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SURVIVAL TECHNOLOGY

2026
2027



EMPLOYEE BENEFITS BOOKLET

WELCOME

To your employee benefits package

KEY CONTACT INFORMATION

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SURVIVAL TECHNOLOGY

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

OUR CARRIERS

HEALTH

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

DENTAL | VISION | LEGAL

MetLife
Dental Telephone: (800) 438-6388
Vision Telephone: (855) 638-3931
Legal Telephone: (888) 577-3476
www.metlife.com

EMERGENCY TRANSPORTATION

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

LIFE | AD&D | DISABILITY | SUPPLEMENTAL

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

ABILITY ASSIST (EAP)

Lincoln Financial
EAP
Telephone: (888) 628-4824
www.guidanceresources.com
User Name: LFGSupport
Password: LFGSupport1

Life Keys
Telephone (855) 891-3684
www.guidanceresources.com
Web ID: LifeKeys

Travel Connect
Telephone:(866) 525 - 1955
www.mysearchlightportal.com
Group ID: LFGTravel123

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.

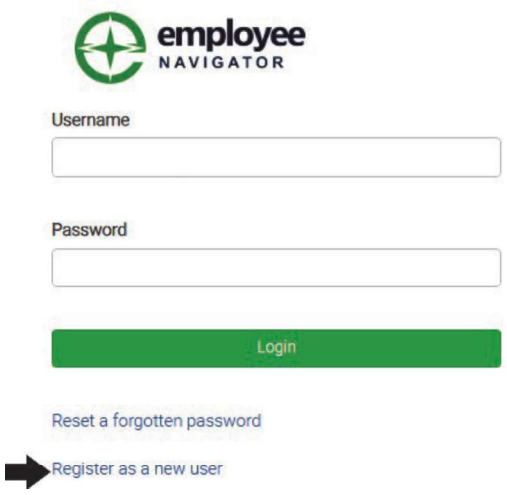
The complete your enrollment and make you benefits active, click **Click to Sign** to electronically sign your form.

You have successfully completed your enrollment.

ENROLLING IN YOUR BENEFITS

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

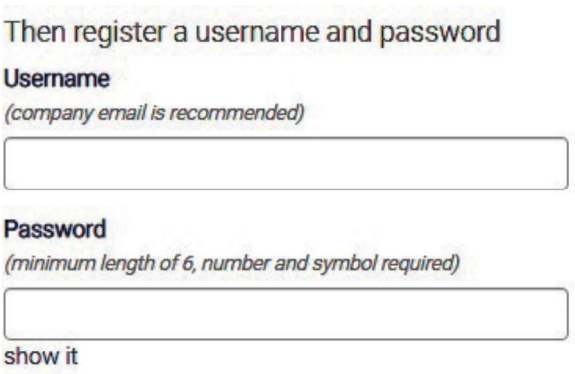
1 Visit https://www.employeenavigator.com/benefits/Account/Login and click 'Register as a new user'



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



3 Complete your registration by creating a Username and Password.



You are ready to enroll

OPEN ENROLLMENT

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

PLAN YEAR

August 1, 2026 - July 31, 2027

NEW HIRE ENROLLMENTS

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

ELIGIBILITY

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

DEPENDENTS

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

- Your spouse or domestic partnership
- A child under the age of 26 who is your natural child, step child, legally adopted child, or child for whom you have a obtained legal guardianship.
- An unmarried child over the age of 26 who is not able to support themselves due to mental disability, physical disability, mental illness, or developmental disability.
- Many states have extended dependent coverage regardless of student status. Age limitations by plan type will be outlined in this guide as best as possible.

QUALIFYING EVENTS

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

Examples of qualifying events include:

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

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

MEDICAL INSURANCE

curative

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

Plan Name	PPO		
Network Access	In Network - Baseline Completed	In Network - Baseline Not Completed	Out of Network
Provider Network	FL, GA , TX : Curative | Other States : Cigna Wrap		
Opportunities For Care			
Preventative Care	Covered 100%	Covered 100%	$50 Copay
Physician	Covered 100%	$25 Copay	$50 Copay
Virtual Visits	Covered 100%	Covered 100%	50% After Ded
Specialist	Covered 100%	$50 Copay	$100 Copay
Convenience Care Clinic	Covered 100%	$25 Copay	$50 Copay
Urgent Care	Covered 100%	20% After Ded	50% After Ded
Emergency Room	Covered 100%	20% After Ded	
Diagnostic Services			
Independent Clinical Lab / X-Ray	Covered 100% Quest Diagnostics & LabCorp	20% After Ded Quest Diagnostics & LabCorp	50% After Ded
Diagnostic Testing Facility MRI, MRA, CT & PET Scans	Covered 100%	20% After Ded	50% After Ded
Outpatient & Inpatient Services			
Outpatient Surgery Ambulatory Surgical Center/Hospital	Covered 100%	20% After Ded	50% After Ded
Inpatient Hospital	Covered 100%	20% After Ded	50% After Ded
Provider Services Inpatient Hospital	Covered 100%	20% After Ded	50% After Ded
Pharmacy Benefits			
Prescription FL - Publix & Wallmart TX - HEB & Wallmart	Preferred: $0 , Non-preferred: $50, Non-preferred Specialty: $250	Preferred: $50 , Non-preferred: $100, Non-preferred Specialty 25%	40% After Ded
Deductible			
Deductible	$0 / $0	$5,000 / $10,000 (Embedded)	$10,000 / $20,000 (Embedded)
Member Co-Insurance	0%	20%	50%
Maximum Benefits			
Member Out of Pocket Maximum	$0 / $0	$7,500 / $15,000 (Embedded)	$15,000 / $30,000 (Embedded)
Dependent Child/Student Age	Up to Age 26, benefits 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.

curative

Your health journey starts with your Baseline Visit.

Your Baseline Visit is essential to taking control of your health and well-being. You'll meet with a Curative Clinician, followed by a Care Navigator. Everything is confidential, and it will not impact your premiums.



(855) 428-7284

Your $0 Benefits Start on Day One—Keep Them Going!

Your **$0** benefits begin on the first day of your effective date:

- **$0 Copay**
- **$0 Coinsurance**
- **$0 Deductible**

To keep these $0 benefits for the rest of the plan year, you must complete your Baseline Visit within **120 days** of your effective date.

5 Simple Steps to Prepare for Your Baseline Visit

1. **Gather your information**

   Have important health details ready to help your Curative Clinician understand your health history.

2. **Find a quiet, private spot**

   Use a closed office or quiet room—avoid noisy or public places. Do not complete your visit in a moving vehicle.

3. **Use a computer**

   A computer with a stable internet connection offers the best experience. If needed, you can use your phone or an employer provided computer.

4. **Know your health goals**

   Think about any goals—like managing stress or improving your diet—so your clinician can help create a plan that works for you.

5. **Relax and be honest**

   This is your time to focus on you. Be open about your health, habits, and challenges. Your clinician is here to guide and support you.

What to have on hand:

- Current healthcare providers
- List of medications
- Current pharmacy
- Planned care or surgeries
- Health concerns or questions you want to discuss

Ready to schedule your Baseline Visit?

Scan the QR code to get started today.

Curative is here to help. Your health journey starts with the Baseline Visit, and we're here to make the process as simple and easy as possible. Let's take this important step together toward better health.

**Refer to your Summary Plan Description and Benefits Booklet for more details on the Baseline Visit. Clinicians must be licensed in your state. Not all geographies include a clinician. Curative Primary Care is a physician-owned medical practice, and its clinicians exercise their own independent medical judgment. Members must complete a Baseline Visit within the first 120 days of the plan start date to qualify for $0 out-of-pocket costs.*

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Curative Insurance Company

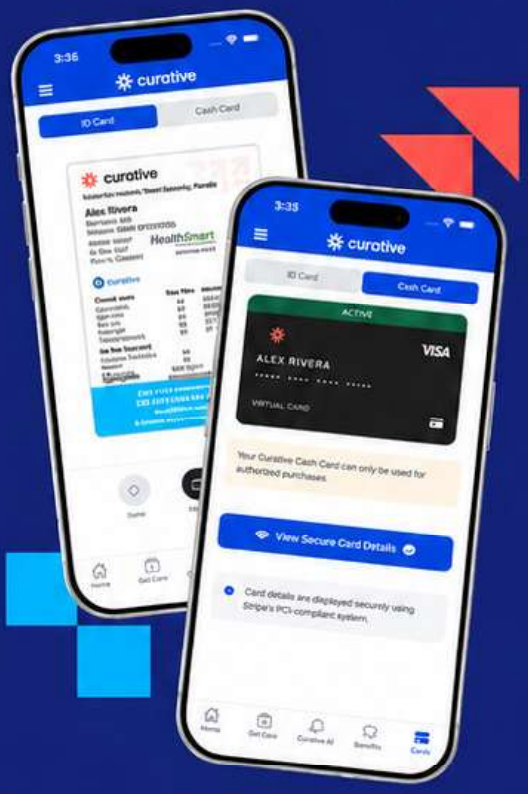
curative

Meet your new favorite app.

Your health plan, in your pocket.

Download on the App Store

Coming to your Google Play Store soon!



(855) 428-7284

Everything you need to manage your health

Digital Member Card

Your most up-to-date member ID card, always in your pocket.

Benefits

Check your deductible, copays, and out-of-pocket maximum in real time.

Curative AI

Curative AI is your digital health benefit assistant—ask about coverage, costs, or care options any time.

Curative Cash Card

Access and manage your Curative Cash Card directly from the app.

Find Providers

Search for in-network doctors, urgent care centers, emergency rooms, and 24/7 virtual urgent care — all in one place.

Care Navigation

Connect with a Curative Care Navigator or Member Services whenever you need help.

Access your benefits, just a tap away

Download the app

Available for free on iOS only. Just search "Curative" and download.

Login to your portal

Use your same login credentials as your member portal and you're all set.

Navigate your benefits

Your member card, benefits, providers, Curative AI, and more, all in one place.

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curative

Get care when you need it with Curative.

Find a provider near you

Use our network search tool to find your go-to care providers and pharmacies near you at curative.com/providers

Provider search tips

- Search using the provider, facility, or pharmacy name.
- Use filters to select a care type to get the most accurate results.
- Enable location services or add your location in the search box to populate providers or pharmacies near you.

Traveling? Simply enter your travel location to find in-network providers in that area (only within the U.S.)

- When filtering, be sure to select your language preference and check the box reading "Accepting new patients" when looking for a new provider.
- When searching for a primary care provider, note that providers may be found under "family medicine" or "internal medicine."

Don't see a retailer?

*If you are out-of-area for our preferred in-network pharmacies, go to the provider search tool at curative.com/providers or contact Member Services at **855-428-7284**.

Free delivery from Curative Pharmacy — no more waiting in line. Overnight and same-day delivery options are available in select locations. Check your local pharmacy retailers for delivery options.

Questions?
Call Member Services at **855-428-7284**.

Meds made simple

Transferring prescriptions? Follow these simple steps health.curative.com/pharmacy

STEP 1
Get your Baseline Visit within 120 days of your plan's effective date to unlock $0 coverage for in-network care and preferred prescriptions.

STEP 2
Visit an in-network provider who prescribes a preferred medication.

STEP 3
Use the preferred in-network pharmacies.

Our in-network pharmacies include all locations across the U.S. and include:

Curative, H-E-B, ACME, Albertsons, Amigos, Carrs, Haggen, Jewel-Osco, Market Street, MedCart, Pavillions, Randalls, Safeway, Sav-on, Tom Thumb, United, Vons, Publix, Brookshire Brothers.

For more information on what's covered, prescription transfers, and updates on Curative Pharmacy's Expansion, visit curative.com/pharmacy

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curative

(855) 428-7284

Your Curative Cash Card makes $0 out-of-pocket care even easier.

Curative gives you two cards to make your healthcare simple and stress-free.



Two cards. One simple experience.

- **Curative Member ID Card** – for identification and access to your plan
- **Curative Cash Card** – for $0 out-of-pocket medical expenses

How it works

1. Find Care

Search for in-network providers, urgent care, labs, imaging, and more in the Curative app or at curative.com.

2. Show Your Member ID

At your appointment, show your Curative Member ID Card.

3. Use Your Cash Card

For eligible $0 out-of-pocket costs, simply pay with your Curative Cash Card.

4. That's It!

Curative pays the rest for eligible services. It's healthcare, without the hassle.

Use your Cash Card for

- Office visits
- Urgent care
- Labs and imaging
- Outpatient procedures and surgeries
- And more — all $0 out-of-pocket*

Manage everything in the Curative app.

Access your digital cards, find care, check benefits, and more — all in one place.

Remember: Your $0 benefits begin on day one, and you must complete your Baseline Visit within **120 days** to keep them for the rest of the plan year.

**Members must be 18 years and older to use the Curative Cash Card and complete their Baseline Visit in the first 120 days of their plan start date to maintain $0 out-of-pocket costs. Curative Cash Card Visa® Commercial Credit cards are issued by Celtic Bank. Additional Terms & Conditions can be found in your Member Portal Account at health.curative.com.*

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Learn more at curative.com/cash-card

curative (855) 428-7284

Medications made simple.

Affordable prescriptions with more choices.



Preferred	Non-Preferred
Consists of generic and select brand and specialty medications	Consists of lower value generics, brands, and specialty medications
$0 Copay*	**$50 / $250 Copay***

Download our preferred drug list to see what's covered at curative.com/pharmacy.

Use the preferred in-network pharmacies, including major retailers. Find the full list on our website curative.com/pharmacy.

For Curative members, get pharmacy delivery to your home or work. Personalize services and delivery available in most states.

Preferred pharmacies near you

FLORIDA

Publix. Walmart

(Other locations available)

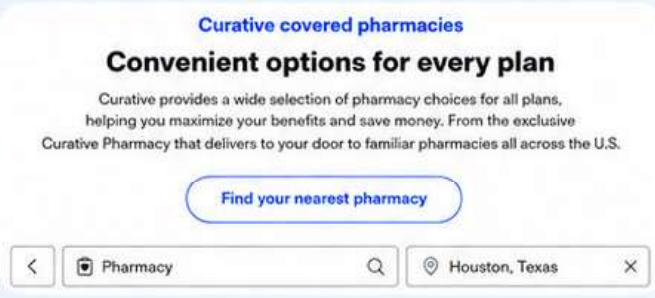
TEXAS

H-E-B Walmart

(Other locations available)

Find nearby pharmacies

Scan the QR code to quickly search for pharmacies near you.



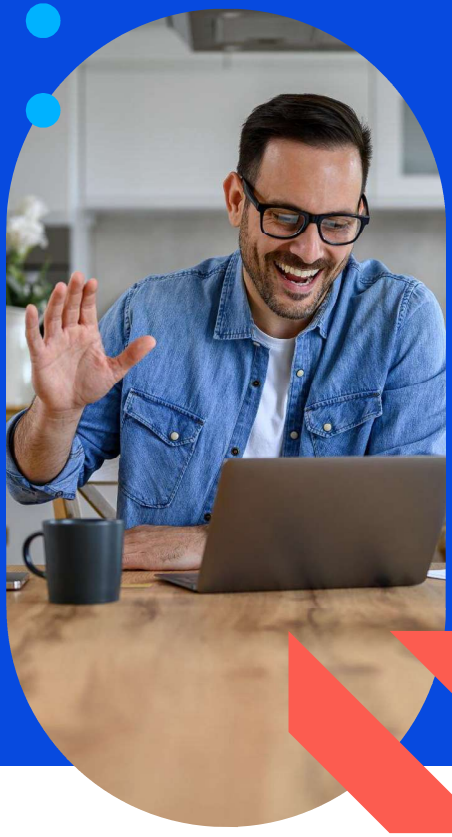
Remember: Your $0 benefits begin on day one, and you must complete your Baseline Visit within **120 days** to keep them for the rest of the plan year.

*Every Curative member can qualify for the $0 deductible or copay for in-network care and preferred prescriptions. Just complete your Baseline Visit within 120 days of your plan's effective date. See curative.com to learn more. Curative Insurance Company.

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Curative Insurance Company.

curative telehealth

Curative Telehealth: Fast, seamless virtual care.



Get the care you need, anytime, anywhere.

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

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

Seamless experience
Access directly through your Curative App or Member Portal.

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

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

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

Getting started with Curative Telehealth is easy

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

For more info, go to curative.com/telehealth

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

DENTAL INSURANCE

MetLife

(800) 438-6388 | www.metlife.com

Carrier Name	MetLife			
	Low Option		High Option	
	In Network	Out of Network	In Network	Out of Network
Network	MetLife PDP Plus Network		MetLife PDP Plus Network	
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	$1,000		$2,250	
Preventative - Type 1	100%	100%	100%	100%
Basic - Type 2	80%	80%	80%	80%
Major - Type 3	50%	50%	50%	50%
Ortho - Type 4	50%		50%	
Ortho Age Limit	Child(ren) Only - Age 19		Adult & Child(ren)	
Ortho Maximum	$1,000		$1,500	
Cleaning Frequency	4 in 12 months		2 in 12 months	
Endodontics	Major		Basic	
Periodontics - Non-Surgical	Major		Basic	
Periodontics - Surgical	Major		Basic	
Oral Surgery (Simple)	Basic		Basic	
Oral Surgery (Complex)	Major		Basic	
Implants	Major		Major	
Out-of-Network Reimbursement	MAC		MAC	

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

VISION INSURANCE

MetLife

(855) 638-3931 | www.metlife.com

Carrier Name	MetLife
	In Network Copays & Allowances
Network	VSP Choice
Exam Copay	$10
Materials Copay	$25
Frequency - Exam / Lenses / Frames	12 / 12 / 24
Single Lenses - After Copay/Allowance	Covered in full after copay
Bifocal Lenses - After Copay/Allowance	
Trifocal Lenses - After Copay/Allowance	
Frames - After Copay	$200
Contacts (Elective)	$200

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MyBenefits Registration

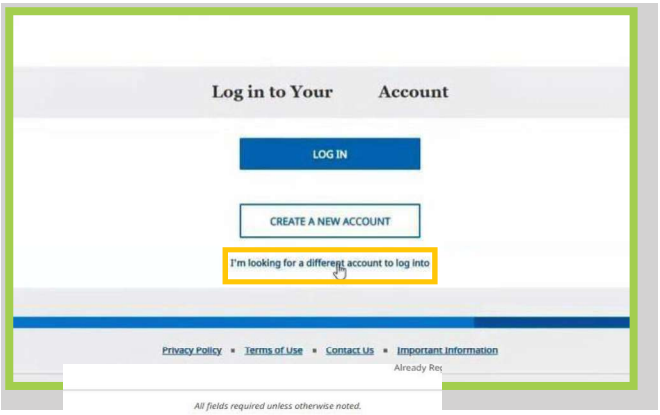
Pre-Registration

Upon navigation to either online.metlife.com/benefits or mybenefits.metlife.com, you'll see the screen on the right:



Enter the name of your employer or organization into the field in the upper-right corner. A dropdown menu of organizations may appear with options to choose from (if more than one match is found, select the organization you want to register and click "Next").

You'll be taken to a screen that asks you to select whether you would like to login or create a new account. The interface may vary.

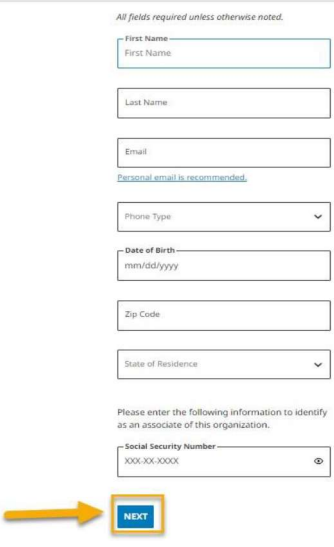


Regardless of the interface, select "**Create a New Account**" or "**Register Now.**"
If you believe you have selected the wrong organization, click on the link that reads "**I'm looking for a different account to log into**". This link will take you back to the screen where you can choose a different organization.

Registration

From here, you'll be taken to Step 1 of the registration process.

1. Enter your first name, last name, email address
2. Select the type of phone number you have (mobile or landline) and enter your phone number
3. Enter your DOB, zip code, state
4. After entering all this information, you may be prompted to enter information specific to your employer or organization, depending on how your organization has set up its registration process. For example, you may be asked to enter your Employee ID or SSN. Upon entering the information, click "**Next**".



MetLife

Navigating Life Together

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L1222027869 [exp1224] All US States.

Registration Continued

If your identifying information does not match publicly available information about your identity, you may be prevented from creating an account.

Next, you'll be asked to verify your identity via a **verification code** on the screen below. Select whether you'd like to receive the code via text message or voice message, and sometimes an email if that information is already available to MetLife.

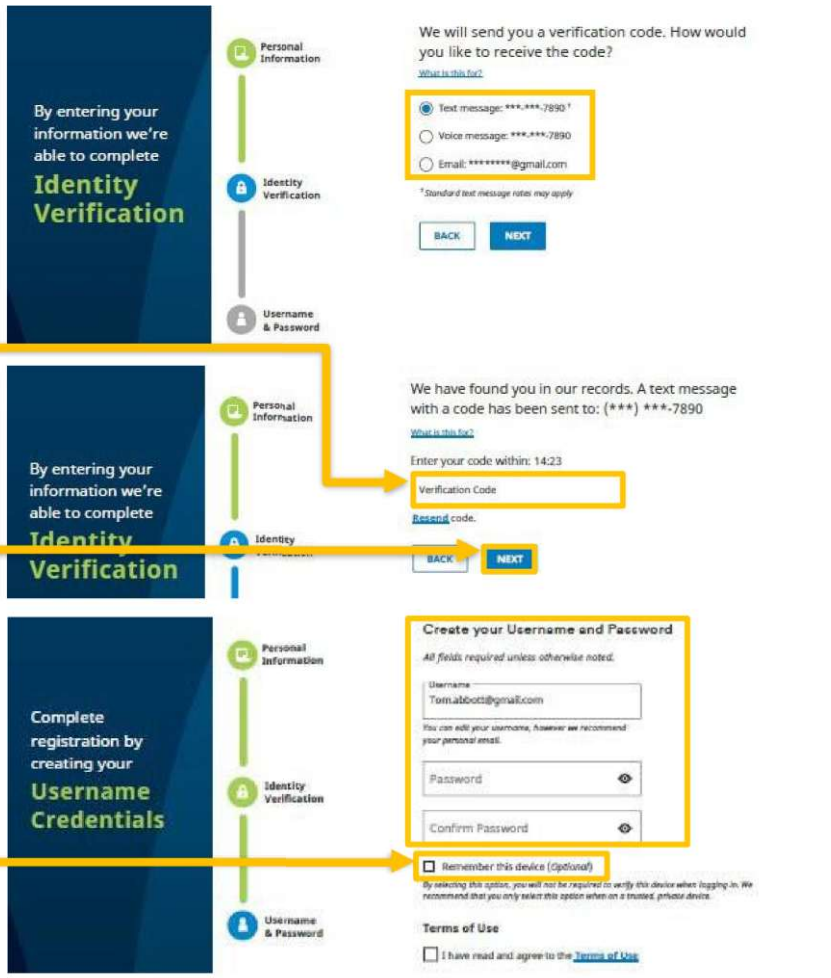
You'll be taken to the 2nd screen on the right. Retrieve the code, then enter it in the text field. The code will expire after 15 minutes, in which case you will need to generate another code. Click "**Next**".

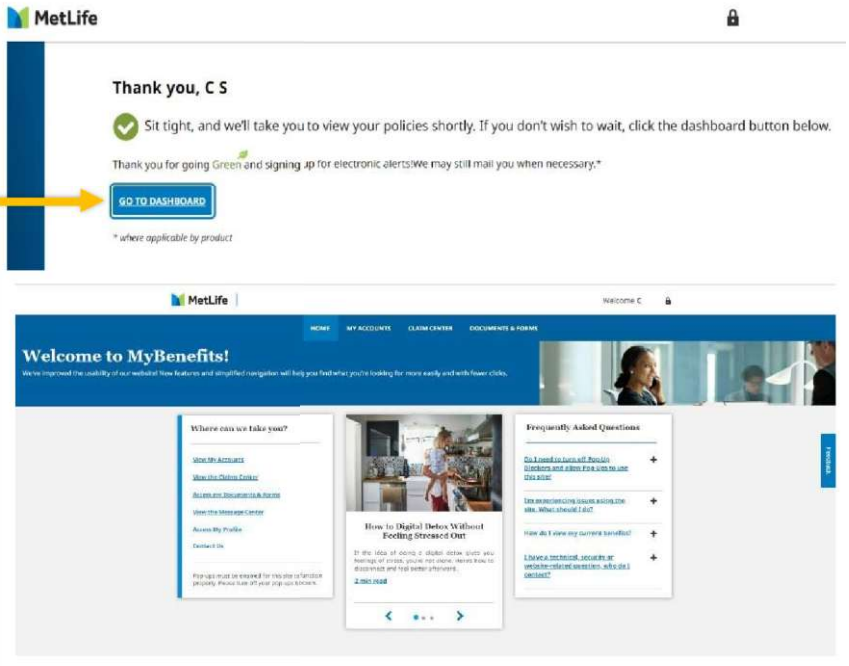
Your email address will be a suggested username in the first text field. We recommend using this as your username, but you may change it.

Enter and confirm your desired password in the next two text fields.

If you'd like MetLife to remember your device, so that you don't have to verify your identity every time you login to your online account, select the "**Remember this Device**" checkbox. Your device will be remembered for a maximum of six months.

Choose whether you'd like to receive paperless documents by selecting one of the radio buttons at the bottom of the page. You may view the eConsent Policy by clicking on the relevant links. Click "**Submit**". Upon successful submission, you should receive a congratulatory confirmation message.





Finally, select "**Go To Dashboard**" and you will be taken to your Dashboard.

LIFE INSURANCE

Lincoln Financial℠

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

EMPLOYER PAID BASIC LIFE & AD&D BENEFIT

Survitec Survival Technologies provides Employer Paid Life Insurance and AD&D to all Full-Time Employee eligible for benefits in the amount of: 1 time Salary

Benefits Reduction: Your Benefits Will Reduce:

- 65% At age 65
- 50% At age 70
- Benefits will terminate at retirement

Class 1: 1x Salary up to $300k
Class 2: 1x Salary up to $100k

Other Benefits include: Accidental Death & Dismemberment will match your life amount.

VOLUNTARY LIFE & AD&D

Employee Benefits

Benefit Amount:
- Choice of $10,000 Increments
- Maximum Amount $500,000

Age Reduction

- 65% at Age 65 & 50% at Age 70

Guarantee Issue:

- Up to $150,000 at Initial Enrollment

Spousal Benefits

Benefit Amount:
- Choice of $5,000 Increments
- Not to exceed 50% of Employee's elected amount
- Maximum Amount: $250,000
  Coverage Terminates at employee termination

Guarantee Issue:

- Up to $50,000 at Initial Enrollment

Other Benefits Included:

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

Child Benefits

- $10,000 Child: birth up to age (26 Full-Time Student)
- Employee must elect coverage in order to enroll children

DISCLOSURES

Accidental Death and Dismemberment (AD&D) pays the Principal Sum Amount for the loss of life due to an accident or the loss of 2 or more members such as hand, foot, or eye.
Half the Principal Sum is payable for the loss of one member.
Please refer to the certificate of insurance for full policy details, benefits, and restrictions.
Rate information can be found in your enrollment kit or platform.
Exclusions may apply.

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

LIFE INSURANCE

Lincoln Financial℠

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

VOLUNTARY SHORT TERM DISABILITY

Elimination Period Class	14 Days Accident or 14 Days Sickness
Maximum Weekly Benefit	60% of your weekly salary up to $1,500
Benefit Duration	24 Weeks
Pre-Existing Period	None

EMPLOYER PAID LONG TERM DISABILITY

Elimination Period	180 Days
Class Definitions	**Class 1:** Active Salary Employees **Class 2:** Active Hourly Employee
Maximum Monthly Benefit	**Class 1:** 60% of your Monthly Salary up to $7,000 **Class 2:** 60% of your Monthly Salary up to $2,000
Benefits Duration	Age 65 or SSNRA
Own Occupation	24 months
Pre-Existing Period	3 months / 12 months

DEFINITIONS AND REQUIREMENTS

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

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

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

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

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

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

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

SUPPLEMENTAL BENEFITS

Lincoln Financial

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

Voluntary Group Accident

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

PLAN HIGHLIGHTS	ACCIDENTAL PLAN
Hospital Admission	$1,250
ICU Admission	$2,000
Daily Hospital Confinement	$300 Per day
Daily ICU Confinement	$600 per day
Ambulance - Air/Ground	$1,750 / $425
Emergency Treatmen	$250
Urgent Care	$150
Initial Physicians Office Visit	$150
Wellness	$50
Fractures and Dislocations Benefits	
Various	Refer to Plan Summary

Voluntary Group Hospital Indemnity

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

PLAN HIGHLIGHTS	HOSPITAL PLAN
Hospital Admission	$1,000 once per year
Hospital ICU Admission	$1,000 once per year
Daily Hospital ICU Confinement	$300

Voluntary Group Critical Illness

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

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

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

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

VALUE ADDED SERVICES

Lincoln Financial Group | www.lincoln4benefits.com

Employee Connect (EAP)

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

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

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

User Name: LFG Support Password: LFGSupport1

TravelConnect℠ Services

US Inquiries: (603) 328-1955

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



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

Caring support and assistance when you travel.

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

You can count on TravelConnect℠ services to:

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

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

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

LifeKeys

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

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

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

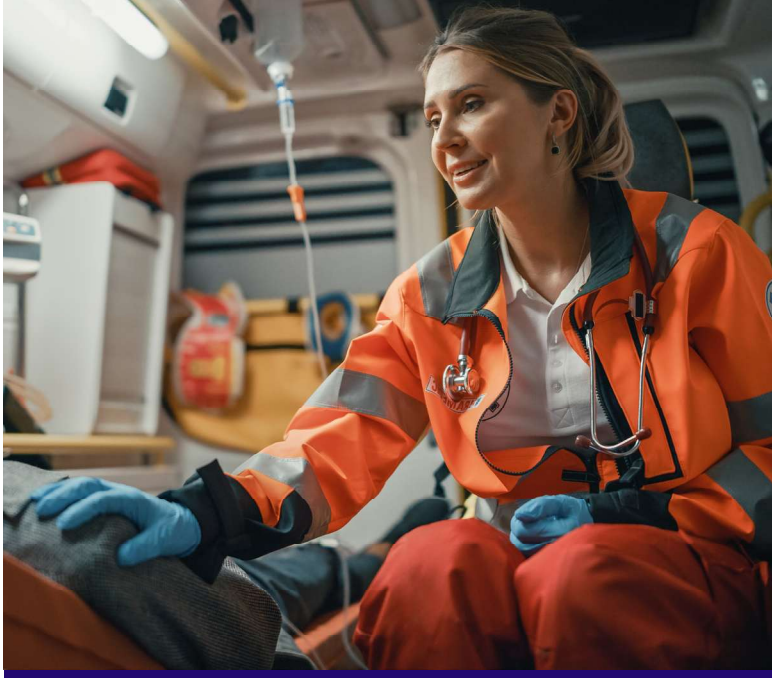
LifeKeys℠ services, together with TravelConnectSM services, provide a full range of valuable assistance and guidance to insured employees, their dependents and beneficiaries.

masa Access

$14/month

Stay prepared with MASA® Access℠

Comprehensive coverage and care for emergency transport.



Our Emergent Plus membership plan includes:

Emergency Ground Ambulance Coverage[1]

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

Emergency Air Ambulance Coverage[1]

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

Hospital to Hospital Ambulance Coverage[1]

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

Repatriation Near Home Coverage[1]

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

Did you know?

51.3 million

emergency responses occur each year

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

Source: NEMSIS, National EMS Data Report, 2023

About MASA

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

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

Coverage territories

1: United States and Canada.

Disclaimers

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

MetLife | Legal Services

Legal advice that can help your employees' financial security

We may all need an attorney at some point in our lives, whether starting a family, buying a house or caring for elderly parents. But it doesn't have to be expensive — or stressful. Offering MetLife Legal Services provides your employees with access to attorneys for less than $1 a day.



With our cost-effective Legal Services plan, you can offer a benefit that can make your employees' lives easier and differentiates your benefit program in a competitive hiring market.

Plus, when you bundle legal services with a dental plan and other benefits from MetLife, you may qualify for premium discounts.[1]

Adding a legal services plan to your company's benefits offering helps your employees navigate life with access to expert legal help for a wide range of personal legal matters through our large, experienced attorney network. It's coverage that can help drive employee satisfaction and productivity — two essential elements of small business success.

Legal Services plans provide:

- Choice of attorneys either from our large network of attorneys or use an out-of-network attorney and be reimbursed[2]
- Access to large network of qualified attorneys who average 25+ years experience
- Convenient consultations (in person, phone or online)
- Unlimited use of covered legal services
- No waiting periods, deductibles or copays
- No claim forms
- Reimbursement for some of the costs when working with an attorney outside of our network[2]

Add it with ease

Keep your focus on running your business. We make offering additional benefit choices, like legal services, simple. Our easy-to-use, smart online access gives you an edge — from setup and enrollment through administration, billing and claims.

See the next page for covered legal services. Then, contact your benefits broker or MetLife representative to learn more.

Solutions designed for companies with 10-99 employees

Covered legal services			
Money Matters	• Identity Theft Defense • Personal Bankruptcy • Negotiations with Creditors	• Tax Audit Representation • Debt Collection Defense	• Tax Collection Defense • Promissory Notes
Home & Real Estate	• Foreclosure • Tenant Negotiations • Boundary & Title Disputes • Deeds	• Sale or Purchase of Primary and Vacation Home • Eviction Defense • Property Tax Assessments • Mortgages	• Refinancing & Home Equity Loan of Primary and Vacation Home • Security Deposit Assistance • Zoning Applications
Estate Planning	• Simple Wills • Complex Wills • Revocable & Irrevocable Trusts	• Powers of Attorney (Healthcare, Financial, Childcare, Immigration) • Healthcare Proxies	• Living Wills • Codicils
Family & Personal	• Adoption • Guardianship • Conservatorship • Prenuptial Agreement • Name Change • Review of ANY Personal Legal Document	• Juvenile Court Defense Including Criminal Matters • Parental Responsibility Matters • School Hearings • Demand Letters • Personal Property Issues	• Affidavits • Garnishment Defense • Protection from Domestic Violence • Review of Immigration Documents
Civil Lawsuits	• Civil Litigation Defense • Disputes Over Consumer Goods & Services	• Small Claims Assistance • Administrative Hearings	• Incompetency Defense • Pet Liabilities
Elder-Care Issues	Consultation & Document Review for issues related to your parents: • Medicare • Medicaid • Prescription Plans	• Nursing Home Agreements • Leases • Notes	• Deeds • Wills • Powers of Attorney
Vehicle & Driving	• Repossession • Defense of Traffic Tickets[3]	• Driving Privileges Restoration	• License Suspension Due to DUI

Expand your benefits program with choices your employees will value.
Contact your broker or MetLife representative today.

1. Multi-product bundle premium discounts subject to state availability.
2. The Participant will be reimbursed according to the set fee schedule, the lesser of the maximum
3. reimbursement amount or the attorney's actual charge. Your employees 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.
4. Does not cover DUI.

Group legal plans are administered by MetLife Legal Plans, Inc., Cleveland, OH. 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.

MetLife Legal Plans is excluded for qualification and payment as part of MetLife's Broker and GA Supplemental Compensation Plans for customers with less than 100 employees.

If Group elects to be represented by a benefits broker/consultant in connection with the MetLife legal plan, a commission schedule of 10% on first year and subsequent years business will be paid. Standard broker compensation for brand new legal plans is included in the monthly rate. We will guarantee the rate for up to two years upon execution of a contract for the same term.

Payroll deduction required.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. For costs and complete details of the coverage, call or write the company.

MetLife

MetLife Legal Plans, Inc. | 200 Park Avenue | New York, NY 10166
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MEDICARE

Where Do I Begin?

Medicare is health insurance for people 65 or older. You're first eligible to sign up for Medicare 3 months before you turn 65. You may be eligible to get Medicare earlier. Learn more about how to get started.



Get Started with Medicare

There are special situations when you can sign up for Medicare.
Please copy the URL to your browser and see if you qualify for one of these scenarios.

https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start

Special Situations

Medicare does allow for Special Situations on when an individual can sign up for **Part A and Part B.** One is as long as the individual has group health coverage

When you are ready to sign up for Part B you can contact Social Security

Apply online (at Social Security) – ssa.gov/benefits/Medicare or
Call 1-800-772-1213.

Part A and Part B

Once you have Part A and Part B we can then begin the process of finding a Medicare Supplement and Prescription Drug Plan.

Brandon Kress
(954) 667-9197
brandonk@allatlanticbenefits.com
www.allatlanticbenefits.com

Yoni Bick
(954) 663-9687
yoni@bickinsuranceconsultants.com
www.bickinsuranceconsultants.com

DISCLOSURES

Medicare Part D

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

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

Section 125

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

aab

EMPLOYEE RESOURCE CENTER

TOOLS TO HELP YOU GET THE MOST OUT OF YOUR BENEFITS

PAYING TOO MUCH FOR PRESCRIPTION DRUGS?

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

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

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

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

Go to **www.goodrx.com** to learn more

GoodRx

www.goodrx.com

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

CHECK LOCAL RETAILERS FOR NO COST MEDICATION OPTIONS

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

- **Publix**
- **CVS Health**
- **Target**
- **Walmart**
- **Kmart**

MAXIMIZE YOUR HEALTHCARE DOLLAR

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

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

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

WHERE TO GO FOR CARE

Getting care at the best place for your condition could save you money on your out-of-pocket costs. See your primary care physician (PCP) or family doctor first. If seeing your PCP isn't possible, it's important to know your quick care options, especially before heading to an ER.

Compare quick care options to help keep costs down.







	PCP	Virtual Visits	Convenience Care	Urgent Care	Emergency Room
	Care from the doctor who knows you best	See a doctor whenever, wherever.	Basic Conditions that aren't life threatening	Serious Conditions that aren't life-threatening	Life and Limb-threatening emergencies
Average Cost	$160	less than $49	$100	$180	$2,200
✔ Indicates the recommended place for care for the following conditions:					
Broken Bones				✔	✔
Chest Pain					✔
Cough	✔	✔	✔		
Fever	✔	✔	✔		
Muscle Strain	✔		✔		
Pinkeye	✔	✔	✔		
Shortness of Breath					✔
Sinus Problems	✔	✔	✔		
Sore Throat	✔	✔	✔		
Sprain	✔		✔	✔	
Urinary Tract Infection	✔	✔	✔		

Call 911 or go to an emergency room (ER) if you have a life-threatening condition

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.



Brought to you by:

aab All Atlantic Benefits

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