2026 - 2027

EMPLOYEE BENEFITS

FrankCrum®

INTRODUCTION

This introduction outlines the benefits available to eligible employees who are working full-time (generally averaging 30 hours or more per week). Coverage eligibility date starts the first of the month following your waiting period for newly hired employees. If you enroll in a benefit, you may also elect to cover your eligible dependents including your spouse, domestic partner, children and children of your domestic partner.

COVERAGE TERMINATION

Plan coverage for benefits such as health, dental, and vision end on the last day of the month in which you terminate employment. Coverage for life, short and long term disability, and FSA terminate as of the employment termination date.

COBRA COVERAGE

COBRA continuation of coverage for health, vision and dental will be available to you and your covered dependents, if applicable under the federal COBRA regulations for the benefit you are enrolled in at the time of employment termination or loss of eligibility.

DEDUCTIONS

Payroll deductions for benefits such as health, dental and vision can be made pre or post tax.

NOTICES

This brochure is not a guarantee of benefits. Employees must enroll, pay for, and be accepted by the carrier to obtain coverage. Should a discrepancy exist, the specific benefit contract and governing plan document and rates will prevail.

HIPAA Privacy, Medicare Part D Creditable Coverage, Children's Health Insurance Program (CHIP), Summary Plan Descriptions, Summaries of Benefits Coverage and Terms, and other notices are available at no cost by contacting the FrankCrum Benefits Department at 1-800-393-0815, option 10.

RENEWALS AND RATES

Health and ancillary plans (health, dental, vision, disability, life, supplemental benefits, MetLaw, and LifeLock) renew on **Nov. 1** each year. Rates are valid until **October 31, 2027**.

ELECTION, WAIVER AND OPEN ENROLLMENT

ENROLLMENT OPPORTUNITY	TIME FRAME
New Hire	First of the month following waiting period
Qualifying Life Event	Within 60 days of event
Open Enrollment	Mid-August for Benefits Effective Nov. 1

As a newly eligible employee, you will have an opportunity to elect or waive coverage based on your date of employment. Open enrollment occurs each year and offers you the chance to amend, add or waive any eligible benefits offered.

QUALIFIED LIFE EVENT

Elections cannot be changed until the next Annual Open Enrollment, unless you experience a documented IRS-qualified life event, such as:

1. Legal marital status change: Marriage, death of spouse, divorce, legal separation, annulment
2. Change in number of dependents: Birth, adoption, placement for adoption, death of dependent
3. Employment status change that results in loss of coverage for employee, spouse or dependents
4. Dependent ceases to satisfy the requirements of coverage; attainment of age or change in student status
5. Change in place of residence of employee, spouse or dependent (Employee or dependent move out of coverage area)
6. Enrollment in a Marketplace Exchange plan during an Exchange special or open enrollment period. Employees and others covered must enroll in the Exchange plan by the first day after coverage ends under the employer plan.

If you have any questions regarding your benefits, please contact your FrankCrum Benefits Specialist at: 1-800-393-0815, option 10. A member of the Benefits Department will be happy to help you!

Florida Blue
Your local Blue Cross Blue Shield

WELCOME TO FLORIDA BLUE!

We're glad you're here.

GET OFF TO A GOOD START.

1. **Sign up for an account at floridablue.com and download the Florida Blue mobile app.**
   This will give you 24/7 access to benefit coverage, claims information, ID cards, and nearby doctors and hospitals.

2. **Save money on prescriptions.**
   Know what's covered. Before you fill any prescriptions using your new plan, log in at floridablue.com to check the list of covered medications.

   1. Choose a pharmacy in the Preferred Pharmacy Network and pay a lower cost share.
   2. Use home delivery for regular, non-specialty prescription refills. Express Scripts Pharmacy® will deliver right to your door, and you can switch about two weeks before your new coverage starts.
   3. Refill self-administered specialty medications at a participating pharmacy, Accredo Specialty or CVS Caremark. These high-cost injectable, infused, oral and inhaled drugs require close supervision and monitoring.

   Not sure if your medication is a specialty drug? Check the list at floridablue.com. To contact your innetwork specialty pharmacies, call Accredo Specialty at 888-425-5970 or CVS Caremark at 866-278-5108.

3. **Use CareCentrix if you need special medical care or equipment.**
   CareCentrix coordinates home health care, home infusion and specialized (called "durable") medical equipment for Florida Blue members. If you currently use these services or supplies, please call us at the number on the back of your member ID card to get set up. Or you can call the CareCentrix team directly at 866-776-4617 for help.

Get more than just health coverage.

When you become a Florida Blue member, you get much more than just health coverage.
You'll get the tools and support to be a healthier you—all at no extra cost.

WAYS TO TAKE CHARGE OF YOUR HEALTH

Better You Strides

Sign up for this health and wellness program at floridablue.com or by downloading the AlwaysOn Wellness app on your phone. Answer a few questions, and Better You Strides will build a program around your needs, your goals and your interests. You'll quickly be on your way to earning rewards and being a healthier you!

Virtual Visits

See a doctor from home. If your plan includes virtual visits, you may get care via phone or video chat. Virtual visits connect you to a primary care doctor, specialist or behavioral health provider in your network or through Teladoc by online video.

GET PERSONALIZED CARE AND SUPPORT

Care Consultants

Planning ahead can make important decisions easier, especially when you're dealing with a new diagnosis or managing a serious health condition. Call our Care Consultants for help with how your benefits work, find specialists and learn about helpful services to help you get better care and save money. Call 888-476-2227.

Nurseline

A 24/7 Nurseline is available to you whether you or your family members have health concerns or general health questions and need answers right away. Call 877-789-2583.

Physical, Mental and Emotional Well-Being

Florida Blue members get behavioral health and substance dependency support through New Directions Behavioral Health—through a local provider or online through Teladoc. They are committed to helping people achieve balance in both their personal and work lives. Just call 800-352-2583 to find out more, or visit teladoc.com to get started.

WAYS TO HELP YOU SAVE MONEY

Cost Comparison Tool

Know your costs and be sure you're getting the right treatment at the right place. Use our cost comparison tool online at floridablue.com or on the Florida Blue mobile app to look up patient reviews and see how much you'll pay.

Blue365®

Through our members-only national discount program, take advantage of exclusive offers on gym memberships, vision care, hearing aids, weight management programs and more for everyday health and wellness.

Let us know how we can help.

Call us at 800-352-2583 (BLUE), or find a nearby Florida Blue Center at floridabluecenters.com.

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HEALTH ADVOCATE

Health Advocate offers a broad spectrum of integrated solutions that make healthcare easier, more cost-effective and get people fully engaged in their health and well-being. It's available to eligible employees, their spouses or domestic partners, dependent children, parents and parents-in-law. This advocacy service is an employer paid benefit and additional fees apply.

HEALTH ADVOCACY

With Health Advocate, you have unlimited, confidential access to a Personal Health Advocate who can get to the bottom of a wide variety of healthcare and insurance-related issues, no matter how long it takes.

YOUR PERSONAL HEALTH ADVOCATE CAN HELP:

- Find the right doctors and hospitals; schedule tests, appointments; secure second opinions
- Explain benefits coverage and health conditions; research the latest treatments
- Resolve billing and claims issues; locate eldercare services

EAP+WORK/LIFE

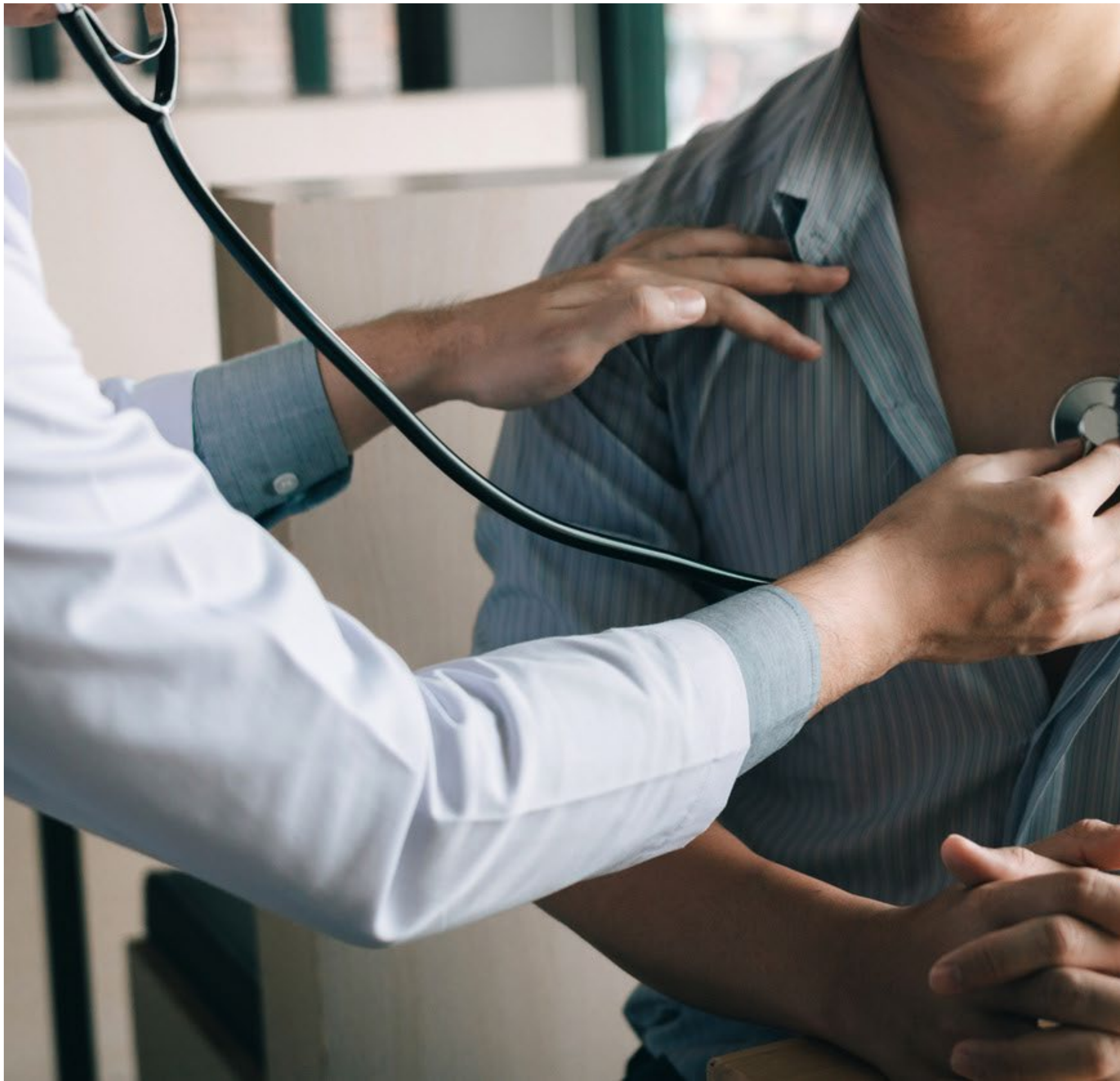
Your Employee Assistance and Work/Life benefit provides confidential access (in person, by phone, or secure video) to Licensed Professional Counselors, for help with a wide range of personal issues. You also have access to Work/Life Specialists for help achieving a better work/life balance. In a crisis, emergency help is available 24/7.

GET HELP 24/7 WITH PERSONAL, FAMILY AND WORK ISSUES:

- Grief, loss, depression; relationship issues, divorce; new baby, adoption, eldercare; addiction, eating disorders, mental illness

- Financial and legal issues, retirement, identity theft

Phone: 866-799-2728
Email: Answers@HealthAdvocate.com
Website: HealthAdvocate.com/members



ACENTRA

Acentra is the leading behavioral health company developing innovative solutions from maximizing human and organizational potential. FrankCrum has contracted with Acentra to provide employees and their family members with a comprehensive Employee Assistance Program (EAP). Services are free and confidential within the bounds of law. The EAP is available 24/7/365 and provides the following services.

This service is an employer paid benefit and additional fees apply.

WHAT IS AN EMPLOYEE ASSISTANCE PROGRAM (EAP)?

An EAP is professional help when you need it to solve a work or personal problem. It's trained, knowledgeable resources to provide advice for the many life issues we all face. Acentra has customized an assistance program offering professional counseling and consultation for our employees and their families. All of these resources are confidential and FREE.

Acentra offers assessment, counseling and referral services for a wide range of issues. Their professionals will help you identify and clarify your concerns, explore options and develop a plan of action to create solutions that work for you. If additional assistance is needed, you will be referred to the most appropriate and affordable resources.

WHAT SORT OF HELP ARE WE TALKING ABOUT?

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 by your work or home.
- 24 hours per day, 7 days per week, toll-free access to mental health professionals.

WHO PROVIDES THESE SERVICES?

Acentra is a company with a mission to help people and organizations maximize their potential. Acentra employs a network of over 45,000 licensed and certified counselors, in a variety of disciplines.

- Professional Counselors
- Clinical Social Workers
- Psychologists
- Alcohol and Drug Counselors
- Marriage and Family Therapists
- Attorneys
- Financial Advisors
- Eldercare Specialists
- Childcare Specialists

Acentra is an invaluable resource for personal life issues where you may need professional advice or guidance.

- Legal Advice and Services
- Financial Counseling
- Childcare Resources and Referrals
- Eldercare Consultations and Resources
- Online Legal and Financial Library
- Academic Resources for your children (or you) on a variety of educational issues
- Adoption Resources needed to facilitate an adoption
- ID Theft Recovery
- Pet Care Services and Referrals
- Relocation Resources
- Concierge Services

Acentra also offers extensive online resources to help with all kinds of common life challenges. You can find expert advice on a wide range of topics, gather information, find new resources and take valuable self-screenings. Visit https://acentra.com or download the Acentra App - Login using the company password "crum" or call 1-800-869-0276

HEALTH SAVINGS ACCOUNT (HSA)

We partnered with Inspira Financial to offer your Health Savings Accounts. HSA accounts may be used to pay qualified medical expenses, like prescriptions, office visits, urgent care, labs and testing, and more.administrative needs.

WHAT IS AN HSA?

A type of savings account that lets you set aside money on a pretax basis to pay for qualified medical expenses. By using untaxed dollars in a Health Savings Account (HSA) to pay for deductibles, co-payments, coinsurance, and some other expenses, you may be able to lower your overall healthcare costs. HSA funds generally may not be used to pay premiums.

While you can use the funds in an HSA at any time to pay for qualified medical expenses, you may contribute to an HSA only if you have a High Deductible Health Plan (HDHP) - generally a health plan (including a Marketplace plan) that only covers preventive services before the deductible. For 2027, the annual limit for an individual is $4,500; for a family the annual limit is $9,000; and for the HSA catch up amount (age 55 and over), the annual limit is $1,000.

INSPIRA FINANCIAL MOBILE APP

Manage your HSA account from your phone. View HSA account balance, payments, withdrawals and alerts. Scan bar codes to determine product eligibility directly from the app.

File a claim
Enter claim details and take a picture of itemized bill, statement or EOB and submit.

How do I get started with the app?
It's easy. Just use the same username and password you use for the Inspira Financial member website. If you haven't set up your online account with Inspira Financial, go to https://inspirafinancial.com/ to get started.

BENEFITS OF AN HSA

You own your HSA
You decide how to spend - or save - the funds in your health savings account. And if you change jobs or health plans, you keep the account.

There's no use-it-or-lose-it policy
Any money not used at the end of the plan year rolls over to the next year...every year.

It's an investment
Your HSA is a savings account that can earn interest. It's a terrific way to put away money for healthcare costs down the road, even in retirement. Once you have a minimum balance (typically $1,000) in your HSA, you can open an investment account. There are a variety of mutual funds to choose from. Plus, there are no transfer or trading fees. And no minimum investment amount for a trade request.

INSPIRA FINANCIAL CARD

A debit card to pay for eligible expenses straight from your HSA account

How do I get the Inspira Financial Mobile app? And is there a fee to use it?

- You can download the app from your mobile device's app store
- The app is supported by the following devices:
  - iOS version 10 or above on iPhone® 5S, iPad Air®, iPad Mini® 2 or newer models
  - Android version 4.4 (Kitkat) or above on phones or tablets
- There's no fee to download the app

Phone: 844-729-3539
Website: https://inspirafinancial.com/

FLEXIBLE SPENDING ACCOUNT (FSA)

We partnered with Inspira Financial to offer your Flexible Spending Accounts. Flexible Spending Account (FSA) plans are available to eligible employees. The following pages describe the benefits of an FSA. FSA plans are a valuable way to reduce costs because money from your paycheck is deducted on a pretax basis and you don't pay Federal and FICA taxes on the deduction amount. The money deducted from your paycheck is placed into an account for the purpose of reimbursement on eligible medical and/or dependent care expenses. The plan choices are as follows:

MEDICAL EXPENSE REIMBURSEMENT

This FSA account allows you to set aside pretax dollars to pay for eligible expenses such as medical, prescription drug, dental and vision during your plan participation year. Medical expense reimbursement FSA cannot be used in conjunction with High Deductible Health Plan HSA (health savings account). The 2026 maximum contribution is $3,400. The 2027 maximum contribution limits have not been published by the IRS to date.

If you are not offered a group health insurance plan by your employer, you are eligible for the Limited FSA plan which covers the eligible expenses of dental and vision only.

Sole proprietors, partners in a partnership, greater than two percent S-Corp owners, and their family members are ineligible to participate in an FSA plan per IRS guidelines and should seek guidance from their CPA with any questions.

FSA plans have a "use it or lose it" rule and according to the IRS, if you do not incur and submit eligible expenses within the participation year deadlines, you will forfeit any money left in your account at the end of the plan year. Unused balances do not carry over into the next year so please plan ahead and budget for your known qualifying expenses accordingly.

For more information regarding FSA expenses please review IRS Publication 502. You can also find helpful information and rates on our resource page at: https://inspirafinancial.com/

Phone: 844-729-3539
Website: https://inspirafinancial.com/

LIMITED PURPOSE FSA

Similar to the medical expense reimbursement FSA, but can only be used for dental and vision expenses or orthodontia expenses. Can be used in conjunction with an HSA if you have a high deductible medical health plan. The 2026 maximum contribution is $3,400. The 2027 maximum contribution limits have not been published by the IRS to date.

DEPENDENT CARE REIMBURSEMENT

This FSA account allows you to set aside pretax dollars (up to $7,500 in 2026) to pay for expenses related to dependent children up to age 13 and elder dependents (like aging parents) who live in your home. You and your spouse must work or attend school to be eligible for a Dependent Care FSA. Please note that if you're divorced or separated, the IRS only considers the custodial parent eligible for this account. The 2027 maximum contribution limits have not been published by the IRS to date.

Additional Resources:
https://inspirafinancial.com/

COMMUTER BENEFIT

The Transportation Equity Act makes it possible for employees to contribute pretax dollars to a transit and or parking account in order to pay for work-related transportation, (buses, subways, trains, ferries, ride share programs and parking lots/garages). An employee can choose to put away the IRS allowed amount for commuter benefits and elect to pay from the account or be reimbursed for eligible expenses after submitting documentation. The 2026 IRS limit for pretax commuter benefits is $340 per month. Anything contributed over $340 will be considered post tax deduction. The 2027 maximum contribution limits have not been published by the IRS to date.

HOW TO SUBMIT A REIMBURSEMENT REQUEST:

When you incur eligible expenses, submit a claim form with documentation showing the service, description, and charges. You may file your claim online, upload it using your smartphone, FAX, or send it to us via mail. If you have the Inspira Financial card, you can simply pay for the service with the card instead of a check or cash. It works just like a debit card. Daycare expenses can only be reimbursed according to the balance in your account.

DENTAL OVERVIEW
(PPO)

A healthier smile can be important to maintaining overall health. That's where a good dental plan comes in. The right coverage makes it easier to visit the dentist and helps lower your costs. You get support to keep up with dental cleanings and other preventive care that helps you avoid costly problems and live healthier. Now that's something to smile about.

WHO IS METLIFE?

MetLife is among the largest global providers of insurance, annuities, and employee benefit programs, with 90 million customers in over 60 countries.

MetLife / PPO Dental	
Phone Number	1-800-275-4638
Website	MyBenefits.MetLife.com
Group Number	260079

PPO HIGH PLAN

TX, MA, MT, MS & LA can ONLY select High Plan.

Monthly (12 Months)	Premium Payment
Employee	$48.76
Employee + Spouse	$98.00
Employee + Child(ren)	$105.28
Employee + Family	$157.12

METLIFE DENTAL PPO - DETAILS	High :	
Coverage Type:	In-Network High PPO % Of PDP Fee2	Out-of-Network High PPO% Of R&C Fee4
Type A - Preventive	100%	100%
Type B - Basic Restorative	80%	80%
Type C - Major Restorative	50%	50%
Type D - Orthodontia	50%	50%
Deductible:		
Individual	$50	$50
Family	$150	$150
Annual Maximum Benefit		
Per Individual	$5,000	$1,500
Orthodontia Lifetime Maximum		
Ortho applies to Adult and *Child	$1,500 Per Person	$1,500 Per Person
Type A - Preventative	**How Many/How Often**	
Oral Examinations	1 In 6 months	
Bitewing X-rays (Adult/Child)	1 In 12 months	
Prophylaxis - Cleanings	1 In 6 months	
Topical Fluoride Applications	1 In 12 months - Children to age 14	
Sealants	1 Per tooth in 60 months - Children to age 16	
Space Maintainers	No limit - Children up to age 16	
Type B - Basic Restorative	**How Many/How Often**	
Full Mouth X-rays	1 In 60 months	
Amalgam and Composite Fillings	1 In 24 months - Anterior teeth only	
Type C - Major Restorative	**How Many/How Often**	
Crowns/Inlays/Onlays	1 Per tooth in 10 years	
Prefabricated Crowns	1 Per tooth in 60 months	
Repairs	1 In 24 months	
Endodontics Root Canal	1 Per tooth per lifetime	
Periodontal Surgery	1 In 60 months per quadrant	
Periodontal Scaling & Root Planing	1 In 24 months per quadrant	
Periodontal Maintenance	4 In 1 year, includes 2 cleanings	
Bridges	1 In 10 years	
Dentures	1 In 10 years	
General Anesthesia Consultations	1 In 12 months	
Implant Services	1 Service per tooth in 10 years - 1 per 5 years	

**Child orthodontia coverage includes children to age 19 OR to age 26 if a full-time student.*

DENTAL OVERVIEW
(PPO)

A healthier smile can be important to maintaining overall health. That's where a good dental plan comes in. The right coverage makes it easier to visit the dentist and helps lower your costs. You get support to keep up with dental cleanings and other preventive care that helps you avoid costly problems and live healthier. Now that's something to smile about.

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PPO MID PLAN

Monthly (12 Months)	Premium Payment
Employee	$39.64
Employee + Spouse	$79.68
Employee + Child(ren)	$85.59
Employee + Family	$127.73

METLIFE DENTAL PPO - DETAILS	Mid:	
Coverage Type:	In-Network Mid PPO % Of PDP Fee2	Out-of-Network Mid PPO% Of MAC
Type A - Preventive	100%	*100% of MAC
Type B - Basic Restorative	80%	*80% of MAC
Type C - Major Restorative	50%	*50% of MAC
Type D - Orthodontia	50%	*50% of MAC
Deductible:		
Individual	$50	$50
Family	$150	$150
Annual Maximum Benefit		
Per Individual	$2,000	$1,000
Orthodontia Lifetime Maximum		
Ortho applies to Adult and *Child	$1,000 per child	$1,000 per child
Type A - Preventative	**How Many/How Often**	
Oral Examinations	1 In 6 months	
Bitewing X-rays (Adult/Child)	1 In 12 months	
Prophylaxis - Cleanings	1 In 6 months	
Topical Fluoride Applications	1 In 12 months - Children to age 14	
Sealants	1 Per tooth in 60 months - Children to age 16	
Space Maintainers	No limit - Children up to age 16	
Type B - Basic Restorative	**How Many/How Often**	
Full Mouth X-rays	1 In 60 months	
Amalgam and Composite Fillings	1 In 24 months - Anterior teeth only	
Type C - Major Restorative	**How Many/How Often**	
Crowns/Inlays/Onlays	1 Per tooth in 10 years	
Prefabricated Crowns	1 Per tooth in 60 months	
Repairs	1 In 24 months	
Endodontics Root Canal	1 Per tooth per lifetime	
Periodontal Surgery	1 In 60 months per quadrant	
Periodontal Scaling & Root Planing	1 In 24 months per quadrant	
Periodontal Maintenance	4 In 1 yea , includes 2 cleanings	
Bridges	1 In 10 years	
Dentures	1 In 10 years	
General Anesthesia Consultations	1 In 12 months	
Implant Services	1 Service per tooth in 10 years - 1 per 5 years	

**Child orthodontia coverage includes children to age 19 OR to age 26 if a full-time student.*

DENTAL OVERVIEW
(PPO)

A healthier smile can be important to maintaining overall health. That's where a good dental plan comes in. The right coverage makes it easier to visit the dentist and helps lower your costs. You get support to keep up with dental cleanings and other preventive care that helps you avoid costly problems and live healthier. Now that's something to smile about.

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Group Number	260079

PPO LOW PLAN

Monthly (12 Months)	Premium Payment
Employee	$27.56
Employee + Spouse	$55.89
Employee + Child(ren)	$58.83
Employee + Family	$98.79

METLIFE DENTAL PPO - DETAILS	Low:	
Coverage Type:	In-Network High PPO% Of PDP Fee2	Out-of-Network High PPO% Of R&C Fee4
Type A - Preventive	100%	100%
Type B - Basic Restorative	80%	80%
Type C - Major Restorative	50%	20%
Type D - Orthodontia	NA	NA
Deductible:		
Individual	$50	$75
Family	$150	$225
Annual Maximum Benefit		
Per Individual	$1,000	$1,000
Orthodontia Lifetime Maximum		
Ortho applies to Adult and *Child	NA	NA
Type A - Preventative	**How Many/How Often**	
Oral Examinations	1 In 6 months	
Bitewing X-rays (Adult/Child)	1 In 12 months	
Prophylaxis - Cleanings	1 In 6 months	
Topical Fluoride Applications	1 In 12 months - Children to age 14	
Sealants	1 Per tooth in 60 months - Children to age 16	
Space Maintainers	1 Per lifetime per area - children up to age 16	
Type B - Basic Restorative	**How Many/How Often**	
Full Mouth X-rays	1 In 60 months	
Amalgam and Composite Fillings	1 in 24 months - Anterior teeth only	
Type C - Major Restorative	**How Many/How Often**	
Crowns/Inlays/Onlays	1 Per tooth in 10 years	
Prefabricated Crowns	1 Per tooth in 10 years	
Repairs	1 In 24 months	
Endodontics Root Canal	1 Per tooth per lifetime	
Periodontal Surgery	1 In 60 months per quadrant	
Periodontal Scaling & Root Planing	1 In 24 months per quadrant	
Periodontal Maintenance	4 in 1 year, includes 2 cleanings	
Bridges	1 In 10 years	
Dentures	1 In 10 years	
General Anesthesia Consultations	1 In 12 months	
Implant Services	1 Service per tooth in 10 years - 1 per 5 years	

Child orthodontia coverage includes children to age 19 OR to age 26 if a full-time student.

DENTAL OVERVIEW (DHMO) - FLORIDA

A healthier smile can be important to maintaining overall health. That's where a good dental plan comes in. The right coverage makes it easier to visit the dentist and helps lower your costs. You get support to keep up with dental cleanings and other preventive care that helps you avoid costly problems and live healthier. Now that's something to smile about.

WHO IS METLIFE?

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MetLife / Safeguard DHMO Dental /	
Phone Number	1-800-638-5433
Website	MyBenefits.MetLife.com
Group Number	260079

SAFEGUARD DHMO PLAN - FLORIDA

Monthly (12 Months)	Premium Payment
Employee	$17.70
Employee + Spouse	$30.70
Employee + Child(ren)	$31.51
Employee + Family	$48.65

Safeguard DHMO Dental issues ID cards for all members. Your ID card will be mailed to your home address.
These plans require a designated DHMO in network provider to be elected by the member at the time of enrollment or service delays can occur.
Metlife PPO does not use ID cards. Members can either use the above group policy number or provide their Social Security Number for verification.

DENTAL OVERVIEW (DHMO) - TEXAS

A healthier smile can be important to maintaining overall health. That's where a good dental plan comes in. The right coverage makes it easier to visit the dentist and helps lower your costs. You get support to keep up with dental cleanings and other preventive care that helps you avoid costly problems and live healthier. Now that's something to smile about.

WHO IS METLIFE?

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MetLife / Safeguard DHMO Dental /	
Phone Number	1-800-638-5433
Website	MyBenefits.MetLife.com
Group Number	260079

SAFEGUARD DHMO PLAN - TEXAS

Monthly (12 Months)	Premium Payment
Employee	$15.63
Employee + Spouse	$29.76
Employee + Child(ren)	$30.70
Employee + Family	$44.50

Safeguard DHMO Dental issues ID cards for all members. Your ID card will be mailed to your home address.
These plans require a designated DHMO in network provider to be elected by the member at the time of enrollment or service delays can occur.
Metlife PPO does not use ID cards. Members can either use the above group policy number or provide their Social Security Number for verification.

DENTAL OVERVIEW (DHMO) - CALIFORNIA

A healthier smile can be important to maintaining overall health. That's where a good dental plan comes in. The right coverage makes it easier to visit the dentist and helps lower your costs. You get support to keep up with dental cleanings and other preventive care that helps you avoid costly problems and live healthier. Now that's something to smile about.

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MetLife is among the largest global providers of insurance, annuities, and employee benefit programs, with 90 million customers in over 60 countries.

MetLife / Safeguard DHMO Dental /	
Phone Number	1-800-638-5433
Website	MyBenefits.MetLife.com
Group Number	260079

SAFEGUARD DHMO PLAN - CALIFORNIA

Monthly (12 Months)	Premium Payment
Employee	$16.46
Employee + Spouse	$30.82
Employee + Child(ren)	$32.06
Employee + Family	$43.62

Safeguard DHMO Dental issues ID cards for all members. Your ID card will be mailed to your home address.
These plans require a designated DHMO in network provider to be elected by the member at the time of enrollment or service delays can occur.
Metlife PPO does not use ID cards. Members can either use the above group policy number or provide their Social Security Number for verification.

The DHMO Plan is available in FL, TX and CA only.

METLIFE DENTAL DHMO - PLAN NAME SGX245

Code:	Service	Co-payment
D0120	Periodic Oral Evaluation	$0
D0150	Comprehensive Oral Evaluation - New or Established Patient	$0
D0210	X-rays Intra-oral - Complete Series - Including Bite-wings	$0
D0274	X-rays Bite-wings - Four Films	$0
D0330	Panoramic Film	$0
Preventive Services		
D1110/D1120	Periodic Oral Evaluation	$0
D1351	Comprehensive Oral Evaluation - New or Established Patient	$0
Restorative Services		
D2140	Amalgam - One surface, Primary or Permanent	$0
D2330	Resin-Based Composite - One Surface, Anterior	$0
D2391	Composite (White) Filling - One Surface - Posterior Tooth	$30
Crowns - Additional fees for metal upgrades and/or porcelain apply		
D2750	Crown Porcelain Fused to High Noble Metal	$245
D2751	Crown Porcelain Fused to Predominantly Base Metal	$245
Endodontics		
D3220	Therapeutic Pulpotomy	$30
D3330	Root Canal - Molar - Per Tooth	$210
Periodontics		
D4260	Osseous Surgery (Inc. Flap Entry) - 4 or more Contiguous Teeth or Bounded Teeth Spaces - Per Quadrant	$300
D4341	Periodontal Scaling and Root Planning - 4 or more Contiguous Teeth or Bounded Teeth - Per Quadrant	$50
D4381	Localized Delivery of Antimicrobial Agents	$65
D4910	Periodontal Maintenance	$40
Prosthodontics		
D5110/D5120	Complete Denture - Maxillary / Mandibular	$325
D5211/D5212	Partial Denture - Resin Base - Maxillary / Mandibular	$400
Crowns / Fixed Bridges - Additional fees for metal upgrades and/or porcelain apply		
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	$245
D6750	Porcelain Crown Fused to High Noble Metal	$245
Oral Surgery		
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	$5
D7210	Surgical Removal of Erupted Tooth	$30
D7220	Removal of Impacted Tooth - Soft Tissue	$50
D7240	Extraction - Removal of Impacted Tooth - Completely Bony	$80
Orthodontics		
D8020, D8030, D8040	Limited Orthodontic Treatment of the Transitional, Adolescent or Adult Dentition (Full Trmt. Case Up to 24 Months)	$1,000
D8070, D8080, D8090	Comprehensive Orthodontic Treatment of the Transitional, Adolescent or Adult Dentition (Full Trmt. Case Up to 24 Months)	$1,850
Adjunctive General Services		
D9110	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	$10
D9310	Surgical Removal of Erupted Tooth	$0
9491	Removal of Impacted Tooth - Soft Tissue	$5

VISION OVERVIEW

Group vision insurance is available to eligible employees. MetLife Vision is a vision preferred provider organization (PPO) plan. You have the flexibility to go to any licensed eye care professional and save on care.

MetLife Vision	
Phone Number	1-800-638-3931
Website	MetLife.com/Vision
For General Questions	Metlife.com/MyBenefits or call 1-855-MET-EYE1 (1-855-638-3931)

WITH YOUR VISION PREFERRED PROVIDER ORGANIZATION PLAN, YOU CAN:

- Go to any licensed vision specialist and receive coverage. Just remember your benefit dollars go farther 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.

High Plan	
Employee	$8.64
Employee + Spouse	$17.31
Employee + Child(ren)	$18.52
Employee + Family	$29.62

Low Plan	
Employee	$5.38
Employee + Spouse	$10.78
Employee + Child(ren)	$11.54
Employee + Family	$18.45

The following frequency limitations apply to low and high plans	
Examinations	1 per 12 Months
Standard Corrective Lenses	1 per 12 Months
Frames	1 per 24 Months
Contact Lenses	1 per 12 Months
Either glasses or contacts allowed once every 12 months	

FIND A VISION PROVIDER

With MetLife Vision, you can choose from thousands of ophthalmologists, optometrists and opticians at private practices or at popular retail locations like Costco Optical, Visionworks and more. You can find the names, addresses and phone numbers of providers by searching our online Find a Vision Provider directory.

HOW DO I USE MY BENEFITS?

Whether you choose to see a participating provider or not, using your vision coverage is simple and convenient. Visit mymetlifevision.com and select "Find A Vision Provider." Review your plan coverage before your appointment. Let the provider know that you have the MetLife Vision plan. No ID card is necessary.

VISION HEALTH LIBRARY

To read about the latest vision conditions and services, picking frames, and more, visit visionhealthlibrary.com.

METLIFE VISION PLAN DETAILS

Description	High Plan M150D-P-In-Network Coverage	Low Plan M130D-10/25-In-Network Coverage	Out-of-Network Reimbursement (Using a Non Network Provider)
Eye Examination			
Comprehensive exam of visual functions and prescription of corrective eyewear	$0 Copay	$10 Copay	$45 Allowance
Retinal Imaging - This screening is used to take pictures of the inside of the eye particularly the retina to look for possible changes	Up to $39 copay	Up to $39 copay	Applied to the exam allowance
Materials / Eyewear (Either Glasses or Contacts)			
Standard Corrective Lenses			
Single vision/Lined bifocal/Lined trifocal/Lenticular	$0 Copay	$25 Copay	30/50/65/100
Standard Lens Enhancement			
Ultraviolet coating/Polycarbonate (child up to age 18)	Covered in Full	Covered in Full	Applied to the allowance for the applicable corrective lens
Additional Lens Enhancements			
Progressive Standard	Up to $55 copay	Up to $55 copay	$50 Allowance
Progressive Premium/Custom	Premium: Up to $95-$105 copay Custom: Up to $150-$175 copay	Premium: Up to $95-$105 copay Custom: Up to $150-$175 copay	$50 Allowance
Polycarbonate (adult)	Single Vision: Up to $31 copay Multifocal: Up to $35 copay	Single Vision: Up to $31 copay Multifocal: Up to $35 copay	Applied to the allowance for the applicable corrective lens
Scratch-resistance coating (variable by type)	Up to $17-$33 copay	Up to $17-$33 copay	Applied to the allowance for the applicable corrective lens
Tints (Plastic lenses)	Pink I & II: $0 copay Solid Plastic: $15 copay Plastic Gradient Dye: $17 copay	Pink I & II: $0 copay Solid Plastic: $15 copay Plastic Gradient Dye: $17 copay	Applied to the allowance for the applicable corrective lens
Anti-reflective coating (variable by type)	Up to $41-$85 copay	Up to $41-$85 copay	Applied to the allowance for the applicable corrective lens
Photo-chromic (variable by type)	Up to $47-$82 copay	Up to $47-$82 copay	Applied to the allowance for the applicable corrective lens
Frame allowance *(You will receive an additional 20% off any amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club.)*	$150 Allowance	$130 Allowance	$70 Allowance
Costco, Walmart and Sam's Club	$85 Allowance	$70 Allowance	
Contact Lenses			
Elective	$150 Allowance	$130 Allowance	$105 Allowance
Necessary	Covered in full after eyewear copay	Covered in full after eyewear copay	$210 Allowance
Contact Fitting and Evaluation	Standard or premium fit: Covered in full with a copay of $60	Standard or premium fit: Covered in full with a copay of $60	Applied to the contact lens allowance

METLIFE VISION PLAN - VALUE ADDED FEATURES

Additional Savings on Glasses and Sunglasses	Get 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.
Laser Vision Correction	Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Offer is only available at MetLife participating locations.

LIFE & DISABILITY BENEFITS OVERVIEW

BASIC TERM LIFE INSURANCE

An employer-paid basic term life benefit. Check with your employer to find out if this benefit is offered.

SUPPLEMENTAL TERM LIFE INSURANCE

An employee-paid coverage option that allows you to purchase additional protection as your needs change over time.

ACCIDENTAL DEATH & DISMEMBERMENT

Coverage benefits beyond your disability or life insurance for losses due to covered accidents - including while commuting, traveling by public or private transportation and during business trips.

MetLife's AD&D insurance pays you benefits if you suffer a covered accident that results in paralysis or the loss of a limb, speech, hearing or sight, or brain damage or coma. If you suffer a covered fatal accident, benefits will be paid to your beneficiary.

SHORT TERM DISABILITY

Short Term Disability insurance can replace a portion of your income during the initial weeks of a disabling illness or accident. Policies can cover from the first 6 months up to a year of a disability, providing coverage during the waiting period of most Long Term Disability insurance plans.

LONG TERM DISABILITY

Long Term Disability insurance replaces a portion of your income during an extended period of a disabling illness or accident. By providing a steady stream of income while you are unable to work, Long Term Disability insurance can help you meet your financial obligations.

EMPLOYER-PAID SHORT-TERM DISABILITY

13-WEEK COVERAGE DURATION

Weekly Benefit Amount: 60%
Maximum Weekly Benefit: $1,730
Minimum Weekly Benefit: $20
Elimination Period: 14 days

EMPLOYER-PAID SHORT-TERM DISABILITY

26-WEEK COVERAGE DURATION

Weekly Benefit Amount: 60%
Maximum Weekly Benefit: $1,730
Minimum Weekly Benefit: $20
Elimination Period: 14 days

EMPLOYER-PAID LONG-TERM DISABILITY

90-DAY ELIMINATION PERIOD

Monthly Benefit: 60% of pre-disability earnings
Maximum Monthly Benefit: $7,500
Maximum Salary: $150,000
Minimum Monthly Benefit: $100
Elimination Period: 90 days or until the end of the STD Max Benefit Period

EMPLOYER-PAID LONG-TERM DISABILITY

180-DAY ELIMINATION PERIOD

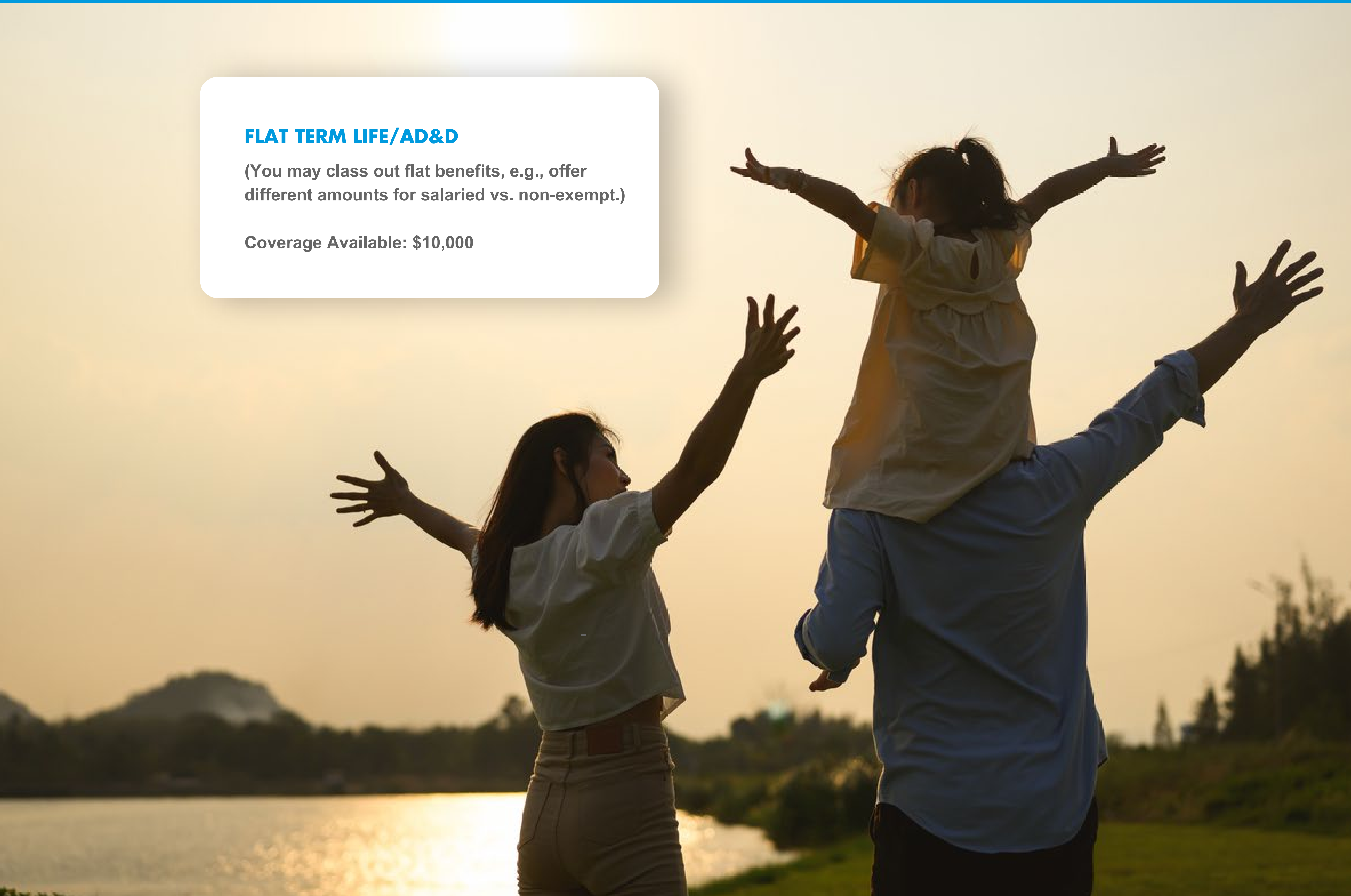
Monthly Benefit: 60% of pre-disability earnings
Maximum Monthly Benefit: $7,500
Maximum Salary: $150,000
Minimum Monthly Benefit: $100
Elimination Period: 180 days or until the end of the STD Max Benefit Period

EMPLOYER-PAID LIFE INSURANCE

FLAT TERM LIFE/AD&D

(You may class out flat benefits, e.g., offer different amounts for salaried vs. non-exempt.)

Coverage Available: $10,000



EMPLOYER-PAID LIFE INSURANCE

FLAT TERM LIFE/AD&D

(You may class out flat benefits, e.g., offer different amounts for salaried vs. non-exempt.)

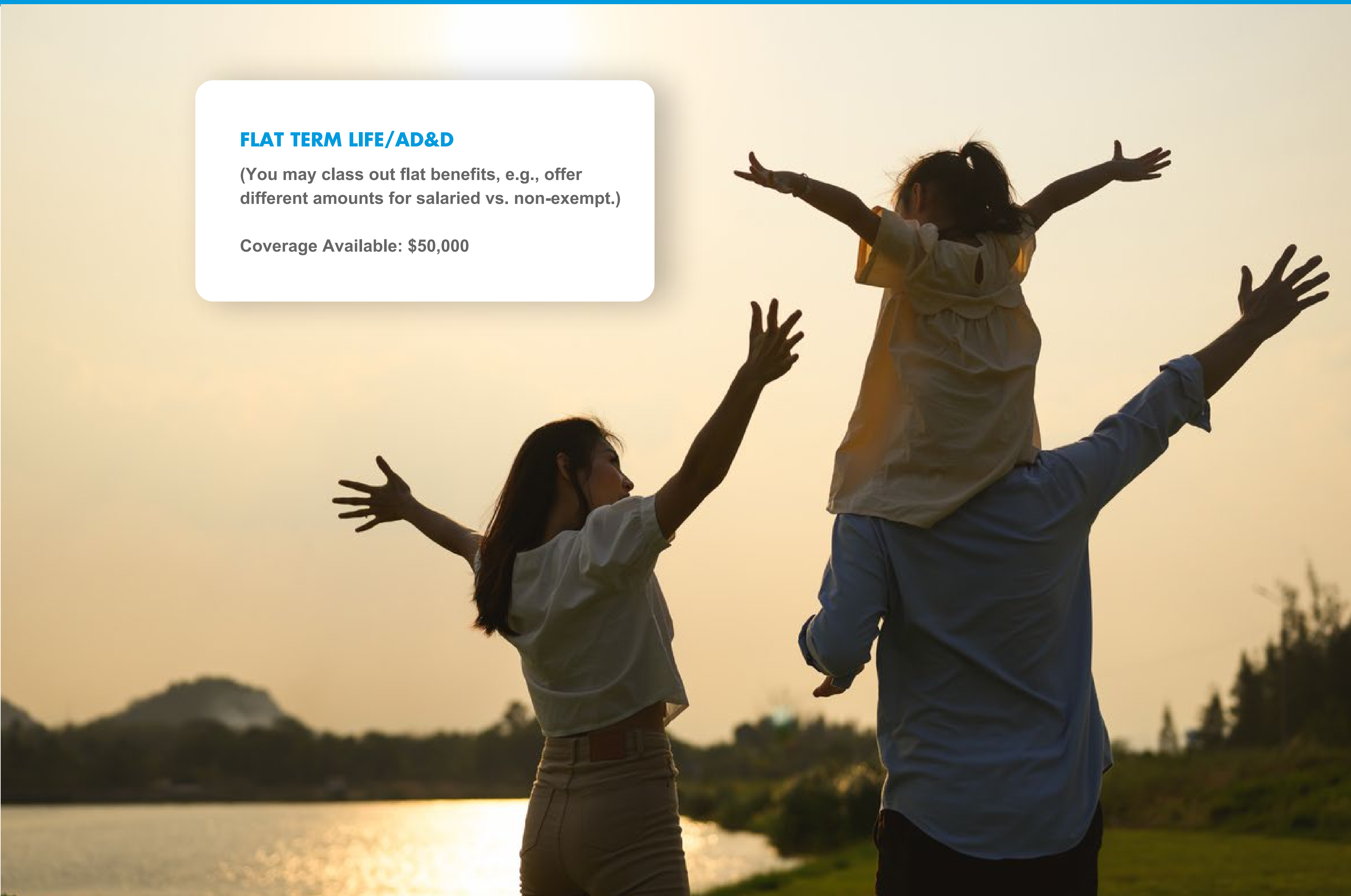
Coverage Available: $25,000

EMPLOYER-PAID LIFE INSURANCE

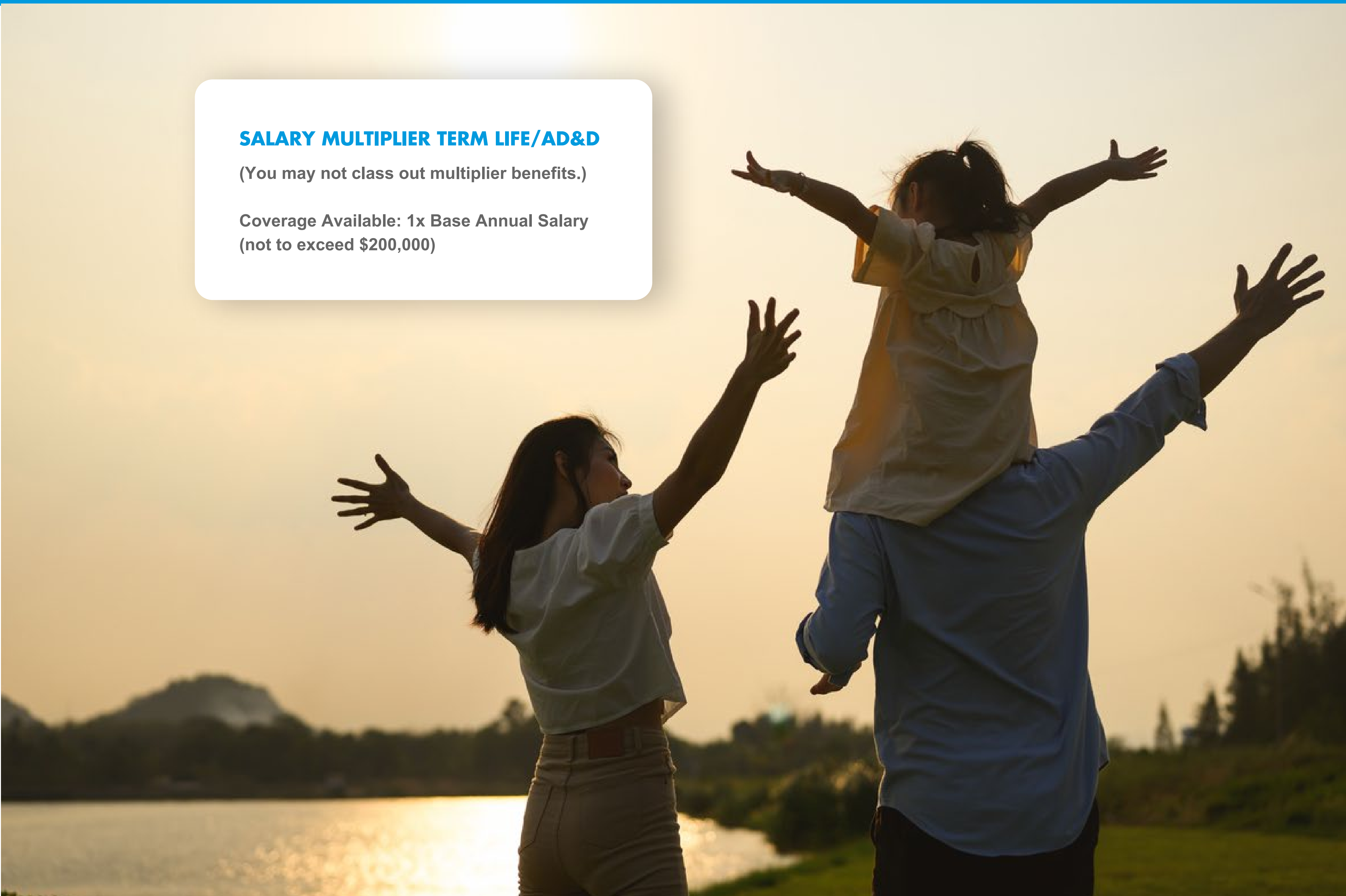
FLAT TERM LIFE/AD&D

(You may class out flat benefits, e.g., offer different amounts for salaried vs. non-exempt.)

Coverage Available: $50,000



EMPLOYER-PAID LIFE INSURANCE



SALARY MULTIPLIER TERM LIFE/AD&D

(You may not class out multiplier benefits.)

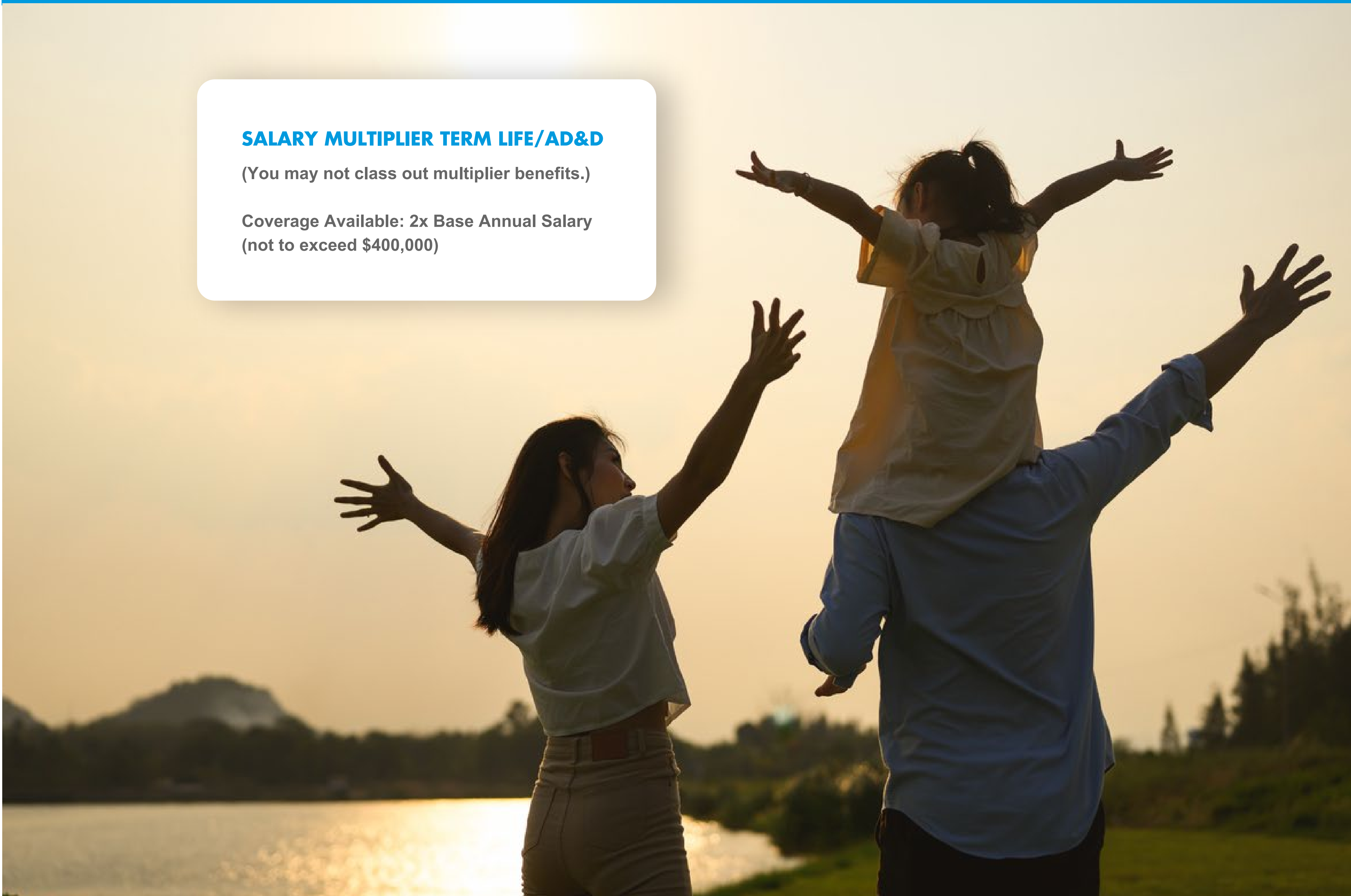
Coverage Available: 1x Base Annual Salary
(not to exceed $200,000)

EMPLOYER-PAID LIFE INSURANCE

SALARY MULTIPLIER TERM LIFE/AD&D

(You may not class out multiplier benefits.)

Coverage Available: 2x Base Annual Salary
(not to exceed $400,000)



SUPPLEMENTAL TERM LIFE INSURANCE

BENEFICIARY DESIGNATION IS REQUIRED TO AVOID CLAIM DELAYS

SUPPLEMENTAL TERM LIFE INSURANCE	
Monthly Costs **for Supplemental Term Life and Accidental Death & Dismemberment Insurance*	
For You	$10,000 Increments to the lesser of 5 times your basic annual earnings or $1,000,000, medical evidence of insurability (MEOI) lesser of 3 times pay and $100,000
For your Spouse/Domestic Partner	$5,000 Increments to $100,000, up to 50% of your coverage amount; MEOI $25,000
For your Dependent Children	$10,000

You have the option to purchase Supplemental Term Life insurance. Listed below are your monthly rates (based on your age as of your last birthday), as well as those for your spouse/domestic partner (based on your age as of your last birthday).

Age	Monthly Cost Per $1,000 of Employee Coverage	Monthly Cost Per $1,000 of Spouse/Domestic Coverage
Under 30	$0.11	$0.10
30-34	$0.13	$0.12
35-39	$0.14	$0.14
40-44	$0.20	$0.19
45-49	$0.25	$0.25
50-54	$0.43	$0.42
55-59	$0.80	$0.80
60-64	$0.91	$0.91
65-69	$1.52	$1.51
70+	$4.16	$4.15

*New enrollment or coverage amount changes for Life/Disability plans during annual Open Enrollment will require an evidence of insurability form to be completed by the member.

SUPPLEMENTAL TERM LIFE INSURANCE

Once enrolled, you have access to MetLife advantages - services to help navigate what life may bring.

- Grief Counseling
- Funeral Discounts and Planning Services
- Beneficiary Claim Assistance
- Life Settlement Account
- Travel Assistance
- Will Prep
- WillsCenter.com
- Retirement Planning
- Estate Resolution Services

Dependent Child Coverage Monthly Premium For:	
$1,000	$0.21
$2,000	$0.39
$4,000	$0.78
$5,000	$0.98
$10,000	$1.96

CALCULATE	
1. Enter the rate from the table (Example age 36)	$0.10
2. Enter the amount of insurance units (Example: for $100,000 coverage, divide the total coverage by 1,000)	100
3. Monthly premium (1) x (2)	$10.00

ACCIDENTAL DEATH & DISMEMBERMENT

Accidental Death & Dismemberment (AD&D) coverage complements your Supplemental Life Insurance coverage and helps protect you 24 hours a day, 365 days a year.

This valuable coverage benefits beyond your disability or life insurance for losses due to covered accidents - including while commuting, traveling by public or private transportation and during business trips. MetLife's AD&D insurance pays you benefits if you suffer a covered accident that results in paralysis or the loss of a limb, speech, hearing or sight, or brain damage or coma. If you suffer a covered fatal accident, benefits will be paid to your beneficiary.

SUPPLEMENTAL AD&D COVERAGE AMOUNTS FOR YOU

Your supplemental AD&D amount is equal to your Supplemental Term Life amount.

SUPPLEMENTAL AD&D COVERAGE AMOUNTS FOR SPOUSE/DOMESTIC PARTNER AND CHILD(REN)

Your dependent spouse/domestic partner and child(ren) will be covered with AD&D coverage. Your dependents will be eligible for coverage amounts equal to their amounts of Dependent Term Life coverage.

Supplemental Term Life and Accidental Death & Dismemberment benefits are offered as a combined benefit.

COVERED LOSSES

This AD&D insurance pays benefits for covered losses that are the result of an accidental injury or loss of life. The full amount of AD&D coverage you select is called the "Full Amount" and is equal to the benefit payable for the loss of life. Benefits for other losses are payable as a predetermined percentage of the Full Amount, and will be listed in your coverage in a table of Covered Losses. Such losses include loss of limbs, sight, speech and hearing, various forms of paralysis, brain damage and coma. The maximum amount payable for Covered Losses sustained in any one accident is capped at 100% of the Full Amount.

VOLUNTARY SHORT TERM DISABILITY

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. Your employer may offer either employer- paid Short Term Disability OR Voluntary Short Term Disability benefits. Please check with your employer for more details on their specific offerings.

ELIGIBILITY REQUIREMENTS

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 complying with the requirements of the treatment and you are unable to earn more than 80% of your pre-disability earnings at your own occupation.

WHAT IS THE BENEFIT AMOUNT?

The Short Term Disability benefit replaces a portion of your pre-disability earnings, less the income that was actually paid to you during the same disability from other sources (e.g., state disability benefits, no-fault auto laws, sick pay, vacation pay, etc.) The benefit amount is 60% of your pre-disability weekly earnings. Weekly earnings are subject to the plan maximum benefit of $2,308. If your salary exceeds $200,000, your Voluntary STD benefit will be limited to this maximum.

WHEN DO BENEFITS BEGIN & HOW LONG DO THEY CONTINUE?

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're eligible to receive a benefit.

The elimination periods are:
For Injury: 14 days
For Sickness (includes childbirth): 14 days

Benefits continue for as long as you are disabled up to a maximum duration of 26 weeks of disability.

VOLUNTARY SHORT TERM DISABILITY PLAN CONTRIBUTION WORKSHEET

This worksheet allows you to approximate your monthly and annual contributions for Short Term Disability. Contribution amounts are based on gross monthly income. Actual contributions will be calculated by the payroll system.

Voluntary STD Example (Using 13 week benefit plan for age 40-44)	Contribution
A. Annual Earnings =	$30,000
B. Weekly Earnings = (A divided by 52)	$577
C. Weekly Benefit = (B multiplied by 60%)	$346.15
D. Value Per $10 = (C divided by 10)	$34.62
E. Estimated Monthly Contribution = (D multiplied by 0.32)	$11.08

Disability Age Per $100 Covered Monthly Payroll		
Age	13 Week Benefit Duration	26 Week Benefit Duration
>25	$0.30	$0.43
25-29	$0.32	$0.45
30-34	$0.32	$0.46
35-39	$0.29	$0.42
40-44	$0.32	$0.45
45-49	$0.38	$0.56
50-54	$0.47	$0.69
55-59	$0.59	$0.85
60-64	$0.69	$1.00
+65	$0.83	$1.20

*New enrollment or coverage amount changes for Life/Disability plans during annual Open Enrollment will require an evidence of insurability form to be completed by the member.

VOLUNTARY LONG TERM DISABILITY

What is Long Term Disability insurance? Long Term Disability (LTD) insurance helps replace a portion of your income for an extended period of time. Your employer may offer either employer-paid Long Term Disability OR Voluntary Long Term Disability benefits. Please check with your employer for more details on their specific offerings.

ELIGIBILITY REQUIREMENTS

All active full-time employees working at least 30 hours per week are eligible to participate.

WHAT IS THE BENEFIT AMOUNT?

The Voluntary Long Term Disability Benefit replaces a portion of your pre-disability monthly earnings, less other income you may receive from other sources during the same disability (e.g., social security, workers' compensation, vacation pay etc.)

The benefit amount is 60% of your pre-disability monthly earnings subject to the plan's maximum monthly benefit.

WHAT IS THE MAXIMUM MONTHLY BENEFIT?

The amount of the Voluntary 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 $10,000. If your salary exceeds $200,000, your LTD benefit will be limited to this maximum.

*New enrollment or coverage amount changes for Life/Disability plans during annual Open Enrollment will require an evidence of insurability form to be completed by the member.

WHEN DO BENEFITS BEGIN & HOW LONG DO THEY CONTINUE?

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're eligible to receive a benefit. Your elimination period for the Voluntary Long Term Disability is either 90 days OR 180 days. Please check with your employer to verify your benefit plan maximum period and any specific limitations described in the Certificate of Insurance provided by your Employer.

DISABILITY PLAN CONTRIBUTION WORKSHEET

This worksheet allows you to approximate your monthly and annual contributions for Voluntary Long Term Disability (LTD). Contribution amounts are based on gross monthly income. Actual contributions will be calculated by the payroll system.

Voluntary LTD Example (Using 90 day elimination period plan for age 40-44)	Contribution
A. Annual Earnings =	$30,000
B. Weekly Earnings = (A divided by 12)	$2,500
C. Value Per $100 = (B Divided by 100)	25
D. Estimated Monthly Contribution = (C multiplied by 0.57)	$14.25

Disability Age Per $100 Covered Monthly Payroll		
Age	90 Day Elimination Period	180 Day Elimination Period
<35	$0.20	$0.11
35-39	$0.41	$0.33
40-44	$0.57	$0.46
45-49	$0.77	$0.63
50-54	$1.03	$0.83
55-59	$1.17	$0.97
60-64	$0.92	$0.72
65+	$0.35	$0.26

SUPPLEMENTAL BENEFITS

Other valuable supplemental benefits are available from MetLife, a leader in the worksite employee benefit market. Several policies are available that pay cash to you when covered events occur. These special group plans include:

ACCIDENT

Protection designed to help you handle the out-of-pocket costs that add up after an **accidental injury**. Benefit payments are made as lump-sum cash deposits directly to the beneficiary.

CRITICAL ILLNESS

Critical illness insurance provides additional **coverage** for medical emergencies like heart attack, stroke, or cancer. Because these emergencies or **illnesses** often incur greater than average medical costs, these policies pay cash to help cover where traditional **health insurance** may fall short.

HOSPITAL INDEMNITY INSURANCE

Hospital indemnity insurance is a **supplemental insurance plan** designed to pay for the costs of a **hospital** admission that may not be covered by other **insurance**. The **plan** covers employees who are admitted to a **hospital** or ICU for a covered sickness or injury.

Beneficiary designation is suggested in the event of your passing or if you or your loved ones are left incapacitated.

METLIFE ACCIDENT INSURANCE

Add accident insurance coverage to help pay for expenses that may not be covered under your employer's existing medical plan.

ACCIDENT INSURANCE	MONTHLY COST TO YOU	
Coverage Options	Low Plan	High Plan
Employee	$5.68	$10.77
Employee & Spouse	$10.66	$19.96
Employee & Child(ren)	$11.59	$21.68
Employee & Spouse/Child(ren)	$14.62	$27.40

WHO IS ELIGIBLE TO ENROLL FOR THIS ACCIDENT COVERAGE?

You are eligible to enroll yourself and your eligible family members! You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective.

HOW DO I PAY FOR MY ACCIDENT COVERAGE?

Premiums will be conveniently paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

WHAT HAPPENS IF MY EMPLOYMENT STATUS CHANGES? CAN I TAKE MY COVERAGE WITH ME?

Yes, you can take your coverage with you. You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

This insurance provides you with a lump-sum payment after an accident to use as you see fit. It can help with out-of-pocket expenses such as deductibles, copays, transportation to medical centers, and childcare expenses.

ACCIDENT INSURANCE THROUGH YOUR EMPLOYER MAY INCLUDE BENEFITS FOR:

Injuries: Fractures, dislocations, concussions, lacerations, eye injuries, torn knee cartilage, ruptured discs, second and third degree burns

Medical Services and Treatments: Ambulance, emergency care, therapy services, medical testing (including x-rays, MRIs, CT scans), medical appliances and certain types of surgeries

Hospitalization: Hospital admission, confinement and inpatient rehab after an accident

Additional Benefits: Accidental death, dismemberment, loss and paralysis; supplemental benefit for lodging

Plus: Guaranteed acceptance, payment through payroll deduction, portable coverage

WHO DO I CALL FOR ASSISTANCE?

For assistance, please contact the FrankCrum Benefits Department by phone at 1-800-393-0815, option 10 or by email at benefits@frankcrum.com.

METLIFE CRITICAL ILLNESS

CRITICAL ILLNESS INSURANCE		Coverage options
Eligible Individual	Initial Benefit	Requirements
Employee	$15,000 Or $30,000	Coverage is guaranteed provided you are actively at work
Spouse/Domestic Partner	50% Of the Employees Initial Benefits	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the certificate
Dependent Child(ren)	50% Of the Employees Initial Benefits	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the certificate

BENEFIT PAYMENT

Your Initial Benefit provides a lump-sum payment upon the first diagnosis of a Covered Condition. Your plan pays a Recurrence Benefit for the following Covered Conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer and Partial Benefit Cancer. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a benefit Suspension Period between recurrences.

SUSPENSION PERIOD BETWEEN RECURRENCES

The maximum amount that you can receive through your Critical Illness Insurance plan is called the Total Benefit and is 3 times the amount of your Initial Benefit. This means that you can receive multiple Initial Benefit and Recurrence Benefit payments until you reach the maximum of 300%.

To enroll, visit MyFrankCrum.com or call the FrankCrum Benefits Department at 1-800-393-0815 option 10.

MONTHLY PREMIUM/$15,000 OF COVERAGE

Attained Age	Employee Only	Employee & Spouse	Employee & Children	Employee, Spouse & Children
<25	$3.60	$6.15	$6.45	$9.00
25-29	$3.90	$6.45	$6.75	$9.45
30-34	$5.55	$8.85	$8.40	$11.70
35-39	$7.95	$12.45	$10.95	$15.30
40-44	$12.30	$18.75	$15.30	$21.60
45-49	$18.90	$28.05	$21.75	$30.90
50-54	$28.35	$41.25	$31.20	$44.25
55-59	$40.65	$58.65	$43.50	$61.50
60-64	$59.25	$84.60	$62.10	$87.60
65-69	$89.70	$127.20	$92.55	$130.05
70+	$135.00	$192.45	$137.85	$195.45

MONTHLY PREMIUM/$30,000 OF COVERAGE

Attained Age	Employee Only	Employee & Spouse	Employee & Children	Employee, Spouse & Children
<25	$7.20	$12.30	$12.90	$18.00
25-29	$7.80	$12.90	$13.50	$18.90
30-34	$11.10	$17.70	$16.80	$23.40
35-39	$15.90	$24.90	$21.90	$30.60
40-44	$24.60	$37.50	$30.60	$43.20
45-49	$37.80	$56.10	$43.50	$61.80
50-54	$56.70	$82.50	$62.40	$88.50
55-59	$81.30	$117.30	$87.00	$123.00
60-64	$118.50	$169.20	$124.20	$175.20
65-69	$179.40	$254.40	$185.10	$260.10
70+	$270.00	$384.90	$275.70	$390.90

METLIFE HOSPITAL INDEMNITY INSURANCE

Hospital indemnity insurance is a coverage that can help safeguard your finances by providing you with a lump-sum payment - one convenient payment all at once - when you or your family needs it most.

HOSPITAL INDEMNITY RATES	MONTHLY COST TO YOU
Coverage Option	Rates
Employee	$31.52
Employee & Spouse	$60.08
Employee & Child(ren)	$56.00
Employee & Spouse/Child(ren)	$95.20

WHO IS ELIGIBLE TO ENROLL FOR THIS HOSPITAL INDEMNITY COVERAGE?

You are eligible to enroll yourself and your eligible family members. You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective. Dependents to be enrolled may not be subject to a medical restriction as set forth in the Certificate. Some states require the insured to have medical coverage.

HOW DO I PAY FOR MY HOSPITAL INDEMNITY COVERAGE?

Premiums will be conveniently paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

WHAT HAPPENS IF MY EMPLOYMENT STATUS CHANGES? CAN I TAKE MY COVERAGE WITH ME?

Yes, you can take your coverage with you. You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

HOSPITAL COVERAGE (ACCIDENT)	
Admission must occur within 180 days after the accident	$1,500 per accident (non-ICU) $3,000 per accident (ICU)
Confinement must occur within 180 days after the accident	$300 a day (non-ICU) for up to 31 days $600 a day (ICU) for up to 31 days
Inpatient Rehab stay must occur immediately following hospital confinement and occur within 365 days	$300 a day up to 15 days per accident and 30 days per calendar year

HOSPITAL COVERAGE (ILLNESS)	
Admission	$1,500 (non-ICU) $3,000 (ICU)
Confinement	$300 a day (non-ICU) for up to 31 days $600 a day (ICU) for up to 31 days

WHO DO I CALL FOR ASSISTANCE?

For assistance, please contact the FrankCrum Benefits Department by phone at 1-800-393-0815, option 10 or by email at benefits@frankcrum.com.

ADDITIONAL BENEFITS

ALERO FINANCIAL

As an employee of FrankCrum, you and your family are eligible for credit union products and services from Alero Financial.

TICKETSATWORK

Through TicketsatWork, you will receive discounts and special access to theme parks and attractions. Use the employer code: FRANKCRUM to access the discounts. ticketsatwork.com/tickets

METLAW

For a monthly fee of $18, you can have a team of top attorneys ready to help you take care of life's planned and unplanned legal events.

LIFELOCK WITH NORTON

LifeLock and Norton are now part of one company giving you all-in-one protection for your identity, devices, and online privacy.

MONTHLY RATES		
Coverage	Essential	Premium
Employee	$8.50	$21.25
Employee + Dependent(s)	$17.00	$42.50

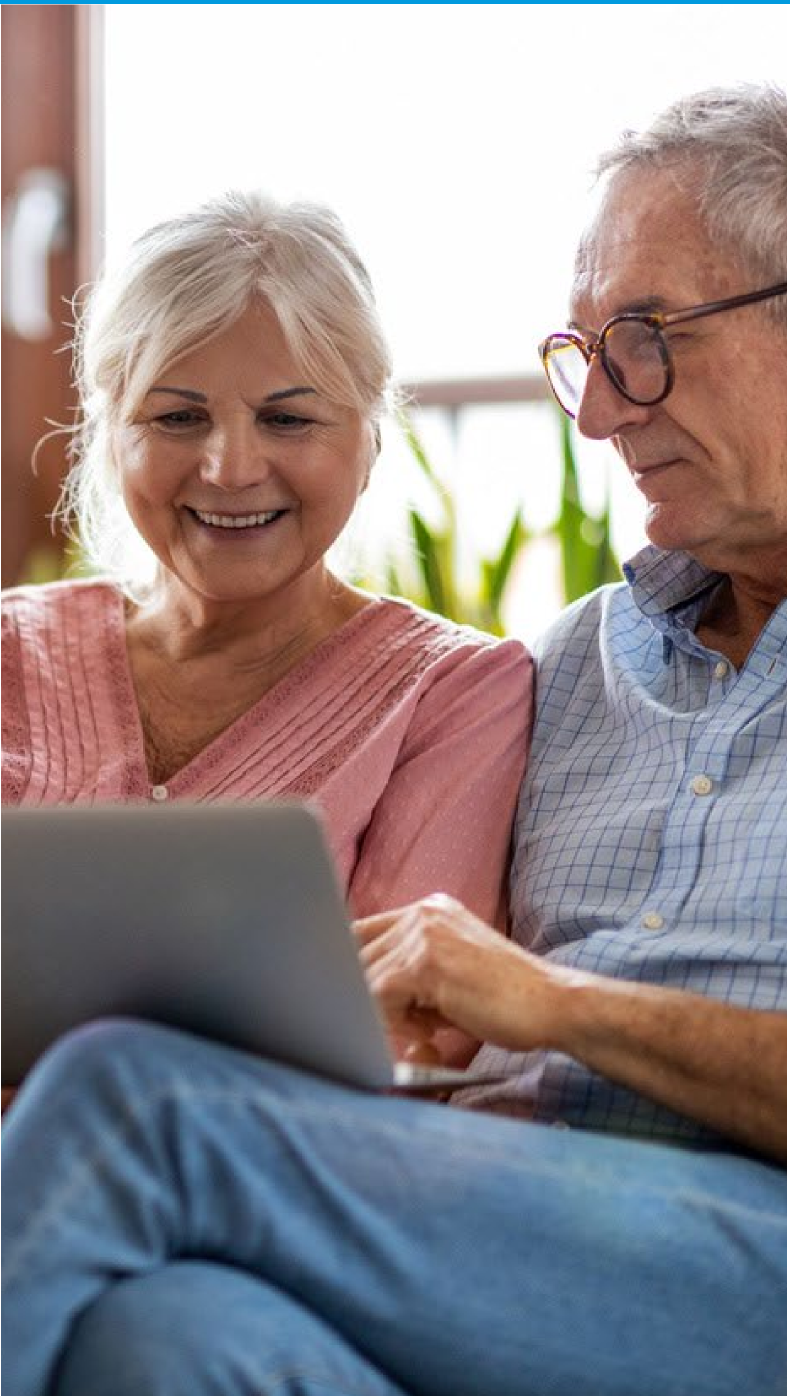
PET ASSURE INSURANCE

Pet Benefit Solutions provides two pet discount plans to all eligible employees. Pet Assure accepts all types of pets.

MONTHLY RATES		
Prescription Plan	Vet Discount Plan	Vet Discount & Prescription Plan
One dog or cat	Unlimited pets $8	One pet $12.50
Multiple pets		Unlimited pets $16.50

Additional Benefits Contacts	Contact Number	Website
Corporate America Family Credit Union	1-800-359-1939	cafcu.org/frankcrum
LifeLock	1-800-416-0599	frankcrum.excelsiorenroll.com
MetLife Law	1-800-8221-6400	info.legalplans.com
Pet Assure	1-800-891-2565	petbenefits.com/land/frankcrum
TicketsatWork	1-800-331-6483	ticketsatwork.com

FRANKCRUM 401K PLAN



SLAVIC INVESTMENT OPTIONS

Mutual funds purchased at NAV (no-load) from “open architecture” family of funds.

- Vanguard
- American Funds
- Investco
- Fidelity
- T. Rowe Price
- BlackRock

Highly rated by Morningstar. Performance and prospect uses are online and on the app. Get daily valuation and online/app access. Investment advice (speak to an advisor). Email Express - Participant account balances e-mailed to the participant every Friday. Pre-allocation portfolios to make investing easy are optional to all participants for .25% annually.

ABSOLUTE FEE TRANSPARENCY

The participant servicing fees are disclosed as a line item on the participant’s statement. Fees are not “hidden” in the investment returns. 12b-1 fees paid to Slavic401k.com are credited back to the individual participants that own the fund. This ensures absolute objectivity in fund recommendations.

ELIGIBILITY

After satisfying the service and age requirements, you may enter the plan upon the first day of the quarter (January 1, April 1, July 1, and October 1). The minimum age for participation is 18. The minimum service for participation is 3 months and 250 hours.

PARTICIPANT COSTS	
Non-Prorated Administration	**$28 Annually ($7 deducted from the account each quarter)**
Loan Fee	**$75 One time set-up and $16 annual loan maintenance fee**
Distributions	**$40**