

2024 Benefit Enrollment Guide



Table of Contents

Medical	3	Hospital Indemnity Insurance	15
Dental	6	Accident Insurance	16
Vision	8	Critical Illness Insurance	18
Health Savings Account (HSA)	9	Employer Paid Life Insurance	19
Flexible Spending Account (FSA)	10	Voluntary Term Life and AD&D Insurance	19
Dependent Care FSA	11	Lifetime Benefit Life Insurance	20
Transit Account	12	MetLife Identity Theft Protection	21
Employee Assistance Program	13	MetLaw Legal Services	22
Short-Term Disability	14	Pet Insurance	24
Long-Term Disability	14	Auto and Home Insurance	25



Welcome!

An important part of your compensation package are the employee benefits made available to all eligible employees. This guide will give you an overview of all of your available insurance benefit choices. Our H.R./ Benefits Team has worked hard to provide you with a broad choice of insurance benefits to protect you and your family in time of need. Please take the time to review the important information in this guide so you can make informed choices when selecting your benefits.

Please note, it is your decision whether to participate in any of the benefits offered. **It is mandatory to review the benefit offerings and review your benefit choices.** You can then enroll or decline any or all of the offerings.

To make the enrollment process as easy as possible, we have two ways for you to enroll:

By Phone

Call the Enrollment Call Center at 314-997-5700. The enrollment call center is open for you to enroll or ask any benefit related questions from 9am-6pm, Monday - Friday.

Online

Visit kadiant-benefits.com to view more information about your employee benefits and get instructions on how to complete your enrollment.

Again, welcome aboard! Wishing you much success!

This Guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits.

While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

2024 Benefit Enrollment Guide
Medical Insurance



Medical Insurance

In-Network Benefits	Bronze HDHP	Silver Plan	Gold Plan	Kaiser Plan	RBP Plan
Network	Cigna	Cigna	Cigna	Kaiser	Open Access
Deductible Individual / Family	\$3,500 / \$7,000	\$2,500 / \$4,000	\$1,000 / \$2,000	\$2,500 / \$5,000	\$2,500 / \$5,000
Co-Insurance	30%	20%	20%	30%	20%
Max Out-of-Pocket Individual / Family	\$7,000 / \$14,000	\$5,000 / \$10,000	\$3,500 / \$7,000	\$5,000 / \$10,000	\$7,000 / \$14,000
Doctor's Office Visit					
Primary care visit to treat injury or illness	30% coinsurance	\$35 copay/visit after deductible	\$35 copay/visit	\$40 copay/visit	\$35 copay/visit
Specialist visit	30% coinsurance	\$65 copay/visit	\$65 copay/visit	\$50 copay/visit	\$65 copay/visit
Preventive care/ screening/immunization	No charge	No charge	No charge	No charge	No charge
Imaging and Testing					
Lab work (x-ray blood work)	30% coinsurance	\$25 copay/office based 20% CoInsurance	\$25 copay/office based 20% CoInsurance	\$15 per encounter	20% coinsurance
Imaging (CT/PET scans, MRIs)	30% coinsurance	20% coinsurance	20% coinsurance	30% coinsurance up to \$150 / procedure	20% coinsurance
Outpatient Surgery					
Facility fee	30% coinsurance	20% coinsurance	20% coinsurance	30% coinsurance	20% coinsurance
Physician/surgeon fees	30% coinsurance	20% coinsurance	20% coinsurance	30% coinsurance	20% coinsurance
Immediate Medical Attention					
Emergency room care	30% coinsurance	\$350 copay/visit	\$350 copay/visit	30% coinsurance	\$350 copay/visit
Emergency medical transportation	30% coinsurance	20% coinsurance	20% coinsurance	\$150 / trip	20% coinsurance
Urgent care	30% coinsurance	\$75 copay/visit	\$80 copay/visit	\$40 copay/visit	\$85 copay/visit
Prescription Copay (retail/mail order)					
Generic Drugs	\$15 / \$30	\$15 / \$30	\$15 / \$30	\$10 / \$20	\$10 / \$20
Preferred Brand	\$45 / \$90	\$45 / \$90	\$45 / \$90	\$30 / \$60	\$45 / \$90
Non-Preferred Brand	\$75 / \$150	\$75 / \$150	\$75 / \$150	\$30 / \$60	\$75 / \$140
Specialty Drugs	Not Covered	Not Covered	Not Covered	20% coinsurance up to \$250 / prescription	Not Covered

2024 Benefit Enrollment Guide
Medical Insurance



Plan Design continued	Bronze HDHP	Silver Plan	Gold Plan	Kaiser Plan	RBP Plan
Hospital Stay					
Facility fee (e.g., hospital room)	30% coinsurance	20% coinsurance	20% coinsurance	30% coinsurance	20% coinsurance
Physician/surgeon fees	30% coinsurance	20% coinsurance	20% coinsurance	30% coinsurance	20% coinsurance
Pregnancy					
Office visits	30% coinsurance	\$30 co-pay/visit	\$35 co-pay/visit	No charge	No charge
Childbirth/delivery professional services	30% coinsurance	20% coinsurance	20% coinsurance	30% coinsurance	20% coinsurance
Childbirth/delivery facility services	30% coinsurance	20% coinsurance	20% coinsurance	30% coinsurance	20% coinsurance
Mental Health Care					
Outpatient services	30% coinsurance	\$60 co-pay/visit	\$65 co-pay/visit	Mental / Behavioral Health: \$40 / individual visit 30% coinsurance for other services Substance Abuse: \$40 / individual visit, 30% coinsurance up to \$5 / day for other services	\$65 copay/visit
Inpatient services	30% coinsurance	20% coinsurance	20% coinsurance	30% coinsurance	20% coinsurance
Recovery Assistance					
Home health care	30% coinsurance	20% coinsurance	20% coinsurance	No charge	No charge after deductible
Rehabilitation services	30% coinsurance	\$60 co-pay/visit	\$65 co-pay/visit	Inpatient: 30% coinsurance; Outpatient: \$40 / visit	20% coinsurance
Habilitation services	Not Covered	Not Covered	Not Covered	\$40 / visit	Not Covered
Skilled nursing care	30% coinsurance	20% coinsurance	20% coinsurance after deductible	30% coinsurance	20% coinsurance
Durable medical Equipment	30% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	50% coinsurance
Hospice services	30% coinsurance	20% coinsurance	20% coinsurance	No Charge	20% coinsurance
Out of Network					
Deductible Individual / Family	Out of Network Coverage Not Included	Out of Network Coverage Not Included	\$10,000 / \$20,000	Out of Network Coverage Not Included	Out of Network Coverage Not Included
Co-Insurance			50%		
Max Out-of-Pocket Individual / Family			\$20,000 / \$40,000		

Plan Contact Information

Plan Administrator	American Plan Administrators	http://online.apatpa.com/	(888) 624-6300
Plan Network	Cigna	hcpdirectory.cigna.com	(800) 997-1654
Prescription Drugs	ProAct	proactrx.com	877-635-9545



Dental Insurance

Plan Features:	High Plan		Low Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Network: PDP Plus				
Annual Deductible (Individual/Family)	\$25/\$75	\$25/\$75	\$50/\$150	\$50/\$150
Annual Maximum Benefit	\$2,000	\$2,000	\$1,000	\$1,000
Orthodontia Lifetime Maximum	\$2,000	\$2,000	Not Covered	Not Covered
Coverage Type				
Type A: Preventive (cleanings, exams, X-rays)	100% Covered	100% Covered	100% Covered	100% Covered
Type B: Basic Restorative (fillings, extractions)	80% Covered	80% Covered	80% Covered	80% Covered
Type C: Major Restorative (bridges, dentures)	50% Covered	50% Covered	50% Covered	50% Covered
Type D: Orthodontia	50% Covered	50% Covered	Not Covered	Not Covered

Type A — Preventive	High Plan		Low Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Prophylaxis (cleanings)	One per six months		One per six months	
Oral Examinations	One exam per six months		One exam per six months	
Topical Fluoride Applications	One fluoride treatment per six months for dependent children up to his/her 14th birthday		One fluoride treatment per six months for dependent children up to his/her 14th birthday	
X-rays	<ul style="list-style-type: none"> Full mouth X-rays; one per 60 months Bitewings X-rays; one set per 12 months. 		<ul style="list-style-type: none"> Full mouth X-rays; one per 60 months Bitewings X-rays; one set per 12 months. 	
Space Maintainers	Space maintainers once per tooth area per lifetime for dependent children up to his/her 14th birthday		Space maintainers once per tooth area per lifetime for dependent children up to his/her 14th birthday	
Sealants	One application of sealant material every 36 months for each non-restored, nondecayed 1st and 2nd molar of a dependent child up to his/her 16th birthday		One application of sealant material every 36 months for each non-restored, nondecayed 1st and 2nd molar of a dependent child up to his/her 16th birthday	
Type B - Basic Restorative				
Fillings	1 replacement per surface in 24 Months		1 replacement per surface in 24 Months	
Endodontics	Root canal treatment limited to once per tooth per lifetime		Root canal treatment limited to once per tooth per lifetime	
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services		When dentally necessary in connection with oral surgery, extractions or other covered dental services	
Periodontics	<ul style="list-style-type: none"> Periodontal scaling and root planing once per quadrant, every 24 months Periodontal surgery once per quadrant, every 36 months Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year 		<ul style="list-style-type: none"> Periodontal scaling and root planing once per quadrant, every 24 months Periodontal surgery once per quadrant, every 36 months Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year 	
Type C - Major Restorative				
Crown, Denture and Bridge Repair/ Recementations	<ul style="list-style-type: none"> Repairs; 1 in 12 months Recementation; 1 in 12 months 		<ul style="list-style-type: none"> Repairs; 1 in 12 months Recementation; 1 in 12 months 	
Implants	Replacement once every 5 years		Replacement once every 5 years	

Bridges and Dentures	<ul style="list-style-type: none"> Initial placement to replace one or more natural teeth, which are lost while covered by the plan. Dentures and bridgework replacement; one every 5 years. Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed 	<ul style="list-style-type: none"> Initial placement to replace one or more natural teeth, which are lost while covered by the plan. Dentures and bridgework replacement; one every 5 years. Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed
Crowns, Inlays and Onlays	Replacement once every 5 years	Replacement once every 5 years
Type D — Orthodontia	<p>Your children, up to age 26, are covered while Dental insurance is in effect.</p> <ul style="list-style-type: none"> All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia Payments are on a repetitive basis 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary Orthodontic benefits end at cancellation of coverage 	Not Covered

Questions & Answers

Q. Who is a participating dentist?

A. A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members. Negotiated fees typically range from 30% – 45% below the average fees charged in a dentist's community for the same or substantially similar services.

Q. How do I find a participating dentist?

A. There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at or call to have a list faxed or mailed to you.

Q. May I choose a non-participating dentist?

A. Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist your out-of-pocket costs may be higher.

Q. Can my dentist apply for participation in the network?

A. Yes. If your current dentist does not participate in the network and you would like to encourage him/her to apply, ask your dentist to visit www.metdental.com, or call 1-866-PDP-NTWK for an application. The website and phone number are for use by dental professionals only.

Q. How are claims processed?

A. Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit or request one by calling.

Q. Can I get an estimate of what my out-of-pocket expenses will be before receiving a service?

A. Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend that you request a pre-treatment estimate for services in excess of \$300. Simply have your dentist submit a request online at www.metdental.com or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

Q. Can MetLife help me find a dentist outside of the U.S. if I am traveling?

A. Yes. Through international dental travel assistance services you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits. Please remember to hold on to all receipts to submit a dental claim.

Q. Do I need an ID card?

A. No. You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in the MetLife Preferred Dentist Program. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

Vision Insurance

Plan Type: PPO	Plan Network: Superior Vision Network
Vision care services	IN-NETWORK
Eye Examination - Once Every 12 Months	
Eye health exam, dilation, prescription, and refraction for glasses	\$10 Copay
Retinal Imaging	Up to \$39 copay on routine retinal screening when performed by a private practice.
Materials / Eyewear	
Frame - Once every 24 months	Allowance: \$200 Additional allowance of 20% at select providers. Visit metlife.com/mybenefits to locate participating providers Look for the star icon.
Standard corrective lenses - Once every 12 months Single vision, lined bifocal, lined trifocal, lenticular	\$25 Copay
Standard Lens Enhancement - Once every 12 months	
Standard Polycarbonate (child up to age 18)	Covered in full
Progressive Standard, Progressive Premium/Custom, Standard Polycarbonate (adult), UV coating, Scratch-resistant coatings, Solid or Gradient Tints, Anti-reflective, Photochromic, Blue Light filtering, Digital Single Vision, Polarized, High Index	Your cost will be limited to a member out of pocket amount (MOOP) that MetLife has negotiated for you. These amounts may be viewed after enrollment at metlife.com/mybenefits .
Contact lenses (instead of eyeglasses) - Once every 12 months	
Standard fitting	\$25 copay
Specialty fitting	\$50 allowance after \$25 copay
Elective lenses	\$200 allowance
Necessary lenses	Covered in full with prior authorization
Discounts	<ul style="list-style-type: none"> Conventional contacts: 20% off the amount that you pay over your allowance and on purchases of additional contact lenses Disposable contacts: 10% off the amount that you pay over your allowance and on purchases of additional contact lenses
Other In-network value added features	
Additional savings on lens enhancements	Save an average 20-25% savings over retail on all lens enhancements not otherwise covered under the Superior Vision Insurance program.
Additional savings on glasses and sunglasses	A 20% discount off the provider's usual and customary rate may be available. When buying additional complete pairs of eyeglasses or sunglasses on the same transaction as their primary benefit, members may receive 50% off the additional pair at Visionworks® and 30% off at other participating providers.
Additional savings on frames	20% off any amount over your frames allowance.
Additional savings on contacts	<ul style="list-style-type: none"> Conventional contacts: 20% off the amount that you pay over your allowance and on purchases of additional contact lenses. Disposable contacts: 10% off the amount that you pay over your allowance and on purchases of additional contact lenses.
Laser vision correction	Savings of 20% - 50% off the national average price of traditional LASIK are available at over 1,000 locations across our nationwide network of laser vision correction providers.
Hearing discounts	A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.
Finding an In-Network Provider	Find a Superior Vision provider at www.metlife.com/vision and select 'Superior Vision by MetLife'
Customer Service:	Call 1-833-EYE-LIFE (1-833-393-5433). Once your coverage is effective, visit our member website at www.metlife.com/mybenefits .



Enroll in an HSA and Start Saving Today.

How an HSA Works

- An HSA is a personal savings account that allows you to set aside pre-tax dollars for current and future healthcare expenses for you and your dependents.
- You are eligible to open an HSA if you are enrolled in an HSA-eligible high-deductible health plan.
- Your HSA is funded by payroll deduction, online banking transfer or a direct contribution.
- Use your funds to pay for current healthcare expenses, preserve your funds for tax-free growth, or invest your funds for long-term savings.

HSA Benefits

- HSA-eligible health plans typically have lower monthly premiums, giving you an opportunity to contribute those savings into an HSA.
- Your HSA stays with you, even if you leave your employer.
- Unlike an FSA, unused funds stay in your account from year to year and earn interest tax-free.
- Money goes in tax-free, grows tax-free and withdrawals are tax-free if used on eligible items.
- Once your account balance reaches \$1,000, savings can be invested for growth, just like a 401k.



Easy Spending

Use your Flex Facts Debit Card to pay providers directly or pay with personal funds and withdraw money from your HSA to reimburse yourself.

IRS Contribution Limits for 2024

 **INDIVIDUAL**
\$4,150

 **FAMILY**
\$8,300

If you are 55 or over, you can contribute an additional \$1,000 annually.



Save up to \$960 on medical expenses this year!

Participating in an FSA is like receiving a 30% discount from your medical providers.

How does an FSA work?

A medical FSA is a flexible spending account that allows you to set aside pre-tax dollars for eligible medical, dental, and vision expenses for you and your dependents.

Choose an annual election amount, up to **\$3,200***. This amount will be deducted from your paychecks in equal installments throughout the year. Your full election will be available for spending on the first day of the plan year!

Why should I enroll in an FSA?

Almost everyone has some level of out of pocket medical costs. If you expect to incur medical expenses, you'll want to take advantage of the savings this plan offers.

Money contributed to a healthcare FSA is free from federal and most state taxes. On average, participants enjoy a 30% tax savings on their annual contribution, saving up to **\$960** per year!

Helpful hints...

- Your election can only be changed during the plan year if you experience a qualifying event.
- Save your receipts. You may need itemized invoices to verify card swipes or for claim reimbursements.
- If your employment terminates, your account will be terminated.
- Up to **\$640** of unused funds will rollover into the next plan year. Unused funds over this amount will be forfeited at the end of the plan year.
- Reminder: You can't contribute to an FSA and HSA within the same plan year.



Spending your FSA funds

Swipe your Flex Facts debit card to pay for eligible expenses or pay with your personal funds and submit a claim for reimbursement.



Common eligible expenses

- Copays, deductible, coinsurance
- Doctor office visits, lab work, x-rays
- Hospital charges
- Dental and orthodontia
- Vision exams, glasses, contact lenses, laser vision correction
- Physical therapy
- Chiropractic care
- Medical supplies and first aid kits
- Rx and over-the-counter meds
- And much more...

Visit <http://fsastore.com/FlexfactsEL> for full list.



Download our app

Search 'Flex Facts' on the App Store or Google Play.

*based on 2024 IRS Contribution Limit.

Please note: Your employer may limit the maximum annual limit to a lesser amount.



Save up to \$1,500 on dependent care expenses this year!

Participating in a dependent care FSA is like receiving a 30% discount from your care providers.

How does a DCA work?

A dependent care FSA (DCA) is a flexible spending account that allows you to set aside pre-tax dollars for dependent care expenses that allow you to work or look for work. This includes daycares, babysitters and before/after school care.

Choose an annual election amount, up to **\$5,000**/family. This amount will be deducted from your paychecks in equal installments throughout the year.

Why should I enroll in an DCA?

Child and dependent care is a large expense for many families. If you pay for care of dependents in order to work, you'll want to take advantage of the savings this plan offers.

Money contributed to a dependent care FSA (DCA) is free from federal and most state taxes. On average, participants enjoy a 30% tax savings on their annual contribution, saving up to \$1,500 per year!

Helpful hints...

- Funds will be made available in your DCA account, as deductions are taken each payroll.
- Your election can only be changed during the plan year if you experience a qualifying event.
- Save your receipts. You may need itemized invoices to verify card swipes or for claim reimbursements.
- If your employment terminates, your account will be terminated.
- You will have an additional 2.5 month grace period to spend your DCA funds after the plan ends. Be sure to spend your funds by then, as unspent funds will be forfeited.



Spending your funds

Swipe your Flex Facts debit card to pay for eligible expenses or pay with your personal funds and submit a claim for reimbursement.



Qualifying Dependents*

- Your qualifying child under age 13
- Your spouse or qualifying adult child or relative who is physically or mentally incapable of self-care



Eligible Expenses

- Before school or after school care for children 12 and younger
- Custodial care for adult dependents
- Licensed day care centers
- Nanny / Au Pair
- Nursery Schools or preschools
- Late Pick-up fees
- Summer or Holiday day camps

A full list of eligible expenses can be found at www.flexfacts.com.



Download our app

Search 'Flex Facts' on the App Store or Google Play.

*additional restrictions may apply. See Internal Revenue Code Section 152.

Questions? Contact us at info@flexfacts.com or 877-943-2287



Save up to \$1,134 on commuting expenses this year!

Participating in a commuter account is like receiving a 30% discount on mass transit and parking expenses.

How does a commuter account work?

A commuter account allows you to set aside pre-tax dollars for mass transit and parking expenses associated with your daily commute to work.

There are two types of commuter accounts:

1. Transit (TRN)
2. Parking (PKG)

You can enroll in one or both commuter accounts. Choose a monthly election amount, up to **\$315/month** for mass transit expenses and **\$315/month** for parking expenses.

Why should I enroll in a commuter account?

If you take public transportation to work or pay for parking, you'll want to take advantage of the savings these plans offer.

Money contributed to a commuter account is free from federal and most state taxes. On average, participants enjoy a 30% tax savings on their annual contribution, saving up to **\$1,134** per year!

Helpful hints...

- Funds will be made available in your commuter account(s), as deductions are taken each payroll.
- You can change or cancel your election amount at any time.
- Save your receipts. You may need itemized invoices to verify card swipes.
- If your employment terminates, your account will be terminated.
- Any unused funds that remain in your account at the end of the year will be carried over into the next plan year.



Spending your funds

Swipe your Flex Facts debit card to pay for commuting expenses such as the bus, ferry, or metro, as well as ride sharing apps, or to pay parking vendors.



Eligible Expenses

- Bus, ferry, train, subway tickets and passes
- Ride sharing apps, such as UberPool, Lyft Line and Via
- Parking at/near your place of work. This also includes parking at the location from which you take mass transit to get to work



Ineligible Expenses

- Tolls
- Taxis
- Gas or fuel
- Mileage
- Non-shared Uber or Lyft rides



Download our app

Search 'Flex Facts' on the App Store or Google Play.



employee assistance



ACI
SPECIALTY
BENEFITS

ACI's Employee Assistance Program (EAP) provides professional and confidential services to help employees and family members address a variety of personal, family, life, and work-related issues.

Confidential and professional assessment and referral services for employees and their family members

EAP and Work-Life Benefits:

From the stress of everyday life to relationship issues or even work-related concerns, the EAP can help with any issue affecting overall health, well-being and life management.

- Unlimited Telephonic Sessions of Professional Assessment for Employees and Family Members
- Unlimited Child Care and Elder Care Referrals
- Legal Consultation for Unlimited Number of Issues per Year
- Financial Consultation for Unlimited Number of Issues per Year
- Unlimited Pet Care Consultation
- Unlimited Education Referrals and Resources
- Unlimited Referrals and Resources for any Personal Service
- Unlimited Community-based Resource Referrals
- Online Legal Resource Center
- *Affinity*™ Online Work-Life Website
- myACI App for Mobile Access
- Multicultural and Multilingual Providers Available Nationwide

EAP benefits are free of charge, 100% confidential, available to all family members regardless of location, and easily accessible through ACI's 24/7, live-answer, toll-free number.

EAP services are provided by ACI Specialty Benefits, under agreement with Reliance Standard Life Insurance Company.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Colombia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product availability and features may vary by state.

Additional Questions?

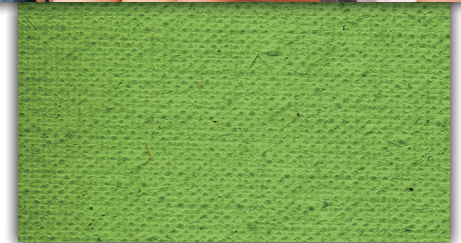
Contact Human Resources or contact ACI Specialty Benefits toll-free at

855-RSL-HELP

(855-775-4357)

rsli@acieap.com

<http://rsli.acieap.com>



RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

Short-Term Disability Insurance

Disability can often result in loss of income and increased medical bills. Short term disability protects your most important asset - your income. This plan will pay cash benefits to you if you are unable to work due to illness or injury so you can pay your regular bills and any medical bills resulting from your disability.

Benefit Amount:	\$100 - \$1,000 per week in Increments of \$25 not to exceed 60% of covered earnings.
Benefit Duration:	12 weeks
Injury Benefits Begin:	The 8th consecutive day of disability
Sickness Benefits Begin:	The 8th consecutive day of disability
Maternity Coverage:	Full
Coverage:	Non-occupational
Partial Disability:	Yes, with zero day residual you can accumulate time toward the elimination period even while partially disabled
Pre Existing Limitation:	12/12
Transfer of Insurance Coverage:	Yes
Continuation on Family & Medical Leave:	Yes

Long-Term Disability Insurance

Long Term Disability Insurance is designed to support you if you are disabled for an extended period of time due to an injury or illness

Benefit Amount:	60% of your monthly covered earnings,																				
Monthly Maximum:	\$10,000																				
Elimination Period:	90 days																				
Benefit Duration:	Benefits will not extend beyond the longer of your Social Security Normal Retirement Age or Duration of Benefits below:																				
	<table border="1"> <thead> <tr> <th>Age at Disablement</th> <th>Duration of Benefits</th> </tr> </thead> <tbody> <tr> <td>61 or less</td> <td>To Age 65</td> </tr> <tr> <td>62</td> <td>3 1/2 Years</td> </tr> <tr> <td>63</td> <td>3 Years</td> </tr> <tr> <td>64</td> <td>2 1/2 Years</td> </tr> <tr> <td>65</td> <td>2 Years</td> </tr> <tr> <td>66</td> <td>1 3/4 Years</td> </tr> <tr> <td>67</td> <td>1 1/2 Years</td> </tr> <tr> <td>68</td> <td>1 1/4 Years</td> </tr> <tr> <td>69 or more</td> <td>1 Year</td> </tr> </tbody> </table>	Age at Disablement	Duration of Benefits	61 or less	To Age 65	62	3 1/2 Years	63	3 Years	64	2 1/2 Years	65	2 Years	66	1 3/4 Years	67	1 1/2 Years	68	1 1/4 Years	69 or more	1 Year
	Age at Disablement	Duration of Benefits																			
	61 or less	To Age 65																			
	62	3 1/2 Years																			
	63	3 Years																			
	64	2 1/2 Years																			
	65	2 Years																			
	66	1 3/4 Years																			
	67	1 1/2 Years																			
68	1 1/4 Years																				
69 or more	1 Year																				
Continuation on Family & Medical Leave:	Yes																				
Transfer of Insurance Coverage:	Yes																				
Mental, Nervous, and Substance Abuse Limitation:	24 month limit																				
Pre-Existing Condition Limitation:	3/12																				
Survivor Benefit:	3 Months																				
Rehabilitation Provision and Worksite Modification Benefit	Included in Policy																				

Hospital Indemnity Insurance

Voluntary hospital indemnity insurance provides a range of fixed, lump-sum daily benefits to help cover costs associated with a hospital admission, including room and board costs. These benefits are paid directly to the insured following a hospitalization that meets the criteria for benefit payment.

Plan Features	<ul style="list-style-type: none"> • Guaranteed issue! No medical questions • No pre-existing conditions exclusions • Mental & Nervous and Substance Abuse treated same as any other hospital admission • No deductibles • Eligible for continuation of coverage • HIPAA privacy compliant • Coverage Offered on a Voluntary Basis
Hospital Admission Benefit	\$1,000 Maximum Benefit Per Calendar Year: 1
Hospital Critical Care Admission Benefit	\$1,000 Maximum Benefit Per Calendar Year: 1
Hospital Room & Board Benefits	\$100 Per Day Maximum Days Per Calendar Year: 180
Hospital Critical Care Unit Benefits	\$200 Per Day Maximum Days Per Calendar Year: 30
Nursery Admission Benefit	\$500 Maximum Benefit Per Calendar Year: 1
Nursery Room & Board Benefit	\$100 Maximum Benefit Per Calendar Year: 10
Value Added Benefit	On-Call Travel Assistance Included

Accident Insurance

You do everything you can to stay active and healthy, but accidents happen every day, including sports-related accidents. An injury that hurts an arm or leg can hurt your finances too. That's where Chubb Accident can help. Chubb Accident pays cash benefits directly to you regardless of any other coverage you have. Benefits are designed to cover health plan gaps for out-of-pocket expenses like deductibles, copays, and coinsurance. Let Chubb Accident help take care of your bills so you can take care of yourself and your family.

When You Need it Most

Chubb Accident provides coverage if you are accidentally injured and need treatment, whether you go to a physician's office, urgent care center, emergency room or use telemedicine services. There are no restrictions on how your money can be used.

Sports Package

Playing sports can lead to injuries and unwelcome expenses. We'll increase your benefits 25%, up to \$1,000 per person per year, for injuries resulting from participating in organized sports.

Accident Insurance Benefits Include

First Accident

Pays you \$100 soon after you report your first claim for covered benefits. If you get injured, we can begin processing your claim right over the phone so you can get cash fast.

Telemedicine Services Benefit

With this benefit, you will no longer need to leave your home for a doctor's visit. We'll pay you a \$25 or \$75 benefit if you receive consultation with a physician for a covered accident via audio or video communication.

Rehabilitation Package

We pay cash benefits for admission, daily confinement and recovery. Whether you're released to a Rehabilitation Center following a hospital stay or you recover at home, we pay a daily recovery benefit to help with your transition. We'll even pay for a residence/ vehicle modification and therapy, including physical, occupational and speech.

Wellness Benefit

Be proactive with your health with preventive care. This benefit pays you \$50 for undergoing a covered health screening test.

Features

Guaranteed Issue

No medical history is required for coverage to be issued.

Renewable

Coverage is automatically renewed as long as you are an eligible employee, your premiums are paid as due and the policy is in force.

Portable

You can keep your coverage even if you change jobs or retire.

Family Coverage

You can insure yourself, your spouse, and your kids. Your children and dependent grandchildren through age 26 can be included.

HSA Compatible

You can have this coverage even if you have a Health Savings Account.

Accident Insurance

Schedule of Benefits – 24-Hour Coverage

Gold & Diamond Plans

Initial Care	GOLD	DIAMOND	Injuries	GOLD	DIAMOND
Ambulance			Burns		
<i>Ground</i>	\$120	\$300	<i>2nd/3rd Degree, up to</i>	\$7,500	\$12,000
<i>Air</i>	\$1,000	\$2,000	Skin Graft	25% of the burn benefit	
Emergency Room	\$75	\$200	Coma	\$7,500	\$12,500
Initial Doctor's Office Visit	\$25	\$75	Dislocations, <i>up to</i>	\$3,600	\$4,800
Telemedicine Services Benefit	\$25	\$75	Ear Injury	\$200	\$300
Urgent Care	\$50	\$150	Eye Injury	\$200	\$300
Emergency Dental			Fractures, <i>up to</i>	\$5,000	\$7,000
<i>Crown</i>	\$200	\$400	Herniated Disc	\$400	\$750
<i>Extraction</i>	\$50	\$100	Knee Cartilage (Torn) Surgery	\$400	\$750
<i>Dentures</i>	\$200	\$400	Lacerations	\$20-\$300	\$30-\$600
<i>Implants</i>	\$200	\$400	Loss of Hands, Feet or Sight, <i>up to</i>	\$10,000	\$20,000
Hospital and Rehabilitation			Loss of Fingers or Toes, <i>up to</i>	\$1,200	\$2,000
Hospital Admission	\$500	\$1,250	Paralysis		
ICU Admission	\$1,000	\$2,500	<i>Two limbs</i>	\$5,000	\$10,000
Rehabilitation Admission	\$500	\$1,250	<i>Four limbs</i>	\$7,500	\$15,000
Hospital Confinement	\$100	\$300	Traumatic Brain Injury	\$100	\$300
<i>Per day, up to 365 days</i>			Additional Benefits		
ICU Confinement	\$200	\$600	First Accident (Once per policy)	\$100	\$100
<i>Per day, up to 30 days</i>			Family Care	\$0	\$30
Rehabilitation Confinement	\$100	\$180	<i>For each child in a child care center: Per day, up to 30 days</i>		
<i>Per day, up to 30 days</i>			Joint Replacement		
Recovery	\$25	\$75	<i>Elbow</i>	\$0	\$750
<i>Per day, up to seven days</i>			<i>Hip</i>	\$0	\$1,500
Follow-up Care & Treatment			<i>Knee</i>	\$0	\$1,000
Abdominal, Cranial, & Thoracic Surgery	\$750	\$1,500	<i>Shoulder</i>	\$0	\$900
Hernia Surgery	\$100	\$200	Post-Traumatic Stress Disorder	\$25	\$50
Appliances	\$75	\$200	<i>Per visit, up to six visits</i>		
Blood, Plasma, Platelets	\$200	\$300	Residence/Vehicle Modification	\$500	\$1,000
Chiropractic Care	\$0	\$50	Sports Package Benefit		
<i>Per visit, up to three visits; six visits max per year</i>			<i>Increases total benefit by 25% when accident is due to participation in organized sports. Up to \$1,000 per person per year.</i>		
Follow-up Treatment	\$25	\$75	Wellness	\$50	\$50
<i>Per visit</i>	<i>one visit</i>	<i>three visits</i>	<i>Once per person, per year; no waiting period</i>		
Lodging	\$100	\$150			
<i>For treatment 100 miles or more away; per night, up to 30 nights</i>					
Major Diagnostic Exam (CT, MRI, etc.)	\$100	\$250			
Medical Supplies	\$10	\$20			
Medicine	\$10	\$20			
Organ Loss	\$500	\$1,500			
Outpatient Surgery Facility	\$0	\$25			
Physical, Occupational, or Speech Therapy	\$25	\$50			
<i>Per visit</i>	<i>6 visits</i>	<i>10 visits</i>			
Prosthetics	\$500	\$1,500			
Tendon, Ligament or Rotator					
Cuff Surgery	\$400	\$750			
Transportation	\$300	\$600			
<i>For treatment 100 miles or more away; per trip, up to three trips</i>					
X-ray	\$20	\$40			

Critical Illness Insurance

If you're like most people, being diagnosed with a critical illness can be overwhelming, even scary. The last thing you want to worry about is money. Chubb Critical Illness pays you directly to help with your bills, your mortgage, your rent, your childcare - you name it - so you can focus on recovery

Plan Features

Affordable, Extensive Coverage	Powerful protection at an affordable price
Family Coverage	You can insure yourself, your spouse, and your kids. Your children and dependent grandchildren through age 26 can be included.
Portability	You can keep your coverage even if you change jobs or retire.
Guarantee Issue	No medical history is required for coverage to be issued.
Renewable	Coverage is automatically renewed as long as you're an eligible employee, your premiums are paid as due and the policy is in force.
No Coordination of Benefits	Payments are made in addition to any other insurance you may have.
HSA Compatible	You can have this coverage even if you have a Health Savings Account

Critical Illness Benefits

No Lifetime Maximum	If you get sick again with the same or different condition, you're still covered. There is no total maximum benefit amount to worry about. Different covered conditions need to be diagnosed at least six months apart.
Recurrence Benefit	Once Chubb pays a Critical Illness benefit for Benign Brain Tumor, Coma, Coronary Artery Obstruction, Heart Attack, Major Organ Failure, or Stroke, and there is a recurrence, you can receive 25% of your Face Amount, as long as you were treatment free for at least 6 months. For a recurrence of Cancer, including Carcinoma In Situ, you can receive 100% of your Face Amount, as long as you were treatment free for 12 months and in complete remission.

Covered Conditions

Benign Brain Tumor, Breast Cancer Carcinoma In Situ, Cancer, Coma, End Stage Renal Failure, Heart Attack, Major Organ Failure, Stroke	Plan pays 100% of benefit amount
Carcinoma In Situ, Coronary Artery Obstruction	25%

Valuable Benefits

Diabetes Diagnosis Benefit	Diabetes is on the rise. If you are diagnosed with diabetes, this benefit pays you a one-time amount of \$100 to help you modify your behavior.
Wellness Benefit- Payable once per insured per year	Be proactive with preventive care. This benefit pays you \$50 for undergoing a health screening test (alter coverage is in force for 30 days).
Enhanced Breast Cancer Benefit	If you're diagnosed with breast cancer, including carcinoma in situ, this benefit will pay you your full face amount.

Benefit Limitations

Pre-Existing Conditions Limitation	A pre-existing condition is not covered unless the date of diagnoses for such condition is at least 3 months after the certificate effective date. A pre-existing condition means a condition for which a covered person received medical advice or treatment within the 12 months preceding the certificate effective date
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Employer Paid Life Insurance

Benefit Description	
Benefit Amount:	\$50,000
Age Reduction:	The benefit amount reduces to 50% at age 70

Voluntary Term Life and AD&D Insurance

Benefit Description	
Benefit Amount:	From \$10,000 to \$500,000 in increments of \$10,000
Spouse Benefit Amount:	From \$5,000 to \$250,000 in \$5,000 increments, not to exceed 100% of employee amount.
Child(ren)	\$10,000
Age Reduction:	The benefit amount reduces to 50% at age 70
Guarantee Issue - Initial Eligibility Period Only	Employee: \$200,000 Spouse: \$50,000 Child(ren): \$10,000
Conversion Privilege	Yes
FMLA/MSLA Extension	Yes
Portability	Yes
Waiver of Premium	Yes
Additional AD&D Rider	
Exposure and Disappearance	Yes
Seat Belt and Air Bag Benefit	Yes
Total Loss of Use Benefit	Yes
Travel Assistance Services	Yes
Schedule of Benefits For Accidental Loss of:	Percentage of Benefit Amount Payable
Life	100%
Two or More Members*	100%
Speech and Hearing	100%
One Member*	50%
Speech or Hearing	50%
Thumb and Index Finger of Same Hand	25%

* "Member" refers to a hand, foot or eye

Voluntary Lifetime Benefit Term Life Insurance

You work hard to provide a good life for your family. However, what if something happened to you? Would your family be able to continue covering expenses you may have today like mortgage payments, childcare, credit card payments, college tuition and other household expenses? What about burial expenses or expenses for long term care like nursing home or assisted living care?

Many families would struggle, especially if the primary wage earner died. And few families are able to afford nursing home care without some type of financial assistance.

LifeTime Benefit Term can help.

Your family can receive cash benefits paid directly to them upon your death that they can use to help cover expenses like mortgage payments, credit card debt, childcare, college tuition and other household expenses.

Cash benefits can also be paid directly to you while you are living for long term care expenses.

How it Works:

As Life Insurance	LifeTime Benefit Term protects your family with money that can be used any way they choose. It is most often used to pay for mortgage or rent, education for children and grandchildren, retirement, family debt, and final expenses.
For Long Term Care (LTC)	If you become chronically ill, LifeTime Benefit Term will pay you 4% of your death benefit each month you receive Long Term Care. You can use this money any way you choose, and your life insurance premiums will be waived. Your death benefit will reduce proportionately each month as you receive benefit payments for Long Term Care. After 25 months of receiving Long Term Care Benefits, your death benefit will reduce to zero.

Plan Features

Guaranteed Premiums	Life insurance premiums will never increase and are guaranteed to age 100. Thereafter no additional premium is due while the coverage can continue to age 121.
Guaranteed Benefits During Working Years	Death Benefit is guaranteed 100% when it is needed most-during your working years when your family is relying on your income. While the policy is in force, the death benefit is 100% guaranteed for the longer of 25 years or age 70.
Guaranteed Benefits After Age 70	After age 70, when income is less relied upon, the benefit is guaranteed to never be less than 50% of the original death benefit.
Paid-up Benefits	After 10 years, paid-up benefits begin to accrue. At any point thereafter, if you stop paying the premium, a reduced paid-up benefit is issued and can never lapse. That means when you retire, you can stop paying the premium and have a death benefit for the rest of your life guaranteed.
Long Term Care (LTC)	If you need LTC, you can access your death benefit while you are living for home health care, assisted living, adult day care and nursing home care. You get 4% of your death benefit per month while you are living for up to 25 months to help pay for LTC. Insurance premiums are waived while this benefit is being paid.
Terminal Condition	After your coverage has been in force for two years, you can receive 50% of your death benefit, up to \$100,000, if you are diagnosed as terminally ill.
Additional Benefit Option - Child Term	Death Benefits available up to \$25,000. Guaranteed conversion to individual coverage at age 26-up to 5 times the benefit amount.
Affordable Financial Security	Lifelong protection with premiums beginning as low as \$3 per week.
Dependable Guarantees	Guaranteed life insurance premium and death benefits last a lifetime.
Highly Competitive Rates	For the same premium, LifeTime Benefit Term provides higher benefits than permanent life insurance and lasts to age 121.
Fully Portable and Guaranteed Renewable for Life	Your coverage cannot be cancelled as long as premiums are paid as due.
Family Coverage	Coverage is available for your spouse, children and dependent grandchildren.



Identity Fraud Protection

- Expanding your benefit offering - The agreement between Aura and MetLife comes at a time when the workforce prioritizes companies that provide a wide range of benefits and recognize their role in supporting employees' holistic well-being.
- Enabling more personalized proactive actions - Beyond traditional identity theft protection services to meet the everyday needs of employees, bringing more solutions together on a unified platform to enable more personalized proactive actions that can help to prevent identity theft and digital fraud before it even happens. Aura's product is a simple to set up, easy-to-use mobile application and website, and includes [24/7/365 U.S.-based Customer Support](#) with dedicated specialists available to guide victims of digital theft or fraud through every step of the resolution process.
- Top rated, all-in-one digital security product - MetLife understands the importance of continuing to evolve to meet employee needs by protecting and supporting what matters most. That is why we are collaborating with Aura to provide customers with a top rated, all-in-one digital security product to provide proactive identity theft and fraud protection for employees' finances, personal information, and mobile devices.

	Protection	Protection Plus
Identity Theft Protection		
Personal Information and ID Monitoring	•	•
Online Account and Breach Monitoring	•	•
SSN Authentication Alerts	•	•
Criminal and Court Record Monitoring	•	•
Home Title and Address Monitoring	•	•
Social Media Monitoring		•
Financial Fraud Protection		
Credit Monitoring & Alerts	Bureau 1	Bureaus 3
Monthly Credit Score	•	•
High Risk Transaction Alerts	•	•
3B Credit Report		•
Experian Credit Lock		•
Transaction Monitoring		•
Privacy and Device Protection		
Data Broker List Removal	•	•
WiFi Security/VPN	Device 1	Up to 10 Devices
AntiVirus	Device 1	Up to 10 Devices
Password Manager	•	•
Safe Browsing		•
Services and Support		
All-in-one Mobile Application	•	•
Customer Support 24/7/365	•	•
White Glove Resolution Service	•	•
*Identity Theft Insurance for Eligible Losses	*Up to \$1M	*Up to \$1M
Lost Wallet Protection	•	•
Personalized onboarding		
Dedicated security concierge		
Account delegation		
Proactive outreach for high-risk alerts		

MetLaw Legal Services

Lawyers are expensive—and rightly so. To have an expert in your back pocket who will advocate for your best interests feels like a luxury. But it doesn't have to be. MetLife Legal Plans makes access to qualified and experienced attorneys a reality for everyone. Plan benefits include:

- A cost-effective plan providing access to more than 18,000+ experienced network attorneys.
- Zero co-pays or deductibles.
- Unlimited use of network attorneys for covered issues.
- Assistance for a wide range of legal needs, including money matters, home and real estate, family and personal matters, civil lawsuits, elder care issues, and vehicles and driving.
- Online digital estate planning tool—create wills and trusts, healthcare proxys, and power of attorney documents from the comfort of home.

We've made finding legal help easy for you! Our network attorneys are available in person, by phone or by email. We also offer access to online tools to complete your estate planning documents or download self-help legal forms. And, you will always have a choice in what attorney to use. You can choose one from our network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost.

How MetLaw Can Help

Getting married

- Prenuptial agreement
- Name change
- Updating or creating estate planning documents

Buying, renting or selling a home

- Reviewing contracts and lease agreements
- Preparing deeds
- Attending the closing

Dealing with identity theft

- Attorney consultations regarding potential creditor actions
- Assistance with contacting banks and creditors
- Attorney defense for issues related to identity theft

Starting a family

- Creating wills and estate planning documents
- School and administrative hearings
- Adoption

Caring for aging parents

- Attorney consultations on Medicaid/Medicare questions
- Reviewing nursing home agreement
- Reviewing estate planning documents

Sending kids off to college

- Security deposit assistance
- Reviewing leases
- Student loan debt assistance

Legal help made easy.

See how simple it is to use your plan.



1 Easy to find an attorney

Create an account at members.legalplans.com to see your coverages and select an attorney for your legal matter. Or, give us a call at **800.821.6400** for assistance.

2 Easy to make an appointment

Call the attorney you select and schedule a time to talk or meet.

3 Easy from start to finish

That's it! There are no copays, deductibles or claim forms when you use a network attorney for a covered matter.

Legal Plan Frequently Asked Questions

Q. How does the plan work?

A. Getting started is easy. You simply choose an attorney from our network, which is available online or by calling our Client Service Center. Call the attorney you select and schedule a time to talk or meet. It's that simple. You can also choose an attorney outside of our network and be reimbursed according to a set fee reimbursement schedule. You can speak to our network attorneys face to face, by phone or you can submit questions online to our Law Firm E-Panel® — whatever works best for you. And for certain legal matters, your attorney can represent you in court without you having to make an appearance.

Q. Can I get help finding the right attorney for my needs?

A. Yes, our Client Service Center representatives are here to help you find the right attorney for your legal matter, whatever that might be. We're committed to ensuring you receive the expert legal help you need, when you need it.

Q. How are attorneys selected for the network? What are their qualifications?

A. We only select attorneys who meet our selection criteria and agree to our Attorney Code of Excellence. Attorneys in the network have an average of 25 years experience in the practice of law, have graduated from an accredited law school and must maintain valid state licensure. Additionally, the attorneys must agree to provide superior customer service to all legal plan members. We routinely monitor our attorneys to ensure our members' needs are being met and conduct regular re-credentialing audit that looks at legal activity, member feedback, verification of malpractice insurance and more.

Q. Can I use an attorney who is not in the network?

A. Yes, you can use any attorney you'd like. If you choose an attorney outside of our network, we'll reimburse you for services based on a set fee reimbursement schedule.

Estate planning at your fingertips

Most of us know we need important estate planning documents like wills, advance directives and powers of attorney, but finding the time to complete these documents can be a challenge. Through our digital estate planning solution we make it easy for you to complete estate planning documents. This allows you to designate your wishes for healthcare, as well as protect your family and assets quickly and easily from the comfort of your home.

With our digital estate planning solution you can create:

- **Last Will and Testament:** Leave property to loved ones and choose guardians for minor children.
- **Advance Directive:** Plan for a medical emergency and select medical care preferences.
- **Durable Financial Power of Attorney:** Choose someone to manage finances in case of an emergency.
- **Probate Avoidance Documents:** Keep your home out of the probate process and have it pass directly to the beneficiaries of your choosing with either a transfer on death deed or revocable living trust, depending on your state.

Q. Can I use an attorney more than once?

A. Yes, you have unlimited access to our attorneys for all legal matters covered under the plan.

Q. How much will it cost?

A. Less than you might think. For less than a dollar a day, you can have our legal experts on your side, for as long as you need them.

Q. How do I pay for my coverage?

A. It's easy. Your premium is paid through payroll deductions, so you don't have to worry about writing any checks or missing payments.

Q. Are my spouse and family members also covered by my plan?

A. Most plans cover your spouse and dependent children; please see the details of your plan. You can confirm the details of your coverage online. If your dependents are included, you can grant online access in account settings.

Q. Are claim forms required when using the legal plan?

A. No. We make using your plan easy. When you use a network attorney, there is nothing for you to do. Plan services are covered in full, and billing is between us and the network attorney. There are no waiting periods, no copays, no deductibles and no claim forms.

Q. I just need a simple document, do you have any examples?

A. Yes! You have access to a library of legal documents whether you're enrolled or not. Our library consists of over 1,700 self-help documents with variations by state.



To learn more about your coverages, view our attorney network or grant your dependents access, create an account at members.legalplans.com or call **800.821.6400** Monday – Friday 8:00 am to 8:00 pm (ET).

Pet Insurance

Product overview	Pet Insurance can help reimburse you for covered vet visits, accidents, illness and more. Plus, it can help keep your pet safe and healthy with preventive care like X-rays and ultrasounds.	
Why needed	<ul style="list-style-type: none"> • Pet parents are spending more than \$4,500 annually on pet care • A small monthly payment can help plan for these expenses • Pet Insurance may not cover pre-existing conditions, so now is the time to insure your furry family members 	
Flexible coverage	<p>Choose the plan that works for you and your pet. Options include:</p> <ul style="list-style-type: none"> • Levels of coverage from \$500–unlimited • \$0–\$2,500 deductible options • Reimbursement percentages from 50%–100% 	
What is Covered	<ul style="list-style-type: none"> • accidental injuries • illnesses • exam fees • surgeries 	<ul style="list-style-type: none"> • medications • ultrasounds • hospital stays • X-rays and diagnostic tests
Coverage also includes	<ul style="list-style-type: none"> • hip dysplasia • hereditary conditions • congenital conditions • chronic conditions 	<ul style="list-style-type: none"> • alternative therapies • holistic care • and much more
Additional value	<ul style="list-style-type: none"> • Take your pet to any licensed veterinarian, specialist or emergency clinic in the U.S. • If you're claim-free in a policy year, we'll automatically decrease your deductible by \$25 or \$50. • Group discounts are available. 	

Frequently Asked Questions

Q. What is Pet Insurance?

A. Similar to health insurance for you and your family, Pet Insurance is coverage for dogs and cats that can help you be prepared for unexpected vet costs. With MetLife Pet Insurance, you may be able to receive reimbursement up to 100% of covered veterinary care expenses.

Q. Can I still use my vet?

A. Yes, you can visit any licensed veterinarian or emergency clinic in the U.S., and you and your vet of choice can determine the best treatment plan and medical course of action for your pet.

B. What does it not cover?

A. Pre-existing conditions may not be covered — to learn more about what's not covered, visit [metlifepetinsurance.com/coverage-exclusions](https://www.metlifepetinsurance.com/coverage-exclusions).

Q. How much will it cost?

A. Each pet's premium will be unique based on the age, breed, location, as well as what coverage amount you select. Group discounts are available, and if you go claim-free in a policy year, we'll automatically decrease your deductible by \$25 or \$50

Q. When does coverage start?

A. MetLife Pet Insurance provides among the shortest wait periods for accident and illness coverage. Accident coverage and optional Preventive Care coverage begin on the effective date of your policy. Illness coverage begins 14 days later.

Ready to enroll or have more questions?

Please call MetLife directly at
1-800-GET-MET8
1-800-438-6388
and speak with a licensed agent.
Or visit [MetLife.com/getpetquote](https://www.MetLife.com/getpetquote)

Auto and Home Insurance

Farmers GroupSelectSM

CHOOSE AUTO AND HOME INSURANCE TO FIT YOUR NEEDS.



Take advantage of special Farmers GroupSelect savings. Coming soon: January 1st, 2024

Program Description:

As an Employee of a Participating Group, you have access to auto and home insurance from Farmers GroupSelect. This program provides you with special savings, outstanding customer service, and a full suite of products. In addition to auto and homeowners insurance, we offer a variety of other policies and endorsements including:

- Condo
- Renters
- Personal excess liability
- Boat
- Motorcycle
- RV

Program Discounts and Features:

Take advantage of special Farmers GroupSelect discounts and benefits that could save you hundreds.

- Automatic payment discount
- Good driving rewards
- A loyalty discount for your years of service
- Multi-policy discounts
- Multi-vehicle savings
- 24/7 superior service

Switch & Save!

You may apply for auto and home insurance through this program for eligible group members at any time. Take advantage of these savings starting on January 1st, 2024.

**Look for more information
coming soon on how to apply**