



**P** Page Autos



**CORAL SPRINGS**  
AUTOMALL



**H** **Honda**  
Of Annapolis

**NISSAN**  
OF ST. AUGUSTINE

**2026**  
**2027**



**EMPLOYEE BENEFITS BOOKLET**

# WELCOME

To your employee benefits package

## KEY CONTACT INFORMATION



BUICK GMC HONDA KIA NISSAN



HONDA BUICK GMC KIA



All Atlantic Benefits

### Veronica Vera

Senior Account Manager  
vv@allatlanticbenefits.com  
Talk: (305) 809-8211  
Talk/Text: (954) 623-8300

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Talk/Text: (954) 694-7384

### Human Resources

#### Lorena Lozano

LLozano@CSAMAuto.com  
(954) 509-3256

#### Terry Droddy

tdroddy@hondaofannapolis.com  
(410) 267-7100

Visit our Benefits Website for full plan information, disclosures, and to complete your enrollment: [www.pageautosbenefits.com](http://www.pageautosbenefits.com)

## OUR CARRIERS

### HEALTH

Wellnet • Telephone: (267) 348-3492  
[www.wellnet.com](http://www.wellnet.com)  
Cigna • Telephone: (267) 348-3492  
[www.cigna.com](http://www.cigna.com)  
UCM • Telephone: (844) 4-VIP-DOC  
[www.sambyucm.com](http://www.sambyucm.com)  
Express Scripts • Telephone: (800) 282-2881  
<http://www.express-scripts.com/>

### DENTAL & VISION

Mutual of Omaha  
Dental Telephone: (800) 927-9197  
[www.mutualofomaha.com/dental](http://www.mutualofomaha.com/dental)  
Vision Telephone: (833) 279-4358  
[www.mutualofomaha.com/vision](http://www.mutualofomaha.com/vision)

### LIFE | AD&D | DISABILITY | SUPPLEMENTAL

Mutual of Omaha  
Telephone: (800) 769-7159  
[www.mutualofomaha.com](http://www.mutualofomaha.com)

### GAP

OptiMed Health  
Telephone: (800) 482-8770  
[www.optimedhealth.com](http://www.optimedhealth.com)

### 401K

Empower Retirement  
Telephone: (800) 338-4015  
[www.empowermyretirement.com](http://www.empowermyretirement.com)

### MEDICAL TRANSPORTATION

MASA | Medical Transportation Solutions  
Telephone: (800) 643-9023  
[www.masamtsflorida.com](http://www.masamtsflorida.com)

### FSA

Employee Benefits Corporation (EBC)  
Telephone: (800) 346-2126  
[www.ebcflex.com](http://www.ebcflex.com)

### EMPLOYEE ASSISTANCE PROGRAM

Mutual of Omaha  
Telephone: (800) 316-2796  
[www.mutualofomaha.com/eap/](http://www.mutualofomaha.com/eap/)  
World Travel  
Telephone: (800) 856-9947  
Outside US Call Collect: (312) 935-3658

### PET INSURANCE

Spot Pet Insurance  
Telephone: (800) 905-1595  
[www.spotpetins.com](http://www.spotpetins.com)

### LEGAL PLAN

MetLife  
Telephone: (800) 821-6400  
[members.legalplans.com](http://members.legalplans.com)

# WELCOME

## TO YOUR EMPLOYEE BENEFITS ENROLLMENT

Page Autos strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of your benefits - that's why we've put together this enrollment booklet.

Elections you make during open enrollment will become effective July 1, 2026. If you are a new hire, elections will be effective 1st of the month following 60 days from of hire date.

### WHO IS ELIGIBLE?

If you're a full-time employee, you're eligible to enroll in the benefits outlines in this guide. Full-time employees are those who work 32 hours or more per week. In addition, the following members are eligible for Medical, Dental, Vision, Life/Disability, and Supplemental coverage.

- Your spouse and Domestic Partner
- A child under the age of 26\* who is your natural child, step child, legally adopted child, or child for whom you have obtained legal guardianship.
- An unmarried child over the age of 26 who is not able to support themselves due to mental disability, physical disability, mental illness, or developmental disability.

*\*Employers may choose to expand the definition of child dependent to include children older than 26; age limits vary by plan and state. Please see your Human Resource Department for your state law requirement.*

### HOW TO MAKE CHANGES

While you are generally only allowed to change your benefits elections during the open enrollment period each year, certain life events provide an exception.

The following are examples of qualifying events that may allow you to change your benefit elections during a plan year:

- Birth/Adoption
- Marriage/Divorce/Separation
- Change in insurance coverage
- Moving to a new zip code or county
- Change in employment status
- Death in the family (spouse, child or other qualified dependent)
- Dependent child reaches limiting age
- Loss of other coverage

*\*if applicable in state of residence*

**Enrollment in a Section 125 Pre-Tax Benefit Plan is or the entire plan year and enrollment changes are only allowed for "Qualifying Events" as defined by Section 125 of IRS Codes from the Government and not by Page Auto**

**You must notify your Human Resources Department within 30 days of the qualifying event to request a special enrollment.**

# OPEN ENROLLMENT

## PLAN YEAR

July 1, 2026 - June 30, 2027

## NEW HIRE ENROLLMENTS

First of the month following 60 days from Date of Hire

### HIPAA Special Enrollment Rights

To make health coverage more portable, the Health Insurance Portability and Accountability Act (HIPAA) requires group health plans to provide special enrollment opportunities outside of the plans' regular enrollment periods in certain situations.

This notice is being provided to make certain that you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

Special enrollment must be provided in these situations:

- Loss of Coverage
- Marriage, Birth or Adoption
- Medicaid or CHIP

*Please see federal laws and disclosures for more details on special enrollment.*



## OPEN ENROLLMENT TERMS

**Coinsurance:** The percentage of costs of a covered health care service you pay after you've paid your deductible.

**Copayment:** A flat fee that you pay toward the cost of covered medical services

**Deductible:** The amount you pay for covered health care service before your insurance plan starts to pay. Under some plans, the deductible is waived for certain services.

**Premium:** The amount you pay for a health plan in exchange for coverage.

**Out-of-Pocket Maximum:** The highest amount paid for covered services during a benefit period.

**Out of Network:** Health care you receive without a physician referral, or services received by a non-network service provider.

**In Network:** Health care received from your primary care physician or from a specialist within an outlines list of health care practitioners.

**Primary Care Physician (PCP):** A doctor that is selected to coordinate treatment under your health plan.

# PAYCOM ENROLLMENT INSTRUCTIONS



## BENEFITS ADMINISTRATION

Employees

### HOW TO ENROLL IN BENEFIT PLANS USING THE APP



#### STEP 1

Log in to the Paycom app.



#### STEP 2

Within the Notification Center, select "Benefits Enrollment".



#### STEP 3

Click "Start Enrollment" and enter your personal information and any dependents or beneficiaries.



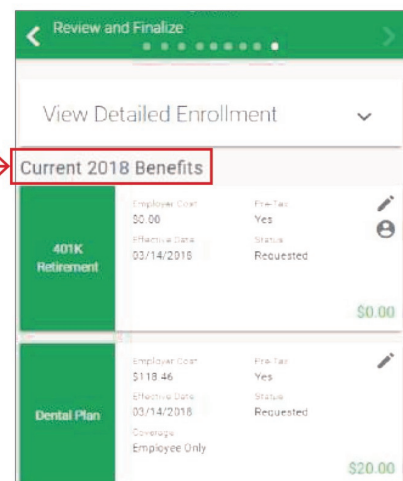
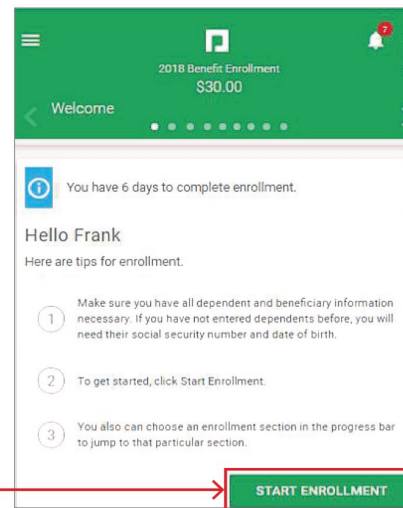
#### STEP 4

After reading each benefit plan, choose your coverage, then elect either to enroll or decline.



#### STEP 5

To complete enrollment, click "Finalize," then "Sign and Submit".



## HELPFUL TIPS

- Have your dependent/beneficiary information ready, such as Social Security numbers, before beginning the enrollment process.
- As you go through the enrollment process, your selections will display and add up on the benefits summary tracker to the right.

# MEDICAL INSURANCE

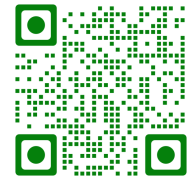


(267) 348-3492 | www.wellnet.com

Plan Name	WellNet COPAY \$5,500 DED PLAN	WellNet COPAY \$1,500 DED PLAN
Network Access	OPEN NETWORK	OPEN NETWORK
Deductible Waiver	Deductible and Out-of-Pocket WAIVED When Using WellNet Recommended Providers	Deductible and Out-of-Pocket WAIVED When Using WellNet Recommended Providers
Provider Network	PHCS	PHCS
<b>Opportunities For Care</b>		
Preventative Care	Covered 100%	Covered 100%
Physician	Covered 100%	Covered 100%
Telemedicine	Virtual Visits PCP: Covered 100% / Specialist: \$20 Copay, Telemedicine via UCM PCP, Specialist, Behavioral Health, ER, Urgent Care & Nutrition Program: Covered 100%	Virtual Visits PCP: Covered 100% / Specialist: \$20 Copay, Telemedicine via UCM PCP, Specialist, Behavioral Health, ER, Urgent Care & Nutrition Program: Covered 100%
Specialist	\$20 Copay	\$20 Copay
Chiropractor	\$20 Copay (24 Visits)	\$20 Copay
Accupuncture	\$20 Copay (24 Visits)	\$20 Copay
Massage Therapy *\$80 limit per visit	\$20 Copay (24 Visits)	\$20 Copay (24 Visits)
Convenience Care Clinic	Covered 100%	Covered 100%
Urgent Care *	\$50 Copay	\$50 Copay
Emergency Room *	\$500 Copay	\$500 Copay
<b>Diagnostic Services</b>		
Independent Clinical Lab / X-Ray *	Hospital Lab: 20% After Ded; Hospital X-Ray: \$50 Copay Independent Lab: Covered 100 %; Freestanding X-Ray: Covered 100%	Hospital Lab: 20% After Ded; Hospital X-Ray: \$50 Copay Independent Lab: Covered 100 %; Freestanding X-Ray: Covered 100%
Diagnostic Testing Facility MRI, MRA, CT & PET Scans *	WellNet Recommended Provider: Covered 100% Imaging Center: Covered 100%   Hospital: 20% After Ded	WellNet Recommended Provider: Covered 100% Imaging Center: Covered 100%   Hospital: 20% After Ded
<b>Outpatient &amp; Inpatient Services</b>		
Outpatient Surgery * Ambulatory Surgical Center/Hospital	WellNet Recommended Provider: Covered 100% ASC: \$500 Copay   Hospital: 20% After Ded	WellNet Recommended Provider: Covered 100% ASC: \$500 Copay   Hospital: 20% After Ded
Inpatient Hospital *	20% After Ded	20% After Ded
Provider Services Inpatient Hospital *	20% After Ded	20% After Ded
<b>Pharmacy Benefits</b>		
Prescription	\$0 / \$35 / \$60 Specialty: 30% After Ded up to \$250 Max	\$0 / \$35 / \$60 Specialty: 30% After Ded up to \$200 Max
<b>Deductible</b>		
Deductible	\$5,500 / \$11,000 (Embedded)	\$1,500 / \$3,000 (Embedded)
Member Co-Insurance	20%	20%
<b>Maximum Benefits</b>		
Member Out of Pocket Maximum	\$6,250 / \$12,500 (Embedded)	\$4,000 / \$8,000 (Embedded)
Carrier Lifetime Benefit Maximum	Unlimited	
Dependent Child/Student Age	Up to Age 30, benefit will terminate at end of DOB month	

\*Voluntary GAP Plan will reimburse costs based on GAP plan option you choose

**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.



# Find a Health Care Provider

Through your Allied health plan, you have access to the PHCS provider network of doctors, hospitals, and facilities. The PHCS network offers you:

- **Choice** – Broad access to more than 4,800 hospitals, nearly 92,000 ancillary care facilities, and 920,000 healthcare professionals.
- **Savings** – Negotiated discounts that result in significant cost savings for you when you visit in-network providers, helping you to maximize your benefits. A PHCS logo on your health insurance card tells both you and your provider that a PHCS discount applies.
- **Quality** – MultiPlan applies rigorous criteria when credentialing providers for participation in the PHCS Network, so you can be assured you are choosing your healthcare provider from a high-quality network.

## How to Find a PHCS Network Provider

**By Phone:** Call 888-733-9582 Monday through Friday from 8 a.m. to 8 p.m. (Eastern Time) and identify yourself as a health plan participant accessing the PHCS Network.

**Online:** You may also search online at [www.multiplan.com](http://www.multiplan.com):

1. Click on “Find a Provider” at the top of the page.
2. After acknowledging you have read the disclaimer at the bottom of the screen, click on the green “Select Network” button.
3. When selecting your network, choose “PHCS,” then “I don’t see any of these statements,” and “Front.”
4. Enter one of the search criteria suggested in the search box to begin your search
5. If your browser settings don’t allow your location to be detected, enter a zip code.

### Before Your Appointment

It is your responsibility to confirm your providers’ continued participation in the PHCS Network and accessibility under your benefit plan. Please also be sure to follow any preauthorization procedures required by your plan (usually a telephone number on your ID card). In addition, to ensure proper handling of your claim, always present your current benefits ID card upon arrival at your appointment.

### If You Need Assistance

If you have issues when scheduling appointments with PHCS Network providers, call **PHCS at 888-733-9582**.

If you have questions about your benefits or claims status, please call **WellNet Advocacy at (267) 348-3492**.



# MEDICAL INSURANCE

Cigna

(267) 348-3492 | www.cigna.com

Plan Name	CIGNA	
	In Network	Out-of-Network
Network Access	In Network	Out-of-Network
Deductible Waiver	Deductible and Out-of-Pocket When Using WellNet Recommended Providers	
Provider Network	Cigna PPO, Choice Fund PPO	
<b>Opportunities For Care</b>		
Preventative Care	Covered 100%	30% After Ded
Physician	Covered 100%	30% After Ded
Telemedicine	Virtual Visits PCP: Covered 100% / Specialist: \$20 Copay, Telemedicine via UCM PCP, Specialist, Behavioral Health, ER, Urgent Care & Nutrition Program: Covered 100%	Virtual Visits PCP: & Specialist: 30% After Ded, Telemedicine via UCM PCP, Specialist, Behavioral Health, ER, Urgent Care & Nutrition Program: Not Covered
Specialist	\$20 Copay	30% After Ded
Chiropractor	\$20 Copay (24 Visits)	30% After Ded
Accupuncture	\$20 Copay (24 Visits)	30% After Ded
Massage Therapy *\$80 limit per visit	\$20 Copay (24 Visits)	30% After Ded
Convenience Care Clinic	Covered 100%	30% After Ded
Urgent Care *	\$50 Copay	30% After Ded
Emergency Room *	\$1,000 Copay	
<b>Diagnostic Services</b>		
Independent Clinical Lab / X-Ray *	Hospital Lab: 20% After Ded; Hospital X-Ray: \$50 Copay Independent Lab: Covered 100 %; Freestanding X-Ray: Covered 100%	30% After Ded
Diagnostic Testing Facility MRI, MRA, CT & PET Scans *	WellNet Recommended Provider: Covered 100% Imaging Center: Covered 100%   Hospital: 20% After Ded	30% After Ded
<b>Outpatient &amp; Inpatient Services</b>		
Outpatient Surgery * Ambulatory Surgical Center/Hospital	WellNet Recommended Provider: Covered 100% ASC: \$350 Copay   Hospital: 20% After Ded	30% After Ded
Inpatient Hospital *	20% After Ded	30% After Ded
Provider Services Inpatient Hospital *	20% After Ded	30% After Ded
<b>Pharmacy Benefits</b>		
Prescription	\$0 / \$35 / \$60; Specialty: \$250 Copay	
<b>Deductible</b>		
<b>Deductible</b>	\$2,500 / \$5,000 (Embedded)	\$2,500 / \$5,000 (Embedded)
Member Co-Insurance	20%	30%
<b>Maximum Benefits</b>		
Member Out of Pocket Maximum	\$7,250 / \$14,500 (Embedded)	\$7,250 / \$14,500 (Embedded)
Carrier Lifetime Benefit Maximum	Unlimited	
Dependent Child/Student Age	Up to Age 30, benefit will terminate at end of the month Birth Date	

\*Voluntary GAP Plan will reimburse costs based on GAP plan option you choose

**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

# Sam<sup>SM</sup>

On-demand, virtual care  
designed for you.



## Sam by UCM Digital Health

Convenient care where and when  
you need it...

Your health  
always deserves the best.

24/7 On-Demand  
Access

Our integrated care team, including medical providers, mental health providers, and care coordinators, works together to treat your physical and mental health needs.

We take a holistic view of your health to ensure that you are getting high-quality, coordinated care.

### Virtual Care For

- Urgent care
- Emergency care
- Primary care
- Mental health care



Download the  
"Sam by UCM"  
Mobile App

[www.sambyucm.com](http://www.sambyucm.com)  
1-844-4-VIP-DOC

**Employee Benefits Corporation | (800) 346-2126 | [www.ebcflex.com](http://www.ebcflex.com)**

## What is a flex plan?

A Flexible Spending Account (FSA) is a convenient way for participants to save money on out-of-pocket health care and dependent care expenses using tax-free dollars. Employers save money in taxes on every dollar participants contribute to the plan.

## How does the BESTflex Plan work?

Each year participants elect to place a portion of their paycheck into one or more FSAs and use these funds to pay for eligible medical expenses. Since elections are deducted from their paychecks pre-tax, participants pay less tax and as a result pay less for health and dependent care expenses.

## Health Care Flexible Spending Account (HCFSA)

Participants use the HCFSA for out-of-pocket medical, vision, and dental expenses that are not covered by another health plan. The HCFSA is not available if participants or their spouses participate in a Health Savings Account (HSA). In this case, a Limited Health Care FSA is used, reimbursing dental and vision expenses only. IRS rules prohibit returning funds remaining in either account to participants once the plan year ends.

## Using the HCFSA account

Participants can spend money from their HCFSA, up to their total election amount, anytime during the plan year. The balance of the total election amount is withheld from their paychecks throughout the plan year.

## Dependent Care Flexible Spending Account (DCFSA)

Participants use the DCFSA to pay for daycare expenses for children or other eligible dependents. Participants (and their spouses) must work or be a full-time student to use this account. IRS rules prohibit returning funds remaining in the account to participants once the plan year ends. Also, participants cannot apply the Federal Tax Credit for dependent care expenses to the amount they spend in the DCFSA.

## Using the DCFSA account

Participants can only be reimbursed for an expense if the total amount of the expense is available in their account when they request reimbursement and after they have received the service. The current balance in the DCFSA is the maximum reimbursement participants can receive.

## Group Insurance Premium Payments

Employers withhold payroll dollars to pay for participants' medical or other group insurance premiums. With the BESTflex Plan, this withholding becomes an automatic, pre-tax deduction.

## The BESTflex<sup>SM</sup> Plan

**Tap! Tap! Click!**

Smartphone. Tablet. Online.

Participants can submit expense documentation to us the easy way.

Now, participants can send us their Benefits Card receipts, Explanation of Benefits (EOBs), invoices or other documentation using their Android or Apple mobile device or from their computer.

## How do participants know their purchase needs documentation?

Participants will be notified via email or push notification on their mobile device within a couple of days of their purchase (with rare exceptions). Once they receive this notification, participants can use their mobile device or go online to submit the requested documentation.

## Mobile.

Sending us documentation from a mobile device couldn't get much easier than this:

1. Participants log into My Mobile Account Assistant on their tablet or smartphone.
2. They tap on the Benefits Card icon, then tap "Documentation Required" on the Benefits Card Transaction screen.
3. After a simple tap on the red document icon, participants just follow the prompts to take a photo of their documentation using the device's camera or they can load the documentation from their photo library.

## Online.

1. Participants click the email link then log into My Account Assistant online at [www.ebcflex.com](http://www.ebcflex.com).
2. A pop-up message notifies them of any transactions that need documentation. They click "Substantiate Now" to begin.
3. Participants can easily view their Benefits Card transactions and upload documentation as needed.

## Other options?

Sure. Participants can still fax or send us documentation using the U.S. Mail. But once they try sending documentation using their mobile device or online, they'll agree it's easier and a lot more convenient.

## Flexible Spending Account (FSA) Maximum Contribution

**Unreimbursed Medical: \$3,400**

**Please note, if you continue enrollment you will not receive a new card and can carry over up to \$660.**

## GAP INSURANCE

GAP is supplemental medical expense insurance designed to help employees manage ever-increasing major medical expenses.

### WHAT DOES GAP INSURANCE DO FOR YOU?

#### Pays for these Inpatient Hospital Benefits:

- Inpatient hospital stays
- Inpatient procedures
- Inpatient physician charges
- Inpatient mental health & substance abuse treatment
- Routine nursery care for dependent children

#### Pays for these Outpatient Hospital Benefits:

- Radiation therapy or chemotherapy authorized by a radiologist, chemotherapist, or an oncologist for outpatient cancer treatment
- Outpatient surgery performed in a hospital facility, free-standing surgery center, or physician's office
- X-rays, MRI's, CT scans, PET scans diagnostic ultrasounds, & electrocardiogram (EKG) tests, stress tests, & cardiac catheterization
- Treatment for injury due to an accident or illness in a hospital emergency room (ER) or urgent care center
- Kidney dialysis in a hospital outpatient facility to dialysis treatment center

GAP PLAN DEDUCTIBLE	COMBINED INPATIENT & OUTPATIENT MAXIMUM BENEFIT	FAMILY MAXIMUM BENEFIT*	COINSURANCE	MENTAL NERVOUS/SUBSTANCE ABUSE
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\$0	Inpatient: \$3,000 Outpatient: \$3,000	3x	0%	Included
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GAP PLAN DEDUCTIBLE	COMBINED INPATIENT & OUTPATIENT MAXIMUM BENEFIT	FAMILY MAXIMUM BENEFIT*	COINSURANCE	MENTAL NERVOUS/SUBSTANCE ABUSE
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\$0	Inpatient: \$5,000 Outpatient: \$5,000	3x	0%	Included
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\*This benefit is not payable for any Medical Plan Copayment incurred for an examination of a Covered Person by a Physician in the Physician's office or Urgent Care Facility.

# Member Claim Submission Instructions

## OptiMedHealth

Before going to the medical provider, make sure you have both copies of your Insurance ID Cards. OptiMed is your **Secondary Insurance Carrier**, this means you will **ALWAYS** have a Primary Insurance Carrier. Present both ID cards to your provider. If you are unsure of the primary insurance carrier please refer to your Human Resources Department or Benefits Representative.

### Claim Submission Options

If you pay the bill out of pocket, we can reimburse you if you submit a claim to us. OR you can supply the provider with your insurance ID card and they can file on your behalf.



#### 1) Submit Claim Online

- 1) Online Submission:
- Go to our website <https://www.optimedhealth.com> Resources Tab, then File a Claim Tab

OptiMed's Website is Mobile Device Compatible, you can submit your claim from your phone!



#### 2) US Mail Claims Submission

#### 2) Mail Submissions

ATTN: OptiMed Health Plans  
5600 Spalding Dr.  
Unit 927050  
Norcross, Georgia 30010-7050



### Need Help with Submitting a Claim....

Contact our Customer Care team, and we can help with navigation or questions about your claim submission.

[customercare@optimedhealth.com](mailto:customercare@optimedhealth.com)

1-800-482-8770

Call-In Hours Available: Monday-Friday 8:00 AM- 6:00 PM (EST)

### REQUIRED INFORMATION AND DOCUMENTATION FOR CLAIM SUBMISSIONS:

In order for us to process your claim online you will need to obtain a copy of the provider claim form.\*

- **The Provider claim form needed is UB-04 or HCFA/CMS 1500 including the following:**
  - Diagnosis Codes
  - Procedure Codes
  - Provider's Address
  - Tax ID Number
- **Copy of your primary carrier's EOB\*\***

*\*your provider will have a copy of the required claim form, contact your provider for a copy if you do not already have one.*

**\*\* EOB or Explanation of Benefits comes from your Primary Insurance Carrier after your provider submits the claim from your visit. The EOB is mailed to you directly or can be pulled from your primary insurance carrier's website.**

***If you need help with Primary Insurance, please contact Human Resources or your Benefits Representative***

# Member Portal Access Instructions



## Registration

1. Visit your Member Portal by going to [wellnet.com](http://wellnet.com) and clicking the **“Portal Login”** button in the upper right corner.
2. In the upper right corner of the Member Portal home screen, click the **“Register Now”** button.

Register Now

3. Fill out the Registration Form and click **“Submit”**. Your ID Number is included on your ID Card or contact a WellNet Advocate at **267-348-3492** or [advocacy@wellnet.com](mailto:advocacy@wellnet.com) to request your ID Number.

## Logging In

1. Once you have registered, go to [wellnet.com](http://wellnet.com) and click the **“Portal Login”** button in the upper right corner. You may use your username and password to log in.

## Login

Please log in to continue. For first-time users, [Click to Register](#).

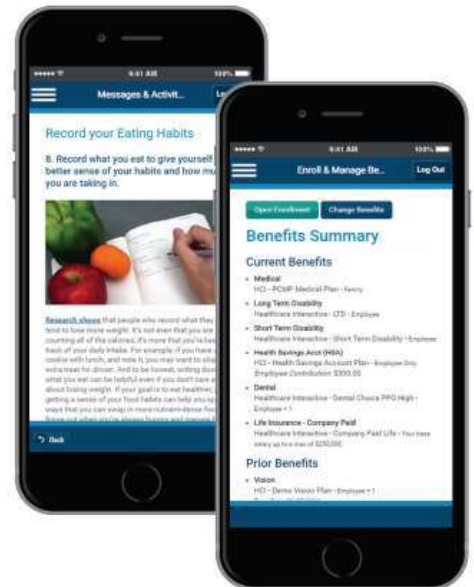
**Account Access**

User Name\*

Password\*

[Forgot password?](#)

Login



Use your mobile device to access the same great health plan and wellness features of your Member Portal! Look for the WellNet mobile app in the iPhone App Store and Google Play Store.

## Register to:

- Order ID Card
- Check Claim Status
- Print EOB

And More!



**Call a WellNet Advocate before scheduling your MRI, CT, PET scan or Surgical Procedure**

When you're informed you need a non-emergency MRI, CT, PET scan or surgical procedure, contact WellNet Healthcare to see if your procedure is eligible before scheduling. The WellNet Advocate will attempt to locate quality medical providers with competitive pricing in your area. If successful, they will present you with options and other information, including your financial responsibility.

<b>WITHOUT</b> Calling Advocacy	<b>vs</b>	<b>WITH</b> Calling Advocacy
Full Member Responsibility		Reduced Member Responsibility*

\*Should you use the recommended provider, your member responsibility may be reduced. Contact a WellNet Advocate to learn more.

**To locate a quality provider in your area, contact a WellNet Advocate:  
267-348-3492 or [advocacy@wellnet.com](mailto:advocacy@wellnet.com)  
Monday through Friday, 8:30 a.m. to 7:00 p.m. EST.**

# TAKE THE OPPORTUNITY TO TAKE CONTROL OF YOUR PRESCRIPTION PLAN



## TAKE THINGS ONLINE

Create an account on [express-scripts.com](https://www.express-scripts.com) or the Express Scripts® mobile app.

Manage your prescription plan anytime and anywhere with an online account. It's simple and easy to get started.

1. Visit [express-scripts.com](https://www.express-scripts.com) and select Register OR download the Express Scripts mobile app for free from your phone's app store and select Register
2. Enter the requested information, including your member ID or Social Security number, and create your user name and password
3. Click or tap Register Now

Once your account is created, you can:



Check your order status



Refill and renew prescriptions



Find your nearest preferred pharmacy



View and print Digital ID cards



Enroll eligible prescriptions in automatic refill



Set reminders to take your medication



Enroll in home delivery



## TAKE A SHORTER TRIP TO GET YOUR MEDS

Enroll in home delivery to get your 90-day prescriptions shipped right to your door.

Requesting to get your medications delivered to your home from Express Scripts® Pharmacy is simple and convenient. First, log in to [express-scripts.com](https://www.express-scripts.com) (if you haven't already registered, make sure to have your member ID or SSN).

If you are enrolling a new prescription...



Contact your doctor and ask them to e-prescribe a 90-day prescription directly to Express Scripts



OR send a request by selecting "Forms" or "Forms & Cards" from the "Benefits" menu, print a mail order form and follow the mailing instructions



OR call us at the Member Services number on your card and we'll contact your doctor for you

If you are enrolling a current prescription...

Transfer retail prescriptions to home delivery by clicking "Add to Cart" for eligible prescriptions and check out. You can also refill and renew prescriptions. We'll contact your doctor and take care of the rest.

Check Order Status to track the shipping of your prescriptions. After we receive your prescription from your doctor, you will receive your medication within 7 days.<sup>1</sup>

# Pay less for select specialty medications

By completing the copay assistance enrollment process and consenting to account monitoring



Specialty medications can cost a lot of money. That's why your plan offers a copay assistance benefit administered by SaveOnSP, which can help you lower your out-of-pocket costs.

## Let SaveOnSP help you save money.

Nearly 400 specialty medications are eligible for this plan benefit.<sup>1</sup> If you're filling an eligible medication, a representative from SaveOnSP will contact you to complete your copay assistance program's enrollment process and arrange for the monitoring of your account.

You'll pay a reduced cost for your medication after enrolling and consenting to SaveOnSP monitoring your pharmacy account. If you choose not to participate in the plan benefit, you'll pay a higher coinsurance when you fill your medication.

### Conditions covered by manufacturer copay assistance programs include, but are not limited to:

- + Hepatitis C
- + Multiple sclerosis
- + Psoriasis
- + Inflammatory bowel disease
- + Rheumatoid arthritis
- + Cancer

## Here's an example of how it works.<sup>2</sup>



John's taking a specialty medication that's eligible for the copay assistance benefit. His copay is currently \$70. His new coinsurance will be \$1,150.



When John participates in the plan benefit, he may pay a reduced cost out of pocket.



He will work with SaveOnSP to enroll in the manufacturer copay assistance program, and he'll consent to SaveOnSP monitoring his account.



If John decides not to participate in the plan benefit, he'll pay his full coinsurance of \$1,150 out of pocket.

1. The drug classes and medications included are subject to change. Check your plan materials to see which medications SaveOnSP supports.
2. For illustrative purposes only. Plans may vary

# DENTAL INSURANCE



(800) 927-9197 | [www.mutualofomaha.com/dental](http://www.mutualofomaha.com/dental)

Carrier Name	Mutual of Omaha			
	PPO Low Plan		PPO High Plan	
	In Network	Out of Network	In Network	Out of Network
Network	Mutually Preferred Network		Mutually Preferred Network	
Individual Deductible	\$50	\$50	\$50	\$50
Family Deductible	\$150	\$150	\$150	\$150
Waived for Preventative	Yes		Yes	
Deductible Calendar Year	Calendar Year		Calendar Year	
Annual Maximum	\$2,000	\$1,750	\$3,000	
Preventative - Type 1	100%	80%	100%	80%
Basic - Type 2	80%	60%	80%	60%
Major - Type 3	50%	40%	50%	40%
Ortho - Type 4	Not Included		50%	
Ortho Age Limit			Child(ren) Only - Age 26	
Ortho Maximum			\$1,500	
Endodontics	Basic		Basic	
Periodontics - Non-Surgical	Basic		Basic	
Periodontics - Surgical	Basic		Basic	
Oral Surgery (Simple)	Basic		Basic	
Oral Surgery (Complex)	Major		Major	
Implants	Major		Major	
Out-of-Network Reimbursement	MAC		80th UCR	
Dependent Child/Student Age	Up to Age 26, benefit will terminate at end of the month of Birth Date			

**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

# VISION INSURANCE



(833) 279-4358 | [www.mutualofomaha.com/vision](http://www.mutualofomaha.com/vision)

Plan Name	Vision
	In Network Copays & Allowances
Network	EyeMed Insight Network
Exam Copay	\$10 Copay
Materials Copay	\$10 Copay
Frequency - Exam / Lenses / Frames	12 / 12 / 24
Single Lenses	Covered in full after copay
Bifocal Lenses	
Trifocal Lenses	
Lenticular Lenses	
Frames - After Copay	Up to \$200
Contacts (Elective)	\$200 Copay
Dependent Child/Student Age	Up to Age 26, benefit will terminate at end of the month of Birth Date

**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

# LIFE INSURANCE



(800) 769-7159 | [www.mutualofomaha.com](http://www.mutualofomaha.com)

## EMPLOYER PAID BASIC LIFE & AD&D

Page Autos provides Employer Paid Life Insurance and AD&D to all Full-Time Employee eligible for benefits in the amount of: All Eligible Employees \$10,000

### Benefits Will Reduce:

- 65% at Age 65
- 40% at Age 70
- 25% at Age 75

## VOLUNTARY LIFE & AD&D

### Employee Benefit

Benefit Amount:

- Choice of \$10,000 Increments
- Not to exceed 5 times your annual salary
- Maximum Amount \$500,000
- Minimum Amount \$10,000

### Guarantee Issue:

- Up to \$150,000 at Initial Enrollment

### Other Benefits Included

- Living Care/Accelerated Death Benefit
- Waiver of Premium
- Portability
- Conversion

### Your Benefits Will Reduce:

- 65% at Age 65
- 40% at Age 70
- 25% at Age 75

### Child Benefit

- \$10,000: 14 days to age 26 if Full-Time Student
- Employee must elect coverage in order to enroll children

### Spousal Benefit

Benefit Amount:

- Choice of \$5,000 increments
- Employee must elect coverage in order to enroll spouse
- Maximum amount \$250,000 not to exceed 100% of employee benefit amount

### Guarantee Issue:

- 100% of Employees Benefit, Up to \$50,000 at Initial Enrollment

## DISCLOSURES

Accidental Death and Dismemberment (AD&D) pays the Principal Sum Amount for the loss of life due to an accident or the loss of 2 or more members such as hand, foot, or eye.

Half the Principal Sum is payable for the loss of one member.

Please refer to the certificate of insurance for full policy details, benefits, and restrictions.

Rate information can be found in your enrollment kit or platform.

Exclusions may apply.

**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

# DISABILITY INSURANCE



(800) 769-7159 | [www.mutualofomaha.com](http://www.mutualofomaha.com)

## VOLUNTARY SHORT TERM DISABILITY

Elimination Period	7 Day Accident and 7 Day Sickness
Maximum Weekly Benefit	60% Of Your Weekly Salary Up to \$750
Benefit Duration	Up to 13 Weeks
Pre-Existing Period	3 months / 6 months

## VOLUNTARY LONG TERM DISABILITY

Elimination Period	90 Days
Maximum Monthly Benefit	60% Of Your Monthly Salary Up To \$6,000
Benefits Duration	Reducing Benefit Duration or Social Security Normal Retirement Age
Own Occupation	24 Months
Pre-Existing Period	3 months / 12 months

## DEFINITIONS AND REQUIREMENTS

**Elimination Period:** The number of days you must be disabled before benefit payments begin.

**Maximum Benefit:** The benefit amount you will receive when you are disabled.

**Benefit Duration:** The maximum period of time that benefits will be paid during a period of disability.

**Definition of Disability:** Disability means you are unable to perform the main duties of your occupation on a full-time basis due to non-work related injury or sickness. Please see the summary of benefits for more detail.

**Eligibility Requirements:** You must be a permanent employee regularly scheduled to work at least 30 hours per week, be actively at work on the coverage effective date.

**Program Effective Date:** The effective date of your coverage will be the first day of the month following the completion of your waiting period. Late entrants are required to complete satisfactory Evidence of Insurability.

**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

# VALUE ADDED SERVICES

Mutual of Omaha | [www.mutualofomaha.com](http://www.mutualofomaha.com) | (800) 316-2796



Mutual of Omaha

## Employee Assistance (EAP)

Life's not always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life. Your Employee Assistance Program (EAP) can be the answer for you and your family.

- Mutual of Omaha's EAP assists employees and their eligible dependents with personal or job-related concerns, including: Emotional well being, family and relationships, legal and financial matters.
- Access to EAP professionals 24 hours a day, seven days a week. Three face to face sessions.
- Provides information and referral resources.
- Service for employees and eligible dependents
- Robust network of licensed mental health professionals

## Travel Assistance

**US Inquiries: 800-856-9947**

**Outside the US call collect:  
312-935-3658**

- Take comfort in knowing that Travel Assistance travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.
- Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip, up to 120 days in length, more than 100 miles from home.
- Offering Pre Trip Assistance, Medical Assistance, Identity Theft Protection and Emergency Travel Support.
- Enjoy Your Trip - We'll Be There If You Need Us - 24/7

## Will Preparation by Epoq

[www.willprepservices.com](http://www.willprepservices.com) Code: MUTUALWILLS

- Creating a will is an important investment in your future. It specifies how you want your possessions to be distributed after you die.
- Whether you're single, married, have children or are a grandparent, your will should be tailored for your life situation.
- That's why it's good you have access to FREE online will preparation services provided by Epoq, Inc. (Epoq).
- Easy, Free and Secure
- Epoq offers a secure account space that allows you to prepare wills and other legal documents. Create a will that's tailored to your unique needs from the comforts of your own home.
- Provides the following FREE documents: Last Will & Testament, POA, Healthcare Directive, Living Trust

# SUPPLEMENTAL BENEFITS



(800) 769-7159 | [www.mutualofomaha.com](http://www.mutualofomaha.com)

## GROUP ACCIDENT

Group Voluntary Accident Insurance pays benefits for on- and off-the-job accidents, plus some benefits that correspond with medical care. And, because accident insurance is supplemental, it pays in addition to other coverage you may already have in place. This coverage pays a benefit up to a specified amount for accidental death, dismemberment, dislocation or fracture, initial hospital confinement, hospital confinement, intensive care, ambulance service, medical expenses and Outpatient Physician treatment.

<u>Coverage Type</u>	<u>Benefits</u>
❖ Hospital / ICU Admission	\$2,500
❖ Hospital Confinement	\$700 Per Day
❖ ICU Confinement	\$1,400 Per Day

## GROUP HOSPITAL INDEMNITY

When admitted or confined to the hospital not only can it be stressful, but expenses can add up quick and can catch you off guard. With a Hospital Indemnity plan, you can be better able to handle the accompanying medical expenses and daily living expenses.

❖ Hospital Admission	\$2,000 per Admission
❖ ICU Admission	\$4,000 per Admission
❖ Daily Hospital / ICU Confinement	\$100 / \$200 Per Day

## GROUP CRITICAL ILLNESS

**You can't predict the future, but you can plan for it.**

Group Voluntary Critical Illness Insurance can help give you the power to take control of your health when faced with a covered illness. This insurance pays benefits that can be used for non-medical expenses that health insurance might not cover. The cash benefit is in the form of a lump-sum payment, which is paid to the employee after a covered diagnosis.

<b>COVERAGE GUIDELINES</b>	<b>COVERAGE AMOUNT</b>
<b>For You &amp; Spouse</b> Spouse 100% of the employee's benefit amount	Employee: \$10,000   \$20,000   \$30,000 Spouse: \$5,000   \$10,000   \$15,000
<b>Child(ren)</b> Benefit for each Child Benefit begins at Birth and Terminates at Age 26	50% of employee's CI Principal Sum, up to \$10,000



**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

# SUPPLEMENTAL INSURANCE



(800)643-9023 | [www.MASAmtsflorida.com](http://www.MASAmtsflorida.com) | [info@MASAmtsflorida.com](mailto:info@MASAmtsflorida.com)

And then,  
the Bills came!

	As a MASA Member	If a Non-MASA Member	
	Sara would pay*	If In-Network**	If Out-of-Network**
911 Ground Ambulance Cost: \$1,800 	\$0	\$300	\$1,600
Emergent Air Ambulance Cost: \$45,000 	\$0	\$4,000	\$30,000
Non-Emergent Air Transport† Cost: \$20,000 	\$0	\$20,000	\$20,000
<b>Total Out-of-Pocket Cost</b>	<b>\$0</b>	<b>\$24,300</b>	<b>\$51,600</b>

\*Benefit is dependent on Membership Enrolled.  
\*\*Out-of-pocket dollars vary dependent on provider, distance, health plan design, current status of deductible and out-of-pocket max. These figures are an example of the costs one may incur.  
†More and more health plans are not covering interfacility transports on a non-emergent basis.

### Any Ground. Any Air. Anywhere.™

No matter how comprehensive your local in-network coverage may be, you still have significant exposure to out-of-network emergency transportation. Moreover, when you and your family travel outside your area, there is an 80% chance of being picked up by an out-of-network provider.

A MASA Membership prepares you for the unexpected. ONLY MASA MTS provides you with:

- Coverage **ANYWHERE** in all 50 states and Canada whether at home or away
- Coverage for BOTH emergent ground ambulance and air ambulance transport **REGARDLESS** of the provider
- **Non-emergent transport services**, which are frequently covered inadequately by your insurance, if at all



### EMERGENCY TRANSPORTATION COSTS

MASA MTS is here to protect its members **and their families** from the **shortcomings of health insurance coverage by providing them with comprehensive financial protection** for lifesaving emergency transportation services, both at home and away from home

Many American employers and employees believe that their health insurance policies cover most, if not all ambulance expenses. The truth is, they DO NOT!

Even after insurance payments for emergency transportation, you could receive a bill up to \$5,000 for ground ambulance and as high as \$70,000 for air ambulance. The financial burdens for medical transportation costs are very real.

BENEFIT	PLATINUM	EMERGENCY PLUS
	Single \$24.17/mo. Family \$32.50/mo.	\$14/mo.
Emergent Ground Transportation	U.S./Canada	U.S./Canada
Emergency Air Transportation	U.S./Canada	U.S./Canada
Repatriation	Worldwide	U.S./Canada
Non-Emergent Air Transportation	Worldwide	
Escort Transportation	Worldwide	
Mortal Remains Transportation	Worldwide	
Visitor Transportation	BCA*	
Minor Children/Grandchildren Return	BCA*	
Vehicle Return	BCA*	
Pet Return	BCA*	
Organ Retrieval	U.S. Only	
Organ Recipient Transportation	U.S. Only	

\*Basic Coverage Area (BCA) includes U.S., Canada, Mexico, and Caribbean (excluding Cuba)  
Coverage include legal spouse/domestic partners and dependents up to age 26

A MASA Membership prepares you for the unexpected and gives you the peace of mind to access vital emergency medical transportation no matter where you live, for a minimal monthly fee.

- One low fee for the entire family
- NO deductibles
- NO health questions
- Easy claim process



Get identity and fraud protection all from one convenient place.

Our all-in-one security solution helps keep you and your family secure.



We're doing more online than ever before—making us more vulnerable to fraud and online threats. MetLife and Aura Identity & Fraud Protection help safeguard the things that matter to you most: your identity, money, assets, family, reputation and privacy.

## Benefits of Identity & Fraud Protection powered by Aura

### Identity Theft Protection

Get alerts when we detect threats to your identity, SSN or online accounts. We also help protect your personal info from data brokers who may sell your information on the web.

### Financial Fraud Protection

Get alerted to new credit inquiries, suspicious transactions on your bank accounts and changes to your home or car title.

### Privacy and Device Protection

Shop, bank and work online safely and privately with safety tools, including VPN/Wi-Fi security, safe browsing and password manager. Our solution also requests the removal of your personal info from data broker lists to help reduce spam like robocalls, robotexts and more.

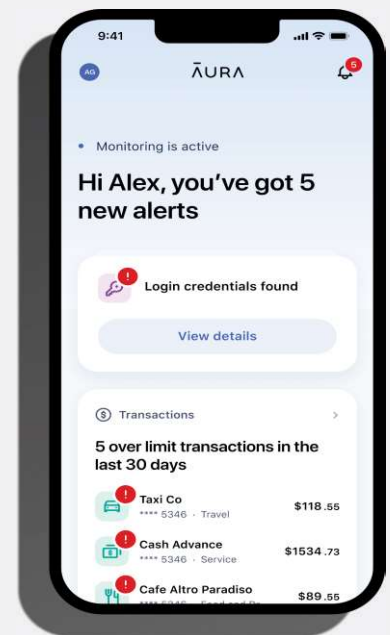
### Customer Service

Get \$5 million identity theft insurance<sup>1</sup> per adult member and 24/7/365 customer support to answer account, technical or billing questions. Plus, resolution specialists provide white glove case management services to victims of fraud.

1. As a component of becoming an Aura Plan member, Consumers receive identity theft insurance through a group policy issued to Aura, which is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company that is not an affiliate or subsidiary of MetLife. Checking & Savings Cash Recovery and 401(K) & HSA Cash Recovery are part of and not in addition to the Expense Reimbursement limit of liability. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions and exclusions of coverage. Coverage may not be available in all jurisdictions.

No one can prevent all identity theft or monitor all transactions effectively.

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



The Aura app keeps all your digital security solutions in one place.

**Have questions?** Aura's customer support team is available 24/7/365. Call 1-844-931-2872.



## Cover the costs on a wide range of common legal issues with a Legal Plan.

Access experienced attorneys to help with estate planning, home sales, tax audits and more.

### Powerful legal protection on your side

Quality legal assistance can be pricey. And it can be hard to know where to turn to find an attorney you can trust. With MetLife Legal Plans, you have access to the expert guidance and tools you need to navigate a broad range of personal legal needs. Whether you're buying or selling a home, starting a family, or caring for aging parents, the benefit provides protection at every step.

**Reduce the out-of-pocket cost of legal services with MetLife Legal Plans.**

#### How it works

Our service is tailored to your needs. With network attorneys available in person, by phone or by email and online tools to do-it-yourself — we make it easy to get legal help. And, you will always have a choice in which 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.<sup>1</sup>

Best of all, you have unlimited access to our attorneys for all legal matters covered under the plan. For a monthly fee conveniently paid through payroll deduction, an expert is on your side as long as you need them.

#### Estate planning at your fingertips

Our website provides you with the ability to create wills, living wills and powers of attorney online in as little as 15 minutes. Answer a few questions about yourself, your family and your assets to create these documents instantly. In states where available, you also have access to sign and notarize your documents online through our video notary feature.<sup>2</sup>

#### How to use the plan

##### 1. Find an attorney

Create an account at [members.legalplans.com](https://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. Make an appointment

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

##### 3. That's it!

There are no copays, deductibles or claim forms when you use a network attorney for a covered matter.

# Helping you navigate life's planned and unplanned events.

For a monthly fee, you, your spouse and dependents get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms when using a network attorney for a covered matter. And, for non-covered matters that are not otherwise excluded, your plan provides four hours of network attorney time and services per year.<sup>3</sup>

<b>Money Matters</b>	<ul style="list-style-type: none"> <li>• Debt Collection Defense</li> <li>• Identity Theft Defense</li> <li>• Identity Restoration<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Negotiations with Creditors</li> <li>• Personal Bankruptcy</li> <li>• Promissory Notes</li> </ul>	<ul style="list-style-type: none"> <li>• Tax Audit Representation</li> <li>• Tax Collection Defense</li> </ul>
<b>Home &amp; Real Estate</b>	<ul style="list-style-type: none"> <li>• Boundary or Title Disputes</li> <li>• Deeds</li> <li>• Eviction Defense</li> <li>• Foreclosure</li> </ul>	<ul style="list-style-type: none"> <li>• Home Equity Loans</li> <li>• Mortgages</li> <li>• Property Tax Assessments</li> <li>• Refinancing of Home</li> </ul>	<ul style="list-style-type: none"> <li>• Sale or Purchase of Home</li> <li>• Security Deposit Assistance</li> <li>• Tenant Negotiations</li> <li>• Zoning Applications</li> </ul>
<b>Estate Planning</b>	<ul style="list-style-type: none"> <li>• Codicils</li> <li>• Complex Wills</li> <li>• Healthcare Proxies</li> <li>• Living Wills</li> </ul>	<ul style="list-style-type: none"> <li>• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)</li> </ul>	<ul style="list-style-type: none"> <li>• Revocable &amp; Irrevocable Trusts</li> <li>• Simple Wills</li> </ul>
<b>Family &amp; Personal</b>	<ul style="list-style-type: none"> <li>• Adoption</li> <li>• Affidavits</li> <li>• Conservatorship</li> <li>• Demand Letters</li> <li>• Divorce (20 hours)</li> <li>• Garnishment Defense</li> <li>• Guardianship</li> <li>• Immigration Assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Juvenile Court Defense, Including Criminal Matters</li> <li>• Name Change</li> <li>• Parental Responsibility Matters</li> <li>• Personal Property Protection</li> </ul>	<ul style="list-style-type: none"> <li>• Prenuptial Agreement</li> <li>• Protection from Domestic Violence</li> <li>• Review of ANY Personal Legal Document</li> <li>• School Hearings</li> </ul>
<b>Civil Lawsuits</b>	<ul style="list-style-type: none"> <li>• Administrative Hearings</li> <li>• Civil Litigation Defense</li> </ul>	<ul style="list-style-type: none"> <li>• Disputes Over Consumer Goods &amp; Services</li> <li>• Incompetency Defense</li> </ul>	<ul style="list-style-type: none"> <li>• Pet Liabilities</li> <li>• Small Claims Assistance</li> </ul>
<b>Elder-Care Issues</b>	Consultation & Document Review for your parents: <ul style="list-style-type: none"> <li>• Deeds</li> <li>• Leases</li> </ul>	<ul style="list-style-type: none"> <li>• Medicaid</li> <li>• Medicare</li> <li>• Notes</li> <li>• Nursing Home Agreements</li> </ul>	<ul style="list-style-type: none"> <li>• Powers of Attorney</li> <li>• Prescription Plans</li> <li>• Wills</li> </ul>
<b>Traffic &amp; Other Matters</b>	<ul style="list-style-type: none"> <li>• Defense of Traffic Tickets<sup>5</sup></li> <li>• Driving Privileges Restoration</li> </ul>	<ul style="list-style-type: none"> <li>• Habeas Corpus</li> </ul>	<ul style="list-style-type: none"> <li>• Repossession</li> </ul>

To learn more about your coverages, view our attorney network or grant your dependents access, create an account.

Your account will also give you access to our self-help document library to complete simple legal forms. The forms are available to you, regardless of enrollment.



Create an account at [members.legalplans.com](https://members.legalplans.com) or scan the QR code.

Questions? Call the MetLife Legal Plans Client Service Center at 800-821-6400 Monday—Friday, 8:00 a.m. to 8:00 p.m., ET.

1. The Participant will be reimbursed according to the set fee schedule, the lesser of the maximum reimbursement amount or the attorney's actual charge. You will be responsible to pay the difference, if any, between the plan's payment and the non-plan attorney's charge for services. MetLife Legal Plans is not responsible for legal work performed by out-of-network attorneys.
2. Digital notary and signing is not available in all states.
3. No more than a combined maximum total of four hours of attorney time and service are provided for the member, spouse and qualified dependents, annually.
4. Aura is a product of Aura Sub, LLC. Aura Sub, LLC is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product.
5. Does not cover DUI.

Group legal plans are administered by MetLife Legal Plans, Inc., Cleveland, Ohio. In California, this entity operates under the name MetLife Legal Insurance Services. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. For costs and complete details of the coverage, call or write the company. Some services not available in all states. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney client relationship exists prior to the participant becoming eligible for plan benefits. Coverage for defense of criminal matters is excluded from insurance coverage for individuals located in New York. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details. [MLP4w20hrsDivorce&HC]



# PET INSURANCE



Pet Insurance to Love

## Welcome to

# Spot Pet Insurance

Receive up to a 20% off Employee Discount!\*



## Why Pet Insurance?

- 1** As a pet parent, you know how expensive vet visits can be.
- 2** Pet Insurance is a financial safety net in case of accidents, injuries, illnesses, and chronic conditions.
- 3** Spot pet insurance plans reimburse up to 90% of those eligible vet bills.
- 4** Spot Pet Insurance plans offer thousands in coverage with options starting at less than a cup of coffee per day.\*

### Top Rated Pet Insurance

Spot coverage helps you protect your pet in case of accidents, illnesses, and emergencies. With pet insurance from Spot, you can get coverage for surgery, cancer treatment, prescription medications, microchip implantation, X-rays, behavioral issues, dental disease, and more, for covered conditions!

### Up to 20% Discount

As a valued employee, you can get up to 20% off your policy (a 10% employee discount on your first pet, plus another 10% off any additional pets)!

### Custom Plans for Any Budget

Avoid overpaying for coverage you don't need. Customize the plan that is best for your pet and it could save you thousands on covered conditions. Spot offers up to 90% reimbursement and a range of annual limits to fit your budget.

### 30-Day Money Back Guarantee

We want you to be sure this is the right product for you and your furry friend! Give it a try, and if you change your mind within 30 days, get your money back.\*

### 24/7 Pet Tele-health Helpline

As a thank you for enrolling in Spot Pet Insurance, we provide you with immediate access to a 24/7 helpline to ask vets questions about pet health, behavior, and wellness. Get answers and reduce unnecessary vet visits during uncertain times.

**Fetch Your Free Quote Today – [spotpet.link/pageauto](https://spotpet.link/pageauto)**

### How it Works

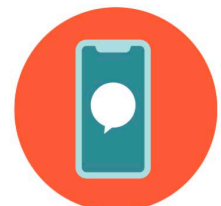
1



**No Networks! Visit Any Licensed Vet, Emergency Clinic or Specialist.**

Get the care your pet needs and pay your bill.

2



**Submit Your Claim.**

Send it in through our app online, by mail, or by fax.

3



**Get Reimbursed.**

We can send a direct deposit or mail a check.

\*10% group employee discount on every pet, plus a 10% multi-pet discount on each additional pet. 30-day money-back guarantee is not available if claims have been covered. Not available in NY. Pre-existing conditions are not covered. Waiting periods, annual deductible, co-insurance, benefit limits and exclusions may apply. For all terms and conditions visit [spotpetins.com/sample-policy](https://spotpetins.com/sample-policy). Preventive Care reimbursements are based on a schedule. Spot On Coverage reimbursements are based on the invoice. Products, schedules, discounts, and rates may vary and are subject to change. More information available at checkout. Insurance plans are underwritten by United States Fire Insurance Company. Insurance plans are marketed and produced by Spot Pet Insurance Services, LLC. (NPN # 19246385) © 2021 United States Fire Insurance Company. Copyright 2021, Spot Pet Insurance Services, LLC. All Rights Reserved. U03137-RA17. Paid Endorsement

# 401(k) BENEFIT

## Matching contributions are like free money

### Consider giving your retirement savings a well-deserved boost

Getting all of the matching contributions from your employer is one of the smartest ways to add to your retirement savings.

THE COMPANY MATCHES 25 CENTS FOR EVERY \$1 YOU SAVE, UP TO 3% OF YOUR SALARY

### Sample retirement savings if you make \$50,000

\$1,500	Your contribution
+ \$375	Employer contribution
<hr/>	
= \$1,875	Savings for your future

*Plus, your pretax contributions could save you \$330 in Taxes*

FOR ILLUSTRATIVE PURPOSES ONLY. Investing involves risk, including possible loss of principal. This is a hypothetical illustration that assumes a 22 federal tax rate. State and local tax not included. Your salary, pretax contribution rate and tax bracket may vary.

**To enroll in your plan or increase your contribution:**

Call 800-338-4015

Visit [empowermyretirement.com](http://empowermyretirement.com)

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**NOW** IS A GOOD TIME



# EMPLOYEE RESOURCE CENTER

## TOOLS TO HELP YOU GET THE MOST OUT OF YOUR BENEFITS

### PAYING TOO MUCH FOR PRESCRIPTION DRUGS?

Did you know that prescription prices can vary from pharmacy to pharmacy?

The cost of a prescription may differ by more than \$100 between pharmacies across the street from each other!

GoodRx gathers current prices and discounts to help you find the lowest cost pharmacy for your prescriptions. The average GoodRx customer saves \$355 a year on their prescriptions!

Even better - GoodRx is 100% free and no personal information is required.

Go to [www.goodrx.com](http://www.goodrx.com) to learn more

# GoodRx

[www.goodrx.com](http://www.goodrx.com)

1. Type your drug name
2. Set your location
3. Compare prices, print, save! coupons, save up to 80%

### CHECK LOCAL RETAILERS FOR NO COST MEDICATION OPTIONS

Many local retailers offer no or low cost medications. Be sure to check the selections of retailers in your area such as the ones below to see how you can get free medications, discounts, and more!

- Publix
- CVS Health
- Target
- Walmart

### MAXIMIZE YOUR HEALTHCARE DOLLAR

Consider all your options when choosing where to receive care, such as:

- Physician's Office
- Telemedicine
- Convenience Clinic
- Urgent Care
- Emergency Room

Remember to take advantage of the cost estimator tools on your healthcare provider's website to estimate the cost and find low cost options for big ticket items such as diagnostic tests and outpatient surgeries.

# PREVENTATIVE CARE

Preventative care refers to measures taken in order to prevent individuals from contracting diseases. Rather than waiting to become sick, preventative care aims to keep people healthy, or at least catch illnesses at their earliest and most treatable stages. Things that are considered preventative care include medical tests, immunizations, screening tests, preventative medications and any other services that prevent disease

## Examples of covered preventative care services.

Adults	Women	Children	Medicare
<ul style="list-style-type: none"> <li>• Physical Examination</li> <li>• Immunizations</li> <li>• Screening for obesity and counseling, including dietary counseling</li> <li>• Blood pressure and test for high cholesterol and diabetes</li> <li>• Counseling on the daily use of aspirin to reduce the risk of stroke</li> <li>• Counseling from your healthcare provider on topics such as, quitting smoking, treating depression, and reducing alcohol use.</li> <li>• HIV and STD screenings</li> </ul>	<ul style="list-style-type: none"> <li>• Well-women visits</li> <li>• Anemia screenings</li> <li>• Breast cancer genetic test counseling (BRCA) for women at higher risk of breast cancer</li> <li>• Mammograms every one to two years for women over 40</li> <li>• Cervical cancer screening</li> <li>• Osteoporosis screening for women over age 60 depending on risk factors</li> <li>• Domestic violence screening and counseling</li> <li>• Contraceptive and counseling</li> <li>• Multiple test for pregnant women</li> </ul>	<ul style="list-style-type: none"> <li>• Physical examination and height, weight and body mass index measurements</li> <li>• Vision and hearing screening</li> <li>• Oral health risk assessments</li> <li>• Supplements for children without fluoride in their water source</li> <li>• Dyslipidemia screening for children at a higher risk for lipid disorders</li> <li>• Iron supplements for children ages 6 to 12 months at a risk for anemia</li> <li>• Phenylketonuria (PKU) screening for newborns</li> <li>• Alcohol and drug use assessments for adolescents</li> <li>• <i>Immunizations:</i> Vaccines for children from birth to age 18</li> </ul>	<ul style="list-style-type: none"> <li>• Mammograms every 12 month</li> <li>• Cardiovascular disease screenings</li> <li>• Colorectal cancer screenings</li> <li>• Cholesterol screenings</li> <li>• Diabetes screenings</li> <li>• Medical nutrition therapy to manage diabetes or kidney disease</li> <li>• Prostate cancer screenings</li> <li>• Annual Flu shot and Hep B Vaccine</li> <li>• Bone mass measurement</li> <li>• HIV screening tests</li> </ul>

**Under the ACA, many private health plans must provide coverage for a range of preventative services. These plans may not change any copayments, deductibles or co-insurance to patients receiving preventative care. The preventative care requirements do not apply to grandfathered plans.**

**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

# DISCLOSURES

## Medicare Part D

**This notice officially confirms** the fact that your prescription drug coverage is creditable does not prevent you from enrolling in Medicare Part D if you wish. The open enrollment for Part D is November 15th to December 31. However, delaying enrollment in Medicare Part D until a future date will not result in higher premium payments as long as you are covered by a creditable prescription drug plan.

As someone who is Medicare eligible, you will be receiving information on the Medicare Part D plans in your area. Premiums will vary depending upon where you live, but are expected to average about \$32-\$37/Month. If you do decide to enroll, coordination of benefits will be required.

## Section 125

Under certain circumstances, you may be allowed to make changes to your benefits elections during the plan year, such as additions, deletions and cancellations, depending on whether or not you experience an eligible qualifying event as determined by the Internal Revenue Service (IRS) Code, Section 125. You may change a benefit election upon the occurrence of a valid qualifying event only if the event affects your own, your spouse's or your dependent's coverage eligibility.

**If you experience a qualifying event, you must report the qualifying event to Human Resources Department within 30 days of the event.** Beyond 30 days, additions and deletions will be denied and you may be responsible both legally and financially for any claims and/or expenses incurred as a result of any dependent(s) who continued to be enrolled who no longer meet the entity's eligibility requirements.

If approved, most election changes will be effective on the date of the qualifying event for additions; cancellations will be processed at the end of the month.

Payroll deductions for health, dental, vision and certain supplemental accident insurance premiums, are deducted from your gross income before your income is taxed. The entity's plan is known as a Cafeteria Benefit Plan and is governed by IRS Code, Section 125. This pre-tax benefit means you pay less tax on a per-pay and annual basis. See examples of Qualifying Life Events for allowable enrollment changes as determined by Section 125 of the IRS Code.

## COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 requires that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called 'continuation coverage') at group rates in certain instances where coverage under the plan would otherwise end. An employee, spouse of an employee or a dependent child of an employee covered by the Entity's group health plan has the right to choose this continuation coverage if coverage is lost for any qualified reason. For more information, please speak with Human Resources.

## Medicaid CHIP

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help you pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office or dial **1-877-KIDS NOW** or **[www.insurekidsnow.gov](http://www.insurekidsnow.gov)** to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.



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