Hoffman
AUTO GROUP

Benefits for *the road ahead.*

2027



VERMONT EMPLOYEE BENEFITS

Presented by All Atlantic Benefits

Audi | BMW | Ford | Honda | Lexus | Lincoln | Genesis | Porsche | Toyota | Hyundai | Subaru

WELCOME

To your employee benefits package

KEY CONTACT INFORMATION

Hoffman
DRIVEN BY TRUST

Human Resources
benefits@hoffmanauto.com

aab All Atlantic Benefits

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Talk/Text: Text: (305) 701-1076

Veronica Ferrari
Chief Executive Officer
veronica@allatlanticbenefits.com
Talk/Text: (305) 989-4676

Visit our Benefits Website for pull plan information:
www.HoffmanBenefitsVT.com

OUR CARRIERS

HEALTH

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

Express Scripts
http://www.express-scripts.com/

TELEHEALTH

Teladoc
Telephone: (800) 835-2362
www.teladoc.com

DENTAL | VISION

Humana
Telephone: (800) 939-5369
www.humana.com

LIFE | AD&D | DISABILITY

Mutual of Omaha
Telephone: (800) 769-7159
www.mutualofomaha.com

ACCIDENT | HOSPITAL CRITICAL ILLNESS

Mutual of Omaha
Telephone: (800) 869-7159
www.mutualofomaha.com

EMPLOYEE ASSISTANCE PROGRAM

Mutual of Omaha
Telephone: (800) 316-2796
www.mutualofomaha.com

World Travel
Telephone: (800) 856-9947
Outside US Call Collect: (312) 935-3658
ID Number: 9900M002

HRA | FSA | DCA

Employee Benefits Corporation
Telephone: (800) 346-2126
www.ebcflex.com

LEGAL | IDENTITY PROTECTION

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

MetLife | Aura
Telephone: (844) 931-2872

PET INSURANCE

MetLife
Telephone: 1-800-GET-MET8
www.metlife.com/getpetquote

OPEN ENROLLMENT

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

PLAN YEAR

January 1, 2027 - December 31, 2027

NEW HIRE ENROLLMENTS

1st of the Month following 30 days from 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

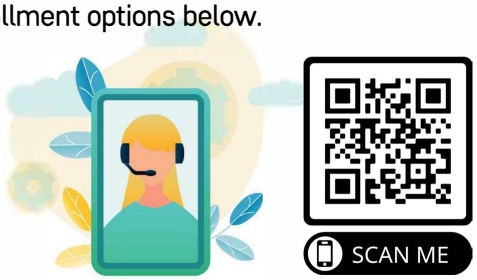
PLEASE NOTE: The materials contained in this booklet provide a brief summary of the benefits ffe ed and are not contractually binding. For additional and complete information, please refer to all certifica es of insurance. In the event of a discrepancy or omission, the carrier policy will be deemed accurate.

aab

HOW TO ENROLL IN YOUR BENEFITS

Visit our benefits website at **www.hoffmanbenefitsVT.com** for full plan documents and educational videos. When you are ready to enroll, please follow the instructions for one of our two enrollment options below.

OPTION ONE: ENROLL OVER THE PHONE



When ready, visit HoffmanAutoGroup.MyBenefitsAppointment.com to schedule your appointment or call (844) 738-0003. Scheduling and appointments are available Monday - Friday, 8:00 am to 5:00 pm EST.

OPTION TWO: ENROLL IN PAYCOM

Step 1. If eligible to enroll in benefits, you will see the Benefit Enrollment option on the Benefits tile. Click on it to begin.

Use the Progress Box on the right-hand side to see the benefits in which you are eligible to enroll. It will help you keep track of your enrollment progress: green check marks mean you are enrolled (the cost will be displayed to the right of the plan name), and a red "X" means you declined the plan. You can edit a plan by clicking on its name.

Step 2. Select "Start Enrollment." If allowed, you can edit your personal information here. When finished, select "Next."

Adding Dependents: information for any dependents already on your record will be displayed. You can add new dependents by selecting "Add." When you are ready, click "Save and Next." You must enter your dependents' Social Security Number and Date of Birth when adding them to your benefits.

Step 3. For each plan, you must either accept or decline coverage. You will do this by selecting the check box next to the plan name. If you want to view additional plan information, like a form or a link, select the blue hyperlink in the "Documents" column, when available. Then, click "Enroll." Keep in mind that some plans, such as life insurance, may require beneficiaries.

- ➢ Your dependents will automatically display to select as beneficiaries. Clicking "Add Beneficiaries" allows you to add information for someone who is not already listed. Simply enter their information and select "Save Recipient."
- ➢ If you decide during the enrollment process that you would no longer like to enroll in a plan, you can decline coverage by checking the box next to "Decline Coverage" and clicking "Decline."
- ➢ At any time, you can exit and continue enrollment later and your progress will be saved. You can choose an enrollment section in the progress bar to jump to that section. After doing so, you will pick up where you left off.
- ➢ If you elect to enroll in a medical, dental or vision plan, or any other plan with coverage levels, you will need to choose the specific coverage level you want. If you choose a coverage level with dependents, you will need to check the boxes next to the dependents who will be covered by the plan. If you want to cover a dependent who is not listed, you can add them by selecting the "Add Dependent" button. When you are finished, click "Enroll."

Continue through the enrollment process by choosing whether you would like to enroll or decline coverage for all the plans you have selected. Remember, you can keep track of which benefits you have elected or declined from the Progress Box.

Step 4. When you have finished making your enrollment selections, you will arrive at the Benefit Plan Selection Review screen, where you will see a summary of the plans in which you have enrolled. If you need to make an adjustment, select the plan from the side bar. Otherwise, click "Finalize."

- A pop-up window will ask you to confirm if you want to complete enrollment. **Note: All plans not enrolled in will be declined. Click** "Sign and Submit" **to continue.**
- From here, you can see all your benefit plans and click the arrow to view additional details of your plans.

After finalizing your selections, you will be brought to the Benefit Confirmation page. From here, you can print your selections in case you want to review them later.

Viewing Coverage Information: After enrolling in benefits, you can view and print your plan information from the "Current Benefits" section on the Main Menu.

Adding a Qualifying Event: If you experience a life change, like marriage or a new dependent, you are eligible to change your benefit plans by entering selecting "Qualifying Events" from the Benefits tile and clicking "Add Qualifying Event." Use the drop-down to select the qualifying event type and enter the date and any details. You will also need to upload supporting documents, such as a marriage or birth certificate. When you are done, click "Add Qualifying Event." The event will display the information you entered, and you will be able to see the last day that you can make changes to the plan.

MEDICAL INSURANCE

WellNet HEALTHCARE

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

Plan Name	Bronze $5,000 Ded Plan | HRA Benefit: $750 / $1,500
Provider Network	PHCS/Open Network
Opportunities For Care	
Preventative Care	Covered 100%
Physician	Covered 100%
Telehealth	Teladoc | Covered 100%
Specialist	$20 Copay
Convenience Care Clinic	Covered 100%
Urgent Care	$50 Copay
Emergency Room	20% After Ded
Diagnostic Services	
Independent Clinical Lab / X-Ray	Independent Clinical Lab & Free-Standing Facility X-Ray: Covered 100% Hospital Lab: 20% After Ded / Hospital X-Ray: $50 Copay
Diagnostic Testing Facility MRI, MRA, CT & PET Scans	Office Setting or Independent Diagnostic Center: $500 Copay Outpatient Hospital: 20% After Ded
Outpatient & Inpatient Services	
Outpatient Surgery Ambulatory Surgical Center/Hospital	Ambulatory Surgical Center: $1,500 Copay Hospital: 20% After Ded
Inpatient Hospital	20% After Ded
Provider Services Inpatient Hospital	20% After Ded
Pharmacy Benefits	
Prescription	$0 / $35 / $60 / 30% After Ded
Deductible	
Deductible	**$5,000 / $10,000** **Ded after HRA: $4,250 / $8,500**
Member Co-Insurance	20%
Maximum Benefits	
Member Out of Pocket Maximum	**$6,500 / $13,000** **MOOP after HRA: $5,750 / $11,500**
Carrier Lifetime Benefit Maximum	Unlimited
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.

MEDICAL INSURANCE

WellNet HEALTHCARE

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

Plan Name	Gold $2,500 Ded Plan | HRA Benefit: $750 / $1,500
Provider Network	PHCS/Open Network
Opportunities For Care	
Preventative Care	Covered 100%
Physician	Covered 100%
Telehealth	Teladoc | Covered 100%
Specialist	$20 Copay
Convenience Care Clinic	Covered 100%
Urgent Care	$50 Copay
Emergency Room	$500 Copay
Diagnostic Services	
Independent Clinical Lab / X-Ray	Independent Clinical Lab & Free-Standing Facility X-Ray: Covered 100% Hospital Lab: 10% After Ded / Hospital X-Ray: $50 Copay
Diagnostic Testing Facility MRI, MRA, CT & PET Scans	Office Setting or Independent Diagnostic Center: $200 Copay Outpatient Hospital: 10% After Ded
Outpatient & Inpatient Services	
Outpatient Surgery Ambulatory Surgical Center/Hospital	Ambulatory Surgical Center: $500 Copay Hospital: 10% After Ded
Inpatient Hospital	10% After Ded
Provider Services Inpatient Hospital	10% After Ded
Pharmacy Benefits	
Prescription	$0 / $35 / $60 / 30% After Ded Up to $500 Max
Deductible	
Deductible	**$2,500 / $5,000** **Ded after HRA: $1,750 / $3,500**
Member Co-Insurance	10%
Maximum Benefits	
Member Out of Pocket Maximum	**$5,000 / $10,000** **MOOP after HRA: $4,250 / $8,500**
Carrier Lifetime Benefit Maximum	Unlimited
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.

MEDICAL INSURANCE

WellNet HEALTHCARE

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

Plan Name	Platinum $1,000 Ded Plan | HRA Benefit: $750 / $1,500
Provider Network	PHCS/Open Network
Opportunities For Care	
Preventative Care	Covered 100%
Physician	Covered 100%
Telehealth	Teladoc | Covered 100%
Specialist	$20 Copay
Convenience Care Clinic	Covered 100%
Urgent Care	$50 Copay
Emergency Room	$500 Copay
Diagnostic Services	
Independent Clinical Lab / X-Ray	Independent Clinical Lab / Free-Standing Facility X-Ray: Covered 100% Hospital Lab: 0% After Ded / Hospital X-Ray: $50 Copay
Diagnostic Testing Facility MRI, MRA, CT & PET Scans	Office Setting or Independent Diagnostic Center: $150 Copay Outpatient Hospital: 0% After Ded
Outpatient & Inpatient Services	
Outpatient Surgery Ambulatory Surgical Center/Hospital	Ambulatory Surgical Center: $350 Copay Hospital: 0% After Ded
Inpatient Hospital	0% After Ded
Provider Services Inpatient Hospital	0% After Ded
Pharmacy Benefits	
Prescription	$0 / $35 / $60 / Specialty: $500
Deductible	
Deductible	$1,000 / $2,000 Ded after HRA: $250 / $500
Member Co-Insurance	0%
Maximum Benefits	
Member Out of Pocket Maximum	$4,000 / $8,000 MOOP after HRA: $3,250 / $6,500
Carrier Lifetime Benefit Maximum	Unlimited
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.

MEMBER SERVICES

WellNet HEALTHCARE

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

Welcome to WellNet Healthcare

Hoffman Auto Group recently partnered with WellNet Healthcare in the administration of your health care benefits. For more than 25 years, WellNet has delivered an exceptional member experience to our customers and we pride ourselves on being the most innovative healthcare company in the market today.

WellNet Healthcare's objective is to simplify the healthcare experience and provide comfort to you and your family. This is accomplished by allowing you to manage your healthcare needs through the access of the best and most efficient tools, as well as providing an individualized guided experience with the support of our advocacy team.

Member Portal Access Instructions

Registration

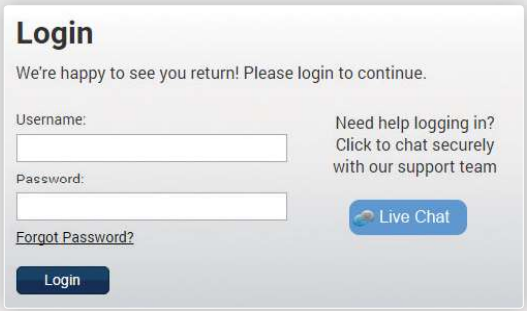
1. Visit your Member Portal at **WellNet.com** and click the "Portal Login" button.
2. In the upper right corner of the Member Portal home screen, click the **Register Now** button.

   Register Now

3. Your **ID Number** can be found on your Welcome Letter or WellNet ID Card. If you do not have an ID Number, please contact **(267) 348-3492** or **service@wellnet.com.**

Logging In

Once you have registered for the Member Portal, you may use your username and password to log in. The **Login** button is in the upper right corner of the Member Portal home screen.

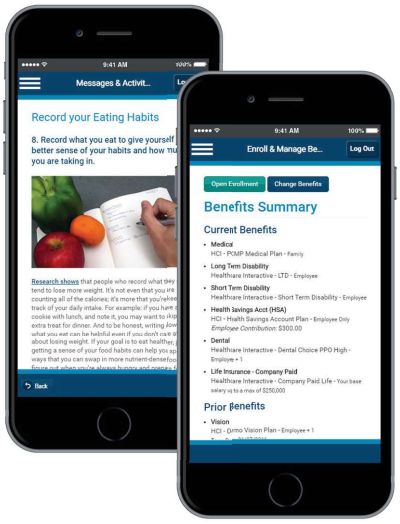


WellNet.com > click "Portal Login"
(267) 348-3492



Stay Connected On the Go!

Look for the **WellNet** mobile app in the iPhone App Store and Google Play Store.



WellNet

Use your mobile device to access the same great health plan and wellness features of your Member Portal!

Available on the iPhone App Store | ANDROID APP ON Google play

Frequently Asked Questions

How do I access my benefit information?

All benefit information, including description of coverage, claim status, and various forms are available through the member portal or mobile device. Visit www.wellnet.com and click on "Portal Login"

Where is my ID Card?

Your WellNet ID card will arrive in the mail shortly. You can also download a copy of your ID from the member portal or access through your mobile app.

How do I locate a provider?

To locate a provider, contact the WellNet Advocacy team. Representatives are available Monday through Friday, 8:30 a.m. to 7:00 p.m. EST. at (267) 348-3492

Other Questions?

We are here to help! Contact WellNet Advocacy services for any questions.

(267) 348-3492
Advocacy@wellnet.com

So many reasons **to use Teladoc®**

Teladoc is an **affordable option** for quality medical care - with **access to U.S. board-certified doctors *anytime*** (24 hours, 7 days a week).

Schedule appointments and see your doctor by phone, video or through the mobile app.



Talk to a doctor anytime, anywhere you happen to be



Receive quality care via phone, video or mobile app



Prompt treatment, talk to a doctor in minutes



A network of doctors that can treat every member of the family



Prescriptions sent to a pharmacy of your choice if medically necessary



Teladoc is less expensive than the ER or urgent care

Get the care you need

Teladoc doctors can treat many medical conditions, including:

- **Cold & flu symptoms**
- **Allergies**
- **Pink Eye**
- **Respiratory infection**
- **Sinus problems**
- **Skin problems**

And more!

With your consent, Teladoc® is happy to provide information about your Teladoc visit to your primary care physician.

Talk to a doctor anytime

Available on the Google Play

Download on the App Store

teladoc.com

1-800-TELADOC (835-2362)

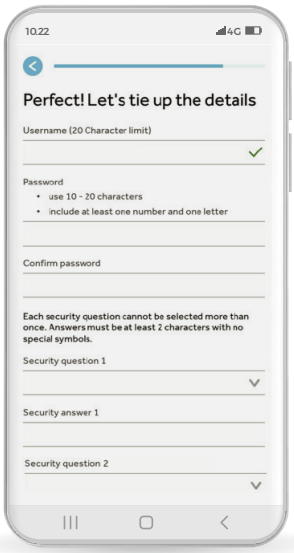
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Get started with Teladoc® App

It's quick and easy to set up your account through our app. Simply download the Teladoc® app and follow the four steps you see below.

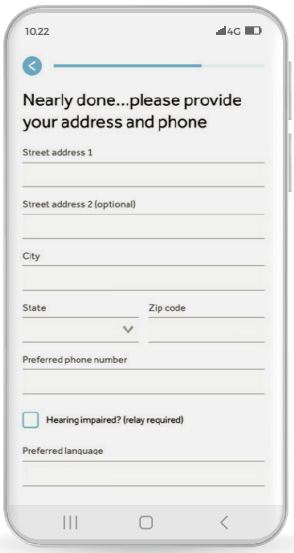
1. Confirm benefits

Provide some information about yourself to confirm your eligibility.



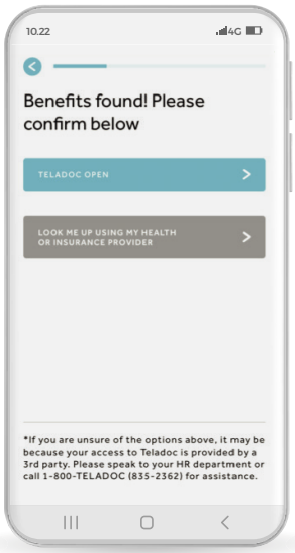
2. Benefit confirmation

We'll confirm that we found your benefits and you'll continue creating your account.



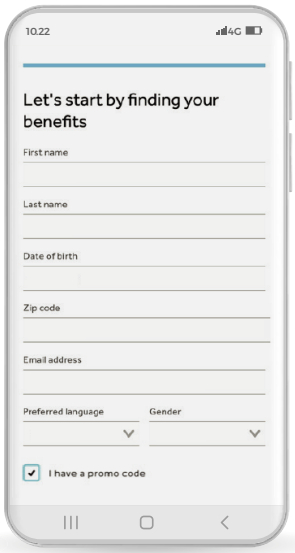
3. Create account

Please provide your contact information and preferred language.



4. Complete account

Create a username, password, and pick security questions to ensure your account is secure.



Talk to a doctor anytime

teladoc.com

1-800-TELADOC (835-2362)

Available on the Google Play

Download on the App Store

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TAKE THE OPPORTUNITY TO TAKE CONTROL OF YOUR PRESCRIPTION PLAN

TAKE THINGS ONLINE

Create an account on express-scripts.com or the Express Scripts® mobile app.

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

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

Once your account is created, you can:

- Check your order status
- View and print Digital ID cards
- Enroll in home delivery
- Refill and renew prescriptions
- Enroll eligible prescriptions in automatic refill
- Find your nearest preferred pharmacy
- Set reminders to take your medication

TAKE A SHORTER TRIP TO GET YOUR MEDS

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

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

If you are enrolling a new prescription…

- Contact your doctor and ask them to e-prescribe a 90-day prescription directly to Express Scripts
- OR send a request by selecting "Forms" or "Forms & Cards" from the "Benefits" menu, print a mail order form and follow the mailing instructions
- OR call us at the Member Services number on your card and we'll contact your doctor for you

If you are enrolling a current prescription…

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

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

TAKE A BREAK FROM BRAND NAMES

Ask about switching to a generic medication to save money on your prescriptions.

By not looking for the best deal on your prescription drugs, you may end up paying more than you should for your medications.

The easiest—and safest—way to save money on prescriptions is to ask for a generic, which typically costs less because the manufacturer did not have to conduct the initial research or studies that the branded drug did.

Generics fall into two categories:

Direct chemical equivalent – a drug that has the same active ingredient as its brand-name counterpart

Therapeutic alternative – a drug that may not be chemically equivalent to the brand, but has the same therapeutic or treatment effect

Direct chemical equivalents are practically identical to the branded drug, while therapeutic alternatives are part of the same family.

Is there a generic for your medication? You can ask…

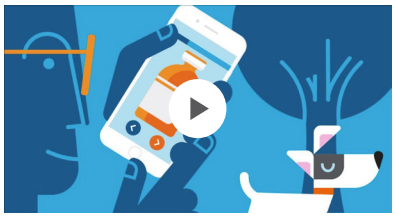
Your health care provider. Check with your doctor or nurse if there's a generic for any medication you're prescribed.

Your pharmacist. Before getting a prescription filled, refilled or renewed, ask your pharmacist if there's a generic alternative.

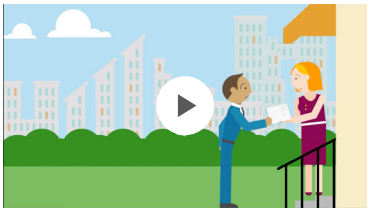
Express Scripts. You can review your prescriptions and specific generics savings opportunities at express-scripts.com.

DID YOU KNOW

FDA approved generics must adhere to strict guidelines and are the same as a brand-name medication in dosage, safety, effectiveness, strength, stability and quality.



Watch to learn more about managing your prescription plan online.



Watch to learn just what's so great about home delivery

For additional information on how to take control of your prescription plan or any other questions about your account or coverage, visit **express-scripts.com, download the Express Scripts mobile app** or call the **Member Services number** or call the Member Services number on your Digital ID card.

EXPRESS SCRIPTS®

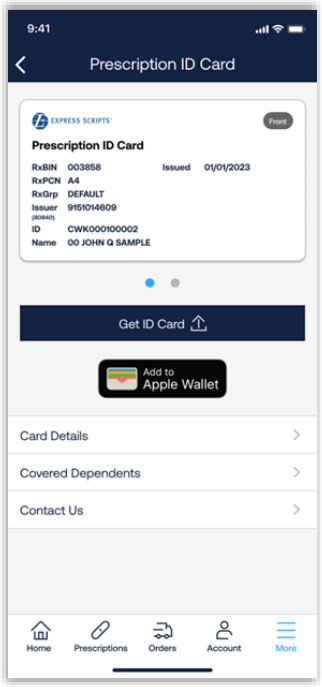
1 Over 85% of members receive their medications within 7 days. Longer delivery times may be due to additional correspondence needed with prescribers, medication availability and/or delivery times from the shipping vendor.

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EXPRESS SCRIPTS®

Digital and Print ID Cards

You can view your digital prescription ID card on your mobile device using the Express Scripts® mobile app or print your ID card from express-scripts.com.



VIEW YOUR DIGITAL ID CARD

Log in to the Express Scripts® mobile app.[1] If you have never registered, take a moment to register using your member ID number or Social Security number. Touch and facial recognition ID login are available on some devices.

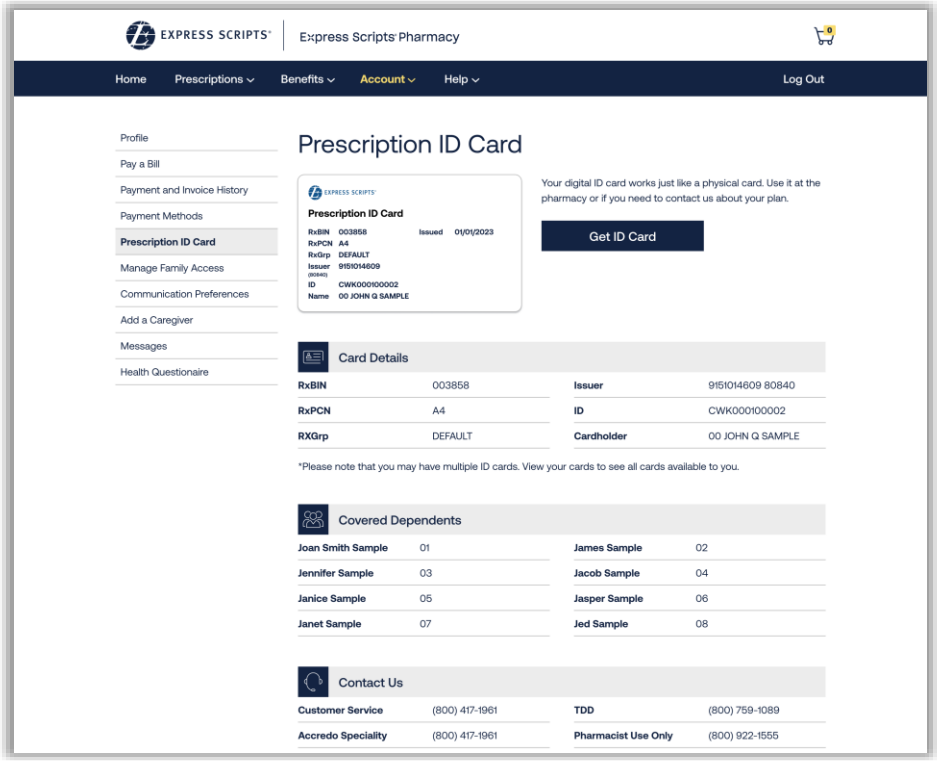
- On the app's home screen, tap **Prescription ID Card**.
- An image of your member ID card will appear.
- Hand your device to the pharmacist. That's it!

GET THE MOST OUT OF YOUR BENEFIT!
REGISTER ONLINE TODAY.
SCAN ME TO REGISTER OR LOG IN.

PRINT YOUR DIGITAL ID CARD

Log in to express-scripts.com. If you are a first-time visitor, take a moment to register using your member ID number or Social Security number.

- From the home page, select **Prescription ID Card** from the menu under **Account**.
- An image of your prescription ID card will appear and you will have the option to view the front or back of the card.
- You can click **Download Card** to download, save or print by following your printer prompts.



1 The app is compatible with most iPhone®, iPad®, and Android™ mobile devices. Search for "Express Scripts" in your app store and download the app for free.

Express Scripts and the "E" Logo are trademarks of Express Scripts Strategic Development, Inc., iPhone and iPad are trademarks of Apple, Inc., Android is a trademark of Google LLC.

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CRP2409_12486A & CRP2409_12486B

Pay less for select specialty medications

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



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

Let SaveOnSP help you save money.

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

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

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

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

Here's an example of how it works.[2]

Download our mobile app

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

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

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

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

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

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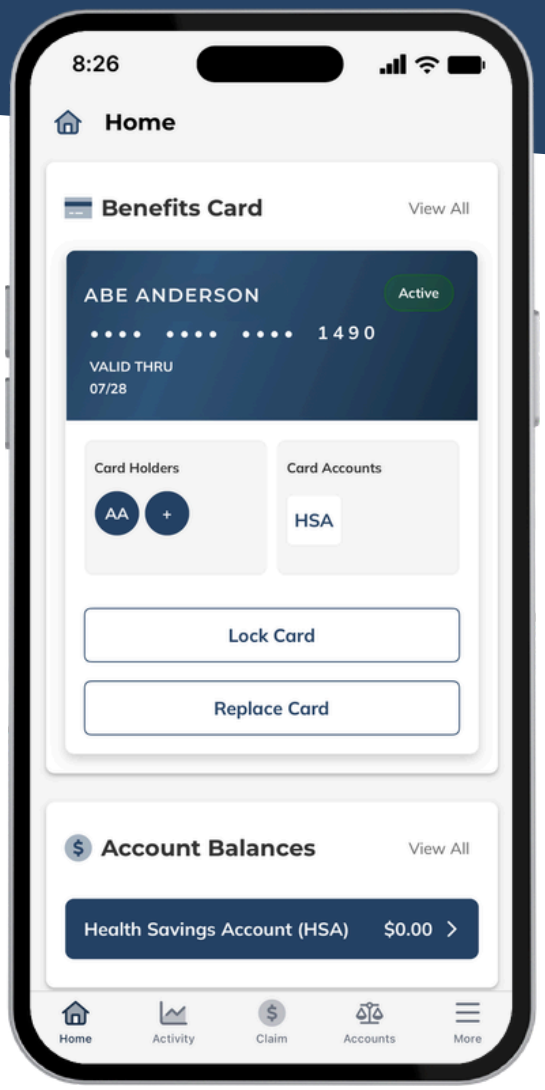
Express Scripts
By EVERNORTH

EBCentral℠

Employee Benefits Corporation

Smarter Benefits at Your Fingertips

EBCentral puts your benefits front and center—making it easier than ever to manage your accounts and your Benefits Card[1] in real time. With 24/7 access from your mobile device, you have the freedom to take control of your EBC benefits whenever and wherever you need.



Key Features

Easy access to your account details

The EBCentral app opens to a clean, intuitive dashboard that keeps essential tools within reach. You can view account summaries, check recent activity, monitor your Benefits Card status, sign up for direct deposit, and take quick actions like submitting receipts or reviewing documentation requests—all with fast, frictionless navigation.

Real-time push notifications after every Benefits Card swipe

Stay informed the moment your card is used. If documentation is required, you'll receive a notification to submit your receipt right away. Once submitted, documentation is reviewed right away to validate qualified expenses or determine if further review is needed.[2]

Full control over your Benefits Card

Managing your card is simple and secure. Your dashboard lets you lock or unlock your card, request a replacement for a lost or stolen card, and order additional cards for eligible dependents. You'll also have instant access to your recent transaction activity and card status.

Fast, secure claim and documentation submission

Submitting claims and supporting materials is quick and hassle-free. You can upload receipts or other required documents directly through the app, with no paperwork and no delays.

Download EBCentral

Download the app on the App Store® or Google Play and log in using your account credentials. Be sure to enable notifications on your mobile device to receive real-time updates on card activity and documentation requests.

Download on the App Store

GET IT ON Google Play

[1]Not all benefit accounts include a Benefits Card. Availability depends on your specific plan and account type. Apple® and App Store® are registered trademarks of Apple Inc. Google Play is a trademark of Google LLC.

[2]If expenses cannot be validated, users are given immediate feedback and the documentation is submitted for further review when needed.

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Employee Benefits Corporation

How to Use Your HRA

Your HRA (health reimbursement arrangement) is an IRS-approved health care benefit plan that allows your employer to reimburse you for your eligible expenses, helping to soften the financial impact of today's commonly high out-of-pocket expenses. Your reimbursements from an HRA are tax-free.

My Company Plan, which you will receive with your Summary Plan Description (SPD), details the expenses that can be reimbursed through your HRA.

If your HRA reimburses out-of-pocket medical expenses such as deductible, coinsurance, or copays, follow the steps below to submit your claims and get reimbursed through your HRA.

If your HRA reimburses other expenses that would not be eligible under your medical insurance, please follow the steps on the Submitting Claims flyer that is available on your participant online account.

Step 1 Present your insurance card

When receiving a service, you present your insurance carrier card to your health care provider. Your health care provider submits the expense to your insurance carrier.

Step 2 You receive an EOB.

Your insurance carrier reviews the expense, negotiates charges, awards discounts, and creates an *Explanation of Benefits (EOB)*, which is sent to you and your health care provider.

Step 3 Pay with your Benefits Card or submit a claim with each EOB.

Use your Benefits Card to pay for your service or submit a claim online or through the EBCentral app and attach each EOB. On the claim, enter the full amount shown on your Explanation of Benefits (EOB) [A], the type of service (deductible, coinsurance, medical copay, or prescription), and the date of service. We will automatically make any calculations necessary in accordance with your plan design.

Step 4 We reimburse you.

If you used your Benefits Card, you may receive a request to submit documentation for your expense. Please submit your EOB or itemized bill in response to this request.

If you submitted a claim form and your claim qualifies as an eligible expense under your company's HRA plan design, we issue your reimbursement check according to the terms of your HRA. Use this reimbursement to pay the bill from your health care provider. **(Direct deposit is also available.)**

Ⓐ Example EOB:

Date of Service	Total Charges	Amount Allowed	Non-covered Charges	Deductible	Coinsurance	Copay	Total Patient Responsibility
01/17/2014	$1,000.00	$1,000.00	--	$495.38	$504.62	$0.00	$1,000.00
02/09/2014	$365.98	$365.98	--	$0.00	$365.98	$0.00	$365.98
03/01/2014	$154.62	$154.62	--	$104.62	$0.00	$50.00	$154.62

Example Claim Form:

Date of Service	Type of Service	Amount
01/17/2014	Deductible	$495.38
01/17/2014	Coinsurance	$504.62
02/09/2014	Coinsurance	$365.98
03/01/2014	Deductible	$104.62
03/01/2014	Copay	$50.00

© Employee Benefits Corporation ID P3-4011 1125

FLEXIBLE SPENDING ACCOUNT (FSA)

Employee Benefits Corporation **(800) 346-2126 | www.ebcflex.com**

The BESTflex℠ Plan

What is a flex plan?

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

How does the BESTflex Plan work?

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

Health Care Flexible Spending Account (HCFSA)

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

Using the HCFSA account

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

Group Insurance Premium Payments

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

Tap! *Tap!* Click! Smartphone. Tablet. Online.

Participants can submit expense documentation to us the easy way.

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

How do participants know their purchase needs documentation?

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

Mobile.

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

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

Online.

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

Other options?

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

Flexible Spending Account (FSA) Maximum Contribution 2027
Unreimbursed Medical: $3,500
Please note, if you continue enrollment you will not receive a new card and can carry over up to $700.

Note: To be eligible to rollover benefits into 2028, a minimum contribution election of $100 will be required for the 2027 plan year.

DENTAL INSURANCE

Humana.

(800) 939-5369 | www.humana.com

Plan Name	Dental PPO Low		Dental PPO High	
	In Network	Out of Network	In Network	Out of Network
Network	PPO/Traditional Preferred			
Individual Deductible	$50	$50	$50	$50
Family Deductible	$150	$150	$150	$150
Wavied for Preventative	Yes		Yes	
Deductible Calendar Year	Calendar Year		Calendar Year	
Annual Maximum	$1,500		$3,000	
Preventative - Type 1	100%	100%	100%	100%
Basic - Type 2	80%	80%	90%	90%
Major - Type 3	50%	50%	60%	60%
Ortho - Type 4	Not Covered		50%	
Ortho Age Limit			Adult & Children to Age 19	
Ortho Maximum			$1,500	
Cleaning Frequency	3 in 12 months		3 in 12 months	
Endodontics	Basic		Basic	
Periodontics - Non-Surgical	Basic		Basic	
Periodontics - Surgical	Basic		Basic	
Oral Surgery (Simple)	Basic		Basic	
Oral Surgery (Complex)	Basic		Basic	
Implants	Major		Major	
Out-of-Network Reimbursement	90th UCR		90th UCR	
Dependent Child/Student Age	Up to Age 26, benefit will terminate at end of the month of Birth Date			

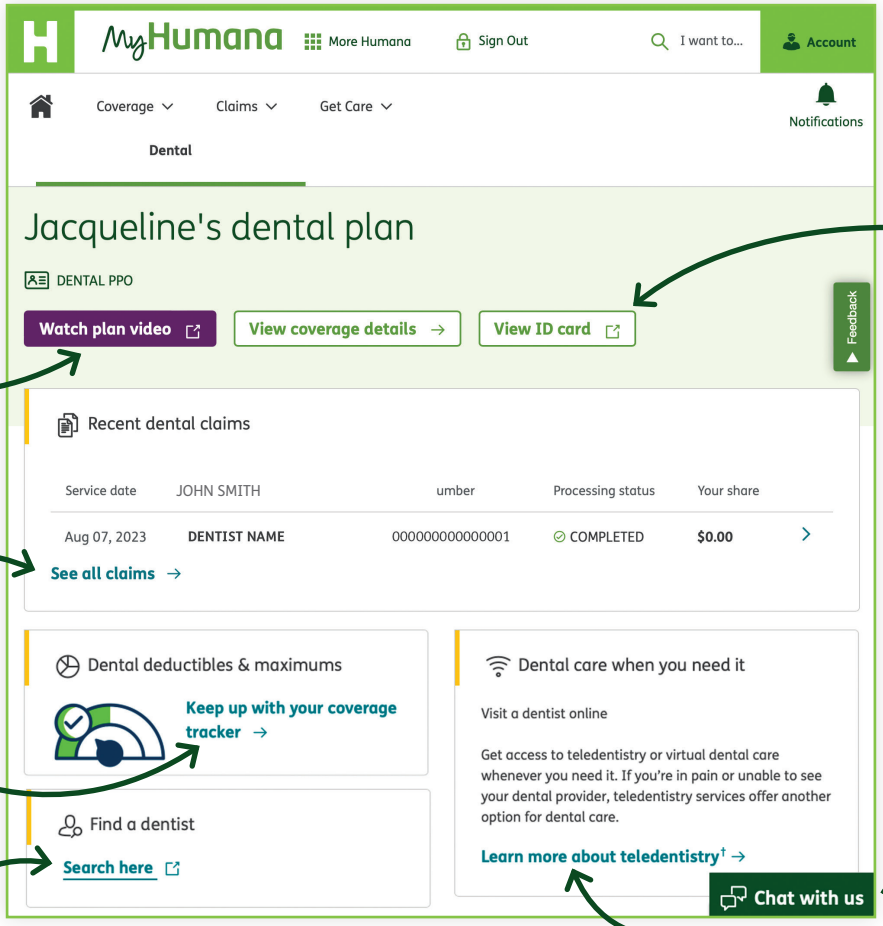
SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Team Member Benefits. In the case of error or omission, the carrier policy will govern.

DENTAL

MyHumana

Your dental plan at your fingertips

Your personal MyHumana account gives you quick, convenient and secure access to your Humana dental plan information. It's available anytime, anywhere.



View a helpful dental plan "get started" video.

View, print and email ID cards
ID cards are mailed within 10 days of enrollment. If you need to see a provider before you receive your ID card in the mail.

Check your claim status

Review deductibles, coverage levels and limits

Find an in-network dentist near you

Chat with a representative about any of your dental plan questions

Get connected for a virtual appointment†

Registering is easy

1. Go to **Humana.com/Register** and Select "I'm a Member" and click the "Start activation now" button.
2. Select "Something else" as your plan type.
3. Enter your member ID from your ID card (or Social Security number), date of birth and ZIP code.
4. Create a username, password and security prompt and choose "Next" to finish.



Use MyHumana anywhere

Download the MyHumana mobile app from your app store. You can also sign up for text message alerts at **Humana.com**.*

ANDROID APP ON Google play

Download on the App Store

Humana.

GCHK7QEN 0324

* Message and data rates may apply.
† Not available on all plans.

VISION INSURANCE

Humana.

(800) 939-5369 I www.humana.com

Plan Name	Vision
	In Network Copays & Allowances
Network	Humana Vision (Humana Insight Network)
Exam Copay	$10
Materials Copay	$10
Frequency - Exam / Lenses / Frames	12 / 12 / 12
Single Lenses	Covered in full after copay
Bifocal Lenses	
Trifocal Lenses	
Frames - After Copay	$160 Allowance $210 Allowance PLUS Provider
Contacts (Elective)	$160 Allowance
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 find a vision doctor in the network

Visiting a vision provider in the Humana network ensures you're getting the lowest cost when using you vision benefits. To find an in-network doctor, follow these steps:

Step 1:

Scan the QR code or click on this **Find an eye doctor** link to search for eye doctors in the **Humana Vision** plan network.

Step 2:

Search for an eye doctor using your location to find a doctor in your area, or search by a doctor's name

INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION OPTICAL Walmart sam's club

In-network online providers

You may also consider one of our many in-network online options including **Oakley**, **Ray-Ban**, **Glasses.com**, **ContactsDirect.com**, **LensCrafters** and **Target Optical**.

OAKLEY Ray-Ban GLASSES.COM

contactsdirect LENSCRAFTERS OPTICAL

LIFE INSURANCE

Mutual of Omaha

(800) 769-7159 | www.mutualofomaha.com

EMPLOYER PAID BASIC LIFE | AD&D

Hoffman Auto Group provides
Employer Paid Life Insurance and AD&D to all **Full-Time Employees** eligible for benefits in the amount of **$25,000**.

Benefits Reduction: 65% at Age 65 | 50% at Age 70

VOLUNTARY LIFE

Employee Benefits

Benefit Amount:

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

Spousal Benefits

Benefit Amount:

- Choice of $5,000 Increments
- Not to exceed 100% of Employee's elected amount
- Maximum Amount $100,000
- Coverage Terminates when Employee reaches Age 70

Guarantee Issue

- Up to $150,000 at Initial Enrollment
- Any increase at next Open Enrollment will require health questions or a health exam.

Guarantee Issue

- Up to $35,000 at Initial Enrollment
- Any increase at next Open Enrollment will require health questions or a health exam.

Child Benefits

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

Benefit Reduction: 65% at Age 65 | 50% at Age 70

Other Benefits Included

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

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

Mutual of Omaha

(800) 769-7159 | www.mutualofomaha.com

VOLUNTARY SHORT TERM DISABILITY

Elimination Period	7th Day Accident and 7th Day Sickness
Maximum Weekly Benefi	60% Of Your Weekly Salary Up to $2,000
Benefit Du ation	25 Weeks
Pre-Existing Period	3 months / 6 months

VOLUNTARY LONG TERM DISABILITY

Elimination Period	180 Days
Maximum Monthly Benefit	60% Of Your Monthly Salary Up To $10,000
Benefits Duration	Reducing Benefit Duration or Social Security Normal Retirement Age
Own Occupation	24 Months
Pre-Existing Period	3 months / 12 months

DEFINITIONS AND REQUIREMENTS

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

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

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

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

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

Program Effective Date: The effective date of your coverage will be the first day of the month following the completion of your waiting period.

SPECIAL NOTE: The above is just a brief summary of benefits and does n t constitute a contract. Please refer to your Certifica e of Insurance for further information on your Employee Benefits. In the case f error or omission, the carrier policy will govern.

SUPPLEMENTAL BENEFITS

Mutual of Omaha

(800) 769-7159 | www.mutualofomaha.com

Group Accident

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

Hospital Admission	$2,000
Hospital Confinement ICU	$400 (365 Days)
Confinement	$800 (15 Days)

Group Hospital Indemnity

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

- Admission: Hospital $1,000 | ICU $2,000
- Daily Hospital Confinement: Hospital $100 | ICU $200

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 must be less or equal the employee's amount	Employee: $10,000 | $20,000 Spouse: $10,000 | $20,000
Child(ren) Benefit begins at Birth and Terminates at Age 26	50% of employee's CI Principal Sum, up to $10,000

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

EMPLOYEE BENEFITS

Health Screening Benefit

Supplemental Health

When helping your clients make the decision to purchase an accident, critical illness and/or hospital indemnity policy, it is important to mention that select coverages include a health screening benefit. With the health and well-being of your groups in mind, our Health Screening Benefit with Preventative Care provides a cash benefit for covered services listed below.

Advantages of Health Screenings

- Improve outcomes, such as faster treatment, longer life and less suffering
- Determine and influence risk factors

Available Preventative Care Screenings

Cancer Preventative Care:

- Breast Cancer
- Breast Cancer Genetic Testing
- Blood (Cancer) Chemistry Profile
- Cervical Cancer
- Colorectal Cancer
- Lung Cancer
- Ovarian Cancer
- Prostate Cancer
- Skin Cancer
- Cancer Biopsies

General Preventative Care:

- Adult Immunizations
- Annual/Routine Dental Exam
- Annual/Routine Hearing Exam
- Annual/Routine Vision Exam
- Annual/Routine Physical Exam
- Domestic Violence Screening
- Genetic Testing
- Hepatitis B and C Screening
- Sexually Transmitted Diseases and Blood Borne Infection
- Sports Physical Exam

Women Preventative Care:

- Annual/Routine Well Women Exam
- Prenatal/Perinatal Care

Child Specific Preventative Care (age appropriate):

- History
- Measurements
- Sensory Screening
- Developmental/Behavioral Screenings
- Physical Exams and Procedures
- Oral Health
- Anticipatory Guidance
- Child and Adolescent Vaccines

Available Health Screenings

Heart/Circulatory/Vascular:

- Abdominal Aortic Aneurysm
- Angiogram/Angiography (arteriogram)
- Carotid Doppler Ultrasound
- Chest X-Ray
- Echocardiogram (ECHO)
- Exercise, Pharmacologic (nuclear), or Echocardiographic/Radiological Stress Test
- Lipoprotein Profile
- Lower Extremity Arterial Ultrasound
- Vascular Ultrasound (including Lower Extremity Venous Ultrasound)

Metabolic:

- Body Mass Index (BMI) Assessment
- Diabetes Screenings
- Basic Metabolic Screening
- Comprehensive Metabolic Screening

*The health screening benefit may not be available in all states. Check with your local sales representative.

Mutual of Omaha

Underwritten by
United of Omaha Life Insurance Company
Mutual of Omaha Insurance Company
Mutual of Omaha Affiliates

Available Health Screenings (cont.)

Mental Health, Sleep, and Substance Abuse:

- Mental Health consultation/evaluation for Depression and Anxiety
- Substance Abuse Screening
- Sleep Studies

Motor, Neurological, and Progressive:

- Neurological Health Screening
- Neurological Imaging Studies

Benefits are paid 1-2 times per calendar year per insured person and 6-8 per insured family for one of the listed screenings. The number of screenings, the benefit amount payable and a complete list of all health benefit screenings can be found in the contract.

We Make Submitting a Claim Easy for Employees!



Complete preventative health screening test and obtain proof of completed test



Submit claim form by web submission, email, fax, telephonic, or mail

Scan the QR to access the health screening benefit form or visit mutualofomaha.com/support/forms

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail.

This policy provides ACCIDENT, CRITICAL ILLNESS, and HOSPITAL INDEMNITY insurance only. It does NOT provide basic hospital, basic medical or major medical insurance. It is not a Medicare supplement policy. Some exclusions, limitations and reductions may apply.

IMPORTANT NOTICE — THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

The IRS limits the types of supplemental insurance that an individual who participates in a Health Savings Account (HSA) may have, while still maintaining the tax-exempt status of HSA contributions. The IRS allows additional insurance that provides benefits for "a fixed amount per day (or other period) of hospitalization." Anyone who has or plans to open an HSA, should consult tax and legal advisors to determine which supplemental benefits may be purchased by employees with an HSA.

Accident insurance, critical illness insurance and hospital indemnity insurance are underwritten by United of Omaha Life Insurance Company, a Mutual of Omaha company. United of Omaha Life Insurance Company is licensed nationwide, except in New York. In New York, accident insurance, critical illness insurance and hospital indemnity insurance are underwritten by Mutual of Omaha Insurance Company. Mutual of Omaha Insurance Company is licensed nationwide. For broker and consultant use only. Some exclusions and limitations may apply. May not be available in all states.

VALUE ADDED SERVICES

Mutual of Omaha | www.mutualofomaha.com | (800) 316-2796

Employee Assistance (EAP)

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

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

Travel Assistance

US Inquiries: 800-856-9947

Outside the US call collect: 312-935-3658

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

Will Preparation by Epoq

www.willprepservices.com Code: MUTUALWILLS

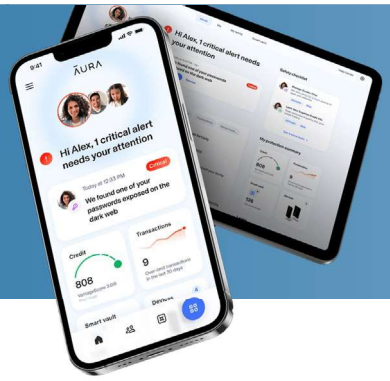
- Creating a will is an important investment in your future. It specifies h w you want your possessions to be distributed after you die.
- Whether you're single, married, have children or are a grandparent, your will should be tailored for your life situation.
- That's why it's good you have access to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

MetLife · AURA

Identity & Fraud Protection

Group Benefits
100-999 Employees
Voluntary Protection Plus

Making digital security effortless for employees and their loved ones



MetLife + Aura Identity & Fraud Protection is an award-winning solution that provides employees and families with proactive protection from identity theft, scams and cybercrime — all in one place.

Our solution includes the following pillars of protection:

Identity Theft & Financial Fraud Protection

We make it effortless to keep personal info, credit, finances and assets secure with proactive controls, advanced threat detection and actionable alerts — all in one place.

Scam & Cybercrime Prevention

Our powerful suite of advanced tools helps proactively catch and block scams, spam and phishing attempts to reduce distractions and bring peace of mind.

Smart Family Safety

Our integrated experience was purpose-built for modern families. Extend protection to unlimited dependent minors and any 10 adult loved ones you choose with no restrictions. Each adult gets their own private full-feature Aura account and Aura provides a separate $5M ID theft insurance policy for each adult.[1]

Digital Parenting & Mental Health[3]

Aura's AI tracks and analyzes patterns of digital behavior, social connections, language and more to help parents understand their child's digital world and spot signs of stress or other meaningful changes in their well-being. Plus, tools to help parents protect their kids from fraudsters, cyberbullies, mature content, and more.

Services & Reimbursement

Manage your digital security on the go via the highly rated Aura app. Get 24/7 US-based live member support, expert fraud resolution, an Aura-provided $5M ID theft insurance policy,[1] an Aura-provided $50K cyber insurance policy[2] and more.

80%

of employees are interested in Identity & Fraud Protection (IFP)[4]

Voluntary Pricing*	
Protection Plus Individual	$10.95
Protection Plus Family	$16.95

* Pricing is per employee per month.

Illustrative pricing in the above chart for cases with <1,000 lives includes flat 20% broker commissions and standard platform fees when needed. Quotes that require different broker arrangements or that may require additional elements to be included in quoted pricing require MetLife Underwriting review and approval. All quoted rates are inclusive of state sales taxes as applicable.

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, which 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.

2. As a component of Aura's Protection Plus Individual, Protection Plus Family, or Executive plans, Consumers receive cyber insurance through a group policy issued to Aura which is underwritten and administered by Houston Casualty Company, a Tokio Marine company, which is not an affiliate or subsidiary of MetLife. 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.

Identity Theft & Financial Fraud Protection

- 3 Bureau Credit Monitoring & Alerts
- 3 Bureau Credit Reports & Scores
- Monthly Credit Score Tracker & Insights[5]
- Credit, Bank & Utility Account Freeze
- Home & Vehicle Title Monitoring
- Bank Fraud & Financial Transaction Monitoring
- High-Risk Transaction Alerts
- Utility Account Monitoring
- Dark Web Monitoring
- Digital Vault
- SSN & Identity Authentication Alerts
- Public & Court Records Monitoring
- USPS Address Monitoring
- Social Media Monitoring & Takeover Alerts
- Social Media Privacy Checkup & Optimization
- Experian Credit Lock
- Credit Score Simulator
- Gamertag Monitoring
- Payday/Specialty Loan Block

Scam & Cybercrime Prevention

- Automated Data Broker & Spam List Removal
- Password Manager & Automated Password Change
- Email Alias
- Safe Web Browsing with Anti-Tracker & Ad Blocker
- IP Address Monitoring
- Wi-Fi Security VPN (unlimited devices)
- Antivirus (unlimited devices)
- Mobile Phone Takeover Protection
- Unusual Transaction Alerts
- Call Scam Protection
- Text Scam Protection
- Email Scam Protection

Services Restoration & Reimbursement

- $50K Cyber Insurance Policy[2]
- $5M Identity Theft Insurance Policy Per Adult[1]
- White Glove Fraud Resolution Service
- Full-Service Resolution for Pre-Existing ID Thefts
- Credit File Fraud Alerts Assistance
- Online Resolution Tracker
- 24/7/365 US-based Customer Support
- Mobile App (iOS & Android)

Smart Family Safety (family plans only)

- Unrestricted family definition
- Private, Full-feature Aura Account per Adult
- Separate, Individual $5M Insurance Policy per Adult[1]
- Sex Offender Geo Alerts
- Secure Family Sharing

Digital Parenting & Mental Health (family plans only)

Child Mental Wellbeing Insights[3]

- Daytime and Nighttime Trends & Benchmarking
- Social Persona & Connections
- Sentiment & Emotional Tone Analysis
- Behavior Change Detection
- Personalized Parent Insights & Recommendations
- Safe Gaming
- Cyberbullying & Online Predator Protection

Parental Controls

- Content Filtering & Blocking
- Screentime Management & Schedules
- Safe Search & Pause the Internet

Child Identity Protection

- Child SSN Monitoring
- 3-Bureau Child Credit Freeze Wizard

We make it easy and affordable to offer Identity & Fraud Protection.

- The MetLife and Aura partnership is uniquely designed to offer administration simplicity with one vendor, one file, one bill
- We integrate with all key HR tech and ben admin platforms for ease of implementation
- MetLife single account team support across all products with signature high-touch service
- Dedicated employee engagement and communication experts to maximize participation
- Tiered plan options available to meet your specific employee needs

Contact your benefits broker or MetLife representative today.

Scan to learn more or visit metlife.com/identity-and-fraud-protection

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.

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

3. Users are responsible for making their own parental decisions. Aura's services are not intended to diagnose, treat, cure, or prevent any disease or medical condition. The services are for informational purposes and cannot replace the services of physicians or medical professionals. Always seek the advice of your physician or other qualified healthcare provider with any questions about medical conditions or treatment. Aura's services do not monitor for all content or a child's behavior in real time. Some alerts and/or insights are created using generative AI and may not be fully accurate, complete, or timely.

4. MetLife 23rd Annual U.S. Employee Benefit Trends Study (EBTS), 2025.

5. The score you receive with Aura is provided for educational purposes to help you understand your credit. It is calculated using the information contained in your Equifax credit file. Lenders use many different credit scoring systems, and the score you receive with Aura is not the same score used by lenders to evaluate your credit.

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MetLife | Legal Plans



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

MetLife

MetLife Legal Plans | 1111 Superior Avenue, Suite 800 | Cleveland, OH 44114

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Pets make your family whole. Cover them with Pet Insurance.

Help cover the costs of vet visits, accidents, illness and more.

Why is pet insurance important?

Now more than ever, pets are playing a significant role in our lives, and it is important to keep them safe and healthy. **Help make sure your furry family members are protected against unplanned vet expenses for covered** accidents or illnesses with MetLife Pet Insurance.[1]

- A small monthly payment can help you prepare for unexpected vet expenses down the road
- More than **6 in 10** pet owners said their pet has had an **emergency medical expense**[2]
- 24% of **pet parents have credit card or personal loan debt** to cover pet health and vet costs[3]
- Average annual cost for a routine vet visit is **$212 for a dog** and **$160 for a cat**; and average annual cost for a surgical vet visit is **$426** for a dog and **$214 for a cat**[4]
- Pet insurance may not cover pre-existing conditions

...so there's no better time than now to protect your furry family members.

To get a quote or enroll go to www.metlife.com/getpetquote or call 1 800 GET-MET8.

What's covered?[5]

- accidental injuries
- illnesses
- exam fees
- surgeries
- medications
- ultrasounds
- hospital stays
- X-rays and diagnostic tests

Coverage[5] also includes

- hip dysplasia
- hereditary conditions
- congenital conditions
- chronic conditions
- alternative therapies
- holistic care
- and much more!

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 October 15th to December 7th. However, delaying enrollment in Medicare Part D until a future date will not result in higher premium payments as long as you are covered by a creditable prescription drug plan.

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

On Medicare Part D, you can read the "Medicare & You" Hand book which will be mailed to you during October. Visit www.medicare.gov on the web or call 1-800 MEDICARE (633-4227) - TTY users should call 1-877-846-2048

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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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.

FORMULARY: A list of prescription drugs covered by the plan. Also called a drug list.

IN-NETWORK: 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.

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.

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.

NOTES

All Atlantic Benefits

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