

## Benefits Summary (1/1/2027 - 12/31/2027)

Insurance Eligibility: Employee's (20hrs+/wk) are eligible on the 1st Day of the Month following 60 days of employment.



| BENEFITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PLAN SPECIFICS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | LEVEL                                                  | EMPLOYEE COST PER BIWEEKLY PAY |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------|-------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                        | 30-40 hrs/wk (FT)              | 20-29 hrs/wk (PT) |
| <b>Medical &amp; RX</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Option 1: Loomis HDHP \$2,000 with HSA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                        |                                |                   |
| <i>Provided by: The Loomis Company</i><br><a href="http://www.Loomislive.com">www.Loomislive.com</a><br><br><b><u>How to locate a medical provider :</u></b><br>Visit Cigna.com and click "Find a Doctor, or Facility" (upper right)<br><br><b><u>Medical Network:</u></b><br>CIGNA PPO Network<br><br>Member Services:<br>(800) 346-1223<br><br>Prescription benefits are administered by RxBenefits and CareMark. Call 1-800-334-8134 or visit<br><a href="https://www.caremark.com/">https://www.caremark.com/</a><br><br>For more benefits information, including machine-readable files related to the Transparency in Coverage Rule, visit:<br><a href="https://mymonarc.org/">https://mymonarc.org/</a> | Deductible \$2,000 Individual / \$4,000 Family                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Employee                                               | \$45.00                        | \$460.73          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | All Preventive Services are \$0 copay (no deductible)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Employee + 1                                           | \$260.00                       | \$884.69          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Office Visits: 20% after deductible                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Employee + Family                                      | \$450.00                       | \$1,216.46        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Urgent Care: 20% after deductible                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b><u>Out of Network:</u></b>                          |                                |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Emergency Room: 20% after deductible                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Deductible \$2,000 Individual / \$4,000 Family         |                                |                   |
| RX subject to medical Deductible; RX copays after deductible are \$20/40/70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | All services are subject to deductible and coinsurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                        |                                |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Option 2: Loomis HDHP \$2,000 with HRA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                        |                                |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Deductible \$2,000 Individual / \$4,000 Family                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Employee                                               | \$45.00                        | Not Applicable    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | All Preventive Services are \$0 copay (no deductible)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Employee + 1                                           | \$260.00                       | Not Applicable    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Office Visits: 20% after deductible                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Employee + Family                                      | \$450.00                       | Not Applicable    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Urgent Care: 20% after deductible      Emergency Room: 20% after deductible                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b><u>Out of Network:</u></b>                          |                                |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Rx subject to medical Deductible; RX copays are \$20/40/70                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Deductible \$2,000 Individual / \$4,000 Family         |                                |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b><u>HSA (Health Savings Account):</u></b> FT Employees enrolled in this plan will receive a \$20 per biweekly pay contribution to their HSA account from The Arc WC (\$520 annualized). Employees can also contribute their own money (tax-free) up to the IRS annual limits (\$4,500 Individual/\$9,000 Family). HSAs can be used to pay for qualified expenses (ie Medical deductible/copays, RX, Dental, Vision, Child Ortho, etc). The HSA is owned by the Employee, not the Employer. CareFlex is the HSA administrator. | All services are subject to deductible and coinsurance |                                |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Option 3: \$2,000 Network Services Only</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |                                |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Deductible \$2,000 Individual / \$4,000 Family                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Employee                                               | \$80.00                        | \$497.65          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | All Preventive Services are \$0 copay (no deductible)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Employee + 1                                           | \$330.00                       | \$1,000.76        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Walk-in Clinics (as defined by plan): \$25 copay (no deductible)                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Employee + Family                                      | \$550.00                       | \$1,376.07        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Office Visits: \$25 copay for PCP and \$50 for Specialist                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b><u>Out of Network:</u></b> N/A                      |                                |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Urgent Care: 10%; deductible waived      Emergency Room: 10% after deductible                                                                                                                                                                                                                                                                                                                                                                                                                                                   | RX copays are \$20/40/70 after \$200 Rx deductible.    |                                |                   |
| <b>Healthy Steps</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | The <b>Healthy Steps program</b> provides nurse-administered health evaluations and wellness education to help you understand, adopt, and maintain a healthy lifestyle. The program will give you free direct access to convenient nurse visits on a regular basis and access to a robust well-being portal to keep your health on track. Get rewarded for your efforts in reaching health goals - up to \$30 per biweekly pay while enrolled. See your benefit book for more details on the different Phases.                  |                                                        |                                |                   |
| <i>Provided by: Peak Health</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                        |                                |                   |
| <b>Tobacco Surcharge</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Employees who use tobacco products in any form (including electronic delivery systems, vaping, chewing, etc) will pay an additional amount equal to 10% of the total monthly premium. The tobacco surcharge for employee only coverage in the HSA or HRA plan is <b>\$46.07 biweekly</b> and the <b>Network Service Only</b> surcharge is <b>\$49.76 biweekly</b> .                                                                                                                                                             |                                                        |                                |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                        |                                |                   |
| <b>Dental</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b><u>Loomis Base PPO Dental Plan</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        | 30-40 hrs/wk                   | 20-29 hrs/wk      |
| <i>Provided by: The Loomis Company</i><br><a href="http://www.Loomislive.com">www.Loomislive.com</a><br><br><b><u>How to locate a dental provider :</u></b><br><a href="http://www.CignadentalSA.com">www.CignadentalSA.com</a><br><br><b><u>Dental Network:</u></b><br>Cigna Dental PPO Shared Administration<br><br>Member Services:<br>(800) 346-1223                                                                                                                                                                                                                                                                                                                                                       | Type 1 services covered 100% (i.e. cleanings & exams), deductible waived                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Employee                                               | \$5.96                         | \$12.78           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Type 2 services covered 80% (i.e. filling & root canal), after deductible                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Employee+Spouse                                        | \$22.55                        | \$30.56           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Type 3 services covered 50% (i.e. crowns & dentures), after deductible                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Employee+Children                                      | \$14.49                        | \$21.92           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Orthodontia is not covered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Employee + Family                                      | \$30.96                        | \$39.58           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Calendar Year Deductible: \$50 Individual/\$150 Family                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                        |                                |                   |
| Annual Max p/person (p/calendar yr) is \$1,500 In Network                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                        |                                |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b><u>Loomis Buy-Up PPO Dental Plan</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        |                                |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Type 1 services covered 100% (i.e. cleanings & exams), deductible waived                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Employee                                               | \$7.75                         | \$14.97           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Type 2 services covered 90% (i.e. filling & root canal), after deductible                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Employee+Spouse                                        | \$26.82                        | \$35.78           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Type 3 services covered 60% (i.e. crowns, dentures & implants), after deductible                                                                                                                                                                                                                                                                                                                                                                                                                                                | Employee+Children                                      | \$17.56                        | \$25.66           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Orthodontia covered at 50% with lifetime maximum of \$1,500 Adult & Children                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Employee + Family                                      | \$36.50                        | \$46.33           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Calendar Year Deductible: \$50 Individual/\$150 Family                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                        |                                |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Annual Max p/person (p/calendar yr) is \$2,500 In Network                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                                |                   |

| BENEFITS                                                                                                                                                                    | PLAN SPECIFICS                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | LEVEL                                                                                           | EMPLOYEE COST PER BIWEEKLY PAY                                                                                                                                                                                        |                                      |                 |            |          |         |         |            |                                           |                                                 |          |                                           |           |                |          |  |                                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------|------------|----------|---------|---------|------------|-------------------------------------------|-------------------------------------------------|----------|-------------------------------------------|-----------|----------------|----------|--|-----------------------------------------------------------------------------------------------------------------|--|
| <b>Vision</b><br><i>Provided by: VBA</i><br><a href="http://www.vbaplans.com">www.vbaplans.com</a>                                                                          | \$10 Exam per 12 month benefit period; \$20 copay for materials<br>Lenses Covered at 100% per 12 month benefit period (Standard Glass or Plastic)<br>\$55 Frame Wholesale Allowance; \$130 Contact Lense Allowance<br>Discounts for Lasik and hearing aids                                                                                                                                                                                                                          | <i>Employee</i><br><i>Employee+Spouse</i><br><i>Employee+Children</i><br><i>Employee+Family</i> | \$2.76<br>\$5.24<br>\$5.38<br>\$7.18                                                                                                                                                                                  | \$2.76<br>\$5.24<br>\$5.38<br>\$7.18 |                 |            |          |         |         |            |                                           |                                                 |          |                                           |           |                |          |  |                                                                                                                 |  |
| <b>Flexible Spending Account(s)</b><br><i>Provided by: CareFlex</i><br><a href="http://www.careflex.com">www.careflex.com</a>                                               | <b>Dependent Care FSA</b> = set aside TAX-FREE money for dependent care for children up to age 13, a disabled dependent of any age or a disabled spouse. The maximum contribution amount is \$7,500/yr.<br><br><b>Healthcare FSA</b> = Defer up to \$3,500 p/plan yr via TAX-FREE payroll deduction. Use Tax-Free \$ to pay for IRS 213(d) eligible expenses (i.e. health, RX, dental, ortho, vision).                                                                              |                                                                                                 | <b>100% Employee Paid</b>                                                                                                                                                                                             |                                      |                 |            |          |         |         |            |                                           |                                                 |          |                                           |           |                |          |  |                                                                                                                 |  |
| <b>Life/AD&amp;D Insurance</b><br><i>Provided by: Lincoln Financial</i><br><a href="http://www.LincolnFinancial.com">www.LincolnFinancial.com</a>                           | 1 times base annual earnings to a maximum of \$50,000<br>Full benefit amount is guarantee issue (no medical underwriting)<br>Benefit reduces 35% at age 65, and additional 10% of original amount at age 80                                                                                                                                                                                                                                                                         |                                                                                                 | <u>Classified to work at least 30 hours a week</u><br><b>100% Company Paid.</b>                                                                                                                                       |                                      |                 |            |          |         |         |            |                                           |                                                 |          |                                           |           |                |          |  |                                                                                                                 |  |
| <b>Supplemental (Voluntary) Life Insurance/ AD&amp;D</b><br><i>Provided by: Lincoln Financial</i><br><a href="http://www.LincolnFinancial.com">www.LincolnFinancial.com</a> | <table><tr><td></td><td><b>Employee</b></td><td><b>Spouse</b></td><td><b>Children</b></td></tr><tr><td><b>Min</b></td><td>\$10,000</td><td>\$5,000</td><td>\$1,000</td></tr><tr><td><b>Max</b></td><td>Lesser of 5x earnings <u>or</u> \$500,000</td><td>Lesser of 100% of EE amount <u>or</u> \$250,000</td><td>\$10,000</td></tr><tr><td><b>*Guarantee issue (no underwriting)</b></td><td>\$200,000</td><td>Up to \$30,000</td><td>\$10,000</td></tr></table>                    |                                                                                                 | <b>Employee</b>                                                                                                                                                                                                       | <b>Spouse</b>                        | <b>Children</b> | <b>Min</b> | \$10,000 | \$5,000 | \$1,000 | <b>Max</b> | Lesser of 5x earnings <u>or</u> \$500,000 | Lesser of 100% of EE amount <u>or</u> \$250,000 | \$10,000 | <b>*Guarantee issue (no underwriting)</b> | \$200,000 | Up to \$30,000 | \$10,000 |  | <b>100% Employee Paid</b><br>Rates are based on Age.<br>*Guarantee issue is only available at initial eligiity. |  |
|                                                                                                                                                                             | <b>Employee</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Spouse</b>                                                                                   | <b>Children</b>                                                                                                                                                                                                       |                                      |                 |            |          |         |         |            |                                           |                                                 |          |                                           |           |                |          |  |                                                                                                                 |  |
| <b>Min</b>                                                                                                                                                                  | \$10,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$5,000                                                                                         | \$1,000                                                                                                                                                                                                               |                                      |                 |            |          |         |         |            |                                           |                                                 |          |                                           |           |                |          |  |                                                                                                                 |  |
| <b>Max</b>                                                                                                                                                                  | Lesser of 5x earnings <u>or</u> \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                           | Lesser of 100% of EE amount <u>or</u> \$250,000                                                 | \$10,000                                                                                                                                                                                                              |                                      |                 |            |          |         |         |            |                                           |                                                 |          |                                           |           |                |          |  |                                                                                                                 |  |
| <b>*Guarantee issue (no underwriting)</b>                                                                                                                                   | \$200,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Up to \$30,000                                                                                  | \$10,000                                                                                                                                                                                                              |                                      |                 |            |          |         |         |            |                                           |                                                 |          |                                           |           |                |          |  |                                                                                                                 |  |
| <b>Short Term Disability</b><br><i>Provided by: Lincoln Financial</i><br><a href="http://www.LincolnFinancial.com">www.LincolnFinancial.com</a>                             | Benefit amount is 60% of weekly earnings up to a maximum of \$1,500/week.<br>Elimination period is 14 days illness / 14 days sickness; benefit begins on the 15th day of disability.<br>Maximum duration of benefit is 11 weeks. Pre-existing limitations will apply.                                                                                                                                                                                                               |                                                                                                 | <b>100% Company Paid for all PT and FT employees working 20 or more hours per week.</b>                                                                                                                               |                                      |                 |            |          |         |         |            |                                           |                                                 |          |                                           |           |                |          |  |                                                                                                                 |  |
| <b>Voluntary Long Term Disability</b><br><i>Provided by: Lincoln Financial</i><br><a href="http://www.LincolnFinancial.com">www.LincolnFinancial.com</a>                    | Benefit amount is 50% of monthly earnings up to a maximum of \$2,500/mo.<br>Elimination period is 90 days. See schedule for maximum benefit duration (up to Social Security Normal Retirement Age)                                                                                                                                                                                                                                                                                  |                                                                                                 | <b>100% Employee Paid.</b><br>LTD rates are based on Income.<br>*Guarantee Issue available only at initial eligibility                                                                                                |                                      |                 |            |          |         |         |            |                                           |                                                 |          |                                           |           |                |          |  |                                                                                                                 |  |
| <b>Voluntary Accident</b><br><i>Provided by: Lincoln Financial</i><br><a href="http://www.LincolnFinancial.com">www.LincolnFinancial.com</a>                                | Accident Insurance will pay each scheduled benefit for treatment, injury or services incurred by a covered person who is injured in an accident while insurance is in effect, subject to any plan limitations and exclusions.                                                                                                                                                                                                                                                       |                                                                                                 | <b>100% Employee Paid</b><br>These coverages are "portable"<br>(i.e. you can keep them if you leave the company by continuing to pay premiums to The Hartford directly).<br>Refer to the Benefits Book for rate info. |                                      |                 |            |          |         |         |            |                                           |                                                 |          |                                           |           |                |          |  |                                                                                                                 |  |
| <b>Voluntary Hospital Indemnity</b><br><i>Provided by: Lincoln Financial</i><br><a href="http://www.LincolnFinancial.com">www.LincolnFinancial.com</a>                      | Hospital Indemnity Insurance will pay a scheduled benefit for hospital confinement that occurs for a covered person while insurance is in effect. Additional benefits for certain services or treatments may also be available.                                                                                                                                                                                                                                                     |                                                                                                 |                                                                                                                                                                                                                       |                                      |                 |            |          |         |         |            |                                           |                                                 |          |                                           |           |                |          |  |                                                                                                                 |  |
| <b>Voluntary Critical Illness</b><br><i>Provided by: Lincoln Financial</i><br><a href="http://www.LincolnFinancial.com">www.LincolnFinancial.com</a>                        | Critical Illness Insurance will pay a lump sum benefit for a covered person diagnosed with covered illnesses while insurance is in effect, subject to any Pre-existing Condition Limitation.                                                                                                                                                                                                                                                                                        |                                                                                                 |                                                                                                                                                                                                                       |                                      |                 |            |          |         |         |            |                                           |                                                 |          |                                           |           |                |          |  |                                                                                                                 |  |
| <b>Voluntary Whole Life</b><br><i>Provided by: TrustMark</i>                                                                                                                | Trustmark Life + Care is a two-in-one protection that helps you better plan for your families, finances and future.<br>Trustmark's fully portable policy offers the stability of guaranteed premiums. It provides both permanent term life insurance and benefits for caregiving services. Policy includes Long-Term Care living benefits, professional and family caregiving, and benefit restoration. Coverage for employees age 18-75, spouses age 18-70 and children to age 25. |                                                                                                 | <b>100% Employee Paid</b>                                                                                                                                                                                             |                                      |                 |            |          |         |         |            |                                           |                                                 |          |                                           |           |                |          |  |                                                                                                                 |  |
| <b>Health Advocate</b><br><a href="http://www.healthadvocate.com/members">www.healthadvocate.com/members</a>                                                                | 24/7 healthcare help from a dedicated Health Concierge for second opinions, medical decision support, assistance with bills, claim denials and any other questions.                                                                                                                                                                                                                                                                                                                 |                                                                                                 | <b>100% Company Paid</b>                                                                                                                                                                                              |                                      |                 |            |          |         |         |            |                                           |                                                 |          |                                           |           |                |          |  |                                                                                                                 |  |
| <b>MetLaw Legal Services</b><br><a href="http://www.legalplans.com">www.legalplans.com</a>                                                                                  | MetLife covers some of the most frequently needed personal legal matters such as money matters, home & real estate, estate planning, family & personal, civil lawsuits, elder-care issues, and vehicle & driving.                                                                                                                                                                                                                                                                   |                                                                                                 | <b>\$8.22 employee cost per pay (covers spouse and dependents)</b>                                                                                                                                                    |                                      |                 |            |          |         |         |            |                                           |                                                 |          |                                           |           |                |          |  |                                                                                                                 |  |

The information provided above is an abbreviated summary of the benefits and is not intended to replace the contract. For any discrepancies between this document and contract, the contract will supersede.

V.10.08.26