OPEN ENROLLMENT FOR EMPLOYEE BENEFITS IS HERE!

Dear WinChoice Team,

Open Enrollment is your annual opportunity to review, update, and enroll in your employee benefits for the upcoming plan year.

Open Enrollment Period: July 14th – July 24th
Effective Date of Coverage: August 1, 2026

During this period, you may:

- Enroll in benefits if you are newly eligible
- Add or remove dependents
- Change your medical, dental, and vision elections
- Review life insurance and disability coverage options
- Update flexible spending account (FSA) or health savings account (HSA) contributions

How to Enroll

1. Log in to Employee Navigator
2. Review your current elections and available options.
3. Submit your selections by **July 24th**.

Please note that if you do not make changes during Open Enrollment, you will be automatically enrolled into the same or equivalent plans available for next plan year.

Need Help?
We encourage you to review the enrollment materials and attend scheduled benefits information sessions. If you have questions, please contact:

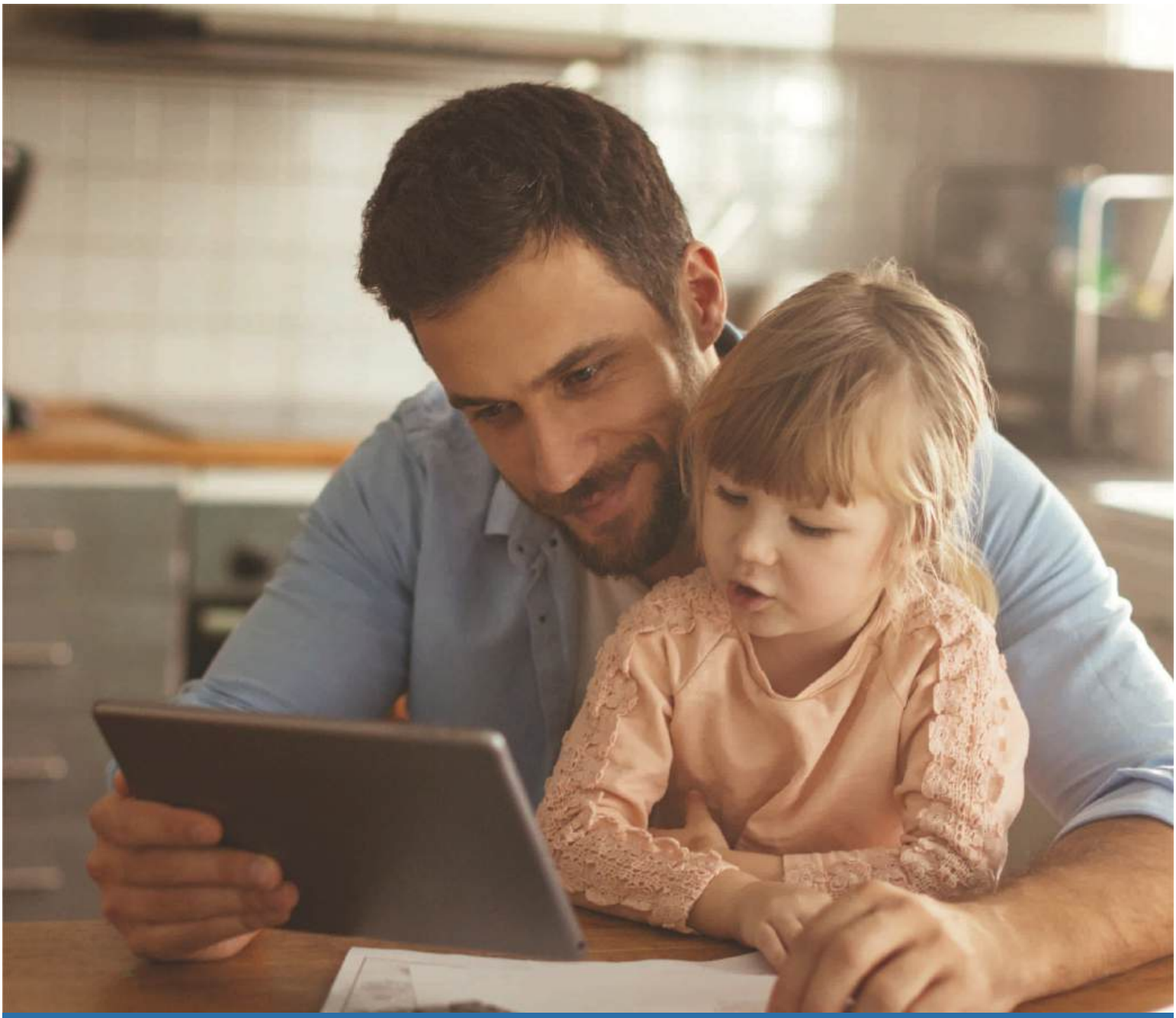
Human Resources
Email: Amy Rhodes, arhodes@winChoice.com
Phone: 501-631-3342
Mallory Whitten Mallory.whitten@winChoice.com
Phone: 501-295-3538

MWA Insurance Advisors
Email: service@mwains.com
Phone: 501-324-2620

Take time to evaluate your benefit needs and ensure your elections reflect your current situation and goals for the coming year.

Thank you,

WinChoice Human Resources Team



Benefit Summary

Winchoice USA

BC 1500-80_F_4

Arkansas
BlueCross BlueShield
An Independent Licensee of the Blue Cross and Blue Shield Association

Welcome

Arkansas Blue Cross and Blue Shield is pleased to be your health insurance provider. For more than 75 years, Arkansas Blue Cross and Blue Shield has been a name Arkansans have trusted. This Benefit Summary gives an overview of your health coverage. This summary is not your policy. You will receive a Benefit Certificate that describes your complete health insurance coverage in greater detail.

Save money with your health insurance

Most of us are interested in saving money, and when you use the services of in-network providers, you will pay less money out of pocket. Please take a moment to review this important information about your coverage.

Provider: You will see the term health care provider throughout this document. Providers are doctors, hospitals and others who offer medical services, such as labs or radiology clinics.

In-network providers: In-network health care providers are part of a group of participants who have agreed to give you a discount.

- In-network providers bill according to our agreement
- In-network providers participate in discounts for your medical services
- In-network providers participate in discounts for your medical services
- We pass the savings on to you, resulting in lower out-of-pocket expenses.Please check to see that your health care provider is in your network.

Out-of-network providers: Out-of-network health care providers may not offer discounted services to our members.

- Out-of-network providers follow their own billing rules for services
- Your out-of-pocket expenses will be greater when you use an out-of-network provider
- Your health insurance policy is set up with a higher coinsurance.

Always check the network status of a provider that your doctor may refer you to for additional care. If you're referred to an out-of-network provider by an in-network provider, you still may have to pay higher costs.

Medical emergency: In a medical emergency, go directly to the nearest hospital. Medical services are covered at your plan's in-network deductible and health coinsurance amounts. Please note, if a visit to the hospital emergency room isn't a medical emergency, then in-network coverage may not be allowed. This can result in higher out-of-pocket costs. See your Benefit Certificate for a complete description of medical emergencies.

At Arkansas Blue Cross, your continued good health is our main concern.

HOW TO FIND AN IN-NETWORK PROVIDER

Visit us online at: **arkansasbluecross.com/findcare**

Your Provider Network is: **True Blue**

Call Customer Service at:

479-527-2310 or **1-800-817-7726**

Important Note: *For your protection, we want you to know that doctors and hospitals may require up-front payment of your anticipated portion of the deductible and coinsurance fees. For some health policies, out-of-state providers may not be included at in-network rates. Check your Evidence of Coverage for your plan details.*

Descriptions

Individual Deductible: A dollar amount that you pay for healthcare services before the health plan begins to pay. Every policy has an individual or family deductible. If you are the only person on your policy, then you will pay for healthcare costs covered by your plan until you meet your individual deductible. Family deductibles work differently.

Family Deductible: Each family member on your plan has an individual deductible. When two or three family members have met their individual amounts (depending on the plan), then the entire family deductible has been met for that calendar year and your health plan will begin to pay coinsurance. *Continues on page four.*

Your Individual Deductible
$1,500/$4,500 (In-network and Out-of-network)
Your Family Deductible
$3,000/$9,000 (In-network and Out-of-network)

Annual Limit on Cost Sharing: The claims amount that you must pay in a calendar year before you're no longer expected to pay copayments, deductible or coinsurance for the remainder of the year. The annual limitation on cost sharing is outlined in the Schedule of Benefits.

Coinsurance: A percentage of all remaining eligible medical expenses that is your responsibility to pay after your deductible has been satisfied.

Copayment: The amount you're required to pay to a preferred provider for covered medical expenses.

	Your Annual Limit on Cost Sharing	
	Individual	**Family**
In-Network	**$5,500**	**$11,000**
Out-of-Network*	**$11,000**	**$22,000**

Service Type**	Copayment Amount	Your Cost In-Network Coinsurance	Your Cost Out-of-Network
Professional Services			
Primary care physician visit	$35	0%	40%
Specialty physician visit {Coinsurance may apply to additional services)	$60	20%	40%
Adult preventive services		0%	20%
Children's preventive services		0%	20%
Professional fees for inpatient surgical and medical services		20%	40%
Professional fees for outpatient surgical and medical services		20%	40%
Hospital and Other Medical Facility Services			
Inpatient services		20%	40%
Outpatient services (includes surgery, diagnostics, lab and x-ray)		20%	40%
Emergency room visit	$150	20%	20%
Maternity and obstetrics		20%	20%
Therapeutic Services			
Inpatient		20%	40%
Outpatient (limited to 30 visits total) - Physical and occupational therapy - Speech therapy (limited to 25 visits) - Chiropractic	 $35 $35 $60	 0% 0% 20%	 40% 40% 40%
Other Services			
Durable medical equipment		20%	40%
Diabetic supplies		20%	40%
Mental health		20%	40%
Ambulance services - Ground - Air		 20% 20%	 20% 20%

***Additional fees may apply. Please check your Benefit Certificate.*

Your Drug Coverage

Your prescription drug benefit is an important part of your health coverage. There are often lower-cost options available; ask your doctor for alternatives.

All **preventive** prescription drugs are covered in full.

Generic drugs will cost less and have lower copayments. Selecting generic drugs is a way to save money on your overall healthcare expenses.

Preferred brand-name drugs will cost less and will have more lower copayments than non-preferred brand-name drugs.

Non-preferred brand-name drugs are more expensive drugs.

Specialty drugs typically require defined handling and home storage demands, crucial patient education and careful monitoring

Your coverage features a mail order option that may offer savings on a drugs that been prescribed on an ongoing basis. Check your [Benefit Certificate/Certificates of Coverage/Schedule of Benefits] for details.

Copayments by Category

Preventive	Generic	Preferred Brand	Non-preferred Brand	Specialty
Covered in full	$15	$45	$65	$250
Mail order	$45	$135	$195	

Family Deductible Details

Bob and Sue Thompson have two children. They have individual deductibles of $500. Bob paid $500 in covered medical expenses, which means he met his individual deductible and his health plan will begin to pay his coinsurance, while the rest of his family works toward their individual deductible. When both of the children also meet the $500 amount, and three members of the Thompson family have individually paid the $500 individual deductible amount, the family has met their deductible for that calendar year and the health plan will begin paying coinsurance for all family members.

Other Member Services

Blueprint Portal – your personal online self-service center – allows you access to a wealth of information from the home page of our website at arkansasbluecross.com. Access or register for Blueprint Portal through the sign in box on the home page.

Questions?

We hope you'll call us with any questions or concerns. Our office hours are Monday through Friday from 8 a.m. to 4:30 p.m. (CST).

Customer Service Number
(501) 620-2620 or (800) 588-5733

More information can be found on our website at:
arkbluecross.com

Local Sales and Service Center:
ArkansasBlue Welcome Center
1635 Higdon Ferry Road
Suite J
Hot Springs, AR 71913

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- In-network providers participate in discounts for your medical services
- In-network providers participate in discounts for your medical services
- We pass the savings on to you, resulting in lower out-of-pocket expenses.Please check to see that your health care provider is in your network.

Out-of-network providers: Out-of-network health care providers may not offer discounted services to our members.

- Out-of-network providers follow their own billing rules for services
- Your out-of-pocket expenses will be greater when you use an out-of-network provider
- Your health insurance policy is set up with a higher coinsurance.

Always check the network status of a provider that your doctor may refer you to for additional care. If you're referred to an out-of-network provider by an in-network provider, you still may have to pay higher costs.

Medical emergency: In a medical emergency, go directly to the nearest hospital. Medical services are covered at your plan's in-network deductible and health coinsurance amounts. Please note, if a visit to the hospital emergency room isn't a medical emergency, then in-network coverage may not be allowed. This can result in higher out-of-pocket costs. See your Benefit Certificate for a complete description of medical emergencies.

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Descriptions

Individual Deductible: A dollar amount that you pay for healthcare services before the health plan begins to pay. Every policy has an individual or family deductible. If you are the only person on your policy, then you will pay for healthcare costs covered by your plan until you meet your individual deductible. Family deductibles work differently.

Family Deductible: If you or anyone in your family meets the individual deductible, then your health plan will begin to pay a portion of medical expenses for that person for that calendar year (also called coinsurance). However, when the family deductible is met by any combination of family members, coinsurance will pay on all family members–even in the event when no single family member meets the individual deductible. *Continues on page four.*

Annual Limit on Cost Sharing: The claims amount that you must pay in a calendar year before you're no longer expected to pay copayments, deductible or coinsurance for the remainder of the year. The annual limitation on cost sharing is outlined in the Schedule of Benefits.

Coinsurance: A percentage of all remaining eligible medical expenses that is your responsibility to pay after your deductible has been satisfied.

Copayment: The amount you're required to pay to a preferred provider for covered medical expenses.

Your Individual Deductible
$5,000/$15,000 (In-network and Out-of-network)
Your Family Deductible
$10,000/$30,000 (In-network and Out-of-network)

	Your Annual Limit on Cost Sharing	
	Individual	**Family**
In-Network	**$7,000**	**$14,000**
Out-of-Network*	**$30,000**	**$60,000**

Service Type**	Your Cost In-Network Coinsurance	Your Cost Out-of-Network
Professional Services		
Primary care physician visit	20%	40%
Specialty physician visit	20%	40%
Adult wellness (deductible does not apply in network)	0%	40%
Children's preventive health services (deductible does not apply in network, immunizations covered 100%)	0%	40%
Professional fees for inpatient surgical and medical services	20%	40%
Professional fees for outpatient surgical and medical services	20%	40%
Hospital and Other Medical Facility Services		
Hospital visit (inpatient)	20%	40%
Hospital (outpatient) includes surgery, diagnosis and therapeutic care	20%	40%
Emergency room visit	20%	20%
Maternity and obstetrics	20%	40%
Other Services		
Durable medical equipment	20%	40%
Diabetic supplies	20%	40%
Mental health**	20%	40%
Therapeutic services - Physical and occupational therapy** - Chiropractic	 20% 20%	 40% 40%
Speech**	20%	40%
Ambulance services - Ground - Air	 20% 20%	 20% 20%
Retail Pharmacy - Standard with Step - subject to deductible	20%	Not-covered

***Additional fees may apply. Please check your Benefit Certificate.*

Family Deductible Details

Bob and Sue Thompson have one child, Margo. Their family deductible is $3,000 and the individual deductible is $1,500. Sue paid $1,200 in covered healthcare expenses. Bob paid $1,100 in covered healthcare expenses. Margo paid $700 in covered healthcare expenses. None of the Thompson's met the individual deductible. However, their family's total expense is $3,000 (meeting the family deductible) and the health plan will begin paying coinsurance for all family members. However, if Bob met his individual deductible before the rest of the family had any expenses, then Bob's coinsurance would have kicked in (until the family deductible was met).

Other Member Services

Blueprint Portal – your personal online self-service center – allows you access to a wealth of information from the home page of our website at arkansasbluecross.com. Access or register for Blueprint Portal through the sign in box on the home page.

The Personal Health Record (PHR) is a confidential, online medical record that combines health information provided by both you and medical claims submitted to us by the doctors, hospitals and other health care providers you have visited so you can keep track of your personal health information.

HealthConnect Blue – a free health program from Health Advantage that provides you with a variety of resources to help you reach your health goals; available through "Health Resources" on My Blueprint.

Questions?

We hope you'll call us with any questions or concerns. Our office hours are Monday through Friday from 8 a.m. to 4:30 p.m. (CST).

Customer Service Number
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Covered preventive services

- Abdominal aortic aneurysm (men 65-75)
- Alcohol misuse screening and counseling
- Aspirin (men 45-79; women 55-79)
- Blood pressure screening
- Cholesterol screening (men 35+; women 45+)
- Colorectal cancer screening (every 10 years, age 45-75)
- Depression
- Type 2 diabetes
- Diet
- HIV
- Obesity screening and counseling
- Sexually transmitted infection prevention counseling
- Syphilis screening
- Tobacco use screening and intervention help
- PSA test

Women / pregnant women

- Anemia
- Bacteriuria
- BRCA counseling
- Breast cancer mammography screening (every 1-2 years, women 40+)
- Breast cancer chemoprevention counseling
- Breastfeeding support
- Cervical cancer screening
- Chlamydia infection screening
- Contraception (FDA-approved)
- Domestic and interpersonal violence screening
- Folic acid supplements
- Gestational diabetes screening (women 24-28 weeks pregnant, or high risk)
- Gonorrhea screening
- Hepatitis B screening
- Human papillomavirus (HPV) DNA test (women 30+)
- Osteoporosis (women 60+)
- Rh incompatibility
- Well-woman visits

Immunization

Immunizations are available to all adults and children, with some exceptions.

- COVID-19 vaccinations
- COVID-19 booster shots
- Haemophilus influenzae type b (Hib) (children only)
- Hepatitis A
- Hepatitis B
- Herpes zoster / shingles (adults only)
- Human papillomavirus (HPV)
- Inactivated poliovirus
- Influenza (flu shot)
- Measles, mumps, rubella (MMR)
- Meningococcal
- Pneumococcal
- Rotavirus (children only)
- Tetanus (adults only)
- Tetanus, diphtheria, pertussis (TDaP)
- Varicella (chickenpox)

Newborns & children

- Alcohol and drug use
- Congenital hypothyroidism screening (newborn)
- Depression screening (age 12-18)
- Dyslipidemia screening
- Fluoride chemoprevention
- Hearing screening (newborn)
- Height, weight and body mass index
- Hematocrit or hemoglobin screening
- Hemoglobinopathies or sickle cell screening (newborn)
- HIV screening
- Immunization vaccines (see above)
- Iron supplements (6 to 12 months)
- Obesity screening and counseling
- Phenylketonuria screening (newborn)
- Sexually transmitted infection prevention counseling and screening
- Vision screening (age 5 or younger)

Always check with your primary care doctor before receiving a preventive service, to make sure it's recommended by the doctor and covered with no copay, coinsurance or deductible.

DELTA DENTAL®

Delta Dental of Arkansas

Delta Dental PPO (Plus Premier)
Non-Essential Health Benefits Highlights

Coverage effective August 1, 2025

Benefit Plan A

Plan Pays:

	In-network		Out-of-network
	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist
Diagnostic & Preventive			
Diagnostic & Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	90%
Sealants - to prevent decay of permanent teeth	100%	100%	90%
Radiographs - X-rays	100%	100%	90%
Brush Biopsy - to detect oral cancer	100%	100%	90%
Basic Services			
Emergency Palliative Treatment - to temporarily relieve pain	80%	80%	72%
Minor Restorative Services - fillings	80%	80%	72%
Endodontic Services - root canals	80%	80%	72%
Non-Surgical Periodontic Services - non-surgical services to treat gum disease	80%	80%	72%
Periodontal Maintenance - cleanings following periodontal therapy	80%	80%	72%
Oral Surgery Services - extractions and dental surgery	80%	80%	72%
Other Basic Services - misc. services	80%	80%	72%
Major Services			
Surgical Periodontic Services - surgical services to treat gum disease	50%	50%	45%
Relines and Repairs - to prosthetic appliances	50%	50%	45%
Major Restorative Services - crowns	50%	50%	45%
Prosthodontics Services - bridges, implants, and dentures	50%	50%	45%

** When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible*

for that difference.

Maximum Payment
$1000 per person total per calendar year on Diagnostic & Preventive, Basic Services, and Major Services.

Deductible
$50 deductible per person total per calendar year limited to a maximum deductible of $150 per family per calendar year on all services Diagnostic & Preventive.

Vision Plan Summary

Metropolitan Life Insurance Company

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, Walmart, Sam's Club and Visionworks.

In-network value added features:

Additional lens enhancements: In addition to standard lens enhancements, enjoy an average 20-25% savings on all other lens enhancements.[1]

Savings on glasses and sunglasses: Get up to 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.[1]

Laser vision correction:[2]
Potential 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.

In-network benefits

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

	Frequency
Eye exam	Once every **12** months
• Eye health exam, dilation, prescription and refraction for glasses: At no additional cost after a **$10** copay.	
• Retinal imaging: At no additional cost Up to a **$39** copay on routine retinal screening when performed by a private practice provider.	
Frame	Once every **12** months
• Allowance: **$150** after **$10** eyewear copay.	
• Costco, Walmart and Sam's Club: **$85** allowance after **$10** 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, Walmart and Sam's Club.	
Standard corrective lenses	Once every **12** months
• Single vision, lined bifocal, lined trifocal, lenticular: At no additional cost after **$10** eyewear copay.	
Standard lens enhancements[1]	Once every **12** months
• Polycarbonate (child up to age 18) and Ultraviolet (UV) coating: At no additional cost after **$10** eyewear copay.	
• Progressive Standard, Progressive Premium/Custom, Polycarbonate (adult), Photochromic, Anti-reflective, 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
• Contact fitting and evaluation: At no additional cost with a maximum copay of $60.	
• Elective lenses: **$150** allowance.	
• Necessary lenses: At no additional cost after eyewear copay.	

We're here to help

Find a Vision provider at
www.metlife.com/vision

Download a claim form at
www.metlife.com/mybenefits

For general questions go to
www.metlife.com/mybenefits
or call 1-855-MET-EYE1
(1-855-638-3931)

200 Park Ave., New York, NY 10166

L0423030985[exp0424][All States]

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**
- Frames: up to **$70**
- Contact lenses:
  - Elective up to **$105**
  - Necessary up to **$210**
- Single vision lenses: up to **$30**
- Lined bifocal lenses: up to **$50**
- Lined trifocal lenses: up to **$65**
- Lenticular lenses: up to **$100**
- Progressive lenses: up to **$50**
- *If you choose an out-of-network provider, you will have increased out-of-pocket expenses, pay in full at time of service, and file a claim for reimbursement.

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 Workers' 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 ± .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, except at the normal intervals when Plan Benefits are otherwise available.
- 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 medication

[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, Walmart and Sam's Club to confirm 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 LASIK 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.

M150A-10/10

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.

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.

Be there to help no matter what.

Life & Accidental Death & Dismemberment Insurance

Morfe Properties LLC

Group Life insurance provides a cash benefit to help with final planning and loss of future income at a lower cost, using a more simplified enrollment process than individual policies.

At The Hartford, our focus on empathy and compassion sets our claims process apart as a carrier that truly cares about its customers and their well-being.

If you have any questions about your benefit options, contact the HR Service Center.

Basic Life insurance coverage.

Your Company cares about your financial well-being and is offering all eligible employees with a Basic Life insurance benefit of $15,000 at no cost to you. You can choose to enhance your protection with a Supplemental Life insurance plan at an affordable group rate. You must be actively at work with your employer on the day your coverage takes effect.

Supplemental Life insurance coverage options.

For Yourself: Increments of $10,000 up to a maximum of 5x annual earnings or $500,000 (whichever is less)
For Your Spouse: Increments of $5,000 up to $150,000
For Your Child(ren): Increments of $2,500 up to $10,000
If you elect an amount that exceeds the Guaranteed Issue amount, you and your spouse will need to provide Evidence of Insurability (EOI). If you enroll after your annual or initial enrollment period, EOI will be required for all coverage amounts.
For Yourself: Up to $300,000
For Your Spouse: Up to $50,000

Basic Accidental Death & Dismemberment (AD&D) insurance

Your Company also offers a Basic AD&D benefit of $15,000 at no cost to you.

The Hartford

Supplemental Accidental Death & Dismemberment (AD&D)[1] insurance.

For Yourself: Increments of $10,000 up to a maximum of 5x annual earnings or $500,000 (whichever is less)

For Your Spouse: Increments of $5,000 up to $150,000

For Your Child(ren): Increments of $2,500 up to $10,000

Supplemental AD&D will automatically equal Supplemental Life insurance.

Help ease your loved ones financial burden.

By providing your beneficiaries a lump sum in the event of your death, Life and AD&D benefits can help replace lost income and ensure mortgage or college loans are paid, while covering funeral costs and other final expenses. By planning now, you can help ensure that, whatever the future holds, your loved ones will have a comforting source of income and support.

Here's how you and your family can benefit from coverage if something happens to you:

Married with kids, lots of expenses

Help your family afford the same lifestyle they have today.

Single parent, multiple responsibilities

Help take care of your children financially.

Dual income, no kids

Help your spouse maintain the same standard of living as you have today.

Growing children, aging parents

Help protect your kids' financial futures and take care of elderly parents.

Single and carefree

Help make sure those student loans and car payment aren't a burden to anyone.

If you have any questions about your benefit options, contact the HR Service Center.

The Hartford

Life Form Series includes GBD-1000 A (10/08), GBD-1100 (10/08), or state equivalent. Life Form Series includes GBD-1000, GBD-1100, or state equivalent. Accident Form Series includes GBD-1000, GBD-1300, GBD-3300, GBD-3500, or state equivalent.

[1] Not available in all states.

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Support when illness or injury stops work.

Short-term Disability Insurance

Morfe Properties LLC

Short-term Disability Insurance which we call Short-term Income Protection Benefits replace part of your income if you are unable to work for a short time due to an illness or injury to help cover your day-to-day living expenses, creating stability in an unstable time.

If you have any questions about your benefit options, contact the HR Service Center.

Short-term Income Protection Benefits.

Short-term Income Protection Benefits is coverage that you pay for and it can help provide financial support and stability if you are unable to work due to an illness or injury. You must be actively at work with your employer on the day your coverage takes effect.

Short-term Income Protection Benefits coverage options.

If you are an eligible employee, you can elect to receive a weekly cash benefit that replaces 60% of your Total Weekly Earnings, up to $1,000. Benefits begin as soon as 15 days from the date you are unable to work due to an injury and 15 days due to an illness and may pay up to 11 weeks.

Will you need to answer medical questions?

If you enroll during the scheduled enrollment period or within 31 days of becoming eligible, you won't need to answer medical questions. If you enroll later or during a family status change, you will need to answer medical questions.

The Hartford

Map your route to financial wellness.

Short-term Income Protection Benefits can help replace lost wages and ensure mortgage, rent or groceries are paid, providing a comforting source of income and support while you are unable to work.

Here's how you and your family can benefit from coverage if something happens to you:

Married with kids, lots of expenses

Helps replace income so your family can stay on track financially if you're unable to work.

Single parent, multiple responsibilities

Provides steady income to help support your children while you recover.

Dual income, no kids

Covers your share of the bills if you're temporarily out of work.

Growing children, aging parents

Supports your family and caregiving duties while you focus on healing.

Single and carefree

Covers rent, bills, and lifestyle costs so you don't have to rely on savings.

If you have any questions about your benefit options, contact the HR Service Center.

The Hartford

Disability Form Series includes GBD-1000 A (10/08), GBD-1200 (10/08), or state equivalent.

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Flexible Spending Account (FSA) Enrollment Overview

A Flexible Spending Account (FSA) is an employer-sponsored benefit that allows you to set aside pre-tax dollars from your paycheck to pay for eligible out-of-pocket expenses. By reducing your taxable income, an FSA can help you save money while planning for expected expenses throughout the year.

Healthcare Flexible Spending Account

Use pre-tax funds to pay for eligible medical, dental, and vision expenses, including:

- Doctor and specialist copays
- Prescription medications
- Dental treatments and orthodontia
- Vision exams, glasses, and contact lenses
- Eligible over-the-counter healthcare products

Annual Maximum Contribution is $3000 / Minimum Contribution is $200 / Rollover is $680

Dependent Care Flexible Spending Account

Use pre-tax funds to pay for eligible dependent care expenses that allow you (and your spouse, if applicable) to work or attend school full-time, including:

- Daycare and preschool
- Before- and after-school care
- Summer day camps

Annual Maximum Contribution is $7,500

How It Works

- Estimate your annual eligible expenses.
- Choose your annual contribution amount during Open Enrollment.
- Contributions are deducted from your paycheck before taxes.
- Use your FSA funds to pay for eligible expenses throughout the plan year.

Why Enroll?

- Save on taxes by using pre-tax dollars.
- Reduce out-of-pocket costs for healthcare or dependent care.
- Budget with confidence by spreading expenses across the year.

What Are HSAs?

Health savings accounts (HSAs) are a great way to save money and efficiently pay for medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs).

HSA money can be used tax-free when paying for qualified medical expenses, helping you pay your HDHP's larger deductible. At the end of the year, you keep any unspent money in your HSA. This rolled-over money can grow with tax-deferred investment earnings, and, if it is used to pay for qualified medical expenses, then the money will continue to be tax-free. Your HSA and the money in it belong to you—not your employer or insurance company.

An HSA can be a tremendous asset as you save for and pay medical bills because it gives you tax advantages, more control over your own spending and the ability to save for future expenses.

HSA Advantages

Also, you do not have to use your HSA to pay for medical expenses. You can withdraw money from your HSA at any time and for any reason. However, if your HSA money is not used for medical expenses, you will have to pay income tax on your withdrawal. You will also have to pay a 20% additional tax, unless the withdrawal is made after you attain age 65, become disabled or after your death.

Savings—You can save the money in your HSA for future medical expenses, all while your account grows through tax-deferred investment earnings.

Tax Savings—An HSA provides you with triple tax savings:

- Tax deductions when you contribute to your account
- Tax-free earnings through investment
- Tax-free withdrawals for qualified medical expenses

Control—You make the decisions regarding:

- How much money will you put in the account
- When to make contributions to the account

Portability—Accounts are completely portable, meaning you can keep your HSA:

Ownership—Funds remain in the account from year to year, just like an IRA. There are no "use it or lose it" rules for HSAs, making it a great way to save money for future medical expenses.

Group Accident Benefits

MetLife is pleased to offer you an opportunity to provide your employees with financial protection through our Group Accident Insurance as part of our robust portfolio of voluntary products. Accident Insurance provides features that could be valuable to your employees, including:

- ✓ Portability through Continuation of Insurance with Premium Payment which gives employees the ability to keep their existing coverage when their employment status with the employer changes.[1]
- ✓ No coordination with other insurance benefits;
- ✓ Employees are paid a lump-sum benefit that they can use as they feel necessary;
- ✓ Employees and their families will have access to discounts or services that will provide them actionable tools and resources to help them navigate life's twists and turns.[2]

MetLife Accident Insurance can supplement existing medical coverage and help provide financial support to pay for 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 covered employees to spend as they choose.

Plan Design	
Coverage Type	24 Hour Coverage (on/off job)
Benefit Amount	Employees will have a choice of selecting coverage between two options: High Plan or Low Plan on a guaranteed issue. Benefits are based on flat schedule amount that varies depending on plan.
Underwriting Offer	Guaranteed Issue[2] Benefits are paid directly to the employee based on flat schedule (not reimbursement) and there is no coordination with other insurance coverage.
Benefit Reduction Due to Age	• Any benefit payable will be reduced by 25% of the amount listed for that benefit in the Schedule if the Covered Person's Attained Age is 65 to 69. • Any benefit payable will be reduced by 50% of the amount listed for that benefit in the Schedule if the Covered Person's Attained Age is 70 or older. The Benefit Reduction Due to Age does not apply to the Health Screening Benefit. Premiums remitted to MetLife for any covered person who is subject to the reduction provision should not be reduced.

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.

Group Cancer Benefits

MetLife Cancer Insurance can supplement existing medical coverage and help provide financial support to pay for out-of-pocket expenses such as mortgage payments, college tuition, hiring household help, or treatment not covered by your medical plan. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose.

Covered Conditions	Initial Benefit	Recurrence Benefit
Cancer Category		
Invasive Cancer	100% of Benefit Amount	50% of Initial Benefit
Non-Invasive Cancer	25% of Benefit Amount	50% of Initial Benefit
Skin Cancer	5% of Benefit Amount, but not less than $250	NONE

Health Screening Benefit

Payable if an eligible covered person takes one of the screening/prevention measures listed below.

Benefit Amount

- $50

Times Payable per Calendar Year

- 1 time per Employee
- 1 time per Spouse/Domestic Partner
- 1 time per Dependent Child

Eligible Screening/Prevention Measures

routine health check-up exam	fasting blood glucose test
biopsies for cancer	fasting plasma glucose test
blood chemistry panel	flexible sigmoidoscopy
blood test to determine total cholesterol	hearing test
blood test to determine triglycerides	hemoccult stool specimen
bone marrow testing	hemoglobin A1C
breast MRI	human papillomavirus (HPV) vaccination
breast ultrasound	immunization
breast sonogram	lipid panel
cancer antigen 15-3 blood test for breast cancer (CA 15-3)	mammogram
cancer antigen 125 blood test for ovarian cancer (CA 125)	oral cancer screening
carcinoembryonic antigen blood test for colon cancer (CEA)	pap smears or thin prep pap test
carotid doppler	prostate-specific antigen (PSA) test
chest x-rays	serum cholesterol test to determine LDL and HDL levels
clinical testicular exam	serum protein electrophoresis
colonoscopy	skin cancer biopsy
complete blood count (CBC)	skin cancer screening
coronavirus testing	skin exam
dental exam	stress test on bicycle or treadmill
digital rectal exam (DRE)	successful completion of smoking cessation program
Doppler screening for cancer	tests for sexually transmitted infections (STIs)
Doppler screening for peripheral vascular disease	thermography
echocardiogram	two-hour post-load plasma glucose test
electrocardiogram (EKG)	ultrasounds for cancer detection
electroencephalogram (EEG)	ultrasound screening of the abdominal aorta for abdominal aortic aneurysms
endoscopy	virtual colonoscopy
eye exams	