PRIME STAFFING

PLAN YEAR
2026–2027

EMPLOYEE BENEFITS BOOKLET

CORPORATE November 1, 2026 – October 31, 2027







PREPARED BY
All Atlantic Benefits

WELCOME

To your employee benefits package

KEY CONTACT INFORMATION

PRIME STAFFING

For any information contact:
Your Recruiter
benefits@primestaffingnyc.com

All Atlantic Benefits

Emilio Rodriguez
Account Manager
emilior@allatlanticbenefits.com
Talk: (305) 809-8211

Priscilla Porras
Senior Account Manager
priscillap@allatlanticbenefits.com
Talk: (305) 809-8211

John Tolan
President, Benefits Consultant
johnt@allatlanticbenefits.com
Talk/Text: (954) 914-4069

Juan Montenegro
Benefits Education Specialist
juanm@allatlanticbenefits.com
Talk: (305) 809-8211

Full plan information can be found on our benefits website: primestaffingbenefits.com

OUR CARRIERS

HEALTH

Florida Blue

Florida Blue
Telephone: (800) 352-2583
www.floridablue.com

DENTAL

MetLife

MetLife
Telephone: (800) 438-6388
www.metlife.com

VISION

MetLife

MetLife
Telephone: (855) 638-3931
www.metlife.com

OPEN ENROLLMENT

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

PLAN YEAR

November 1, 2026 - October 31, 2027

NEW HIRE ENROLLMENTS

Effective the first of the month following 30 days after date of hire

ELIGIBILITY

If you are a newly hired employee of Prime Staffing, you are eligible to enroll in benefits on the first of the month following 30 days from your date of hire. You must be actively at work to retain coverage.

DEPENDENTS

Dependent coverage is available to your legal spouse and your legal children:

- **Medical (Florida Blue):** up to age 30; coverage ends at the end of the calendar year in which your child turns 30.
- **Dental and vision (MetLife):** up to age 26; coverage ends on your child's 26th birthday.

QUALIFYING EVENTS

Coverage can only be changed or canceled during Open Enrollment or within 30 days of a qualifying life event.

Examples of qualifying events include:

- Marriage, divorce, or legal separation
- Birth or legal adoption of a child
- Death of a spouse or child
- Spousal change of employment affecting insurance coverage

HOW DO I ENROLL IN COVERAGE?

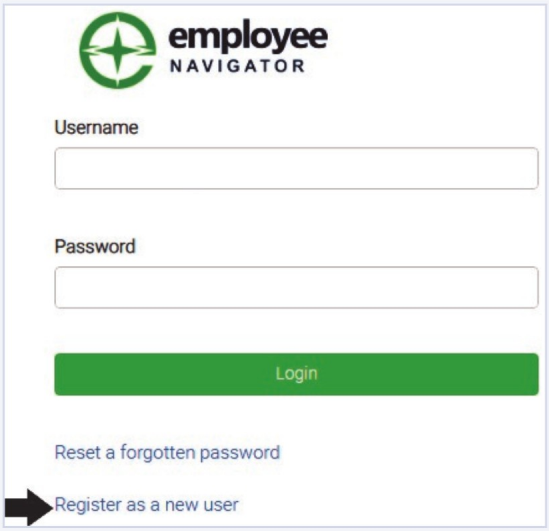
To enroll or waive benefit coverage, log into your Employee Navigator account to make your benefit elections or contact your recruiter for more information at **benefits@primestaffingnyc.com**. If you do not enroll in coverage now, you will not be able to enroll until the next open enrollment period, unless you experience a qualifying life event.

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.

ENROLLING IN YOUR BENEFITS

First time logging into Employee Navigator. Register as a New User to get started!

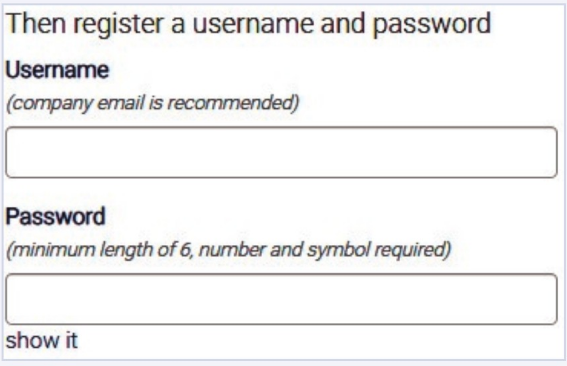
1 Visit https://www.employeenavigator.com/benefits/Account/Login and click 'Register as a new user'



2 Create your Account by completing the information below. Our Company Identifier is **'PriStaNig2026'**



3 Complete your registration by creating a Username and Password.



You are ready to enroll

ENROLLING IN YOUR BENEFITS

To begin enrolling visit our benefits website at www.employeenavigator.com

From here, you will need to click login in the top right corner. Use the credentials you created with the registration email to login.

Step 1

Begin enrolling by click the **Start Enrollment** button on the right side of the home page banner. You are now in the enrollment site. The first step is to confirm the personal data. Once you have reviewed/corrected all the data on this screen. Click **Save & Continue**

Step 2

Next you will need to confirm your address. Please note: entering and verifying an address is required to complete the enrollment. Once done, click **Save & Continue**

Step 3

Now you will be asked to enter any dependents you have that you will be enrolling in benefits.

To add, click on **add dependent+** Please note, the SSN is required to enroll in the benefits.

One you have completed entering all of the dependents that will be added to your plans,

Click **Save & Continue**

You will now begin enrolling starting with your medical plan offerings.

Select the dependents that you would like covered by clicking on the radio buttons beside there names. After that, scroll down and select a plan you will be electing, and then click **Save & Continue** .

If you do not wish to elect a particular benefit, select **Don't want this benefits?** then click **Save & Continue** It will then request that you enter a reason for declining that particular benefit.

Once you have moved past this that benefit, you will be taken to the next plan offering. You are required to take a decision on all plans or you will not be able to complete the enrollment.

Once you have completed all of your elections, you will be taken to the Enrollment Summary page. On this page, you can review what you have elected as well as see your total cost per pay period. You will also be able to print the summary.

The complete your enrollment and make you benefits active, click **Click to Sign** to electronically sign your form.

You have successfully completed your enrollment.

MEDICAL

Florida Blue

(800) 352-2583 • www.floridablue.com

PLAN BENEFITS	IN NETWORK		OUT OF NETWORK
Plan Name	**BlueOptions 05771**		
Provider Network	**Value Choice**	**BlueOptions**	**N/A**
OPPORTUNITIES FOR CARE			
Preventive Care	Covered 100%		50%
Physician	Covered 100%	$30 Copay	50% After Deductible
Virtual Visits	**Primary:** Covered 100% · **Specialist:** $55 Copay		Not Covered
Specialist	$20 Copay	$55 Copay	50% After Deductible
Convenience Care Clinic	Covered 100%	$30 Copay	50% After Deductible
Urgent Care	Covered 100% (visits 1–2), $60 Copay after	$60 Copay	$60 Copay After Deductible
Emergency Room	Facility: $250 Copay Physician Services: 20% After Deductible		
DIAGNOSTIC SERVICES			
Independent Clinical Lab / X-Ray	Value Choice Specialist: $20 Copay Independent Clinical Lab: Covered 100% Independent Diagnostic Testing Center: $50 Copay Quest Diagnostics Only		50% After Deductible
MRI, MRA, CT & PET Scans	$250 Copay		50% After Deductible
OUTPATIENT & INPATIENT SERVICES			
Outpatient Surgery	Ambulatory Surgical Center: $200 Copay Hospital: 20% After Deductible		50% After Deductible
Inpatient Hospital	20% After Deductible		$500 Per Admission + 50% After Deductible
Provider Services, Inpatient	20% After Deductible		20% After In-Network Deductible
PHARMACY BENEFITS			
Prescription Drugs	$10 / $50 / $80 Specialty: $250		50%
DEDUCTIBLE & MAXIMUMS			
Deductible (individual / family)	**$1,500 / $4,500 (Embedded)**		**$4,500 / $13,500 (Embedded)**
Member Coinsurance	20%		50%
Out-of-Pocket Maximum (individual / family)	**$4,500 / $9,000 (Embedded)**		**$9,000 / $18,000 (Embedded)**
Lifetime Maximum	Unlimited		Unlimited
Dependent Child Age	Up to age 30 (coverage ends at the end of the calendar year the child turns 30)		

This is a summary of benefits; refer to your Benefit Booklet and Schedule of Benefits for complete details. If this summary and the plan documents disagree, the plan documents govern.

Log in. It's so easy!

Register at **FloridaBlue.com**

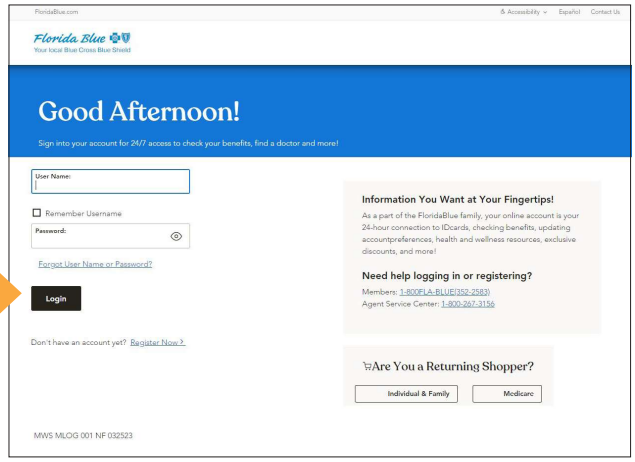
Florida Blue

Your Health Solutions Partner

We are here to help you get the most out of your benefits. Log in. It's so easy! Register at **FloridaBlue.com**. With your personalized member account—ID cards, benefits, doctors, cost-saving tools, and more—are all at your fingertips! Simply log in at **FloridaBlue.com** or the Florida Blue mobile app.

To register:

Scan the code, go to **Log in**, then **Register Now**.



New Member Registration Steps

To get started, click on **New Member Registration**

Step 1: Choose **Manage Your Plan** or **Care for a Friend or Loved One**.

Step 2: Enter your email address and click **Continue**. Check your email for a confirmation code.

Step 3: Once you have the confirmation code from your email, enter the code and click **Continue**.

Step 4: Choose a **User Name** and **Password**. The **Password** must be typed in twice for security purposes.

Step 5: Create three different security questions and type an answer below each. Click **Continue**.

***Note:** The security questions will be used if you forget your **User Name** or **Password**.*

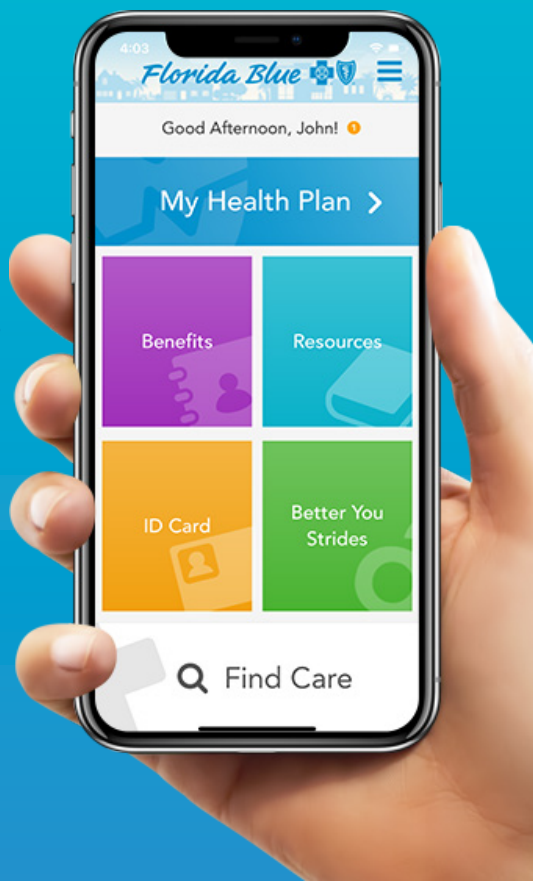
Step 6: Success! Click **Go** to log in to your account and start exploring.

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. These companies are Independent Licensees of the Blue Cross and Blue Shield Association. We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1- 800-352-2583 (TTY: 1-800-955-8770).

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Florida Blue
In the pursuit of health

Download the Florida Blue Mobile App today!



Save Time. Save Money. Stay Healthy.

- Check plan benefits and see the status of your claims
- Find the nearest in-network doctor, Urgent Care Center or pharmacy
- Compare medical costs
- View your member ID card

As Easy as 1, 2, 3…

1. **Download the app –** available through the Apple App Store or Google Play
2. **Get Registered –** log in using your Florida Blue member account User ID and Password
3. **Get Started –** anytime, anywhere with Touch ID*



Stay informed and in control ***24 hours a day, 7 days a week!***

GET IT ON Google Play Download on the App Store

*If available on your mobile device.

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an HMO affiliate of Florida Blue. These companies are Independent Licensees of the Blue Cross and Blue Shield Association. We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex.

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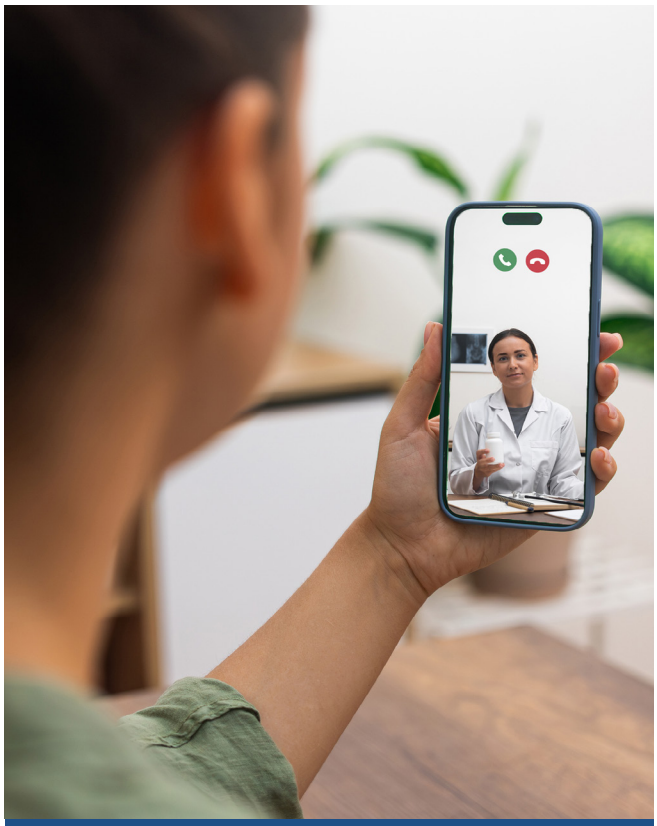
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-352-2583 (TTY: 1-800-955-8770).

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Florida Blue

Virtual care when you're not able to see your doctor.

Convenient care from home or on the go!



When life is moving at full speed, unexpected health issues can suddenly slow us down.

When you or a family member on your plan needs medical attention, and you're not able to see your regular health care provider, BlueVirtualCare is here to help you get the care you need.

A virtual visit typically costs less than a trip to urgent care or the ER. Plus, you can use BlueVirtualCare from wherever you are in the U.S. by simply logging in to your member account, on the web, or the Florida Blue app. We're here to help make things easier so you can focus on what matters most — your health and well-being.

BLUE VirtualCare

BlueVirtualCare is here if you need it.

Log in to your member account, on the web, or Florida Blue app, and go to **Find & Get Care**.

Select **Virtual Care**, then scroll down and click **Use BlueVirtualCare**.

It's that easy!

See other side.

Care options available through BlueVirtualCare

General medicine: When your primary care doctor isn't available, get 24/7 virtual care for you and family members covered on your plan. No appointment necessary!

- **Video visit with board-certified doctors** about common conditions, including allergies, bronchitis, cold, flu, migraine, pink eye, sinus infections, stomach ailments, and urinary tract infections.
- **A doctor assesses your symptoms**, provides a treatment plan, and sends prescriptions, if needed, to the in-network pharmacy of your choice.

Behavioral and mental health: When you aren't able to see your mental health provider, or have not found a licensed professional through Florida Blue's mental health care partner Lucet,[1] BlueVirtualCare offers:

- **Talk therapy:** For those age 10 years and older, you can schedule a video appointment with a licensed therapist, all from the comfort and privacy of home. Weekday, evening, and weekend appointments are available.[2]
- **Psychiatry:** For adults age 18 years and older, talk via video with a psychiatrist to manage your mental health condition with ongoing medication management.

Dermatology: Worried about a change in your skin, hair, or nails? Upload a photo, and a board-certified dermatologist will evaluate it and respond within 72 hours — no appointment, video visit, or referral required.

[1]Florida Blue contracts with New Directions Behavioral Health, L.L.C., (d/b/a Lucet), and its affiliates, to provide behavioral health services. Florida Blue and Florida Blue Medicare are Independent Licensees of the Blue Cross and Blue Shield Association.

[2]Children age 10 – 17 years old need parental or guardian consent.

BlueVirtualCare is a telemedicine service provided by American Well Corporation (Amwell®), an independent company contracted by Florida Blue to provide services for eligible members with non-emergent health concerns. Amwell is only available in the U.S.

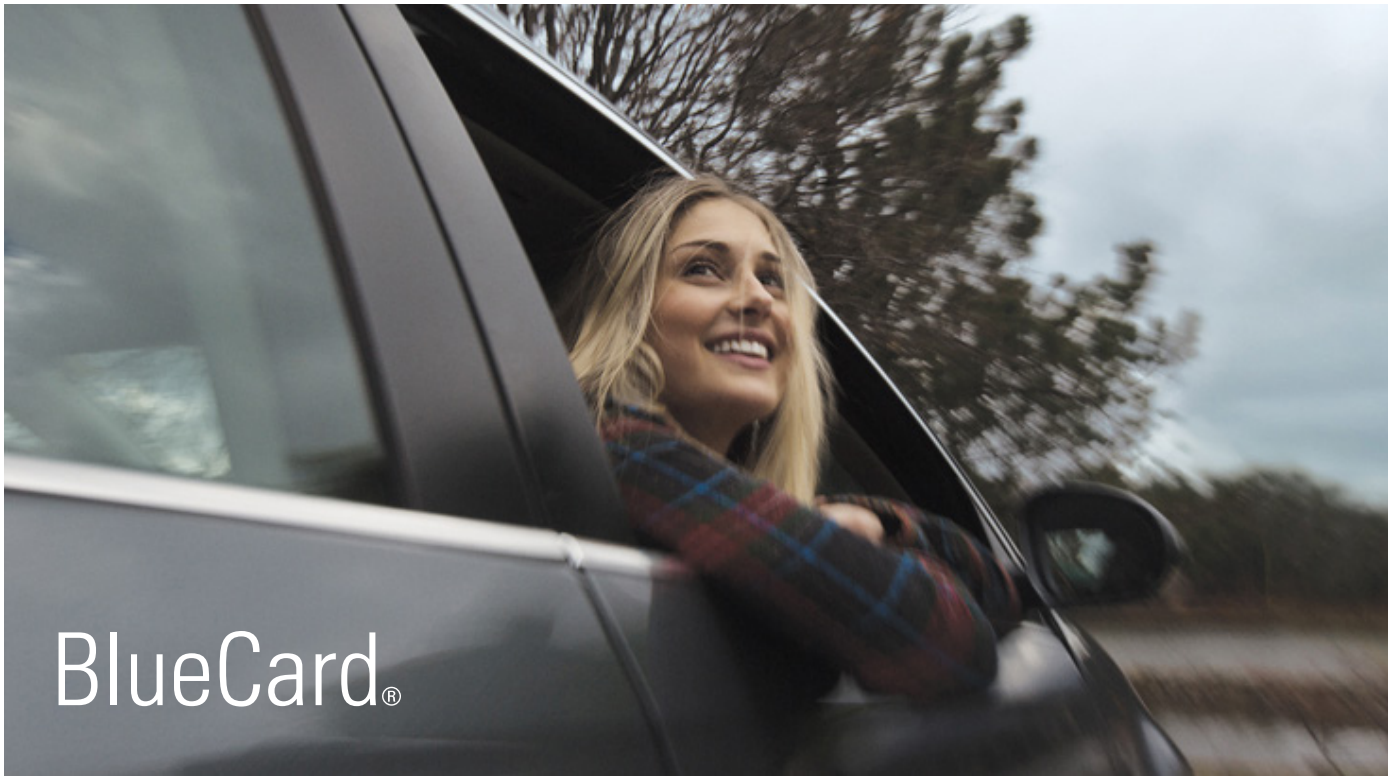
Florida Blue is a trade name of Blue Cross and Blue Shield of Florida Inc., an Independent Licensee of the Blue Cross and Blue Shield Association.

For long-term mental health care and ongoing support, Lucet can help Florida Blue members find and schedule a new patient in-person or virtual visit with an in-network mental health professional. To get started, call Lucet at 1-866-287-9569 or log in to your Florida Blue member account, go to Find & Get Care where you can find and schedule a visit with a behavioral or mental health provider.

BlueVirtualCare does not offer a crisis hotline. Appointments must be scheduled.

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BlueCross BlueShield



Across the country and around the world…we've got you covered.

As a Blue Cross and Blue Shield member, you take your healthcare benefits with you — across the country and around the world. Your membership gives you a world of choices. Within the United States, you're covered whether you need care in urban or rural areas. Outside the United States, you have access to doctors and hospitals around the world through the Blue Cross Blue Shield Global® Core program.

Designed to save you money.

In most cases, when you travel or live outside your Blue Cross and Blue Shield (BCBS) company's service area, you can take advantage of savings the local BCBS company has negotiated with its doctors and hospitals. For covered services, you should not have to pay any amount above these negotiated rates and any applicable out-of-pocket expenses.

To locate doctors and hospitals wherever you or a covered dependent need care (have your member ID card handy):

- Visit the National Doctor & Hospital Finder at www.BCBS.com.
- Use the National Doctor & Hospital Finder app and the Blue Cross Blue Shield Global Core app for Android,* iPhone, iPad and iPod Touch.** (Rates from your wireless provider may apply.)
- Call BlueCard Access® at 1.800.810.BLUE (2583).

Take charge of your health, wherever you are.

In the United States

- Always carry your current member ID card.
- If you're a PPO member, always use a BlueCard PPO doctor or hospital to ensure you receive the highest level of benefits.
- Call your BCBS company for precertification or prior authorization, if necessary. Refer to the phone number on the back of your member ID card.
- When you arrive at the participating doctor's office or hospital, show the provider your ID card. The provider will identify your benefit level through one of these symbols:


Traditional/ Indemnity Benefits



PPO Benefits

After you receive care, you should:

- Not have to complete any claim forms.
- Not have to pay upfront for medical services, except for the out-of-pocket expenses (noncovered services, deductible, copayment and coinsurance) you normally pay.
- Receive an explanation of benefits from your BCBS company.

In an emergency, go directly to the nearest hospital.

BlueCross BlueShield Geography

Around the world

- Always carry your current member ID card.
- Before you travel, contact your BCBS company for coverage details. Coverage outside the United States may be different.
- If you need medical assistance, call the Service Center for Blue Cross Blue Shield Global Core at 1.800.810.BLUE (2583) or call collect at 1.804.673.1177, 24 hours a day, seven days a week. An assistance coordinator, in conjunction with a medical professional, will arrange a physician appointment or hospitalization, if necessary.

Inpatient claim: Call the Service Center if you need inpatient care. In most cases, you should not need to pay upfront for inpatient care except for the out-of-pocket expenses (noncovered services, deductible, copayment and coinsurance) you normally pay. The hospital should submit the claim on your behalf.

In addition to contacting the Service Center, call your BCBS company for precertification or preauthorization. Refer to the phone number on the back of your member ID card. *Note: this number is different from the Service Center phone numbers listed above.*

Professional claim: You may need to pay upfront for care received from a doctor and/or hospital. Complete a Blue Cross Blue Shield Global Core International claim form and send it with the bill(s) to the Service Center (the address is on the form). You can also submit your claim online or through the Blue Cross Blue Shield Global Core mobile app. The claim form is available from your BCBS company or online at www.bcbsglobalcore.com.

To learn more about the programs described here, call your BCBS company.

TheBlueCard®
Now, Home Is Where The Card Is®

The Blue Cross Blue Shield Global Core program was formerly known as BlueCard Worldwide®.

Blue Cross, Blue Shield, the Blue Cross and Blue Shield symbols, BlueCard, BlueCard Worldwide, and Blue Cross Blue Shield Global are trademarks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield companies.

*Android is a trademark of Google Inc.

**Apple, the Apple logo, iPod, iPod Touch, and iTunes are trademarks of Apple Inc., registered in the U.S. and other countries. iPhone is a trademark of Apple Inc. App Store is a service mark of Apple Inc.

18-059-N35

Choose a Value Choice Provider and save money on your health care.

Finding the right doctor can help you get and stay healthy. As a Florida Blue member, you have access to doctors who put a special focus on helping you stay well while saving on out-of-pocket costs.

Your path to health can start today

Sanitas Medical Center and GuideWell Emergency Doctors are Value Choice Providers that offer Florida Blue members extra care — and they're in your plan's network. Services vary based on location and provider and may include:

- **Primary care**
- **Specialist care**
- **Urgent care**
- **Labs and imaging**
- **Virtual visits**

Diagnostic services vary by location and are subject to change without notice. Please contact your doctor's office for the most up-to-date services.

Value Choice Providers

Scan the QR code to find a location near you.
*Services vary based on location and provider.

Sanitas Medical Center | For members of Florida Blue

MySanitas.com
1-844-665-4827

GUIDEWELL EMERGENCY DOCTORS

GuideWellEmergency.com
See locations for phone numbers

Florida Blue
Your Health Solutions Partner

Value Choice Providers is a designation Florida Blue given to some in-network providers, including Sanitas Medical Center and GuideWell Emergency Doctors.
Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO. These companies are independent licensees of the Blue Cross and Blue Shield Association. We comply with applicable Federal civil rights laws and do not discriminate. You may access the Nondiscrimination and Accessibility Notice at FloridaBlue.com/ndnotice.
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773).
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-352-2583 (TTY: 1-800-955-8770).

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DENTAL

MetLife

(800) 438-6388 • www.metlife.com

PLAN BENEFITS	PPO LOW		PPO HIGH	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Provider Network	MetLife PDP Plus Network	N/A	MetLife PDP Plus Network	N/A
Deductible (individual / family)	**$50 / $150**		**$50 / $150**	
Deductible Waived for Preventive	Yes		Yes	
Calendar Year Maximum	**$1,000**		**$2,000**	
Preventive – Type 1	100%	80%	100%	
Basic – Type 2	80%	60%	90%	80%
Major – Type 3	50%		60%	50%
Orthodontia – Type 4	Not Covered		50%	
Orthodontia Eligibility / Maximum	Not Covered		Child(ren) only to age 19 $1,500 lifetime maximum	
Cleaning Frequency	1 in 6 months		1 in 6 months	
Endodontics / Periodontics / Oral Surgery	Basic		Basic	
Implants	Major		Major	
Out-of-Network Reimbursement	Fee Schedule		90th Percentile UCR	
Waiting Periods	None		None	
Dependent Child Age	Up to age 26		Up to age 26	

Deductibles and maximums are per calendar year. **Dependent children are covered up to age 26; coverage ends on the 26th birthday.**

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

VISION

MetLife

(855) 638-3931 • www.metlife.com

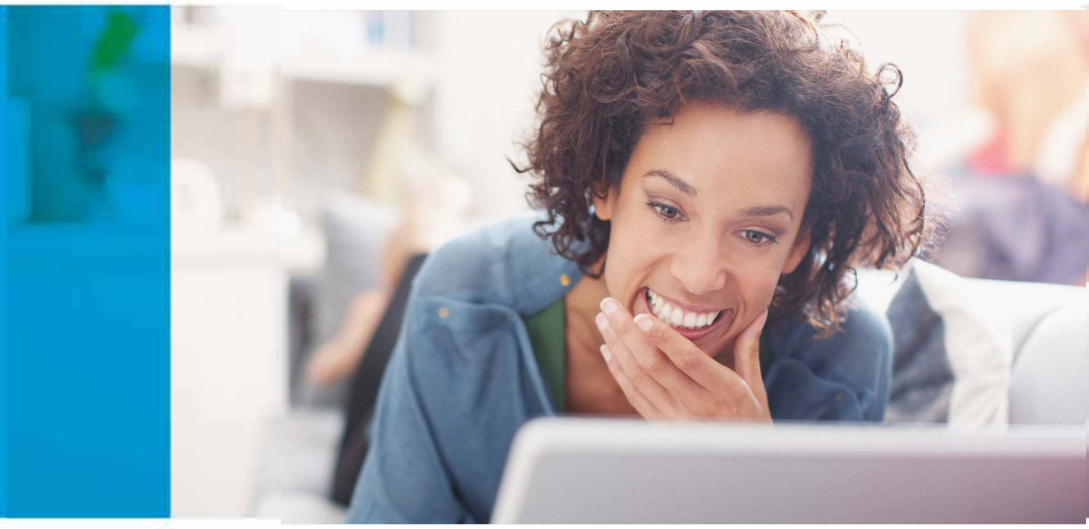
PLAN BENEFITS	IN-NETWORK COPAYS & ALLOWANCES
Provider Network	VSP Choice
EXAMINATIONS	
Eye Exam	$10 Copay
Frequency	12 Months
MATERIALS	
Materials Copay	$10 Copay
Single, Bifocal & Trifocal Lenses	Covered in full after copay
Lens Frequency	12 Months
Frames	$150 allowance
Frame Frequency	24 Months
Contact Lenses (Elective)	$150 allowance
Dependent Child Age	Up to age 26

Out-of-network reimbursement amounts are listed in your MetLife certificate. **Dependent children are covered up to age 26; coverage ends on the 26th birthday.**

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

How to register on MyBenefits

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



Registration Process for MyBenefits

Step 1: Provide your group name

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



Step 2: The login screen

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

Step 3: Enter authentication information

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



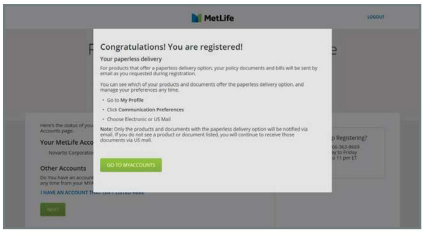
Step 4: Establish account credentials

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

Step 5: Process complete

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

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



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

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

metlife.com/mybenefits

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

L1019519150[exp1220][All States] © 2019 MetLife Services and Solutions, LLC

MetLife

Navigating life together

MetLife | Dental Insurance

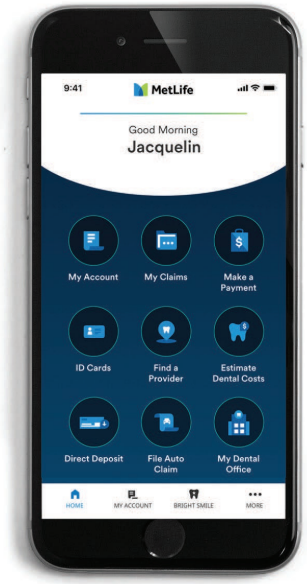
Viewing your dental plan just got easier

MetLife's mobile app puts convenience in the palm of your hands. You can quickly access and manage your dental benefit information — anytime, anywhere.



You can:

- Find a dentist
- View your plan summary with quick links to important information on deductibles and Plan Maximums as well as Covered Services
- View detailed coverage information such as benefit sharing percentage and Frequency Limits
- View your claims
- Track your brushing and flossing
- Access and save ID card to photo library or mobile app



It's easy to get the MetLife US Mobile app!

Search "MetLife" in the App Store® or Google Play® and download the MetLife US Mobile App, or scan these QR codes. Search our network of thousands of dentists and specialists to find a provider near you, or log-in to MyBenefits to access your plan information.[1]

GET IT ON Google play

Download on the App Store

It's available 24 hours a day, seven days a week.

[1] To use the MetLife mobile app, employees can choose to register at metlife.com/mybenefits from a computer or directly through the app. Certain features of the MetLife Mobile App are not available for all MetLife Dental Plans.

Like most group benefits programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. You may be financially responsible for copayments, deductibles, or any other amounts in excess of those MetLife is required to pay for covered services as described in your dental certificate and/or policy. Ask your MetLife representative for costs and complete details.

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

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USING YOUR COVERAGE

WILL I RECEIVE AN ID CARD?

When you enroll in Florida Blue medical coverage, an ID card and policy information will be mailed to your home address. A digital ID card is also available in the Florida Blue app and at **www.floridablue.com**.

For dental and vision coverage, your dentist or eye doctor can verify your MetLife coverage; a physical ID card is not required.

HOW DO I USE MY COVERAGE?

You should always ask your provider if they participate in the network associated with your plan before you make an appointment.

Medical: you pay the least at Value Choice providers and in the BlueOptions network. Present your Florida Blue ID card at your appointment.

Outside Florida: If you live or work outside Florida, you must use the BlueCard PPO/EPO, the national Blue Cross Blue Shield network. To find in-network doctors and hospitals, use the Find Care tool at **provider.bcbs.com**: enter your ZIP code, skip the three-character ID prefix, scroll to the bottom of the box and choose Browse a list of plans, then select the first option, BlueCard PPO/EPO. See the BlueCard flyer for how your coverage works when you travel.

Dental: choose a dentist in the MetLife PDP Plus network. **Vision:** choose an eye doctor in the VSP Choice network. Find both at **www.metlife.com**.

DISCLAIMERS

Refer to official insurance policy and plan documents for more extensive information concerning your benefit plans. In the event of any conflict between this guide and the official plan documents, the plan documents, policy and certificate of coverage will govern.

Florida Blue: Health insurance is offered by Blue Cross and Blue Shield of Florida, Inc., DBA Florida Blue, an Independent Licensee of the Blue Cross and Blue Shield Association. Benefits, limitations, and exclusions are described in the Benefit Booklet and Schedule of Benefits.

MetLife: Dental and vision coverage is underwritten by Metropolitan Life Insurance Company, New York, NY. Like most group benefit programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact MetLife or your benefits team for costs and complete details.

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

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

SECTION 125

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

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

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

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

COBRA

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

MEDICAID CHIP

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** 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.

Brought to you by:

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