



YOUR BENEFITS

Effective December 2024 - September 2025

Staff

Making benefit selections

Eligibility

For you

You are eligible for benefits as a full-time employee working at least 30 hours per week.

Covering your family

You may also cover your eligible dependents when you elect coverage for yourself.

Your Spouse or Partner

You may cover your legal spouse or domestic partner.

Your Children

Dependent children are eligible:

- **Medical, dental and vision:** until age 26 regardless of student or marital status
- **Child life insurance:** until age 19, or 26 if a full-time student

Stepchildren, adopted children, and children placed with you for adoption/foster care are also dependent children.

Disabled dependent children may be eligible for continued **medical** coverage past the age of 26 if they are your **tax dependents**, are **incapable of self support**, and are **fully dependent on you or your spouse**. Your medical plan will verify their eligibility.

Enrolling in coverage

Your benefit plans are in effect October 1 – September 30 each year. In general, there are **three times** you can make benefit selections:

When you're first eligible

Your benefits begin on the first day of the month following your day of employment; this is your effective date. Be sure to submit your selections within your first 30 days of benefits eligibility/employment.

Your benefits are in effect through September 30th.

At Open Enrollment

Open Enrollment is your one chance each year to review your coverage options and make changes to your benefits.

Your choices are in effect from October – September of the following year unless you have a qualifying life event.

If you have a qualifying life event

Qualifying life events allow you to change your coverage during the year outside of Open Enrollment. These include:

- marriage or divorce,
- birth or adoption,
- death of a covered dependent,
- a change in eligibility or coverage through other employment or a spouse or parent's coverage,
- a change in salary impacting your ability to make deductions, and
- a change in eligibility through Medicare or Medicaid.

[Enroll now](#)

You must request a change to your benefits within **30 days** of your life event (60 days for changes involving Medicaid eligibility).

Documentation may be required.



Helpful terms & resources

We've removed as much jargon as possible.

But you'll probably still encounter some terms as you enroll in and use your benefits, and we want you to be prepared!

Balance billing

When you use an **out-of-network** medical or dental provider, they may bill you the difference between what they charge and the amount your insurance pays.

Medical: *balance billing is in addition to – and does not count towards – your out-of-pocket maximum.*

Coinsurance

After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

Copay

A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

Deductible

The amount you're responsible for paying in care expenses before the medical or dental plan starts paying deductible-eligible expenses.

In-network

In-network care is always your lowest-cost option. Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service.

Out-of-pocket maximum

The most you'll pay for covered in-network medical care in a year. This includes your deductible, any coinsurance or copays, and prescription drugs.

The out-of-pocket maximum does not include your premium (the amount you pay for coverage), non-covered expenses, or out-of-network care that's been balance billed.

Pre/Prior-authorization

Some specialty medical providers, services and prescriptions require prior authorization from your insurance company. These may include - but are not limited to - surgery, imaging (CT, MRI) and certain prescription medications.

Primary care physician

A primary care physician (**PCP**) is your main medical doctor – usually a general practitioner (GP), family doctor, internist, OB/GYN, or pediatrician (for children).

Have questions?

Your advocate is here to help you with all things benefits. **See their contact information on the next page.**

ANNUAL NOTICES

We're required to tell you about certain rights and responsibilities you have as an employee.

You can request a paper copy at no charge using the contact information on the next page.

How to handle medical bills
(2:04)

[Learn more](#)



[Download now](#)

Contact information

Your benefits team is here to help you with claims, ID cards, coverage questions, and more!

877-703-8010
REI.Benefits@onedigital.com

Monday - Friday,
8am-5pm CST



Medical insurance	UnitedHealthcare	800-782-3740 myuhc.com
	HealthAdvocate <i>Health & claims support</i>	866-695-8622 HealthAdvocate.com/members
	Kaiser Permanente	select.kaiserpermanente.org/resourcing-edge
Health Savings Account (HSA)	OptumBank	866-234-8913 optumbank.com
Flexible Spending Accounts (FSAs)	ConnectYourCare	844-973-3922 secure.connectyourcare.com
Employee Assistance Program (EAP)	MetLife	888-319-7819 metlifeeap.lifeworks.com
	Wysa	Download the app: wysa.com
Dental insurance Vision insurance	MetLife MetLife/VSP	800-438-6388 metlife.com/mybenefits
Life and AD&D insurance	MetLife	800-GET-MET8 (800-438-6388) metlife.com
Disability insurance	MetLife	800-300-4296 metlife.com
Additional benefit options <ul style="list-style-type: none">• Accident, Critical illness, Hospital indemnity• Pet insurance	MetLife	800-438-6388
	Pet Benefit Solutions	800-891-2565 petbenefits.com

Medical Benefit Costs



KAISER HMO 30	MONTHLY	WEEKLY
Employee Only	\$279.00	\$69.75
Employee + Spouse	\$951.00	\$237.75
Employee + Child(ren)	\$755.00	\$188.75
Employee + Family	\$1,511.00	\$377.75



NATIONAL 2000 DQ-W6	MONTHLY	WEEKLY
Employee Only	\$565.00	\$141.25
Employee + Spouse	\$1,651.25	\$412.81
Employee + Child(ren)	\$1,334.43	\$333.61
Employee + Family	\$2,556.46	\$639.12



NATIONAL 5000 DQ-W8	MONTHLY	WEEKLY
Employee Only	\$468.19	\$117.05
Employee + Spouse	\$1,438.28	\$359.57
Employee + Child(ren)	\$1,155.33	\$288.83
Employee + Family	\$2,246.68	\$561.67



NATIONAL HDHP 6750 DQ-YL	MONTHLY	WEEKLY
Employee Only	\$341.21	\$85.30
Employee + Spouse	\$1,158.92	\$289.73
Employee + Child(ren)	\$920.43	\$230.11
Employee + Family	\$1,840.34	\$460.09

Medical insurance

Mental health support

Select from one medical option through Kaiser or three medical options through United Healthcare

Both plans cover in-network preventive care at 100%, prescription drugs, and include an annual limit on your expenses. The differences are:

- what you pay for the plan,
- what you pay when you get care,
- how out-of-network care is covered, and
- your annual maximum cost for care (out-of-pocket maximum).



See your plan details for out-of-network information.

Kaiser HMO 30

[See plan details](#)

NATIONAL 2000 DQ-W6

[See plan details](#)

In-network care

Network name:	HMO	Choice Plus
Annual deductible (DED)	NA	\$2,000 Single / \$4,000 Family
Out-of-pocket maximum	\$3,000 Single / \$6,000 Family	\$6,500 Single / \$13,000 Family
Pre-tax account availability	Health care FSA	Health care FSA
Preventive care	100% covered	\$0 Copay
Primary care visit	\$30 per visit	\$0 Copay
Specialist visit	\$30 per visit	\$100 Copay
Virtual visit	\$0 Copay	\$0
Outpatient rehab & therapy	\$30 per visit	DED then pay 20%
Mental health care	\$500 per admission	DED then pay 20%
Durable medical equipment	DED then you pay 50%	DED then pay 20%
Urgent care	\$30 per visit	\$50 Copay
Emergency room	\$100 per visit	\$250 Copay, then DED then pay 20% / Co-insurance
Inpatient hospital care	\$500 per admission	DED then pay 20%
Outpatient surgery	\$250 per procedure	DED then pay 20%
Prescription drugs		(Regular Rx Specialty Rx)
Prescription deductible	\$15 (retail); \$30 (mail order) / prescription	Does not apply
Generic	\$35 (retail); \$70 (mail order) / prescription	\$5 \$5
Preferred brand		\$50 \$150
Non-preferred brand	\$35 (retail); \$70 (mail order) / prescription	\$100 \$500
Out-of-network care	Balance billing applies	Balance billing applies
Annual deductible	N/A	\$5,000 Single / \$10,000 Family
Out-of-pocket maximum	N/A	\$10,000 Single / \$20,000 Family

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

Medical insurance

Mental health support

Select from one medical option through Kaiser or three medical options through United Healthcare

Both plans cover in-network preventive care at 100%, prescription drugs, and include an annual limit on your expenses. The differences are:

- what you pay for the plan,
- what you pay when you get care,
- how out-of-network care is covered, and
- your annual maximum cost for care (out-of-pocket maximum).



See your plan details for out-of-network information.

NATIONAL 5000 DQ-W8

[See plan details](#)

NATIONAL HDHP 6750 DQ-YL

[See plan details](#)

In-network care

Network name:	Choice Plus	Choice Plus
Annual deductible (DED)	\$5,000 Single / \$10,000 Family	\$6,750 Single / \$13,500 Family
Out-of-pocket maximum	\$6,500 Single / \$13,000 Family	\$6,750 Single / \$13,500 Family
Pre-tax account availability	Health care FSA	Health Savings Account (HSA)
Preventive care	\$0 Copay	\$0 Copay
Primary care visit	\$0 Copay	DED then pay \$0
Specialist visit	\$100 Copay	DED then pay \$0
Virtual visit	\$0	\$0 Copay
Outpatient rehab & therapy	DED then pay 20%	DED then pay \$0
Mental health care	DED then pay 20%	DED then pay \$0
Durable medical equipment	DED then pay 20%	DED then pay \$0
Urgent care	\$50 Copay	DED then pay \$0
Emergency room	\$250 Copay, then DED then pay 20% / Co-insurance	DED then pay \$0
Inpatient hospital care	DED then pay 20%	DED then pay \$0
Outpatient surgery	DED then pay 20%	DED then pay \$0
Prescription drugs	(Regular Rx Specialty Rx)	(Regular Rx Specialty Rx)
Prescription deductible	Does not apply	Does not apply
Generic	\$5 \$5	DED then pay \$10* DED then pay \$10*
Preferred brand	\$50 \$150	DED then pay \$35* DED then pay 150*
Non-preferred brand	\$100 \$500	DED then pay \$70* DED then pay \$500*
Out-of-network care	Balance billing applies	Balance billing applies
Annual deductible	\$10,000 Single / \$20,000 Family	\$10,000 Single / \$20,000 Family
Out-of-pocket maximum	\$20,000 Single / \$40,000 Family	\$20,000 Single / \$40,000 Family

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Additional perks: UHC

There's more to love with these extra benefits when you elect UnitedHealthcare medical coverage.

Health discounts

Log in to myuhc.com for resources to help you save on out-of-pocket expenses that may not be covered by your health plan, like:

- acupuncture, chiropractic care, or massage therapy
- cosmetic dental teeth whitening
- fitness equipment
- hearing devices
- and more!

Real Appeal

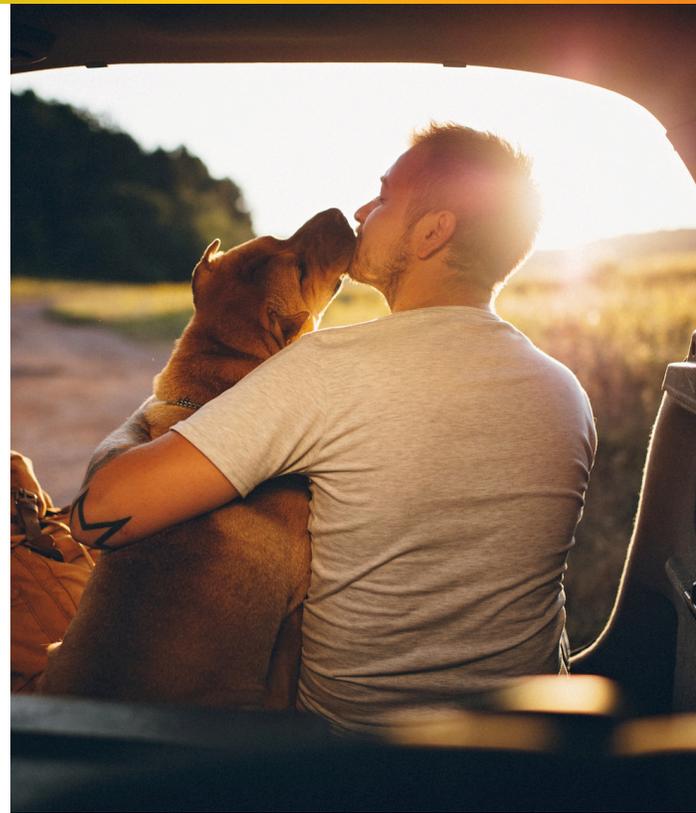
Join [Real Appeal](#) for simple steps that can lead to a healthy transformation. This free, convenient, year-long weight-loss program is accessible 365 days a year, 24 hours a day through your computer, smartphone, or tablet. The program combines clinically proven science with engaging content and easy-to-understand principles that teach you how to eat healthier and be more active.

Healthy pregnancy & maternity support

Whether you're thinking about having a baby or have one on the way, maternity support is here to provide information and support throughout your pregnancy and after giving birth. To enroll, call 1-888-246-7389 or visit myuhc.phs.com/pregnancy-resources for more information.

Added support

If you're managing conditions like diabetes, heart disease, cancer, and/or emotional and behavioral health struggles, additional support may be available to you! Login to myuhc.com to see what's covered under your health plan.



HealthAdvocate

[Learn more](#)

With Health Advocate, you will have access to a Personal Health Advocate, typically a registered nurse, supported by medical directors and benefits and claims specialists. You will have the confidence in knowing that the entire Health Advocate team is working on your behalf to help you and represent your needs.

UnitedHealthcare mobile app

[Learn more](#)

Access claims information, get your ID card, and find a provider - all in one convenient location!

Rally

[Learn more](#)

Care for your mind and body with our wellbeing program, available through UnitedHealthcare when you elect medical coverage.

Important Notice from Resourcing Edge, Inc. About Your Prescription Drug Coverage and Medicare under the UnitedHealthcare Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Resourcing Edge, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription

drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Resourcing Edge, Inc. has determined that the prescription drug coverage offered by the United Healthcare plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. You may also enroll each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Resourcing Edge, Inc. coverage will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current Resourcing Edge, Inc. coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Resourcing Edge, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage . . .

Contact the person listed at the end of these notices for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Resourcing Edge, Inc. changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

»Visit www.medicare.gov

»Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for the telephone number) for personalized help

»Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 1, 2021

Name of Entity/Sender: Resourcing Edge, Inc.

Contact—Position/Office: Human Resources

Address: 1309 Ridge Rd, Suite 200 Rockwall, TX 75087

Phone Number: 877-703-8010

Health Savings Account (HSA)

An HSA through OptumBank is paired with a High Deductible Health Plan (HDHP).

Save pre-tax money for health care expenses – or retirement!



Contributions

You may contribute tax-free funds to save for current and future health expenses - and retirement!

	If you cover yourself only	If you cover dependents
2025 IRS maximum contribution	\$4,300	\$8,550

55 or older? You can contribute an extra **\$1,000** per year in catch-up contributions.

Eligibility

In order to make – or receive – contributions to a Health Savings Account (HSA), you must:

- **be enrolled** in a qualified High Deductible Health Plan (HDHP),
- **not be covered** under any other non-HDHP health coverage, including a full health care FSA through your spouse,
- **not** be anyone else's tax dependent, and
- **not** be enrolled in Medicare A or B, Tricare, or VA benefits.

HSA funds

Using your money

- Spend your HSA balance on health care expenses (medical, prescription, dental, and vision) for you and your tax dependents, OR
- Let your balance grow for retirement.

The money in your HSA is **always yours** and available for qualified health care expenses - even if you change jobs or health plans. Before retirement, any funds used for non-healthcare expenses are subject to tax penalties.

Keep your receipts!

Growing your money + tax savings

HSA dollars go in tax-free, grow tax-free, and come out tax-free when you use them for qualified health expenses. You may also be able to invest part of your balance once it meets a certain level.

In retirement

At age 65, you can withdraw the funds in your HSA for any use (not just health care!) without tax penalties; regular income tax will still apply.



Learn how HSAs can help you save for today and tomorrow.

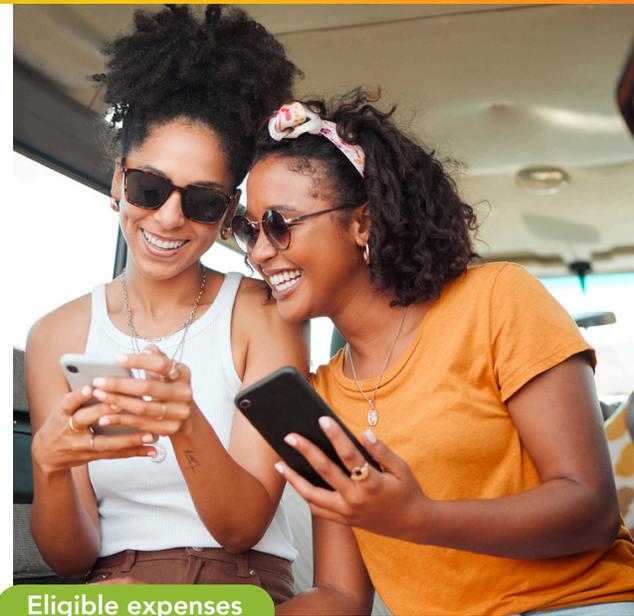
[Learn more](#)



Flexible Spending Accounts (FSAs)

Pay for qualifying expenses with tax-free money using your Flexible Spending Account through ConnectYourCare.

Enroll in one or more flexible spending accounts (FSAs) depending on your needs. Flexible spending accounts run January - December each year.



Eligible expenses

Health care FSA

Pay for eligible medical, prescription, dental, and vision expenses. You'll get a debit card to pay for expenses.

2025 maximum contribution	\$3,300
Annual rollover amount	\$0 use it or lose it

Limited purpose FSA

Pay for eligible **dental** and **vision** expenses when you're also contributing to an HSA. You'll get a debit card to pay for expenses.

2025 maximum contribution	\$3,300
Annual rollover amount	\$0 use it or lose it

Be sure to file all claims (January - December) by March 31 of the following year. Enrolled in an **HDHP plan** and **eligible for HSA contributions**? You're not eligible for a health care FSA; you can contribute to a limited purpose FSA instead.

Dependent care FSA

Pay for eligible child or disabled adult care while you work or attend school.

2025 maximum contribution	\$5,000
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Married filing separately: contribute up to \$2,500 per person.

Only the amount you've **actually contributed** is available for use at any one time.

Estimate carefully! Unused funds will be forfeited at the end of the year per IRS regulations.

Transit and parking FSA

Pay for eligible transit and parking expenses related to work.

Monthly maximum contribution	\$325
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Enrollment and contribution elections are made on a monthly basis, not annual.

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Virtual care & mental health

Support for your health, finances, and life.

Telehealth/Virtual care

Virtual health care that fits your schedule

Access quality care in the convenience of your own home, on your lunch break, or on the way to your child's soccer game!

Whether it's a nagging cough, middle-of-the-night fever, or a suspicious-looking mole or rash — telehealth is here when you need it. **See and talk to a doctor via mobile phone or computer 24/7, no appointment needed. Get care in 20 minutes or less.**

Call the number on your ID card to get started, or log in to www.myuhc.com.

PPO plan	\$0 copay
HDHP plan	\$0 copay

Information when you need it

Access no-cost resources designed to support your wellbeing, understand your benefits, and manage your finances.

Access now



Mental health care is health care.

Managing work, family, relationships, finances — or mental health conditions — can be tough.

Our Employee Assistance Program (EAP) provides you and your family with no-cost, confidential assistance with all things related to your life. **24/7/365.**

Learn more

On-demand support

Access on-demand, anonymous mental health resources wherever you are through Wysa.

Referral code: **REWYSAC**

Access Wysa



Employee Assistance Program (EAP)

Care for your mind – and your life – with support through MetLife.

Confidential care designed for all that life brings.

Everyone needs support sometimes (even superheroes)

Our Employee Assistance Plan (EAP) is a confidential service with access to guidance and resources **at no cost** for:

- mental health concerns (including substance abuse or addiction),
- adoption, parenting, or caregiving needs,
- financial or legal support,
- familial relationships and friendships,
- coping with day-to-day challenges, and
- so much more.

Essentially, if it's part of your life, our EAP is here for you.

Access support online or over the phone. 24/7/365.

Your program includes up to 5 phone or video consultations with licensed counselors for you and your eligible household members, per issue, per calendar year. You can call to speak with a counselor or schedule an appointment, 24/7/365.

EAP features:

- **Confidential.** No one at your employer will ever know you called or what was discussed.
- **Available 24/7/365.** Life doesn't happen during office hours. The EAP is here when you need them.
- **Family care is included.** Anyone living in your home is eligible for EAP services at no cost.



24/7/365 access to care.

888-319-7819

metlifeeap.lifeworks.com

username: metlifeeap

password: eap

Dental and Vision Benefit Costs



DENTAL GOLD PLAN	MONTHLY	WEEKLY
Employee Only	\$41.56	\$10.39
Employee + Spouse	\$81.59	\$20.40
Employee + Child(ren)	\$111.24	\$27.81
Employee + Family	\$153.31	\$38.33



DENTAL SILVER PLAN	MONTHLY	WEEKLY
Employee Only	\$26.81	\$6.70
Employee + Spouse	\$52.34	\$13.09
Employee + Child(ren)	\$67.59	\$16.90
Employee + Family	\$93.12	\$23.38



VISION GOLD PLAN	MONTHLY	WEEKLY
Employee Only	\$8.80	\$2.20
Employee + Spouse	\$15.97	\$3.99
Employee + Child(ren)	\$16.76	\$4.19
Employee + Family	\$25.87	\$6.47



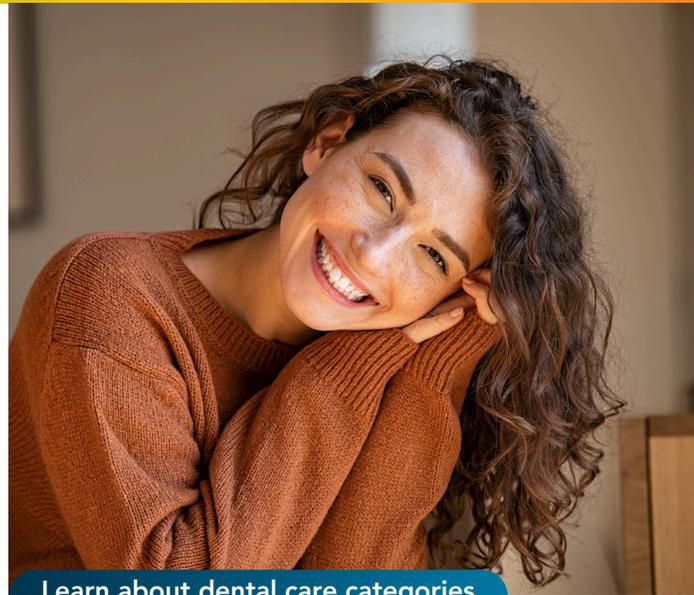
VISION SILVER PLAN	MONTHLY	WEEKLY
Employee Only	\$5.72	\$1.43
Employee + Spouse	\$10.39	\$2.60
Employee + Child(ren)	\$10.90	\$2.73
Employee + Family	\$16.82	\$4.21

Dental insurance

Select from two dental options through MetLife.

Both plans cover in-network preventive care at 100%. The differences are:

- what you pay for the plan,
- what you pay when you get care,
- the maximum amount MetLife will pay each year for dental care (**annual maximum benefit**),
- how **out-of-network care** is covered, and
- whether **orthodontic care** is covered.



[Learn about dental care categories](#)

	Dental Silver See plan details		Dental Gold See plan details	
Network name:	National PPO (PDP Plus)		National PPO (PDP Plus)	
	In-network	Out-of-network	In-network	Out-of-network
Annual Deductible (DED)	\$50 per person	\$50 per person	\$50 per person	\$50 per person
Annual maximum benefit	\$1,500 per person	\$1,500 per person	\$3,000 per person	\$3,000 per person
Preventive care	100% covered		100% covered	
Basic care	DED then you pay 20%	DED then you pay 20%	DED then you pay 20%	DED then you pay 20%
Major care	DED then you pay 50%	DED then you pay 50%	DED then you pay 50%	DED then you pay 50%
Implant coverage:	Available		Available	
Orthodontic care				
Coverage	50% covered (child to age 19)		50% covered (child and adult)	
Lifetime max benefit	\$1,000 lifetime maximum benefit		\$1,500 lifetime maximum benefit	



Stay in-network to avoid balance billing (the difference between what an out-of-network provider charges and the amount your insurance pays).

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Vision insurance

Select from two vision options through MetLife.

Both plans cover annual exams, lenses and frames, or **contacts in lieu of glasses**. The differences are:

- what you pay for the plan,
- what you pay when you get care, and
- the **materials allowance** (how much the plan will pay) for frames or contact lenses.



	Vision Silver See plan details		Vision Gold See plan details	
Network name:	VSP network		VSP network	
	In-network	Out-of-network	In-network	Out-of-network
Annual eye exam <i>(once per 12 months)</i>	\$10 copay	Up to \$45 reimbursement	\$10 copay	Up to \$45 reimbursement
Materials copay <i>(lenses & frames)</i>	\$25 copay	N/A	\$25 copay	N/A
Lenses <i>(once per 12 months)</i>	Included in materials copay	See plan details	Included in materials copay	See plan details
Frames	\$150 allowance (Walmart, Costco, Sam's: \$70) <i>(available once every 24 months)</i>	Up to \$70 reimbursement	\$200 allowance (Walmart, Costco, Sam's: \$95) <i>(available once every 12 months)</i>	Up to \$70 reimbursement
Contact lenses <i>(once per 12 months)</i>				
Elective	\$150 allowance	Up to \$105 reimb.	\$200 allowance	Up to \$105 reimb.
Medically necessary	\$25 copay	Up to \$210 reimb.	\$25 copay	Up to \$210 reimb.

The Silver Vision plan includes frames every other year with lenses or contacts annually.

*The Gold Vision plan includes 2 pairs of frames or 1 frame and contacts annually via the dual vision program.

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Life and AD&D insurance

Financial peace of mind through MetLife.

Life insurance pays a benefit if you pass away while you're covered. Accidental Death and Dismemberment (AD&D) insurance offers additional support if you pass away or are seriously injured due to an accident.

Basic life and AD&D insurance

Your employer provides life and AD&D insurance at no cost to you.

Basic life and AD&D

Your employer provides	\$50,000 flat coverage
------------------------	------------------------

Make sure to designate a **beneficiary** for your life insurance coverage to ensure your family is cared for according to your wishes.

Additional life and AD&D insurance

[See plan details](#)

You may also purchase additional coverage for you, your spouse, and your eligible child(ren).

	For you	For your spouse	For your child(ren)
Coverage increments	\$10,000	\$5,000	\$10,000
Coverage maximum	5x your salary to \$750,000	\$50,000 (up to your coverage amount)	\$10,000
Medical question limit	5x your salary to \$250,000	\$50,000	Does not apply



What's AD&D?

Accidental death and dismemberment (AD&D) insurance may pay:

- **your beneficiary** if you pass away due to an accident
- **you** a partial benefit if you lose specified bodily functions (sight, limbs, etc.)

Medical question limit

When you're first eligible (a new hire), you can purchase additional life insurance up to this limit without any medical questions required.

Medical questions and approval will be required for all future increase and purchase requests.

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Disability insurance

Protect your paycheck with disability insurance through MetLife.

Disability coverage insures your paycheck, replacing a portion of your income if you're unable to work due to a covered illness or injury.



Short-term disability

Short-term disability coverage can replace part of your paycheck if you're unable to work for a shorter period of time. This coverage is available for purchase.

	STD Option 1	STD Option 2	STD Option 3	STD Option 4
Benefits begin	After 14 days of inability to work	After 14 days of inability to work	After 7 days of inability to work	After 7 days of inability to work
Coverage amount	60% of your income up to \$2,308 per week	60% of your income up to \$1,000 per week	60% of your income up to \$2,308 per week	60% of your income up to \$2,308 per week
Payments may continue	Up to 11 weeks if you're unable to return to work	Up to 11 weeks if you're unable to return to work	Up to 12 weeks if you're unable to return to work	Up to 25 weeks if you're unable to return to work

Long-term disability

Long-term disability coverage can provide lasting income protection if you remain unable to work. This coverage is available for purchase.

	LTD Option 1	LTD Option 2
Benefits begin	After 90 days of inability to work days of inability to work (once short-term disability ends)	After 180 days of inability to work days of inability to work (once short-term disability ends)
Coverage amount	60% of your income up to \$10,000 per month	60% of your income up to \$10,000 per month
Payments may continue	See plan details	See plan details

See your benefit summary to learn more about the definition of "unable to work".

Pre-existing condition limitations

If you make a disability claim within the **first year** of being covered, check your plan details to see how **pre-existing condition limitations** might impact your coverage.



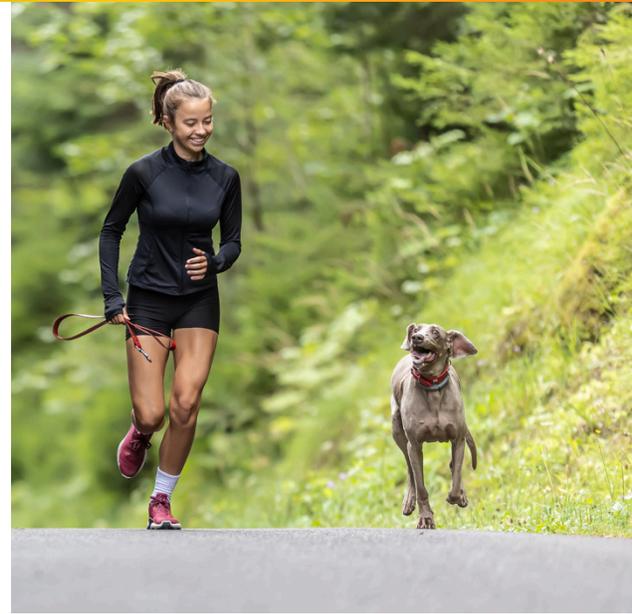
[Learn more](#)

Wish you knew more about finances? Now you can - **at no cost!**

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Additional benefit options

Additional benefit plans are a great way to customize your benefits package.



Accident coverage

[See plan details](#)

Accident coverage through **MetLife** pays you a cash benefit to help with your expenses –your deductible or copays, transportation, groceries and more – if you or a covered family member is injured due to an accident. The money is yours to use as you choose.

 Health screening benefit available

Hospital indemnity

[See plan details](#)

Hospital Indemnity coverage through **MetLife** pays you a cash benefit to help with your expenses - your deductible or copays, transportation, groceries and more - if you or a covered family member is admitted to the hospital. The money is yours to use as you choose.

 Health screening benefit available

Critical illness

[See plan details](#)

Critical illness coverage through **MetLife** pays you a cash benefit to help with your expenses– your deductible or copays, transportation, groceries and more – if you or a covered family member is diagnosed with a covered critical illness. The money is yours to use as you choose.

 Health screening benefit available

Identity & fraud protection

[See plan details](#)

Identity theft protection through **MetLife** helps monitor your credit and personal information online. You can buy coverage for yourself, your spouse and/or your child(ren).

Legal services

[See plan details](#)

Pre-paid legal care through **MetLife** can provide you with legal advice and consultation about various topics at no added cost. Available topics include wills and estate planning, money and finances, driving or traffic matters and more.

Pet insurance

[See plan details](#)

Protect your furry best friend with **Pet Benefit Solutions** Pet Insurance. You'll get access to licensed veterinarians for routine care, emergencies, lab tests and wellness visits. Rates vary.

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2024-2025 benefits