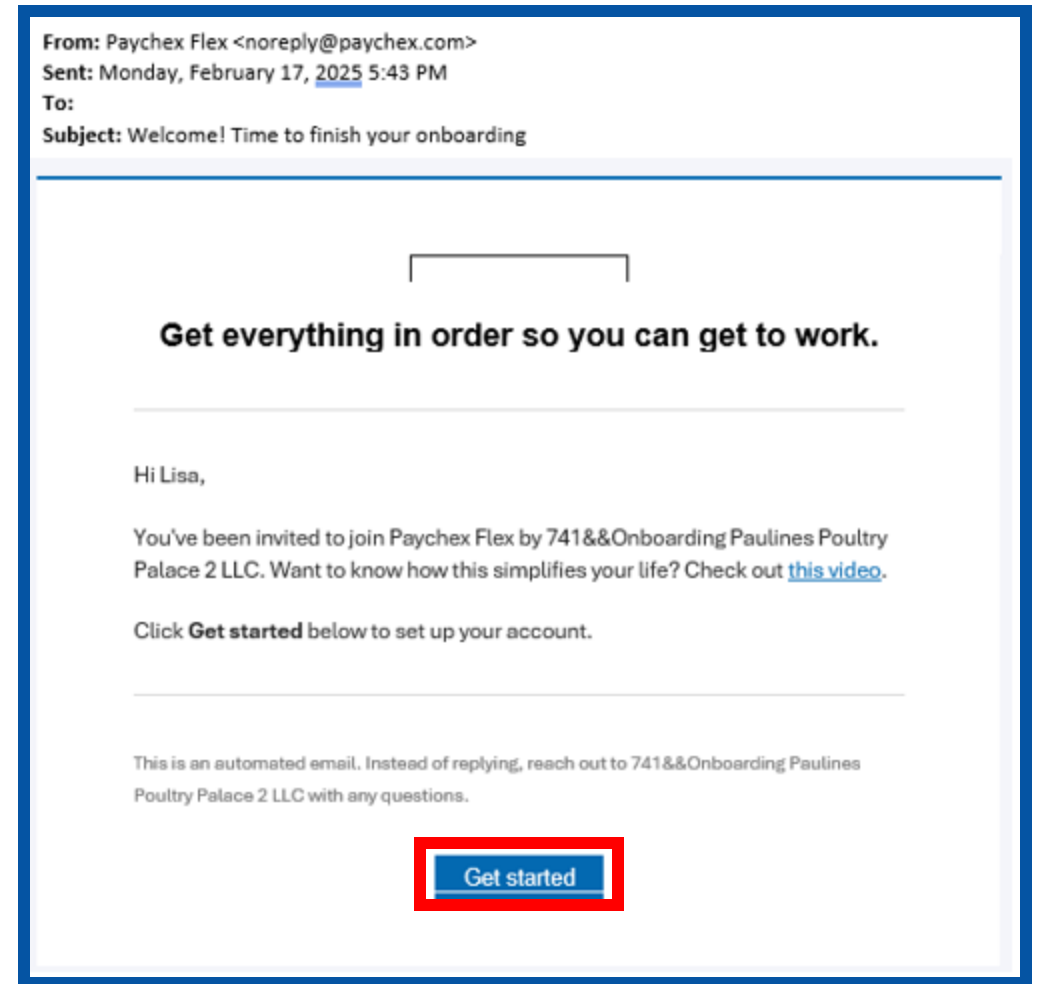
Paychex Flex

You will receive an email to your personal email address.

You will need to click on “**Get Started**” in the body of the email to start the process.

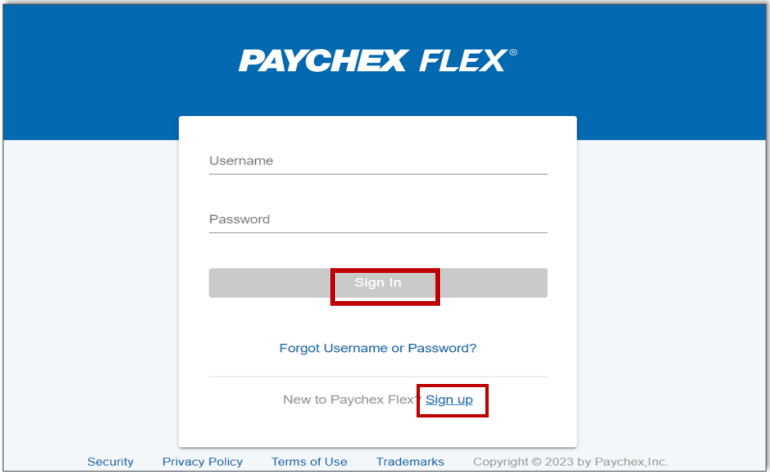
If you have an existing PaychexFlex.com account, simply login!

If you don't have an existing account but can't find the Welcome Email in your inbox, please let your employer know.



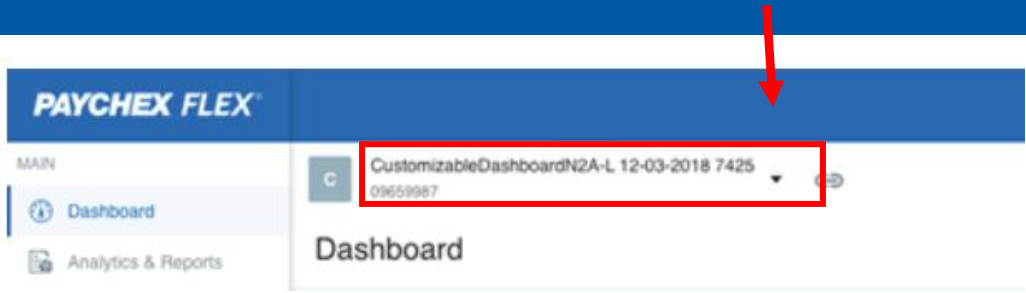
Go to PaychexFlex.com

1) Sign In OR Sign Up



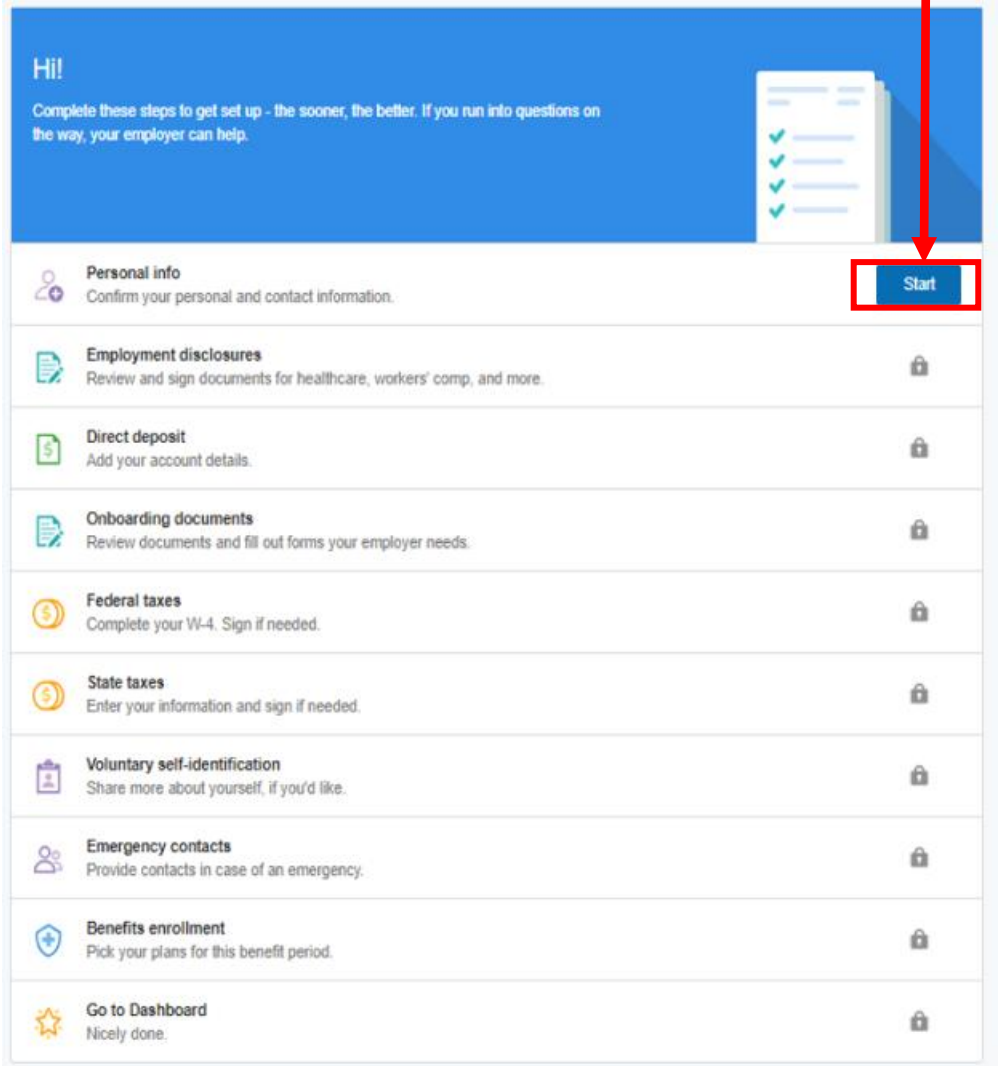
The screenshot shows the Paychex Flex login and sign up interface. It features a blue header with the 'PAYCHEX FLEX' logo. Below the logo is a white box containing the login and sign up options. The login section has fields for 'Username' and 'Password', a 'Sign In' button (highlighted with a red box), and a link for 'Forgot Username or Password?'. The sign up section has a link for 'New to Paychex Flex?' and a 'Sign up' button (highlighted with a red box). At the bottom, there are links for 'Security', 'Privacy Policy', 'Terms of Use', 'Trademarks', and 'Copyright © 2023 by Paychex, Inc.'.

2) If you have a **Paychex Flex Account**, Click on the drop-down menu to toggle to your new Client # :70226798 – Global Community Charter School



The screenshot shows the Paychex Flex dashboard. A red arrow points to a drop-down menu in the top right corner of the dashboard. The drop-down menu is open, showing a list of client names and IDs. The client 'CustomizableDashboardN2A-L 12-03-2018 7425' is highlighted with a red box. Below the drop-down menu, the text 'Dashboard' is visible.

3) Click “Start” to begin completing all Payroll forms and Benefit elections



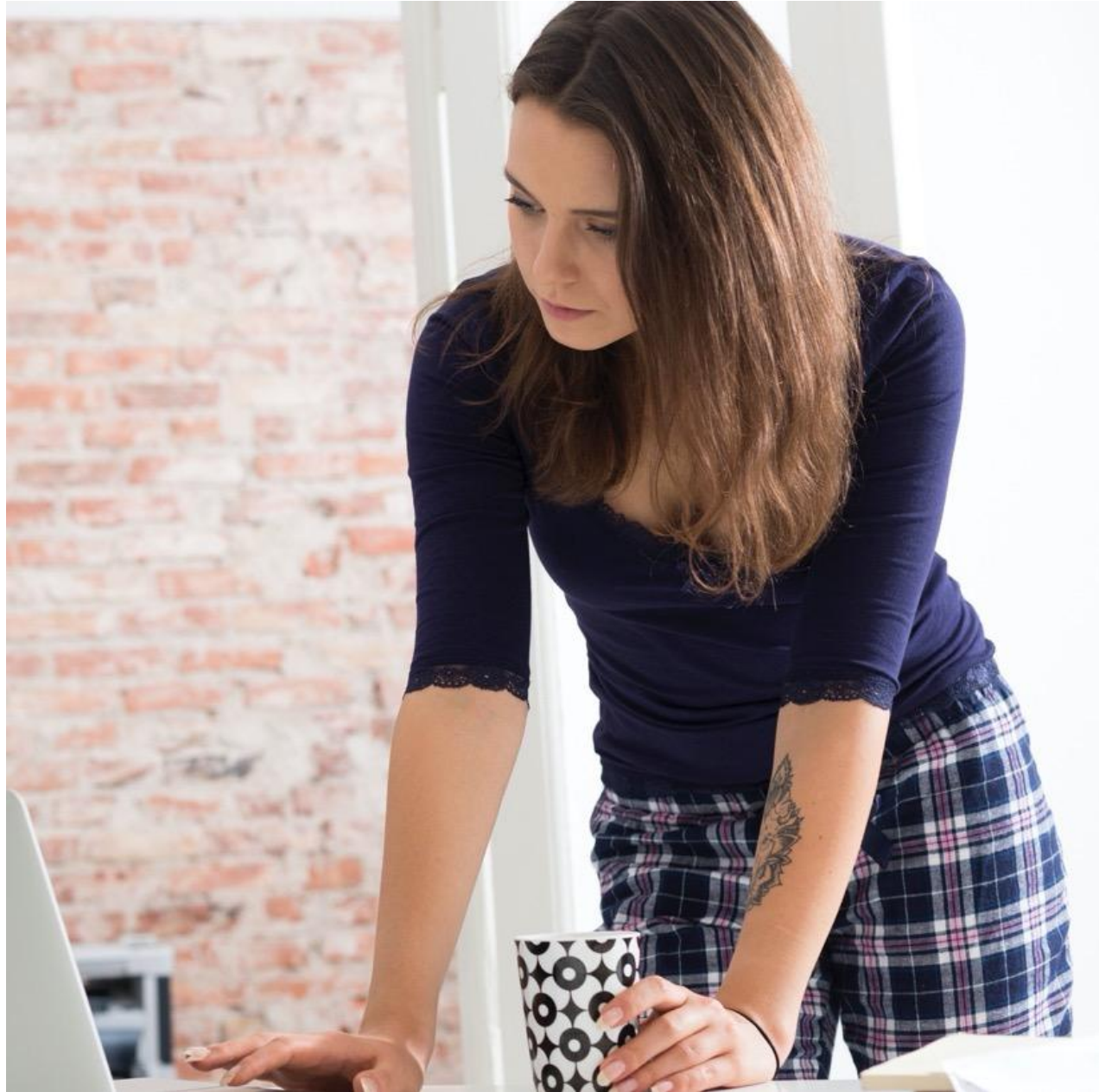
The screenshot shows the Paychex Flex dashboard with a list of tasks to complete. A red arrow points to a 'Start' button in the top right corner of the dashboard. The 'Start' button is highlighted with a red box. The dashboard lists several tasks, each with a lock icon indicating they are not yet completed:

- Personal info**: Confirm your personal and contact information.
- Employment disclosures**: Review and sign documents for healthcare, workers' comp, and more.
- Direct deposit**: Add your account details.
- Onboarding documents**: Review documents and fill out forms your employer needs.
- Federal taxes**: Complete your W-4. Sign if needed.
- State taxes**: Enter your information and sign if needed.
- Voluntary self-identification**: Share more about yourself, if you'd like.
- Emergency contacts**: Provide contacts in case of an emergency.
- Benefits enrollment**: Pick your plans for this benefit period.
- Go to Dashboard**: Nicely done.

Onboarding Dashboard

Your Onboarding Dashboard will display several new hire tasks for you to complete:

- Personal information
- Employment disclosures
- Direct Deposit
- Federal taxes
- State taxes (as applicable)
- Voluntary Self Identification (EEO)
- Emergency Contacts



Information must match information
provided by your employer

Hi!

Complete these steps to get set up - the sooner, the better. If you run into questions on the way, your employer can help.

Personal info

Confirm your personal and contact information.

Review

Employment disclosures

Review and sign documents for healthcare, workers' comp, and more.

Start

Direct deposit

Add your account details.

Onboarding documents

Review documents and fill out forms your employer needs.

Federal taxes

Complete your W-4. Sign if needed.

State taxes

Enter your information and sign if needed.

Voluntary self-identification

Share more about yourself, if you'd like.

Emergency contacts

Provide contacts in case of an emergency.

Benefits enrollment

Pick your plans for this benefit period.

Go to Dashboard

Nicely done.

Profile

Cancel Save

Preferred Name

Prefix

Suffix

SSN *

*** ** *

Re-Enter SSN *

*** ** *

7/15/1944

Male

Delivery Address

556 Maple Wood Bend

Address Two

Jacksonville

State *

FL

32207

ZIP Ext

Country *

United S

Home Phone

(608) 438-7044

Personal Email

saraflextest+randy@gmail.com

Work Email

saraflextest+randy@gmail.com

Employment Disclosures

Hi!

Complete these steps to get set up – the sooner, the better. If you run into questions on the way, your employer can help.

**Personal info**
Confirm your personal and contact information.

**Employment disclosures**
Review and sign documents for healthcare, workers' comp, and more.

**Direct deposit**
Add your account details.

**Onboarding documents**
Review documents and fill out forms your employer needs.

**Federal taxes**
Complete your W-4. Sign if needed.

**State taxes**
Enter your information and sign if needed.

**Voluntary self-identification**
Share more about yourself, if you'd like.

**Emergency contacts**
Provide contacts in case of an emergency.

**Benefits enrollment**
Pick your plans for this benefit period.

**Go to Dashboard**
Nicely done.

[Review](#)

[Start](#)

Employment disclosures

**Reviewed and signed**

Documents (2)

	Employment disclosures	✓ Completed
	ACA Exchange Notice	✓ Completed

Preview

100% 1 of 3 Pages

PAYCHEX

HR | Payroll | Benefits | Insurance

New Employee Packet

Employee > Read Sections 1 and 2 > Complete and sign Employee Signature section > Complete Section 3

SECTION 1. About Your Relationship With Paychex®

The company for which you perform services (your **Worksite Employer**) has engaged Paychex Business Solutions, LLC or an affiliated company ("Paychex") to provide professional employer organization services under which you will be paid by Paychex and Paychex may make certain benefits and other resources available and/or provide workers' compensation coverage (including complying with Section 52-1-4 MSA 1975 in New Mexico). This is sometimes referred to as "co-employment" because Paychex performs certain employment-related functions, but Paychex and your Worksite Employer are not joint employers. Your Worksite Employer directs and controls your day-to-day work and the conduct of its business, receives the benefits of your services, and provides physical facilities, accommodations, and equipment. If you are represented by a union, the Paychex relationship will not interfere with any collective bargaining agreement, and the relationship between you, your union, and your Worksite Employer is not affected by the relationship with Paychex.

You have no contract of employment with Paychex. Your Worksite Employer may enter into contracts with you. Paychex is not a party to or responsible for them and they will not be affected by the Paychex relationship. Your Worksite Employer may provide benefits, incentive or bonus compensation, deferred compensation, profit sharing, severance pay, commissions, sick or time off pay, and so on. Paychex is not responsible for them (although they may be provided through Paychex's services) or for anything promised to you by anyone other than Paychex.

If your Worksite Employer fails to comply with its obligations to Paychex, at most Paychex will be responsible to pay you minimum wage and applicable overtime for work you performed while covered under your Worksite Employer's contract with Paychex except to the extent an applicable law governing Paychex's services expressly provides otherwise. However, if you are employed in South Carolina full wages due will be paid but not any other consideration/benefit provided by the Worksite Employer. In Texas pursuant to section 91.032(c) of the Code and any other jurisdictions except to the extent required by law, the Worksite Employer is solely obligated to pay any wages for which an obligation to pay is created by an agreement, contract, plan, or policy between it and you. Paychex has not contracted to pay it.

In Hawaii Paychex is responsible for complying with laws relating to unemployment insurance, workers' compensation, temporary disability insurance, and prepaid health care coverage. In Montana Paychex reserves a right of direction and control over employees assigned to a Worksite Employer's location and retains authority to hire, terminate, discipline, and reassign employees, but your Worksite Employer retains sufficient direction and control over employees necessary to conduct business and without which it would be unable to conduct business, discharge fiduciary responsibilities, or comply with state licensing laws and has the right to accept or cancel the assignment of an employee. In Rhode Island, the obligations of Paychex and the Worksite Employer are defined in section 5-75-7(d)(4) of R.I. General Laws. In South Carolina we are operating under and subject to the Workers' Compensation Act of South Carolina. In case of accidental injury or death to an employee, the injured employee, or someone acting on his or her behalf, shall notify their supervisor or designated safety contact at the Worksite Employer immediately. Failure to give immediate notice may be the cause of serious delay in the payment of compensation to you or your beneficiaries and may result in failure to receive any compensation benefits.

If you are or become eligible to receive group health/welfare benefits through Paychex, you will receive a benefit package including materials explaining the benefits available and enrollment materials you must complete and submit. If you do not receive your benefit package during your waiting period contact Paychex's Benefits Department immediately (and before your coverage effective date). In order for benefits to become effective you must complete any applicable waiting period and submit enrollment materials to Paychex prior to the coverage effective date. Failure to do so constitutes an election not to participate. (If late enrollment is permitted pre-existing condition exclusions may apply to the extent a participant cannot demonstrate continuous coverage by submitting a HIPAA Certificate of Creditable Coverage). Your elections will remain in effect until the following annual enrollment period unless an eligible and submits required enrollment materials within 30 days of a qualifying event (see your enrollment packet for details). By enrolling in group benefits you authorize deductions from your pay for required participant contributions including deductions from your first pay if your employment terminates mid-month for coverages that extend through the full month which may include medical, dental, and vision (Flexible Savings Account Plan and Short- and Long-Term Disability terminate concurrently with termination).

SECTION 2. Dispute Resolution Agreement – Important, Please Read

You may want to print this Agreement for your records, and if you would like to take time to review it or ask questions before agreeing you may do so.

You, Paychex, and the Worksite Employer agree:

What is this Agreement? This Agreement governs legal disputes between you and any Paychex, affiliated

MAIN

Onboarding

OTHER

Help Center

You may draw
your signature
or “type it in”

anyone alleged to be joint employers with Paychex or your Worksite Employer (all of which are intended beneficiaries of this Agreement), that dispute also will be governed by this Agreement including its arbitration, jury trial waiver, and class/representative/collective action waiver provisions.

Other agreements (including collective bargaining agreements) and waivers. This Agreement will not apply to a matter based on an agreement with your Worksite Employer (for example, a nondisclosure or other restrictive covenant agreement, an employment contract, or an assignment of intellectual property) if the agreement provides for another way to resolve disputes, as long as Paychex is not a party to the matter and an insurance policy issued to Paychex is not providing coverage for the matter. If a dispute is subject to a collective bargaining agreement that is inconsistent with this Agreement, the collective bargaining agreement will control. This Agreement controls over any other conflicting agreement unless an attorney representing Paychex waives this Agreement in writing. No waiver of this Agreement in a particular matter will operate as a waiver as to any other matters.

Survival of agreement. This Agreement will survive termination of your employment and of any relationship between you, Paychex, and/or your Worksite Employer.

Sign

Type it in



By signing electronically, I acknowledge that I have read, understand, and agree to the terms and conditions in the [Consent and Terms of Use](#).

Confirm and save

Randy V Ali

Name

Signature

Date

Page 3 PEO074 06/2022

Cancel

Sign Document

quently and may
nt is held invalid,
rforceable part of
ent necessary to
xpressly includes
extent allowed by
s Agreement are
n required by law
a dispute will be
Agreement valid,

et my signature

Direct Deposit Form

Hi!

Complete these steps to get set up - the sooner, the better. If you run into questions on the way, your employer can help.

**Personal info**
Confirm your personal and contact information.

[Review](#)

**Employment disclosures**
Review and sign documents for healthcare, workers' comp, and more.

[Review](#)

**Direct deposit**
Add your account details.

[Start](#)

**Onboarding documents**
Review documents and fill out forms your employer needs.

[Start](#)

**Federal taxes**
Complete your W-4. Sign if needed.

[Start](#)

**State taxes**
Enter your information and sign if needed.

[Start](#)

**Voluntary self-identification**
Share more about yourself, if you'd like.

[Start](#)

**Emergency contacts**
Provide contacts in case of an emergency.

[Start](#)

**Benefits enrollment**
Pick your plans for this benefit period.

[Start](#)

**Go to Dashboard**
Nicely done.



Direct Deposit

Cancel

Save



Want to set up direct deposit?

You can add one or more accounts.

Don't want direct deposit?

Skip

Direct deposit accounts

0001

\$

Routing

Account

Bank Account - Checking

Delete

Account Type

☒ Checking
 ☐ Savings

Routing Number ⓘ

Enter 9 Digits

Account Number *

Re-enter Account Number *

Calculation

Remainder

Amount

+ Add bank account

Federal W-4 Form

Hi!

Complete these steps to get set up - the sooner, the better. If you run into questions on the way, your employer can help.



**Personal info**
Confirm your personal and contact information.

Review

**Employment disclosures**
Review and sign documents for healthcare, workers' comp, and more.

Review

**Direct deposit**
Add your account details.

Start

**Onboarding documents**
Review documents and fill out forms your employer needs.

Start

**Federal taxes**
Complete your W-4. Sign if needed.

Start

**State taxes**
Enter your information and sign if needed.

Start

**Voluntary self-identification**
Share more about yourself, if you'd like.

Start

**Emergency contacts**
Provide contacts in case of an emergency.

Start

**Benefits enrollment**
Pick your plans for this benefit period.

Start

**Go to Dashboard**
Nicely done.



Federal Tax Details

Federal

Federal Income Tax

W4 Form Type	Current Year
Taxability	Taxable
Taxes Withheld	Yes
Residency	Resident
Filing Status	Single or Married Filing Separately
Multiple Jobs	No
Dependents	—
Other Income	—
Deductions	—
Extra Amount	—
Additional Percentage	—

Social Security / Medicare

Social Security Taxability	Taxable
Medicare Taxability	Taxable

Federal Unemployment

Taxability	Taxable
------------	---------

Updating Federal W-4 Form

Hi!

Complete these steps to get set up - the sooner, the better. If you run into questions on the way, your employer can help.

- Personal info
Confirm your personal and contact information. [Review](#)
- Employment disclosures
Review and sign documents for healthcare, workers' comp, and more. [Review](#)
- Direct deposit
Add your account details. [Start](#)
- Onboarding documents
Review documents and fill out forms your employer needs. [Start](#)
- Federal taxes**
Complete your W-4. Sign if needed. [Start](#)
- State taxes
Enter your information and sign if needed. [Start](#)
- Voluntary self-identification
Share more about yourself, if you'd like. [Start](#)
- Emergency contacts
Provide contacts in case of an emergency. [Start](#)
- Benefits enrollment
Pick your plans for this benefit period. [Start](#)
- Go to Dashboard
Nicely done. [Dashboard](#)

W-4 Federal Income Tax

W-4 Federal Income Tax

Your employer needs a signed Form W-4 on file. We'll ask for your signature in the next step.

Federal [Cancel](#) [Save](#)

Federal Income Tax

W4 Form Type
☒ Current Year ☐ 2019 & Prior

[Learn more about the W4 form](#)

Taxability
Taxable

Taxes Withheld ⁱ
☒ Yes ☐ No

Residency
Resident

Filing Status
Single or Married Filing Separ...

Multiple Jobs
☐ Yes ☒ No

Dependents
Enter Dollar Amount

Other Income
Enter Dollar Amount

Deductions
Enter Dollar amount

Override Amount Override Percentage

Social Security / Medicare

Social Security Taxability
Taxable

Medicare Taxability
Taxable

Federal Unemployment

Taxability
Taxable

New Federal Dependents calculation:

- 1) Multiply the number of dependents under 17 years old by \$2000
 - 2) Multiply the number of other dependents by \$500
- Add the total of 1 and 2 and enter that dollar amount in the dependents box

State W-4 Form

Hi!

Complete these steps to get set up - the sooner, the better. If you run into questions on the way, your employer can help.

- Personal info**
Confirm your personal and contact information. [Review](#)
- Employment disclosures**
Review and sign documents for healthcare, workers' comp, and more. [Review](#)
- Direct deposit**
Add your account details. [Start](#)
- Onboarding documents**
Review documents and fill out forms your employer needs. [Start](#)
- Federal taxes**
Complete your W-4. Sign if needed. [Start](#)
- State taxes**
Enter your information and sign if needed. [Start](#)
- Voluntary self-identification**
Choose more about yourself if you'd like. [Start](#)
- Health plans**
Pick your plans for this benefit period. [Start](#)
- Go to Dashboard**
Nicely done. [Go to Dashboard](#)

If you work remote - select same as legal resident address

Review your addresses
Both your work and home addresses determine how your taxes go. Double-check that each is up to date.

Legal resident address

☒ My legal resident address is the same as my personal address [?](#)

Address One *
1100 Sauk St

Address Two

City *
Lodi

State *
WI

ZIP *
53555

ZIP Ext

Country *
United States

Work Address

☒ Location

Location_145365 417 W Peace St
Raleigh, NC 27603
United States

☐ Same as legal resident address

☐ Custom Address

Voluntary Self-Identification Form

Hi!

Complete these steps to get set up - the sooner, the better. If you run into questions on the way, your employer can help.



✓

✓

✓

**Personal info**
Confirm your personal and contact information.

Review

**Employment disclosures**
Review and sign documents for healthcare, workers' comp, and more.

Review

**Direct deposit**
Add your account details.

Start

**Onboarding documents**
Review documents and fill out forms your employer needs.

Start

**Federal taxes**
Complete your W-4. Sign if needed.

Start

**State taxes**
Enter your information and sign if needed.

Start

**Voluntary self-identification**
Share more about yourself, if you'd like.

Start

**Emergency contacts**
Provide contacts in case of an emergency.

Start

**Benefits enrollment**
Pick your plans for this benefit period.

Start

**Go to Dashboard**
Nicely done.

🔒

Voluntary self-identification

[Cancel](#)

[Submit](#)

More about you

Here's your opportunity to share information that's used to assess diversity and inclusion. If you want to decline, that's OK too.

☐ I decline to provide this information

Our company may be subject to governmental recordkeeping and reporting requirements that require employers to maintain records relating to sex and race/ethnicity, using the categories below. We invite you to voluntarily self-identify this information. Submissions of this information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal and/or state government for civil rights enforcement. When reported, data will not identify specific individuals.

Sex: *

☐ Male

☐ Female

☐ Nonbinary

Race/Ethnicity: *

☐ Hispanic or Latino

☐ White (Not Hispanic or Latino)

☐ Black or African American (Not Hispanic or Latino)

☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

☐ Asian (Not Hispanic or Latino)

☐ American Indian or Alaska Native (Not Hispanic or Latino)

☐ Two or More Races (Not Hispanic or Latino)

115

Emergency Contacts

Hi!

Complete these steps to get set up - the sooner, the better. If you run into questions on the way, your employer can help.



**Personal info**
Confirm your personal and contact information.

Review

**Employment disclosures**
Review and sign documents for healthcare, workers' comp, and more.

Review

**Direct deposit**
Add your account details.

Start

**Onboarding documents**
Review documents and fill out forms your employer needs.

Start

**Federal taxes**
Complete your W-4. Sign if needed.

Start

**State taxes**
Enter your information and sign if needed.

Start

**Voluntary self-identification**
Share more about yourself, if you'd like.

Start

**Emergency contacts**
Provide contacts in case of an emergency.

Start

**Benefits enrollment**
Pick your plans for this benefit period.

Start

**Go to Dashboard**
Nicely done.



Emergency contacts

[Cancel](#)[Finish](#)

Who can we call?

Add anyone that you would like notified if there's an emergency.

Not Ready? You can do this in My Profile later. [Skip](#)

Emergency contacts



No emergency contacts

[+ Add contact](#)

Benefit Enrollment

Ensure all forms are complete before selecting "Start" to elect benefits

Hi!

Complete these steps to get set up - the sooner, the better. If you run into questions on the way, your employer can help.

- Personal info**
Confirm your personal and contact information. [Review](#)
- Employment disclosures**
Review and sign documents for healthcare, workers' comp, and more. [Review](#)
- Direct deposit**
Add your account details. [Start](#)
- Onboarding documents**
Review documents and fill out forms your employer needs. [Start](#)
- Federal taxes**
Complete your W-4. Sign if needed. [Start](#)
- State taxes**
Enter your information and sign if needed. [Start](#)
- Voluntary self-identification**
Share more about yourself, if you'd like. [Start](#)
- Emergency contacts**
Provide contacts in case of an emergency. [Start](#)
- Benefits enrollment**
Pick your plans for this benefit period. [Start](#)
- Go to Dashboard**
Nicely done.

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



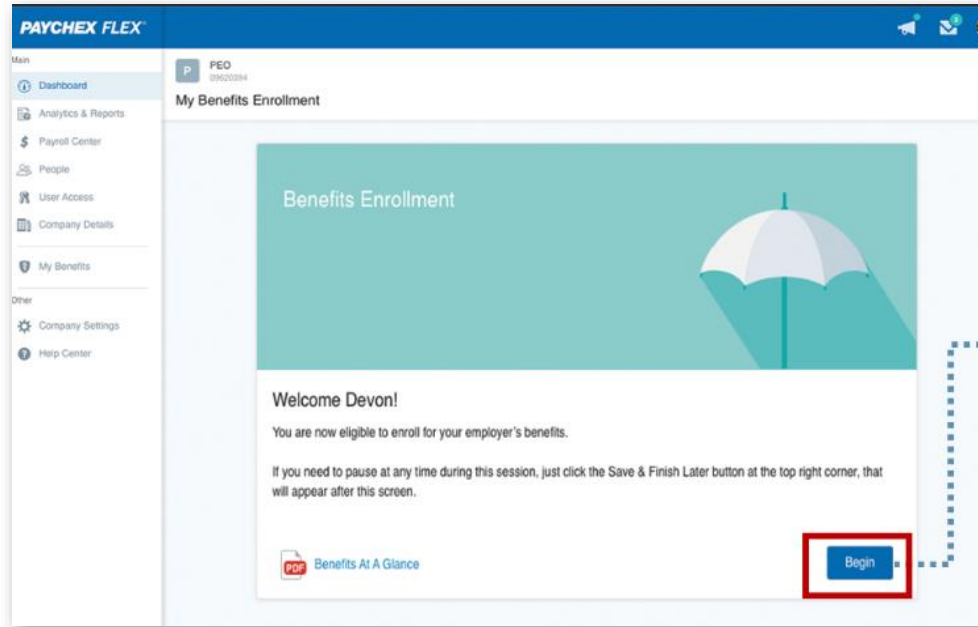
Change in Status that triggers a HIPAA Special Enrollment Event

You will not be able to make changes to your plan midyear unless you experience a change in status.

- Marriage
 - Divorce
 - Birth or Adoption of a child
 - Loss or gain of other group coverage
 - Entitlement to Medicare
 - Losing or gaining eligibility under Medicaid or a State Children's Health Insurance Program (SCHIP)
- If an employee does experience a change in status, they have **30 days** to report that event 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.

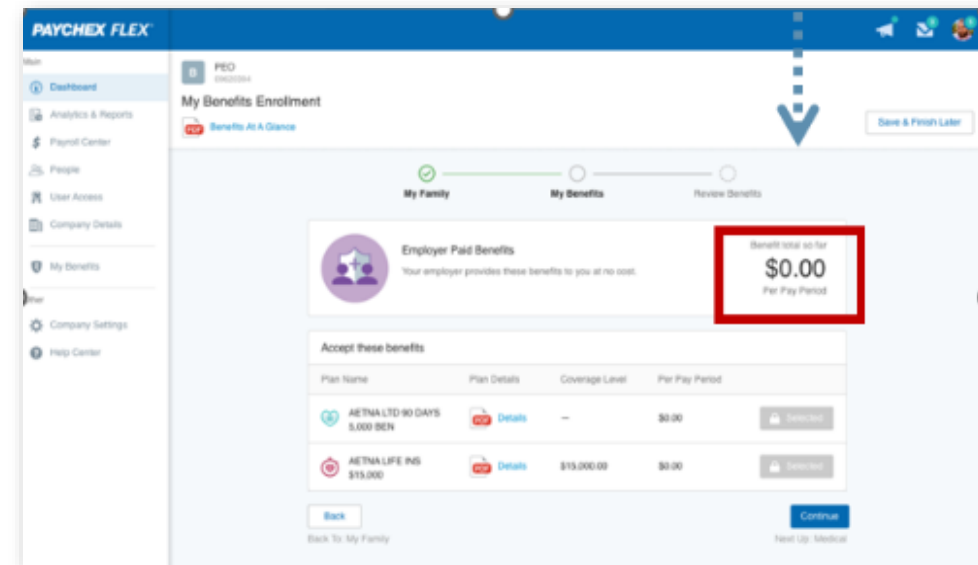
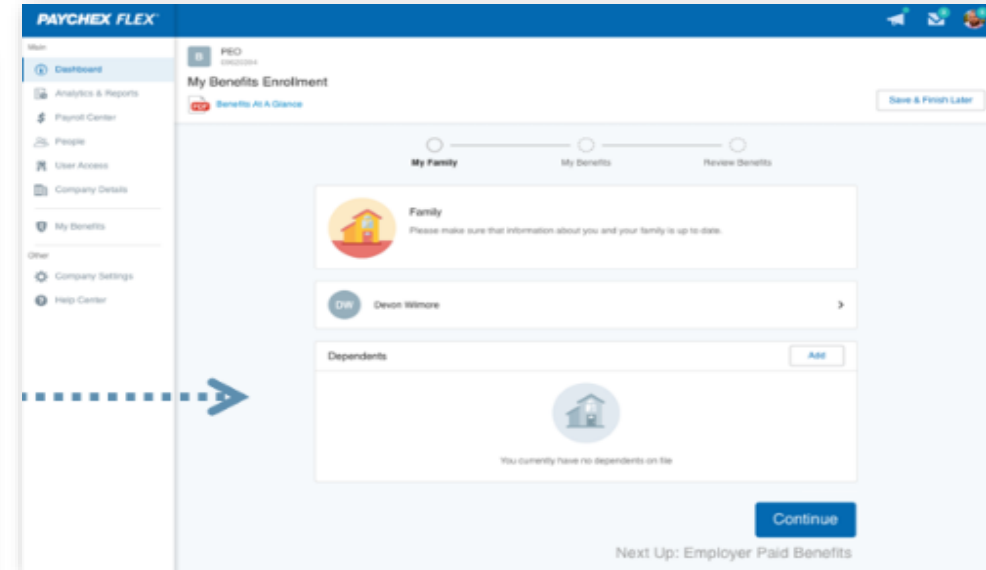


Select Benefits



- Click on “**Begin**” to start the process
- Go through all of the screens to elect or waive benefits
- The system will keep a running total of the cost per paycheck

*Tip: When adding a dependent and/or beneficiary – if zip code adds a 4-digit extension – **please remove it***



Select Benefits

- **Review** your benefit selections to make sure they are correct.
- Click “**Submit**” to complete the benefit enrollment section.

*When adding a dependent and/or beneficiary, if their 4-digit zip code extension is listed, **please REMOVE IT***

PAYCHEX FLEX

MAIN

Dashboard

My Profile

Health & Benefits

HB REWRITE PEO MEDIUM 2 06-09-2018 6612

09/20/2018

My Benefits Enrollment

Benefits at a Glance

Save & Finish Later

My Family My Benefits Review Benefits

Review Your Selected Benefits
Confirm the benefits you have selected or declined before you submit.

Your selected benefits

Plan Name	Coverage Level	Per Pay Period	
METL VOLUNTARY LIFE INS Voluntary Life	\$2,500.00	\$1.87	Change
METL CHILD LIFE INS Child Life	\$10,000.00	\$0.50	Change

Beneficiaries [Add](#)

You currently have no beneficiaries selected

Declined Benefits

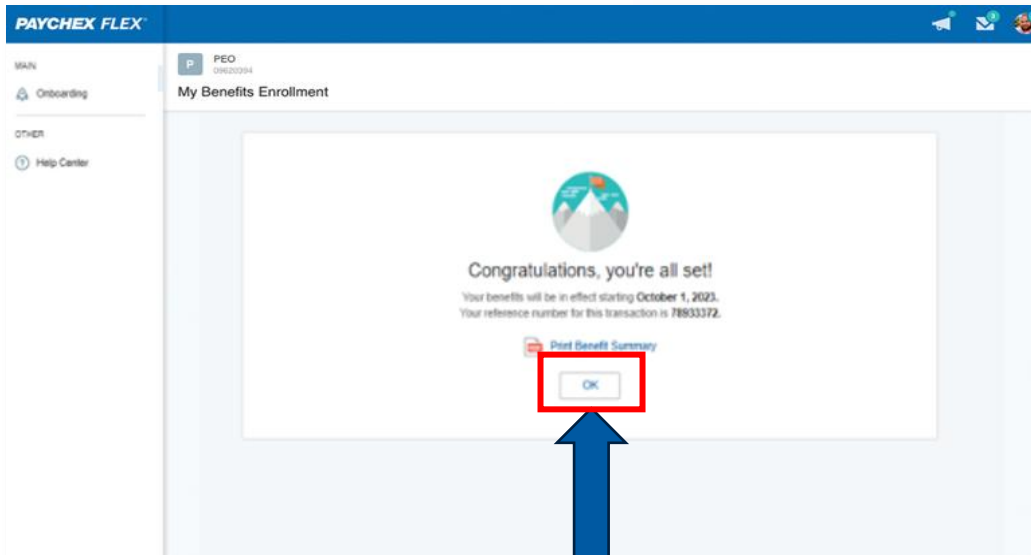
Short Term Disability	Change
Long Term Disability	Change
Accident	Change
Critical Illness	Change
Hospitalization	Change
Legal	Change

[Back](#) ☒ I've read and I agree with the [Legal Notice](#) [Submit](#)

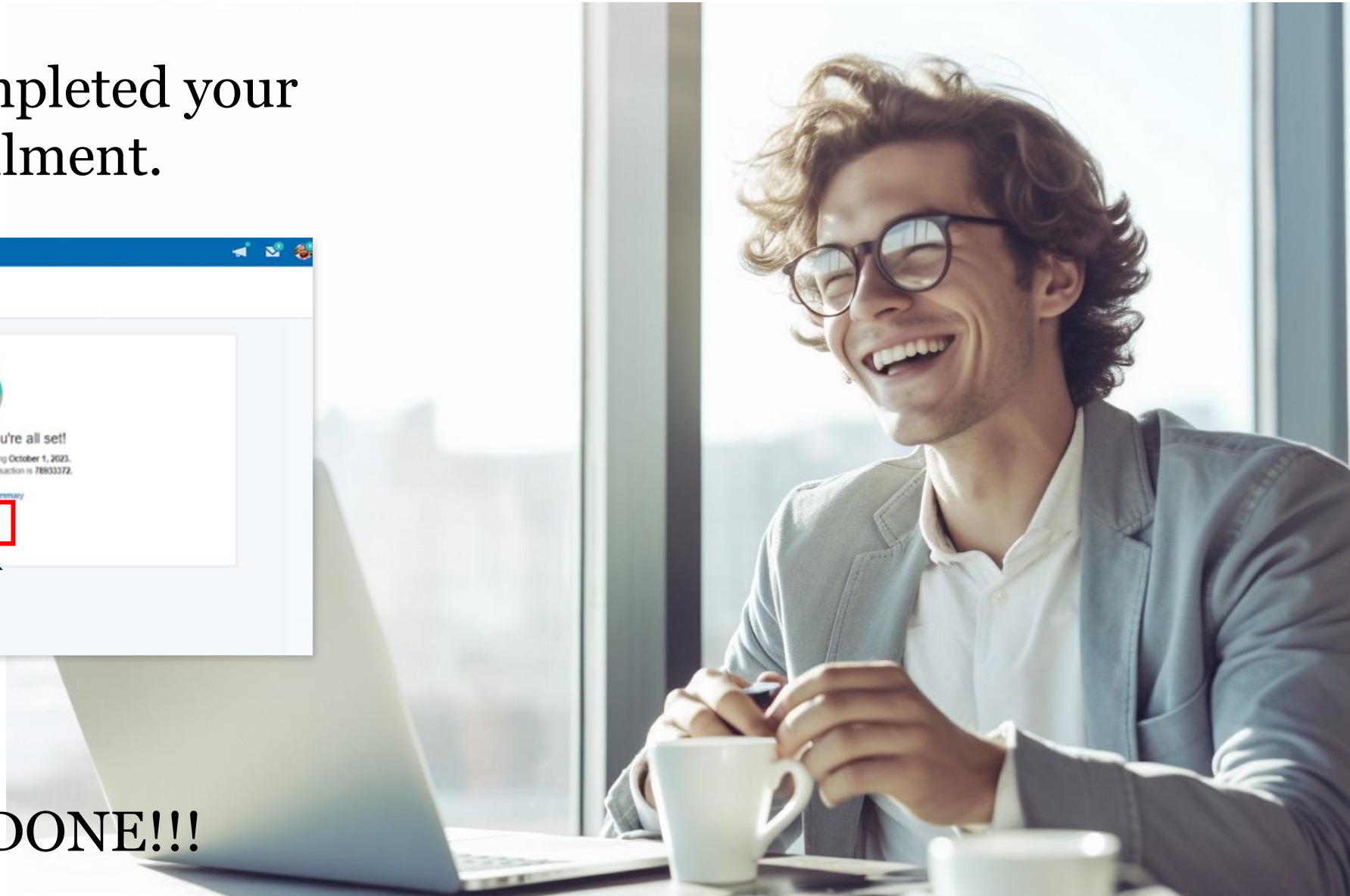
Return To: Legal Next Up: Confirmation

Security | Privacy
Copyright © 2018 by Paychex, Inc.

You now have completed your benefit enrollment.



You are NOT DONE!!!



FINAL STEP: Clicking “Let’s Go!” will bring you to the Employee Dashboard

Hi!

Complete these steps to get set up - the sooner, the better. If you run into questions on the way, your employer can help.

Personal info

Confirm your personal and contact information.

Review

Employment disclosures

Review and sign documents for healthcare, workers' comp, and more.

Review

Direct deposit

Add your account details.

Start

Onboarding documents

Review documents and fill out forms your employer needs.

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Share more about yourself, if you'd like.

Start

Emergency contacts

Provide contacts in case of an emergency.

Start

Benefits enrollment

Pick your plans for this benefit period.

Start

Go to Dashboard

Nicely done.

Let's Go!

PAYCHEX FLEX

MAIN

Dashboard

My Profile

My Pay

My Documents

Company Directory

Company Locations

Health & Benefits

OTHER

Help Center

BTD PEO NY SMALL 06-16-2023 1754

70162706

Dashboard

Health & Benefits

Select your plans for the rest of the benefit period.

Make Changes

Health & Benefits

View All

Tasks

Relax, no new tasks.

View All

Check Stubs

You don't have any check stubs.

Upcoming Events

JUL 15

Happy Birthday!

AUG 08

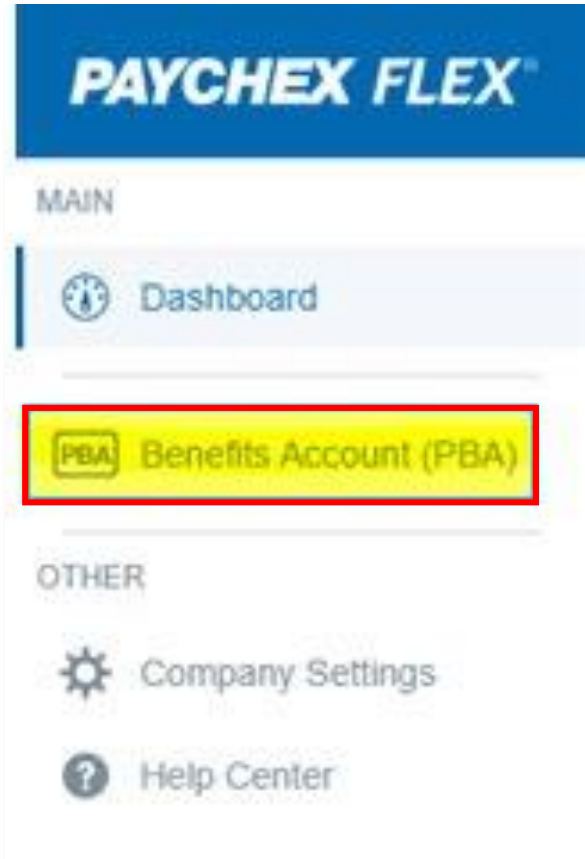
Happy Anniversary!

See Full Calendar

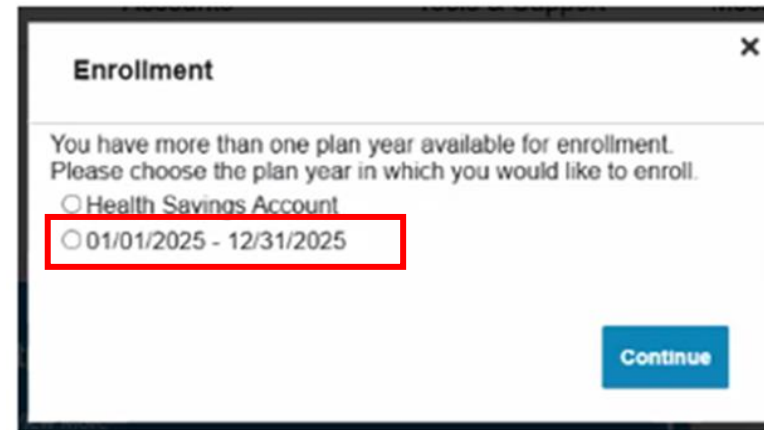
FINAL STEP

123

Enrolling in FSA – main page of the Flex Portal



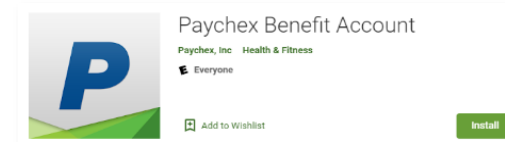
- 01/01/2025 - 12/31/2025 = FSA



Online FSA enrollment deadline **6/30/2025**

- Go to [Paychexflex.com](https://paychexflex.com)
- Select Benefits Account (PBA)

Enroll online via the Flex portal – then download the **Paychex Benefit Account mobile app** from Google Play or the App Store to track expenses.



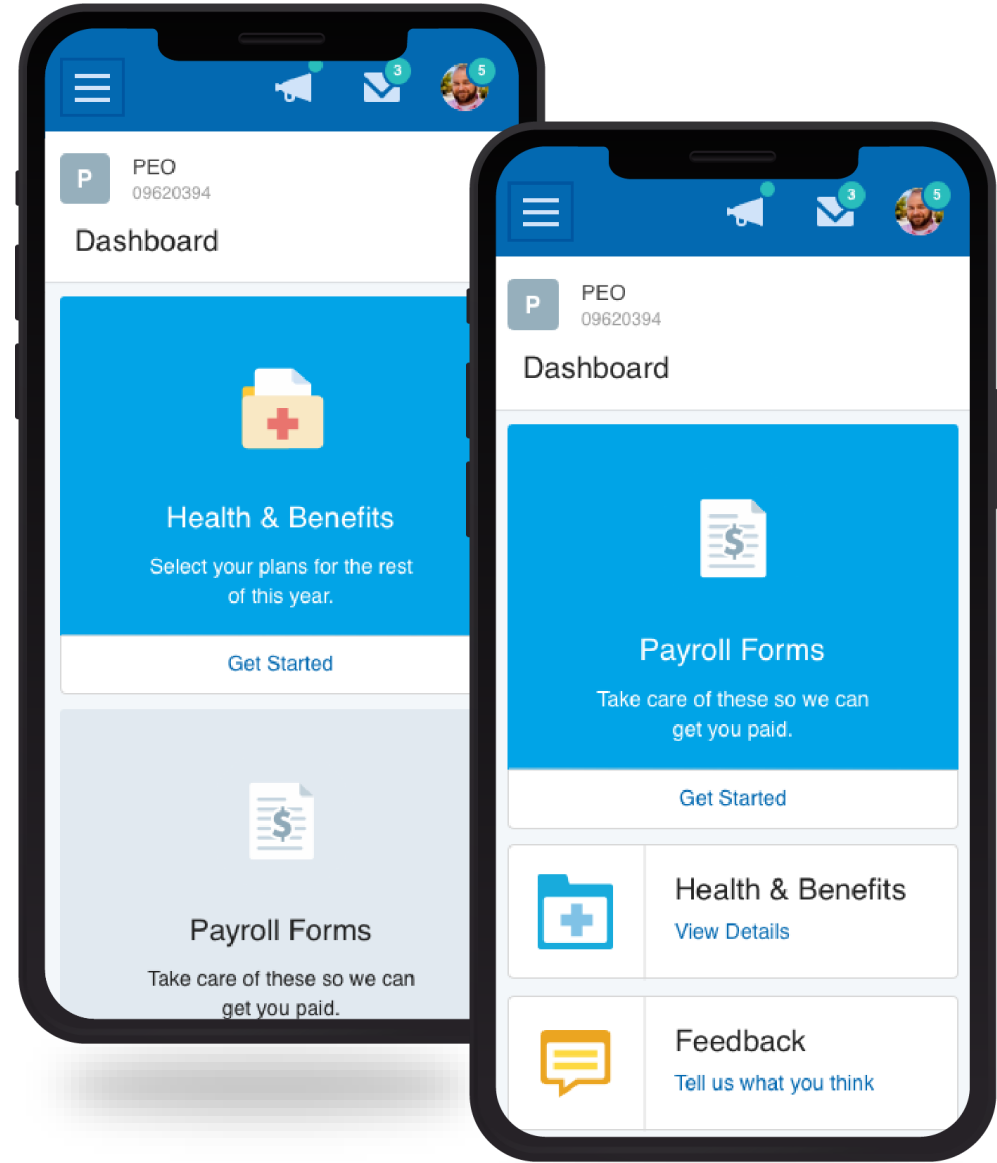
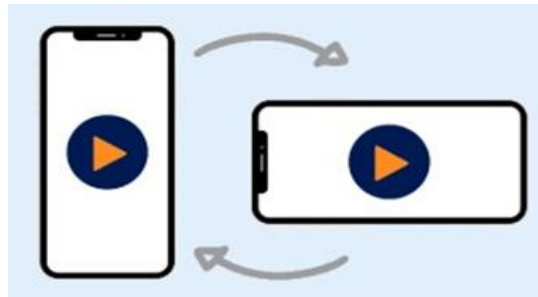
Paychex Flex® App

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.

"Portrait Orientation" must be enabled so you can sign the payroll forms.



Employee Assistance Program

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

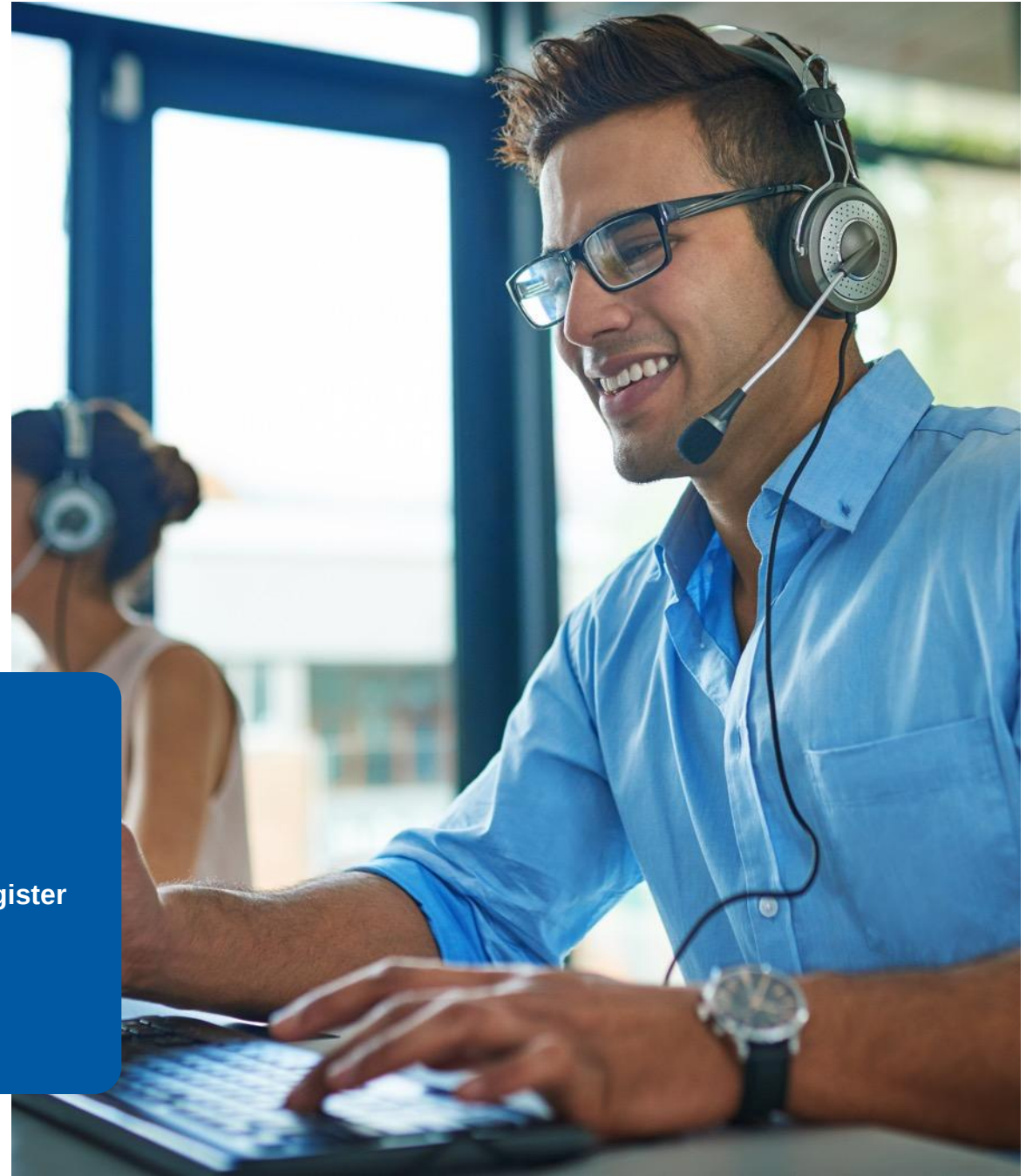
Services include:

- Virtual Concierge Services: Travel coordination, child and elder care referral services, and much more!
- Personal online profile with work and life resources and training courses
- Total Well Being Program
- 30-minute legal consultation and referral
- Access to coordination of confidential counseling referrals available 24/7
- Up to three sessions with a personal wellness coordinator

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

Call 1-800-960-5371 or go to www.nexgeneap.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



Financial Health Advocacy Services



FinFit at a glance:

- Personalized financial wellness assessment
- Online education, tools, and credit resources
- Short-term employee loans for emergencies and the unexpected
- A smarter alternative to 401(k) loans, payday loans, and payroll advances

Have Questions?

If you have any questions about FinFit works
or need help creating your membership, please contact:

Customer Support team 888-928-7248

Enrolling is Easy!

Only 3 Simple Steps:

- 1. Go to: MyFinFit.com**
- 2. Click Get Started Here!**
- 3. Enter Your Contact Information and Company**

That's it! You'll have immediate access
to the FinFit platform.



Federal Student Loan Service

Shrink Your Student Loan Burden

If you have Federal Student Loan debt, you now have access to a no-cost debt relief analysis. Leveraging the expertise of Gotzoom, the premier employee benefit provider of Student Loan Debt Relief, we will identify which of the qualifying programs would provide you the highest level of debt relief and/or forgiveness.

No Refinance, No Credit Check, Retain all of Your Federal Student Loan Benefits and Protections

Register now to explore your savings potential!

- Specializes in federal student loan debt relief
- Works with the Department of Education to identify and maximize loan repayment and forgiveness programs available
- Provides a no-obligation benefit analysis for student loans
- Average annual savings of \$5,616



THE MOST EFFECTIVE STUDENT DEBT SOLUTION

A new employee benefit plan to help with your student debt

GotZoom, LLC
10000 Marshall Drive
Lenexa, KS 66215
1.833.GotZoom

Employees Can Enroll Directly at www.gzenroll.com/paychex

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!

- Go to workingadvantage.com
- 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**
- Call **1-800-565-3712**



Preferred Access

Get in-demand tickets



Rental Cars

Up to 25% off your journey



Electronics

Up to 55% off the latest tech



Employee Support

PEO Onboarding Support Team:

800-741-6277

Option 4 then option 3

Monday – Friday from 8 a.m. – 8 p.m. EST

Email: PEOOnboardingSupport@paychex.com

Employee Contact Card

Paychex Contacts	
Name	Susan Malek
Phone	813-495-7398
Email	smalek@paychex.com
Employee Online Website	www.paychexflex.com
Employee Support (Onboarding/Benefits)	(800) 741-6277, Option 4, Option 3

Carrier Contacts		
MetLife Dental	(800) 942-0854	www.metlife.com
Aetna Vision	(877) 973-3238	www.aetnavision.com
MetLife Voluntary Plans	(800) 438-6388	www.metlife.com
CHUBB	(800) 544-9382	www.chubb.com
Employee Assistance Program (EAP)	(800) 960-5371	www.nexgeneap.com
Working Advantage	(800) 565-3712	workingadvantage.com

Next Steps on Paychexflex.com

All completed forms are due no later than
06/13/2025

- 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 - Complete your payroll information
- ✓ Step 3 - Elect your benefits

Online FSA enrollment deadline **6/30/2025**

