



# *Benefits* AT A GLANCE



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## Northeast (NY NJ CT)

| Product                           | Plan / Company  |
|-----------------------------------|---|
| Health Insurance                  | Oxford  |
| Dental Insurance                  | Flagship Dental Plan DMO (NJ Only)<br>MET335 (CA, NY, NJ, TX, FL Only)<br>Metlife: PDP Plus - \$1,250 Deductible<br>Metlife: PDP Plus - \$1,500 Deductible<br>Metlife: PDP Plus - \$2,000 Deductible<br>Metlife: PDP Plus - \$3,250 Deductible<br>Metlife: PDP Plus - \$5,000 Deductible  |
| Vision Insurance                  | UHC Vision 130 (NAT)<br>UHC Vision 150 (NAT)  |
| Life Insurance                    | Option 1 - Flat \$10,000 Guaranteed Issue<br>Option 2 - Flat \$15,000 Guaranteed Issue<br>Option 3 - Flat \$20,000 Guaranteed Issue<br>Option 4 - Flat \$50,000 Guaranteed Issue<br>Option 5 - Flat \$100,000 Guaranteed Issue<br>Option 6 - Flat \$200,000 Guaranteed Issue<br>Option 7 - 1x salary to \$500,000<br>Option 8 - 2x salary to \$500,000<br>Option 9 - 3x salary to \$500,000 |
| Long Term Disability              | Option 1 - 60% to 10K, 90 day<br>Option 2 - 60% to 5K, 90 day   |
| Short Term Disability             | Option 1-14/14 13 60% to \$1000<br>Option 2-14/14 13 60% to \$2000  |
| Accident                          | Met Life  |
| Hospital Indemnity Protection     | Met Life  |
| Critical Illness                  | Met Life  |
| Legal Plan                        | Met Life  |
| Employee Assistance Program (EAP) | Telus Health  |
| Pet Care Discount Plan            | Pet Assure  |
| Pet Insurance                     | ASPCA   |



# Abel HR Health Plans



| Abel Plan Code                          | 02                                 | 05                                 | 06                                 | 07                                 | 08                                 | 10  | 19                                 |
|---|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|---|------------------------------------|
| <b>Plan Name</b>                        | <a href="#">Liberty PPO 80/20</a>  | <a href="#">Freedom POS 90/10</a>  | <a href="#">Liberty EPO</a>        | <a href="#">Liberty PPO 90/10</a>  | <a href="#">Freedom EPO</a>        | <a href="#">Liberty Access POS 100 PLUS</a> | <a href="#">Freedom PPO</a>        |
| <b>National Network</b>                 | YES                                | YES                                | YES                                | YES                                | YES                                | YES   | YES                                |
| <b>Co-Insurance</b>                     | 20%                                | 10%                                | 10%                                | 10%                                | None                               | None  | 10%                                |
| <b>Benefit Period</b>                   | Calendar Year                      | Calendar Year                      | Calendar Year                      | Calendar Year                      | Calendar Year                      | Calendar Year                               | Calendar Year                      |
| <b>In Network</b>                       |                                    |                                    |                                    |                                    |                                    |   |                                    |
| <b>Single Deductible</b>                | \$2000.00                          | \$2000.00                          | \$1000.00                          | \$500.00                           | None                               | None  | \$1000.00                          |
| <b>Family Deductible</b>                | \$4000.00                          | \$4000.00                          | \$2000.00                          | \$1000.00                          | None                               | None  | \$2000.00                          |
| <b>Maximum Out of Pocket</b>            |                                    |                                    |                                    |                                    |                                    |   |                                    |
| <b>Single</b>                           | \$5000.00                          | \$5000.00                          | \$4000.00                          | \$5000.00                          | \$4500.00                          | \$2500.00                                   | \$2500.00                          |
| <b>Family</b>                           | \$10000.00                         | \$10000.00                         | \$8000.00                          | \$10000.00                         | \$9000.00                          | \$5000.00                                   | \$5000.00                          |
| <b>Primary Care Physician Selection</b> |                                    |                                    |                                    |                                    |                                    |   |                                    |
| <b>Doctor's Office Visits</b>           |                                    |                                    |                                    |                                    |                                    |   |                                    |
| <b>Primary Care Office Visit</b>        | \$25.00                            | \$25.00                            | \$30.00                            | \$25.00                            | \$30.00                            | \$30.00                                     | \$25.00                            |
| <b>Specialty Care Office Visit</b>      | \$40.00                            | \$40.00                            | \$50.00                            | \$40.00                            | \$50.00                            | \$30.00                                     | \$40.00                            |
| <b>Hospital Care</b>                    | Deductible & Co-Insurance          | Deductible & Co-Insurance          | Deductible & Co-Insurance          | Deductible & Co-Insurance          | \$500 Co-Pay per Admission         | \$250 Co-Pay per Admission                  | Deductible & Co-Insurance          |
| <b>Emergency Room</b>                   | Deductible & Co-Insurance          | \$100 Co-Pay                       | \$100 Co-Pay                       | \$100 Co-Pay                       | \$100 Co-Pay                       | \$100 Co-Pay                                | \$100 Co-Pay                       |
| <b>Prescription Card</b>                | \$25/\$50/\$75<br>\$100 Deductible | \$25/\$50/\$75<br>\$100 Deductible | \$25/\$50/\$75<br>\$100 Deductible | \$25/\$50/\$75<br>\$100 Deductible | \$25/\$50/\$75<br>\$100 Deductible | \$25/\$50/\$75                              | \$25/\$50/\$75<br>\$100 Deductible |
| <b>Out of Network</b>                   |                                    |                                    |                                    |                                    |                                    |   |                                    |
| <b>Co-Insurance</b>                     | 40%                                | 30%                                | Not Applicable                     | 30%                                | Not Applicable                     | 30%   | 40%                                |
| <b>Single Deductible</b>                | \$2000.00                          | \$2000.00                          | Not Applicable                     | \$2000.00                          | Not Applicable                     | \$2000.00                                   | \$2000.00                          |
| <b>Family Deductible</b>                | \$4000.00                          | \$4000.00                          | Not Applicable                     | \$4000.00                          | Not Applicable                     | \$4000.00                                   | \$4000.00                          |
| <b>Maximum Out of Pocket</b>            |                                    |                                    |                                    |                                    |                                    |   |                                    |
| <b>Single</b>                           | \$10000.00                         | \$10000.00                         | Not Applicable                     | \$10000.00                         | Not Applicable                     | \$5000.00                                   | \$5000.00                          |
| <b>Family</b>                           | \$20000.00                         | \$20000.00                         | Not Applicable                     | \$20000.00                         | Not Applicable                     | \$10000.00                                  | \$10000.00                         |

Allocations good through 10/31/2024

**(This is a brief description of coverage. Please refer to the Benefit Summaries for more detail.)**

The allocations and benefits are for general information and discussion purposes only. These allocations are not valid until approved with **final census at enrollment**. (Our Insurance Carriers reserve the right to adjust the allocations if there is a change in enrollment + or – 10%.) This Allocation quote is not an offer or a guarantee of coverage. We reserve the right to modify your rates in the event your plan design must be modified as a result of any change, modification or clarification in law, including the Patient Protection and Affordable Care Act. (Minimum of 5 insured employees per client).

Please review plan documents for full benefit details, exclusions and limitations under the “Plans” tab on Abel HR’s Resource Center page on website: <https://www.abelhr.com/resources/>. Enrollment in our health plans is subject to pre-approval by Abel HR and is not available in all areas of the country.





# Abel HR Health Plans



| Abel Plan Code                          | 20                          | 21                                 | 22                                 | 23                                  | 26                                 | 27   | 29   | 30                                 | 31                                 |
|---|-----------------------------|------------------------------------|------------------------------------|-------------------------------------|------------------------------------|--|--|------------------------------------|------------------------------------|
| <b>Plan Name</b>                        | <a href="#">Freedom PPO</a> | <a href="#">EPO Liberty</a>        | <a href="#">EPO Liberty</a>        | <a href="#">EPO Liberty</a>         | <a href="#">EPO Liberty HSA</a>    | <a href="#">Freedom H.S.A PPO</a>                    | <a href="#">Metro EPO HSA</a>  | <a href="#">EPO LIBERTY HSA</a>    | <a href="#">EPO LIBERTY HSA</a>    |
| <b>National Network</b>                 | YES                         | YES                                | YES                                | YES                                 | YES                                | YES  | YES  | YES                                | YES                                |
| <b>Co-Insurance</b>                     | None                        | 50%                                | 30%                                | None                                | 50%                                | None   | 50%  | 40%                                | None                               |
| <b>Benefit Period</b>                   | Calendar Year               | Calendar Year                      | Calendar Year                      | Calendar Year                       | Calendar Year                      | Calendar Year  | Calendar Year  | Calendar Year                      | Calendar Year                      |
| <b>In Network</b>                       |                             |                                    |                                    |                                     |                                    |  |  |                                    |                                    |
| <b>Single Deductible</b>                | None                        | \$2500.00                          | \$2000.00                          | None                                | \$2500.00                          | \$2000.00  | \$2500.00  | \$2000.00                          | \$2500.00                          |
| <b>Family Deductible</b>                | None                        | \$5000.00                          | \$4000.00                          | None                                | \$5000.00                          | \$4000.00  | \$5000.00  | \$4000.00                          | \$5000.00                          |
| <b>Maximum Out of Pocket</b>            |                             |                                    |                                    |                                     |                                    |  |  |                                    |                                    |
| <b>Single</b>                           | \$2500.00                   | \$6350.00                          | \$6350.00                          | \$4500.00                           | \$6450.00                          | \$6000.00  | \$6350.00  | \$6350.00                          | \$6900.00                          |
| <b>Family</b>                           | \$5000.00                   | \$12700.00                         | \$12700.00                         | \$9000.00                           | \$12900.00                         | \$12000.00   | \$12700.00   | \$12700.00                         | \$13800.00                         |
| <b>Primary Care Physician Selection</b> |                             |                                    |                                    |                                     |                                    |  |  |                                    |                                    |
| <b>Doctor's Office Visits</b>           |                             |                                    |                                    |                                     |                                    |  |  |                                    |                                    |
| <b>Primary Care Office Visit</b>        | \$20.00                     | \$50.00                            | \$30.00                            | \$30.00                             | Deductible & Co-Insurance          | Deductible then \$25 copay                           | 50% coinsurance after deductible   | 40% coinsurance after deductible   | No Charge after Deductible         |
| <b>Specialty Care Office Visit</b>      | \$20.00                     | \$75.00                            | \$50.00                            | \$50.00                             | Deductible & Co-Insurance          | Deductible then \$40 copay                           | 50% coinsurance after deductible   | 40% coinsurance after deductible   | No Charge after Deductible         |
| <b>Hospital Care</b>                    | No Charge                   | Deductible & Co-Insurance          | Deductible & Co-Insurance          | \$500 Per day<br>2500 Per Admission | Deductible & Co-Insurance          | Deductible then \$400 per day<br>\$2000 max per year | 50%coinsurance after deductible  | 40%coinsurance after deductible    | No Charge after Deductible         |
| <b>Emergency Room</b>                   | \$100 Co-Pay                | \$100 Co-Pay, & 50% Co-Insurance   | \$100 Co-Pay, & 30% Co-Insurance   | \$100 Co-Pay                        | Deductible & Co-Insurance          | Deductible then \$100 copay                          | 50%coinsurance after deductible  | 40%coinsurance after deductible    | No Charge after Deductible         |
| <b>Prescription Card</b>                | \$15/\$35/\$75              | \$25/\$50/\$75<br>\$100 Deductible | \$25/\$50/\$75<br>\$100 Deductible | \$25/\$50/\$75<br>\$100 Deductible  | After Deductible<br>\$25/\$50/\$75 | After Deductible<br>\$25/\$50/\$75                   | \$15 copay Tier 1<br>50% coinsurance tier 2&3 to a max per script of \$250 | After Deductible<br>\$25/\$50/\$75 | After Deductible<br>\$25/\$50/\$75 |
| <b>Out of Network</b>                   |                             |                                    |                                    |                                     |                                    |  |  |                                    |                                    |
| <b>Co-Insurance</b>                     | 20%                         | Not Applicable                     | Not Applicable                     | Not Applicable                      | Not Applicable                     | 20%  | Not Applicable   | Not Applicable                     | Not Applicable                     |
| <b>Single Deductible</b>                | \$1000.00                   | Not Applicable                     | Not Applicable                     | Not Applicable                      | Not Applicable                     | \$4000.00  | Not Applicable   | Not Applicable                     | Not Applicable                     |
| <b>Family Deductible</b>                | \$2000.00                   | Not Applicable                     | Not Applicable                     | Not Applicable                      | Not Applicable                     | \$8000.00  | Not Applicable   | Not Applicable                     | Not Applicable                     |
| <b>Maximum Out of Pocket</b>            |                             |                                    |                                    |                                     |                                    |  |  |                                    |                                    |
| <b>Single</b>                           | \$2000.00                   | Not Applicable                     | Not Applicable                     | Not Applicable                      | Not Applicable                     | \$10500.00   | Not Applicable   | Not Applicable                     | Not Applicable                     |
| <b>Family</b>                           | \$4000.00                   | Not Applicable                     | Not Applicable                     | Not Applicable                      | Not Applicable                     | \$21000.00   | Not Applicable   | Not Applicable                     | Not Applicable                     |

Allocations good through 10/31/2024

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Please review plan documents for full benefit details, exclusions and limitations under the "Plans" tab on Abel HR's Resource Center page on website: <https://www.abelhr.com/resources/>. Enrollment in our health plans is subject to pre-approval by Abel HR and is not available in all areas of the country.

# Telemedicine



Teladoc Health offers a comprehensive virtual care solution capable of serving organizations and people anywhere. Teladoc Health seamlessly connects general medical, mental health and complex care to deliver convenience, outcomes, and value.



Amwell makes doctor consultations convenient. Now you can have live, on-demand video visits with a physician of your choice. Amwell connects you to board-certified doctors 24 hours a day using your phone, tablet or computer.

With Doctor On Demand, your members have a dedicated Primary Care Physician and Care Team for urgent and everyday care, behavioral health services, preventive care, as well as chronic condition management. Available 24/7 via video visits, voice, and messaging.



Optum® Virtual Care connects your employees to quality and convenient primary care and urgent care, when and where they need it most — virtually or in person. Benefits include the ability to, better manage employee health, get convenient access to quality providers and reduce time away from work.



## Flagship Dental Plans

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An Affordable DHMO Type Dental Plan  
With Comprehensive Coverage

**Flagship**

DENTAL PLANS

# Flagship

## DENTAL PLANS

### You Won't Have to Worry About...

#### **Claim Forms**

You choose the dental office that provides all primary dental services from the list of participating Flagship dentists. Then your chosen dentist should be able to take care of all of your dental needs. There are no claim forms to complete.

#### **Deductibles**

You have no required deductibles to pay, so whether you have one dental visit or multiple dental visits, your payment responsibility will be the same at the start of the plan year and the end of the plan year.

#### **Dollar Limit of Dental Benefits**

There is no annual maximum.

#### **Pre-Existing Conditions Restrictions**

Pre-existing conditions are not excluded, except for dental treatment started before coverage begins.

### Other Advantages:

#### **No Surprise Dental Costs**

You'll know your out-of-pocket costs for most procedures in advance when using a network dentist. You know the cost prior to treatment, and this aids in better financial planning for you and your family.

#### **Quality Review of Dental Providers**

An audit of participating dental locations confirms that established standards of quality are maintained.

#### **Specialty Services**

Services in dental specialty areas include periodontics (treatment of diseased gums and bone), endodontics (root canal therapy), oral surgery procedures, and orthodontics.

#### **Emergency Services**

You are also entitled to a benefit to help you pay for services if you have a dental emergency when you're out-of-town and need emergency dental care. This program will pay dental expenses incurred up to a maximum of \$100 when you are "out-of-area"— that is, 35 miles or more from your Flagship primary dentist's office.

#### **Dedicated Customer Service**

Flagship has a New Jersey-based call center with highly trained representatives who can assist with all your questions and service needs.







## Schedule of Benefits

\*Sample Summary

Benefits provided by SafeGuard Health Plans, Inc., a MetLife company

### Direct Referral Dental Plan\*

**MET335**  
**(CA, NY, NJ, TX, FL ONLY)**

This SCHEDULE OF BENEFITS lists the Covered Services available to You and Your Dependents under Your dental plan, as well as Your and Your Dependent's costs for each Covered Service. Your and Your Dependent's costs may include Co-Payments for a Covered Service.

\*Care under this plan is provided through a network of Selected General Dentists. Your Selected General Dentist is responsible for determining when the services of a Specialty Care Dentist are needed, and facilitating any necessary referral. You and Your Dependents will be advised of the name, address and telephone number of the Specialty Care Dentist in Your or Your Dependent's Service Area.

Missed Appointments: If You or Your Dependents need to cancel or reschedule an appointment, please notify the Selected General Dental Office as far in advance as possible. This will allow the Selected General Dental Office to accommodate another person in need of attention. If You or Your Dependents fail to do this in a timely fashion, You or Your Dependents may be charged a missed appointment fee.

| Code | Service   | Your and Your Dependent's Co-Payment |
|------|---|--------------------------------------|
| •    | Office visit - per visit <i>(including all fees for sterilization and/or infection control)</i> | \$5                                  |

| Code | Service | Your and Your Dependent's Co-Payment |
|------|---------|--------------------------------------|
|------|---------|--------------------------------------|

#### Diagnostic Treatment

|       |  |     |
|-------|--|-----|
| D0120 | Periodic oral evaluation - established patient. An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation, periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures. The findings are discussed with the patient. Report additional diagnostic procedures separately.   | \$0 |
| D0140 | Limited oral evaluation - problem focused  | \$0 |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver   | \$0 |
| D0150 | Comprehensive oral evaluation - new or established patient   | \$0 |
| D0160 | Detailed and extensive oral evaluation - problem focused, by report  | \$0 |
| D0170 | Re-evaluation - limited, problem focused <i>(established patient; not post-operative visit)</i>  | \$0 |
| D0171 | Re-evaluation – post-operative office visit  | \$0 |
| D0180 | Comprehensive periodontal evaluation - new or established patient. This procedure is indicated for patients showing signs or symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. It includes evaluation of periodontal conditions, probing and charting, an evaluation for oral cancer, the evaluation and recording of the patient's dental and medical history, and general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, and occlusal relationships. | \$0 |
| D0190 | Screening of a patient   | \$0 |
| D0191 | Assessment of a patient  | \$0 |

#### Radiographs / Diagnostic Imaging *(X-rays)*

## Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Abel HR

### Network: PDP Plus - \$1,250 Deductible

|   | In-Network <sup>1</sup><br>% of Negotiated Fee <sup>2</sup> | Out-of-Network <sup>1</sup><br>% of R&C Fee <sup>**</sup> |
|---|---|---|
| <b>Coverage Type</b>  |   |   |
| <b>Type A: Preventive</b><br>(cleanings, exams, X-rays)     | 100%  | 100%  |
| <b>Type B: Basic Restorative</b><br>(fillings, extractions) | 50%   | 50%   |
| <b>Type: Major Restorative</b><br>(bridges, dentures)       | 50%   | 50%   |
| <b>Type D: Orthodontia</b>                                  | 50%   | 50%   |
| <b>Deductible<sup>†</sup></b>                               |   |   |
| Individual  | \$50  | \$50  |
| Family  | \$150   | \$150   |
| <b>Annual Maximum Benefit</b>                               |   |   |
| Per Person  | \$1,250   | \$1,250   |
| <b>Orthodontia Lifetime Maximum</b>                         |   |   |
| Per Person <sup>***</sup> (Children up to age 19)           | \$1,000   | \$1,000   |

**Child(ren)'s eligibility** for dental coverage is from birth up to age 26.

<sup>1</sup>"In-Network Benefits" refers to benefits provided to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

<sup>2</sup>Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

<sup>\*\*</sup>R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.  
Deductible Applies only to Type B & C Services.

<sup>\*\*\*</sup> Orthodontia excluded for adults. Available for dependent children up to age 19.

## Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Abel HR

### Network: PDP Plus - \$1,500 Deductible

|   | In-Network <sup>1</sup><br>% of Negotiated Fee <sup>2</sup> | Out-of-Network <sup>1</sup><br>% of R&C Fee <sup>**</sup> |
|---|---|---|
| <b>Coverage Type</b>  |   |   |
| <b>Type A: Preventive</b><br>(cleanings, exams, X-rays)     | 100%  | 100%  |
| <b>Type B: Basic Restorative</b><br>(fillings, extractions) | 80%   | 80%   |
| <b>Type: Major Restorative</b><br>(bridges, dentures)       | 50%   | 50%   |
| <b>Type D: Orthodontia</b>                                  | 50%   | 50%   |
| <b>Deductible<sup>†</sup></b>                               |   |   |
| Individual  | \$50  | \$50  |
| Family  | \$150   | \$150   |
| <b>Annual Maximum Benefit</b>                               |   |   |
| Per Person  | \$1,500   | \$1,500   |
| <b>Orthodontia Lifetime Maximum</b>                         |   |   |
| Per Person <sup>***</sup> (Children up to age 19)           | \$1,500   | \$1,500   |

Child(ren)'s eligibility for dental coverage is from birth up to age 26.

<sup>1</sup>"In-Network Benefits" refers to benefits provided to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

<sup>2</sup>Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

<sup>\*\*</sup>R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.  
Deductible Applies only to Type B & C Services.

<sup>\*\*\*</sup> Orthodontia excluded for adults. Available for dependent children up to age 19.

## Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Abel HR

### Network: PDP Plus - \$2,000 Deductible

|  | In-Network <sup>1</sup><br>% of Negotiated Fee <sup>2</sup> | Out-of-Network <sup>1</sup><br>% of R&C Fee <sup>**</sup> |
|--|---|---|
| <b>Coverage Type</b>   |   |   |
| <b>Type A: Preventive</b><br>(cleanings, exams, X-rays)          | 100%  | 100%  |
| <b>Type B: Basic Restorative</b><br>(fillings, extractions)      | 80%   | 80%   |
| <b>Type: Major Restorative</b><br>(bridges, dentures)            | 50%   | 50%   |
| <b>Type D: Orthodontia</b>                                       | 50%   | 50%   |
| <b>Deductible<sup>†</sup></b>                                    |   |   |
| Individual   | \$50  | \$50  |
| Family   | \$150   | \$150   |
| <b>Annual Maximum Benefit</b>                                    |   |   |
| Per Person   | \$2,000   | \$2,000   |
| <b>Orthodontia Lifetime Maximum</b>                              |   |   |
| Per Person <sup>***</sup> (Adult/Spouse & Children up to age 19) | \$1,500   | \$1,500   |

Child(ren)'s eligibility for dental coverage is from birth up to age 26.

<sup>1</sup> "In-Network Benefits" refers to benefits provided to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

<sup>2</sup> Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

<sup>\*\*</sup> R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

Deductible Applies only to Type B & C Services.

<sup>\*\*\*</sup> Orthodontia Adult employee/spouse & dependent children up to age 19.



## Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Abel HR

### Network: PDP Plus - \$3,250 Deductible

|   | In-Network <sup>1</sup><br>% of Negotiated Fee <sup>2</sup> | Out-of-Network <sup>1</sup><br>% of R&C Fee <sup>**</sup> |
|---|---|---|
| <b>Coverage Type</b>  |   |   |
| <b>Type A: Preventive</b><br>(cleanings, exams, X-rays)     | 100%  | 100%  |
| <b>Type B: Basic Restorative</b><br>(fillings, extractions) | 80%   | 80%   |
| <b>Type: Major Restorative</b><br>(bridges, dentures)       | 50%   | 50%   |
| <b>Type D: Orthodontia</b>                                  | 50%   | 50%   |
| <b>Deductible<sup>†</sup></b>                               |   |   |
| Individual  | \$50  | \$50  |
| Family  | \$150   | \$150   |
| <b>Annual Maximum Benefit</b>                               |   |   |
| Per Person  | \$3,250   | \$3,250   |
| <b>Orthodontia Lifetime Maximum</b>                         |   |   |
| Per Person <sup>***</sup> (Children up to age 19)           | \$1,500   | \$1,500   |

Child(ren)'s eligibility for dental coverage is from birth up to age 26.

<sup>1</sup>"In-Network Benefits" refers to benefits provided to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

<sup>2</sup>Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

<sup>\*\*</sup>R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.  
Deductible Applies only to Type B & C Services.

<sup>\*\*\*</sup> Orthodontia excluded for adults. Available for dependent children up to age 19.

## Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Abel HR

### Network: PDP Plus - \$5,000

|   | In-Network <sup>1</sup><br>% of Negotiated Fee <sup>2</sup> | Out-of-Network <sup>1</sup><br>% of R&C Fee <sup>**</sup> |
|---|---|---|
| <b>Coverage Type</b>  |   |   |
| <b>Type A: Preventive</b><br>(cleanings, exams, X-rays)     | 100%  | 100%  |
| <b>Type B: Basic Restorative</b><br>(fillings, extractions) | 80%   | 80%   |
| <b>Type: Major Restorative</b><br>(bridges, dentures)       | 50%   | 50%   |
| <b>Type D: Orthodontia</b>                                  | 50%   | 50%   |
| <b>Deductible<sup>†</sup></b>                               |   |   |
| Individual  | \$50  | \$50  |
| Family  | \$150   | \$150   |
| <b>Annual Maximum Benefit</b>                               |   |   |
| Per Person  | \$5,000   | \$1,000   |
| <b>Orthodontia Lifetime Maximum</b>                         |   |   |
| Per Person <sup>***</sup> (Children up to age 19)           | \$1,500   | \$1,000   |

**Child(ren)'s eligibility** for dental coverage is from birth up to age 26.

<sup>1</sup>"In-Network Benefits" refers to benefits provided to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

<sup>2</sup>Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

<sup>\*\*</sup>R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife. Applies only to Type B & C Services.

<sup>\*\*\*</sup> Orthodontia excluded for adults. Available for dependent children up to age 19.

### List of Primary Covered Services & Limitations\*



Abel HR, Inc.

Benefit Plan Year 11/01/2022 - 10/31/2025



Vision Benefit Summary

Powered by Spectera Eyecare Networks

Customer Service and Provider Locator: (800) 638-3120

[myuhcvision.com](http://myuhcvision.com)

UnitedHealthcare vision has been trusted for more than 50 years to deliver affordable, innovative vision care solutions to the nation's leading employers through experienced, customer-focused people and the nation's most accessible, diversified vision care network.

**Exam with Materials**

**Benefit Frequency**

|                                      |                      |
|--------------------------------------|----------------------|
| Comprehensive Exam(s)                | Once every 12 months |
| Eyeglass Lenses                      | Once every 12 months |
| Frames                               | Once every 24 months |
| Contact Lenses instead of Eyeglasses | Once every 12 months |

**In-Network Services**

**Copays**

|                                      |          |
|--------------------------------------|----------|
| Exam(s)                              | \$ 10.00 |
| Eyeglasses (lenses and frame)        | \$ 25.00 |
| Contact lenses instead of Eyeglasses | \$ 25.00 |

**Frame Benefit (for frames that exceed the allowance, an additional 30% discount may be applied to the coverage)<sup>1</sup>**

|                           |                                 |
|---------------------------|---------------------------------|
| Private Practice Provider | \$130.00 retail frame allowance |
| Retail Chain Provider     | \$130.00 retail frame allowance |

**Lens Options**

|   |
|---|
| Standard Scratch-resistant Coating, Polycarbonate Lenses for Dependent Children (up to age 19) - covered in full. |
|---|

**Contact Lens Benefit<sup>2</sup>** (Formulary contact lenses refer to contact lenses available on our formulary contact list. Contact lenses not on this list are referred to as Non-Formulary. A copy of the list can be found at [myuhcvision.com](http://myuhcvision.com)).

|   |  |
|---|--|
| <b>Formulary contact lenses</b><br>The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered in full after copay.           | If you choose disposable contacts, up to 4 boxes are included when obtained from an in-network provider. |
| <b>Non-Formulary contact lenses</b><br>An allowance is applied toward the purchase of contact lenses outside the Formulary. Contact lens copay is waived. | \$125.00   |
| <b>Necessary contact lenses<sup>3</sup></b>   | Covered in full after copay (if applicable).   |

**Children's and Maternity Eye Care Benefit**

|   |
|---|
| Members age 0-12 and members pregnant or breastfeeding are eligible for a 2nd exam. Members age 0-12 and members pregnant or breastfeeding are also eligible for a replacement frame and lenses if they have a prescription change of 0.5 diopter or more. The 2nd exam and replacement benefits are the same as the initial exam, frame and lens benefits. |
|---|

**Out-of-Network Reimbursements (Copays do not apply)**

|   |                |
|---|----------------|
| Exam(s)   | Up to \$40.00  |
| Frames  | Up to \$45.00  |
| Single Vision Lenses                                  | Up to \$40.00  |
| Lined Bifocal and Progressive Lenses                  | Up to \$60.00  |
| Lined Trifocal Lenses                                 | Up to \$80.00  |
| Lenticular Lenses                                     | Up to \$80.00  |
| Elective Contacts instead of Eyeglasses <sup>2</sup>  | Up to \$125.00 |
| Necessary Contacts instead of Eyeglasses <sup>3</sup> | Up to \$210.00 |

Abel HR, Inc.

Benefit Plan Year 11/01/2022 - 10/31/2025



Vision Benefit Summary

Powered by Spectera Eyecare Networks

Customer Service and Provider Locator: (800) 638-3120

[myuhcvision.com](http://myuhcvision.com)

UnitedHealthcare vision has been trusted for more than 50 years to deliver affordable, innovative vision care solutions to the nation's leading employers through experienced, customer-focused people and the nation's most accessible, diversified vision care network.

**Exam with Materials**

**Benefit Frequency**

|                                      |                      |
|--------------------------------------|----------------------|
| Comprehensive Exam(s)                | Once every 12 months |
| Eyeglass Lenses                      | Once every 12 months |
| Frames                               | Once every 12 months |
| Contact Lenses instead of Eyeglasses | Once every 12 months |

**In-Network Services**

**Copays**

|                                      |         |
|--------------------------------------|---------|
| Exam(s)                              | \$ 0.00 |
| Eyeglasses (lenses and frame)        | \$ 0.00 |
| Contact lenses instead of Eyeglasses | \$ 0.00 |

**Frame Benefit (for frames that exceed the allowance, an additional 30% discount may be applied to the coverage)<sup>1</sup>**

|                           |                                 |
|---------------------------|---------------------------------|
| Private Practice Provider | \$150.00 retail frame allowance |
| Retail Chain Provider     | \$150.00 retail frame allowance |

**Lens Options**

|   |
|---|
| Standard Scratch-resistant Coating, Polycarbonate Lenses for Dependent Children (up to age 19) - covered in full. |
|---|

**Contact Lens Benefit<sup>2</sup>** (Formulary contact lenses refer to contact lenses available on our formulary contact list. Contact lenses not on this list are referred to as Non-Formulary. A copy of the list can be found at [myuhcvision.com](http://myuhcvision.com)).

|   |  |
|---|--|
| <b>Formulary contact lenses</b><br>The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered in full after copay.           | If you choose disposable contacts, up to 6 boxes are included when obtained from an in-network provider. |
| <b>Non-Formulary contact lenses</b><br>An allowance is applied toward the purchase of contact lenses outside the Formulary. Contact lens copay is waived. | \$150.00   |
| <b>Necessary contact lenses<sup>3</sup></b>   | Covered in full after copay (if applicable).   |

**Children's and Maternity Eye Care Benefit**

|   |
|---|
| Members age 0-12 and members pregnant or breastfeeding are eligible for a 2nd exam. Members age 0-12 and members pregnant or breastfeeding are also eligible for a replacement frame and lenses if they have a prescription change of 0.5 diopter or more. The 2nd exam and replacement benefits are the same as the initial exam, frame and lens benefits. |
|---|

**Out-of-Network Reimbursements (Copays do not apply)**

|   |                |
|---|----------------|
| Exam(s)   | Up to \$40.00  |
| Frames  | Up to \$45.00  |
| Single Vision Lenses                                  | Up to \$40.00  |
| Lined Bifocal and Progressive Lenses                  | Up to \$60.00  |
| Lined Trifocal Lenses                                 | Up to \$80.00  |
| Lenticular Lenses                                     | Up to \$80.00  |
| Elective Contacts instead of Eyeglasses <sup>2</sup>  | Up to \$150.00 |
| Necessary Contacts instead of Eyeglasses <sup>3</sup> | Up to \$210.00 |



## Employer Sponsored/Voluntary Life Insurance

For all active full-time employees  
working at least 30 hours per week



### 10k Benefit Summary

|   |  |
|---|--|
| <b>Basic Life</b>                           | \$10,000   |
| <b>Accidental Death &amp; Dismemberment</b> | An amount equal to Your Basic Life Insurance.              |
| <b>Plan Maximum</b>                         | \$10,000   |
| <b>Non-Medical Maximum</b>                  | \$10,000   |
| <b>Age Reduction Formula (reduces by)</b>   | 35% at age 65, 55% at age 70, 70% at age 75, 80% at age 80 |
| <b>Employee Contribution</b>                |  |
| • <b>Basic Life</b>                         | 0%   |
| • <b>AD&amp;D</b>                           | 0%   |

### 15k Benefit Summary

|   |  |
|---|--|
| <b>Basic Life</b>                           | \$15,000   |
| <b>Accidental Death &amp; Dismemberment</b> | An amount equal to Your Basic Life Insurance.              |
| <b>Plan Maximum</b>                         | \$15,000   |
| <b>Non-Medical Maximum</b>                  | \$15,000   |
| <b>Age Reduction Formula (reduces by)</b>   | 35% at age 65, 55% at age 70, 70% at age 75, 80% at age 80 |
| <b>Employee Contribution</b>                |  |
| • <b>Basic Life</b>                         | 0%   |
| • <b>AD&amp;D</b>                           | 0%   |

### 20k Benefit Summary

|   |  |
|---|--|
| <b>Basic Life</b>                           | \$20,000   |
| <b>Accidental Death &amp; Dismemberment</b> | An amount equal to Your Basic Life Insurance.              |
| <b>Plan Maximum</b>                         | \$20,000   |
| <b>Non-Medical Maximum</b>                  | \$20,000   |
| <b>Age Reduction Formula (reduces by)</b>   | 35% at age 65, 55% at age 70, 70% at age 75, 80% at age 80 |
| <b>Employee Contribution</b>                |  |
| • <b>Basic Life</b>                         | 0%   |
| • <b>AD&amp;D</b>                           | 0%   |

# Employer Sponsored/Voluntary Life Insurance

For all active full-time employees  
working at least 30 hours per week



## 50k Benefit Summary

|   |  |
|---|--|
| <b>Basic Life</b>                           | \$50,000   |
| <b>Accidental Death &amp; Dismemberment</b> | An amount equal to Your Basic Life Insurance.              |
| <b>Plan Maximum</b>                         | \$50,000   |
| <b>Non-Medical Maximum</b>                  | \$50,000   |
| <b>Age Reduction Formula (reduces by)</b>   | 35% at age 65, 55% at age 70, 70% at age 75, 80% at age 80 |
| <b>Employee Contribution</b>                |  |
| • <b>Basic Life</b>                         | 0%   |
| • <b>AD&amp;D</b>                           | 0%   |

## 100k Benefit Summary

|   |  |
|---|--|
| <b>Basic Life</b>                           | \$100,000  |
| <b>Accidental Death &amp; Dismemberment</b> | An amount equal to Your Basic Life Insurance.              |
| <b>Plan Maximum</b>                         | \$100,000  |
| <b>Non-Medical Maximum</b>                  | \$100,000  |
| <b>Age Reduction Formula (reduces by)</b>   | 35% at age 65, 55% at age 70, 70% at age 75, 80% at age 80 |
| <b>Employee Contribution</b>                |  |
| • <b>Basic Life</b>                         | 0%   |
| • <b>AD&amp;D</b>                           | 0%   |

## 200k Benefit Summary

|   |  |
|---|--|
| <b>Basic Life</b>                           | \$200,000  |
| <b>Accidental Death &amp; Dismemberment</b> | An amount equal to Your Basic Life Insurance.              |
| <b>Plan Maximum</b>                         | \$200,000  |
| <b>Non-Medical Maximum</b>                  | \$200,000  |
| <b>Age Reduction Formula (reduces by)</b>   | 35% at age 65, 55% at age 70, 70% at age 75, 80% at age 80 |
| <b>Employee Contribution</b>                |  |
| • <b>Basic Life</b>                         | 0%   |
| • <b>AD&amp;D</b>                           | 0%   |

# Employer Sponsored/Voluntary Life Insurance

For all active full-time employees  
working at least 30 hours per week



## 1x Salary Benefit Summary

|   |  |
|---|--|
| <b>Basic Life</b>                           | An amount equal to 1 times Your Basic Annual Earnings, rounded to the next higher \$1,000. |
| <b>Accidental Death &amp; Dismemberment</b> | An amount equal to Your Basic Life Insurance.  |
| <b>Plan Maximum</b>                         | \$500,000  |
| <b>Non-Medical Maximum</b>                  | \$500,000  |
| <b>Age Reduction Formula (reduces by)</b>   | 35% at age 65, 55% at age 70, 70% at age 75, 80% at age 80                                 |
| <b>Employee Contribution</b>                |  |
| • <b>Basic Life</b>                         | 0%   |
| • <b>AD&amp;D</b>                           | 0%   |

## 2x Salary Benefit Summary

|   |  |
|---|--|
| <b>Basic Life</b>                           | An amount equal to 2 times Your Basic Annual Earnings, rounded to the next higher \$1,000. |
| <b>Accidental Death &amp; Dismemberment</b> | An amount equal to Your Basic Life Insurance.  |
| <b>Plan Maximum</b>                         | \$500,000  |
| <b>Non-Medical Maximum</b>                  | \$500,000  |
| <b>Age Reduction Formula (reduces by)</b>   | 35% at age 65, 55% at age 70, 70% at age 75, 80% at age 80                                 |
| <b>Employee Contribution</b>                |  |
| • <b>Basic Life</b>                         | 0%   |
| • <b>AD&amp;D</b>                           | 0%   |

## 3x Salary Benefit Summary

|   |  |
|---|--|
| <b>Basic Life</b>                           | An amount equal to 3 times Your Basic Annual Earnings, rounded to the next higher \$1,000. |
| <b>Accidental Death &amp; Dismemberment</b> | An amount equal to Your Basic Life Insurance.  |
| <b>Plan Maximum</b>                         | \$500,000  |
| <b>Non-Medical Maximum</b>                  | \$500,000  |
| <b>Age Reduction Formula (reduces by)</b>   | 35% at age 65, 55% at age 70, 70% at age 75, 80% at age 80                                 |
| <b>Employee Contribution</b>                |  |
| • <b>Basic Life</b>                         | 0%   |
| • <b>AD&amp;D</b>                           | 0%   |

## Summary of Benefits Long Term Disability – New Long Term Disability Options

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

### What is Long Term Disability insurance?

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

| <b>Long Term Disability</b>   |   |
|---|---|
| <b>Class Description</b>  | All Active Full Time Employees (30 hours) |
| <b>Monthly Benefit Amount</b>   | 60% of pre-disability monthly earnings    |
| <b>Maximum Monthly Benefit</b>  | Option 1: \$5,000 Option 2: \$10,000      |
| <b>Elimination Period</b>   | 90 days                                   |
|   |   |
| *Your plan's maximum benefit period and any specific limitations are described in the Certificate of Insurance provided by your Employer. |   |



# Short Term Disability



## Summary of Benefits Short Term Disability - New Short Term Disability Option

| Short Term Disability   |   |
|---|---|
| <b>Class Description</b>  | All Active Full Time Employees (30 Hours) |
| <b>Weekly Benefit Amount</b>  | 60%                                       |
| <b>Maximum Weekly Benefit</b>   | Option 1: \$1,000 Option 2: \$2,000       |
| <b>Minimum Weekly Benefit*</b>  | \$25                                      |
| <b>Elimination Period</b>   | Accident – 14 days<br>Sickness – 14 days  |
| <b>Benefit Duration</b>   | 13 weeks                                  |
| * The minimum weekly benefit is subject to overpayment situations and any applicable rehabilitation incentives. |   |

# Accident Insurance



With MetLife, you'll have a choice of two comprehensive plans which provide payments in addition to any other insurance payments you may receive. Here are just some of the covered events/services.

| Benefit Type <sup>1</sup>   | Low Plan<br>MetLife Accident<br>Insurance Pays YOU  | High Plan<br>MetLife Accident<br>Insurance Pays YOU   |
|---|---|---|
| <b>Injuries</b>   |   |   |
| Fractures <sup>2</sup>  | \$50 – \$3,000  | \$100 – \$6,000   |
| Dislocations <sup>2</sup>   | \$50 – \$3,000  | \$100 – \$6,000   |
| Second and Third Degree Burns   | \$50 – \$5,000  | \$100 – \$10,000  |
| Concussions   | \$200   | \$400   |
| Cuts/Lacerations  | \$25 – \$200  | \$50 – \$400  |
| Eye Injuries  | \$200   | \$300   |
| <b>Medical Services &amp; Treatment</b>   |   |   |
| Ambulance   | \$200 – \$750   | \$300 – \$1,000   |
| Emergency Care  | \$25 – \$50   | \$50 – \$100  |
| Non-Emergency Care  | \$25  | \$50  |
| Physician Follow-Up   | \$50  | \$75  |
| Therapy Services<br>(including physical therapy)  | \$15  | \$25  |
| Medical Testing Benefit   | \$100   | \$200   |
| Medical Appliances  | \$50 – \$500  | \$100 – \$1,000   |
| Inpatient Surgery   | \$100 – \$1,000   | \$200 – \$2,000   |
| <b>Hospital<sup>3</sup> Coverage (Accident)</b>   |   |   |
| Admission   | \$500 (non-ICU) – \$1,000 (ICU) per accident  | \$1,000 (non-ICU) – \$2,000 (ICU) per accident  |
| Confinement   | \$100 a day (non-ICU) – up to 31 days   | \$200 a day (non-ICU) – up to 31 days   |
|   | \$200 a day (ICU) – up to 31 days   | \$400 a day (ICU) – up to 31 days   |
| Inpatient Rehab<br>(paid per accident)  | \$100 a day, up to 15 days  | \$200 a day, up to 15 days  |
| Benefit Type <sup>1</sup>   | Low Plan<br>MetLife Accident<br>Insurance Pays YOU  | High Plan<br>MetLife Accident<br>Insurance Pays YOU   |
| <b>Accidental Death</b>   |   |   |
| Employee receives 100% of amount shown, spouse receives 50% and children receive 20% of amount shown. | \$25,000<br>\$75,000 for common carrier <sup>5</sup>  | \$50,000<br>\$150,000 for common carrier <sup>5</sup>   |
| <b>Dismemberment, Loss &amp; Paralysis</b>  |   |   |
| Dismemberment, Loss & Paralysis   | \$250 – \$10,000 per injury   | \$500 - \$50,000 per injury   |
| <b>Other Benefits</b>   |   |   |
| Lodging <sup>6</sup> - Pays for lodging for companion up to 30 nights per calendar year               | \$100 per night, up to 30 nights; up to \$3,000 in total lodging benefits available per calendar year | \$200 per night, up to 30 nights; up to \$6,000 in total lodging benefits available per calendar year |

# Hospital Indemnity Protection



## Hospital Indemnity Insurance Benefits

With MetLife, you will have a choice of two comprehensive plans which provide payments in addition to any other insurance payments you may receive. Here are just some of the covered benefits/services when an accident or illness puts you in the hospital

| Benefit Type <sup>2</sup>  | Low Plan<br>MetLife Hospital Indemnity<br>Insurance Pays YOU                             | High Plan<br>MetLife Hospital Indemnity<br>Insurance Pays YOU                            |
|--|--|--|
| <b>Hospital Coverage (Accident)</b>  |  |  |
| Admission<br>must occur within 180 days<br>after the accident  | \$250 per accident (non-ICU)<br>\$250 per accident (ICU)                                 | \$350 per accident (non-ICU)<br>\$350 per accident (ICU)                                 |
| Confinement<br>must occur within 180 days<br>after the accident  | \$100 a day (non-ICU)<br>for up to 31 days<br><br>\$150 a day (ICU)<br>for up to 31 days | \$125 a day (non-ICU)<br>for up to 31 days<br><br>\$175 a day (ICU)<br>for up to 31 days |
| Inpatient Rehab<br>stay must occur immediately<br>following hospital confinement<br>and occur within 365 days of<br>accident | \$100 a day, up to 31 days per accident and 31<br>days per calendar year                 | \$125 a day, up to 31 days per accident and<br>31 days per calendar year                 |
| <b>Hospital Coverage<br/>(Sickness)<sup>3</sup></b>  |  |  |
| Admission<br><i>Payable 1x per calendar year</i>   | \$250 (non-ICU)<br>\$250 (ICU)   | \$350 (non-ICU)<br>\$350 (ICU)   |
| Confinement<br><i>Paid per sickness</i>  | \$100 a day (non-ICU)<br>for up to 31 days<br><br>\$150 a day (ICU)<br>for up to 31 days | \$125 a day (non-ICU)<br>for up to 31 days<br><br>\$175 a day (ICU)<br>for up to 31 days |

## COVERAGE OPTIONS

| Critical Illness Insurance            |                                       |   |
|---------------------------------------|---------------------------------------|---|
| Eligible Individual                   | Initial Benefit                       | Requirements  |
| Employee                              | \$10,000 or \$20,000                  | Coverage is guaranteed provided you are actively at work. <sup>3</sup>  |
| Spouse/Domestic Partner <sup>1*</sup> | 50% of the employee's Initial Benefit | 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. <sup>3</sup> |
| Dependent Child(ren) <sup>2</sup>     | 50% of the employee's Initial Benefit | Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. <sup>3</sup>               |

## BENEFIT PAYMENT

Your **Initial Benefit** provides a lump-sum payment upon the first diagnosis of a Covered Condition. Your plan pays a **Recurrence Benefit**<sup>4</sup> for the following Covered Conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer, Partial Benefit Cancer and All Other 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. Initial Benefits and Recurrence Benefits will be paid until the Total Benefit Amount has been reached.

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% or \$30,000 or \$60,000.

Please refer to the table below for the percentage benefit amount for each Covered Condition.

| Covered Conditions                        | Initial Benefit         | Recurrence Benefit       |
|---|-------------------------|--------------------------|
| Full Benefit Cancer <sup>5</sup>          | 100% of Initial Benefit | 50% of Initial Benefit   |
| Partial Benefit Cancer <sup>5</sup>       | 25% of Initial Benefit  | 12.5% of Initial Benefit |
| Heart Attack                              | 100% of Initial Benefit | 50% of Initial Benefit   |
| Stroke <sup>6</sup>                       | 100% of Initial Benefit | 50% of Initial Benefit   |
| Coronary Artery Bypass Graft <sup>7</sup> | 100% of Initial Benefit | 50% of Initial Benefit   |
| Kidney Failure                            | 100% of Initial Benefit | Not applicable           |
| Alzheimer's Disease <sup>8</sup>          | 100% of Initial Benefit | Not applicable           |
| Major Organ Transplant Benefit            | 100% of Initial Benefit | Not applicable           |
| 22 Listed Conditions                      | 25% of Initial Benefit  | Not applicable           |



# Commuter Benefits

## Why should I choose commuter benefits?

Commuter benefits allow you to put money from your paycheck aside each month, before taxes are taken out, for qualified mass transit and parking expenses.



### Fast savings

You can save up to 30 percent (based on a 30 percent tax bracket) or more on your costs commuting to and from work.



### Get hours back in your day

The average one-way commute to work is nearly 30 minutes! By using public transit, you can use that time to read news, text friends or get a start on your day.



### Improve your health

Studies have shown that people who commute to and from work in a method other than a private vehicle are less stressed.



### Environmental impact

Do your part to reduce traffic congestion and reduce air pollution.

## IRS regulations

### Availability of funds

Your funds become available as you contribute to the plan, generally within 2-3 days after your payroll contribution.

### Contribution changes

You can adjust the amount you contribute to the plan each month at any time. No qualifying event is needed.

### Rollovers and use-or-lose

The commuter plan is flexible and your funds will continue to roll over month to month until the funds are used. However, your funds will no longer be available if you terminate employment.

The IRS sets the maximum dollar amount you can set aside each month as a part of your commuter benefit. The monthly pre-tax contribution limit is:

**Transit - \$300**

**Parking - \$300**

Any money contributed to your transit or parking benefit rolls over every month until it is used or you are no longer eligible.

### What does it cover?

Commuter funds can be used on a variety of transportation and parking expenses that allow you to travel to and from work. Eligible modes of transportation include but aren't limited to:

- Train
- Bus
- Subway
- Ferry
- Vanpool (must seat at least 6 adults)
- Parking or parking meter near your place of employment

View our interactive eligible expense list at

**[www.wexinc.com/insights/benefits-toolkit/eligible-expenses/](http://www.wexinc.com/insights/benefits-toolkit/eligible-expenses/)**



**Lets find  
your best  
commute**

# MetLaw<sup>®</sup>

**Smart. Simple. Affordable.<sup>®</sup>**

**MetLaw** covers you, your spouse and dependents.

**E-Services** -- Attorney locator, law firm e-panel, law guide, free downloadable legal documents, financial planning, insurance and work/life resources

### Telephone and office consultations

- For an unlimited number of personal legal matters with an attorney of your choice

### Estate Planning Documents

- Simple and Complex Wills
- Trusts (Revocable and Irrevocable)
- Powers of Attorney (Healthcare, Financial, Childcare)
- Healthcare Proxies
- Living Wills
- Codicils

### Document Review

- Any Personal Legal Documents

### Family Law

- Prenuptial Agreement
- Protection from Domestic Violence
- Adoption and Legitimization
- Guardianship or Conservatorship
- Name Change

### Elder Law Matters

- Consultations and Document Review for issues related to your parents including Medicare, Medicaid, Prescription Plans, Nursing Home Agreements, leases, notes, deeds, wills and powers of attorney as these affect participant

### Real Estate Matters

- Sale, Purchase or Refinancing of Your Primary, Second or Vacation Home
- Eviction and Tenant Problems (Primary Residence)
- Home Equity Loans for Your Primary, Second or Vacation Home
- Zoning Applications
- Boundary or Title Disputes
- Property Tax Assessment
- Security Deposit Assistance (For Tenant)

### Document Preparation

- Affidavits
- Deeds
- Demand Letters
- Mortgages
- Promissory Notes

### Traffic Offenses\*

- Defense of Traffic Tickets (excludes DUI)
- Driving Privilege Restoration (Includes License Suspension due to DUI)

### Personal Property Protection

- Consultations and Document Review for Personal Property Issues
- Assistance for disputes over goods and services

### Juvenile Matters

- Juvenile Court Defense, including Criminal Matters
- Parental Responsibility Matters

### Financial Matters

- Negotiations with Creditors
- Debt Collection Defense
- Personal Bankruptcy
- Tax Audit Representation (Municipal, State or Federal)
- Foreclosure Defense
- Tax Collection Defense

### Identity Theft Matters

- Identity Theft Defense
- \*\*LifeStages - Identity Management Services

### Defense of Civil Lawsuits

- Administrative Hearings
- Civil Litigation Defense
- Incompetency Defense
- School Hearings
- Pet Liabilities

### Immigration Assistance

- Advice and Consultation
- Review of Immigration Documents
- Preparation of Affidavits and Powers of Attorney

### Consumer Protection

- Disputes over Consumer Goods and Services
- Small Claims Assistance

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**Hyatt Legal Plans**  
A MetLife Company

### For More Information:

Visit our website [info.legalplans.com](http://info.legalplans.com) and enter access code: **Legal** or call our Client Service Center at 1-800-821-6400 Monday - Friday from 8am - 8pm (Eastern Time).



Group legal plans and Family Matters provided by Hyatt Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, group legal plans and Family Matters provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. Please contact Hyatt Legal Plans for complete details on covered services including trials. No service, including advice and consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife® and affiliates, and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fees; 8) frivolous or unethical matters; 9) matters for which an attorney-client relationship exists prior to the participant becoming eligible for plan benefits. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters listed above under Legal Representation. \*Not available in all states. \*\* This benefit provides the Participant with access to LifeStages Identity Management Services provided by CyberScout. CyberScout is not a corporate affiliate of Hyatt Legal Plans. [ML3] 11217501229[exp0119][All States][DC,PR]

# Welcome to your EAP.

Feel supported and connected with a confidential Employee Assistance Program (EAP) and innovative wellbeing resource. Life can be complicated. Get help with all of life's questions, issues and concerns with TELUS Health. Any time, 24/7, 365 days a year. We offer support with mental, financial, physical and emotional wellbeing. Whether you have questions about handling stress at work and home, parenting and child care, managing money, or health issues, you can turn to TELUS Health for a confidential service that you can trust.



## Life

- Retirement
- Midlife
- Student life
- Legal
- Relationships
- Disabilities
- Crisis
- Personal issues

## Family

- Parenting
- Couples
- Separation/divorce
- Older relatives
- Adoption
- Death/loss
- Child care
- Education

## Health

- Mental health
- Addictions
- Fitness
- Managing stress
- Nutrition
- Sleep
- Smoking cessation
- Alternative health

## Work

- Time management
- Career development
- Work relationships
- Work stress
- Managing people
- Shift work
- Coping with change
- Communication

## Money

- Saving
- Investing
- Budgeting
- Managing debt
- Home buying
- Renting
- Estate planning
- Bankruptcy



**Phone** : 1 855 394-8076  
**Online** : [login.lifeworks.com](https://login.lifeworks.com)  
**Username** : AbelHR  
**Password** : lifeworks





## Complete Coverage™

With ASPCA Pet Health Insurance, you can choose the care you want when your pet is hurt or sick and have the comfort of knowing they have coverage.

Our coverage includes exam fees, diagnostics, and treatments for

- ✓ Accidents
- ✓ Hereditary Conditions
- ✓ Illnesses
- ✓ Behavioral Issues
- ✓ Cancer
- ✓ Dental Disease

## SIMPLE TO CUSTOMIZE

### Pick Your Annual Limit

You set your annual coverage limit, with choices from \$5,000 to unlimited.\*

### Add Preventive Care

Get reimbursed a set amount for things that protect your pet from getting sick, like vaccines, dental cleanings, and screenings for a little more per month.

### Select Accident-Only Coverage

If you're just looking to have some cushion when your pet gets hurt, you can change your coverage to only include care for accidents.

## YOUR COVERAGE

Customize your coverage for a fit that's right for both of you.

\*Pre-existing conditions are not covered. Waiting periods, annual deductible, co-insurance, benefit limits and exclusions may apply. For all terms and conditions visit [www.aspcapetinsurance.com/terms](http://www.aspcapetinsurance.com/terms). Current customers enrolled on product Levels 1-4 should visit the Member Center for their policy benefits. Products may vary and subject to change.

# Pet Plan Discount



**Abel HR Pet Assure Veterinary Discount Plan \$75/year for unlimited number of pets (that's 62% off retail pricing!)**

## YOU WANT THE BEST FOR YOUR PET

But the costs of caring for a pet can be so high. That's why you need the Pet Assure Advantage.

## SAVE ON VETERINARY CARE

Pet Assure is the nation's largest Veterinary Discount Plan. You will save on all in-house medical services – including office visits, shots, X-rays, surgical procedures and dental care.

### How it works:

1. Pet Assure will mail your membership card before your benefit start date
2. Present your Pet Assure card at any network veterinarian
3. The veterinarian will reduce your bill for all medical services by 25%, right then and there at the time of service

It's as simple as that: since Pet Assure is not insurance, there are no forms to fill out, no waiting for reimbursements and no denials of coverage – even pets with pre-existing conditions are accepted. You simply pay the vet 25% less for all in-house medical services.

Thousands of vets nationwide honor the Pet Assure discount card. For a list of participating veterinarians in your area, go to [www.petassure.com](http://www.petassure.com) or call Pet Assure at 877-FIND-VET (348-3838).

## INCLUDED FREE!

1. Save 5-35% at thousands of participating pet merchants, including everyday basics like food, treats, medications, supplies, and grooming.
2. Enroll all your pets in Pet Assure's 24/7/365 lost pet recovery service that helps thousands of lost pets reunite with their families.

**QUESTIONS?** Visit [www.petassure.com](http://www.petassure.com) or call Pet Assure's customer service at 888-789-PETS (7387).







# GROUP AUTO AND HOME INSURANCE PROGRAM

## An insurance program that goes the extra mile

Insurance for the unexpected with policies you can customize to fit the way you live.



### A range of products to suit your needs

Everyone has different needs at different stages of life, and your insurance needs are unique, too. That's why we offer a wide range of products and services — so you can choose the right fit. Our policies include:

- Auto
- Home
- RV
- Renter's
- Flood<sup>1</sup>
- Boat
- Motorcycle
- Trailer
- Condo
- Personal excess liability
- Landlord's rental dwelling
- Bundled packages
- and more\*

### Savings advantages of workplace voluntary benefits

- ✓ Group discounts
- ✓ Payroll deduction discounts<sup>2</sup>
- ✓ Multi-policy discounts
- ✓ Long-term employment discount<sup>2</sup>

### Value-added extras

We offer value-added programs that can help you keep moving forward — at no additional cost.

#### Contractor Services

We work with **Crawford Contractor Connection**, the largest independent national network of general and specialty contractors, with 20+ years of experience, prescreened contractors, and industry-leading 2-year workmanship guarantee.

#### Repair Program<sup>3</sup>

**Farmers Concierge Auto Repair Experience<sup>SM</sup> (Farmers CARE<sup>SM</sup>)** provides customers access to quality auto repair shops that provide service guarantees for as long as the customer owns his/her vehicle. Choice of repair shop is always up to the insured.

#### Identity Protection Services<sup>4</sup>

Identity theft is a real threat. We provide assistance with notifying credit bureaus, government agencies, and law enforcement of identity theft, as well as a full year of proactive follow-up calls and status checks.



## Industry-leading coverage that gives you confidence

Sometimes, things go wrong. Our product advantages can help make things right for you:

- **Bundled Packages** - Discounts when both auto and home insurance are with Farmers GroupSelect
- **Replacement Cost Coverage<sup>5</sup>** - Repair or replacement of new vehicles – no deduction or depreciation
- **Replacement Cost for Special Parts<sup>6</sup>** - Repair or replacement of certain parts, regardless of their wear and tear at the time of the accident
- **Replacement Cost Coverage on Home<sup>7</sup>** - Rebuild home at today's rebuilding cost, even if that takes it over the policy's limit
- **Deductible Savings Benefit<sup>SM</sup> / Diminishing Deductible<sup>8</sup>** - Rewards policyholders with \$50 – \$100 for every year of claim-free driving for up to five years. And policyholders can use the reward to pay for their deductibles



## Easy to apply for, and convenient options for easy policy service

You can apply for coverage when the time is right for you, not just during open enrollment. We offer several ways to buy and manage coverage, and information is available 24/7:



**Phone:** One toll-free number lets you select coverage, file claims, and even check on their status by phone. Call us at **855-578-2144**.



**Web:** You can get auto quotes online and submit claims online.



**In-person:** We have hundreds of licensed agents who can quote, sell, and assist with service. They can also come to on-site events, such as benefit fairs, group meetings, and employee appreciation days, for personal attention.



**Mobile:** Our mobile app provides a simple way for policyholders to access their coverage on the go.

<sup>1</sup> Flood insurance is underwritten by Farmers GroupSelect as a "Write Your Own" carrier participating in the National Flood Insurance Program (NFIP), a program administered and 100% reinsured by the federal government. There is no group deviation for flood insurance.

<sup>2</sup>Not available in MA and select other states.

<sup>3</sup>Under our guaranteed repair program, repairs necessitated by a covered loss, if performed at one of the thousands of shops in our nationwide program, are guaranteed coast to coast for as long as the insured owns his or her vehicle. Participation in our repair program is voluntary; insureds may elect any repair shop, but only repairs done in network are guaranteed.

<sup>4</sup>Identity protection services are not available to auto customers in NC or NH nor with all policy forms. Identity protection services are available in NC homeowners' policies with the optional "Identity Theft Expense and Resolution Plus" endorsement for an additional premium.

<sup>5</sup>Replacement cost for total loss: Applies within the first 12 months, or, depending on policy form, within the first 15,000 miles of ownership, whichever comes first.

<sup>6</sup>Not available in NC. See policy for restrictions. Deductible applies.

<sup>7</sup>Capped in FL to 120% of coverage amount. Deductible applies. See policy for restrictions.

<sup>8</sup>Not available in all states. NY drivers must pay a state-required minimum deductible before using this benefit. Benefit can be earned for up to 5 years.

Depending on your policy form, the benefit could be up to \$250 or \$500.

Farmers GroupSelect's program is presented by Farmers Property and Casualty Insurance Company and certain of its affiliates, all with administrative home offices in Warwick, RI. Coverage, rates, discounts, and policy features are available in most states to those who qualify. 5236805.1 © 2024 Farmers Insurance®



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