



EMPLOYEE BENEFIT INFORMATION & SERVICES

Plan Year 2024

benefits@abopeco.com

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Benefits & Retirement Services

- **ABO 401K & Profit Sharing Plan Administration**

- 5500 filing
- Compliance and testing
- Deduction and administration
- Education
- Employer match administration
- Enrollments
- Funding
- Loan maintenance
- Mandated notifications
- Rollover/distribution/hardship administration
- Year-end plan audit

- **401K Client Plan Administration**

- Census reporting
- Deduction administration
- Match administration
- Funding
- Year-end reporting

- **ABO Group Benefit Plan Administration**

- 5500 filing
- Affordable Care Act reporting
- Affordable Care Act tracking
- Assist employees with benefit claims
- Assist employees with benefit questions
- Carrier bill payment
- Carrier billing audits
- Census reporting
- Compliance and testing
- Consolidated Omnibus Budget Reconciliation Act (COBRA) administration
- Education and orientations
- Eligibility notices
- Employee assistance
- Employee premium collection
- Enrollments
- Flexible Spending Account (FSA) compliance and administration
- Maintain employee benefit files
- Mandated notifications
- Medical support notice administration
- Plan audits
- Plan renewals
- Resolve administrative issues with providers



Benefits & Retirement Services

continued

- **Client Benefit Plan Administration With ABO Contracted Broker**

- 5500 filing
- Affordable Care Act reporting
- Affordable Care Act tracking
- Assist employees with benefit claims
- Assist employees with benefit questions
- Carrier bill payment
- Carrier billing audits
- Census reporting
- Compliance and testing
- Consolidated Omnibus Budget Reconciliation Act (COBRA) administration
- Education and orientations
- Eligibility notices
- Employee assistance
- Employee premium collection
- Enrollments
- Flexible Spending Account (FSA) compliance & administration
- Maintain employee benefit files
- Mandated notifications
- Medical support notice administration
- Plan audits
- Plan renewals
- Resolve administrative issues with providers
- Year-end plan audit

- **Client Benefit Plan Administration**

- Employee premium collection
- Census reporting

- **Health Insurance Portability & Accountability Act (HIPAA) Compliance**

- **Premium Only Plan (POP) Administration**

ABO Blue Cross Blue Shield of Michigan and BCN Renewal
Effective Date: 01/01/2024 - 12/31/2024

Plan Specs	Plan 1	Plan 2	Plan 3	Plan 1: MICHIGAN ONLY PLAN
Carrier	BlueCross BlueShield of Michigan	BlueCross BlueShield of Michigan	BlueCross BlueShield of Michigan	Blue Care Network of Michigan
Plan Name	Simply Blue \$500	Simply Blue \$1,000	Simply Blue \$2,500	BCN \$1,000
Plan Type	PPO	PPO	PPO	HMO
Network	Simply Blue PPO	Simply Blue PPO	Simply Blue PPO	Blue Care Network of Michigan
In Network				
Deductible: Single	\$500	\$1,000	\$2,500	\$1,000
Deductible: Family	\$1,000	\$2,000	\$5,000	\$2,000
Co-Insurance	80%	80%	80%	80%
Out-of-Pocket Limit: Single	\$6,350	\$6,350	\$6,350	\$6,600
Out-of-Pocket Limit: Family	\$12,700	\$12,700	\$12,700	\$13,200
Inpatient Facility	80% Coinsurance and Deductible	80% Coinsurance and Deductible	80% Coinsurance and Deductible	80% Coinsurance and Deductible
Outpatient Surgery	80% Coinsurance and Deductible	80% Coinsurance and Deductible	80% Coinsurance and Deductible	80% Coinsurance and Deductible
Copays				
PCP	\$20	\$30	\$30	\$20
Specialist	\$20	\$30	\$50	\$40
Urgent Care	\$20	\$30	\$60	\$50
ER	\$150	\$150	\$150	\$150 copay and Deductible
Other Services				
Diagnostic Lab / X-Ray	80% Coinsurance and Deductible	80% Coinsurance and Deductible	80% Coinsurance and Deductible	80% Coinsurance and Deductible
MRI & CT Scan	80% Coinsurance and Deductible	80% Coinsurance and Deductible	80% Coinsurance and Deductible	80% Coinsurance and Deductible
Prescription Drugs				
Individual Prescription Deductible	N/A	N/A	N/A	
Family Prescription Deductible	N/A	N/A	N/A	
Generic / Preferred / Non Preferred / Specialty	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$6/\$25/\$50/\$80/20% to \$200
Out of Network				
Deductible: Single	\$1,000	\$2,000	\$5,000	N/A
Deductible: Family	\$2,000	\$4,000	\$10,000	N/A
Co-Insurance	60%	60%	60%	N/A
Out-of-Pocket Limit: Single	\$12,700	\$12,700	\$12,700	N/A
Out-of-Pocket Limit: Family	\$25,400	\$25,400	\$25,400	N/A
Monthly Premiums				
Employee Only	\$857.00	\$805.11	\$721.02	\$613.24
Employee + 1	\$2,056.79	\$1,932.27	\$1,730.46	\$1,471.77
Family	\$2,570.98	\$2,415.32	\$2,163.07	\$1,839.71

Plan Specs	Plan 4	Plan 5	Plan 6	Plan 2: MICHIGAN ONLY PLAN
Carrier	BlueCross BlueShield of Michigan	BlueCross BlueShield of Michigan	BlueCross BlueShield of Michigan	Blue Care Network of Michigan
Plan Name	Simply Blue \$3,000	Simply Blue <u>HSA \$3,200</u>	Simply Blue <u>HSA \$6,350</u>	BCN \$2,000
Plan Type	PPO	PPO / HDHP	PPO / HDHP	HMO
Network	Simply Blue PPO	Simply Blue PPO	PPO / HDHP	Blue Care Network of Michigan
In Network				
Deductible: Single	\$3,000	\$3,200	\$6,350	\$2,000
Deductible: Family	\$6,000	\$6,400	\$12,700	\$4,000
Co-Insurance	80%	100%	100%	80%
Out-of-Pocket Limit: Single	\$8,150	\$6,900	\$6,350	\$6,600
Out-of-Pocket Limit: Family	\$16,300	\$13,800	\$12,700	\$13,200
Inpatient Facility	80% coinsurance	No Charge After Deductible	No Charge After Deductible	80% Coinsurance and Deductible
Outpatient Surgery	80% coinsurance	No Charge After Deductible	No Charge After Deductible	80% Coinsurance and Deductible
Copays				
PCP	\$40	No Charge After Deductible	No Charge After Deductible	\$20
Specialist	\$60	No Charge After Deductible	No Charge After Deductible	\$40
Urgent Care	\$60	No Charge After Deductible	No Charge After Deductible	\$50
ER	\$250	No Charge After Deductible	No Charge After Deductible	\$150 copay after Deductible
Other Services				
Diagnostic Lab / X-Ray	80% coinsurance	No Charge After Deductible	No Charge After Deductible	80% Coinsurance and Deductible
MRI & CT Scan	80% coinsurance	No Charge After Deductible	No Charge After Deductible	80% Coinsurance and Deductible
Telemedicine	-	-	-	-
Prescription Drugs				
Individual Prescription Deductible	N/A	N/A	N/A	
Family Prescription Deductible	N/A	N/A	N/A	
Generic / Preferred / Non Preferred / Specialty	\$10/\$40/\$80	\$10/\$40/\$80	No Charge After Deductible	\$6/\$25/\$50/\$80/20% to \$200
Out of Network				
Deductible: Single	\$6,000	\$6,400	\$12,700	N/A
Deductible: Family	\$12,000	\$12,800	\$25,400	N/A
Co-Insurance	60%	80%	80%	N/A
Out-of-Pocket Limit: Single	\$16,300	\$13,800	\$15,000	N/A
Out-of-Pocket Limit: Family	\$32,600	\$27,600	\$30,000	N/A
Monthly Premiums				
Employee Only	\$685.66	\$655.07	\$548.70	\$576.53
Employee + 1	\$1,645.57	\$1,572.18	\$1,316.85	\$1,383.68
Family	\$2,056.97	\$1,965.22	\$1,646.07	\$1,729.60



Medical Benefits Summary 2024
Calendar Year Deductible Jan 1 - Dec 31

benefits@abopeco.com
 Office 1-877-423-7736

NETWORK PLAN NAME PLAN TYPE NETWORK SELECTION AREAS AVAILABLE	Cigna Network \$0 Plan Traditional PPO Choice Fund National	Cigna Network \$1000 Plan Traditional PPO Choice Fund National	Cigna Network \$1500 Plan Traditional PPO Choice Fund National
NATIONAL	PPO Choice Fund \$0	PPO Choice Fund \$1000	PPO Choice Fund \$1500
IN-NETWORK			
DEDUCTIBLE & MAXIMUMS			
Calendar Year Deductible (Ind/Fam)	\$0 / \$0	\$1,000 / \$2,000	\$1,500 / \$3,000
Coinsurance (Carrier / Employee)	80% / 20%	80% / 20%	80% / 20%
Calendar Year OOP Maximum (Ind/Fam)	\$1,500 / \$3,000	\$2,500 / \$5,000	\$3,000 / \$6,000
OOP Maximum Includes Deductible	N/A	Yes	Yes
Lifetime Maximum	Unlimited	Unlimited	Unlimited
PHYSICIAN SERVICES			
Preventive Care Routine Exams	Covered 100%	Covered 100%	Covered 100%
Primary Care Office Visit	\$25 Copay	\$25 Copay	\$25 Copay
Specialist Office Visit	\$45 Copay	\$45 Copay	\$45 Copay
DIAGNOSTIC SERVICES			
Preventive Care Exams and Screenings	Covered 100%	Covered 100%	Covered 100%
Diagnostic Laboratory	20% After Deductible	20% After Deductible	20% After Deductible
Diagnostic X-Ray	20% After Deductible	20% After Deductible	20% After Deductible
Diagnostic X-Ray for Complex Imaging Services	20% After Deductible	20% After Deductible	20% After Deductible
EMERGENCY MEDICAL CARE			
Emergency Room Visit	\$200 Copay	\$200 Copay	\$200 Copay
Urgent Care Visit	\$60 Copay	\$60 Copay	\$60 Copay
Ambulance	20% After Deductible	20% After Deductible	20% After Deductible
HOSPITAL CARE			
Inpatient Hospitalization	20% After Deductible	20% After Deductible	20% After Deductible
Outpatient Surgery	20% After Deductible	20% After Deductible	20% After Deductible
MENTAL HEALTH/SUBSTANCE ABUSE SERVICES			
Inpatient	20% After Deductible	20% After Deductible	20% After Deductible
Outpatient	20% After Deductible	20% After Deductible	20% After Deductible
OTHER BENEFITS			
Rx (gen/form brand-name/non-form brand-name)	\$10 / \$30 / \$60	\$10 / \$30 / \$60	\$10 / \$30 / \$60
Specialty Drugs	\$100	\$100	\$100
Mail Order (90 day supply)	\$25 / \$75 / \$150	\$25 / \$75 / \$150	\$25 / \$75 / \$150
Routine Eye Exam (Children)	Covered 100%	Covered 100%	Covered 100%
Skilled Nursing Facility	20% After Deductible	20% After Deductible	20% After Deductible
NON NETWORK			
Calendar Year Deductible (Ind/Fam)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000
Coinsurance (Carrier / Employee)	60% / 40%	60% / 40%	60% / 40%
Calendar Year OOP Max (Ind/ Fam)	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000
Lifetime Maximum	Combined with In-Network 40% After	Combined with In-Network 40% After	Combined with In-Network 40%
Physician Office Visit	Deductible	Deductible	After Deductible
Inpatient Hospitalization	40% After Deductible	40% After Deductible	40% After Deductible
Outpatient Surgery	40% After Deductible	40% After Deductible	40% After Deductible
Diagnostic Services	40% After Deductible	40% After Deductible	40% After Deductible
Mental Health/Substance Abuse	40% After Deductible	40% After Deductible	40% After Deductible
Emergency Room Visit	Same as In-Network	Same as In-Network	Same as In-Network
MONTHLY PREMIUMS			
NATIONAL	PPO Choice Fund \$0	PPO Choice Fund \$1000	PPO Choice Fund \$1500
Employee			
Employee + Child(ren)	Subject to Underwriting	Subject to Underwriting	Subject to Underwriting
Employee + Spouse			
Employee + Family			



Medical Benefits Summary 2024 Calendar Year Deductible Jan 1 - Dec 31

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NETWORK <small>PLAN NAME PLAN TYPE NETWORK SELECTION AREAS AVAILABLE</small>	Cigna Network <small>\$3000 Plan Traditional PPO Choice Fund National</small>	Cigna Network <small>Value Plan Health Savings PPO Choice Fund National</small>	Cigna Network <small>Value Plan Health Savings PPO Choice Fund National</small>
NATIONAL	PPO Choice Fund \$3000	PPO Choice Fund Value	PPO Choice Fund Value
IN-NETWORK			
DEDUCTIBLE & MAXIMUMS			
Calendar Year Deductible (Ind/Fam)	\$3,000 / \$6,000	\$3,500 / \$7,000	\$6,350 / \$12,700
Coinsurance (Carrier / Employee)	80% / 20%	70% / 30%	\$100% / 0%
Calendar Year OOP Maximum (Ind/Fam)	\$6,350 / \$12,700	\$6,350 / \$12,700	\$6,350 / \$12,700
OOP Maximum Includes Deductible	Yes	Yes	Yes
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Preventive Care Routine Exams	Covered 100%	Covered 100%	Covered 100%
Primary Care Office Visit	\$40 Copay	30% After Deductible	100% After Deductible
Specialist Office Visit	\$60 Copay	30% After Deductible	100% After Deductible
Preventive Care Exams and Screenings	Covered 100%	Covered 100%	Covered 100%
Diagnostic Laboratory	20% After Deductible	30% After Deductible	100% After Deductible
Diagnostic X-Ray	20% After Deductible	30% After Deductible	100% After Deductible
Diagnostic X-Ray for Complex Imaging Services	20% After Deductible	30% After Deductible	100% After Deductible
EMERGENCY MEDICAL CARE			
Emergency Room Visit	\$300 Copay	30% After Deductible	100% After Deductible
Urgent Care Visit	\$60 Copay	30% After Deductible	100% After Deductible
Ambulance	20% After Deductible	30% After Deductible	100% After Deductible
HOSPITAL CARE			
Inpatient Hospitalization	\$500 Copay + 20% After Ded	30% After Deductible	100% After Deductible
Outpatient Surgery	20% After Deductible	30% After Deductible	100% After Deductible
MENTAL HEALTH/SUBSTANCE ABUSE SERVICES			
Inpatient	\$500 Copay + 20% After Ded	30% After Deductible	100% After Deductible
Outpatient	20% After Deductible	30% After Deductible	100% After Deductible
OTHER BENEFITS			
Rx (gen/form brand-name/non-form brand-name)	\$10 / \$40 / \$70	\$10 / \$30 / \$30 or 30% after Ded	100% After Deductible
Specialty Drugs	25%/max \$300 per script	Lesser of 30% or \$300 after Ded	100% After Deductible
Mail Order (90 day supply)	\$25 / \$100 / \$175	\$10 / \$30 / \$30 or 30% after Ded	100% After Deductible
Routine Eye Exam (Children)	Covered 100%	Covered 100%	Covered 100%
Skilled Nursing Facility	20% After Deductible	30% After Deductible	100% After Deductible
NON NETWORK			
Calendar Year Deductible (Ind/Fam)	\$6,000 / \$12,000	\$14,000 / \$28,000	\$12,700 / \$25,400
Coinsurance (Carrier / Employee)	60% / 40%	40% / 60%	50% / 50%
Calendar Year OOP Max (Ind/ Fam)	\$12,000 / \$24,000	\$18,000 / \$36,000	\$25,400 / \$50,800
Lifetime Maximum	Combined with In-Network 40%	Combined with In-Network	Combined with In-Network
Physician Office Visit	After Deductible	60% After Deductible	50% After Deductible
Inpatient Hospitalization	40% After Deductible	60% After Deductible	50% After Deductible
Outpatient Surgery	40% After Deductible	60% After Deductible	50% After Deductible
Diagnostic Services	40% After Deductible	60% After Deductible	50% After Deductible
Mental Health/Substance Abuse	40% After Deductible	60% After Deductible	50% After Deductible
Emergency Room Visit	Same as In-Network	Same as In-Network	Same as In-Network
HSA Eligible			
NATIONAL	PPO Choice Fund \$3000	PPO Choice Fund Value \$3500	PPO Choice Fund Value \$6350
Employee			
Employee + Child(ren)	Subject to Underwriting	Subject to Underwriting	Subject to Underwriting
Employee + Spouse			
Employee + Family			

MEC COVERED SERVICES



The Minimum Essential Coverage (MEC) plan satisfies the requirement set forth by the Affordable Care Act (ACA) and covers a multitude of common screenings and preventive services at 100%. You MUST visit a First Health Network provider for services to be covered. Services from out-of-network providers are NOT covered. To find a provider, visit www.FirstHealthLBP.com.

Most Common Services

- Cholesterol Tests
- Flu Shots
- Annual Well-Woman Exams
- Contraceptives
- Mammograms
- Colon Cancer Screening
- Childhood Immunizations
- Well-Child Checkups

Monthly Rates

Employee Only	\$69.64
Employee + One	\$103.75
Family	\$150.40

**2023 Plan Year Rates

Additional Services at a Glance

ADULTS

Screenings: Abdominal Aortic Aneurysm, Alcohol Misuse, Blood Pressure, Cholesterol, Colorectal Cancer, Depression, Diabetes (Type 2), Hepatitis B, Hepatitis C, HIV, Lung Cancer, Obesity, Syphilis, Tobacco Use, Tuberculosis

Immunizations: Diphtheria, Hepatitis A, Hepatitis B, Herpes Zoster, HPV, Influenza (flu shot), Measles, Meningococcal, Mumps, Pertussis, Pneumococcal, Rubella, Tetanus, Varicella (Chickenpox)

WOMEN INCLUDING PREGNANT WOMEN OR WOMEN WHO MAY BECOME PREGNANT

Screenings: Anemia, Breast Cancer Mammography, Cervical Cancer, Chlamydia, Diabetes, Domestic and Interpersonal Violence, Gestational Diabetes, Gonorrhea, Hepatitis B, HIV, HPV, Maternal Depression, Osteoporosis, Preeclampsia, Rh Incompatibility, Syphilis, Tobacco Use, Urinary Incontinence, Urinary Tract Infection

Counseling: Breast Cancer Chemoprevention, Breast Cancer Genetic Testing (BRCA), Breastfeeding, Contraception, Domestic and Interpersonal Violence, HIV, Sexually Transmitted Infection

CHILDREN

Screenings: Autism, Bilirubin Concentration, Blood, Blood Pressure, Cervical Dysplasia, Depression, Developmental, Dyslipidemia, Hearing, Hematocrit or Hemoglobin, Hemoglobinopathies or Sickle Cell, Hepatitis B, HIV, Hypothyroidism, Lead, Obesity, Phenylketonuria (PKU), Sexually Transmitted Infection, Tuberculin, Vision

Immunizations: Diphtheria, Haemophilus Influenzae Type B, Hepatitis A, Hepatitis B, HPV, Inactivated Poliovirus, Influenza (flu shot), Measles, Meningococcal, Pertussis, Pneumococcal, Rotavirus, Tetanus, Varicella (Chickenpox)

Please note, the U.S. Preventive Services Task Force periodically updates these lists and sets the requirements such as age, gender, or health conditions for services to be covered. For a current list including all requirements, visit www.healthcare.gov/preventive-care-benefits/.

IMPORTANT: Your doctor may provide a preventive service, such as a cholesterol screening test, as part of an office visit. Be aware that you may be required to pay some costs for the office visit, if the preventive service is not the primary purpose of the visit, or if your doctor bills you for the preventive services separately from the office visit.

ICHRA QUICK FACTS

WHAT IS AN ICHRA?

ICHRA (Individual Coverage Health Reimbursement Arrangement) is a tax-advantaged account-based plan that employers can use to reimburse employees for individual health insurance and/or out-of-pocket medical expenses. **The ICHRA is designed to expand the use of HRAs by employers to fund premiums for their employees in the individual health insurance market.**

EMPLOYER REQUIREMENTS

- Employers of any size may offer an ICHRA.
- ICHRA plan years may be calendar or fiscal with a plan start date of 01/01/20 or later.
- Must allow participants to opt out of ICHRA once annually and upon termination.
- Employer may not offer **both** an ICHRA and EBHRA (Excepted Benefit HRA).

Group Health Plan (GHP) Rules:	⇒ Employer can maintain a group health plan (GHP) for existing employees and transition new hires to the ICHRA program ⇒ Employer cannot offer a choice between the GHP and ICHRA to same class of employees.
Funding Requirements:	⇒ Employer-funded account; no limit on annual contributions. ⇒ Employer can allow unused funds to carry over to following plan year. ⇒ Employer can pro-rate contributions to new, mid-year plan participants.
Class Rules:	⇒ Employers <u>with</u> GHP: may create up to 11 classes of employees; minimum class size rules apply (<i>ask for details, permitted classes</i>). ⇒ Employers <u>with no</u> GHP: may create up to 5 classes of employees. ⇒ Terms of plan and contributions must be the same within each class (except due to the employee's age or family size).
Substantiation Rules for Individual Premiums:	⇒ Employer must establish reasonable procedures for employees to substantiate that they have purchased individual health coverage with their ICHRA funds. ⇒ It is employer's responsibility to monitor individual coverage: <ul style="list-style-type: none"> ▪ Annual verification for premium only reimbursement ▪ Monthly verification for premium and/or 213 expense reimbursement
Notice Requirements:	Employers are required to distribute the Individual Coverage HRA Model Notice to their employees in the following instances: <ul style="list-style-type: none"> ⇒ For first ICHRA plan year: Provide written notice to employees by 1st day of plan year. ⇒ For renewal plan years: Provide notice to employees 90 days prior to plan year. ⇒ Notice must be provided to all employees prior to enrollment.
ACA Employer Mandate:	⇒ The ICHRA may satisfy the ACA requirement that large groups offer coverage. ⇒ Employers must ensure ICHRA satisfies affordability requirement to avoid penalties.

Summary of Dental Benefits

Employer Sponsored Dental				
Class Description	High Plan		Mid Plan - MAC	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Reimbursement	Negotiated Fee Schedule	R&C 80th Percentile	Negotiated Fee Schedule	Negotiated Fee Schedule
Type A – Preventive	100%	100%	100%	100%
Type B – Basic	80%	80%	80%	80%
Type C – Major	50%	50%	50%	50%
Calendar Year Deductible applies to:	B & C	B & C	B & C	B & C
▪ Individual	\$50	\$50	\$50	\$75
▪ Family	\$150	\$150	\$150	\$225
	Aggregate	Aggregate	Aggregate	Aggregate
Calendar Year Maximum (applies to A,B,C services)	\$1,500	\$1,500	\$1,000	\$1,000
Orthodontia	50%	50%	50%	50%
Orthodontia Lifetime Maximum	\$1,500*	\$1,500*	\$1,000*	\$1,000*
EMPLOYEE ONLY	High Plan	\$43.87	Mid Plan	\$29.36
EMPLOYEE + ONE	High Plan	\$80.00	Mid Plan	\$54.36
EMPLOYEE + FAMILY	High Plan	\$144.88	Mid Plan	\$96.79
Employer Sponsored Dental				
Class Description	Low Plan – Value MAC			
	In-Network		Out-of-Network*	
Reimbursement	Negotiated Fee Schedule		Negotiated Fee Schedule	
Type A – Preventive	100%		70%	
Type B – Basic	80%		60%	
Type C – Major	50%		40%	
Calendar Year Deductible applies to:	B & C		B & C	
▪ Individual	\$50		\$50	
▪ Family	\$150		\$150	
	Aggregate		Aggregate	
Calendar Year Maximum (applies to A,B,C services)	\$1,000		\$500	
Orthodontia	Not Covered		Not Covered	
Orthodontia Lifetime Maximum	Not Covered		Not Covered	
EMPLOYEE ONLY	Low Plan		\$27.39	
EMPLOYEE + ONE	Low Plan		\$50.20	
EMPLOYEE + FAMILY	Low Plan		\$85.82	
* Out of Network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.				
Rates are guaranteed from January 1, 2018 - December 31, 2024 Low Plan cannot be offered in: GA, LA, MA, MS, MT, NV, NJ or TX				

*Orthodontia for children under the age of 19.

America's Back Office (ABO) Group Vision Benefits Overview



This plan overview will outline your in-network and out-of-network vision benefits, help you find a vision specialist and share MetLife contact information.

With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision specialist and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco® Optical and Visionworks.
- Take advantage of our service agreement with Walmart and Sam's Club—they check your eligibility and process claims even though they are out of network.

In-network value added features:

Additional lens enhancements:¹
Average 20-25% savings on all other lens enhancements.

Savings on glasses and sunglasses: Get 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.

Laser vision correction:²
Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at MetLife participating locations.

We're here to help

Find a participating vision specialist:
www.metlife.com/mybenefits
or call [1-855-MET-EYE1
(1-855-638-3931)]

Get a claim form:
www.metlife.com/mybenefits

General questions:
www.metlife.com/mybenefits
or call [1-855-MET-EYE1
(1-855-638-3931)]

In-network benefits

There are no claims for you to file when you go to a participating vision specialist. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

Frequency	
Eye exam	Once every 12 months
<ul style="list-style-type: none"> • Eye health exam, dilation, prescription and refraction for glasses: Covered in full after a \$20 copay. • Retinal imaging:¹ Up to a \$39 copay on routine retinal screening when performed by a private practice. 	

Frame	Once every 12 months
<ul style="list-style-type: none"> • Allowance: \$130 after \$20 eyewear copay • Costco: \$70 allowance after \$20 eyewear copay 	
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. ¹	

Standard corrective lenses	Once every 12 months
<ul style="list-style-type: none"> • Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after \$20 eyewear copay. 	

Standard lens enhancements¹	Once every 12 months
<ul style="list-style-type: none"> • 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. These copays can be viewed after enrollment at www.metlife.com/mybenefits. 	

Contact lenses (instead of eye glasses)	Once every 12 months
<ul style="list-style-type: none"> • Contact fitting and evaluation:¹ Covered in full with a maximum copay of \$60. • Elective lenses: \$130 allowance. • Necessary lenses: Covered in full after eyewear copay. 	

Monthly Premium Payment	
Employee	\$7.53
Employee + 1 Dependent	\$11.50
Employee + 2 or more Dependents	\$20.61

Rates are guaranteed from January 1, 2018 - December 31, 2024



Group Vision Benefits Overview

This plan overview will outline your in-network and out-of-network vision benefits, help you find a vision specialist and share MetLife contact information.

Out-of-network reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for in-network benefits apply. Once you enroll, visit www.metlife.com/mybenefits for detailed out-of-network benefits information.

• Eye exam: up to \$45	• Single vision lenses: up to \$30	• Lined trifocal lenses: up to \$65
• Frames: up to \$70	• Lined bifocal lenses: up to \$50	• Progressive lenses: up to \$50
• Contact lenses:	• Lenticular lenses: up to \$100	
- Elective up to \$105		
- Necessary up to \$210		

Exclusions and Limitations of Benefits

This plan does not cover the following services, materials and treatments

SERVICES AND EYEWEAR

- Services and/or materials not specifically included in the Vision Plan Benefits Overview (Schedule of Benefits).
- Any portion of a charge above the Maximum Benefit Allowance or reimbursement indicated in the Schedule of Benefits.
- Any eye examination or corrective eyewear required as a condition of employment.
- Services and supplies received by you or your dependent before the Vision Insurance starts.
- Missed appointments.
- Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
- Local, state, and/or federal taxes, except where MetLife is required by law to pay.
- Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony.
- Services and materials obtained while outside the United States, except for emergency vision care.

- Services, procedures, or materials for which a charge would not have been made in the absence of insurance.
- Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
- Services, to the extent such services, or benefits for such services, are available under a Government Plan. This exclusion will apply whether or not the person receiving the services is enrolled for the Government Plan. We will not exclude payment of benefits for such services if the Government Plan requires that Vision Insurance under the Group Policy be paid first. Government Plan means any plan, program, or coverage which is established under the laws or regulations of any government. The term does not include any plan, program, or coverage provided by a government as an employer or Medicare.
- Plano lenses (lenses with refractive correction of less than ± 0.50 diopter).
- Two pairs of glasses instead of bifocals.
- Replacement of lenses, frames and/or contact lenses, furnished under this Plan which are lost, stolen, or damaged (within the 12 month benefit period from date of purchase).
- Contact lens insurance policies and service agreements.
- Refitting of contact lenses after the initial (90 day) fitting period.

- Contact lens modification, polishing, and cleaning.

TREATMENTS

- Orthoptics or vision training and any associated supplemental testing.
- Medical and surgical treatment of the eye(s).

MEDICATIONS

- Prescription and non-prescription medications.

¹ All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco to confirm your availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

² Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LAS K procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.

Important. If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with Metropolitan Life Insurance Company or its affiliates. In certain states, availability of MetLife's Group Vision benefits is subject to regulatory approval.

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. Please contact MetLife or your plan administrator for costs and complete details.



**MetLife Group Life Insurance & AD&D
Employer Sponsored**

Monthly Premium Rates

\$10,000	\$ 2.54
\$15,000	\$ 3.82
\$25,000	\$ 6.36
\$50,000	\$ 12.70
\$75,000	\$ 19.05
\$100,000	\$ 25.40
1x Salary up to \$150k	\$ 0.254/1000
1x Salary up to \$400k	\$ 0.254/1000
2x Salary up to \$300k	\$ 0.254/1000

Above Rates Guaranteed Until December 31, 2024

MetLife Basic Term Life / AD&D



MetLife

America's Back Office (ABO) - Class 5 Plan Benefits

Original Plan Effective Date: January 01, 2016

All Active Full - Time Employees Working 30 hours

Basic Life: provides a benefit in the event of death	Flat Amount
Accidental Death & Dismemberment: provides a benefit in the event of death or dismemberment resulting from a covered accident	Flat Amount
Plan Maximum	Flat Amount
Non-Medical Maximum	Flat Amount
Age Reduction Formula	35% at Age 65, 60% at Age 70, 75% at Age 75
Employee Contributions	
• Basic Life	0 %
• AD&D	0 %

Term Life Features¹:

- Continuation of Life Insurance while totally disabled as defined by the Group Policy^{*2}
- Accelerated Benefits Option³
- Total Control Account^{®4}
- WillsCenter.com^{®5}

AD&D Features ¹:

- Seat Belt Benefit^{*6}
- Air Bag Benefit^{*}
- Common Carrier Benefit^{*}
- Total Control Account⁴

What Is Not Covered?

Like most insurance plans, this plan has exclusions. In addition, a reduction schedule may apply. Please see your benefits administrator or certificate for specific details.

America's Back Office (ABO) - Class 5 Plan Benefits

For AD&D coverage only, no benefit will be paid for any loss resulting from or caused or contributed to by; physical or mental illness or infirmity or the diagnosis or treatment of such illness or infirmity; an infection, other than infection occurring in an external accidental wound; suicide or attempted suicide; intentionally self-inflicted injury; war, whether declared or undeclared; or act of war, insurrection, rebellion, or riot; committing or trying to commit a felony; the voluntary intake or use by any means of any drug, medication or sedative, unless it is taken or used as prescribed by a physician, or an "over the counter" drug, medication or sedative taken as directed; alcohol in combination with any drug, medication, sedative; or poison, gas or fumes.

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP99 or G2130-S) issued to your employer by MetLife. Life and AD&D coverages under your employer's plan terminates when your employment ceases, when your Life and AD&D contributions cease, or upon termination of the group insurance policy. Should your life insurance coverage terminate, for reasons other non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.

This summary provides for an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and your employer. Specific details regarding these provisions can be found in the certificate. If you have additional questions regarding the Life Insurance program underwritten by Metlife, please contact your benefits administrator or MetLife. Like most group life insurance policies, MetLife group policies contain exclusions, limitations, terms and conditions for keeping them in force. Please see your certificate for complete details.

¹ Features may vary depending on jurisdiction.

² Total disability or totally disabled means your inability to do your job and any other job for which you may be fit by education, training or experience, due to injury or sickness. Please note that a benefit is only available after you have participated in the Basic/Supplemental Term Life Plan for 1 year and it is only available to the employee.

³ When life expectancy is certified by a physician to be 12 months or less. The Accelerated Benefits Option (ABO) is subject to state availability and regulation. The ABO benefits are intended to qualify for favorable federal tax treatment, in which case the benefits will not be subject to federal taxation. This information was written as a supplement to the marketing of life insurance products. Tax laws relating to accelerated benefits are complex and limitations may apply. You are advised to consult with and rely on an independent tax advisor about your own particular circumstances. Receipt of ABO benefits may affect your eligibility, or that of your spouse or your family, for public assistance programs such as medical assistance (Medicaid), Temporary Assistance to Needy Families (TANF), Supplementary Social Security Income (SSI) and drug assistance programs. You are advised to consult with social service agencies concerning the effect that receipt of ABO benefits will have on public assistance eligibility for you, your spouse or your family.

⁴ Subject to state law, and/or group policyholder direction, the Total Control Account is provided for all Life and AD&D benefits of \$5,000 or more. The TCA is not insured by the Federal Deposit Insurance Corporation or any government agency. The assets backing TCA are maintained in MetLife's general account and are subject to MetLife's creditors. MetLife bears the investment risk of the assets backing the TCA, and expects to earn income sufficient to pay interest to TCA Accountholders and to provide a profit on the operation of the TCAs. Guarantees are subject to the financial strength and claims paying ability of MetLife.

⁵ WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. is not affiliated with MetLife and the WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters.

⁶ The Seat Belt Benefit is a payable if an insured person dies as a result of injuries sustained in an accident while driving or riding in a private passenger car and wearing a properly fastened seat belt or a child restraint if the insured is a child. In such case, his or her benefit can be increased by 10 percent of the Full Amount - but not less than \$1,000 or more than \$25,000.

* Does not apply to Dependent Term Life

Supplemental Term Life

MetLife



America's Back Office (ABO) Plan Benefits

Original Plan Effective Date: January 1, 2016

All Active Full - Time Employees Working 30 hours

Build Your Benefit. With MetLife's Supplemental Term Life insurance, your employer gives you the opportunity to buy valuable life insurance coverage for yourself, your spouse and your dependent children – all at affordable group rates.

	Employee	Spouse and Child	
	Employee	Spouse ¹	Child ²
Life Coverage: provides a benefit in the event of death. Schedules:	\$10,000 increments	Increments of \$5,000	Flat Amount: \$2,000 or if more than 1 year old, \$2,000 increments to a maximum of \$10,000
Non Medical Maximum	\$200,000	\$25,000	\$10,000
Overall Benefit Maximum	The Lesser of 5X BAE* or \$300,000	\$100,000	\$10,000
AD&D Coverage: provides a benefit in the event of death or dismemberment resulting from a covered accident. Schedules:	\$10,000 increments	Increments of \$5,000	Flat amount: \$2,000 or if more than 1 year old, \$2,000 increments to a maximum of \$10,000
AD&D Maximum:	Same as Optional Life	Same as Optional Life	Same as Optional Life
Employee Contribution	100%	100%	100%

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 approval by MetLife.

America's Back Office (ABO) Plan Benefits

To request coverage:

1. Choose the amount of employee coverage that you want to buy.
2. Look up the premium costs for your age group for the coverage amount you are selecting on the chart below.
3. Choose the amount of coverage you want to buy for your spouse. Again, find the premium costs on the chart below. Note: Premiums are based on your age, not your spouse's.
4. Choose the amount of coverage you want to buy for your dependent children. The premium costs for each coverage option are shown below.
5. Fill in the enrollment form with the amounts of coverage you are selecting. (To request coverage over the non-medical maximum please see your Human Resources representative for a medical questionnaire that you will need to complete.) Remember, you must purchase coverage for yourself in order to purchase coverage for your spouse or children.

Employee Coverage	Employee Age Monthly Premium For:										
	Under 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74
\$10,000	\$0.77	\$0.79	\$0.83	\$0.96	\$1.27	\$1.77	\$2.57	\$4.47	\$6.67	\$12.27	\$20.17
\$20,000	\$1.54	\$1.58	\$1.66	\$1.92	\$2.54	\$3.54	\$5.14	\$8.94	\$13.34	\$24.54	\$40.34
\$30,000	\$2.31	\$2.37	\$2.49	\$2.88	\$3.81	\$5.31	\$7.71	\$13.41	\$20.01	\$36.81	\$60.51
\$40,000	\$3.08	\$3.16	\$3.32	\$3.84	\$5.08	\$7.08	\$10.28	\$17.88	\$26.68	\$49.08	\$80.68
\$50,000	\$3.85	\$3.95	\$4.15	\$4.80	\$6.35	\$8.85	\$12.85	\$22.35	\$33.35	\$61.35	\$100.85
\$60,000	\$4.62	\$4.74	\$4.98	\$5.76	\$7.62	\$10.62	\$15.42	\$26.82	\$40.02	\$73.62	\$121.02
\$70,000	\$5.39	\$5.53	\$5.81	\$6.72	\$8.89	\$12.39	\$17.99	\$31.29	\$46.69	\$85.89	\$141.19
\$100,000	\$7.70	\$7.90	\$8.30	\$9.60	\$12.70	\$17.70	\$25.70	\$44.70	\$66.70	\$122.70	\$201.70
\$200,000	\$15.40	\$15.80	\$16.60	\$19.20	\$25.40	\$35.40	\$51.40	\$89.40	\$133.40	\$245.40	\$403.40
\$300,000	\$23.10	\$23.70	\$24.90	\$28.80	\$38.10	\$53.10	\$77.10	\$134.10	\$200.10	\$368.10	\$605.10

Spouse Coverage	Spouse Age Monthly Premium For:									
	< 30 -	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74
\$5,000	\$0.33	\$0.34	\$0.41	\$0.55	\$0.84	\$1.40	\$2.48	\$5.14	\$10.41	\$19.27
\$15,000	\$0.97	\$1.03	\$1.23	\$1.64	\$2.54	\$4.20	\$7.46	\$15.42	\$31.23	\$57.81
\$25,000	\$1.63	\$1.73	\$2.05	\$2.73	\$4.22	\$7.00	\$12.43	\$25.70	\$52.05	\$96.35
\$50,000	\$3.25	\$3.45	\$4.10	\$5.45	\$8.45	\$14.00	\$24.85	\$51.40	\$104.10	\$192.70
\$75,000	\$4.88	\$5.17	\$6.15	\$8.18	\$12.68	\$21.00	\$37.27	\$77.10	\$156.15	\$289.05
\$100,000	\$6.50	\$6.90	\$8.20	\$10.90	\$16.90	\$28.00	\$49.70	\$102.80	\$208.20	\$385.40

Dependent Child Coverage ³ - Monthly Premium For:		
\$2,000	\$4,000	\$10,000
\$0.42	\$0.84	\$2.09

Due to rounding, your actual payroll deduction amount may vary slightly

America's Back Office (ABO) Plan Benefits

Features available with Supplemental Life

Will Preparation Service⁴: Like life insurance, a carefully prepared Will is important. With a Will, you can define your most important decisions such as who will care for your children or inherit your property. By enrolling for Supplemental Term Life coverage, you will have in person access to Hyatt Legal Plans' network of 11,500 participating attorneys for preparing or updating a will, living will and power of attorney. When you enroll in this plan, you may take advantage of this benefit at no additional cost to you if you use a participating plan attorney. To obtain the legal plan's toll-free number and your company's group access number, contact your employer or your plan administrator for this information.

What Is Not Covered?

Like most insurance plans, this plan has exclusions. Supplemental and Dependent Life Insurance does not provide payment of benefits for death caused by suicide within the first two years (one year in North Dakota) of the effective date of the certificate, or payment of increased benefits for death caused by suicide within two years (one year in North Dakota or Colorado) of an increase in coverage. Please note that a reduction schedule may apply. Please see your benefits administrator or certificate for specific details.

Accidental Death & Dismemberment insurance does not include payment for any loss which is caused by or contributed to by: physical or mental illness, diagnosis of or treatment of the illness; an infection, unless caused by an external wound accidentally sustained; suicide or attempted suicide; injuring oneself on purpose; the voluntary intake or use by any means of any drug, medication or sedative, unless taken as prescribed by a doctor or an over-the-counter drug taken as directed; voluntary intake of alcohol in combination with any drug, medication or sedative; war, whether declared or undeclared, or act of war, insurrection, rebellion or riot; committing or trying to commit a felony; any poison, fumes or gas, voluntarily taken, administered or absorbed; service in the armed forces of any country or international authority, except the United States National Guard; operating, learning to operate, or serving as a member of a crew of an aircraft; while in any aircraft for the purpose of descent from such aircraft while in flight (except for self preservation); or operating a vehicle or device while intoxicated as defined by the laws of the jurisdiction in which the accident occurs.

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP99 or G2130-S) issued to your employer by MetLife. Life and AD&D coverages under your employer's plan terminates when your employment ceases, when your Life and AD&D contributions cease, or upon termination of the group insurance policy. Dependent Life coverage will terminate when a dependent no longer qualifies as a dependent. Should your life insurance coverage terminate, for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and your employer and are subject to each state's laws and availability. Specific details regarding these provisions can be found in the certificate.

If you have additional questions regarding the Life Insurance program underwritten by MetLife, please contact your benefits administrator or MetLife. Like most group life insurance policies, MetLife group policies contain exclusions, limitations, terms and conditions for keeping them in force. Please see your certificate for complete details.

¹ Spouse amount cannot exceed 50% of the employee's Supplemental Life benefit.

² Cannot exceed spouse amount.

³ Child benefits for children under 6 months old are limited.

⁴ Will Preparation and MetLife Estate Resolution Services are offered by Hyatt Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. Will Preparation and Estate Resolution Services are subject to regulatory approval and currently available in all states. For New York situated cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation.

Short Term Disability



MetLife®

America's Back Office (ABO) Plan Benefits

Original Plan Effective Date: January 01, 2016

Explore the coverage that helps you protect your income and your lifestyle.

What is Short Term Disability Insurance?

Short Term Disability (STD) insurance can help you replace a portion of your income during the initial weeks of a disability.

Eligibility Requirements

STD: All Active Full Time Employees working at least 30 hours per week are eligible to participate.

How is "Disability" defined under the Plan?

Generally, you are considered disabled and eligible for short term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and are complying with the requirements of the treatment and you are unable to earn more than 80% of your predisability earnings at your own occupation.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance/Summary Plan Description provided by your Employer or contact your MetLife benefits administrator with any questions.

What is the benefit amount?

The Short Term Disability benefit replaces a portion of your predisability earnings, less the income that was actually paid to you for the same Disability from other sources¹ (e.g., state disability benefits, no-fault auto laws, sick pay, vacation etc.).

The Benefit amount is 60% of your Predisability Earnings subject to the plan's maximum weekly benefit.

The maximum weekly benefit is \$1200.

When do benefits begin and how long do they continue?

Short Term Disability 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 as follows:

For Injury: 0 days.

For Sickness (includes pregnancy): 7 days.

Benefits continue for as long as you are disabled up to a maximum duration of 13 week(s) of Disability.

Your plan's maximum benefit period and any specific limitations are described in the Certificate of Insurance/Summary Plan Description provided by your Employer.

America's Back Office (ABO) Plan Benefits

Additional Disability Plan Benefits:

Coverage with Your Best Interests in Mind...

When you are ill or injured for a short period, MetLife believes you need more than a supplement to your income. That's why we offer return-to-work services, and financial incentives.

Answers to Some Important Questions...

Q. Can I still receive benefits if I return to work part time?

A. Yes. As long as you are disabled and meet the terms of your disability plan, you may qualify for adjusted disability benefits.

Your plan offers financial and Rehabilitation incentives designed to help you to return to work when appropriate, even on a part-time basis when you participate in an approved Rehabilitation Program.

With the Rehabilitation Incentive you can get a 10% increase in your weekly benefit.

If you work or participate in a rehabilitation program while disabled, following the 4th weekly benefit payment, the Family Care Incentive provides reimbursement up to \$100 per week for eligible expenses, such as child care.

You may be eligible for the Moving Expense Incentive if you incur expenses in order to move to a new residence recommended as part of the Rehabilitation Program. Expenses must be approved in advance.

Q. Are there any exclusions to my coverage?

A. Yes. Your plan does not cover any Disability which results from or is caused or contributed by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
- Active participation in a riot;
- Intentionally self-inflicted injury or attempted suicide;
- Commission of or attempt to commit a felony;
- In addition, no payment will be made for any Disability caused or contributed to by elective treatment or procedures, such as cosmetic surgery, sex-change surgery, reversal of sterilization, liposuction, visual correction surgery or in vitro fertilization, embryo transfer procedure, or artificial insemination.

However, pregnancies and complications from any of these procedures will be treated as a sickness.

Other limitations or exclusions to your coverage may apply. Please review your Certificate of Insurance/ Summary Plan Description provided by your Employer for specific details or contact your MetLife benefits administrator with any questions.

The "Plan Benefits" provides only a brief overview of the STD plan. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance/Summary Plan Description. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

Short Term Disability ("STD") coverage is provided under a group insurance policy (Form GPNP99) issued to your employer by MetLife. This STD coverage terminates when your employment ceases, when you cease to be an eligible employee, when your STD contributions cease (if applicable) or upon termination of the group contract by your employer. Like most group insurance policies, MetLife group policies contain certain exclusions, elimination periods, reductions, limitations and terms for keeping them in force. State variations may apply.

¹ Under certain circumstances, MetLife may estimate the amount of income you may receive from other sources

Long Term Disability



MetLife®

America's Back Office (ABO) Plan Benefits

Original Plan Effective Date: January 01, 2016

Explore the coverage that helps you protect your income and your lifestyle.

What is Long Term Disability Insurance?

Long Term Disability (LTD) insurance helps replace a portion of your income for an extended period of time.

Eligibility Requirements

LTD: All Active Full Time Employees working at least 30 hours per week are eligible to participate.

How is "Disability" defined under the Plan?

Generally, you are considered disabled and eligible for long term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and are complying with the requirements of the treatment and you are unable to earn more than 80% of your predisability earnings at your own occupation for any employer in your Local economy.

Following the Own Occupation period for LTD, you are considered disabled if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of the treatment and you are unable to earn 60% of your predisability earnings at any gainful occupation for which you are reasonably qualified taking into account your training, education and experience.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance/Summary Plan Description provided by your Employer or contact your MetLife benefits administrator with any questions.

What is the benefit amount?

The Long Term Disability benefit replaces a portion of your predisability monthly earnings, less other income you may receive from other sources¹, during the same Disability (e.g. Social Security, Workers' Compensation, vacation pay etc.)

The Benefit amount is 60% of your Predisability Earnings.

The maximum monthly benefit is \$5,000 subject to the plan's maximum monthly benefit.

What is the maximum monthly benefit?

The amount of the Long Term Disability benefit may not exceed the maximum monthly benefit established under the plan, regardless of your annual salary amount. The maximum under this plan is \$5,000.

If your salary exceeds \$5,000, your LTD benefit will be limited to this maximum.

America's Back Office (ABO) Plan Benefits

When do benefits begin and how long do they continue?

LTD 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 being disabled before you are eligible to receive a benefit. Your elimination period for LTD is 90 day(s).

Your plan's maximum benefit period and any specific limitations are described in the Certificate of Insurance/Summary Plan Description provided by your Employer.

Additional Disability Plan Benefits:

Coverage with Your Best Interests in Mind...

When you are ill or injured for a long time, MetLife believes you need more than a supplement to your income. That's why we offer return-to-work services, financial incentives and assistance in obtaining Social Security Disability Benefits to help you get the maximum benefits from your coverage.

Answers to Some Important Questions...

Q. Can I still receive benefits if I return to work part time?

A. Yes. As long as you are disabled and meet the terms of your Disability plan, you may qualify for adjusted Disability benefits.

Your plan offers financial and Rehabilitation incentives designed to help you to return to work when appropriate, even on a part-time basis when you participate in an approved Rehabilitation program.

While disabled, you may receive up to 100% of your predisability earnings when combining benefits, Rehabilitation Incentives, other income sources such as Social Security Disability Benefits and state disability benefits, and part-time earnings.

You may be eligible for the Moving Expense Incentive if you incur expenses in order to move to a new residence recommended as part of the Rehabilitation Program. Expenses must be approved in advance.

With the Rehabilitation Incentive you can get a 10% increase in your monthly benefit.

The Family Care Incentive provides reimbursement up to \$400 per month for eligible expenses, such as child care, during the first 24 months of Disability.

Q. Are there any exclusions for pre-existing conditions?

A. Yes. Your plan may not cover a disability due to sickness or accidental injury for which you received treatment in the months prior to your participation in the plan. A complete description of the pre-existing condition exclusion is included in the Certificate of Insurance/Summary Plan Description provided by your Employer or contact your MetLife benefit administrator with any questions.

Q. Are there any exclusions to my coverage?

A. Yes. Your plan does not cover any Disability which results from or is caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
- Active participation in a riot;
- Intentionally self-inflicted injury or attempted suicide;
- Commission of or attempt to commit a felony.

Q. Are there any limitations to my coverage?

A. For Long Term Disability, limited benefits apply for specific conditions:

If you are disabled due to:

alcohol, drug or substance abuse or addiction; mental or nervous disorders or diseases; neuromuscular, musculoskeletal or soft tissue disorder; chronic fatigue syndrome and related conditions; we will limit your Disability benefits to a combined lifetime maximum for any and all of the above equal to the lesser of 24 months; or the maximum benefit period.

America's Back Office (ABO) Plan Benefits

If your Disability is due to alcohol, drug or substance addiction, we require you to participate in an alcohol, drug or substance addiction recovery program recommended by a physician. We will end Disability benefit payments at the earliest of the period described above or the date you cease, refuse to participate, or complete such recovery program.

Your Disability benefits will be limited as stated above for mental or nervous disorder or disease except for:

- ☐ schizophrenia
- ☒ dementia
- ☒ organic brain disorder
- ☐ bipolar disorder

Other limitations or exclusions to your coverage may apply. Please review your Certificate of Insurance/Summary Plan Description provided by your Employer for specific details or contact your MetLife benefits administrator with any questions.

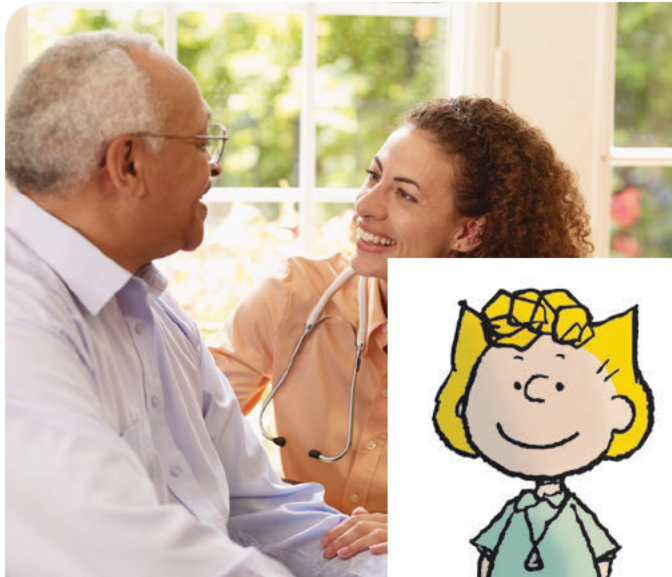
The "Plan Benefits" provides only a brief overview of the LTD plan. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance/Summary Plan Description. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

Long Term Disability ("LTD") coverage is provided under a group insurance policy (Form GPNP99) issued to your employer by MetLife. This LTD coverage terminates when your employment ceases, when you cease to be an eligible employee, when your LTD contributions cease (if applicable) or upon termination of the group contract by your employer. Like most group insurance policies, MetLife's group policies contain certain exclusions, elimination periods, reductions, limitations and terms for keeping them in force. State variations may apply.

¹ Under certain circumstances, MetLife may estimate the amount of income you may receive from other sources.

CRITICAL ILLNESS

Solutions that Help Fill Coverage Gaps



Help employees focus on recovery, not expenses

A serious illness can take a toll on an employee's health and financial wellness. MetLife's Critical Illness Insurance can provide protection to help lessen the burden of large out-of-pocket costs, without increasing your benefit costs.

Help your employees manage the unexpected. Besides expenses covered by medical plans, other expenses like deductibles, co-pays and non-medical everyday expenses can cause financial strain that employees may not be prepared for.

With MetLife, Critical Illness Insurance can provide:

- **A lump-sum payment directly** to the covered employee
- **Guaranteed coverage¹** for your employees, their spouses and children
- **Benefits paid** regardless of what is covered by medical insurance
- **Choice of premium structure** – Attained Age or Issue Age Plan – that works best for your employees
- **Health Screening Benefits²** to encourage wellness
- **Recurrence Benefits³** for additional protection

Widening the safety net

MetLife offers a wide range of options to complement your health care strategy. You can trust our experienced professionals to collaborate with you and recommend the right benefit solution for your workforce.

CRITICAL ILLNESS INSURANCE



of employees agree that they worry less about unexpected health and financial issues because of the benefits they receive at their work⁴.

Covered Conditions				
• Full Benefit Cancer ⁵	• Stroke ⁶	• Coronary Artery Bypass Graft ⁷	• Kidney Failure	• Plus 22 Listed Conditions ¹⁰
• Partial Benefit Cancer ⁵	• Heart Attack	• Alzheimer's Disease ⁸	• Major Organ Transplant ⁹	

An optional Occupational HIV benefit may also be added to the plan for certain health care and service industries.¹¹

GET EXPERT GUIDANCE FOR CONFIDENT DECISIONS.
 Contact your MetLife representative today.

Customer-Focused Solutions | Exceptional Service | Proven Expertise

Ask your MetLife representative for information on other plan designs and benefits that may be available based on MetLife's guidelines, group size, underwriting, and state requirements. Heaped-commissions are available.

METLIFE CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability may vary by state. In most plans, there is a pre-existing condition exclusion. In most states, after a covered condition occurs, there is a benefit suspension period during which most plans do not pay recurrence benefits. MetLife offers CII on both an Attained Age and an Issue Age basis. Attained Age rates are based on 5-year age bands and will increase when a Covered Person reaches a new age band. MetLife's Issue Age CII is guaranteed renewable, and may be subject to benefit reductions that begin at age 65. Premium rates for MetLife's Issue Age CII are based on age at the time of the initial coverage effective date and will not increase due to age; premium rates for increases in coverage, including the addition of dependents' coverage, if applicable, will be based on the covered person's age at the time of that increase's effective date. Rates are subject to change for MetLife's Issue Age CII on a class-wide basis. A more detailed description of the benefits, limitations, and exclusions applicable to both Attained Age and Issue Age CII can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP07-CI, GPNP09-CI or GPNP14-CI, or contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In New York, availability of MetLife's Issue Age CII product is pending regulatory approval.

MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.

1. Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.
2. The Health Screening Benefit is not available in certain states. In some states, there is a separate Mammogram Benefit. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit.
3. There is a Benefit Suspension Period between Recurrences. We will not pay a Recurrence Benefit for a Covered Condition that recurs during a Benefit Suspension Period. We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the Covered Person has not had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit during the Benefit Suspension Period. A Recurrence Benefit is available for the following conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer and Partial Benefit Cancer.
4. MetLife's Employee Benefits Trend Study, 2015 (based on survey results of 2,463 full-time employees).
5. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for specific information about cancer benefits. Not all types of cancer are covered. Some cancers are covered at less than the Initial Benefit Amount.
6. In some states, the Covered Condition is Severe Stroke.
7. In NJ sitused cases, the Covered Condition is Coronary Artery Disease.
8. Please review the Outline of Coverage for specific information about Alzheimer's Disease.
9. MetLife offers several different product variations. For certain products, the Major Organ Transplant Benefit is included within the Total Benefit Amount. With others, the benefit is payable in addition to the Total Benefit Amount. Please contact MetLife for additional information.
10. MetLife Critical Illness Insurance will pay 25% of the Initial Benefit Amount for each of the 22 additional conditions listed in the group certificate until the Total Benefit Amount is reached. A Covered Person may only receive one payment for each listed condition in his/her lifetime. The Listed Conditions are: Addison's disease (adrenal hypo function); 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.
11. The Occupational HIV Benefit is available to qualified employers with a risk of exposure. Occupational HIV Benefit is not available in all states.

The MetLife logo, consisting of the word "MetLife" in a bold, blue, sans-serif font.

Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166
www.metlife.com

CRITICAL ILLNESS

Premium Structure Monthly Premium for \$15,000 of Coverage

Attained Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse / Children
<25	4.50	9.00	7.05	11.55
25-29	4.80	9.60	7.35	12.15
30-34	7.20	14.40	9.75	16.95
35-39	10.95	21.90	13.35	24.45
40-44	17.10	34.20	19.65	36.75
45-49	26.85	53.70	29.25	56.25
50-54	40.65	81.30	43.05	83.85
55-59	58.65	117.30	61.20	119.85
60-64	85.80	171.60	88.35	174.15
65-69	131.55	263.10	134.10	265.65
70+	196.65	393.30	199.20	395.85

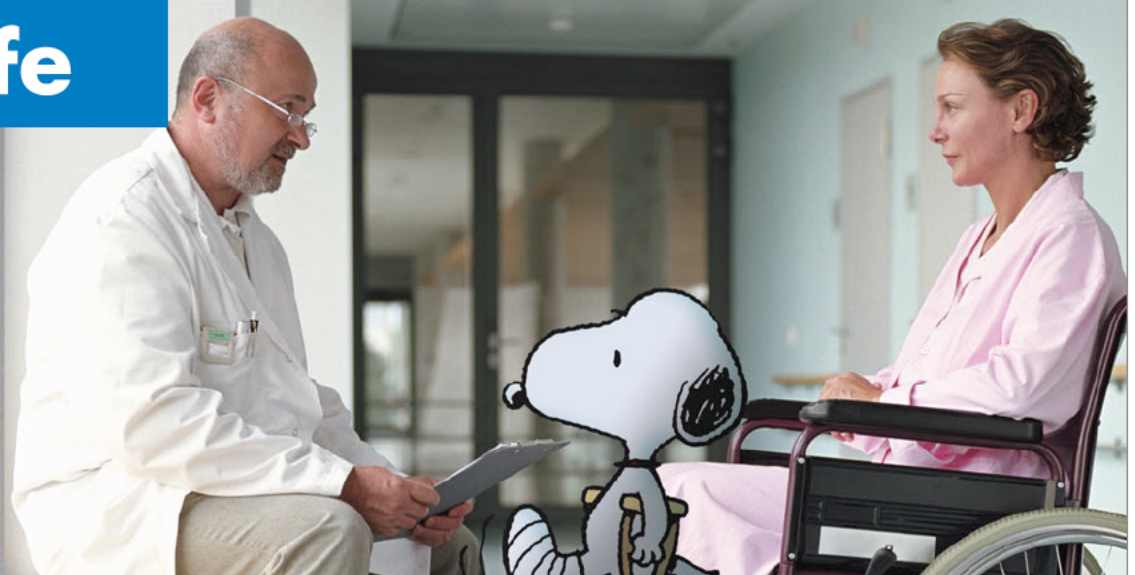
Rates effective 01/01/2018 through 12/31/2024

Accident

Unmatched Product Suite



MetLife



Injuries and death resulting from accidents cost more than \$820.6 billion in medical care, lost productivity, and other expenses.³

The aggregate cost for all hospital stays in 2012 was 377.5 billion.⁴

An accident or illness can be unexpected and costly. In fact, 40.2 million of annual emergency room visits alone are related to injuries.¹ Despite having medical coverage, many people are not adequately prepared for the out-of-pocket expenses that follow. With medical costs continuing to rise and many people living paycheck-to-paycheck, more employers are offering voluntary benefits such as accident insurance to better address the diverse needs of their employees.

COMPLEMENTING YOUR EXISTING BENEFIT PLANS

Today many employers are challenged to sustain their current levels of employer-paid coverage; 35% have stated they are likely to increase the number of voluntary benefits they will offer in the next two years.² Voluntary accident insurance is a simple way to provide your employees with added protection to meet their individual needs, without increasing your benefits costs. It can complement existing medical coverage and help fill financial gaps caused by out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services.

- Benefits are paid regardless of what is covered by medical insurance
- Payments are made directly to the covered employee to spend as they choose

VALUE THAT'S EASY TO UNDERSTAND

MetLife Accident Insurance plan designs are comprehensive and provide simple administration and exceptional service making it easy for employees to understand, enroll in and use. This can help minimize financial stress and ensure a hassle-free experience for you and your company.

[continued >](#)

**GUARANTEED COVERAGE FOR
EMPLOYEES, SPOUSES⁵ AND CHILDREN⁶**

**NO LIMITATIONS ON THE
NUMBER OF DIFFERENT ACCIDENTS
AND SICKNESSES COVERED⁷**

**PORTABILITY (CONTINUATION
OF COVERAGE)**

**NO AGE LIMITATIONS ON COVERAGE
FOR EMPLOYEE OR SPOUSE/DOMESTIC
PARTNER⁸**

5 broad benefit categories with over 150 different events that pay a benefit

COMPREHENSIVE STANDARD OPTIONS INCLUDE:

MetLife Accident Insurance plan designs are based on market trends and industry benchmarks to provide more value to your employees. Our standard plans include:

- Benefits that cover catastrophic dismemberment and loss, modification and non-emergency initial care.
- Convenience that allows for longer durations than those typically offered in the industry, between the date of an accident and the date care is received or a diagnosis is made.
- Robust coverage for therapy services, burns, medical testing, appliances, inpatient surgery, and more.

COMMON COVERED CONDITIONS

INJURIES	• Broken Tooth • 2nd and 3rd Degree Burns • Coma • Concussion • Dislocations • Eye Injury • Fractures • Lacerations • Ruptured Disc • Skin Grafts • Torn Cartilage in Knee • Torn/Ruptured/Severed Tendon/Ligament
MEDICAL SERVICES & TREATMENT	• Ambulance • Blood/Plasma/Platelets • Emergency Care • Inpatient Surgery • Medical Testing • Modification • Non-Emergency Care • Outpatient Ambulatory Surgery • Pain Management • Physician Follow Up • Prosthetic Devices • Therapy Services • Transportation
HOSPITAL⁹	• Admission • Admission – ICU • Confinement • Confinement – ICU • Inpatient Rehab Unit
ACCIDENTAL DEATH	• Accidental Death • Common Carrier ¹⁰
DISMEMBERMENT, LOSS, AND PARALYSIS	• Dismemberment & Loss • Catastrophic Dismemberment & Loss • Paralysis
SUPPLEMENTAL	• Lodging ¹¹

Please see the group certificate for specific information regarding covered benefits.

FOR MORE INFORMATION, CONTACT YOUR METLIFE SALES REPRESENTATIVE TODAY.

Availability of products and features are based on MetLife's guidelines, group size, underwriting and state requirements. Heaped-commissions are available.

METLIFE'S ACCIDENT INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. There is a preexisting condition exclusion for hospital sickness benefits, if applicable. There are benefit reductions that begin at age 65. And, like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

1. National Hospital Ambulatory Medical Care Survey: 2011 Emergency Department Summary Tables (Based on data collected by the the US Bureau of Census) <http://www.cdc.gov/nchs/fastats/emergency-department.htm>.
2. MetLife's 12th Annual Employee Benefits Trend Study, 2014.
3. National Safety Council Injury Facts - 2015 Edition (based on 2013 data).
4. Costs for Hospital Stays in the United States, 2012. HCUP Statistical Brief #181. October 2014. Agency for Healthcare Research and Quality, Rockville, MD.

5. Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.
6. Coverage is guaranteed provided: (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the Armed Forces or living overseas.
7. Certain benefits may have limitations on the number of annual payments.
8. Children may be covered to age 26. There are benefit reductions that begin at age 65.
9. Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.
10. Common Carrier refers to airplanes, trains, buses, trolleys, subways and boats. Certain conditions apply. See your Disclosure Statement or Outline of Coverage/Disclosure Document for specific details.
11. The lodging benefit is not available in all states. It provides a benefit for lodging for a companion accompanying a covered insured while hospitalized, providing that lodging is at least 50 miles from the insured's primary residence.

Accident

Proposed Rates – Low Plan

Type	Annual	Monthly
Employee Only	\$88.44	\$7.37
Employee + Spouse	\$167.88	\$13.99
Employee + Children	\$182.76	\$15.23
Employee + Spouse/Children	\$230.28	\$19.19

Proposed Rates – High Plan

Type	Annual	Monthly
Employee Only	\$151.68	\$12.64
Employee + Spouse	\$286.68	\$23.89
Employee + Children	\$310.92	\$25.91
Employee + Spouse/Children	\$392.16	\$32.68

Rates effective 01/01/2018 through 12/31/2024

Facts & Stats



People get sick and have **accidents**. It happens all the time, sometimes requiring a trip to the hospital. Even with medical coverage, additional expenses can add up quickly.



Recent studies have shown

42%

of all personal bankruptcies are a result of medical expenses. The study also reveals that 78% of those who filed had insurance.¹

With competitive employee rates, you can get Hospital Indemnity coverage for less than the cost of...



Breakfast out
3x per week,
Coffee with egg
sandwich/platter



Monthly
gym membership

Based on average costs at national retail chains



Movie outing
for group of 4.
Tickets, drink, popcorn
and candy

How it works

On his way to work, Bill's car is hit by a large truck on Highway 101. Due to the severity of the impact, the car is totaled and Bill is injured. When police and medics arrive at the scene of the accident, they call for an ambulance. Bill is immediately taken to the emergency room at a local hospital. Upon evaluation by the attending doctor, Bill is admitted to the Intensive Care Unit for close observation of trauma to his head and a fractured disk in his neck. After spending 2 days in the Intensive Care Unit he is moved to a standard room and stays there for 5 more days. Bill is then transferred for in-patient care at a rehabilitation facility. His stay there is 7 days.



Covered Event ²	Benefit Amount ³
ICU Admission	\$2,000
ICU Confinement for 2 days	\$800
Hospital Confinement for 5 days	\$1,000
Inpatient Rehab Unit Confinement for 7 days	\$1,400

Luckily Bill has hospital indemnity insurance! He would get a lump-sum payment totaling **\$7,200**

Benefits paid by **MetLife Hospital Indemnity Insurance**

What you need to know about MetLife's Hospital Indemnity coverage:

- You and your eligible family members are guaranteed coverage.⁴ No medical exam and no hassle.
- Lump-sum payment can be used to help cover unexpected costs that result from a hospitalization.
- For your convenience, premiums will be automatically deducted from your paycheck.

Low Plan		High Plan	
Type	Monthly (12)	Type	Monthly (12)
Employee Only	\$10.97	Employee Only	\$20.15
Employee + Spouse	\$23.09	Employee + Spouse	\$42.58
Employee + Children	\$17.27	Employee + Children	\$31.63
Employee + Spouse and Children	\$29.39	Employee + Spouse and Children	\$54.05



Covered Benefits

Please contact MetLife for detailed definitions and state variations of covered benefits.

Hospital Benefits				
Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Low Plan	High Plan
Admission Benefit	1 time(s) per calendar year	Admission	\$500	\$1,000
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	\$500	\$1,000
Confinement Benefit	15 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 15 of those days	Confinement ²	\$100	\$200
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	\$100	\$200
Newborn Confinement Benefit	2 day(s) per confinement	Newborn Confinement ³	\$25	\$50
Other Benefits				
Health Screening Benefit	1 time(s) per calendar year per covered person	Health Screening	\$50	\$50

² If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.

³ The period of newborn confinement, immediately following the child's birth.

Please contact MetLife for detailed definitions and state variations of covered benefits.

Affordable, Personal Legal Plans



PEACE OF MIND FOR PERSONAL LEGAL MATTERS

Employees need help when they navigate important moments in their lives — like buying a home or creating a will. When they don't have easy access to that help, it can result in reduced productivity at work.

By offering employees access to professional legal services from Hyatt Legal Plans, a MetLife company, they'll have peace of mind knowing that there are no out-of-pocket costs for in-network attorneys ... and the right attorney may be closer than they think.

Convenient For Employees, Simple For You

Offering employees access to professional legal services can be a simple, cost-effective way to expand an existing benefits program.

There are:¹

- No deductibles
- No claim forms
- No copays
- No usage limits

All the billing is between MetLife and the plan attorney, so employees can focus on more important things — like their legal matters.

Experienced, Responsive Professionals

Employees will have access to our national network of nearly 14,000 attorneys who meet established selection criteria. The attorneys have an overall average of 25 years of experience and offer a broad range of legal services.

If employees have an attorney they'd like to use that's not in our large network, there's an out-of-network option available, too.²

Rates³—Per Employee Per Month: Covers Spouse and Dependents

- Benefit-Eligible Employees: \$22.50

THE METLAW® ADVANTAGE

- Full service on an unlimited number of legal matters
- Access to attorneys in person, by phone, email or mobile app
- Money back guarantee

THE COST OF COUNSEL

Employees without access to a legal plan can easily spend an average of \$290 per hour for legal counsel.⁴

Customer-Focused Solutions | Exceptional Service | Proven Expertise

Smart. Simple. Affordable.®

Hyatt Legal Plans

A MetLife Company

MetLife

MetLaw covers some of the most frequently needed personal legal matters:

Money Matters	<ul style="list-style-type: none"> • Identity Theft Defense • Personal Bankruptcy • Promissory Notes 	<ul style="list-style-type: none"> • Negotiations with Creditors • Tax Audit Representation • Financial Education Services⁵ 	<ul style="list-style-type: none"> • Debt Collection Defense • Tax Collection Defense
Home & Real Estate	<ul style="list-style-type: none"> • Foreclosure • Tenant Negotiations • Boundary & Title Disputes • Deeds 	<ul style="list-style-type: none"> • Sale or Purchase of Primary and Vacation Home • Eviction Defense • Property Tax Assessments • Mortgages 	<ul style="list-style-type: none"> • Refinancing & Home Equity Loan of Primary and Vacation Home • Security Deposit Assistance • Zoning Applications
Estate Planning	<ul style="list-style-type: none"> • Simple Wills • Complex Wills • Revocable & Irrevocable Trusts 	<ul style="list-style-type: none"> • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) • Healthcare Proxies 	<ul style="list-style-type: none"> • Living Wills • Codicils
Family & Personal	<ul style="list-style-type: none"> • Adoption • Guardianship • Conservatorship • Prenuptial Agreement • Name Change • Review of ANY Personal Legal Document 	<ul style="list-style-type: none"> • Juvenile Court Defense Including Criminal Matters • Parental Responsibility Matters • School Hearings • Demand Letters • Personal Property Issues 	<ul style="list-style-type: none"> • Affidavits • Garnishment Defense • Protection from Domestic Violence • Review of Immigration Documents
Civil Lawsuits	<ul style="list-style-type: none"> • Civil Litigation Defense • Disputes Over Consumer Goods & Services 	<ul style="list-style-type: none"> • Small Claims Assistance • Administrative Hearings 	<ul style="list-style-type: none"> • Incompetency Defense • Pet Liabilities
Elder-Care Issues ⁶	Consultation & Document Review for issues related to your parents: <ul style="list-style-type: none"> • Medicare • Medicaid 	<ul style="list-style-type: none"> • Prescription Plans • Nursing Home Agreements • Leases • Notes 	<ul style="list-style-type: none"> • Deeds • Wills • Powers of Attorney
Vehicle & Driving	<ul style="list-style-type: none"> • Repossession • Defense of Traffic Tickets⁷ 	<ul style="list-style-type: none"> • Driving Privileges Restoration 	<ul style="list-style-type: none"> • License Suspension Due to DUI

Smart. Simple. Affordable.®

With MetLaw, you get an easy-to-implement, voluntary benefit that provides your employees with convenient, professional legal counsel — at virtually no cost to your organization. You can count on us to deliver the customer-focused solutions and exceptional service that you've come to know and trust.

GET EXPERT GUIDANCE FOR CONFIDENT DECISIONS.

Contact your MetLife representative today.

Group legal plans and Family Matters are provided by Hyatt Legal Plans, Inc., a MetLife company, Cleveland, OH. In certain states, group legal plans and Family Matters are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company, Warwick, RI.

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.

1. For covered services, when using a network attorney.
2. The Participant will be reimbursed according to the set fee schedule, the lesser of the maximum reimbursement amount or the attorney's actual charge. Hyatt Legal Plans is not responsible for legal work performed by out-of-network attorneys.

3. Rates are standard and subject to change.

4. Average hourly rate of \$290.00/hour based on years of legal experience, National Law Journal and ALM Legal Intelligence, Survey of Law Firm Economics (2013).

5. Services available through MetLife's PlanSmart Financial Education program.

6. Consultation and document review for issues related to parents.

7. Does not cover DUI.

MetLife

Hyatt Legal Plans, Inc., A MetLife Company
1111 Superior Avenue, Suite 800
Cleveland, OH 44114
www.legalplans.com



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PEANUTS © 2016 Peanuts Worldwide LLC

Opt-in to Cyber Safety

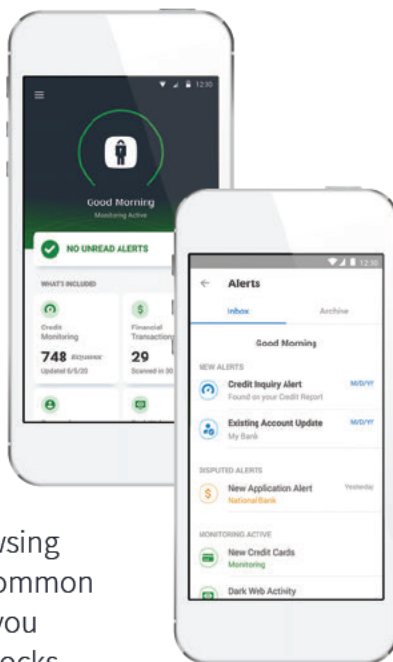
No one intends to be unsafe online. Help protect your identity and devices with Norton LifeLock Benefit Plans. Let us help you empower you and your family to live your digital lives safely.

Device Security

Anti-virus software and multi-layered, advanced security helps protect devices against existing and emerging threats, including malware and ransomware.

Online Privacy

Norton Secure VPN protects devices and helps keep online activity and browsing history private. Privacy Monitor scans common public people-search websites to help you opt-out. And SafeCam alerts you and blocks attempts to access your webcam.¹



Screen modified for demonstration purposes.
Features may differ depending on plan.

Identity

We monitor for fraudulent use of personal information, and send alerts when a potential threat is detected.[†]

Home & Family

Take action to monitor your child's online activity with easy-to-use tools to set screen time limits, block unsuitable sites, and monitor search terms and activity history.

ENROLL TODAY

Take advantage of the special benefit plans and pricing by signing up through your benefit program and providing your **name, Social Security Number, date of birth, address, phone number and email address** for yourself and any dependents you wish to enroll.

HAVE AN EXISTING LIFELOCK MEMBERSHIP?

Don't forget to cancel your existing membership just prior to your benefit effective date by calling 800-607-9174.

No one can prevent all identity theft or cybercrime.
[†] We do not monitor all transactions at all businesses.

¹ Norton Cloud Backup, Norton SafeCam, Norton Family, and Norton Parental Control features are not supported on Mac, Windows 10 in S mode, and Windows running on ARM processor.

PRICING: Monthly Rates

<div><div></div><div>Employee Only (18+ Years Old)</div></div>		<div>\$5.49</div>	<div>\$9.99</div>
<div><div></div><div>Employee + Family^A</div></div>		<div>\$10.98</div>	<div>\$19.98</div>
^A The Norton Benefit Junior plan is for minors under the age of 18. Lifelock enrollment is limited to employees and their eligible dependents. Eligible dependents must live within the employee's household, or be financially dependent on employee. Lifelock services will only be provided after receipt and applicable verification of certain information about you and each family member. Please refer to employer group for the required information under your plan. In the event you do not complete the enrollment process for any family member, those individuals will not receive Lifelock services, but you will continue to be charged the full amount of the monthly membership selected until you cancel or modify your plan at your employer's next open enrollment period, which may be annually. Please note that we will NOT refund or credit you for any period of time during which we are unable to provide Lifelock services to any family member on your plan after your benefit effective date due to your failure to submit the information necessary to complete enrollment. If you do not complete the enrollment process for each family member, you may continue to pay more for Lifelock services than you otherwise would if you had selected a lower tier plan.			
LIFELOCK IDENTITY THEFT PROTECTION	Identity Lock ^{1, 5}	<div><div></div></div>	<div><div></div></div>
	Home Title Monitoring ¹	<div><div></div></div>	<div><div></div></div>
	Social Media Monitoring ⁷	<div><div></div></div>	<div><div></div></div>
	Credit, Bank & Utility Account Freezes [™]	<div><div></div></div>	<div><div></div></div>
	Lifelock Identity Alert [™] System [†]	<div><div></div></div>	<div><div></div></div>
	<div>• Identity Verification Monitoring[†] **</div>	<div><div></div></div>	<div><div></div></div>
	<div>• Telecom & Cable Applications for New Service</div>	<div><div></div></div>	<div><div></div></div>
	<div>• Payday Online Lending Alerts[†]</div>	<div><div></div></div>	<div><div></div></div>
	<div>• Credit Alerts & Social Security Alerts[†]</div>	<div><div></div></div>	<div><div></div></div>
	Mobile app (Android [™] & iOS) [™]	<div><div></div></div>	<div><div></div></div>
	Downloading the app does not provide protection until enrollment has been completed		
	Dark Web Monitoring ^{**}	<div><div></div></div>	<div><div></div></div>
	<div>• Dark Web Monitoring Gamer Tags[™]</div>	<div><div></div></div>	<div><div></div></div>
	<div>• Dark Web Monitoring Password Combo List</div>	<div><div></div></div>	<div><div></div></div>
	Court Records Scanning	<div><div></div></div>	<div><div></div></div>
	USPS Address Change Verification	<div><div></div></div>	<div><div></div></div>
	Stolen Wallet Protection	<div><div></div></div>	<div><div></div></div>
	Reduced Pre-Approved Credit Card Offers	<div><div></div></div>	<div><div></div></div>
	Fictitious Identity Monitoring	<div><div></div></div>	<div><div></div></div>
	Phone Takeover Monitoring	<div><div></div></div>	<div><div></div></div>
	Data Breach Notifications	<div><div></div></div>	<div><div></div></div>
	Bank & Credit Card Activity Alerts [†] **	<div><div></div></div>	<div><div></div></div>
	<div>• Unusual Charge Alerts[†]</div>	<div><div></div></div>	<div><div></div></div>
	<div>• Recurring Charge Alert[†]</div>	<div><div></div></div>	<div><div></div></div>
	Checking & Savings Account Application Alerts [†] **	<div><div></div></div>	<div><div></div></div>
	Bank Account Takeover Alerts [†] **	<div><div></div></div>	<div><div></div></div>
	401k & Investment Account Activity Alerts [†] **	<div><div></div></div>	<div><div></div></div>
	File Sharing Network Searches	<div><div></div></div>	<div><div></div></div>
	Sex Offender Registry Reports	<div><div></div></div>	<div><div></div></div>
	Prior Identity Theft Remediation [®]	<div><div></div></div>	<div><div></div></div>
	This feature is separate from our Million Dollar Protection [™] Package and does not provide coverage for lawyers and experts, reimbursement of stolen funds or compensation for personal expenses for events occurring during the 12 months prior to enrollment. See disclaimer for details.		
	U.S.-based Identity Restoration Specialists	<div><div></div></div>	<div><div></div></div>
	24/7 Live Member Support	<div><div></div></div>	<div><div></div></div>
	Million Dollar Protection [™] Package ^{***}	<div>Up to \$1 Million each</div>	<div>Up to \$1 Million each</div>
	<div>• Stolen Funds Reimbursement</div>		
	<div>• Personal Expense Compensation</div>		
<div>• Coverage for Lawyers and Experts</div>			
Credit Application Alerts ² **	<div>One Bureau¹</div>	<div>One Bureau¹</div>	
Credit Monitoring ¹ **	<div>One Bureau¹</div>	<div>Three Bureaus¹</div>	
Credit Reports & Credit Scores ¹ **	<div>One Bureau¹ Monthly</div>	<div>On Demand – One Bureau Daily/ Three Bureaus¹ Annual</div>	
The credit scores provided are VantageScore 3.0 credit scores based on data from Equifax, Experian and TransUnion respectively. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.			
Monthly Credit Score Tracking ¹ **		<div>One Bureau¹</div>	
The credit score provided is a VantageScore 3.0 credit score based on Equifax data. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.			
Secures PCs, Mac & mobile devices ^{**}	<div>Up to 3 devices (Family gets 6 devices)</div>	<div>Up to 5 devices (Family gets 10 devices)</div>	
Online Threat Protection ^{**}	<div><div></div></div>	<div><div></div></div>	
Password Manager ^{**}	<div><div></div></div>	<div><div></div></div>	
Parental Control ¹⁴ **	<div><div></div></div>	<div><div></div></div>	
Smart Firewall ^{**}	<div><div></div></div>	<div><div></div></div>	
Cloud Backup ³ **	<div>10 GB</div>	<div>50 GB</div>	
Secure VPN ^{**}	<div><div></div></div>	<div><div></div></div>	
Privacy Monitor	<div><div></div></div>	<div><div></div></div>	
SafeCam ³ **	<div><div></div></div>	<div><div></div></div>	
NORTON DEVICE SECURITY			
ONLINE PRIVACY			

No one can prevent all identity theft or all cybercrime

If your plan includes credit reports, soft and/or credit monitoring features ("Credit Features"), two requirements must be met to receive said features: (i) your identity must be successfully verified with Equifax; and (ii) Equifax must be able to locate your credit file and it must contain sufficient credit history information. IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE CREDIT FEATURES FROM ANY BUREAU. If your plan also includes Credit Monitoring, then you must also agree to the following: (i) you must be successfully verified with Equifax; and (ii) Equifax must be able to locate your credit file and it must contain sufficient credit history information. If verification is successfully completed with Equifax, but you will not opt-in with Experian and/or TransUnion, as applicable, you will not receive Credit Features from such bureau(s) until the verification process is successfully completed; and then you will only receive Credit Features from Equifax. Any credit monitoring from Experian and TransUnion will begin 30 days to begin after your successful plan enrollment. Credit Monitoring is not available to you if you opt-in to your chosen plan, such as bank account alerts, credit monitoring, or additional access to your credit file and you may not, but you may opt-in to receive Credit Features until completion of the verification process.

² If your plan includes One Bureau Credit Application Alerts, two requirements must be met to receive said features: (i) your identity must be successfully verified with TransUnion; and (ii) TransUnion must be able to locate your credit file and it must contain sufficient credit history information IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE ONE BUREAU CREDIT APPLICATION ALERTS. One Bureau Credit Application Alerts will take several days to begin after successful credit file activation.

² Norton Cloud Backup, Norton SafeCam, Norton Family, and Norton Parental Control features are not supported on Mac, Windows 10 in S mode, and Windows running on ARM processor.

4 Norton Family and Norton Parental Control can only be installed and used on a child's Windows PC, iOS and Android devices but not all features are available on all platforms. Parents can monitor and manage their child's activities from any device: Windows PC, Mac, iOS and Android via our mobile apps, or by signing into their account at myNorton.com and selecting Parental Control via any browser.

⁶ Locking or unlocking your credit file does not affect your credit score and does not stop all companies and agencies from pulling your credit file. The credit lock on your TransUnion Credit File will be unlocked if your subscription is downgraded or canceled.

⁶ Home Title Monitoring feature includes your home, second home, rental home, or other properties where you have an ownership interest.

¹ The iLifelock alert network includes a variety of product features and data sources. Although it is very extensive, our network does not cover all transactions at all businesses, so you might not receive a iLifelock alert in every single case.

^{***} Reimbursement and Expense Compensation, each with limits of up to \$1 million for Norton LifeLock Benefit Essential, Norton LifeLock Benefit Premier, Benefit Elite, and Ultimate Plus, up to \$100,000 for Advantage and Ultimate, and up to \$25,000 for Standard, Command Center Basic, and Benefit Junior and up to \$1 million for coverage for lawyers and experts if needed, for all plans. Benefits under the Master Policy are issued and covered by United Specialty Insurance Company (State National Insurance Company, Inc. for NY State members). Policy terms, conditions and exclusions at NortonLifeLock.com/legal

* Does not include monitoring of chats or direct messages

** These features are not enabled upon enrollment. Member must take action to activate this protection.

^b Subject to eligibility requirements defined in [Terms & Conditions](#). Norton reserves the right to change and/or cease services at any time.

Not all products, services and features are available on all devices or operating systems. System requirement information on Norton.com

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SAVE ON **EVERYTHING**
YOUR PET NEEDS



America's Back Office
is offering **Total Pet Plan**
to employees.

Your pets are part of your family, and you'll do anything to keep them happy and healthy. But with the cost of pet care on the rise, it isn't always easy.

That's why we're offering **Total Pet Plan**, which makes pet care more affordable. Enroll in Total Pet and get the same high-quality products and services your pets are used to, just at a lower price!

\$11.75/month for one pet or
\$18.50/month for a family plan

For more details and how to enroll, visit
petbenefits.com/land/americasbackoffice.

TOTAL PET PLAN INCLUDES:



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- Up to 40% off on products like prescriptions, preventatives, food, toys and more
- Shipping is always free and same-day pickup is available for most human-grade prescriptions

View available products and pricing at petplusbenefit.com.



DISCOUNTS ON VETERINARY CARE

- Instant 25% savings on all of your pet's in-house medical services at participating vets
- No exclusions due to age, health, pre-existing conditions or type of pet

Visit petbenefits.com/search to locate a participating vet.



24/7 PET TELEHEALTH

- Access real-time vet support, even when your vet's office is closed
- Unlimited support on your pet's health, wellness, behavior and more



LOST PET RECOVERY SERVICE

- Durable tag can be scanned from any smart phone to access your contact information, helping lost pets return home quicker than a microchip
- Easily update your information online with no need to request a new tag

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Introducing

Brighten Your Plan Outlook®

America's Back Office 401(k) Profit Sharing Plan

Now available to all America's Back Office clients!

By joining America's Back Office 401(k) Profit Sharing Plan, you can provide an outstanding plan, save money, and spend less time administering it.

Client benefits

- No annual audit
- Cost savings on the investments
- No individual Form 5500 reporting
- Minimal plan maintenance
- Flexible plan features, including safe harbor, Roth, and profit sharing
- Customizable 401(k) plan design options involving eligibility, matches, vesting schedules, and more

How?

America's Back Office 401(k) Profit Sharing Plan, from a government reporting standpoint, is treated like one large plan. The end result for you is a 401(k) plan with competitive investments, outstanding service, and someone else doing a majority of the plan maintenance legwork.

Strength in numbers

With hundreds of clients, we bring a large, powerful group to one unified plan. When you utilize America's Back Office 401(k) Profit Sharing Plan, you have all the advantages and flexibility of a stand-alone plan sponsor, but avoid the expenses and administrative burden associated with sponsoring a single employer plan.

Let us handle the paperwork for you

By participating in America's Back Office 401(k) Profit Sharing Plan, virtually all administrative tasks can be offloaded from you to Transamerica and America's Back Office.

Tasks that can be shifted may include:

- Administrative responsibilities
- Employee eligibility tracking
- Distribution processing
- Plan compliance
- Nondiscrimination testing
- Annual reporting
- Participant enrollment/education

The result is more time for you to focus on running your business.

Evaluation process is as easy as...

1 Contacting the Benefits Department at America's Back Office

benefits@abopeco.com
877-423-7736

2 Providing the requested information for your evaluation

3 Scheduling a no-cost plan design evaluation meeting



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Transamerica Retirement Solutions is not affiliated with America's Back Office.





America's Back Office Employee Assistance Program

America's Back Office has contracted with ESPȲR to provide employees and their family members with a comprehensive Employee Assistance Program (EAP). All medical benefits eligible employees have access to the program. Services are free and confidential, within the bounds of the law. The EAP is available 24/7/365 and provides the following services.

Work-Life

- Legal consultation provided by attorneys. Simple Wills prepared at no cost. Twenty-four hour emergency services, consultation with a mediator, consultation with a fraud/ID theft specialist are also included. A 25% discount off the mediator or attorney fees for services rendered beyond the EAP.
- Financial consultation regarding debt matters, investment options, money management, tax preparation and consultation and retirement planning. Financial personnel services are discounted at 25% as are CPA tax preparation fees.
- Child care information and referrals for all types of child care, as well as camps and schools
- Elder care services to assess elder care needs, locate resources and arrange referrals
- Adoption specialists share information, organize and arrange referrals for all stages of this process.
- Academic resources including customized profiles of kindergarten through graduate school. College planning guidebooks are available. Referrals to tutors are available.
- Pet care services that offer referrals to breeders, groomers, walkers, sitters, kennels, vets, and pet publications.
- Special needs services and referral to assess employee needs, educate, and make referrals for various special needs affecting employees and their families such as heart disease, ADHD, disabilities, diabetes and more.
- Daily Living and Concierge resources that provides referrals such as for home improvement resources, cleaning services, travel information and more.
- Relocation services and referral information provided to employees who are moving. Referrals include moving companies, housing options, utility companies, schools and more.

Counseling

- Up to 3 sessions, per problem for face-to-face counseling and referral for a full range of personal, family and work concerns. Counselors are located conveniently to your work or home.
- 24 hour per day, 7 day per week, toll-free access to mental health professionals.

On-Line

- To access the on-line services, please go to www.espyr.com and sign in to the User Portal
- The website offers educational screenings, assessments, videos, quizzes, courses, articles, financial calculators, child and eldercare service locators and much more. You may even confidentially request EAP services from the site. Topics covered include:

- | | |
|-----------------------|------------------------------------|
| ○ Emotional Wellbeing | ○ Financial |
| ○ Relationships | ○ Legal |
| ○ Health and Wellness | ○ Personal and Professional Growth |

- Monthly, live webinars
- ESPȲR app provides 24/7 access to resources including requesting services. Download the free app from iTunes or the Google Play Store.

FLEXIBLE SPENDING ACCOUNTS: IMMEDIATE TAX SAVINGS

A Flexible Spending Account (FSA) lets employees take home a larger paycheck by reducing their taxable income. Employees enrolled contribute tax-free dollars into an account that can be used throughout the year on qualified medical, dental and vision or qualified dependent care expenses — reducing out-of-pocket costs.

We offer three different types of accounts: A Medical FSA that covers general-purpose health expenses; a Limited Medical FSA that covers qualifying dental, vision and preventive care expenses and can also be paired with a High-Deductible Health Plan (HDHP) and a Health Savings Account (HSA); and a Dependent Care FSA that lets participants save money on day care expenses for children up to age 13 or a disabled spouse or dependent of any age.

COMMUTER BENEFITS: SAVING MONEY TO AND FROM WORK

Commuter Benefits allow employees to set aside pre-tax dollars to pay for expenses related to commuting to and from work for mass transit, vanpooling and work-related parking costs. This includes transit passes, tokens, fare cards, vouchers, parking passes and more.

Commuter Benefits help employees save 40% or more on their monthly commuting costs. These are great transportation benefits for employees looking to pocket more money from each paycheck.

As part of our comprehensive Commuter Benefits offering, we also developed our Discovery SmartCommute™ program, which enhances the payment experience for commuter benefits participants in select cities.

HEALTH SAVINGS ACCOUNTS: SECURITY FOR NOW AND LATER

As more and more employers make the switch to a High-Deductible Health Plan (HDHP), the Health Savings Account (HSA) continues to rise in popularity. It's an account that puts employees in control, allowing them to save on healthcare expenses and build a nest egg for retirement, much like a 401(k).

They offer a triple-tax advantage: Contributions are tax-free, earnings are tax-free and withdrawals for eligible expenses are tax-free. In addition to the extraordinary savings potential, Health Savings Accounts offer investment capabilities to help accountholders truly maximize the account's potential. The best part? The portability of the account means its balance continues to grow year after year and travels with the accountholder, even in the event of a career change.

HEALTH REIMBURSEMENT ARRANGEMENTS: TAX-ADVANTAGED, EMPLOYER-SPONSORED BENEFITS

The Health Reimbursement Arrangement (HRA) is a great addition to any benefits package because it allows employers to reduce healthcare-related expenses for their employees by providing an employer contribution to be used for out-of-pocket costs. And, by opting for a less expensive consumer-driven health plan, employers can use the money saved through the plan to fund employee HRAs with tax-free dollars. This gives employees control of their healthcare dollars.

The HRA is an employer-sponsored benefit, and with a fully customizable plan design, the employer has the flexibility to set which expenses will be eligible under the benefit. We recognize that every employer has different needs, which is why Discovery Benefits offers a wide variety of HRA plan designs.



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