worksite

2026-2027

YOUR EMPLOYEE BENEFITS GUIDE

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Benefits Eligibility

Employee Eligibility
All active, full-time employees who work at least an average of 25 hours a week are eligible for supplemental benefits. Coverage will be effective the first day of the month following sixty days.

Dependent Eligibility
You may also elect coverage for eligible dependents. Employees are responsible for verifying eligibility of dependents upon enrollment and notifying Human Resources immediately when dependents no longer meet eligibility criteria. Failure to properly report loss of eligibility can result in denied claims, loss of coverage, and any additional fees will become member's responsibility.

Eligible dependents may include your legal spouse, domestic partner, and your dependent child(ren). The chart below illustrates the eligibility requirements for children specific to each line of coverage:

A dependent child who is supported primarily by you and is incapable of self-sustaining employment by reasons of mental or physical handicap may be eligible to continue on coverage beyond the maximum age with proof of condition and dependence.

	Eligibility	Coverage Ends
Dental	Birth to age 26	End of the calendar in which the dependent turns 26
Vision	Birth to age 26	End of the calendar in which the dependent turns 26
Voluntary Life	Dependents up to the age of 26 (provided child is unmarried)	Date the dependent turns 26
Critical Illness Hospital Indemnity Accident	Birth to age 26 (provided child is unmarried)	End of the month in which the dependent is no longer eligible

IMPORTANT NOTE—Tax Considerations
If your employer's plan provides for coverage for dependents beyond age 26 or domestic partners, the IRS requires the value of the coverage be a post-tax deduction. (Exception: mentally or physically handicapped child)

Locating In-Network Providers

While Dental and Vision plans may have out-of-network benefits, it is always recommended you use in-network providers. When you stay inside the plan network, you are protected by the plan contracts and cannot be balance billed. Provider contracts can change at any time, so we recommend verifying your providers are in-network before obtaining any services.

Ameritas
Dental/Vision
Ameritas.com
888.659.2223

MetLife
Dental/Vision
MetLink.com
800.GET.MET8

Benefit Changes

You should always review benefits during your initial enrollment and elect necessary coverages to ensure you and your family have the coverage you need. Once enrolled in coverage, you are unable to change your elections outside of open enrollment without a qualifying event. Open enrollment occurs annually, prior to the start of the next plan year.

Sometimes qualified life events occur, allowing you to change elections outside the standard enrollment period. Examples of common qualifying events include:

- Change in Marital Status
- Change in Dependent Status, such as addition of a new dependent through birth/adoption
- Change in coverage under your spouse's employer plan
- Medicare or Medicaid entitlement
- Loss of coverage from a governmental or educational institution

If you would like to make a change to your benefits due to one of the listed reasons, you must notify Human Resources within 30 days of the qualifying event. Otherwise, no changes will be allowed until the next annual open enrollment. Open enrollment occurs just prior to the start of each plan year in July. If you change your benefit elections, your cost share of the premium contributions will change.

The following plans do not require a qualifying life event to make changes: Supplemental Term Life, Short-Term Disability, Long-Term Disability, Legal.

MetLife Dental

Dental coverage is offered through MetLife through the PDP plus network. With a PPO dental plan, you are only required to satisfy your deductible one time per calendar year. If you use an out of network provider, you may be subject to balance billing. We always recommend asking for a pre-treatment estimate for non -preventive dental services.

Low Plan	
Annual Maximum	$500 per individual in network
Type A – Preventive- 100%	**How Many/How Often**
Prophylaxis (cleanings)	One exam every 6 months
Oral Examinations	One exam every 6 months
Topical Fluoride Applications	One fluoride treatment per 12 months for dependent children up to 14th birthday.
X-rays	Bitewing X-rays: one set/12 months.
Type B – Basic Restorative- 70%	**How Many/How Often**
Fillings	Replacement once every 24 months
General Anesthesia	When dentally necessary in connection with oral surgery, extractions, or other covered dental services
Space Maintainers	1 per lifetime for a child under 14
Full Mouth X-Ray	One in every 60 months
Sealants	1 per molar in 60 months for children under 14
Periodontics	4 perio. treatments in 1 calendar year. Includes 2 cleanings (total comb: 4)
Type C – Major Restorative- 40%	**How Many/How Often**
Crown, Denture, and Bridge Repair/Recementations	Repair once every 12 months. Refermentation once every 12 months.
Implants	Replacement once every 10 years.
Endodontics	Root canal treatment limited to once per tooth per lifetime
Bridges and Dentures	Initial placement to replace one or more natural teeth, which are lost while covered by the plan. Dentures and bridgework replacement: one every 10 years. Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed.
Crowns/Inlays/Onlays	Replacement once every 10 years
Type D - Orthodontia	**How Many/How Often**
50% up to $1500 per person lifetime maximum, applies to child(ren) only.	Dependent children, up to age 26, are covered while coverage is in effect (age limits may vary by state - see plan details). Orthodontic services (like braces) are covered under a lifetime maximum. The initial treatment is limited to 20% of that maximum, with follow-up visits covered monthly. All costs count toward your coinsurance and lifetime limit. Coverage ends if your plan is canceled.

Important Enrollment Provisions: You can enroll in dental coverage after your initial enrollment period, but waiting periods will apply. Preventive care (No waiting period), Basic Services (6 months), Other Basic Services (12 months), Major Services (24 months), and Orthodontics (24 months).

Monthly Rates	
Employee Only	$20.93
Employee + Spouse	$41.94
Employee + Child(ren)	$50.61
Family	$77.13

MetLife Dental

Dental coverage is offered through MetLife through the PDP plus network. With a PPO dental plan, you are only required to satisfy your deductible one time per calendar year. If you use an out-of-network provider, you may be subject to balance billing. We always recommend asking for a pre-treatment estimate for non-preventive dental services.

High Plan	
Annual Maximum	$5,000 per individual in network
Type A – Preventive- 100%	**How Many/How Often**
Prophylaxis (cleanings)	One exam every 6 months
Oral Examinations	One exam every 6 months
Topical Fluoride Applications	One fluoride treatment per 12 months for dependent children up to 14th birthday.
X-rays	Full mouth X-rays: one/60 months. Bitewing X-rays: one set/12 months.
Space Maintainers	Space Maintainers for dependent children up to 14th birthday.
Sealants	One application of sealant material every 60 months for each non-restored, nondecayed 1st and 2nd molar of a dependent child up to 16th birthday
Type B – Basic Restorative- 90%	**How Many/How Often**
Fillings	Replacement once every 24 months
Endodontics	Root canal treatment limited to once per tooth per lifetime
General Anesthesia	When dentally necessary in connection with oral surgery, extractions, or other covered dental services
Periodontics	Periodontal scaling and root planing once per quadrant, every 60 months. Periodontal surgery once per quadrant, every 60 months. Total number of periodontal maintenance
Type C – Major Restorative- 60%	**How Many/How Often**
Crown, Denture, and Bridge Repair/ Recementations	Repair once every 12 months. Refermentation once every 12 months.
Implants	Replacement once every 10 years.
Bridges and Dentures	Initial placement to replace one or more natural teeth, which are lost while covered by the plan. Dentures and bridgework replacement: one every 10 years. Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed.
Crowns/Inlays/Onlays	Replacement once every 10 years
Type D – Orthodontia	**How Many/How Often**
50% up to $1500 per person lifetime maximum, applies to child(ren) only.	Dependent children, up to age 26, are covered while coverage is in effect (age limits may vary by state - see plan details). Orthodontic services (like braces) are covered under a lifetime maximum. The initial treatment is limited to 20% of that maximum, with follow-up visits covered monthly. All costs count toward your coinsurance and lifetime limit. Coverage ends if your plan is canceled.
Important Enrollment Provisions: You can enroll in dental coverage after your initial enrollment period, but waiting periods will apply. Preventive care (No waiting period), Basic Services (6 months), Other Basic Services (12 months), Major Services (24 months), and Orthodontics (24 months).	

Monthly Rates	
Employee Only	$48.62
Employee + Spouse	$97.46
Employee + Child(ren)	$117.58
Family	$179.21

Ameritas Dental

Dental coverage is offered through Ameritas through the PDP plus network. With a PPO dental plan, you are only required to satisfy your deductible one time per calendar year. If you use an out of network provider, you may be subject to balance billing. We always recommend asking for a pre- treatment estimate for non-preventive dental services.

Your Plan Options	Low Plan	High Plan
What the Plan Pays	**In-Network / Out of Network**	**In-Network / Out of Network**
Maximum (per person)	$1,000 / Calendar Year	$1,200 / $1,000
Type 1—Preventative: Exams, Cleanings, Bitewing X-Rays, Fluoride and Sealants for children	100%	100%
Type 2—Basic: Simple Extractions, Fillings, Endodontics & Periodontics (high plan)	80% / 50%	90% / 80%
Type 3—Major: Endodontics & Periodontics (low plan), complex extractions, crowns, dentures, anesthesia	50% / 25%	60% / 50%
Deductible	$5 / Visit Type 1 $50 / Calendar Year Type 2 & 3 only No Family Maximum	Waived Type 1 $50 / Calendar Year Type 2 & 3 only $150 Family Maximum
SoundCareSM Hearing Benefits	Annual Hearing Exam - 100% up to $75 Hearing Aid - 50% up to $200 year one ($600 year two, $800 year three) Hearing Aid Maintenance - 100% up to $40 Deductible - $0	

Monthly Rates	Low Plan	High Plan
Employee Only	$22.52	$35.44
Employee + Spouse	$45.76	$72.04
Employee + Child(ren)	$51.60	$82.08
Employee + Family	$74.80	$118.64

Ameritas Dental

Additional Plan Benefits	
Rx Savings	Plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance. To receive this Rx discount, plan members should visit ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.
LASIK Advantage®	There's no network, so you can visit any doctor at any facility. Take advantage of special offers to make your benefit go further. Lifetime benefits earned per eye increase over time. The longer you have the plan, the bigger your payout will be. Your LASIK benefit pays once per eye. Per-eye benefits cannot be combined to treat a single eye. You can use $100 of your Ameritas Rewards toward LASIK expenses.
Hearing Savings	With your Ameritas plan, you can receive hearing aid discounts through Great Hearing Benefits at their 4,500+ hearing care locations nationwide. Call 877-683-9495 to schedule a free hearing consultation. This savings arrangement is not insurance. It is available to members at no additional cost to their plan premium. Visit greathearingbenefits.com/ameritas to learn more.

Late Entrant Provision: It is strongly encouraged to sign up for coverage when you are initially eligible. If you choose not to sign up during your initial enrollment period, you will become a late entrant. Late entrants will only be eligible for hearing exams for the first 12 months they are covered.

Language Services: Ameritas recognizes the importance of communicating with multilingual customers. They offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. It is not a certificate of insurance and does not include exclusions and limitations. Exclusions, limitations, and a complete list of covered procedures is available upon request.

MetLife Vision

Vision coverage is offered through MetLife and you will have access to the VSP network of providers.

Eye exam: **Once every 12 months**	Eye Health exam, dilation, prescription, refraction for glasses: Covered in full. Retinal imaging: Up to a $39 copay on routine retinal screening when performed by a private practice. Once every 12 months
Frames: **Once every 12 months**	Allowance: $200 Costco: $110 allowance You will receive an additional 20% savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco. Once every 12 months
Standard corrective lenses: **Once every 12 months**	Single vision, lined bifocal, lined trifocal, lenticular: Covered in full. Once every 12 months
Standard lens enhancements: **Once every 12 months**	Polycarbonate (child up to age 18), and Ultraviolet (UV) coating: Covered in full. Progressive, Polycarbonate (adult), Photochromic, Anti-reflective and Scratch-resistant coatings and Tints: Your cost will be limited to a copay that MetLife has negotiated for you. Once every 12 months
Contact lenses **(instead of eyeglasses):** **Once every 12 months**	Contact fitting and evaluation: Covered in full with a maximum copay of $60. Elective lenses: $200 allowance Necessary lenses: Covered in full Once every 12 months

Monthly Rates	
Employee Only	$10.58
Employee + Spouse	$21.22
Employee + Child(ren)	$17.96
Employee + Family	$29.62

Ameritas Vision

What the Plan Pays	VSP Choice Network Provider	Out of Network Provider
Annual Exam	Covered in full after $10 exam Deductible	Up to $45 after $10 earn deductible
Single Vision Lenses	Covered in full	Up to $30
Bifocal Lenses	Covered in full	Up to $50
Trifocal Lenses	Covered in full	Up to $65
Lenticular Lenses	Covered in full	Up to $100
Progressive Lenses	Up to Lined Bifocal allowance	Up to Lined Bifocal allowance
Frames	$130 after $10 frame deductible	Up to $70 after $10 frame deductible
Contacts (standard) fit & follow up exam	Your cost is up to $60	No benefit
Contacts (elective)	Up to $130	Up to $105
Contacts (medically necessary)	Covered in full	Up to $210
Benefit Frequencies: You get an exam every 12 months and glasses OR contacts every 12 months.		

Monthly Rates	
Employee Only	$8.60
Employee + Spouse	$17.04
Employee + Child(ren)	$16.16
Employee + Family	$24.60

MetLife Term Life

	Employee	Spouse	Child
Life Coverage: Provides a benefit in the event of death.	Increments of $10,000	Increments of $5,000	Flat Amount: $10,000
Non-Medical Maximum	$50,000	$20,000	$10,000
Overall Benefit Maximum	The lesser of 2 times your basic annual earnings or $150,000	$50,000 or 50% employee election	$10,000
AD&D Coverage: Provides a benefit in the event of death or dismemberment resulting from a covered accident.	Yes (benefit amount is same as supplemental Term Life coverage)	Yes (benefit amount is same as supplemental Term Life coverage)	Yes (benefit amount is same as Supplemental Term Life coverage)
AD&D Maximum	Maximum amount is same as Supplemental Term Life coverage	Maximum amount is same as Supplemental Term Life coverage	Maximum amount is same as Supplemental Term Life coverage
Employee Contribution	100%	100%	100%

Employee Age	Employee Monthly Premium (Spouse Premium based on employee's age)					
	$5,000	$10,000	$20,000	$40,000	$50,000	$100,000
Under 30	.38	.75	1.50	3.00	3.75	7.50
30-34	.42	.83	1.66	3.32	4.15	8.30
35-39	.52	1.04	2.08	4.16	5.20	10.40
40-44	.68	1.36	2.72	5.44	6.80	13.60
45-49	.96	1.91	3.82	7.64	9.55	19.10
50-54	1.50	2.99	5.98	11.96	14.95	29.90
55-59	2.26	4.52	9.04	18.08	22.60	45.20
60-64	3.76	7.52	15.04	30.08	37.60	75.20
65-69	6.23	12.46	24.92	49.84	62.30	124.60
70+	9.94	19.87	39.74	79.48	99.35	198.70

Monthly Premium for Dependent Child Coverage	
$10,000	$2.00

* Any purchase or increase in benefits, which does not take place within 31 days of employee's or dependent's eligibility effective date is subject to evidence of insurability. Coverage is subject to the approval of MetLife.
* Supplemental Term Life includes will preparation.

Supplemental Plans

We offer voluntary MetLife Accident, Hospital Indemnity, and Critical Illness benefits to help protect you in the event of a claim. Upon approval of your claim, MetLife pays a cash benefit directly to you. The amount you will receive depends on the type of illness or injury and the care you have received.

Accident

Accidents happen all the time, and the out of pocket costs that may accompany a resulting injury — like fracturing your wrist or dislocating your shoulder—can add up quickly. MetLife's Accident coverage pays you a cash benefit if you are hurt as a result of a covered accident.

Benefit Type	Low Plan	High Plan
Injuries	**MetLife Accident Insurance Pays YOU**	
Fractures	$100 - $6,000	$150 - $9,000
Dislocations	$100 - $6,000	$150 - $9,000
Second- and Third-Degree Burns	$100 - $10,000	$150 - $15,000
Concussions	$400	$600
Cuts/Lacerations	$50 - $400	$75 - $600
Eye Injuries	$300	$400
Medical Services & Treatment	**MetLife Accident Insurance Pays YOU**	
Ambulance	$300 - $1,000	$400 - $1,500
Emergency Care	$50 - $100	$100 - $150
Non-Emergency Care	$50	$50
Physician Follow-Up	$75	$100
Therapy Services (including physical therapy)	$25	$35
Medical Testing Benefit	$200	$300
Medical Appliances	$100 - $1,000	$200 - $1,500
Inpatient Surgery	$200 - $2,000	$300 - $3,000

Monthly Cost to You		
Coverage Options	**Low Plan**	**High Plan**
Employee Only	$7.24	$10.95
Employee + Spouse	$13.43	$20.53
Employee + Child(ren)	$14.58	$22.12
Employee + Family	$18.30	$27.70

Supplemental Plans

We offer voluntary MetLife Accident, Hospital Indemnity, and Critical Illness benefits to help protect you in the event of a claim. Upon approval of your claim, MetLife pays a cash benefit directly to you. The amount you will receive depends on the type of illness or injury and the care you have received.

Hospital Indemnity
Hospital stays are one of the most expensive parts of the medical plan. The group hospital indemnity plan offers financial protection from out-of-pocket costs associated with medical expenses for hospitalizations.

Hospital Benefit			
Subcategory	**Benefit Limit (Applies to Subcategory)**	**Benefit**	**Plans: Low/High**
Admission Benefit	1 time(s) per calendar year	Admission	$500 / $1,000
		ICU Supplemental Admission (Benefits paid concurrently with Admission benefit when Covered Person is admitted to ICU.)	$500 / $1,000
Confinement Benefit	15 days per year confinement ICU Benefit will pay an additional benefit for 15 of those days	Confinement	$100 / $200
		ICU Supplemental Admission (Benefits paid concurrently with Admission benefit when Covered Person is admitted to ICU.)	$100 / $200

Monthly Cost to You		
Coverage Options	**Low Plan**	**High Plan**
Employee Only	$9.38	$18.75
Employee + Spouse	$20.47	$40.95
Employee + Child(ren)	$16.03	$32.07
Employee + Family	$27.13	$54.26

Supplemental Plans

We offer voluntary MetLife Accident, Hospital Indemnity, and Critical Illness benefits to help protect you in the event of a claim. Upon approval of your claim, MetLife pays a cash benefit directly to you. The amount you will receive depends on the type of illness or injury and the care you have received.

Critical Illness
Being sick is often unexpected and so are the costs that come with it. MetLife's Critical Illness coverage pays you a cash benefit if you are diagnosed with a covered condition so that you can focus more on your health and less on your finances.

Covered Conditions	Initial Benefit	Recurrence Benefit
Full Benefit Cancer	100% of Initial Benefit	50% of Initial Benefit
Partial Benefit Cancer	25% of Initial Benefit	12.5% of Initial Benefit
Heart Attack	100% of Initial Benefit	50% of Initial Benefit
Stroke	100% of Initial Benefit	50% of Initial Benefit
Coronary Artery Bypass Graft	100% of Initial Benefit	50% of Initial Benefit
Kidney Failure	100% of Initial Benefit	Not applicable
Alzheimer's Disease	100% of Initial Benefit	Not applicable
Major Organ Transplant Benefit	100% of Initial Benefit	Not applicable
22 Listed Conditions	25% of Initial Benefit	Not applicable

22 Listed Conditions:

MetLife Critical Illness Insurance will pay 25% of the Initial Benefit Amount when a covered person is diagnosed with one of the 22 Listed Conditions. A Covered Person may only receive one payment for each Listed Condition in his/her lifetime. The Listed Conditions are Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Rates on the next page.

Supplemental Plans

Critical Illness Continued

Employees can elect coverage of $15,000 or $30,000. Covered employees can also purchase coverage for your spouse and children.

Employee Age	Monthly Premium for $15,000 Benefit			
	Employee Only	Employee + Spouse	Employee + Children	Family
<25	$6.45	$10.50	$9.90	$13.95
25–29	$6.90	$11.25	$10.35	$14.70
30–34	$8.85	$14.10	$12.45	$17.70
35–39	$10.05	$16.05	$13.50	$19.50
40–44	$11.55	$18.75	$15.00	$22.20
45–49	$16.35	$26.55	$19.80	$30.00
50–54	$22.80	$37.50	$26.40	$40.95
55–59	$31.65	$52.05	$35.10	$55.65
60–64	$42.15	$70.05	$45.75	$73.50
65–69	$57.15	$96.00	$60.75	$99.45
70+	$85.65	$141.15	$89.25	$144.60

Employee Age	Monthly Premium for $30,000 Benefit			
	Employee Only	Employee + Spouse	Employee + Children	Family
<25	$12.90	$21.00	$19.80	$27.90
25–29	$13.80	$22.50	$20.70	$29.40
30–34	$17.70	$28.20	$24.90	$35.40
35–39	$20.10	$32.10	$27.00	$39.00
40–44	$23.10	$37.50	$30.00	$44.40
45–49	$32.70	$53.10	$39.60	$60.00
50–54	$45.60	$75.00	$52.80	$81.90
55–59	$63.30	$104.10	$70.20	$111.30
60–64	$84.30	$140.10	$91.50	$147.00
65–69	$114.30	$192.00	$121.50	$198.90
70+	$171.30	$282.30	$178.50	$289.20

Supplemental Plans

Short Term Disability
Short Term Disability (STD) provides you with temporary income continuation in the event you become injured or ill for an extended period of time. This is a voluntary benefit available through MetLife.
The STD benefit replaces a portion of your pre-disability earnings, less the income that was actually paid to you during the same Disability from other sources. (e.g., state disability benefits, no-fault auto laws, sick pay, vacation pay, etc.) Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length you must wait while being disabled before you are eligible to receive a benefit. For injuries, the elimination period is 14 days. For sickness, including pregnancy, the elimination period is 14 days. The Benefit amount is 60% of your pre-disability weekly earnings, subject to the plan's maximum weekly benefit of $1,000.

Pre-Existing Conditions: If you are treated or diagnosed with a condition in the three months prior to the effective date of your disability policy, you will not receive disability benefits for that condition, unless the disability starts after you have been insured under this plan for 12 months.

Short-Term Disability Example	
A. Annual Earnings =	$30,000
B. Weekly Earnings = (A divided by 52)	$576.92
C. Weekly Benefit = (B x60%)	$346.15
D. Value per $10 = (C divided by 10)	$34.62
E. Estimated Monthly Contribution (D x 0.604)	$20.91

Contribution Worksheet	
A. Annual Earnings =	
B. Weekly Earnings = (A divided by 52)	
C. Weekly Benefit = (B x 60%)	
D. Value per $10 = (C divided by 10)	
E. Estimated Monthly Contribution (D x applicable age-banded rate)	

Age	Per $10 Covered Weekly Benefit
<25	$0.570
25–29	$0.604
30–34	$0.616
35–39	$0.559
40–44	$0.604
45–49	$0.703
50–54	$0.900
55–59	$1.106
60–64	$1.311
65+	$1.550

Supplemental Plans

Long Term Disability
Long-Term Disability (LTD) insurance can help replace a portion of your income if you are unable to work for an extended period of time due to a sickness or accidental injury. It helps to provide the day-to-day peace of mind that comes from knowing that, during the time you would be recovering from a significant event in your life, you may not have to shoulder the additional burden of wondering how you're going to pay for the things that would still have to be paid for.

The benefit amount is 60% of your pre-disability earnings up to a maximum of $5,000 per month. The Long-Term Disability benefit replaces a portion of your pre-disability monthly earnings, less the income that was actually paid to you during the same Disability from other sources (e.g., Social Security, Workers' Compensation, Vacation Pay, etc.) Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait, while disabled before you are eligible to receive a benefit. The elimination period is 180 days of disability.

LTD per $100 Covered Monthly Payroll: $0.530

To calculate monthly LTD premiums:

- Divide your annual salary by $100
- Multiply it by the currentrate
- Then, divide it by 12 months.

Think of disability coverage as protection for your paycheck.
If you're out of work due to a covered disability, you'll still have a portion of your income coming in.

MetLife Aura

Identity & Fraud Protection

While employees & their families stream and scroll, online risks are rising. 95% of employees are concerned about online safety, but less than 10% have a solution to protect them. By combining forces, MetLife and Aura uniquely deliver both a leading solution and simplified user experience, all in one easy-to-use app.

	Protection Plus
Identity Theft Protection	
Privacy Assistant	Included
Dark Web Monitoring	Included
SSN & Identity Authentication Alerts	Included
Criminal, Court & Public Records Monitoring	Included
USPS Address Monitoring	Included
Digital Vault	Included
Social Media Monitoring & Takeover Alerts	Included
Gamertag Monitoring	Included
Social Media Privacy Checkup	Included
Privacy & Device Protection	
Password Manager	Included
Automated Password Change	Included
Email Alias	Included
Safe Web Browsing	Included
IP Address Monitoring	Included
Wi-Fi Security/VPN (unlimited devices)	Included
Antivirus (unlimited devices)	Included
AV/Threat Scan for Mobile	Included
AI-Powered Call & Text Screening	Included
Financial Fraud Protection	
Credit Monitoring & Alerts	3 Bureau
Annual Credit Report	3 Bureau
Monthly Credit Score Tracker	Included
In-Platform Credit Disputes	Included
Credit, Bank & Account Freeze Assistance	Included
Vehicle & Home Title Monitoring	Included
Financial Account Opening	Included
Financial Transaction Monitoring	Included
Tax Fraud Prevention Assistance	Included
High-Risk Transaction Alerts	Included
Utility Account Monitoring	Included
Payday/Specialty Loan Block	Included
Experian Credit Lock	Included
Credit Score Simulator	Included

	Protection Plus
Family Safety (included with Family plans only)	
Parental Controls	Included
Child Cyberbullying Protection	Included
3-Bureau Child Credit Freeze Wizard	Included
Child SSN Monitoring & Alerts	Included
Sex Offender Geo Alerts	Included
Child Online Safety Scan	Included
Family Sharing	Included
Services and Support	
$5M Insurance Policy per Enrolled Adult*	Included
* 401K & HSA * Senior & deceased family member identity theft * Home title identity theft * Cyber extortion/ransomware	Included
Lost Wallet Protection with $500 Emergency Cash	Included
24/7/365 100% US-based Customer Care	Included
White Glove Fraud Resolution Services	Included
Restoration Services for Pre-Existing Fraud Events	Included
Mobile App (iOS & Android)	Included
Aura Account Security (2FA)	Included

Monthly Cost to You	
Coverage Options	**Protection Plus**
Individual	$8.45
Family	$13.95

MetLife Legal

Smart. Simple. Affordable

$18.00 per month

MetLegal -- covers you, your spouse, and your dependents. Telephone and office consultations for an unlimited number of personal legal matters with an attorney of your choice. E-Services -- Attorney locator, law firm e-panel, law guide, free downloadable legal documents, financial planning, insurance and work/life resources.

Estate Planning - Document Review - Family Law - Immigration Assistance
Elder Law Matters - Real Estate Matters - Document Preparation - Traffic Offenses
Personal Property Protection - Financial Matters - Juvenile Matters
Defense of Civil Lawsuits - Consumer Protection

For More Information,
visit info.legalplans.com and enter access code: LEGAL
or call the Client Service Center at 800.821.6400
Monday - Friday from 8am to 8pm (EST).

worksite

Employee Assistance Program Services

Expert advice for work, life, and your well-being.

At Worksite, we know that life doesn't stop at the workplace—and neither should your support system. Through our **Employee Assistance Program (EAP)**, employees have access to practical, everyday support services designed to help with life's common challenges. With the service being **free to employees (as well as their eligible household members) and completely confidential**, you can rest easy whenever life's everyday challenges emerge.

The program's experienced counselors can talk to you and offer guidance about anything going on in your life, including:

Work

Job relocation, building relationships, navigating through reorganization

Family

Divorce, caring for an elderly family member, returning to work after having a baby

Money

Budgeting, financial guidance, retirement planning, buying or selling a home, tax issues

Identity Theft Recovery

ID theft prevention tips and help from a financial counselor if you are victimized

Health and Wellness

Coping with mental health, getting proper sleep, kicking bad habits like smoking

Legal Services

Issues relating to civil, personal and family law, financial matters, real estate and estate planning

Everyday Life

Moving and adjusting to a new community, grieving over the loss of a loved one, military family matters, training a new pet

When you need support, EAP is here to help.

Phone: ***888.319.7819***
Select "Employee Assistance Program" when prompted

Website: ***one.telushealth.com***
Mobile App: ***TELUS Health***

username: ***metlifeeap***
password: ***eap***

Commute Guard
by FIMC

Car troubles happen. Commute Guard from FIMC helps individuals and their families resolve the issue quickly and supports their unexpected needs along the way, all for $20/month.

A great benefit brought to you by: worksite

PLAN	PLAN BENEFITS	COMMUTE GUARD ADVANTAGE
Towing & Roadside Assistance	• Towing to the nearest facility or a facility of the Member's choice, up to 30 miles • Roadside assistance for jump-starts, lockouts, tire changes, emergency fuel deliveries, and more	• Service available 24/7 • Call or request assistance via the FIMC app • Just one membership covers every car in your household
Auto Repair Reimbursement	• Up to $1,000/year in savings on car repairs • 50% repair reimbursement up to $500 • Up to 2 claims per 12-month period	• Simple claims process with little paperwork • 99% of claims processed within 3-6 days
Rideshare Reimbursement	• Covers costs for Uber or Lyft rides to and from work while your car is repaired • Can be used for up to two weeks • Reimbursement of up to $250/year	• Ensures you don't lose income because your car is in the shop for repairs • Simple claims process with little paperwork
Rental Car Reimbursement	• Discounts with national rental agencies • Reimbursement of up to $250/year	• Provides flexibility to Members to choose to rent a car vs. use rideshare when their car is being repaired • Simple claims process with little paperwork
Care.com Premium	• Includes a Premium Membership to Care.com • Finds pre-screened backup caregivers for children, elderly parents, and even pets	• Ensures you don't lose income because of an unexpected caregiving need • Available to use at any time • Savings of $39/month

Contact Us

(941) 677-0110

Benefits@WorksiteHR.com

MetLife Pet Insurance

Help protect your furry friends with MetLife Pet Insurance. MetLife Pet Insurance helps cover the costs of unexpected accidents or illnesses, so nothing gets in the way of caring for your pet when they need it most.

A great benefit brought to you by: worksite

Insurance Designed by Pet Parents for Pet Parents

MetLife Pet Insurance helps cover the costs of accidents, illnesses, and routine care for your canine, feline, or other furry friend. Plus, you have the power to customize your pet insurance to meet both their health needs and your budget. Take advantage of great benefits like:

- The freedom to visit any U.S. licensed vet, emergency clinic or specialist Exam fees are covered for most accidents and illnesses.
- Flexible plans with no breed exemptions. Family and multi-pet plans cover up to three dogs and cats with one policy and shared deductible.
- Coverage of congenital and hereditary conditions. Optional preventative care coverage helps pay for routine wellness expenses.
- Access 24/7 telehealth services, coverage documents, claims, treatment records, and more via the MetLife PetMobile App (available for iOS and Android devices).
- Premiums are direct-billed to you, not payroll-deducted, ensuring flexibility and portability if you change jobs or retire.

Here's How It Works:

1. Choose your plan. Accident and injury coverages begin on the effective date of your policy. Illness coverage begins 14 days later.
2. Visit any U.S.- licensed veterinarian, specialist, or emergency clinic.
3. Pay the bill within 90 days and send it to us with your claim documents via mobile app, online portal, email, fax or mail.
4. Get a reimbursed a percentage of covered expenses by check or direct deposit.

Get started by scanning the QR code or visit **metlife.com/getpetquote.**

Questions?
Call **1-800-GET-MET8 (1-800-438-6388)**

Contact Us

(941) 677-0110

Benefits@WorksiteHR.com

Worksite Employee Benefits

This benefits guidebook provides an overview of each benefit option available. Taking time to educate yourself about your benefits can help ensure you are getting the most out of your premium dollars.

Questions?

If you have questions about the enclosed information or to request Plan Summaries, please contact us!

Worksite, LLC Benefits Department
Benefits@WorksiteHR.com
941.677.0110

Liberty Run Benefits Agency
Service@LibertyRunBenefits.com
800.365.4033