CEDARBRIDGE

FINANCIAL SERVICES

2027 EMPLOYEE BENEFITS GUIDE



WELCOME

EMPLOYEE BENEFITS ENROLLMENT GUIDE

Welcome! We are so glad you have joined our family.

Enclosed in this package is all the information you will need to educate yourself on the offers you and your eligible family members are eligible to enroll in. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

Who is Eligible?

If you are a full-time employee (working 30 or more hours per week) you are eligible to enroll in the benefits described in this guide.

How to Enroll?

The first step is to review your current benefit elections and make your benefit elections. Call the enrollment center at **312.265.4491** during your new hire eligibility window. The enrollment center is open 9am - 6pm Monday through Friday. Visit cedarbridgebenefits.com for more information about the benefits available to you and for instructions to enroll online. If you do not wish to enroll in our health plan, you must complete the waiver form. Please note: Once you have made your elections, you will not be able to change them until the next open enrollment period, unless you have a QLE. You should also complete the beneficiary form for the employer sponsored life insurance. The benefit is $50K for all employees.

When to Enroll?

Your benefits are effective the 1st of the month after 60 days of employment. Your enrollment must be completed before your benefits become active.

Once you completed all the forms please allow at least two weeks to receive your ID cards. If you have any questions or concerns your HR coordinator will be able to help you.

401K

All employees are eligible to enroll in the companies 401K plan. Full time, Part Time and Per Diem. They are eligible on the first of the month following 3 months of employment. Details about the plan are included in the package.

Welcome to the team!

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It's time to enroll in your benefits!
This guide will walk you through your choices, and help you to decide which plans are best for you and your family.

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Key Terms & Definitions

COINSURANCE
The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.

COPAYMENT
A flat fee that you pay toward the cost of covered medical services.

DEDUCTIBLE
A qualified health plan that combines very low monthly premiums in exchange for higher deductibles and maximum out-of-pocket.

MAXIMUM OUT-OF-POCKET
The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance for in-network care and services, your health plan pays 100% of the costs of covered benefits.

PREAUTHORIZATION
A decision by your health plan that a service, plan, prescription drug or durable medical equipment is medically necessary and if it will be approved to be paid. Provider Care Ticket assists in making sure your preauthorization goes through smoothly with the insurance company, please refer to the page titled “How to Use Your Health Plan” for details.

PLAN YEAR
A plan year is the 12-month period your benefits coverage lasts, at the end one plan year and start of another deductibles, max out of pocket, and allowances reset. All benefits in this guide run in a plan year that coincides with the calendar year except as noted. If you start midway through the year such as a new employee or through a qualifying event your plan year will still end with the group’s plan year.

GUARANTEED ISSUE
For many benefits listed in this guide, the first time a benefit is available to you, to the amounts listed, you and your family automatically qualifies benefit without having to answer health questions. You will continue to carry this for as long as you maintain the policy.

PORTABILITY OF COVERAGE
Portability allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company in the event you no longer qualify for the benefit such as due to retirement (age limitations may apply).

Eligibility & **Enrollment**

ELIGIBILITY

Employees are eligible on 1st of the month following 60 days of full time employment. You can elect medical, dental, and vision coverage for your spouse and dependent/adult children up to 26 years old. Your employer reserves the right to request proof of marriage and birth certificates in order to add dependents.

HOW TO ENROLL OR UPDATE YOUR BENEFITS AND BENEFICIARIES

Online: MetLife.benselect.com/cedarbridge
Your user name is your social security number with no dashes, and your pin is the last 4 digits of your social plus the last 2 digits of the year you were born.
EXAMPLE: If the last 4 of your SSN is 9876 and you were born in 1954, your pin would be 987654.

Phone: Speak to a benefit enrollment counselor at 312-265-4491 9am-6pm EST M - F

QUALIFYING LIFE EVENTS (QLE)

Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a "Qualifying Event".

QLE include, but not limited to:
Changes in employment status, legal marital status or number of dependents, taking an unpaid leave of absence, Dependent satisfies or ceases to satisfy eligibility requirement, a COBRA-qualifying event, Entitlement to Medicare or Medicaid, or a change in the place of residence of the employee, resulting in the current carrier not being available.

THINGS TO CONSIDER

Consider your personal situation and the difference between the plan options and their costs when making your decision. You may also elect to waive coverage.

Ask yourself the following questions

- Will your current doctor be in or out-of-network?
- Do you have any planned surgeries this year?
- How many family members will you cover?
- How often do you visit the doctor?
- Are you planning to have a baby this year?

By reading this guide cover to cover, you will become familiar with your benefits options. After enrolling, verify that your payroll deductions are correct. If not, please contact your payroll representative.

This enrollment booklet is a summary description of your benefits. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment. These plans are provided by your employer and employer's insurance broker. Although every effort has been made to provide complete and accurate information, we make no warranties, express or implied, or representations as to the accuracy of content on this booklet. We assume no liability or responsibility for any error or omissions in the information contained in the booklet.

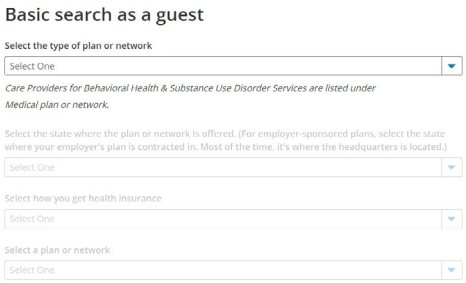
How to use your **Health Plan**

Finding a provider

To find a participating provider in the Anthem Blue Cross network call 1-800-810-2583 or online at https://www.anthem.com/find-care/

Enter the first 3 characters of your member ID or click Basic Search as Guest

1. Select Medical Plan or Network
2. Select New Jersey
3. Select Medical (Employer-Sponsored)
4. Select plan **National PPO (BlueCard PPO)**



Select a provider or facility you are looking for.
All participating providers and facilities in your area will be listed along with an estimate of how far they are a zip code you provide.

Save time and money, by knowing where to go.

Primary Physician/ Doctor's Office	
PCP copay	
Fever	Lingering Pain
Cough	Check for STDs
Cold	Pink Eye
Skin Infection	
Urgent Care	
$75 copay	
Flu	Stitches on minor cuts
Minor Burns	Eye infection
Earache	UTIs
Broken Bones	Migraines
Emergency Care	
$500 copay	
Seizures	Severe Chest Pain
Head Injuries	Severe Bleeding
Unconsciousness	Severely Broken Bones
Poisoning	Major Burns

Carrier Contact **Information**



Medical
Anthem BlueCross
1-844-396-0808
anthem.com

Dental
Principal
1-800-247-4695
principal.com

Vision
Principal/VSP
1-800-877-7195
vsp.com

Pharmacy
CarelonRx
1-833-271-2374
carelonrx.com

Provider Care Ticket
Leading Edge Administrators
1-877-208-5952
pticket.leadingedgeadmin.com

Group Accident
MetLife
1-800-438-6388
metlife.com

Critical Illness
MetLife
1-800-438-6388
metlife.com

Hospital Indemnity
MetLife
1-800-438-6388
metlife.com

Short-Term Disability
MetLife
1-800-438-6388
metlife.com

Long-Term Disability
Principal
1-800-247-4695
principal.com

Employer Paid Life
Principal
1-800-247-4695
principal.com

Whole Life Insurance
MetLife
1-800-438-6388
metlife.com

Enrollment Assistance
BenManage
312-265-4491
cedarbridgebenefits.com

EAP
Principal
1-844-869-2365 | TTY 711
guidanceresources.com

401(k) Plan
Fidelity
1-800-294-4015
netbenefits.com

Legal Services
MetLife
1-800-821-6400
members.legalplans.com

Identity Theft
MetLife
1-844-931-2872
my.aura.com/start

Home & Auto
Farmers with MetLife
1-855-548-4311
farmers.com/groupselect

Pet Insurance
MetLife
833-532-2617
metlifepetinsurance.com

Medical Benefits

Anthem BlueCross

A medical plan is the 1st line of defense in protecting your and your family's health and well being, the below EPO plans protect you with the expansive Anthem BlueCross network of providers. Please note: These plans provide NO out of network coverage.

Plan Details	LOW PLAN	HIGH PLAN
Deductible Individual / Family	$2,500 / $5,000	$1,750 / $3,500
Co-Insurance	30%	20%
Max Out-of-Pocket Individual / Family	$7,500 / $15,000	$5,500 / $11,000
All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.		
Doctor's Office Visit		
Primary care visit to treat injury or illness	$25 copay/visit deductible does not apply	$15 copay/visit deductible does not apply
Specialist visit	$60 copay/visit	$50 copay/visit
Preventive care/screening/ immunization	No charge	No charge
Imaging and Testing		
Lab Test	Professional Non-Facility based Services: No Charge Facility Setting: 30% coinsurance after deductible	Professional Non-Facility based Services: No Charge Facility Setting: 20% coinsurance after deductible
X-Ray	Professional Non-Facility based Services: $50 copay Facility Setting: 30% coinsurance after deductible	Professional Non-Facility based Services: $50 copay Facility Setting: 20% coinsurance after deductible
Imaging (CT/PET scans, MRIs)	30% coinsurance after deductible	20% coinsurance after deductible
Outpatient Surgery		
Facility fee	30% coinsurance after deductible	20% coinsurance after deductible
Physician/surgeon fees	30% coinsurance after deductible	20% coinsurance after deductible
Prescription Coverage	**Copay**	**Copay**
Generic Drugs (retail / mail order)	$10 / $20	$10 / $20
Preferred Brand (retail / mail order)	$50 / $100	$50 / $100
Non-Preferred Brand	50% Coinsurance	50% Coinsurance
Specialty Drugs	Not Covered	Not Covered
More information about prescription drug coverage is available at carelonrx.com or call 1.833.271.2374. Deductible waived for Rx Covers up to a 30-day supply (retail); 31-90-day supply (mail order). If a prescription is filled with a non-generic drug when a generic equivalent exists, member will be responsible for the cost difference between the non-generic and the generic equivalent.		

Anthem BlueCross

Medical Benefits

Plan Details Continued	LOW PLAN	HIGH PLAN
Immediate Medical Attention		
Emergency room care	$500 copay/visit	$500 copay/visit
ER copay waived if admitted as inpatient. All facilities are covered as in-network subject to meeting "emergency" criteria		
Urgent care	$75 copay/visit	$75 copay/visit
Hospital Stay		
Facility fee (e.g., hospital room)	30% coinsurance after deductible	20% coinsurance after deductible
Physician/surgeon fees	30% coinsurance after deductible	20% coinsurance after deductible
Pregnancy		
Office visits	$25 copay/ visit	$15 copay/visit
Childbirth/delivery professional services	30% coinsurance after deductible	20% coinsurance after deductible
Childbirth/delivery facility services	30% coinsurance after deductible	20% coinsurance after deductible
Mental Health Care		
Outpatient services	30% coinsurance after deductible	20% coinsurance after deductible
Office visits	$25 copay/visit	$15 copay/visit
Inpatient services	30% coinsurance after deductible	20% coinsurance after deductible
Recovery Assistance		
Home health care	$60 copay/visit	$50 copay/visit
Rehabilitation services	$60 copay/visit	$50 copay/visit
Habilitation services	$60 copay/visit	$50 copay/visit
Skilled nursing care	30% coinsurance after deductible	20% coinsurance after deductible
Durable medical equipment	30% coinsurance after deductible	20% coinsurance after deductible
Hospice services	30% coinsurance after deductible	20% coinsurance after deductible
Plan Documents		
To review detailed plan documents for these medical plans, please scan the QR codes for go to this link.	cedarbridgebenefits.com/medical-and-telemedicine/	

ConciergeCARE

844-396-0808



Health Advocacy

The ConciergeCARE advocacy coaches possess extensive knowledge of your health plan and individual healthcare requirements. Their primary objective is to ensure that you receive suitable care from the right providers and in the right place. ConciergeCARE advocacy coaches work with you personally to provide personalized and high-quality guidance throughout your patient journey, easing your path to improved health.

This program is accessible to you at no additional cost and matches you with a dedicated ConciergeCARE advocacy coach. If you seek comprehensive care with one point of contact that always places the patient at the center of care, you can contact a ConciergeCARE advocacy coach today.

Concierge-level service that will Improve your health journey

- **Helps you to find** high-quality healthcare providers with your insurance network.
- **Connects** you to useful resources
- **Assists with claim** denials and appeals
- **Coordinates cost-effective** medication solutions
- **Answers questions** on out-of-pocket costs and plan benefits
- **Assistance with bill** review, including balanced bills

Advantages of using ConciergeCARE Services

- navigate your healthcare journey across multiple care settings with ease and confidence.
- Minimizing out-of-pocket costs by ensuring that you receive the appropriate care, in a suitable place, and at the right time.
- Enjoy an enhanced experience that will positively impact your health journey from start to finish

Savings Plus Plan (SPP) Frequently Asked Questions

What is the Savings Plus Plan (SPP)?
The Savings Plus Plan is a program developed to minimize members out of pocket expenses through competitive pricing negotiation. This focused health benefit payment program applies to all inpatient and outpatient facility services as well as a limited number of surgical and medical services. These SPP services are identified in your plan booklet. Under the SPP, the provider's reimbursement level for these services will be a percentage of Medicare.

Do I have a provider network as part of my SPP?
Yes, this program will use the Anthem (formerly Blue Cross Blue Shield) National PPO Blue Card Network. When searching on Anthem's site for a provider, members would look for the "National PPO (Blue Card PPO)" option.

What services are subject to SPP?
Below are examples of services that will fall under SPP:

- all inpatient and outpatient facility services
- certain high dollar in-patient and out-patient surgeries
- high-cost imaging such as MRI and PET Scans
- Substance Abuse services
- Dialysis

You should always refer to your Summary Plan Description (plan booklet) for a comprehensive list of SPP services.

Who should I call if I have any questions about my Savings Plus Plan? (Including bills from providers on Savings Plus Plan services)

Should you have any questions about access to care or a medical bill, please contact the dedicated Concierge Valenz NavCare team at (877) 208-5952.

Both Valenz NavCare and Leading Edge Administrators will have dedicated team members to help you with any questions or concerns.

LEADING EDGE ADMINISTRATORS

Will I need to get preauthorization for some services?
Yes, certain services will require preauthorization by your provider. Failing to preauthorize identified services may increase your out-of-pocket portion of payment. Please refer to your Summary Plan Description for a comprehensive list of which services require preauthorization.

How do I obtain a preauthorization?
Your doctor is responsible for preauthorization. He/she should call the phone number on your ID card to confirm that you have coverage, and determine if the service being provided requires preauthorization.

Do I need a referral from my Primary Care Physician in order to see a Specialist?

No, to ensure that members have direct access to specialists, no referral is needed. When seeing a specialist, please make sure that they are participating in the network and that any necessary preauthorizations are obtained

I had a procedure done and I received a letter in the mail saying my claim is denied pending medical notes. What does that mean? Who is responsible to obtain this?

Medical notes are required for procedures done in an inpatient setting to confirm that the services rendered were for medical necessity. Members should follow up with their doctor or hospital to submit medical documentation for review.

I recently went to the doctor and had lab work done. I'm getting a bill in the mail saying I owe for lab work services. What do I do?

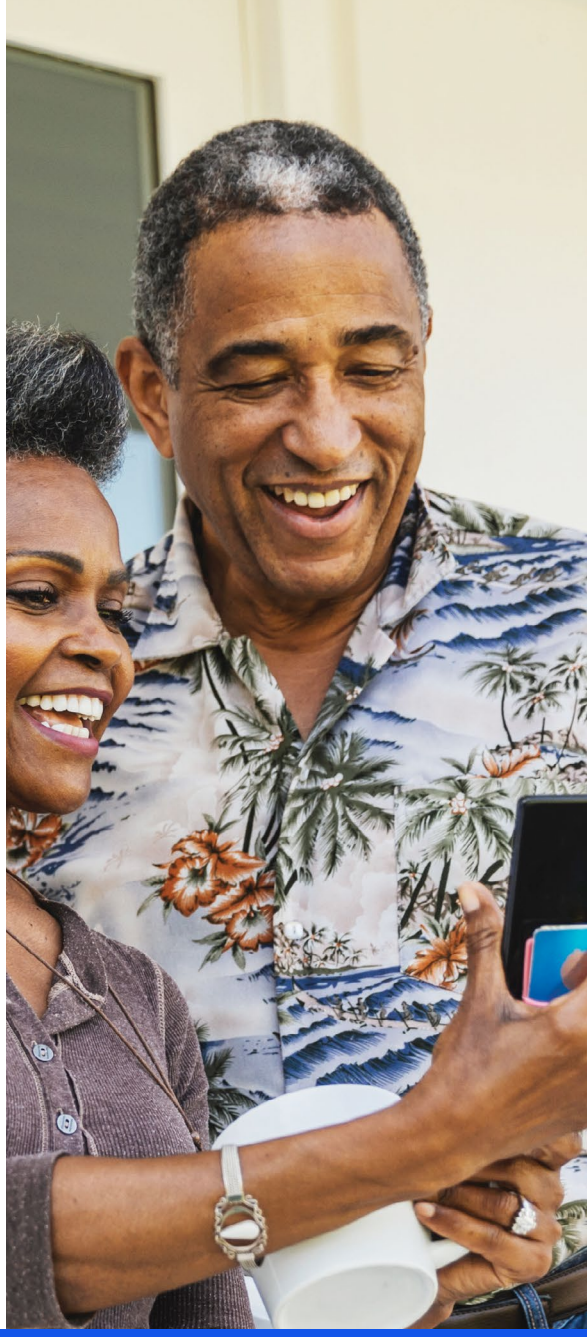
You should always make sure you review your EOB (Explanation of Benefits) when reviewing a bill from your provider. Should you have any questions about a medical bill, please contact the Concierge Valenz NavCare team at (877) 208-5952.

Both Valenz NavCare and Leading Edge Administrators will have dedicated team members to help you with any questions or concerns.

Anthem

Receive virtual care and support 24/7 with our Sydney Health app

Now you can connect more easily to the care you need through our **Sydney℠ Health** app. Have a video visit with a doctor on your mobile device or computer with a camera, 24/7.



Visit with a doctor for common health concerns

Doctors are available anytime, with no appointments or long wait times. They can help you with these types of conditions:

- COVID-19
- Flu
- Cold and fever
- Minor rashes
- Sore throat
- Headaches

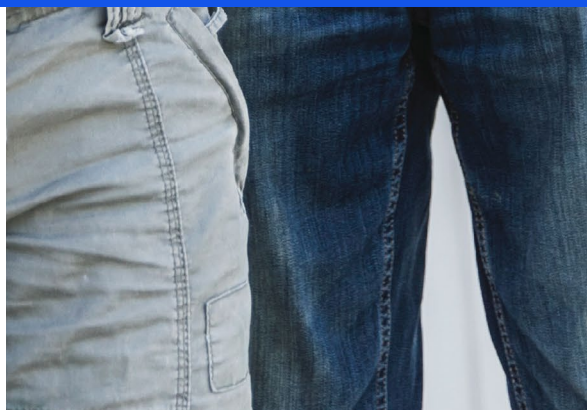
During your video visit, the doctor will assess your condition, provide a treatment plan, and send prescriptions to the pharmacy of your choice, if needed.[1]

What people say about virtual care visits[2]

89%
said the doctor they saw was professional and helpful

92%
thought the doctor understood their concerns

92%
were able to book a virtual visit sooner than an in-person visit



How to download our Sydney Health app:

sydney℠

Download on the App Store

GET IT ON Google Play

Scan the QR code with your phone's camera or visit the App Store® or Google Play™.

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Here's how to access the program through virtual care:

Download our no-cost **Sydney Health** app.

1. Register (if you haven't yet) and log in.
2. Once you register, your username and password are the same for our app and **anthem.com**.
3. Select **Care** and then select **Virtual Care**.

Visit **anthem.com**.

1. Register (if you haven't yet) and log in.
2. Once you register, your username and password are the same for **anthem.com** and our **Sydney Health** app.
3. From the **Care** tab, select **Virtual Care** in the drop down menu. Then, click **Video Visit Options**.





1 Prescription availability is defined by physician judgment.

2 Based on Sydney Health utilization trends from top national clients.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2024 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and Community Care Health Plan of Georgia, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York: Anthem HealthChoice Assurance, Inc., and Anthem HealthChoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP. LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc. trades as Anthem HealthKeepers providing HMO coverage, and their service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out-of-network benefits in POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Dental Benefits

Principal℠

For a detailed breakdown of your dental options scan this QR code or go to cedarbridgebenefits.com/dental

Plan Details	LOW PLAN NO OUT OF NETWORK	HIGH PLAN IN OR OUT OF NETWORK
Deductible: Individual/Family	$50/$150	$50/$150
Annual Maximum Benefit Per Person	$2,500	$4,000
Orthodontia Lifetime Maximum (dependent children up to age 19)	$2,000	$2,500
Preventive (cleaning, exams, bite-wing)	**100%**	**100%**
Examinations Twice per calendar year	**Prophylaxis/Cleanings** Twice per calendar year	**Bite-wing X-Rays** Once per calendar year
Full Mouth X-Rays Once per 60 months	**Sealants** Once per tooth per 36 months Only for children under age 14	**Fluoride** Once per calendar year Only for children under age 14
Basic Restorative (fillings, extractions, x-rays)	**80%**	**80%**
Periodontal Maintenance If three months have passed since active surgical periodontal treatment; subject to routine cleaning frequency limit	**Fillings** Replacement every 24 months	**Oral Surgery** Simple and complex
Periodontal Surgical Procedures Once/quadrant per 36 months	**Endodontics** Root Canals	**Harmful Habit Appliances** Only for children under age 14
Major Restorative Care	**50%**	**50%**
Anesthesia / IV Sedation only for specific procedures	**Crowns** Each 120 months per tooth if tooth can't be restored by fillings	**Core Buildups** Each 120 months per tooth
Bridges 120 months old initial placement/replacement	**Dentures** 60 months old initial placement/replacement High plan only: Implants Each 60 months per tooth	**Repairs** Partial Denture, bridge, crown, relines, rebasing, tissue conditioning, bridge/ denture adjustment

How do I find a network dentist? Visit principal.com/dentist to find a dentist or call 800-247-4695. If your dentist is not in network, you can refer your dentist to our network. Please submit the dentist's name and information by calling 800-247-4695, or submitting a form at principal.com/refer-dental-provider.

Principal℠

Vision Benefits

For a detailed breakdown of your vision plan scan this QR code or go to cedarbridgebenefits.com/vision

Plan Details

Benefits	In-Network	Out-of-Network this plan pays:
Eye Exam Once per every 12 months	$10 copay	Up to $45
Materials / Eye-wear		
Prescription Frame Allowance Once per every 12 months	$250 allowance 20% amount over allowance[1]	Up to $70
Prescription Frames from Costco, Walmart, & Sam's Club	$135 allowance	
Single lenses	$10 copay	Up to $30
Lined bifocal lenses	$10 copay	Up to $50
Lined trifocal lenses	$10 copay	Up to $65
Lenticular lenses	$10 copay	Up to $100
Polycarbonate lenses dependent children under age 18	$10 copay	
Standard progressive	Once every 12 months with a $0 copay[1]	Every 12 Months
Contact lenses (instead of eyeglasses)		
Elective contacts Once per every 12 months	$250 allowance	Up to $105
Contact fitting and evaluation	Up to $60 copay	
Necessary contacts Once per every 12 months	Covered in full after $10 copay	Up to $210
In-Network Value Added Features:		
Laser vision correction	Laser vision correction - you pay an average of 15% off the regular price and 5% off the promotional price. You'll only receive these discounts from contracted clinics. Go to VSP.com and register using your member ID to see the laser vision promotions and find a contracted clinic.	
Savings on glasses and sunglasses	Save an average of 20-25% off glasses or sunglasses from any VSP doctor within 12 months of your last covered vision exam.	
Additional savings on lens enhancements	Most other popular lens enhancements are covered after a copay, saving our members an average of 30%[1]	

[1] This can vary based on state laws and provider location Savings may not apply at participating retail chains.

How do I find a VSP doctor?

Visit vsp.com to locate VSP doctors close to you or call Call 800-877-7195.

You'll need to choose the "Choice" doctor network to view the VSP doctors for your coverage.

Short-Term Disability

MetLife

Too often when we hear the words disability and insurance together, it conjures up an image of a catastrophic condition that has left an individual in an incapacitated state. Be it an accident or a sickness, that's the stereotype of a disabling injury that most of us have come to expect.

MetLife Disability Income was developed to craft solutions to protect employees from the physical and financial consequences of a disability that keeps them from earning a paycheck.

Plan Details

- Off job injury or illness coverage
- 6-month benefit duration period
- No "other income" offsets
- **No pre-existing condition exclusions**[1]
- Chose an elimination period of:
  0 days for injury & 7 days for sickness or
  14 days for injury and sickness.

Key Features

- Benefits are paid when you are sick or hurt and unable to work, up to 60% of your monthly salary. (Min. $300, Max. $3,000 per month)
- Benefit payment amounts are selected as a flat dollar weekly or monthly amount
- Full Portability, keep your coverage with the same rates and benefits even if you change jobs or retire.
- Payroll Deduction – Premiums are paid through convenient payroll deduction.

BENEFITS SPECIFICATIONS

Disability - Means that due solely to impairment caused by accidental injury or sickness, you are prevented from performing the material and substantial duties of Your Regular Occupation; Not Gainfully Employed; and Receiving Appropriate Care and Treatment from a Physician who is appropriate to treat the condition causing the Impairment.

Organ Donor - 10% increase in the monthly benefit if the disability is a result of an Organ Donor Transplant Procedure

Elimination Period - Time you must wait between when an illness or disability begins and when you can begin receiving your benefits.

Mandatory Rehabilitation - Benefits will end if the employee refuses to participate in a required rehabilitation program.

Family Care Incentive - Reimbursement up to $400 per month of eligible Family Care Expenses when the employee returns to work or participates in an approved rehabilitation program.

Rehabilitation Program Incentive - While disabled and participating in an approved rehabilitation program, the benefit is increased by 10%.

Work Incentive - While disabled and working in a limited capacity, employees of the policyholder may receive up to 100% of Pre-disability Earnings



Certificate Exclusions and Limitations

Benefits are not payable for Disabilities contributed to or caused by:

- Suicide, attempted suicide or intentionally self-inflicted Injury, whether sane or insane
- War, insurrection, rebellion, or a terrorist act
- Active participation in a riot
- Commission of a felony
- Elective treatment or procedures

Limited Disability Benefits

State variations may apply. Alcohol, Drug, Substance Abuse or Addiction: 1 month(s) and limited to a single period of disability. Mental and Nervous Conditions: 3 month(s) per lifetime. For certificates issued in states, other than those noted below, the following conditions are excluded from the Mental and Nervous Condition limitation: neurocognitive disorders, schizophrenia and bipolar I disorder

Limitation for Occupational Disability

Benefits will not be paid for any Disability

- which happens in the course of any work performed by You for wage or profit;
- for which You are eligible to receive benefits under workers' compensation or a similar law.

[1]Conditions you have had in the past will not limit your coverage or eligibility, but only conditions that start after the coverage effective date, are eligible for converge.

MetLife

Group Accident

Accidents happen and treatment can be vital to recovery, but also expensive.

Most major medical insurance only pays a portion of the bills. We help pick up where other insurance leaves off by providing cash to help cover expenses.

Benefits Enhancements and Specifications

ICU Supplemental Confinement
Pays an additional benefit for the 15 days of hospital confinement.

Hospital Confinement
15 days per accident. Payable after the first day of admission.

Accidental Death & Dismemberment
The benefit amount will be reduced by the amount of any Accidental Dismemberment/ Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

Benefit Age Reduction
Benefit Reduction Due to Age any benefit payable will be reduced by 25% of the amount listed for that benefit in the Schedule if the Covered Person's Attained Age is 65 to 69. Any benefit payable will be reduced by 50% of the amount listed for that benefit in the Schedule if the Covered Person's Attained Age is 70 or older. The Benefit Reduction Due to Age does not apply to the Health Screening Benefit

Key Features

- Guaranteed Issue coverage, meaning no medical questions to answer.
- Protection for accidental injuries on or off the job, 24-hours a day.
- Coverage available for spouse and child(ren)
- Affordable premiums conveniently payroll deducted
- Portability - Keep your coverage if you change jobs or retire while the policy is in force.
- $50 Health Screening Benefit for employees and their spouses.
- Benefits are 25% higher when accident is due to organized sports.

Benefit Amounts*

AD&D and Hospital		Benefits
Accidental Death and Dismemberment	Employee Spouse Children	$50,000 $25,000 $10,000
Common Carrier Accidental Death (fare-paying passenger)	Employee Spouse Children	$100,000 $50,000 $20,000
Standard Hospital Admission 1 per accident		$1,500
Hospital Confinement per day		$300
ICU Confinement per day		$300
ICU Supplemental Admission 1 per accident		$1,500
Outpatient Surgery Benefit		$400
Rehab Confinement 15 days per accident, 30 days per calendar year		$200
Ambulance 1 per accident	Ground Air	$400 $1,250

* Benefit dollar amounts shown are maximum amounts payable amount paid, may vary based on severity of injury, benefits subject to limitations on a per accident basis. See plan design from CHUBB for more details.



Group Accident

MetLife

Benefit Amounts*		
Injury Benefits		**Benefits**
Initial Treatment	ER/Urgent Care Doctor's Office	$200/$150 $100
Maximum Appliance Benefit		$1,000
Blood, Plasma, Platelets 1 per accident		$500
Burns (up to) 1 per accident	2cd Degree up to 3rd Degree up to Skin Graft	$1,500 $15,000 50%
Chiropractic Care (per visit)		$50
Coma 1 per accident		$10,000
Concussion 1 per calendar year		$500
Dislocations (up to)		$10,000
Broken Tooth Benefit (crown, extraction, filling) 1 per accident		$300
Exploratory Surgery		$200
Eye Injury 1 per accident		$400
Physician Follow-Up Visit (per visit) 2 per accident, 6 per calendar year		$100
Fractures (up to)		$10,000
Health Screening (per person, per year)		$50
Ruptured Disc Surgery		$1,500
Knee Cartilage - Torn		$1,500
Lacerations 1 per accident, 3 per calendar year		$75-$700
Lodging 15 days per calendar year		$200
Loss of hands, feet, sight (up to)		$40,000
Loss of fingers or toes (up to)		$15,000
Major Diagnostic Exam (CT, MRI, x-rays, etc.) 2 per accident		$200
Non-Emergency Initial Care 1 per accident		$100
Pain Management 1 per accident		$100
Paralysis	Two limbs (paraplegia or hemiplegia) Four limbs (quadriplegia)	$20,000 $40,000
Prosthetics (up to) 1 per accident		$2,000
Modification 1 per accident		$1,500
Surgery - Abdominal, Cranial, and Thoracic 1 per accident		$2,000
Hernia		$200
Tendon, Ligament, Rotator Cuff		$1,000
Therapy – Physical, Occupational, or Speech		$50
Transportation 1 per accident, 2 per calendar year		$400

* Benefit dollar amounts shown are maximum amounts payable amount paid, may vary based on severity of injury, benefits subject to limitations on a per accident basis. See plan design from MetLife for more details.

Benefits Enhancements and Specifications

Emergency Care
1 per accident. Payable within 96 hours after the accident.

Accident Follow-Up Treatment
2 times per accident, 6 times per calender year.

Therapy Services
Includes Acupuncture, Chiropractic, Cognitive Behavioral, Occupational, Physical, Respiratory, Speech and Vocational. 10 times per accident, unlimited per calendar year.

Pain Management
Epidural Anesthesia - 1 per accident, unlimited per calendar year.

Appliance
Brace, cane, crutches, walker, walking boot, wheel chair, motorized scooter, or other medical devices used for mobility.

Prosthesis
Maximum of 2 devices per covered accident.

$50 Health Screening Benefit
Payable for wellness tests performed as the result of preventative care, including tests and diagnostic procedures ordered in connection with routine examinations.

Organized Athletic Activity Rider
An additional 25% of the payable benefit if injured while participating in an organized athletic event.

Dislocation, or Fracture
If more than one dislocation or fracture, the amount we will pay for all dislocations and fractures combined will be no more than 2 times the highest Dislocation Benefit.

Rehabilitation Unit
15 days per accident, 30 day max per calendar year.

MetLife

Critical Illness Insurance

Plan Highlights

Guaranteed Issue Coverage (no medical questions)
Employee: up to $30,000
Spouse: 50% of employee benefit

- Dependent Children covered 50% at no additional cost.
- $50 annual Health Screening Benefit is payable for employees, their covered spouse and children completing wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy or stress test.
- Coverage may be continued; refer to your certificate for details.
- Wavier of Premium while the insured is totally disabled.
- **No** Pre-Existing Conditions Limitation.[1]

Benefits of Critical Illness:

Maintain your lifestyle: If you're unable to work due to a serious illness, critical illness insurance can help cover your living expenses so you can maintain your lifestyle and avoid dipping into your savings or retirement funds.

1. Provide additional support: Even if you have health insurance, the out-of-pocket expenses associated with a serious illness can be substantial. Critical illness insurance can provide financial support to help cover these costs.
2. Customized to your needs: Choose the level of coverage that best meets your needs and budget, have peace of mind knowing that you're covered in the event of a serious illness.

Critical illness insurance is a valuable investment for anyone who wants to protect themselves and their finances from the unexpected. While nobody likes to think about the possibility of being diagnosed with a serious illness, critical illness insurance provides a sense of security and peace of mind.

[1]Conditions you have had in the past will not limit your coverage or eligibility, but only conditions that start after the coverage effective date, are eligible for coverge.

[2]Recurrence Benefit will not be paid unless the covered person has not been treated or had symptoms for at least:
90 days for a Cancer covered Condition
90 days for a Benign Tumor condition



Financial support in the event that you are diagnosed with a serious illness, such as cancer, heart attack, stroke, or kidney failure. These types of illnesses can be devastating not just emotionally and physically, but also financially.

By purchasing critical illness insurance, you can have peace of mind knowing that you'll have financial support to help cover these expenses if you're ever faced with a serious illness. This can help alleviate some of the stress and anxiety that often comes with a diagnosis and allow you to focus on your recovery.

Plan Benefits

Base Benefits	
ALS	100%
Alzheimer's Disease	100%
Benign Brain Tumor	100%
Childhood Disease (Cerebral Palsy, Cleft Lip/Palate, Cystic Fibrosis, T1 Diabetes, Sickle Cell Anemia, Spina Bifida, etc.)	100%
Coma	100%
Coronary Artery Bypass Graft (CABG)	50%
Kidney Failure	100%
Heart Attack	100%
Infectious Diseases Rabies, Malaria, Bacterial Meningitis, etc.	25%
Invasive Cancer / Non-Invasive Cancer	100% / 25%
Loss of Sight, Speech, or Hearing	100%
Major Organ Transplant	100%
Multiple Sclerosis	100%
Muscular Dystrophy	100%
Paralysis (of 2 or more limbs)	100%
Parkinson's Disease (Advanced)	100%
Severe Burns	100%
Skin Cancer Benefit $250 Benefit minimum	5%
Stroke	100%
Sudden Cardiac Arrest	100%
Systemic Lupus Erythematosus (SLE)	100%
Recurrence Benefit[2]	
Payable for a subsequent diagnosis of: Benign Brain Tumor, Invasive / Non-Invasive Cancer, CABG, Coma, Heart Attack, Severe Burn, Stroke	100%

Hospital Indemnity

MetLife

Expenses associated with a hospital stay can be financially difficult if money is tight and you are not prepared.

Having hospital indemnity coverage in place before you experience a sickness or injury can help eliminate your financial concerns and provide support at a time when it is needed most by paying a cash benefit to you if you are stuck in admitted to the hospital.

Plan Highlights

- Guaranteed Issue coverage without a Pre-Existing Condition Limitation
- Coverage also available for your dependents
- Premiums are affordable and are conveniently payroll deducted
- Portability - coverage may be continued; refer to your certificate for details
- Coverage for routine childbirth and pregnancy complications

BENEFITS OVERVIEW:

HOSPITAL ADMISSION BENEFIT (once per calendar year) Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury or covered sickness.	**$500**
INTENSIVE CARE ADMISSION BENEFIT Paid in addition to the Hospital Admission Benefit	**$500**
HOSPITAL CONFINEMENT per day (maximum of 31 days per calendar year) Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or covered sickness.	**$100**
HOSPITAL INTENSIVE CARE BENEFIT per day (maximum of 10 days per calendar year) Payable for each day when an insured is confined in a Hospital Intensive Care Unit because of a covered accidental injury or covered sickness.	**$200**
NEWBORN NURSERY BENEFIT per day (maximum 2 days for normal delivery; 4 days for caesarean section) This benefit is payable for an insured newborn baby receiving newborn nursery care and who is not confined for treatment of a physical illness, infirmity, disease or injury	**$50**



Benefit Reduction Due to Age

Any benefit payable will be reduced by 25% of the amount listed for that benefit in the Schedule if the Covered Person's Attained Age is 65 to 69. Any benefit payable will be reduced by 50% of the amount listed for that benefit in the Schedule if the Covered Person's Attained Age is 70 or older.

MetLife

Whole Life Insurance

Issue Type	Max Benefit Amount
Employee Coverage	
Guaranteed Issue	$100,000 - $250,000
Spouse Coverage	
Guaranteed Issue Minimum	$5,000 - $25,000
Dependent Child Coverage	
Child Term Rider	$5,000 - $10,000

MetLife's Worksite Whole Life's innovative design provides lifetime guarantees at a fraction of the cost and flexibility allows you to customize benefits for WWL and double the benefit amount.

Paid-up Benefits

Designed to allow the insured to keep coverage into retirement even though the insured stops paying premium at age 100. At that time, the policy becomes fully paid up with no further premiums due and the death benefit remains equal at 100% of the Face Amount.

Guaranteed Issue

The first time this benefit is available to you, to the amounts listed, you and your family automatically qualify for this benefit without having to answer health questions. You will continue to carry this for as long as you maintain the policy.

Portability of Coverage

You may be able to keep your insurance if you later become ineligible such as by leaving the group.

Accelerated Death Benefit Rider for Terminal Illness

Automatically included in all policies at no additional cost. The Accelerated Death Benefit due to Terminal Illness Rider pays up to 80% of the death benefit amount (with any balance payable upon final claim). Conditions and restrictions may apply. Any outstanding loans will reduce the cash value & death benefit.

Accelerated Death Benefit for Long Term Care

This helps cover costs associated with a chronic illness, which can be expensive and are not typically covered by medical plans. You may elect to claim an accelerated death benefit if you become permanently or temporarily chronically ill, meaning you are severely cognitively impaired (such as Alzheimer's) or are unable to perform two of six Activities of Daily Living, such as bathing, continence, or dressing, without assistance. You must also be receiving qualified long term care services. This benefit can be used as you see fit while you are still living and reduces the benefit payable at death



Child Term Rider

Death Benefits available up to $25,000. Guaranteed conversion to individual coverage at age 26 – up to 5 times the benefit amount.

Employer Paid Life Insurance

Principal℠

Protect what means the most to you - the people you love. If something were to happen to you, your life insurance proceeds would go to the people you've designated as your beneficiaries.

Benefit summary for all eligible members

	Benefit	Guaranteed Issue[1]	Benefit Reduction[2]
You	$50,000	If you're under 70: $50,000 If you're 70 or older: Lesser of $50,000 or amount with prior carrier.	35% reduction at age 65, with an additional 15% reduction at age 70

[1]Amount of coverage you may buy within 31 days of initial eligibility for coverage without providing health information.

[2]As you get older, your life insurance benefit amount decreases. Age reductions apply to the benefit amount after providing health information.

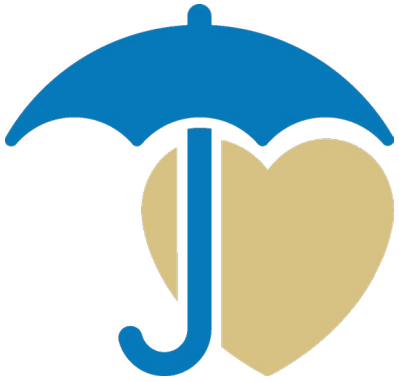
Eligibility
Active, full-time employees.

Guaranteed Issue
No health questions required! All Full Time employees automatically qualify for this benefit.

Accelerated Death Benefit
If you're terminally ill, you may be able to receive a portion of your life benefit.

Coverage During Disability
If you're disabled, you may be able to continue your coverage and not pay premium.

Conversion of Terminated Coverage
If you terminate employment, you may be able to convert coverage to an individual policy.



ComPsych

Employee Assistance Program

With an EAP, provided by ComPsych, you and your family have access to free, confidential resources to help handle life's everyday and not so everyday challenges.

You'll have 24/7 access to support through phone consultations, a mobile app, online resources, and self-screening tools. You can connect with licensed professionals for counseling, coaching, and more in-person, by text, live chat, video, or phone. You might use your EAP to help manage stress, handle relationship issues, balance work and life, work through grief, cope with anxiety, and more. Plus, your EAP gives you access to discounts on major brands and everyday needs.

Services for you and your family

Your EAP offers these services to help you and your family deal with the big and little things.

In-person or virtual counseling

Talking with a professional is a valuable way to work through personal or work issues.
Call 24/7 to speak with a licensed professional, or use GuidanceConnect to schedule a time that works for you—you'll be matched with a local provider. Three counseling sessions per person, per issue, per year are included.

Coaching

Certified coaches understand the vital connection between mind, body, and lifestyle. They work one-on-one with you to address mental health, physical health, and overall well-being through one holistic solution reducing personal roadblocks before they become bigger challenges.

Work life services

You and your loved ones can receive support from licensed professionals:

- **FamilySource**: Customized referrals for child and elder care: adoption, education, pet care, and other personal needs.
- **FinancialConnect**: Connect with CPAs, CFPs, and experienced financial professionals on a wide range of issues.
- **LegalConnect**: Attorneys for non-employment legal issues, plus simple wills, legal forms, and estate planning resources.

Computerized cognitive behavioral therapy (CCBT)

An interactive, multilingual digital program with guided modules covering depression, anxiety, mindfulness, sleep, self-esteem, and resilience.

GuidanceResources® online

A digital experience as comprehensive as live clinical care, personalized assessments and care journeys tailored to you. Explore partner discounts and the member-only Working Advantage portal for savings on movies, travel, shopping, and more.

GuidanceNow℠ mobile app

Offers the same features as the website explore journey options; browse HelpSheets, assessments, Q&As, podcasts, and articles; and find local counseling, legal, childcare, and elder care providers, anytime, anywhere.

24/7 live assistance

Visit guidanceresources.com or download the GuidanceNow℠ app.
Register for both using WebID: PrincipalCore
Call 844-869-2365 | TTY 711

401(k) Plan Benefits

Invest some of what you earn today for what you plan to accomplish tomorrow.

Take a look and see what a difference enrolling in your workplace savings plan could make in helping you achieve your goals.

Tax Savings

Once you make an election to defer some of your salary into the plan, our pre-tax contributions are deducted from your pay before income taxes are taken out. This means that you can actually lower the amount of current income taxes you pay each period. Also, you pay no taxes on any earnings until you withdraw them from your account, generally at retirement, enabling you to keep more of your money working for you now.

Convenience

Your contributions are automatically deducted regularly from your paycheck.

Portability

You can roll over eligible savings from a previous employer into this Plan. You can also take your plan vested account balance with you if you leave the company. See the Frequently Asked Questions section for additional details.

Investment Flexibility

You have the flexibility to select from investment options that range from more conservative to more aggressive, making it easy for you to develop a well-diversified investment portfolio.

When can I enroll in the Plan?

You have the flexibility to select from investment options that range from more conservative to more aggressive, making it easy for you to develop a well-diversified investment portfolio.



Enroll Today

Investing in yourself is easy with your retirement plan. You can count on us to support you every step of the way with our account management website, Fidelity NetBenefits®. First log in to netbenefits.com and we'll show you how to get started step by step.

Step 1

Enroll Online Today – Go to netbenefits.com and click on "Register Now" when logging in for the first time. Follow the instructions to Enroll Today! Call the Retirement Benefits Line if you need assistance at 1-800-294-4015.

Step 2

Decide how much to invest and enter your contribution per pay period.

Step 3

Select how you want to invest your contributions among the investment options available in the plan. Investment performance and fund descriptions are available online or over the phone. If you are interested in additional information about investing, go to the NetBenefits® Library to learn more

Remember to designate your beneficiary(ies) by accessing "Profile" on NetBenefits.

MetLife

Legal Services Insurance

Unlike other voluntary benefits which are purchased as a safety net (with the hope that you never have to use them), the more an you uses a Legal Plan, the more you benefit. Like it or not, laws permeate every aspect of our lives. So, it's helpful to have an advocate in your corner dealing with expensive legal issues like identity theft or debt.

Plan features

Money Matters	•Debt Collection Defense •Identity Theft Defense •Identity Restoration[1]	•Negotiations with Creditors •Personal Bankruptcy •Promissory Notes	•Tax Audit Representation •Tax Collection Defense
Home & Real Estate	•Boundary or Title Disputes •Deeds •Eviction Defense •Foreclosure	•Home Equity Loans •Mortgages •Property Tax Assessments •Refinancing of Home	•Sale or Purchase of Home •Security Deposit Assistance •Tenant Negotiations •Zoning Applications
Estate Planning	•Codicils •Complex Wills •Healthcare Proxies •Living Wills	•Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	•Revocable Trusts •Irrevocable Trusts •Simple Wills
Family & Personal	•Adoption •Affidavits •Conservatorship •Demand Letters •Garnishment Defense •Guardianship	•Immigration Assistance •Juvenile Court Defense, Including Criminal Matters •Name Change •Personal Property Protection	•Prenuptial Agreement •Protection from Domestic Violence •Review of ANY Personal Legal Document •School Hearings
Civil Lawsuits	•Administrative Hearings •Civil Litigation Defense	•Disputes Over Consumer Goods & Services •Incompetency Defense	•Pet Liabilities •Small Claims Assistance
Elder-care Issues	Consultation & Document Review for your parents: •Deeds •Leases	•Medicaid •Medicare •Notes •Nursing Home Agreements	•Powers of Attorney •Prescription Plans •Wills
Traffic & Other Matters	•Defense of Traffic Tickets[2] •Driving Privileges Restoration	•Habeas Corpus	•Repossession

1. Aura is a product of Aura Sub, LLC. Aura Sub, LLC is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product.
2. Does not cover DUI.

Identity Theft Protection

MetLife

Meet Aura

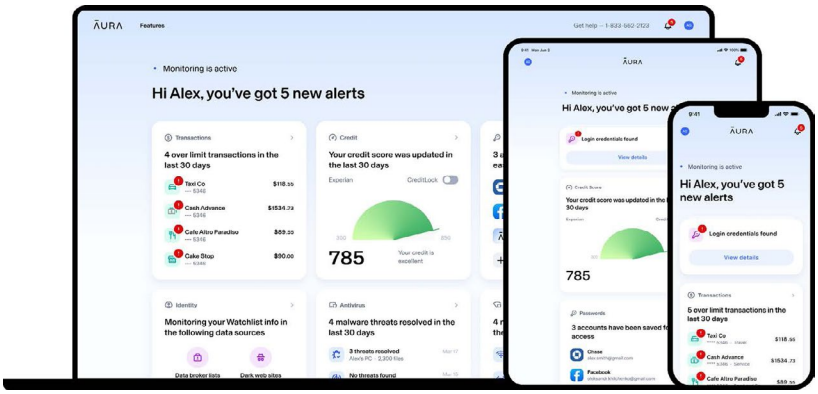
An all-in-one, easy to use online security solution designed to protect the entire family

Identity Theft Protection
Aura monitors your personal information and alerts you if any threats are detected.

Financial Fraud Protection
Aura monitors your credit, financial accounts, and property titles and alerts you to any suspicious activity.

Privacy and Device Security
Get intelligent safety tools– like VPN, antivirus, password manager, and more – to protect your online privacy.

Family Safety
Loved ones with integrated parental controls, elder fraud prevention tools, and more.



In today's digital world, employees are spending more time online than ever which could put their personal information in the hands of cyber criminals.

Aura protects you and your families from fraud by helping to ensure your private information is not anywhere it shouldn't be.

24/7/365 Customer Support	White Glove Fraud Resolution	$5M Insurance Policy	Features at your fingertips
Aura's 100% US-based Customer Support team is available 24/7/365.	Aura's White Glove Resolution Specialists guide fraud victims through every step of the remediation process.	Each enrolled adult is backed by a generous $5M insurance policy* to cover eligible losses and expenses.	With Aura's easy to use mobile app, members enjoy a consistent experience across devices.

MetLife

FARMERS INSURANCE

Home & Auto Insurance

Insure what's important while enjoying saving

- **Automated payment options and discounts**
- **Claim-free driving rewards**
- **Multi-policy savings**
- **Roadside assistance**
- **24/7 claim reporting**
- **This Benefit is not payroll deducted and is paid directly to the carrier**

Access to quality insurance to protect your valuables, to help protect against personal liability, and that can help feel financially secure with 24/7 professional support they need to bounce back, if the unexpected happened. This program helps choose policies to fit your needs and that fit your budget with special savings based on where you work, among other discounts.

Auto Insurance

Comprehensive coverage? Collision coverage? Deductibles? Medical Payments? Where to begin? Your local Farmers agent can take the mystery out of selecting the right Car insurance coverage for your needs and budget. Get started with an online Auto insurance quote and learn about our insurance discounts that can help you save money.

Home Insurance

Your home is perhaps your most valuable possession, so you'll want to make sure your insurer has withstood the test of time. Farmers® has been providing insurance products for over 80 years, and will be there in the event disaster strikes and your home is damaged in a fire or due to another covered cause of loss. Plus, get competitive rates with our multi-line insurance discounts. Get a Home insurance quote now.

Renters Insurance

Your landlord may have an insurance policy, but if there's a fire in your building, that policy may not cover your possessions. That's why there's Renters insurance. Get a Renters insurance quote to see how affordable it is to protect your personal belongings: about the price of a movie and popcorn once a month.

Umbrella Insurance

You work hard for the things that are important to you. For added coverage above and beyond the liability limits of your Auto or Home insurance policies, a Personal Umbrella insurance policy can provide added protection for your assets and future earnings

Pet Insurance

MetLife

MetLife Pet Insurance is committed to helping pet parents experience the joys of parenthood by providing them the confidence to care for their pet. Pet insurance helps to reimburse pet parents for covered unexpected veterinary expenses for their furry family members. This will help to give you the confidence that you can pay for treatment for your pets if they become sick or have an accidental injury. This Benefit is not payroll deducted, and is paid directly to the carrier.



Select and enroll in the coverage that's best for you and your pet



Download our mobile app



Take your pet to the vet



Pay the bill and send it with your claim documents to us via our mobile app, online portal, email, fax or mail



Receive reimbursement by check or direct deposit if the claim expense is covered under the policy

What's Covered?

- accidental injuries
- illnesses
- exam fees
- surgeries
- medications
- ultrasounds
- hospital stays
- X-rays and diagnostic tests
- hip dysplasia
- hereditary conditions
- congenital conditions
- chronic conditions
- alternative therapies
- holistic care
- and much more!

Freedom of Comprehensive coverage

Flexibility to select various levels of coverage with no breed exclusions or upper age limits; ability to include multiple pets on one policy through our innovative family plans

- Flexible coverage with up to 100% reimbursement2 and freedom to visit any U.S. licensed vet
- Available optional Preventive Care coverage
- 24/7 access to Telehealth Concierge Services
- Access to discounts and offers on pet care
- MetLife Pet mobile app to submit and track claims and manage your pet's health and wellness

Simple and delightful experience with the MetLife Pet mobile app:

- Manage pet insurance and your pet's health records
- Access to live 24/7 Telehealth Concierge Services4 and personalized articles
- Find nearby pet services

We are here to be your trusted patient advocate!

Payer Matrix is a patient advocacy group that wants to help you save money onselect physician injectable specialty medications. Your personalized care coordinator will guide you through every step and will be there if you have any questions along the way!

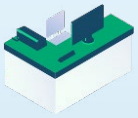
What your Care Coordinator does for you


Patient assistance program guidance


Keep everything on-time


Hands-on paperwork


Dispense notifications


Scheduling assistance


Program research


Personalized custom care


Your own dedicated care coordinator

Payer Matrix Road Map

Welcome Call
Your care coordinator will reach out to you to understand your needs.

1

Onboarding
Complete consent and HIPAA forms.

2

Research available programs
Our coordinator takes your personal case and finds possible matches for your treatment plan.

3

Enrollment and clinical review
We work with your physician to ensure your treatment plan is fulfilled and application is completed.

4

Program fulfilled
Once your medication is shipped we monitor and confirm dispenses each month according to your treatment plan.

5



Learn more about us today.

Call us (877) 305 – 6202
or visit our website payermatrix.com

NOTES

NOTES

This enrollment booklet is a summary description of your benefits. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment. These plans are provided by your employer and employer's insurance broker. Although every effort has been made to provide complete and accurate information, we make no warranties, express or implied, or representations as to the accuracy of content on this booklet. We assume no liability or responsibility for any error or omissions in the information contained in the booklet.