NEW MOTORS

SUBARU

# 2026









# EMPLOYEE BENEFITS BOOKLET

# Employee Health & Our Commitment to You

Dear Team,

We appreciate your continued trust and support as we work to provide health coverage that meets your needs while keeping the plan sustainable for the company. This year, we have taken proactive steps to strengthen your benefits, manage costs, and reinvest in programs that support your well being.

Even with rising healthcare costs, Atlantic Coast Automotive Group remains committed to delivering strong coverage and meaningful resources for you and your family.

## Key Updates for 2026
## Spousal Coverage Changes

- Reminder: Spouses who have access to health coverage through their own employer are required to enroll in that plan.
- Incentive: If you or your dependents move to a spouse's plan, we will cover eligible medical expenses on that plan through an HRA card. This may be a great option for many families.

## Medical Plan Highlights

- No cost increase for our health insurance plans this year.
- Coverage is limited to you, your spouse, and your spouse's children only.
- We are keeping the same plans as we had last year.
- Free telemedicine through Sam for all employees.
- Our Essential Health Plan gives you options for copays.
    - $25 copay for primary care visits.
    - $0 copay for lab tests.
    - $35 specialist copay, $100 urgent care copay, and $500 emergency room copay.
    - Prescription coverage with affordable copays
- $0 copay and $0 deductible for imaging, outpatient, and inpatient procedures when coordinated through our concierge services with Wellnet 800-915-9497
- If you move your primary care to Sam, you will receive a full genetic testing program at no cost.

Our goal is to reduce the financial burden of healthcare so you can focus on your family's health and well being. We encourage you to take full advantage of the support and resources provided by WellNet. Thank you for everything you do each day. Let's make 2026 a healthy, productive, and successful year together.

Best regards,
Ali Ahmed

*Ali Ahmed*

# WELCOME

## To your employee benefits package

### KEY CONTACT INFORMATION

All Atlantic Benefits

NEW MOTORS

**Elizabeth Mendoza**
Senior Account Manager
elizabethm@allatlanticbenefits.com
Talk: (305) 809-8211

**Yurina Rodriguez**
Jr. Account Manager
Talk/Text: (305) 831-1169
Yurinar@allatlanticbenefits.com

**Valerie Mitchell**
Human Resources
valerie@newmotors.com
Telephone: (814) 868-5489

**Brandon Kress**
Vice President, Benefits Consultant
brandonk@allatlanticbenefits.com
Talk/Text: (954) 667-9197

**Visit our Benefits Website for full plan information and to complete your enrollment:**
**www.newmotorsbenefits.com**



# OUR CARRIERS

## HEALTH ADVOCATE

WellNet HEALTHCARE

Telephone: (267) 348-3492
www.wellnet.com

## PRESCRIPTION

CVSHealth

CVS/HCP
Telephone: (833) 840-8995
www.caremark.com/openenrollment

## SPOUSAL ADVANTAGE PLAN

Catilize Health

Telephone: (877) 872-4232
memberservices@catilizehealth.com

## TELEMEDICINE

evo

Telephone: (844) 484-7362
www.care.evohealth.com

## HSA

PNC

Telephone: (844) 356-9993
pncbenefitplus@healthaccountservices.com

## GAP INSURANCE

OptiMedHealth

Telephone: 1-800-836-6036
www.optimedhealth.com

## DENTAL / VISION

MetLife

Dental Telephone: (800) 438-6388
Vision/Superior Telephone: (833) 393-5433
Vision/VSP Telephone: (855) 638-3931
www.metlife.com

## LIFE | DISABILITY | SUPPLEMENTAL

Lincoln Financial™

Telephone: (800) 423-2765
www.lfg.com

## EMPLOYEE ASSISTANCE PROGRAM

**EAP**
Telephone: (888) 628-4824
www.guidancersources.com
User Name: LFGSupport
Password: LFGSupport1

**LifeKeys**
Telephone: (855) 891-3684
www.guidancersources.com
Web ID: LifeKeys

**TravelConnect**
Telephone: (866) 525-1955
www.mysearchlightportal.com
Group ID: LFGTravel123

## LEGAL

MetLife

Telephone: (800) 821-6400
members.legalplans.com

## AURA (IDENTITY & FRAUD PROTECTION)

MetLife

Telephone: (844) 931-2872
www.metlife.com

## EMERGENCY TRANSPORTATION

MASAGLOBAL®

Telephone: (800) 643-9023
www.masamtsflorida.com

## PET INSURANCE

spot pet insurance

Telephone (833) 343-2340
https://spotpet.link/atlanticcoastauto

# OPEN ENROLLMENT

During our annual open enrollment, you are able to make changes to your benefit elections and covered dependents.

## PLAN YEAR

September 1st, 2026 - January 31st, 2027

## NEW HIRE ENROLLMENTS

Effective the first of the month following

Managers: 30 days after date of hire • FT Employees: 60 days after date of hire

## ELIGIBILITY

Full time employees working 30 or more hours per week are eligible to enroll in the benefits outlined in this guide.

## DEPENDENTS

You may be able to enroll eligible dependents in some of our plans. Eligible dependents include:

- Your spouse
- A child under the age of 26 who is your natural child, step child, legally adopted child, or child for whom you have a 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.
- Many states have extended dependent coverage regardless of student status. Age limitations by plan type will be outlined in this guide as best as possible.

## QUALIFYING EVENTS

We are unable to accept changes to benefit elections outside of the annual open enrollment period unless you have a qualifying event. You must notify Human Resources within 30 days of a qualifying event.

Examples of qualifying events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in child's dependent status
- Death in a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

**PLEASE NOTE:** The materials contained in this booklet provide a brief summary of the benefits offered and are not contractually binding. For additional and complete information, please refer to all certificates of insurance. In the event of a discrepancy or omission, the carrier policy will be deemed accurate.

# Introducing the Spousal Advantage Plan as part of your benefits package.

The Spousal Advantage Plan offers associates who have access to alternate group medical and prescription drug coverage through their spouse or domestic partner, **100% coverage with $0 out of pocket** for eligible medical expenses. You will be reimbursed for ALL co-pays, co-insurance and deductibles incurred through your alternate medical plan up to the maximum out of pocket limits under the Affordable Care Act ($10,600/ single and $21,200/family per year).

No premium contribution will be deducted from your paycheck.

PLUS, Hollywood Chrysler Plymouth will reimburse you for the premium contribution paid for the alternate coverage if it exceeds the premium contribution you would have paid to remain on Hollywood Chrysler Plymouth medical plan up to a maximum of $200/single, $400/associate + spouse, $400/associate + child(ren), $500/family per month. You will be reimbursed for any increase in premium to add you and/or your eligible dependents up to the above monthly maximums. If the cost of alternate coverage is less than what the associate would have paid for Hollywood Chrysler Plymouth's medical plan, premium contribution reimbursement is $0.

## Eligibility and Enrollment Opportunities

- **Current associates**: must currently be enrolled in Hollywood Chrysler Plymouth's medical plan then waive that plan for the Spousal Advantage Plan effective date
- **New associates or newly benefit eligible:** may enroll during your new hire election period after satisfying Hollywood Chrysler Plymou h's benefit eligibility requirements
- **Qualifying event:** marriage, spouse change in employment status, birth of child, part time to full time, etc.
- **Open enrollment:** you may enroll during Hollywood Chrysler Plymouth's and/or your spouse annual open enrollment

## Enrollment

- Enroll in alternate coverage and waive coverage on Hollywood Chrysler Plymouth's medical plan
- Complete the Spousal Advantage Plan enrollment via your online enrollment system
- Complete the Attestation via your online enrollment system

## Premium Contribution Reimbursements Proof Required

- Paystub showing premium contribution amount, pre-tax or post-tax, frequency (other pay information may be blacked out)
- You must provide the tiers of coverage indicating the cost for each tier


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# Introducing the Spousal Advantage Plan as part of your benefits package.

## IRS Rules

- You may be enrolled in an HRA or FSA. You **CANNOT** be reimbursed from both the Spousal Advantage Plan and your HRA or FSA.
- Associates are NOT eligible for the Spousal Advantage Plan if their alternate coverage is:
  - A High Deductible Health Plan (HDHP) **with** active contributions to a health savings account (HSA) and the associate is the account holder of the HSA; however, **it is acceptable alternate coverage** if contributions can be waived. A spouse who is not enrolled in the Spousal Advantage Plan may contribute to an HSA and use the HSA funds. The HSA funds CANNOT be used for medical expenses for members enrolled in the Spousal Advantage Plan
  - Medicare, Tricare, VA health care or Medicaid
  - Healthcare Exchange Policy made available thru the Affordable Care Act
  - Individual policy or Limited Benefit Health Plan

## Claims

- How do I use the Spousal Advantage Plan ID Card?
  - First, present your alternate coverage ID card.
  - Then, present your Spousal Advantage Plan ID card. Let the provider know that the Spousal Advantage Plan will pay the provider directly for eligible co-pays, co-insurance, and deductibles.
  - You pay nothing; your provider may file the claim with both your alternate coverage and with the Spousal Advantage Plan.
- Electronic Claims:
  - To submit reimbursement under the plan electronically, go to portal.catilize.com
  - Here you will simply need to upload the required documentation:
    - Co-pay, co-insurance or deductible: Explanation of Benefits (EOB) from alternate coverage
    - Prescriptions: "Tab" from pharmacy that includes name of drug, date filled, patient's name and patient responsibility amount
- Paper Claims:
  - Send completed and signed claim form to Catilize Health with the required documentation
- Claim Submission Deadline:
  - Member Claims: 90 days after end of plan year or your termination from the plan
  - Provider Claims: 1 year after date of service for provider claims



Catilize Health®
2605 NICHOLSON ROAD
SUITE 1140
SEWICKLEY PA 15143

https://britehr.app/HollywoodCP
PHONE: 877-872-4232
MEMBERSERVICES@CATILIZEHEALTH.COM

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Telephone: (844) 484-7362

# Faster, Smarter Care for Happier, Healthier Teams

Evo by Fabric delivers all-in-one virtual care for today's workforce. Discover lightning-fast access and seamless user experiences your employees can count on.

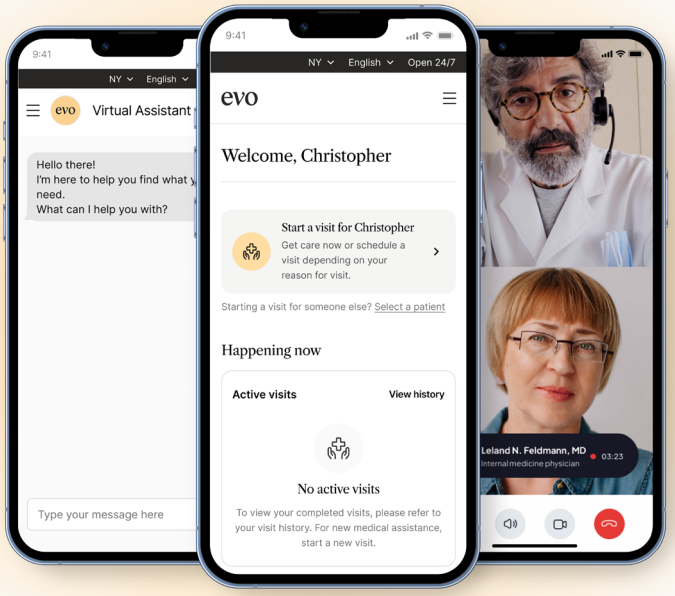
## How to Register

1. **Scan the QR code or visit the website.**
2. Select the option to register.
3. **Use the personal email address** listed in ADP - not your work email.
4. Follow the prompts to finish creating your account.

**care.evohealth.com**

**Everyday & Urgent Care**

**Talk Therapy*** **Mental Health Medication Management**




✓ Care Coordination ✓ Virtual Care ✓ Follow-Up

### Guidance & Care 24/7/365

Evo connects you with care typically available 24/7 for Everyday & Urgent care conditions. From virtual consultation to care coordination, it offers timely, accurate support tailored to individual needs.

### Personalized Virtual Care

Offer convenient virtual access to care. With a robust nationwide network, members wait on average just 7 minutes to receive urgent care treatment plans and can see a provider in as little as 3 days for therapy.

### Expert Care Team

Our nationwide network of clinicians and care coordinators are here to deliver professional guidance and support when your members need it most.

## Connect *With a Provider*

| | | |
|---|---|---|
| **Quick Care** | Guided symptom gathering | Most popular |
| **Phone** | No camera required | Familiar phone call |
| **Video** | Face-to-face | Show a provider your concern |

Member net promoter score

76

Median member wait time for Quick Care visits

5 mins

* Therapy is not 24/7/365. Scheduling is dependent on member location.

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# EVO A DIGITAL HEALTH

evo

(844)484-7362 | care.evohealth.com

| Plan Benefits | Digital Health Visits |
|---|---|
| Plan Name | EVO |
| **Opportunities For Care** | |
| **EVO** Preventative Care | Covered 100% |
| **EVO** Primary Care/Free Genetic Testing | Covered 100% |
| **EVO** Emergent Care | Covered 100% |
| **EVO** Mental Health | Covered 100% |
| Convenience Care Clinic | Covered 100% |
| Urgent Care | Covered 100% |
| Genetic Testing | Covered 100% with Wellness Visit |

SelfDecode

When you switch to SAM for your primary care, you will receive the following:

## Full Genetic Testing Bundle

**SelfDecode DNA Kit Included**

- 24/7 AI Health Coach
- 1500+ Comprehensive DNA Health Reports
- Personalized Diet, Supplement, & Lifestyle Recommendations
- Lifestyle Risk Assessments
- Unlimited access to Labs Analyzer
- Detox Pathways
- Methylation Pathway
- Histamine Pathway
- Dopamine Pathway
- +130 Medical Reports
- 25+ Longevity Screener Risk Assessments

- ✓ Odds ratios to evaluate your risk for 25+ medical conditions
- ✓ 10-year risk scores to prioritize health conditions
- ✓ Lifetime risk scores to plan or long-term health
- ✓ Including the Medication Check (PGx testing) (~~$855.88~~) FREE

**Scan for more:**

**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.

# MEDICAL INSURANCE

PHCS

WellNet HEALTHCARE

(800) 727-1733 • www.wellnet.com

| Plan Name | BASE HDHP PLAN |
|---|---|
| Network Access | In Network Only |
| Deductible Waiver** | This plan will waive all deductible and out-of-pocket expenses when members use WellNet Recommended Provider but only after the minimum IRS deductible has been satisfied. |
| Provider Network | PHCS/RBP |
| **Opportunities For Care** | |
| EVO Primary Care/Free Genetic Testing | Covered 100% |
| EVO Mental Health | Covered 100% |
| Preventative Care | Covered 100% |
| EVO Telemedicine | Covered 100% |
| Physician | 30% After Ded |
| Specialist | 30% After Ded |
| * Urgent Care with EVO no Ded | 30% After Ded |
| * Emergency Room | 30% After Ded |
| **Diagnostic Services** | |
| Independent Clinical Lab | 30% After Ded |
| * Diagnostic Testing Facility Non-Emergency** MRI, MRA, CT & PET Scans | 30% After Ded |
| **Outpatient & Inpatient Services** | |
| * Outpatient Surgery Non-Emergency** Ambulatory Surgical Center/Hospital | 30% After Ded |
| * Inpatient Hospital & Provider Services | 30% After Ded |
| * Inpatient Hospital Non-Emergency** & Provider Services | 30% After Ded |
| **Pharmacy Benefits** | |
| Prescription | Ded then $10 / $65 / $90; Specialty: Ded then $250 Copay |
| **Deductible** | |
| **Deductible** | $3,500 / $7,000 (Embedded) |
| Member Co-Insurance | 30% |
| **Maximum Benefits** | |
| **Member Out of Pocket Maximum** | $9,000 / $18,000 |
| Carrier Lifetime Benefit Maximum | Unlimited |
| 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.

YOUR HEALTHCARE BENEFITS

2026

Single $4,400

Family $8,750

Age 55 + can contribute an Extra $1,000

A GUIDE FOR INDIVIDUALS

# PNC BENEFIT PLUS HEALTH SAVINGS ACCOUNT OVERVIEW




**Your PNC BeneFit Plus Health Savings Account (HSA) is a great way to pay for healthcare expenses now and in the future. An HSA allows you to take control of your healthcare spending and to save for qualified medical expenses on a tax-advantaged basis. It's easy — you can gain tax savings on contributions to your account, invest your funds and let them grow tax-free. Withdrawals from your account are tax-free when you use the funds for qualified medical expenses.**

## Health Savings Account Benefits

### Tax-advantaged

You may benefit from tax-advantaged contributions, investment earnings and withdrawals for qualified medical expenses.[1,2]

### Ownership

You own your account and the money in the account, even if your employer contributes to it.

### Long-term savings

Unused funds roll over from year-to-year. The funds invested can help you to build financial security for retirement savings or to pay for unexpected medical expenses. You may be able to access unused balances to supplement retirement income after age 65, subject to applicable income taxes.[2]

### Portability

Your money stays with you even if you switch jobs, change medical coverage, become unemployed or retire.

## Managing Your HSA is Easy

PNC BeneFit Plus can make all aspects of managing your account easy with the following features:

### Easy to open

You will receive a welcome email notification and/or letter with instructions on a few simple steps to activate your account.

### Easy to contribute

You can contribute via payroll deduction and make scheduled or one-time contributions from your personal bank account, or make check contributions through the U.S. mail. Contributions made outside of your payroll deductions are eligible for tax deductions on your tax return.[2]

Here are some other things you need to know about contributing to your HSA

- There are annual limits set by the IRS for how much you can contribute.[4]
- Those over age 55 may also be eligible to make a catch-up contribution.[4]
- You have until April 15th to make your full contribution for the prior tax year.[2]
- You can check the Consumer Portal to see your total contributions for the current tax year.

### Easy to grow

Your HSA includes an FDIC-insured deposit account (covered to the extent permitted by law) with tiered interest rates. Plus, you can choose to invest in a variety of mutual funds upon meeting certain minimum balance requirements and watch your money grow tax-free.[2,3]

**Download the PNC BeneFit Plus Mobile App today**

App Store | Google play

**Download the PNC BeneFit Plus Mobile App today**

1. Go to the App Store℠ or Google Play™
2. Search for "PNC BeneFit Plus"
3. Download the PNC BeneFit Plus Mobile App

### Easy to access

**PNC offers several ways to help you manage your account(s):**

Manage your account while on the go with the PNC BeneFit Plus Mobile App.* Call Customer Service — Toll-free account owner customer service is available with PNC BeneFit Plus • • .Consumer Services at **844-356-9993 from 8 a.m. – 8 p.m. ET** Monday–Friday, excluding holidays, or via email at pncbenefitplus@healthaccountservices.com

- View statements — Monthly statements reflect both your Current Period and Year-to-Date balance and transaction information.

**pnc.com/pncbenefitplus**

PNC

# MEDICAL INSURANCE

WellNet HEALTHCARE

(800) 727-1733 • www.wellnet.com

| Plan Name | ESSENTIAL EPO PLAN |
|---|---|
| Network Access | In Network Only |
| Provider Network | CIGNA |
| **Opportunities For Care** | |
| EVO Primary Care/Free Genetic Testing | Covered 100% |
| EVO Mental Health | Covered 100% |
| Preventative Care | Covered 100% |
| EVO Telemedicine | Covered 100% |
| Physician | $25 Copay |
| Specialist | $35 Copay |
| * Urgent Care with EVO no Copay | $150 Copay |
| * Emergency Room | $500 Copay |
| **Diagnostic Services** | |
| Independent Clinical Lab | Covered 100% |
| * Diagnostic Testing Facility Non-Emergency MRI, MRA, CT & PET Scans | Hosp: 30% After Ded • Free Standing Facility $250 Copay<br>Covered 100% with WellNet Recommended Provider |
| **Outpatient & Inpatient Services** | |
| * Outpatient Surgery Non-Emergency Ambulatory Surgical Center/Hospital | Hosp: 30% After Ded • Free Standing Facility $1,750 Copay<br>Covered 100% with WellNet Recommended Provider |
| * Inpatient Hospital & Provider Services | 30% After Ded |
| * Inpatient Hospital Non-Emergency & Provider Services | 30% After Ded |
| **Pharmacy Benefits** | |
| Prescription | $10 / $65 / $90; Specialty: $250 |
| **Deductible** | |
| **Deductible** | $2,000 / $4,000 |
| Member Co-Insurance | 30% |
| **Maximum Benefits** | |
| **Member Out of Pocket Maximum** | $9,000 / $18,000 |
| Carrier Lifetime Benefit Maximum | Unlimited |
| 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.

# MEDICAL INSURANCE

WellNet HEALTHCARE

(800) 727-1733 • www.wellnet.com

| Plan Name | COMPLETE PLAN | |
|---|---|---|
| Network Access | **In Network WellNet Concierge** | **Out of Network** |
| Provider Network | **CIGNA** | |
| **Opportunities For Care** | | |
| EVO Primary Care/Free Genetic Testing | Covered 100% | 50% After Ded |
| EVO Mental Health | Covered 100% | 50% After Ded |
| Preventative Care | Covered 100% | 50% After Ded |
| EVO Telemedicine | Covered 100% | 50% After Ded |
| Physician | $25 Copay | 50% After Ded |
| Specialist | $0 Copay | 50% After Ded |
| * Urgent Care with EVO no Copay | $150 Copay | 50% After Ded |
| * Emergency Room | $400 Copay | |
| **Diagnostic Services** | | |
| Independent Clinical Lab | Covered 100% | 50% After Ded |
| * Diagnostic Testing Facility Non- Emergency MRI, MRA, CT & PET Scans | Hosp: $400 Copay • Free Standing Facility: $100 Copay<br>Covered 100% with WellNet Recommended Provider | 50% After Ded |
| **Outpatient & Inpatient Services** | | |
| * Outpatient Surgery Non-Emergency Ambulatory Surgical Center/Hospital | Hosp: 20% After Ded • Free Standing Facility: $1,100 Copay<br>Covered 100% with WellNet Recommended Provider | 50% After Ded |
| * Inpatient Hospital & Provider Services | 20% After Ded | 50% After Ded |
| * Inpatient Hospital Non-Emergency & Provider Services | 20% After Ded / Covered 100% with WellNet Recommended Provider | 50% After Ded |
| **Pharmacy Benefits** | | |
| Prescription | $10 / $65 / $90; Specialty: $250 | Not Covered |
| **Deductible** | | |
| **Deductible** | $1,000 / $2,000 | $6,000 / $18,000 |
| Member Co-Insurance | 20% | 50% |
| **Maximum Benefits** | | |
| **Member Out of Pocket Maximum** | $5,000 / $10,000 | $15,000 / $30,000 |
| Carrier Lifetime Benefit Maximum | Unlimited | |
| 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.

# OptiMedHealth

# GAP INSURANCE



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

**Phone 1-800-836-6036**

## 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 in a hospital emergency room (ER) or urgent care center
- Kidney dialysis in a hospital outpatient facility to dialysis treatment center

**Plan Option Low**

| GAP PLAN DEDUCTIBLE | IN-PATIENT MAXIMUM BENEFIT (HOSPITAL/FACILITY) | OUTPATIENT MAXIMUM BENEFIT* | PROFESSIONAL FEE OF A PHYSICIAL (OPTIONAL) | PRESCRIPTION DRUG (OPTIONAL)** | MENTAL NERVOUS/ SUBSTANCE ABUSE |
|---|---|---|---|---|---|
| $0 | $4,000 | $4,000 | Not Included | Not Included | Included |

**Plan Option High**

| GAP PLAN DEDUCTIBLE | IN-PATIENT MAXIMUM BENEFIT (HOSPITAL/FACILITY) | OUTPATIENT MAXIMUM BENEFIT* | PROFESSIONAL FEE OF A PHYSICIAL (OPTIONAL) | PRESCRIPTION DRUG (OPTIONAL)** | MENTAL NERVOUS/ SUBSTANCE ABUSE |
|---|---|---|---|---|---|
| $0 | $6,000 | $6,000 | Not Included | Not Included | Included |

*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



## 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***

## 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

1-800-482-8770

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

# Member Portal Access Instructions

## Registration

1. Visit your Member Portal by going to 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.




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 to request your ID Number.

## Logging In

1. Once you have registered, go to wellnet.com and click the "Portal Login" button in the upper right corner. You may use your username and password to log in.




WellNet HEALTHCARE




Available on the iPhone App Store

Google play

**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!**

CVS caremark™

(833) 840-8995



**Pharmacy Benefit Manager (PBM)**

# CVS Caremark® is your PBM

## We manage your new prescription benefit plan and help keep your medication costs low.

### Affordable medications when and where you need them

As a part of the CVS Caremark family, you have access to a wide range of cost-effective medications and thousands of network pharmacy choices (including home delivery) for you and your family.

### More savings and convenience

We provide support and guidance so you get the most value from your plan.

**Find a network pharmacy.** Using a pharmacy that's covered by your plan keeps you from overpaying. You can pick up your medication, but many also offer home delivery.

**Fill in 90-day supplies.** Filling in 90-day supplies at a participating pharmacy ensures you'll be able to continue to take your medications without interruption. Have refills delivered to your door or pick up at your network pharmacy. You may even save on cost.

**Stay on track and look for savings using our digital tools.** Request refills, get email and text alerts about your prescriptions, and check medication costs — all on your own time.

Learn more at **Caremark.com/OpenEnrollment** (after your benefit begins) or scan the code.

**To scan the QR code:**
Open your camera
Scan the code
Tap the link

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# DENTAL INSURANCE

MetLife

PPO Plans (800) 438-6388 • www.metlife.com

| Plan Name | LOW PPO | | HIGH PPO | |
|---|---|---|---|---|
| Network Access | In Network | Out of Network | In Network | Out of Network |
| Provider Network | PDP Plus | Reimbursement Level MAC | PDP Plus | Reimbursement Level MAC |
| **Coverage Types** | | | | |
| Preventative | 100% | 60% | 100% | 100% |
| Deductible | $50 / $150 | $100 / $300 | $50 / $150 | $50 / $150 |
| Basic | 70% | 40% | 80% | 80% |
| Major | 50% | 15% | 50% | 50% |
| Periodontics/ Endondontics | Basic | | Basic | |
| **Annual Maximum Benefit** | **$2,000** | **$2,000** | **$5,000** | **$5,000** |
| Orthodontics | 50% | | 50% | |
| Orthodontic Eligibility | Dep. Child(ren) to Age 19 | | Dep. Child(ren) to Age 19 | |
| **Orthodontic Maximum** | **$1,000** | | **$1,000** | |
| Dependent Child/Student Age | Up to Age 26, benefit will terminate at end of 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

MetLife

(800) 438-6388 • www.metlife.com

| Plan Name | PPO Low | | PPO High | |
|---|---|---|---|---|
| Network Access | In Network Allowance | Out of Network Reimbursement | In Network Allowance | Out of Network Reimbursement |
| Provider Network | MetLife Vision - Superior Vision | Reimbursement Only | MetLife Vision - VSP Choice | Reimbursement Only |
| **Examinations** | | | | |
| Eye Exam | $10 Copay | Up to $45 | $0 Copay | Up to $45 |
| Frequency | **12 Months** | | **12 Months** | |
| **Materials Copay** | $25 Copay | | $10 Copay | |
| Single Lenses | $0 After Copay | Up to $30 | $0 After Copay | Up to $30 |
| Bifocal Lenses | $0 After Copay | Up to $50 | $0 After Copay | Up to $50 |
| Trifocal Lenses | $0 After Copay | Up to $65 | $0 After Copay | Up to $65 |
| Lenticular Lenses | $0 After Copay | Up to $100 | $0 After Copay | Up to $100 |
| Frequency | **12 Months** | | **12 Months** | |
| **Allowances** | | | | |
| Frames | Up to $130 | Up to $70 | Up to $155 | Up to $70 |
| Frequency | **12 Months** | | **12 Months** | |
| **Contact Lens Benefit** | **In lieu of any other eyewear benefit** | | **Contact & Frame Benefit** | |
| Fitting & Evaluation | Standard: Covered in Full after $25 copay | Applies to the Contact Lens Allowance | Standard or Premium fit: Copay not to exceed $60 | Applies to the Contact Lens Allowance |
| Elective | Up to $130 | Up to $105 | Up to $155 | Up to $105 |
| Medically Necessary | Covered in Full | Up to $210 | Covered in Full after eyewear copay | Up to $210 |
| Frequency | **12 Months** | | **12 Months** | |
| 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.

# How to register on MyBenefits

MyBenefits provides you with a personalized, integrated and secure view of your MetLife-delivered benefits. You can take advantage of a number of self-service capabilities as well as a wealth of easy to access information. As a first time user, you will need to register on MyBenefits, by following the steps outlined below.



## Registration Process for MyBenefits

### Step 1: Provide your group name

Access MyBenefits at www.metlife.com/mybenefits and enter the employer name and click to select it and then click **'Next.'**



### Step 2: The login screen

On the Home Page, you can access general information. To begin accessing personal plan information, click on **'Log In'** at the top-middle of the page and on the next screen select '**Create New Account'** and complete the registration process. Going forward, you will be able to log-in directly.

### Step 3: Enter authentication information

Begin by entering your phone number, address, and e-mail to confirm your identity. You will then receive a code via email that you will need to enter to continue the registration process. Upon validation, you will be prompted to provide your SSN, first and last name, and date of birth.



### Step 4: Establish account credentials

You will need to create a unique user name and password for future access to MyBenefits. You will also need to choose and answer three identity verifications questions, to be used in the event you forget your password. In addition to reading and agreeing to the website's Terms of Use, you will be asked to opt into electronic consent.

### Step 5: Process complete

Now you will be brought to the "Thank You" page.

Lastly, a confirmation of your registration will be sent to the email address you provided during registration.




We are committed to providing you with a trusted and secure customer experience. Multi-factor authentication is in place to:

- Strengthen site security
- Ensure devices are compliant and approved by the user
- Simplify the log-in process

**metlife.com/mybenefits**

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166
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MetLife

Navigating life together

# LIFE INSURANCE

Lincoln Financial

www.lfg.com | (800) 423-2765

## EMPLOYER PAID BASIC LIFE & AD&D BENEFIT

**Atlantic Coast Automotive** provides Employer Paid Life Insurance and AD&D to all Full-Time Employee eligible for benefits in the amount of: $50,000

**Benefits Reductions:**

- 35% At Age 70
- 50% at Age 75
- Benefits will terminate at retirement

## VOLUNTARY LIFE & AD&D

### Employee Benefits

Benefit Amount:

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

### Guarantee Issue:

- Up to $500,000 at Initial Enrollment

### Other Benefits Included:

- Accelerated Death Benefit
- Waiver of Premium
- Portability
- Conversion

### Spousal Benefits

Benefit Amount:

- Choice of $5,000 Increments
- Not to exceed 100% of Employee's elected amount
- Maximum Amount $250,000
- Employee must elect coverage in order to enroll Spouse

### Guarantee Issue:

- Up to $50,000 at Initial Enrollment

### Age Reduction

35% At Age 70

50% At Age 75

### Child Benefits:

- Live Birth to 6 months: $1,000
- 6 months to Age 26: Increments of $2,000 to a maximum of $10,000
- Employee must elect coverage in order to enroll children

### DISCLOSURES

Accidental Death and Dismemberment (AD&D) provides a cash benefit to your loved one in the event of your death due to an accident.

Provide to you additional cash benefit if you lose a limb or your eyesight due to an accident.

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

Lincoln Financial

www.lfg.com | (800) 423-2765

## VOLUNTARY SHORT TERM DISABILITY

| | |
|---|---|
| Elimination Period | 7th Day Accident and 7th Day Sickness |
| Maximum Weekly Benefit | 60% Of Your Weekly Salary Up to $2,000 |
| Benefit Duration | 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 $15,000 |
| Benefits Duration | Later of Age 65 or SSNRA |
| 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.

# SUPPLEMENTAL INSURANCE

Lincoln Financial

**www.lfg.com | (800) 423-2765**

Financial protection for you and your family! You've spent your entire career creating a happy, stable life. We're here to help you ensure everything you've built isn't put at risk due to an unexpected illness or accident. The following information illustrates highlights of all the plans, please refer to the summaries for a full list of benefits and exclusions.

## Hospital Indemnity

All full-time employees may elect Hospital Indemnity through **Lincoln Financial**. Below are some coverage highlights.

| PLAN HIGHLIGHTS | PLAN 1 (Low Option) | PLAN 2 (High Option) |
|---|---|---|
| **Hospital Admission** For the initial day of admission to a hospital for treatment of a sickness/ an injury | $500 per year | $1,000 per year |
| **Hospital Intensive Care Admission** For the initial day of admission to an ICU for treatment as the result of a sickness/an injury | $1,000 per year | $2,000 per year |
| **Hospital Confinement** For each day of confinement in a hospital as a result of a sickness/an injury | $150 per day | $250 per day |
| **Hospital Intensive Care Unit (ICU) Confinement** For each full or partial day of confinement in an ICU as a result of a sickness/an injury | $300 per day | $500 per day |
| **Health Screening** For the initial day in an observation unit as the result of a sickness/an injury | $50 Per year Health Screening | $50 Per year Health Screening |
| **Complications of Pregnancy** | Included | Included |

## Accident Insurance

All full-time employees may elect Accident Benefit Insurance through **Lincoln Financial**. Below are some coverage highlights.

| PLAN HIGHLIGHTS | ACCIDENTAL PLAN |
|---|---|
| **Emergency Care Benefits** | |
| Emergency Care Treatment | $200 |
| Initial Care Visit | $200 |
| Diagnostic Exam | $225 at Initial visit |
| Air Ambulance Transportation | $1,750 |
| Major diagnostic exam (CT or CAT scans, MRI, PET scan, EEG, SPECT, joint imaging, DTI scan, and MRA scan) | $275 |
| **Hospitalization Benefits** | |
| Accident Hospital Admission | $1,000 |
| Accident Hospital Daily Confinement | $250 per day |
| Accident Intensive Care Admission | $2,000 per day |
| **Factures and Dislocations Benefits** | |
| Various | Refer to Plan Summary |
| **Health Assessment** | |
| 1 Test per 12 months assessment period | $100 |

**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

Lincoln Financial

**www.lfg.com | (800) 423-2765**

Financial protection for you and your family! You've spent your entire career creating a happy, stable life. We're here to help you ensure everything you've built isn't put at risk due to an unexpected illness or accident. The following information illustrates highlights of all the plans, please refer to the summaries for a full list of benefits and exclusions.

## Critical Illness Insurance

All full-time employees may elect Critical Illness Insurance through Lincoln Financial. Dependent coverage is contingent on employee enrollment. Below are some coverage highlights. Rates for this coverage are based on your age, and coverage level.

| PLAN HIGHLIGHTS | CRITICAL ILLNESS PLAN |
|---|---|
| **Employee Benefit Amount**<br>Guarantee Issue $40,000 | **Option(s) $10,000, $20,000, $30,000 or $40,000** |
| **Spouse Benefit Amount**<br>Guarantee Issue $40,000 | **Option(s) $10,000, $20,000, $30,000 or $40,000**<br>**Not to exceed 100% of employee benefit amount** |
| **Child(ren) Benefit coverage amount**<br>Guarantee Issue | **(Up to 50% of the employee coverage amount)** |

**Critical Illness Coverage List of Covered Conditions**

| Condition | Option 1 -<br>% of Initial Benefit Amount |
|---|---|
| Invasive Cancer | 100% |
| Non-invasive cancer/cancer in situ | 25% |
| Skin Cancer | $250 (1x per lifetime) |
| Heart Attack | 100% |
| Stroke | 100% |
| Arterial/Vascular Disease | 25% |
| Advanced Stage Alzheimer's Disease | 100% |
| Amyotrophic Lateral Sclerosis (ALS) | 100% |
| Advanced Parkinson's Disease | 100% |
| Multiple Sclerosis | 100% |
| Benign Brain Tumor | 100% |
| End-Stage Renal (Kidney) Disease | 100% |
| Major Organ Failure | 100% |
| Permanent Paralysis | 100% |
| Health Screening tests | $100 (1 test per 12 month assessment period) |

**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

Lincoln Financial Group | www.lincoln4benefits.com

## Employee Connect (EAP)

Practical Help for Life's Challenges
(888) 628-4824

There are times in all of our lives when we need a little help. No matter what the issue is, Employee Connect is available 24 hours a day, seven days a week with support, guidance and resources.
Employee Connect Includes:

- Assistance for you or an immediate household family member
- 24/7 telephone and web access
- A 25% discount for services resulting from an attorney referral
- Confidentiality

**User Name: LFG Support Password: LFGSupport1**

## TravelConnect℠ Services

**US Inquiries: (603) 328-1955**

**Outside the US call collect: (866) 525-1955**




**A "no-cost benefit" providing you valuable services while traveling.**
**(866) 525-1955 - Group ID# LFGTravel123**

**Caring support and assistance when you travel.**

*TravelConnect* is a comprehensive program that can bring help, comfort, and reassurance if you face a medical emergency whil traveling 100 or more miles from home. Whether traveling for business or leisure, if you are enrolled in life and/or AD&D insurance, you and your loved ones can count on *TravelConnect* for responsive and caring support — 24 hours a day, 7 days a week.

**You can count on TravelConnect℠ services to:**

**Coordinate and provide transportation** from an initial medical facility that cannot adequately treat the patient due to their condition.

**Coordinate travel and airfare** for your dependent children.* This includes the services, transportation expenses and accomodations of a qualified escort.

**TravelConnect** will also coordinate and pay for a safe evacuation due to natural disaster, or when a political or security threat occurs.

## LifeKeys

**Added benefits to insured, beneficiaries and dependents**
**(855) 891-3684**

***LifeKeys℠*** services are provided at no additional cost with our voluntary life and AD&D policies. These services provide assistance not just to beneficiaries but also to insured employees and their dependents. Many of these new services can be used as soon as the plan is in-force — not just when the insured passes away. Services include:

- Free online will preparation
- ID theft information
- Unlimited phone contact with grief counselors and legal and financial specialists
- A combination totaling six in-person sessions for grief counseling, or legal or financial information
- Memorial planning

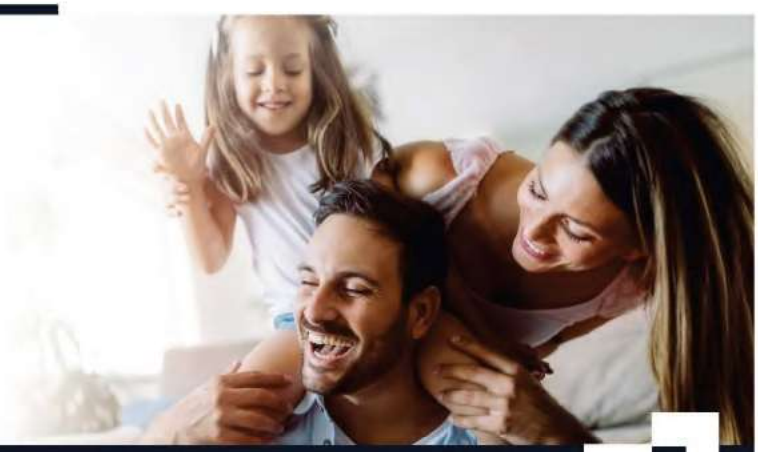
***LifeKeys℠ services, together with TravelConnectSM services, provide a full range of valuable assistance and guidance to insured employees, their dependents and beneficiaries.***

# SUPPLEMENTAL INSURANCE

MASA Medical Transport Solutions™

(800) 643-9023 • www.masamts.com

Enroll in the Emergent Plus plan today and protect you and your family against the financial burden of massive out-of-pocket ambulance costs, all at an **affordable group rate.**



## EMERGENT PLUS MEMBERSHIP BENEFITS

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation service within the United States and Canada, regardless of whether the provider is in or out of a given group healthcare benefits network.

After the group health plan pays its portion, MASA MTS works with providers to deliver our members $0 in out-of-pocket costs for emergency transport.

### Emergent Air Transportation
In the event of a serious medical emergency, Members have access to emergency air transportation into a medical facility or between medical facilities.

### Emergent Ground Transportation
In the event of a serious medical emergency, Members have access to emergency ground transportation into a medical facility or between medical facilities.

### Non-Emergency Inter-Facility Transportation
In the event that a member is in stable condition in a medical facility but requires a heightened level of care that is not available at their current medical facility, Members have access to non-emergency air or ground transportation between medical facilities.

### Repatriation/Recuperation
Suppose you or a family member is hospitalized more than 100-miles from your home. In that case, you have benefit coverage for air or ground medical transportation into a medical facility closer to your home for recuperation.

**$14 /MONTH**

### DID YOU KNOW?

**25 MILLION PEOPLE**

**are sent to the emergency room through ground or air ambulance every year.**

**Insurance companies may not cover all air and ground ambulance expenses which can result in excessive bills.**

**$5,000**

**$60,000**

The information provided in this product sheet is for informational purposes only. The benefits listed, and the descriptions thereof, do not represent the full terms and conditions applicable for usage and may only be offered in some memberships. Premiums vary depending on the benefits selected. Commercial Air and Worldwide coverage are not available in all territories. For a complete list of benefits, premiums, and full terms and conditions please refer to the applicable member service agreement for your territory. MASA MTS products and services are not available where prohibited. For Florida residents, Medical Air Services Association of Florida, Inc. is doing business as MASA MTS and is a prepaid limited health service organization licensed under Chapter 636, Florida Statutes, license number: 65-0265219 operating in Florida at 1250 S. Pine Island Road, Suite 500, Plantation, FL 33324. MASA Global, MASA MTS and MASA TRS are registered trade names of Medical Air Services Association, Inc., an Oklahoma corporation.

VER: EPPSLAVS1.050521

SOURCE: Welch, Shari. "Emergency Department Usage Trend Data Can Help Physicians Prepare for Patients." ACEP Now http://bit.ly/3qBvNrc

MetLife · AURA

Identity & Fraud Protection

**Monthly Premium**

Employee only $ 8.45

Family $13.95

# 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**

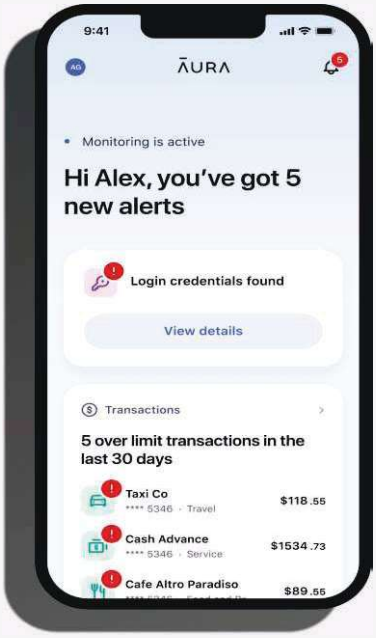
Get alerted to new credit inquiries, suspicious transactions on your bank accounts and changes to your home or car title.

**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[1] 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.




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.

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.

MetLife

MetLife Consumer Services, Inc.| 200 Park Avenue | New York, NY 10166

L1223037219[exp1225][All States][DC,GU,MP,PR,VI] © 2024 MetLife Services and Solutions, LLC.

MetLife | Legal Plans

**Monthly Premium**
Employee &
Family $20.25



# 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.[1]

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.[2]

### How to use the plan

#### 1. Find an attorney

Create an account at **members.legalplans.com** to see your coverages and select an attorney for your legal matter. Or, give us a call at **800-821-6400** for assistance.

#### 2. 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.[3]

| | | | |
|---|---|---|---|
| **Money Matters** | • Debt Collection Defense<br>• Identity Theft Defense<br>• Identity Restoration[4] | • Negotiations with Creditors<br>• Personal Bankruptcy<br>• Promissory Notes | • Tax Audit Representation<br>• Tax Collection Defense |
| **Home & Real Estate** | • Boundary or Title Disputes<br>• Deeds<br>• Eviction Defense<br>• Foreclosure | • Home Equity Loans<br>• Mortgages<br>• Property Tax Assessments<br>• Refinancing of Home | • Sale or Purchase of Home<br>• Security Deposit Assistance<br>• Tenant Negotiations<br>• Zoning Applications |
| **Estate Planning** | • Codicils<br>• Complex Wills<br>• Healthcare Proxies<br>• Living Wills | • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) | • Revocable & Irrevocable Trusts<br>• Simple Wills |
| **Family & Personal** | • Adoption<br>• Affidavits<br>• Conservatorship<br>• Demand Letters<br>• Divorce (20 hours)<br>• Garnishment Defense<br>• Guardianship<br>• Immigration Assistance | • Juvenile Court Defense, Including Criminal Matters<br>• Name Change<br>• Parental Responsibility Matters<br>• Personal Property Protection | • Prenuptial Agreement<br>• Protection from Domestic Violence<br>• Review of ANY Personal Legal Document<br>• School Hearings |
| **Civil Lawsuits** | • Administrative Hearings<br>• Civil Litigation Defense | • Disputes Over Consumer Goods & Services<br>• Incompetency Defense | • Pet Liabilities<br>• Small Claims Assistance |
| **Elder-Care Issues** | Consultation & Document Review for your parents:<br>• Deeds<br>• Leases | • Medicaid<br>• Medicare<br>• Notes<br>• Nursing Home Agreements | • Powers of Attorney<br>• Prescription Plans<br>• Wills |
| **Traffic & Other Matters** | • Defense of Traffic Tickets[5]<br>• Driving Privileges Restoration | • Habeas Corpus | • Repossession |

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 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]


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spot pet insurance

America's Favorite Pet Insurance!



# Get Peace Of Mind Today With Our Pet Coverage

## Accidents

Spot plans help ensure your pet is covered from head-to-tail for unexpected accidents and injuries.

## Illnesses

Spot plans cover exams for qualified illnesses and related treatment, including things like surgeries & medications.

## Wellness

Spot's **optional** Preventive Care plans focus on routine care and regular check-ups to help ensure their routine wellbeing.

## We Take Care of Our Pack

- Vet Exam Fees
- Behavioral Issues
- Dental Illnesses
- Surgery
- Microchip Implantation
- Unexpected Emergencies
- Hereditary Conditions
- Prescription Medications
- Diagnostics
- X-rays & Tests
- Cancer & Growths
- And Much More...

## Unleash More with Spot

### Spot Perks

Special discounts on pet products and services from your favorite brands.

### 24/7 Pet Telehealth Line

Get unlimited 24/7 virtual pet care from vet experts for your pet.

## Flexible Plans For Any Budget

Customize your annual limit, deductible and reimbursement rate to make your pet and wallet happy.

## Simple & Easy Claims Process

1. Visit Any Vet in the U.S or Canada
2. Submit Your Claim Online
3. Get Cash Back for Covered Vet Bills!

Call @ 833-343-2340

**Get Your Special Discount***

Spotpet.link/Atlanticcoastauto

*10% employee discount available on all pets. Not available in HI or TN. Waiting periods, annual deductible, co-insurance, benefit limits and exclusions may apply. For all terms visit spotpetins.com/sample-policy. Products, schedules, discounts, and rates may vary and are subject to change. More information available at checkout. Insurance plans are underwritten by either Independence American Insurance Company (NAIC #26581. A Delaware insurance company located at 11333 N. Scottsdale Rd, Ste. 160, Scottsdale, AZ 85254) or United States Fire Insurance Company (NAIC #21113. Morristown, NJ), and are produced by Spot Pet Insurance Services, LLC. (NPN # 19246385. 990 Biscayne Blvd Suite 603, Miami, FL 33132. CA License #6000188).

# GLOSSARY OF TERMS

**COPAYMENT:** A copayment (copay) is the fixed dollar amount you pay for certain in-network services on a PPO-type plan. In some cases, you may be responsible for coinsurance after a copay is made.

**COINSURANCE:** Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've met the deductible. Your plan pays a certain percentage of the total bill, and you pay the remaining percentage.

**DEDUCTIBLE:** A deductible is the amount of money you must meet before your plan begins paying for services covered by coinsurance. Some services, such as office visits that require copays do not apply to the deductible. For example, if your plan's deductible is $2,500, you'll pay 100 percent of eligible healthcare expenses until you have met the $2,500 deductible. After that, you share the cost with your plan by paying coinsurance.

**EMBEDDED DEDUCTIBLE:** Each individual within a family plan has their own individual deductible, which is a portion of the overall family deductible. Once a single family member meets their individual deductible, their insurance coverage starts paying for their eligible medical expenses, even if the entire family deductible has not been reached.

**FORMULARY:** A list of prescription drugs covered by the plan. Also called a drug list.
IN-NETWORK: A group of doctors, clinics, hospitals and other healthcare providers that have an agreement with your medical plan provider. You pay a negotiated rate for services when you use in-network providers.

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

**OUT-OF-NETWORK:** Care received from a doctor, hospital or other provider that is not part of the plan agreement. You'll pay more when you use out-of-network providers since they don't have a negotiated rate with your plan provider. You may also be billed the difference between what the out-of-network provider charges for services and what the plan provider pays for those services.

**OUT-OF-POCKET MAXIMUM:** This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.

**HIGH DEDUCTIBLEHEALTH PLAN (HDHP):** This is a type of medical plan that requires the member to reach a deductible prior to having services covered by coinsurance. All expenses paid by the member count toward the deductible and out-of-pocket maximum.

## PRESCRIPTION DRUGS

**RETAIL PHARMACY:** includes independent, supermarket, and chain pharmacies that dispense prescription medications.

**TIER 1—PREFERRED GENERIC:** are lowest in cost. They are equivalent to a brand-name product in dosage, strength, performance, and intended use. Ask your doctor to authorize generic substitutions when medically appropriate.

**TIER 2—PREFERRED BRAND-NAME DRUGS:** are more costly because they are produced and sold only by one company that holds a patent.

**TIER 3—NON-PREFERRED GENERIC AND BRAND-NAME:** are even more costly under our plans. These drugs are patent-pending and have just recently become available in the market.

**SPECIALTY DRUGS:** are high-cost drugs to treat rare and/or complex conditions. Typically self-injectable drugs are included in this category. Specialty drugs must be obtained through the Aetna Specialty Pharmacy.

**MAIL ORDER:** delivers a 90-day supply conveniently right to your door and helps you save a little bit of money on copays in addition to having fewer refills throughout the year.

**Brought to you by:**




All Atlantic Benefits

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