



Healthcare
Empowering Better Living

2025 EMPLOYEE BENEFITS GUIDE

Our business begins with you.



WELCOME

to the 2025
Benefits Open Enrollment

Special Medical Only Enrollment May 21st - June 5th

At MGM Healthcare, we offer our employees a competitive and comprehensive benefits program. This is one of many ways we recognize how important you are to the company. This benefits guide briefly summarizes our program in a quick and easy-to-understand way.

How to Enroll

Call Center: Call 314.997.3835 8am - 5pm, Monday - Friday to speak with a licensed benefit counselor.

Online: Visit chubb.benselect.com/enroll.

Your username is your full social security number. Your PIN is the last four digits of your social security number, followed by the last two digits of your year of birth.

This year, Open Enrollment is Passive. If you do not call the enrollment center to make changes to your benefits, your current elections will roll over to the new plan year. If you would like to enroll or make changes to your benefits, please call 314.997.3835 before 5pm on June 5th

Who can enroll in benefits

Employees

You may enroll in the benefits program if you are a regular full time employee who is actively working a minimum of 30 hours per week. You are eligible for benefits as of the first of the month following 60 days of active service.

Dependents

Eligible dependents generally include your legally married spouse and children up to age 26. Some age limitations may apply to certain insurance programs. Please review your plan documents carefully for more details.

Eligibility Documentation

Please be prepared to share dependent eligibility information during enrollment, including each enrolled dependent's date of birth and Social Security Number. Other documentation may be required depending on your benefit elections.



Changing Your Coverage

Once you make your election for enrollment you will not be able to change your elections until the next annual enrollment, unless you experience a qualifying event. A qualifying event is a change in your personal life which may impact your eligibility or dependent's eligibility for benefits. If you experience a qualifying life event, you will have 30 days to notify Human Resources in order to make changes to your benefit elections.

Examples of some qualifying events include the following:

- Change of legal marital status (e.g., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (e.g., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status

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MEDICAL INSURANCE

SELECTING YOUR MEDICAL PLAN

✔ OPTION 1: Bronze Limited ✔ OPTION 2: Platinum Plan PPO ✔ OPTION 3: Silver HDHP ✔ OPTION 4: Gold HDHP

💡 TIP: Get the most out of your insurance by using in-network providers.

FREQUENTLY ASKED QUESTIONS



How many hours do I need to work to be eligible for insurance benefits?

You must be an employee working a minimum of 30 hours per week on a regular basis.

Will I receive a new Medical ID card?

All new medical plan participants will receive a new ID card in the mail.
Currently enrolled participants will NOT receive a new Medical ID card

Who can I enroll?

Eligible dependents include your legal spouse and your children up to age 26. You will be required to provide proof of dependent eligibility such as marriage license, birth/ adoption certificate, legal guardianship paperwork, etc. and identity.

How long can I cover my dependent children?

Dependent children are eligible until the end of the month in which they turn age 26. Some age limitations may apply to certain insurance programs.

I just got hired. When will my benefits become effective?

Your medical insurance benefit will begin on the first of the month following two months of employment.

Medical Coverage

Major medical coverage is offered through Anthem. You have four plan options—Bronze, Silver, Gold, and Platinum.:

- The Platinum plan is a PPO plan that includes copays for certain services.
- The Silver and Gold plans are High Deductible Health Plans (HDHP). This plan does not include any copays for services, but does allow you to make a contribution to a Health Savings Account (HSA).
- The Bronze plan is a Limited Day Plan. The Silver, Gold, and Platinum Plans will offer you more coverage than the Bronze Limited Day plan. You will pay the Co-pays listed on page 9 based on the services you need.



Find an In-Network Provider

Need a doctor? Simply search by specialty and location in our online directory. You'll find maps, directions and more. You can also look for doctors who speak different languages.

Visit empireblue.com/find-care & select "Find a doctor" to get started.

- Select "Basic Search as a Guest"
- Select the type of plan or network: **Medical Plan**
- Select the State you wish to search
- Select how you get health insurance: **Medical (Employer-Sponsored)**
- Select a plan or network: **National PPO (BlueCard PPO)**

BlueCross BlueShield
 To receive maximum benefits, you must use a network provider. Pre-certification is required for all hospital admissions and specified out-patient procedures outlined in your SPD. In the event of an emergency, call within 48 hours of admission or the next business day. Failure to Pre-cert may result in penalty.
 Providers: Please file all claims with the Blue Cross and Blue Shield Plan in the state where services are rendered. If Medicare is primary, file claims to Medicare, include the 3-digit prefix in addition to the ID number.
 Possession of this card does not guarantee eligibility for benefits.
 Member Services/Eligibility:
 Pharmacy Member Services: 1-877-208-5952
 Help for Pharmacy: 1-833-271-2374
 Coverage While Traveling: 1-833-266-5039
 Provider Eligibility/Benefits: 1-800-810-BLUE
 Health, Inc. Case Management: 1-800-676-BLUE
 Pre-Certification: 1-877-284-0102
 *Contracts directly with group
 Services provided by Empire HealthCare Assurance, Inc. licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. Empire BlueCross BlueShield provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.
 Self-Funded Coverage

BlueCross BlueShield
SAMPLE EMPLOYEE
 Member ID: JZDD99999999
 Group Name: Sample Employer
 Group No: 000199999
 Plan Code: 034032
 Plan Name: Option 1
 RxBIN: 020099
 RxPCN: AC
 RxGRP: WLD
 Office Visit: \$50
 Specialist: \$100
 Urgent Care: \$150
 Emergency Room: \$500
 Rx Out of Pouch: \$7500/\$15000
 OON Ded IND/PAM: \$1800/\$31600
 \$550/\$1100
 OON COP IND/PAM: \$2560/\$51300
 Rx Co-pay: \$0 preventive \$10/50% coinsurance
 Sample Employer will utilize Leading Edge Administrators to handle member contact for health plan administration. See back for contact information.
 PPO Rx

Preventive care covered with no cost sharing

Get checkups, screenings, vaccines, prenatal care, contraceptives and more with no out-of-pocket costs. This includes routine screenings and checkups. It also includes counseling you get to prevent illness, disease or other health problems. Many of these services are covered as part of physical exams. These include regular checkups, and routine gynecological and well-child exams. You won't have to pay out of pocket for these preventive visits

Important Terms

- » **Deductible**—The amount of money you pay before services are covered. Services subject to the deductible will not be covered until it has been fully met.
- » **Copayment**—A fixed amount you pay for a covered health care service. Copays can apply to office visits, urgent care or emergency room services.
- » **Coinsurance**—The plan's share of the cost of covered services which is calculated as a percentage of the allowed amount. This is applied after the deductible has been met. You pay any remaining percentage of the cost until the out-of-pocket maximum is met.
- » **Out-of-pocket limit**— The max you will pay during the plan year before health insurance begins to pay 100% of the allowed amount.



Prescription Drug Coverage

This year your prescription drug coverage will be offered through Anthem. The Anthem network is a very extensive network. Consult with your physician regarding any questions you may have about the prescription drug benefit offered.

Visit Anthem.com or download the Sydney Health app to find an in-network pharmacy

Plan Highlights

Traditional PPO Plan

- ✓ You pay office visit/prescription drug copays and are not responsible for meeting your deductible first for most benefits.

High Deductible Health Plans

- ✓ There are no copays and the deductible must be satisfied for all medical & prescription benefits, with the except preventive care, for the plan to start cost sharing.

24/7 Telehealth Services

Telehealth is available for anyone covered under any of the medical plans. Get answers to your medical questions 27/7/365 by phone or on video consults.

You can use telehealth for common conditions, such as cold/flu symptoms, allergies, bronchitis, and sinus problems or to get guidance far more affordably than ER or Urgent care.

Please note that the Silver, Gold, & Platinum plans have a different Telehealth provider than the Bronze Plan.



Anthem Live Health

Silver, Gold, & Platinum Plan Members
Use Live Health with the
Sydney Care App
online at livehealthonline.com
by phone **1-888-548-3432**

Teledoc Health

Bronze Limited Day Plan Members
Contact Teledoc health using the
Teledoc Health App
online at teladoc.com
by phone **1-855-835-2362**

Health Insurance Rates - Monthly

	Limited Day Plan	Silver HDHP Plan	Gold HDHP Plan	Platinum PPO Plan
Employee Only	\$93	\$100	\$203	\$362
Employee + Spouse	\$248	\$475	\$691	\$877
Employee + Children	\$202	\$457	\$642	\$795
Employee + Family	\$351	\$636	\$965	\$1,261

Medical Insurance Plans

Silver HDHP Plan

Gold HDHP Plan

Platinum PPO Plan

In-Network Plan Details

Deductible Individual / Family	\$5,000 / \$10,000	\$3,300 / \$6,600	\$2,500 / \$5,000
Coinsurance (member pays)	30%	20%	30%
Out-of-Pocket Maximum Individual / Family	\$7,000 / \$14,000	\$7,000 / \$14,000	\$6,250 / \$12,500

Physician Office Visits

Preventative	0% Coinsurance*	0% Coinsurance	\$0 copay*
Primary Care	30% Coinsurance	20% Coinsurance	\$35 copay*
Specialist	30% Coinsurance	20% Coinsurance	\$70 copay*
Diagnostic Lab/X-Ray	30% Coinsurance	20% Coinsurance	30% Coinsurance

Emergency & Urgent Care

Emergency Room	30% Coinsurance	20% Coinsurance	\$300 copay*
Urgent Care	30% Coinsurance	20% Coinsurance	\$100 copay

Hospital Services

Inpatient (Facility/Physician)	30% Coinsurance	20% Coinsurance	30% Coinsurance
Outpatient	30% Coinsurance	20% Coinsurance	30% Coinsurance
Major Diagnostic & Imaging	30% Coinsurance	20% Coinsurance	30% Coinsurance

Prescription Drugs Retail

Generic	30% Coinsurance	20% Coinsurance	\$20 copay*
Brand Preferred	30% Coinsurance	20% Coinsurance	\$40 copay*
Brand Non- Preferred	30% Coinsurance	20% Coinsurance	\$70 copay*
Specialty	30% Coinsurance	20% Coinsurance	20% Coinsurance*

Prescription Mail Order—Supply Limit 90-Day Supply

Generic	30% Coinsurance	20% Coinsurance	\$50 copay*
Brand Preferred	30% Coinsurance	20% Coinsurance	\$100 copay*
Brand Non- Preferred	30% Coinsurance	20% Coinsurance	\$170 copay*

Out-of-Network Plan Details

Deductible Individual / Family	\$10,000 / \$20,000	\$6,600 / \$13,200	\$5,000 / \$10,000
Coinsurance (member pays)	50%	50%	50%
Out-of-Pocket Maximum Individual / Family	\$14,000 / \$28,000	\$14,000 / \$28,000	\$12,500 / \$25,000

All copayment and coinsurance costs shown in this chart are after your deductible has been met, unless otherwise noted with an asterisk.

* Deductible Does not Apply

Important Medical Insurance Terms

Deductible

The amount you pay for covered health care services before your insurance plan starts to pay. After you pay your deductible, you usually pay only a copay or coinsurance for covered services. All copayment and coinsurance costs shown on page 8 are after your deductible has been met, unless otherwise noted.

Coinsurance

The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and varies based on the plan design and if you are in or out of network.

Out-of-Pocket Maximum

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance your health plan pays 100% of the costs of covered benefits. Note that your maximums are separate for in and out of network care.

In-Network & Out-of-Network

Care received from providers in the Anthem network is in-network, and uses the benefit amounts listed on page 8. If you go out-of-network for your care you are subject to different deductible, copays, coinsurance, and out-of-pocket maximum.

Bronze Limited Day Plan

Plan Highlights

- ✓ 100% coverage for preventive care
- ✓ Inpatient hospital coverage
- ✓ Outpatient accident coverage
- ✓ Emergency room coverage
- ✓ Accidental death and dismemberment coverage
- ✓ Prescription drug coverage
- ✓ Critical illness coverage
- ✓ Telemedicine coverage

See page 30 for more information about the Limited Day Plan

Health Insurance Rates - Monthly

	Limited Day Plan	Silver HDHP Plan	Gold HDHP Plan	Platinum PPO Plan
Employee Only	\$93	\$100	\$203	\$362
Employee + Spouse	\$248	\$475	\$691	\$877
Employee + Children	\$202	\$457	\$642	\$795
Employee + Family	\$351	\$636	\$965	\$1,261

Limited Day Plan

In Network (Member Pays)

Plan Lifetime Maximum	\$40,000
Inpatient Hospital/Facility Services	
Inpatient Hospitalization (Includes Room & Board, Drugs, Anesthesia, ICU, Maternity Stay, Inpatient Lab)	\$500 Co-pay per day, 7 day maximum per benefit period
Inpatient Surgery	\$500 Co-pay per day 7 day maximum per benefit period
Outpatient Services	
Free-Standing Ambulatory Surgery Center	\$400 Co-Pay per surgery limit 2 per Benefit Period
Outpatient Hospital Surgery	\$400 Co-Pay per surgery limit 2 per Benefit Period
Anesthesia (per day, max 2 days per year)	\$100
Physician Services	
Office, Home Visits - Primary Care	\$30 Co-Pay limit 4 per Benefit Period
Office, Home Visits - Specialist	\$60 Co-Pay limit 4 per Benefit Period
Adult Routine Physical Exam*	Plan Pays 100%
Female Routine Gynecological Exam*	Plan Pays 100%
Well Child Care*	Plan Pays 100%
Diagnostic Services (Lab and Radiology) Emergency Services	
Lab, Pathology, X-ray - Office or Hospital	\$60 Co-Pay limit 4 per Benefit Period
Advanced Imaging MRI, MRA, CT, SPECT, PET Scans Hospital based or Free-Standing Lab or Facility	\$250 Co-Pay limit 2 per Benefit Period
Emergency Services	
Emergency Room Facility Fee	\$500 Co-Pay limit 2 per Benefit Period
Urgent Care	\$60 Co-Pay limit 4 per Benefit Period
Behavioral Health and Substance Abuse Services	
Inpatient/Intensive Services Behavioral Health Treatment	\$60 Co-Pay, maximum 4 days
Office Visit Behavioral Health Treatment	\$60 Co-Pay, maximum 4 days
Outpatient Hospital Behavioral Health Treatment	\$60 Co-Pay, maximum 4 days
Inpatient/Intensive Services Substance Abuse Detoxification & Rehabilitation	\$60 Co-Pay, maximum 4 days
Office Visit Substance Abuse Treatment	\$60 Co-Pay, maximum 4 days
Outpatient Hospital Substance Abuse Treatment	\$60 Co-Pay, maximum 4 days
Prescription Drugs, Preventive Care Medications Only	
Retail (30 day supply): Generic*/Preferred Brand Name/ Non-Preferred Brand Name/Specialty	\$10 Copay/\$20 Copay/\$40 Copay/ Discounted and paid 100% by Member
Mail Order Pharmacy (90 day supply): Generic*/Preferred Brand Name/ Non-Preferred Brand Name/Specialty	No Coverage
Teladoc	855-Teladoc (835-2362)

*These are preventive services recommend by the United States Preventive Services Task Force with grades of A or B
Please see original plan document for a list of services not covered by the plan.

HEALTH SAVINGS ACCOUNT (HSA)

A health savings account (HSA) is a tax-favored savings account which works in conjunction with your health plan coverage. HSA dollars can be used to pay for qualified medical expenses such as deductibles, copays, dental, and vision care. MGM's preferred provider is Optum Bank. For a complete list of qualified medical expenses, visit www.irs.gov in IRS Publication 502. Please call the MGM benefit enrollment center at 314.997.3835 to enroll

HSA Major Benefits

- » Funds always belong to you
- » Funds always roll over from year to year
- » Lowers your taxable income

HSA Triple Tax Savings

- » Tax deduction when you contribute to your account
- » Tax-free earnings through investment
- » Tax-free withdrawal for qualified medical expenses

2025 HSA Funding Limits

Coverage Level	Limit
Individual Coverage	\$4,300
Family Coverage	\$8,550
Age 55 or Older	Contribute an additional \$1,000 on top of these amounts

HSA Eligibility

You may open and contribute pre-tax to an HSA under the following circumstances.

Enrolled in an IRS qualified high deductible health plan (HDHP)

Cannot be enrolled in a traditional PPO plan through your spouse or other employer sponsored plan options

Can't be enrolled in a Government sponsored program. (Medicare, Medicaid, Tricare, etc.)

Cannot be claimed as a dependent on someone else's tax return.

Can't have an HSA and healthcare FSA; your spouse cannot have a healthcare FSA through his/her own employer.

Cannot have received VA benefits within the last three months (unless receiving benefits for a service related disability)

DENTAL INSURANCE

We partner with MetLife to offer you and your family members dental insurance. Visit www.metlife.com to find in-network providers and access a variety of online tools and programs.



TIP: Remember to visit in-network dentists to receive the deepest level of discount on your services. To find a participating in-network dentist in your area, go to Metlife.com or call 1.800.438.6388 to have a list faxed to you.

Orthodontia Services Note: The lifetime maximum illustrated is different from the calendar year maximum. For orthodontia services, this limit does not reset each year. This is the most your plan will cover for your services for the lifetime of your participation in this program. Orthodontia services apply to children up to age 19. All other dental services apply to dependents up to age 26.



In-Network Providers: Provider is reimbursed based on contracted fees and cannot balance bill you.

Out-of-Network Providers: Provider is reimbursed based on Reasonable and Customary standards and balance billing is possible.

DENTAL INSURANCE PLAN OPTIONS & COSTS

Employee Cost Per Month				
MetLife	Silver Plan		Gold Plan	
Employee	\$14.19		\$26.40	
Employee + Spouse	\$26.73		\$49.86	
Employee + Child(ren)	\$38.01		\$70.86	
Employee + Family	\$50.55		\$94.27	

Deductible	Silver Plan		Gold Plan	
	In-Network % of Negotiated Fee	Out-of-Network 90% of R&C Fee	In-Network % of Negotiated Fee	Out-of-Network 90% of R&C Fee
Individual / Family	\$75 / \$225	\$75 / \$225	\$50 / \$150	\$ 50 / \$150
Calendar Year Max	\$1,000	\$1,000	\$1,000	\$1,000

Carrier Pays				
Preventive Services Cleanings, Exams, X-rays	100%	80%	100%	100%
Basic Services Fillings, Extractions	80%	60%	80%	80%
Major Services Bridges, Dentures	50%	40%	50%	50%
Orthodontic Services Children under 19 only	50% to \$1,000 Lifetime Max		50% to \$1,000 Lifetime Max	

VISION INSURANCE

FIND A PROVIDER



To find a provider in your area, visit the website at [metlife.com](https://www.metlife.com).

- ✓ Click on “Find a Vision Provider”
- ✓ Choose the “MetLife Vision PPO” network
- ✓ Enter your zip code and choose “Find A Vision Provider” for a comprehensive directory of vision providers

REVIEW YOUR VISION PLAN

The vision plan offers coverage both in-network and out-of-network. It is to your advantage to utilize a network provider in order to achieve the greatest cost savings. If you go out-of-network, your benefit is based on a reimbursement schedule. Also, if you are considering Lasik surgery or other non-covered benefits, there are discounts available with some providers. To find a participating provider, go to [metlife.com](https://www.metlife.com).

Employee Cost Per Month

MetLife

Employee	\$6.30
Employee + Spouse	\$11.97
Employee + Child(ren)	\$12.60
Employee + Family	\$1853

In-Network

Out-of-Network Reimbursement

Examination Copay	\$10 copay	Up to \$45
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Lenses and Frames

Single	\$25 copay	Up to \$30
Bifocal	\$25 copay	Up to \$50
Trifocal	\$25 copay	Up to \$60
Lenticular	\$25 copay	Up to \$100
Frames	\$140 retail allowance Once Every 24 months \$75 Costco allowance	Up to \$70

Contact Lenses

Fitting and Evaluation	Max copay \$60	Up to \$150 allowance
Elective Lenses	\$140 allowance	Up to \$210 copay
Necessary Lenses	\$25 copay	

Frequency of Service

Exam	Every 12 Months
Lenses	Every 12 Months
Frames	Every 24 Months

DENTAL AND VISION CARDS

MetLife does not mail Dental or Vision cards to members, as cards are not required to receive Dental or Vision Services.

Your Provider can locate your coverage using your Social Security Number. If you wish to have a copy of your Dental or Vision cards, please follow the instructions below.

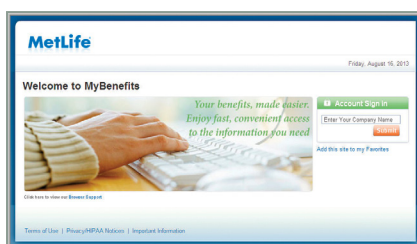
How to Register on MyBenefits

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. MetLife is able to deliver services that empower you to manage your benefits. As a first time user, you will need to register on MyBenefits. To register, follow the steps outlined below.

Registration Process for MyBenefits

Provide Your Group Name

Access MyBenefits at www.metlife.com/mybenefits and enter your group name and click 'Submit.'



The Login Screen

On the Home Page, you can access general information. To begin accessing personal plan information, click on 'Register Now' and perform the one-time registration process. Going forward, you will be able to log-in directly.

Step 1: Enter Personal Information

Enter your first and last name, identifying data and e-mail address.

Step 2: Create a User Name and Password

Then you will need to create a unique user name and password for future access to MyBenefits.

The User Name and Password requirements may vary by company setup. General setup includes a User Name between 8-20 characters, containing at least one letter and one number, and a password between 6-20 characters, containing at least one letter and one number.

Step 3: Security Verification Questions

Now, you will need to choose and answer three identity verification questions to be utilized in the event you forget your password.

Step 4: Terms of Use

Finally, you will be asked to read and agree to the website's Terms of Use.

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.

OPTIONAL EMPLOYEE LIFE AND AD&D INSURANCE

Basic Life Insurance



When you are a full-time employee, the company provides term life insurance coverage to your dependents at no cost to you. In the event of your death, our policy helps provide a financial safety net to your beneficiaries. Your coverage is equal to 1 x your annual salary up to a maximum of \$50,000.

Basic Accidental Death and Dismemberment (AD&D) Insurance

If your death is the result of an accident or if an accident leaves you with certain debilitating injuries, you'll be covered under our accidental death and dismemberment insurance for the same amount as the basic life insurance benefit.

Important Tip:

You must be enrolled in voluntary life coverage in order for your spouse, and/or eligible dependent children to enroll.



DID YOU KNOW??

The company provides full-time employees Basic Life and AD&D AT NO CHARGE

Additional Coverage for Term Life and AD&D

For an additional cost, you can increase your benefit amount, and add a spouse or children to your policy.

Optional Employee Life: minimum \$10,000 to a maximum of 5 x your annual salary to a maximum of \$500,000. Annual enrollment guarantee issue up to \$100,000, new hire guarantee issue up to \$200,000

Optional Spouse Life: minimum \$5,000 up to 50% of the employee amount. Annual enrollment guarantee issue up to \$10,000, new hire guarantee issue up to \$50,000

Optional Child(ren) Life: Flat \$10,000 benefit for child(ren) 15 days and older. (Birth to 15 days has a \$500 benefit) Guarantee issue is \$10,000.

Designating Your Beneficiary

This benefit is paid to your beneficiary at death. Please designate a beneficiary age 18 or older during your enrollment and be sure the beneficiary information is accurate.

Extra Features

This insurance offering from MGM Healthcare and MetLife comes with a variety of added features which can provide assistance to you and your family members today and during a difficult time.

- Grief Counselings
- Funeral Planning Services - locating funeral homes, obtaining cost estimates, identifying florists, caterers, hotels, etc.
- Total Control Account® - Immediate access to death proceeds
- WillsCenter.com - for assistance in preparing and updating a will



LIFETIME BENEFIT TERM LIFE INSURANCE



LifeTime Benefit Term

We offer a voluntary whole life insurance option with competitive group rates so you can purchase the additional financial protection you need. LifeTime Benefit Term insurance is offered through Chubb. Coverage is available for you, your spouse, and your dependents. Please call the benefit enrollment center at 314.997.3835 for more information about enrolling.

Features

- Protection through age 120
- Premiums are guaranteed never to increase through age 100
- No medical exams required
- Fully portable - you own it and can take it with you if you leave your current employment
- Optional spouse and child coverage
- LifeTime Benefit Term life insurance up to \$250,000 for eligible actively at work employees
- No medical exams required
- Optional spouse and child coverage

Optional Benefit Riders

Accelerated Death Benefit - Automatically Included!	This rider allows an accelerated payment of 50% of the death benefit not to exceed \$100,000 if the insured's death is diagnosed to occur within a 12 month period.
Dependent Children Term Rider	One premium covers all eligible children. Coverage lasts to age 26 and may be converted up to 5 times the term amounts. Maximum initial term amount is \$25,000
Waiver of Premium	Waives the base premium and all rider premiums after the 6th month of disability if the insured becomes totally disabled prior to age 60.
Accelerated Death Benefit for Long Term Care (LTC)	If the insured is chronically ill & is confined to a nursing home, assisted living facility, or receiving home health care or adult day care, the accelerated LTC benefit will pay 4% of the current death benefit amount each month for up to 25 months.

SHORT-TERM DISABILITY INSURANCE



REVIEW YOUR DISABILITY COVERAGE

Voluntary Short-Term Disability insurance is offered through MetLife. The plan benefit is 60% of basic weekly earnings up to a maximum of \$1,500 per week. Benefits are paid after a waiting period of 14 days for an accident and 14 days for sickness for up to 13 weeks or 26 weeks.

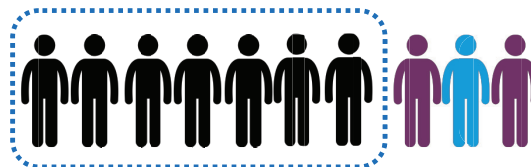
For those currently enrolled there is no pre-existing condition limitation.

For new enrollees, if you have been treated for a health condition in the 3 months prior to enrolling for 2025, benefits for that condition will not be covered until you are on the plan for 12 months.

Per \$10 Weekly	13 Week Duration	26 Week Duration
39 & under	\$0.6555	\$0.9775
40 - 54	\$0.69	\$1.035
55 - 64	\$0.7015	\$1.0695
65+	\$0.851	\$1.3225

Could you pay the bills if you weren't working?

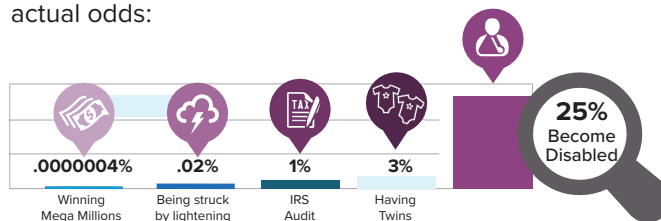
Less than **1/4** of U.S. consumers have enough emergency savings to cover six months or more of their expenses



Nearly **70%** of workers that apply to Social Security Disability Insurance **are denied**.

What's more likely?

Many workers think these events are more likely than becoming disabled during their careers. But here are the actual odds:



In fact, nearly 40 million American adults live with a disability

VOLUNTARY CRITICAL ILLNESS

PROTECT YOUR FINANCES

- ✓ Elect Critical Illness coverage
- ✓ Elect Accident Insurance
- ✓ Elect Disability Insurance

Critical Illness Insurance

Critical illness insurance, available through MetLife, is designed to help you offset the financial effects of a catastrophic illness with a lump sum benefit if you or a loved one are diagnosed with a covered critical illness. The critical illness benefit is based on the amount of coverage in effect on the date of diagnosis of a critical illness or the date treatment is received according to the terms and provisions of the policy.



DID YOU KNOW??

This benefit pays \$75 per calendar year per insured individual if a covered health screening test is performed, including blood tests, chest x-rays, stress tests, mammograms, and colonoscopies.

GROUP CRITICAL ILLNESS COVERAGE INCLUDES:

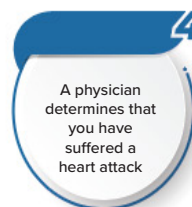
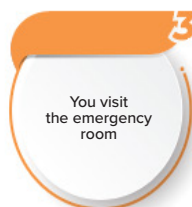
Critical Illness Benefit payable for:

- ✓ Cancer
- ✓ Heart attack
- ✓ Stroke
- ✓ Kidney failure
- ✓ Major organ transplant
- ✓ Alzheimer's
- ✓ Occupational HIV
- ✓ Coronary artery bypass graft
- ✓ 22 Additional Listed Conditions paid at 25% of your initial benefit; please see your certificate for a complete list

FEATURES:

- ✓ Health Screening Benefit - \$75 per person per year
 - ✓ Benefits are paid directly to you, unless you choose otherwise
 - ✓ Coverage is guaranteed provided you are actively at work.
 - ✓ Your rates will not increase due to age.
 - ✓ You can take your coverage with you if you change jobs or retire (with certain stipulations)
- Fast claims payment

HOW CRITICAL ILLNESS COVERAGE WORKS



CRITICAL ILLNESS MONTHLY INSURANCE COSTS:



Tobacco status is based on whether the employee uses tobacco products only. The Critical Illness is issue age and employee deductions are locked in at the employee's age on the initial effective date of coverage.

Critical Illness - \$15,000 basic Benefit Amount									
Non-Tobacco User					Tobacco User				
Issue Age	Employee	Employee & Spouse	Employee & Children	Family	Employee	Employee & Spouse	Employee & Children	Family	
18 - 29	\$8.55	\$14.70	\$12.75	\$18.90	\$12.60	\$20.85	\$16.80	\$25.05	
30 - 39	\$13.35	\$23.70	\$17.55	\$27.90	\$20.85	\$36	\$25.05	\$40.20	
40 - 49	\$26.70	\$46.65	\$30.90	\$50.85	\$43.35	\$75.15	\$47.55	\$79.35	
40 - 59	\$45.60	\$79.35	\$49.80	\$83.55	\$75.30	\$130.65	\$79.50	\$134.85	
60 - 69	\$67.05	\$113.25	\$71.10	\$117.45	\$111.90	\$190.05	\$116.10	\$194.25	
70+	\$88.20	\$148.50	\$92.40	\$152.70	\$150.60	\$154.40	\$154.80	\$258.60	

Critical Illness - \$30,000 basic Benefit Amount									
Non-Tobacco User					Tobacco User				
Issue Age	Employee	Employee & Spouse	Employee & Children	Family	Employee	Employee & Spouse	Employee & Children	Family	
18 - 29	\$17.10	\$29.40	\$25.50	\$37.80	\$25.20	\$41.70	\$33.60	\$50.10	
30 - 39	\$26.70	\$47.40	\$35.10	\$55.80	\$41.70	\$72	\$50.10	\$80.40	
40 - 49	\$53.40	\$93.30	\$61.80	\$101.70	\$86.70	\$150.30	\$95.10	\$158.70	
40 - 59	\$91.20	\$158.70	\$99.60	\$167.10	\$150.60	\$261.30	\$159	\$269.70	
60 - 69	\$134.10	\$226.50	\$142.20	\$234.90	\$223.80	\$380.10	\$232.20	\$388.50	
70+	\$176.40	\$297	\$184.80	\$305.40	\$301.20	\$508.80	\$309.60	\$517.20	



VOLUNTARY ACCIDENT INSURANCE

If you're like most people, you don't budget for life's unexpected moments. One mishap can send you on an unexpected trip to your local emergency room— and leave you with a flurry of unexpected bills. That's where Accident Insurance jumps in. In the event of a covered accident, the plan pays you cash benefits fast to help you pay for the costs associated with out-of-pocket expenses and bills— expenses major medical may not take care of.

METLIFE ACCIDENT INSURANCE COVERS THINGS LIKE THE FOLLOWING:

- ✓ Ambulance: \$300-\$1,000
- ✓ Non-Emergency Care: \$50
- ✓ Emergency room visits: \$50-\$100
- ✓ Hospital/ICU Admission Per Accident: \$1,000/\$2,000
- ✓ Hospital Confinement: \$200 per day, up to 31 days
- ✓ ICU Confinement: \$400 per day, up to 31 days
- ✓ Transportation and Lodging Benefits: \$200 per night, up to \$6,000 per year
- ✓ Medical Testing: \$200
- ✓ Dislocations/Fractures: \$100-\$6,000
- ✓ Burns—2nd and 3rd Degree: \$100-\$10,000
- ✓ Eye Injuries: \$300
- ✓ Concussion: \$400
- ✓ Inpatient Surgery: \$200-\$2,000
- ✓ Cuts/Lacerations: \$50-\$400
- ✓ Dislocations (separated joint): \$100-\$6,000
- ✓ Fracture (broken bone): \$100-\$6,000
- ✓ Dismemberment, Loss, and Paralysis: \$500-\$50,000

FEATURES:

- ✓ Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions)
- ✓ Benefits are paid directly to you (unless you choose otherwise)
- ✓ Coverage is available for you, your spouse, and your dependent children
- ✓ Coverage is portable (with certain stipulations). That means you can take it with you if you change jobs or retire
- ✓ Fast claims payment

Accident Monthly Cost	
Employee	\$12.74
Employee + Spouse	\$26.72
Employee	\$25.66
Family	\$31.92



HOW ACCIDENT COVERAGE WORKS

You select
Accident
Insurance

You injure your
leg in a covered
accident and
go to the hospital
by ambulance

The ER doctor
diagnoses
a fracture and
treats you

You hobble out
of the hospital
on crutches

Metlife pays
your benefit

VOLUNTARY HOSPITAL INSURANCE

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. Even with major medical insurance, your plan may only pay a portion of your entire stay. Hospital Indemnity Insurance, offered by MetLife, is designed to provide financial assistance to enhance your current coverage.

You can elect coverage for yourself, your spouse, and your children. Employees can use the benefit to meet the out-of-pocket expenses and extra bills which can occur. Benefits are paid directly to you based on the amount of coverage listed, regardless of the actual cost of treatment.



METLIFE'S HOSPITALIZATION BENEFITS:

Hospital Admission (per confinement, max 2 times per calendar year)	\$1,000
ICU Hospital Admission (per confinement, max 2 times per calendar year)*	\$1,000
Hospital Confinement (per day, max 15 days per year)	\$200
Hospital ICU Confinement (per day, max 15 days per year)*	\$200

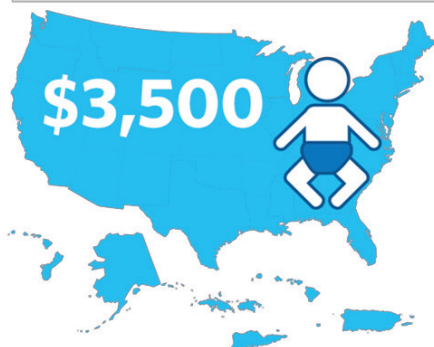
*Benefit paid concurrently with the Admission/Confinement benefit when a covered person is admitted/staying in the ICU
Please note, if the Admission benefit is payable for a Confinement, the Confinement benefit will begin to be payable the day after the Admission

Hospital Indemnity Monthly Cost

Employee	\$23.52
Employee + Spouse	\$40.71
Employee	\$37.48
Family	\$54.66

EXAMPLE: Sarah is admitted to the hospital to deliver her baby.

Average delivery cost per stay in
the United States¹



Hospital Indemnity Plan Benefits:

1st Day Hospitalization: \$1,000
Daily Confinement (2): \$400

\$1,400

Hospital Indemnity Cash Benefit from MetLife

She can use this money for costs associated with her hospital stay, medical bills, or even to help cover daily living expenses from her time off work.

LIFELOCK IDENTITY THEFT



REVIEW THE LIFELOCK IDENTITY THEFT PROTECTION

LifeLock with Norton Benefit Plans combine leading identity theft protection with device security and protection against online threats to block thieves from stealing personal information from PCs, Macs, and mobile devices

What are the LifeLock Features?

- LifeLock Identity Alert System
- Dark Web Monitoring
- LifeLock Privacy Monitor
- Wallet Protection
- 24/7 Live Member Support
- Account Activity Alerts
- Million Dollar Protection Package
- Credit Monitoring - **Premium Only**
- Credit Score / Reports - **Premium Only**
- Monthly Credit Score Tracking - **Premium Only**
- Account Application Alerts - **Premium Only**
- Bank Account Takeover Alerts - **Premium Only**

What are the LifeLock Features?

- Secures PCs, Macs, smartphones - **Premium covers unlimited devices**
- Parental Controls
- Cloud Backup - Premier includes up to 100GB
- Password Manager
- Norton Secure VPN - **Premium covers unlimited devices**
- SafeCam
- Online Threat Protection
- Smart Firewall
- Virus Protection Promise

Monthly Rates

	LifeLock Essential	LifeLock Premium
Employee (18+)	\$8.49	\$13.99
Employee + Family	\$16.98	\$27.98

MetLaw Legal Plans

Unlike other voluntary benefits which are purchased as a safety net (with the hope that you never have to use them), the more an you uses a Legal Plan, the more you benefit. Like it or not, laws permeate every aspect of our lives. So, it's helpful to have an advocate in your corner dealing with expensive legal issues like identity theft or debt.

Plan features

Money Matters	<ul style="list-style-type: none"> •Debt Collection Defense •Identity Theft Defense •Identity Restoration¹ 	<ul style="list-style-type: none"> •Negotiations with Creditors •Personal Bankruptcy •Promissory Notes 	<ul style="list-style-type: none"> •Tax Audit Representation •Tax Collection Defense
Home & Real Estate	<ul style="list-style-type: none"> •Boundary or Title Disputes •Deeds •Eviction Defense •Foreclosure 	<ul style="list-style-type: none"> •Home Equity Loans •Mortgages •Property Tax Assessments •Refinancing of Home 	<ul style="list-style-type: none"> •Sale or Purchase of Home •Security Deposit Assistance •Tenant Negotiations •Zoning Applications
Estate Planning	<ul style="list-style-type: none"> •Codicils •Complex Wills •Healthcare Proxies •Living Wills 	<ul style="list-style-type: none"> •Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> •Revocable Trusts •Irrevocable Trusts •Simple Wills
Family & Personal	<ul style="list-style-type: none"> •Adoption •Affidavits •Conservatorship •Demand Letters •Garnishment Defense •Guardianship 	<ul style="list-style-type: none"> •Immigration Assistance •Juvenile Court Defense, Including Criminal Matters •Name Change •Personal Property Protection 	<ul style="list-style-type: none"> •Prenuptial Agreement •Protection from Domestic Violence •Review of ANY Personal Legal Document •School Hearings
Civil Lawsuits	<ul style="list-style-type: none"> •Administrative Hearings •Civil Litigation Defense 	<ul style="list-style-type: none"> •Disputes Over Consumer Goods & Services •Incompetency Defense 	<ul style="list-style-type: none"> •Pet Liabilities •Small Claims Assistance
Elder-care Issues	Consultation & Document Review for your parents: <ul style="list-style-type: none"> •Deeds •Leases 	<ul style="list-style-type: none"> •Medicaid •Medicare •Notes •Nursing Home Agreements 	<ul style="list-style-type: none"> •Powers of Attorney •Prescription Plans •Wills
Traffic & Other Matters	<ul style="list-style-type: none"> •Defense of Traffic Tickets² •Driving Privileges Restoration 	<ul style="list-style-type: none"> •Habeas Corpus 	<ul style="list-style-type: none"> •Repossession

1. Aura is a product of Aura Sub, LLC. Aura Sub, LLC is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product.

2. Does not cover DUI.

Auto and Home Insurance

This Benefit is Directly Billed At Home between MetLife/Farmers and the Employee

Employees can enroll or cancel coverage at any time throughout the year by visiting Farmers.com or by calling 844.979.3737

Auto and Home Insurance

With a Group Auto and Home Insurance Program (the “Program”), you have access to a program that offers quality insurance that you need to protect your valuable possessions, to protect you against personal liability, and to help you feel financially secure – along with 24/7 expert support you need to bounce back, if the unexpected happened. The Group Auto and Home Program helps qualified employees find the right protection that fits your budget with special savings based on where they work.

Offer Special Ways to Save

Employees saved an average of \$562 on auto insurance when they switched to the Program.

- Employee discounts
- Multi-policy and multi-product discounts
- Good driver rewards
- Employment tenure discounts

Protecting What’s Important

The Program offers a broad line of insurance policies, including:

- Auto
- Renters
- Condo
- Home
- Boat Insurance
- Flood
- Motorcycle
- Personal Excess Liability
- Recreational Vehicle
- Landlord’s Rental Dwelling

Industry Leading Coverage Options

More than 85% of MetLife Legal Plans participants renew each year. Here are some reasons why:

- Replacement Cost for Total Loss Coverage on new vehicles with no deduction for depreciation. In a covered total loss, a new vehicle is repaired or replaced with a new vehicle.
- Replacement Costs for Special Parts: repair or replacement of certain parts, regardless of their wear and tear at the time of the accident.
- Replacement Cost Coverage on Home: rebuilds your employee’s home at today’s rebuilding cost, even if that takes it over the policy’s limit.

Value Added Benefits

- Identity Protection Services: Automatic service provided to automobile and homeowners insurance customers, at no extra charge.
- Farmers GroupSelect Concierge Auto Repair Experience®: Guarantees repairs done by our CARE shops for as long as your employees own their vehicles.
- Home Repair Contractor Services – We work with Crawford Contractor Connection, the largest independent national network of general and specialty contractors, to provide a total solution for employees.
- Roadside assistance, towing coverage, windshield repairs (if possible) without a deductible, and much, much more...

High Quality, Streamlined Service

- Convenience of placing all personal property and casualty coverage with one family of companies.
- Quick and Easy - Employees can get quotes and information any way they choose – phone, or on-line. Plus, on-line purchasing is available in select states.
- Simple Claim Experience- One toll-free number, file auto claims using our app, home field adjusters

Pet Insurance

This Benefit is Directly Billed At Home between MetLife/Famers and the Employee

Employees can enroll or cancel coverage at any time throughout the year by visiting [MetLife.com/getpetquote](https://www.MetLife.com/getpetquote) or by calling 800-GET-MET8 800.438.6388

Flexible features

- Pet parents can select from a range of annual limits, deductibles and coinsurance levels.
- Various levels of coverage from \$500–Unlimited. Also includes optional wellness coverage (preventive care)
- Straightforward pricing and options with customizable limits, no dog or cat breed exclusions, no upper age limits, discounts and healthy pet incentive
- New and innovative benefits, such as grief counseling for the loss of your furry family member, loss or theft coverage, automatic coverage limit increases annually and virtual vet concierge services
- No initial exam or previous vet records required to enroll and no per-incident or lifetime limits apply

Freedom of Comprehensive Coverage

- Flexibility to select various levels of coverage with no breed exclusions or upper age limits; ability to include multiple pets on one policy through our innovative family plans
- Optional wellness coverage (preventive care) included in annual limit
- Competitive rates with discounts, healthy pet incentive and the only provider offering family plans (i.e., multiple pets covered by one policy)
- Coverage of pre-existing conditions when switching providers, no initial exam or previous vet records to apply

Plan Features

Covers All Breeds & Ages	✓
No Initial Exam/Past Vet Notes Required	✓
No Cancellation Fee	✓
No Annual Care Requirements to Keep Coverage	✓
No Neuter/Spay Requirement	✓

Benefits and Limits

No Lifetime Limit	✓
No Per-Incident Limit	✓
Optional Wellness Coverage - Preventive Care	Included in annual limit
No Diagnostic Test Limit	✓
No Customary Charge Restrictions	✓
Healthy Pet Incentive - previously Deductible Savings	\$5,012
Automatic Annual Limit Increase	✓

Pricing

Pricing Structure	Customized to every pet - varies by species, age, breed, zip code
Family Plan - Cover multiple pets on single policy	✓
Multi-policy discount	✓
Internet Purchase Discount	✓
Healthcare Workers Discount	✓
Animal Care Discount	✓
Deductible	Flexible: \$0-\$2,500
Annual Limit	Flexible - \$500-Unlimited

Employee Assistance Program

Each of us experiences demands for our time and energy, both on and off the job. The key to balancing it all is having access to the right tools, resources, and support. Your EAP is Personal Assistance Services (PAS) free of charge to you. This benefit is paid by your employer. Having PAS is like having your own personal concierge service. PAS provides you with a wealth of confidential, professional services that can help you address challenges and strengthen your work and home life.

Plan Features:

This plan provides telephonic coaching, consultation, and life management services to help you achieve goals and thrive in life. PAS's coach staff includes licensed/certified professionals: dietitians, health educators, child and elder care managers, professional organizers, attorneys, financial planners, educators, career counsloors and more.

Lifestyle and Wellness:

- Weight and nutrition
- Personal Health
- Tobacco cessation
- Fitness
- Sleep
- Life and well-being

Legal

- Legal information
- Online will prep
- Legal forms

Consultation and Resourcing

- Child care
- Education planning
- Elder care coordination
- Care diary
- Financial stress helpline

Financial

- Identity theft
- Money management and finance
- Foreclosure and bankruptcy prevention
- Financial planning and information
- Asset protection

Family Care

- Parenting
- Household organization
- Elder caregiving
- Child development and education

Who is covered under the EAP?
You and your eligible dependents are covered.
What should I expect when I use EAP services?
A PAS counselor will talk with you about your personal situation, answer any questions you have about your EAP benefit and personally arrange services for you. In-person counseling, life and well-being coaching, plus a wide variety of professional services are available. We serve by personally connecting you with experts that can help you improve your life.
What should I expect when I meet with an EAP consultant in-person or by phone?
Our experts help you to sort out the areas of your life that you would like to improve and then guide you through the process of establishing and following a personal action plan. Our professionals are caring, understanding, and an excellent resource to help you achieve your goals.
If I use the EAP, will it be confidential?
Yes! The EAP is confidential. PAS does not provide access to EAP records to your employer nor will PAS disclose any information to anyone about your participation in EAP services unless you give your specific, written consent to do so (except as required by law).
How can I use my EAP services?
Call (800) 356-0845 or visit www.paseap.com

OTHER BENEFITS

RETIREMENT SAVINGS PLAN 401(K)

Your financial security is important to you, your family, and to us as your employer. We want you to feel secure and prepared for life after your career. In partnership with John Hancock, our 401(k) plan is designed to help you plan ahead and feel prepared.

IRS 401(k) Maximums

For 2025, you can contribute up to \$24,000 to your 401(k) account. If you are age 50 or will turn age 50 by December 31, you may contribute an additional “catch-up” contribution of \$10,000.

How the Plan Works:

- Employees are eligible to join the plan upon your date of hire.
- You can contribute before-tax dollars to your 401(k) account through payroll deductions (up to the annual IRS limits)
- You can contribute after-tax dollars to your ROTH 401(k) account through payroll deductions (up to the annual IRS limits); your savings are not taxed when you withdraw them at retirement
- The company may match your contributions up to 2% of your salary once you become eligible for match contributions.
- You choose how to invest your money in a variety of investments options
- You are always 100% vested in your own contributions
- Enroll or change your contributions at www.myplan.johnhancock.com/login
- For first time enrollees:
Contract #109221
Access #226250



Company Contributions Vesting Schedule

Years of Vesting Service	Years of Vesting Percentage
Less Than Two Years	0%
Two Years But Less Than Three Years	20%
Three Years But Less Than Four Years	40%
Four Years But Less Than Five Years	60%
Five Years But Less Than Six Years	80%
Six Or More Years	100%

INSURANCE TERMS



Coinsurance—The plan's share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. You pay any remaining percentage of the cost until the out-of-pocket maximum is met. Coinsurance percentages will be different between in-network and non-network services.



Copays—A fixed amount you pay for a covered health care service. Copays can apply to office visits, urgent care or emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any preventive services.



Deductible—The amount of money you pay before services are covered. Services subject to the deductible will not be covered until it has been fully met. It does not apply to any preventive services, as required under the Affordable Care Act.



Lifetime Benefit Maximum—All plans are required to have an unlimited lifetime maximum



Network Provider—A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider's normal fees for services.



Out-of-pocket Maximum—The most you will pay during a set period of time before your health insurance begins to pay 100% of the allowed amount. The deductible, coinsurance and copays are included in the out-of-pocket maximum.



Preauthorization—A process by your health insurer or plan to determine if any service, treatment plan, prescription drug or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval or precertification.



UCR (Usual, Customary and Reasonable)—The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.

MEDICAL TERMS



Prescription Drugs—Each plan offers its own unique prescription drug program. Specific copays apply to each tier and a medical plan can have one to five separate tiers. The retail pharmacy benefit offers a 30-day supply. Mail order prescriptions provide up to a 90-day supply. Sometimes the deductible must be satisfied before copays are applied.



Urgent Care for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe to require emergency room care.



Emergency Room—Services you receive from a hospital for any serious condition requiring immediate care.



Preventive Services—All services coded as Preventive must be covered 100% without a deductible, coinsurance or co-payments.



Medically Necessary—Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms, which meet accepted standards of medicine.

CARRIER CONTACT INFORMATION

If you have any questions regarding your benefits, please contact the carrier listed below.
Special enrollment for Medical coverage only May 21 - June 5

Benefit Enrollment Center	BenManage	314.997.3835	chubb.benselect.com/enroll	
Medical Administrator	Leading Edge Administrators	844-469-5474	mesa.leadingedgeadmin.com	For claims, ID cards, and plan information
Prescription Drugs	Anthem	833-271-2374	Anthem.com	See ID card for more information
Medical Network & Virtual Care	Anthem		Anthem.com	Live Health & Sydney Care App
Bronze Limited Day Plan	Homestead	855.282.8026	hs-plans.com/mgm Teladoc: 1.800.Teladoc	Member App: mexoom Network = Multiplan
Dental	MetLife	1.800.942.0854	metlife.com/mybenefits	Group Number: 205752
Vision	MetLife	1.855.638.3931	metlife.com/vision	Group Number: 205752
Disability, Accident, Critical Illness, Hospital Indemnity, Basic Life Insurance	MetLife	1.800.438.6388	metlife.com/mybenefits	Group Number: 205752
MetLaw Legal Services	MetLife	1.800.821.6400	members.leglaplans.com	This benefit is payroll deducted
Auto & Home Insurance	Farmers by MetLife	1.844.979.3737	farmers.com	This benefit is not payroll deducted
Pet Insurance	MetLife	800.438.6388	MetLife.com/getpetrates	This benefit is not payroll deducted
Lifetime Benefite Term Life Insurance	Chubb	1.855.241.9891	Chubb.com	email claims@ gotoservice.chubb. com or fax claims to 603.357.1179
401(K)	John Hancock	To Enroll: 1.855.543.6765 Plan Questions: 1.800.395.1113	To enroll: jhgoenroll.com For exsiting members: myplan. johnhancock.com/ login	Contract Number: 109221 Enrollment Access Number: 226250
Identity Theft Protection	LifeLock	1.800.607.9174	lifelock.norton.com/	
Employee Assistance Program	Personal Assistance Services (PAS)	1.800.356.0845	paseap.com	

Notes



IMPORTANT DISCLAIMERS

The Bronze Limited Day Plan is a Fixed Indemnity policy, NOT Health Insurance.

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it does not have to include most Federal consumer protections that apply to Health Insurance.

Looking for Comprehensive Health Insurance?

- **Visit [HealthCare.gov](https://www.healthcare.gov) or call 1.800.318.2596 (TTY: 1.855.889.4325) to find health coverage options.**
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

To ask questions or file a complaint about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioner's website ([naic.org](https://www.naic.org)) under "Insurance Departments". If you have this policy through your job, or a family member's job, contact the employer.



This Guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by MGM Healthcare. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Any discrepancy that may arise between the benefit summary and the full policy certificate, shall be governed and decided by the full policy certificate.