2026 - 2027

Big Brothers Big Sisters®
OF MIAMI

FULL-TIME EMPLOYEE BENEFITS GUIDE

BIG BROTHERS BIG SISTERS OF MIAMI







WELCOME

To your employee benefits package

KEY CONTACT INFORMATION

Big Brothers Big Sisters OF MIAMI

OF BROWARD COUNTY

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

OUR CARRIERS

HEALTH

curative
Telephone: (855) 428-7284
https://health.curative.com/

DENTAL

Lincoln Financial Group
Telephone: (800) 423-2765
www.ldc.lfg.com

VISION

Lincoln Financial Group
Telephone: (800) 440-8453
www.lvc.lfg.com

LIFE | AD&D | DISABILITY|VOLUNTARY LIFE

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

SUPPLEMENTAL INSURANCE

Aflac
(800) 433-3036
www.aflac.com

EMERGENCY TRANSPORTATION

MASAGLOBAL
(800) 643-9023
www.MASAmtsflorida.com

LEGAL PLAN

Preferred Legal Plan
(888) 325-4368
www.preferredlegal.com



OPEN ENROLLMENT

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

ANNUAL OPEN ENROLLMENT

April 1, 2026 - March 31, 2027

NEW HIRE ENROLLMENT

Effective the first of the month following 60 days full time employment

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 of 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.

MEDICAL INSURANCE

curative

(855) 428-7284 • https://health.curative.com/

Plan Name	EPO	
Network Access	In Network - Baseline Completed	In Network - Non-Baseline Not Completed
Provider Network	Curative Direct + Cigna Healthcare® PPO Network 2026 (outside TX, FL & GA only)*	
Opportunities For Care		
Preventative Care	Covered 100%	Covered 100%
Physician	Covered 100%	$25 Copay After Ded
Telehealth Virtual Visits	Covered 100%	Covered 100%
Specialist	Covered 100%	$50 Copay After Ded
Convenience Care Clinic	Covered 100%	$25 Copay After Ded
Urgent Care	Covered 100%	20% After Ded
Emergency Room	Covered 100%	20% After Ded
Diagnostic Services		
Independent Clinical Lab / X-Ray	Covered 100% Quest Diagnostics & LabCorp	20% After Ded Quest Diagnostics & LabCorp
Diagnostic Testing Facility MRI, MRA, CT & PET Scans	Covered 100%	20% After Ded
Outpatient & Inpatient Services		
Outpatient Surgery Ambulatory Surgical Center/Hospital	Covered 100%	20% After Ded
Inpatient Hospital	Covered 100%	20% After Ded
Provider Services Inpatient Hospital	Covered 100%	20% After Ded
Pharmacy Benefits		
Prescription	$0 (Preferred; Includes Certain Generic, Brand Name,& Specialty) / $50 (Brand & Generic) / $250 (Specialty) Excludes CVS & Walgreens / Includes Publix	Ded then $50 (Preferred; Includes Certain Generic, Brand Name,& Specialty) / Ded then $100 (Brand & Generic Non-Preferred) Specialty: 25% After Ded Excludes CVS & Walgreens / Includes Publix
Deductible		
Deductible	$0 / $0	$5,000 / $10,000
Member Co-Insurance	0%	20% (Medical) / 25% (Pharmacy)
Maximum Benefits		
Member Out of Pocket Maximum	$0 / $0	$7,500 / $15,000
Carrier Lifetime Benefit Maximum	Unlimited	
Dependent Child/Student Age	Up to Age 30, benefit will terminate at end of the calendar year	

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

curative

(855) 428-7284 • https://health.curative.com/

Plan Name	PPO		
Network Access	In Network - Baseline Completed	In Network - Non-Baseline Not Completed	Out of Network
Provider Network	Curative Direct + Cigna Healthcare® PPO Network 2026 (outside TX, FL & GA only)*		
Opportunities For Care			
Preventative Care	Covered 100%	Covered 100%	$50 Copay
Physician	Covered 100%	$25 Copay After Ded	$50 Copay After Ded
Telehealth Virtual Visits	Covered 100%	Covered 100%	50% After Ded
Specialist	Covered 100%	$50 Copay After Ded	$100 Copay After Ded
Convenience Care Clinic	Covered 100%	$25 Copay After Ded	$50 Copay After Ded
Urgent Care	Covered 100%	20% After Ded	50% After Ded
Emergency Room	Covered 100%	20% After Ded	20% After Ded
Diagnostic Services			
Independent Clinical Lab / X-Ray	Covered 100% Quest Diagnostics & LabCorp	20% After Ded Quest Diagnostics & LabCorp	50% After Ded
Diagnostic Testing Facility MRI, MRA, CT & PET Scans	Covered 100%	20% After Ded	50% After Ded
Outpatient & Inpatient Services			
Outpatient Surgery Ambulatory Surgical Center/Hospital	Covered 100%	20% After Ded	50% After Ded
Inpatient Hospital	Covered 100%	20% After Ded	50% After Ded
Provider Services Inpatient Hospital	Covered 100%	20% After Ded	50% After Ded
Pharmacy Benefits			
Prescription	$0 (Preferred; Includes Certain Generic, Brand Name,& Specialty) / $50 (Brand & Generic) / $250 (Specialty) Excludes CVS & Walgreens / Includes Publix	Ded then $50 (Preferred; Includes Certain Generic, Brand Name,& Specialty) / Ded then $100 (Brand & Generic Non-Preferred) / Specialty: 25% After Ded Excludes CVS & Walgreens / Includes Publix	40% After Ded
Deductible			
Deductible	$0 / $0	$5,000 / $10,000	$10,000 / $20,000
Member Co-Insurance	0%	20% (Medical) / 25% (Pharmacy)	50%
Maximum Benefits			
Member Out of Pocket Maximum	$0 / $0	$7,500 / $15,000	$15,000 / $30,000
Carrier Lifetime Benefit Maximum	Unlimited		
Dependent Child/Student Age	Up to Age 30, benefit will terminate at end of the calendar year		

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

curative

(855) 428-7284 • https://health.curative.com/

Plan Name	PPO Max		
Network Access	In Network - Baseline Completed	In Network - Non-Baseline Not Completed	Out of Network If Baseline completed - All benefits Covered 100% of the UCR out of network services
Provider Network	Curative Direct + Cigna Healthcare® PPO Network 2026 (outside TX, FL & GA only)*		
Opportunities For Care			
Preventative Care	Covered 100%	Covered 100%	$50 Copay
Physician	Covered 100%	$25 Copay After Ded	$50 Copay After Ded
Telehealth Virtual Visits	Covered 100%	Covered 100%	20% After Ded
Specialist	Covered 100%	$50 Copay After Ded	$100 Copay After Ded
Convenience Care Clinic	Covered 100%	$25 Copay After Ded	$50 Copay After Ded
Urgent Care	Covered 100%	20% After Ded	20% After Ded
Emergency Room	Covered 100%	20% After Ded	20% After Ded
Diagnostic Services			
Independent Clinical Lab / X-Ray	Covered 100% Quest Diagnostics & LabCorp	20% After Ded Quest Diagnostics & LabCorp	20% After Ded
Diagnostic Testing Facility MRI, MRA, CT & PET Scans	Covered 100%	20% After Ded	20% After Ded
Outpatient & Inpatient Services			
Outpatient Surgery Ambulatory Surgical Center/Hospital	Covered 100%	20% After Ded	20% After Ded
Inpatient Hospital	Covered 100%	20% After Ded	20% After Ded
Provider Services Inpatient Hospital	Covered 100%	20% After Ded	20% After Ded
Pharmacy Benefits			
Prescription	$0 (Preferred) $50 (Brand & Generic) $250 (Specialty) Includes Publix, CVS & Walgreens	Ded then $50 (Preferred) Ded then $100 (Brand & Generic Non-Preferred) Specialty: 25% After Ded Includes Publix, CVS & Walgreens	40% After Ded If Baseline completed Prescription will follow In Network benefits
Deductible			
Deductible	$0 / $0	$5,000 / $10,000	$5,000 / $10,000
Member Co-Insurance	0%	20% (Medical) / 25% (Pharmacy)	20%
Maximum Benefits			
Member Out of Pocket Maximum	$0 / $0	$7,500 / $15,000	$7,500 / $15,000
Carrier Lifetime Benefit Maximum	Unlimited		
Dependent Child/Student Age	Up to Age 30, benefit will terminate at end of the calendar year		

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.

curative

You're now a Curative member. Congrats!

We've made it official. So, what happens next?



1. Register your account

To get started, you'll receive a Curative welcome email where you can register for the member portal. Keep an eye out for this email to arrive in your inbox 1-2 days before your effective date.

Once your effective date begins, your digital member ID card will be ready for immediate use through the member portal. You can expect your physical member ID card to arrive within two weeks of your effective date.

Through the Member Portal, you can:

- Download, print, and request a replacement ID card
- View your pharmacy and care benefits
- Update personal information
- Register and connect to virtual urgent care

Visit the member portal at health.curative.com.

2. Get virtual care

Curative Telehealth provides 24/7 nationwide virtual care, connecting you with a licensed provider in less than 7 minutes. Whether by phone or video, get fast, hassle-free care—directly through your Curative Member Portal. (No Curative Pass needed for EPO Value)

- Access family doctors and pediatricians
- Messaging, audio, or video chat
- Prescriptions available to your door
- $0 copay

Learn more at curative.com/telehealth.

3. Schedule your Baseline Visit

As a Curative member, you and your dependents over the age of 18 year-old, will get the most out of your health plan by completing a Baseline Visit (mobile/in-person visits available in select locations). Think of a Baseline Visit as an individualized appointment that focuses on your complete well-being. By completing your visit within 120 days of your plan effective date, you'll also keep your $0 copays and $0 deductible for in-network care and preferred prescriptions. EPO Value members will also need a Curative Pass for $0 covered care. For more info on the Baseline Visit, go to curative.com/baseline.

Questions?

We're here for you. Contact Member Services at **855-4-CURATIVE (855-428-7284)**

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curative

Health starts here

Secure your $0 health benefits with a Baseline.

All Curative members start with no out-of-pocket costs for covered care and preferred prescriptions. To keep these benefits, you and any dependents 18 and older need to complete a Baseline any time in the first 120 days of the plan start.* Your Baseline is confidential and won't impact premiums or coverage.

A Baseline is a chance for you to learn how to maximize your member benefits and create a health roadmap. There are two required parts: the Baseline Onboarding and Baseline Clinical Check-in.

1 Register your Curative account and sign-up

You will receive a welcome email 1-2 days before your plan start date with instructions. Then, go to the Member Portal and register your account at **health.curative.com**. You can sign-up for your Baseline in the Member Portal.

2 Baseline onboarding

Learn about your plan's benefits and resources, find $0 providers, sign up for telehealth, check medication coverage, and get connected to programs to reach your health goals.

Live onboarding

Schedule a Zoom virtual meeting with your Care Navigator. They will explain how Curative works and what your health plan includes. Austin residents can also schedule in-person.



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Curative Insurance Company

3 Baseline clinical check-in

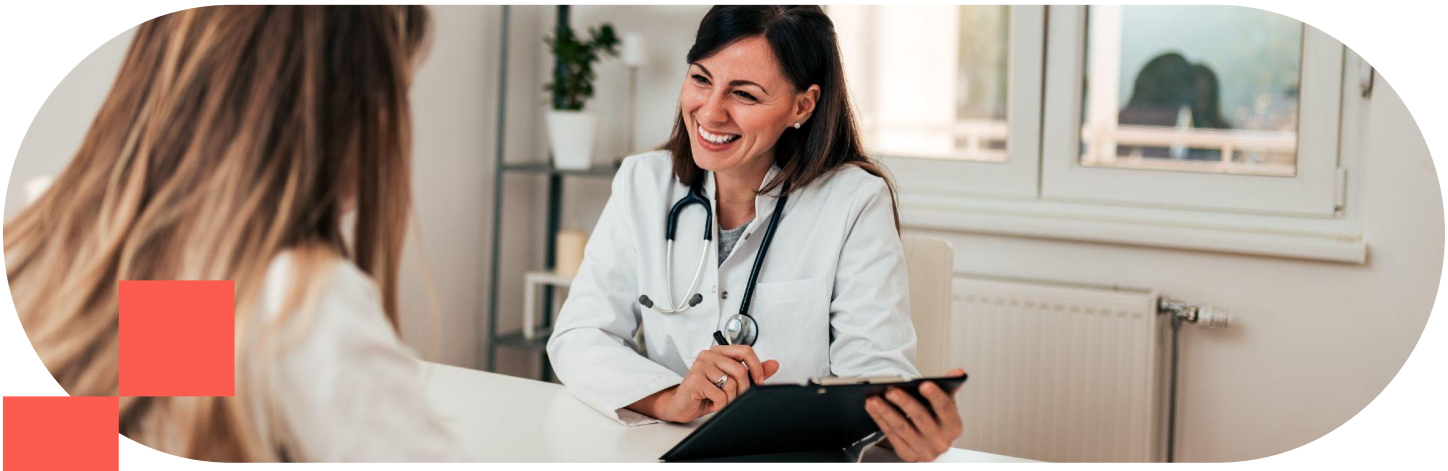
Schedule a Zoom virtual meeting with a Curative Clinician to discuss your medical history and any health questions. They'll help create a plan tailored to you. You can even get labs done before or after for a more complete picture of your health. Austin residents can also schedule in-person.

Continue to enjoy $0 out-of-pocket costs!

Your Care Navigator will follow-up after the visit and you can always find their contact info on the Member Portal. For time-sensitive Curative benefit questions, you can call our **24/7 Member Services at 855-428-7284**.

Visit to learn more about the Baseline:
curative.com/baseline

Watch to learn more about your Baseline Onboarding options:
cur.tv/baseline-preview



*Members must complete a Baseline Visit within the first 120 days of the plan's start date to maintain $0 out-of-pocket costs for covered services with in-network providers and preferred prescriptions. EPO Value members must also use a Curative Pass for $0 covered care. See Summary Plan Description and Benefits Booklet for additional requirements for the Baseline Visit.

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Curative Insurance Company

curative telehealth

Curative Telehealth: Fast, seamless virtual care.



Get the care you need, anytime, anywhere.

Curative Telehealth provides 24/7 nationwide virtual care, connecting you with a licensed provider in less than an hour. Whether by phone or video, get fast, hassle-free care—directly through your Curative Member Portal.*

Fast, easy access
See a provider **in less than an hour,** anytime, from home, work, or on the go.

Seamless experience
Access directly through your Curative Member Portal without the hassle of extra apps or logins.

Nationwide coverage
Available **in all 50 states**, so you always have a consistent virtual care option.

Online or phone
Select **video or phone** visits based on your needs and comfort level.

Guided symptom intake
Answer a few quick questions to get connected with the right care provider.

Getting started with Curative Telehealth is easy

1. **Log in or call**
   Start a visit through your Curative member portal or by phone.
   health.curative.com/curative-telehealth
2. **Answer a few questions**
   Our system will match you with the right provider.
3. **See a provider fast**
   Get care via **video or phone,** with visits starting **in less than an hour.**

For more info, go to curative.com/telehealth

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*For EPO Value, no Curative Pass is required for Curative Telehealth.

DENTAL INSURANCE

Lincoln Financial Group®

(800) 423-2765 • www.ldc.lfg.com

Carrier Name		Lincoln Financial Group
Plan Name		**DHMO LDCS200B**
Network Access		In Network Only
Provider Network		DHMO Florida LDCS200B Network: Solstice Benefits
ADA Code	**Service**	**Member Cost**
D0120	Clinical Oral Evaluation - Periodic oral evaluation	$0
D0150	Clinical Oral Evaluation - Comprehensive oral evaluation	$0
D1110	Prophylaxis - Adult	$0
D1120	Prophylaxis - Child	$0
D1206	Topical Fluoride - Topical application (w/o prophy) - child	$5
D1351	Sealant Per Tooth Molars	$0
D2140	Amalgam Restorations - one surface, primary/permanent	$0
D2150	Amalgam Restorations - two surfaces, primary/permanent	$0
D2160	Amalgam Restorations - three surfaces, primary/ permanent	$0
D2161	Amalgam Restorations - four +surfaces, primary/permanent	$0
D2751	Crowns - Porcelain fused to predominantly base metal	$195
D2752	Crowns - Porcelain fused to noble metal	$195
D3310	Root Canal Therapy - Anterior (excluding final restoration)	$100
D3320	Root Canal Therapy - Premolar (excluding final restoration)	$175
D3330	Root Canal Therapy - Molar (excluding final restoration)	$210
D3410	Apicoectomy/Periradicular Surgery - Anterior	$96
D4210	Gingivectomy - 4+ Teeth/Quad	$175
D4341	Non-Surgical Periodontal - Scaling/root planing - four +	$36
D4910	Non-Surgical Periodontal - Periodontal maintenance	$40
D5110	Complete Dentures - Complete denture - upper	$210
D5120	Complete Dentures - Complete denture - lower	$210
D5213	Partial Dentures - Upper w/ metal base, resin saddles, etc.	$220
D7111	Extraction, coronal remnants - deciduous tooth	$45
D7140	Extractions - Erupted tooth or exposed root	$10
D7210	Surgical Extractions - extraction of tooth; erupted	$25
D8080/8090	Orthodontia -Treatment (Child/Adult)	Comprehensive Child(ren): $1,850 / Adult: $1,950
Dependent Child/Student Age	Up to 26, benefit will terminate at end of calendar year	

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.

DENTAL INSURANCE

Lincoln Financial Group®

(800) 423-2765 • www.ldc.lfg.com

Plan Name	DPPO LOW		DPPO HIGH	
Network Access	In Network	Out of Network	In Network	Out of Network
Provider Network	PPO Low		PPO High	
Coverage Types				
Individual Deductible	$50	$50	$50	$50
Family Deductible	$150	$150	$150	$150
Waived for Preventitive	Yes		Yes	
Deductible - Calendar	Calendar Year		Calendar Year	
Annual Maximum Benefit	**$1,500**	**$1,000**	**$2,000**	**$1,000**
Preventative - Type 1	100%	100%	100%	100%
Basic - Type 2	80%	50%	80%	80%
Major - Type 3	25%	25%	50%	50%
Ortho - Type 4	Not Covered		50%	
Ortho Age Limit	Not Covered		Adult & Child (12 month Ortho Waiting Period for late entrant)	
Orthodontic Maximum	Not Covered		**$1,500**	**$1,000**
Endontics	Major		Major	
Periodontics - Non-Surgical	Basic		Basic	
Periodontics - Surgical	Major		Major	
Oral Surgery	Basic		Basic	
Implants	Major		Major	
Out-of-Network Reimbursement	MAC		UCR	
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.

Lincoln Financial Group®



Get connected with *Lincoln DentalConnect®* plans

Register for online tools and information in three easy steps

If you're covered by a Lincoln PPO or indemnity group dental plan,* you can access a wide range of online dental health information.

1. Go to LincolnFinancial.com, and click LOG IN/REGISTER in the top navigation on the home page.
2. Select REGISTER.
3. Follow the prompts to complete your registration and log in to your account.

Find a dentist

Visit **LincolnFinancial.com/FindADentist**

Look for a dentist without logging in! You can search by:

- Location
- Dentist name or office name
- Distance you are willing to travel
- Specialty, language and more

Your search will automatically provide up to 100 dentists that most closely match your criteria. If your search does not locate the dentist you prefer, you can nominate one—just click on the **Nominate a Dentist** link and complete the online form.

Using your dental insurance

When you call to schedule your visit, let the office know that you have coverage through Lincoln Financial Group with the *Lincoln DentalConnect®* PPO plan.

Have your member ID card handy when you call so you can provide information listed on the card — or your Social Security number — to help the office verify your coverage.

Have any questions? Please contact Lincoln customer service at 1-800-423-2765.

Insurance products issued by:
The Lincoln National Life Insurance Company
Lincoln Life & Annuity Company of New York

VISION INSURANCE

Lincoln Financial Group®

(800) 440-8453 | www.lvc.lfg.com

Carrier Name	Lincoln Financial Group
Plan Name	Vision
Network	Spectera
Exam Copay	$10 Copay
Materials Copay	$25 Copay
Frequency- Exam / Lenses / Frames	12/12/12
Single Lenses	Covered in full after copay
Bifocal Lenses	
Trifocal Lenses	
Frames - After Copay	Up to $130
Contacts (Elective)	Up to $125
Dependent Child/Student Age	Up to Age 26, benefit will terminate at end of the calendar year

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.

Lincoln Financial Group®



Online vision tools

Convenient online services and information

As a *Lincoln VisionConnect*® member, you get convenient online access to vision plan information and services. Visit lvc.lfg.com to choose from a variety of tools that help make it easy to use your vision benefits.

- Find a provider
- Learn more about how to use your vision benefits
- See what eyewear is best for you
- Discover contact lens and Lasik discounts
- Register for an online member account to:
  - –Review your benefits, both in and out of network
  - –Print an ID card
  - –And more

Register in three easy steps!

Register by going to lvc.lfg.com. On the left-hand side of the home page, select **Register Now**. On the registration page:

1. Enter your subscriber ID (if known) or the last four digits of your Social Security Number.
2. Enter your personal and contact information. **Use the exact name used to enroll**, including applicable full first names, maiden names, hyphens and suffixes.
3. Choose your unique user name, password, and a four-digit PIN. Select **Create** to finalize your account setup.

If you have problems registering, contact Customer Service at 800-440-8453.

Find a vision provider

The Provider Locator tool lets you search for your own doctor or find nearby providers who offer features you're looking for, such as specific types of services, handicap accessibility, additional spoken languages or weekend office hours. Locate a provider in a few easy steps:

Visit **lvc.lfg.com.** On the left side of the page, use the **Provider Quick Search.**	In the **Provider Quick Search** box, enter a ZIP Code or street address.	Click the **Search** button to display a list of providers close to you.

Lincoln VisionConnect® is underwritten by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company is not a Lincoln Financial Group® company.

Lincoln VisionConnect® benefits

How to utilize your vision benefits

1. Find a participating provider by clicking Provider Quick Search on http://lvc.lfg.com or by calling 800-440-8453.
2. Log on to your online member account to review your benefits before you visit a provider or to print a vision ID card.
3. When you visit a provider, you may be asked for your date of birth and subscriber ID (if known).

spectera®
Lincoln Financial Group®
You're In Charge®

Note to providers: For more information about this vision plan, or to receive authorization for service, please visit us online at www.spectera.com or call 1-800-638-3120.

This card is not required for service and does not guarantee benefit eligibility.

Insurance products marketed by:
The Lincoln National Life Insurance Company
Lincoln Life & Annuity Company of New York
VIS-EEOT-FLI001_Z03

LIFE INSURANCE

Lincoln Financial Group®

Lincoln Financial Group | www.lincoln4benefits.com | (800) 423-2765

EMPLOYER PAID BASIC LIFE & AD&D BENEFIT

Boys & Girls Clubs of Broward County provides Employer Paid Life Insurance and AD&D to all Full-Time Employee eligible for benefits in the amount of:

All Eligible Employees - $20,000

VOLUNTARY LIFE & AD&D

Employee Benefits

Benefit Amount:

- Choice of $10,000 or $20,000 Increments
- Not to exceed 5 times your annual salary
- Maximum Amount $500,000

Guarantee Issue:

- Up to $100,000 at Initial Enrollment

Spousal Benefits

Benefit Amount:

- Choice of $5,000 or $10,000 Increments
- Not to exceed 50% of Employee's elected amount
- Employee must elect coverage in order to enroll spouse

Guarantee Issue:

- Up to $30,000 at Initial Enrollment

Other Benefits Included:

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

Your Benefits Will Reduce:

- 35% at Age 65
- 50% at Age 70

Child Benefits

- $1,000 Child: Birth to 6 months
- $20,000 Child: 6 months to age 26 years
- Employee must elect coverage in order to enroll children

DISCLOSURES

Accidental Death and Dismemberment (AD&D) provides a cash benefit to your love 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 Group®

Lincoln Financial Group | www.lincoln4benefits.com | (800) 423-2765

EMPLOYER PAID SHORT TERM DISABILITY

Elimination Period	7th Day Accident and 7th Day Sickness
Maximum Weekly Benefit	60% Of Your Weekly Salary Up to $1,500
Benefit Duration	13 Weeks
Pre-Existing Period	No Pre-Ex

EMPLOYER PAID LONG TERM DISABILITY

Elimination Period	90 Days
Maximum Monthly Benefit	60% Of Your Monthly Salary Up To $6,000
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.

VALUE ADDED SERVICES

Lincoln Financial Group | www.lincoln4benefits.com

Lincoln Financial Group®

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

Lincoln Financial Group® TravelConnect℠

Global Assistance Program
Provided by On Call International
Medical, Security, & Travel Assistance Services for Participants Traveling 100+ Miles from Home

Visit https://mysearchlightportal.com and enter Group ID #: LFGTravel123 for access to Plan Documents, International Calling Instructions, and Destination Information.

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.

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SUPPLEMENTAL BENEFITS

Aflac

(800) 433-3036 | www.aflac.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 specific amount for accidental death, dismemberment, dislocation or fracture, initial hospital confinement, hospital confinement, intensive care, ambulance service, medical expenses and Outpatient Physician's Treatment

Coverage Type	Benefits
❖ Hospital / ICU Admission	$1,000 / $1,000
❖ Daily Hospital Confinement	$300 (up to 365 days per accident)
❖ Daily ICU Confinement	$300 (up to 30 days per accident)

GROUP HOSPITAL INDEMNITY

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

- Admission: Hospital $1,000 per admission | ICU $1,000 per admission
- Daily Hospital Confinement: Hospital $200 per day for up to 31 days
- Daily Hospital Intensive Care Confinement: ICU $200 per day up to 10 days

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

COVERAGE GUIDELINES	COVERAGE AMOUNT
For You & Spouse Spouse 100% of the employee's benefit amount	Employee & Spouse: $10,000 | $20,000 | $30,000
Child(ren) Benefit for each Child Benefit begins at Birth and Terminates at Age 26	Up to 50% of employee's CI Principal Sum

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.

masa Access

$14/month

Stay prepared with MASA® Access℠

Comprehensive coverage and care for emergency transport.

Our Emergent Plus membership plan includes:

Emergency Ground Ambulance Coverage[1]

Your out-of-pocket expenses for your emergency ground transportation to a medical facility are covered with MASA.

Emergency Air Ambulance Coverage[1]

Your out-of-pocket expenses for your emergency air transportation to a medical facility are covered with MASA.

Hospital to Hospital Ambulance Coverage[1]

When specialized care is required but not available at the initial emergency facility, your out-of-pocket expenses for the ground or air ambulance transfer to the nearest appropriate medical facility are covered with MASA.

Repatriation Near Home Coverage[1]

Should you need continued care and your care provider has approved moving you to a hospital nearer to your home, MASA coordinates and covers the expense for ambulance transportation to the approved medical facility.



Did you know?

51.3 million

emergency responses occur each year

MASA protects families against uncovered costs for emergency transportation and provides connections with care services.

Source: NEMSIS, National EMS Data Report, 2023

About MASA

MASA is coverage and care you can count on to protect you from the unexpected. With us, there is no “out-of-network” ambulance. Just send us the bill when it arrives and we’ll work to ensure charges are covered. Plus, we’ll be there for you beyond your initial ride, with expert coordination services on call to manage complex transport needs during or after your emergency — such as transferring you and your loved ones home safely.

Protect yourself, your family, and your family’s financial future with MASA.

Coverage territories

1: United States and Canada.

Disclaimers

This material is for informational purposes only and does not provide any coverage. The benefits listed, and the descriptions thereof, do not guarantee coverage and do not represent the full terms and conditions applicable for usage and may only be offered in some memberships or policies. Premiums, benefits, and coverage vary depending on the plan selected. For a complete list of benefits, premiums, terms, conditions, and restrictions, please refer to the applicable member services agreement or policy for your state. For additional information and disclosures about MASA plans, visit: https://info.masamts.com/masa-mts-disclaimers

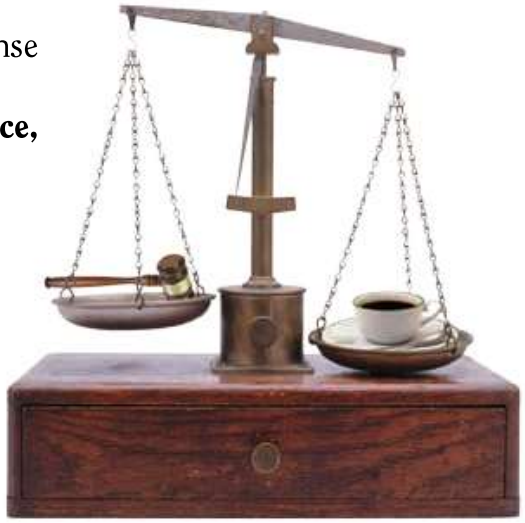
SUPPLEMENTAL INSURANCE

PREFERRED LEGAL PLAN™ www.preferredlegal.com | 888-577-3476

PREFERRED LEGAL PLAN™

A New Wave of Legal Representation™

Have Your Own Attorney on Retainer for Less than the Cost of a Cup of Coffee a Day!



The Preferred Legal Plan™ ("PLP") is a licensed legal expense organization providing its members with full service and representation on all types of legal services, including **divorce, traffic tickets, buying or selling a home, bankruptcy, wills, probate, DUI, immigration, credit report issues, child support, custody and visitation, garnishments, loan modifications, foreclosures, criminal defense, litigation, small claims court, personal injury, landlord-tenant disputes, domestic violence and more.** PLP provides these services for the affordable price of $9.95 per month.

- FREE unlimited legal advice via phone consultation
- FREE face-to-face consultations with attorneys
- FREE review of legal documents (real estate contracts, lease agreements, etc.)
- FREE letters and phone calls to third parties on your behalf
- FREE credit report analysis and repair and settling accounts in collection
- FREE Identity Theft information and restoration
- FREE simple Wills for member and spouse (or domestic partner)
- FREE legal forms available through PLP Form Library
- FREE notary services
- Up to 70% reduced legal fees for attorney representation on all types of legal services
- 24 hours a day, 7 days a week access
- Access to PLP's statewide panel of quality attorneys located throughout Florida
- Spouse, dependent children and entire household are covered for one low price.
- All communications are strictly confidential.
- Tri-lingual attorneys. Se habla español. Nou pale Creol.
- Unlimited, immediate use of membership. All pre-existing issues covered.
- No long-term contracts. You may cancel at any time. Membership is portable.

Questions? Contact PLP toll-free at 888-577-3476.

www.preferredlegal.com

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** to learn more

GoodRx

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**
- **Kmart**

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.

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.

If you are 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. Delaying your enrollment may increase your cost.

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** 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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Brought to you by:



All Atlantic Benefits

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