

Keystone Partnering Agency Benefits Program

EMPLOYEE BENEFITS ENROLLMENT GUIDE

January 1, 2025—December 31, 2025



 **KEYSTONE**[®]

WELCOME

Welcome to the Keystone Partnering Agency Benefits Program!

We know that your benefits are important to you and your family. Helping you understand the benefits offered by the Keystone Partnering Agency Benefits Program is important to us. That is why we have created this Benefits Guide. Included in this guide are summary explanations of the benefits, cost information, and contact information for each provider.

It is important to remember that only those benefit programs for which you are eligible and have enrolled in apply to you. We encourage you to review each section and to discuss your benefit options with your family members.

Be sure to pay close attention to applicable co-payments and deductibles, how to file claims, networks and services that may be limited or not covered (exclusions). This guide is not a contract between you and the Keystone Partnering Agency Benefits Program. It is not intended to cover all provisions of all plans but rather is a quick reference to help answer most of your questions.

Please see each Benefits Summary Plan Description for complete details. We hope this guide will give you a clear explanation of your benefits and help you be better prepared for the enrollment process.

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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

ENROLLMENT



How to Enroll

Open Enrollment

The first step is to review your current benefit elections. Verify your personal information and make any changes if necessary.

Newly Eligible

Make your benefit elections and complete the enrollment paperwork.

Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.

When to Enroll

Open Enrollment

Open enrollment period runs from November 4, 2024 through December 6, 2024. The benefits you elect during open enrollment will be effective from January 1, 2025 through December 31, 2025.

Newly Eligible

You are eligible to enroll as determined by your employer.

How to Make Changes

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you, your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status.

New Hire and Qualifying Event changes can be made by the Agency Group Administrator via the Employee Navigator Portal, or by contacting Keystone at KBP@keystoneinsgrp.com.

GROUP TERM LIFE INSURANCE



What is it?

Life and accidental death and dismemberment (AD&D) insurance provide cash benefits in the unfortunate event that you or a covered family member passes away or suffers a traumatic injury.

Why is this coverage valuable?

Life and AD&D insurance can offer reassurance that you, or the people you love, will have access to money to help cover expenses during a challenging time.

Your life insurance and AD&D coverage

Eligibility description	All other full-time employees of a participating employer of Keystone Insurers Group
Contribution	Your employer pays the cost of your coverage.
Employee life coverage amount	Two times annual earnings rounded to the next higher \$1,000
Employee life insurance coverage maximum	This amount may not exceed \$200,000.
AD&D coverage amount	Your AD&D coverage is equal to the life benefit amount.
Benefit reductions	35% reduction at age 65, and an additional 15% reduction of the original amount at age 70. Benefits end when you retire.
Conversion: Allows you to continue coverage after your group plan has terminated.	Yes, with restrictions. See certificate of benefits.
<i>LifeKeys®</i> services: Access to counseling, financial, and legal support services.	Included
<i>TravelConnect®</i> services: Access to emergency medical assistance for you and your family when you're on a trip 100 or more miles from home.	Included

GROUP TERM LIFE INSURANCE



Benefit exclusions

Like any insurance, this life and AD&D insurance policy does have exclusions.

For life insurance, a suicide exclusion may apply.

For AD&D, benefits won't be paid if death/dismemberment occurs as the result of:

- War, declared or undeclared, or any act of war
- Intentionally self-inflicted injuries, while sane or insane
- Suicide, or suicide attempt, while sane or insane
- Active participation in a riot
- Committing or attempting to commit a felony
- Disease, bodily or mental illness, or medical or surgical treatment thereof
- Infections
- Controlled substances voluntarily taken, ingested, or injected, unless prescribed or administered by a physician
- Serving on full-time active duty in the armed forces of any country or international authority
- The presence of alcohol in the covered person's blood, which raises the presumption that the covered person was under the influence of alcohol and contributed to the cause of the accident

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

Reminder: Please review your beneficiary(ies) to ensure they're up to date. It's good practice to review, and if necessary, update your beneficiary(ies) annually.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern.

LifeKeys® services are provided by ComPsych® Corporation, Chicago, IL. ComPsych® is not a Lincoln Financial® company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations (except in Vermont).

State limitations apply. Beneficiary grief counseling is the only benefit available to a beneficiary(ies) of policies issued in the state of New York. Online will prep is the only benefit available to insured employees and dependents of policies issued in the state of Washington.

TravelConnect® services are provided by On Call International, Salem, NH. On Call International is not a Lincoln Financial® company and Lincoln Financial® does not administer these services. Each independent company is solely responsible for its own obligations.

On Call International must coordinate and provide all arrangements in order for eligible services to be covered. Coverage is subject to contract language that contains specific terms, conditions, and limitations, which can be found in the program description.

The *TravelConnect*® program is not available to insured employees and dependents of policies issued in the state of New York and Washington. Access only program available to insured employees and dependents of policies issued in the state of Missouri and Texas. Benefits provided under the Access only program exclude payment for paid services. **Not available in New York and Washington.**

Insurance products are issued by The Lincoln National Life Insurance Company, Fort Wayne, IN, which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York, Syracuse, NY. Both are Lincoln Financial® companies. Product availability and/or features may vary by state. Limitations and exclusions apply.

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VOLUNTARY LIFE INSURANCE



What is it?

Life and accidental death and dismemberment (AD&D) insurance provides cash benefits in the unfortunate event that you or a covered family member passes away or suffers a traumatic injury from certain covered accidents.

Why is this coverage valuable?

Life and AD&D insurance can offer reassurance that you or the people you love will have access to money to help cover expenses during a challenging time.

Your life/AD&D coverage

Eligibility description	All other full-time employees of a participating employer of Keystone Insurers Group
Contribution	You pay the cost of your coverage.
Employee life coverage amount	Increments of \$10,000
Employee life coverage maximum	This amount may not exceed \$250,000.
Spouse life coverage	The amount of dependent life insurance coverage cannot be greater than 50% of the employee benefit. Increments of \$5,000
Spouse life coverage maximum	This amount may not exceed \$125,000.
Dependent child(ren) life coverage	One day to six months: \$250 Age six months to 26 years: \$10,000
AD&D coverage	Your life coverage includes AD&D coverage equal to the life benefit amount.
AD&D spouse coverage	Your dependent life coverage includes AD&D coverage equal to the life benefit amount.
Guarantee issue: You're not required to answer health questions to qualify for coverage up to and including the specified amount when you sign up for coverage during the initial enrollment period.	Employee: \$150,000 Spouse: \$30,000
Evidence of insurability (EOI): A health statement requiring you to answer a few medical history questions.	Health statement may be required.
Benefit reductions	Employee: 35% reduction at age 35, and an additional 15% reduction of the original amount at age 70. Benefits end when you retire. Spouse: 35% reduction when you attain age 65. Benefits end when you attain age 75 or retire, whichever occurs first.

VOLUNTARY LIFE INSURANCE



Your life/AD&D coverage

Portability: Allows you to continue maintaining coverage if you terminate your employment.	Yes
Conversion: Allows you to continue coverage after your group plan has been terminated.	Yes, with restrictions. See certificate of benefits.
Accelerated life benefit: A lump-sum benefit is paid to you if you're diagnosed with a terminal condition as defined by the plan.	Yes. See certificate of benefits.
Waiver of premium: Relieves you from paying premiums during a period of disability that's lasted for a specific length of time.	Included
LifeKeys® services: Access to counseling, financial, and legal support services.	Included
TravelConnect® services: Access to emergency medical assistance for you and your family when you're on a trip 100 or more miles from home.	Included

Benefit exclusions

Like any insurance, this life and AD&D insurance policy does have exclusions.

For life insurance, a suicide exclusion may apply.

For AD&D, benefits won't be paid if death/dismemberment occurs as the result of:

- War, declared or undeclared, or any act of war
- Intentionally self-inflicted injuries, while sane or insane
- Suicide, or suicide attempt, while sane or insane
- Active participation in a riot
- Committing or attempting to commit a felony
- Disease, bodily or mental illness, or medical or surgical treatment thereof
- Infections
- Controlled substances voluntarily taken, ingested, or injected unless prescribed or administered by a physician
- Serving on full-time active duty in the armed forces of any country or international authority
- The presence of alcohol in the covered person's blood, which raises the presumption that the covered person was under the influence of alcohol and contributed to the cause of the accident

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

VOLUNTARY LIFE INSURANCE RATES

Employee Monthly Premium Voluntary Life Premium for sample benefit amounts



- Employee must elect coverage for dependents to be eligible.
- Employee and Spouse premiums are calculated separately.
- Spouse Premiums will be calculated based on the Employee's age.
- Refer to Program Specifications for your maximum benefit amounts.

***Benefits and premium amounts reflect age reductions.**

AGE	Amount	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
<30	0.060	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
30-34	0.060	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
35-39	0.090	\$0.90	\$1.80	\$2.70	\$3.60	\$4.50	\$5.40	\$6.30	\$7.20	\$8.10	\$9.00
40-44	0.150	\$1.50	\$3.00	\$4.50	\$6.00	\$7.50	\$9.00	\$10.50	\$12.00	\$13.50	\$15.00
45-49	0.230	\$2.30	\$4.60	\$6.90	\$9.20	\$11.50	\$13.80	\$16.10	\$18.40	\$20.70	\$23.00
50-54	0.450	\$4.50	\$9.00	\$13.50	\$18.00	\$22.50	\$27.00	\$31.50	\$36.00	\$40.50	\$45.00
55-59	0.710	\$7.10	\$14.20	\$21.30	\$28.40	\$35.50	\$42.60	\$49.70	\$56.80	\$63.90	\$71.00
60-64	0.790	\$7.90	\$15.80	\$23.70	\$31.60	\$39.50	\$47.40	\$55.30	\$63.20	\$71.10	\$79.00
65-69*	1.400	\$6,500	\$13,000	\$19,500	\$26,000	\$32,500	\$39,000	\$45,500	\$52,000	\$58,500	\$65,000
		\$9.10	\$18.20	\$27.30	\$36.40	\$45.50	\$54.60	\$63.70	\$72.80	\$81.90	\$91.00
70-74*	3.520	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	N/A	N/A	N/A	N/A	N/A
		\$17.60	\$35.20	\$52.80	\$70.40	\$88.00	N/A	N/A	N/A	N/A	N/A
75-79*	13.890	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	N/A	N/A	N/A	N/A	N/A
		\$69.45	\$138.90	\$208.35	\$277.80	\$347.25	N/A	N/A	N/A	N/A	N/A

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

AGE	Monthly Rate Per \$1,000	X	Benefit In \$1,000's	=	Monthly Cost
35	\$0.090	X	150	=	\$13.50
		X		=	

Example: Use this formula to calculate premium for benefit amounts over \$100,000.

VOLUNTARY LIFE INSURANCE RATES

Spouse Monthly Premium

Voluntary Life Premium for sample benefit amounts



- Employee must elect coverage for dependents to be eligible.
- Employee and Spouse premiums are calculated separately.
- Spouse Premiums will be calculated based on the Employee's age.
- Refer to Program Specifications for your maximum benefit amounts.

***Benefits and premium amounts reflect age reductions.**

AGE	Monthly Rate per \$1,000	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
<30	0.060	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80
30-34	0.060	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80
35-39	0.090	\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70
40-44	0.150	\$0.75	\$1.50	\$2.25	\$3.00	\$3.75	\$4.50
45-49	0.230	\$1.15	\$2.30	\$3.45	\$4.60	\$5.75	\$6.90
50-54	0.450	\$2.25	\$4.50	\$6.75	\$9.00	\$11.25	\$13.50
55-59	0.710	\$3.55	\$7.10	\$10.65	\$14.20	\$17.75	\$21.30
60-64	0.790	\$3.95	\$7.90	\$11.85	\$15.80	\$19.75	\$23.70
65-69*	1.400	\$3,250	\$6,500	\$9,750	\$13,000	\$16,250	\$19,500
		\$4.55	\$9.10	\$13.65	\$18.20	\$22.75	\$27.30
70+*		N/A	N/A	N/A	N/A	N/A	N/A

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Dependent Children Rate = \$2.00 monthly.

Premium covers all dependent children regardless of the number of children.

BENEFICIARY DESIGNATION



The Lincoln National Life Insurance Company, PO Box 2616, Omaha, NE 68103-2616
toll free (800) 423-2765 Fax (877) 573-6177
www.LFG.com

BENEFICIARY DESIGNATION FORM

Employer: _____

Policy Number: _____ Group ID#: _____

State: _____ Insured's Name: _____

Certificate Number: _____

BENEFICIARY DESIGNATION

Primary Designation: _____

Address: _____

Relationship to Insured: _____

SSN: _____

Contingent Beneficiary: _____

Address: _____

Relationship to Insured: _____

SSN: _____

Note: Contingent Beneficiary will receive benefits only if Primary Beneficiary does not survive you. If more than one Primary or Contingent Beneficiary is wanted, please attach a separate sheet to reflect this.

Insured's Signature: _____ Date Signed: _____

**KEEP A COPY OF THIS FORM FOR YOUR
OWN RECORDS, AND GIVE THIS FORM
TO YOUR AGENCY'S HR MANAGER**

LONG TERM DISABILITY



What is it?

Long-term disability insurance pays you a portion of your salary while you're away from work or recovering from a covered illness or injury.

Why is this coverage valuable?

When you're unable to collect your normal paycheck due to injury or illness, your disability policy provides money that can help you pay your bills.

Your long-term disability coverage

Eligibility description	All other full-time employees of a participating Employer of Keystone Insurers Group	
Contributions	Your employer pays the cost of your coverage.	
Coverage amount	60% of your monthly earnings to a maximum of \$10,000 per month	
Maximum benefit period	Social Security Normal Retirement Age (SSNRA) or maximum benefit period outlined below, whichever is later:	
	Age at disability	Maximum benefit period
	Under 60	To age 65
	60	60 months
	61	48 months
	62	42 months
	63	36 months
	64	30 months
	65	24 months
	66	21 months
	67	18 months
	68	15 months
	69+	12 months
Elimination period	90 days	
Preexisting condition(s):	Any condition or symptom for which you, in the specified time period before coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	
Premium waived if disabled:	Premium won't need to be paid when you're receiving benefits.	
Progressive income benefit	Included	
Family care expense	Included	
EmployeeConnect SM services:	Gives you and your family confidential access to counselors, along with personal, legal, and financial assistance.	

LONG TERM DISABILITY



Exclusions, limitations, and reductions

Like any insurance, this long-term disability insurance policy does have some exclusions. You won't receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- Your disability occurs while you're committing a felony or misdemeanor, or participating in a riot
- Your disability occurs while you're imprisoned for committing a felony
- Your disability occurs while you're residing outside of the United States or Canada for more than 12 consecutive months for a purpose other than work

Your benefits may be reduced if you're eligible to receive benefits from:

- A state disability plan or similar compulsory benefit act or law
- A retirement plan
- Social Security
- Any form of employment
- Workers' compensation
- Salary continuance
- Sick leave

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

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This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

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SHORT TERM DISABILITY



What is it?

Short-term disability insurance pays you a portion of your salary while you're away from work or recovering from a covered illness or injury.

Why is this coverage valuable?

When you're unable to collect your normal paycheck due to injury or illness, your disability policy provides money that can help you pay your bills.

Your short-term disability coverage

Eligibility description	All full-time employees of a participating employer of Keystone Insurers Group
Contribution	Your employer pays the cost of your coverage.
Coverage amount	66.67% of your weekly earnings to a maximum of \$1,000 per week
Maximum benefit period	13 weeks
Accident elimination period	0 Days
Illness elimination period	7 Days
Recurrent disability benefits	If you become disabled for the same condition within two weeks following your prior disability, your benefits will continue under the same claim.
Preeexisting conditions: Any condition or symptom for which you, in the specified time period before coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not applicable

SHORT TERM DISABILITY



Exclusions, limitations, and reductions

Like any insurance, this short-term disability insurance policy does have exclusions. You won't receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- Your disability occurs while you're committing a felony or misdemeanor, or participating in a riot

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

Your benefits may be reduced if you're eligible to receive income or benefits from:

- State disability or no-fault insurance
- A retirement plan
- Social Security
- Any form of employment
- Workers' compensation
- Salary continuance plan
- Sick leave
- State paid family leave benefits
- Any other group insurance plan
- Unemployment
- Recovery from third party

State variations apply.

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DENTAL



	Plan option 1 High Plan		Plan option 2 Low Plan	
Coverage Type	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ % of R&C Fee ^{**}	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ % of Maximum Allowable Charge*
Type A : Preventive (cleanings, exams, X-rays)	100%	100%	100%	100%
Type B: Basic Restorative (fillings)	80%	80%	50%	50%
Type C: Major Restorative (bridges, dentures)	50%	50%	N/A	N/A
Type D: Orthodontia	50%	50%	N/A	N/A
Deductible[†]				
Individual	\$50	\$50	\$75	\$75
Family	\$150	\$150	\$225	\$225
Annual Maximum Benefit				
Per Person	\$1,750	\$1,750	\$750	\$750
Orthodontia Lifetime Maximum				
Per Person	\$1,000	\$1,000	N/A	N/A

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

LOW Dental Plan

Employee Costs Per Month	Employee Only Employee + Spouse Employee + Child(ren) Employee + Family	\$20.94 \$41.52 \$56.47 \$83.60

HIGH Dental Plan

Employee Costs Per Month	Employee Only Employee + Spouse Employee + Child(ren) Employee + Family	\$48.00 \$96.32 \$116.81 \$177.85

List of Primary Covered Services & Limitations*

The service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan. *If Dentally Necessary, You and Your Dependents may be eligible for additional dental treatment if diagnosed with one or more specified medical conditions. Please see the Description of Covered Services section of this Certificate for additional details.

Plan Type	Plan Option 1: HIGH PLAN How Many/How Often	Plan Option 2: LOW PLAN How Many/How Often
Type A — Preventive		
Prophylaxis (cleanings)	One time in 6 months	One time in 6 months
Oral Examinations	One time in 6 months	One time in 6 months
Topical Fluoride Applications	Two fluoride treatments per year for dependent children up to his/her 14 th birthday	Two fluoride treatments per year for dependent children up to his/her 15 th birthday
X-rays	<ul style="list-style-type: none"> Full mouth X-rays; one per 60 months Bitewings X-rays; one set per year 	<ul style="list-style-type: none"> Full mouth X-rays; one per 60 months Bitewing X-rays; one set per year
Space Maintainers	Space maintainers for dependent children up to his/her 15 th birthday, once per lifetime per tooth area	Space maintainers for dependent children up to his/her 15 th birthday, once per lifetime per tooth area
Sealants	One application of sealant material for each non-restored, non-decayed 1 st and 2 nd molar of a dependent child up to his/her 14 th birthday	One application of sealant material for each non-restored, non-decayed 1 st and 2 nd molar of a dependent child up to his/her 15 th birthday
Type B — Basic Restorative		
Fillings	Replacement once every 24 months	Replacement once every 24 months
Simple Extractions	N/A	
Crown, Denture and Bridge Repair/ Recementations	Repairs and Recementing: Once in 12 months Crown: One replacement for the same tooth in 10 years	Repairs and Recementing: Once in 12 months Crown: One replacement for the same tooth in 10 years
Oral Surgery	N/A	
Endodontics	N/A	Root canal treatment limited to once per tooth per 24 months
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services	When dentally necessary in connection with oral surgery, extractions or other covered dental services
Periodontics	<ul style="list-style-type: none"> Total number of periodontal maintenance treatments cannot exceed two treatments in a one year period 	<ul style="list-style-type: none"> Periodontal scaling and root planing once per quadrant, every 36 months Periodontal surgery once per quadrant, every 36 months Total number of periodontal maintenance treatments cannot exceed two treatments in a one year period

DENTAL



Type C — Major Restorative		
Simple Extractions		N/A
Oral Surgery		N/A
Implants	Replacement once every 10 years	N/A
Bridges and Dentures	<ul style="list-style-type: none"> Initial placement to replace one or more natural teeth, which are lost while covered by the plan Dentures and bridgework replacement; one every 10 calendar years Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed 	N/A
Crowns, Inlays and Onlays	Replacement once every 10 calendar years	N/A
Endodontics	Root canal treatment limited to once per tooth per 24 months	N/A
Periodontics	<ul style="list-style-type: none"> Periodontal scaling and root planing once per quadrant, every 60 months Periodontal surgery once per quadrant, every 60 months 	N/A
Type D — Orthodontia		
	<ul style="list-style-type: none"> You, your spouse and your children, up to age 26, are covered while Dental insurance is in effect All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia Payments are on a repetitive basis 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary Orthodontic benefits end at cancellation of coverage 	N/A

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan.

VISION

VSP Choice Network



With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision provider and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists, and opticians, from private practices to retailers like Costco® Optical, Walmart, Sam's Club and Visionworks.

In-network value added features:

Additional lens enhancements:

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

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

Laser vision correction:

Potential savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at MetLife participating locations.

In-network benefits

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

Frequency

Eye exam

Once every **12** months

- Eye health exam, dilation, prescription and refraction for glasses: at no additional cost after a \$10 copay.
- Retinal imaging: Up to a **\$39** copay on routine retinal screening when performed by a private practice.

Frame

Once every **24** months

- Allowance: **\$130** after **\$10** eyewear copay.
- Costco®, Walmart® and Sam's Club®: **\$70** allowance after **\$10** eyewear copay. You will receive an additional **20%** savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco®, Walmart® and Sam's Club®.

Standard corrective lenses

Once every **12** months

- Single vision, lined bifocal, lined trifocal, lenticular: At no additional cost after **\$10** eyewear copay.

Standard lens enhancements¹

Once every **12** months

- Standard Polycarbonate (child up to age 18), and **Ultraviolet (UV) coating**: At no additional cost after **\$10** eyewear copay.
- Progressive Standard, Progressive Premium/Custom, Standard Polycarbonate (adult), Scratch-resistant coatings, Solid or Gradient Tints, Anti-reflective, Photochromic: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at metlife.com/mybenefits.

Contact lenses (instead of eyeglasses) Once every **24** months

- Contact fitting and evaluation: Copay not to exceed **\$60**
- Elective lenses: **\$130** allowance
- Necessary lenses: At no additional cost after eyewear copay.

Vision

Employee Costs Per Month

Employee Only	\$8.69
Employee + Spouse	\$13.91
Employee + Child(ren)	\$14.19
Employee + Family	\$22.89

VISION



Out-of-network reimbursement*

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

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

*If you choose an out-of-network provider, you may have increased out-of-pocket expenses, must pay in full at time of service, and must file a claim for reimbursement.

- 1 All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco, Walmart or Sam's Club to confirm availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.
- 2 Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.

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

Savings from enrolling in a MetLife Vision Plan will depend on various factors, including plan premiums, number of visits to an eye care professional by your family per year and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.

Vision insurance is provided by Metropolitan Life Insurance Company, New York, NY (MetLife). Certain claims and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with MetLife or its affiliates.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

We're here to help

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

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

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

ACCIDENT



Accident Insurance Benefits

With MetLife, you'll have a choice of two plans (called the "Low Plan and the "High Plan) that provide payment regardless of any other insurance payment you may receive. Here are just some of the covered events/services.¹

Benefit Type	Low Plan MetLife Accident Insurance Pays YOU	High Plan MetLife Accident Insurance Pays YOU
Injuries		
Fractures ²	\$50 – \$3,000	\$100 – \$6,000
Dislocations ²	\$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
Medical Services & Treatment¹		
Ambulance	\$200 – \$750	\$300 – \$1,000
Emergency Care	\$25 – \$50	\$50 – \$100
Non-Emergency Care	\$25	\$50
Physician Follow-Up	\$50	\$75
Therapy Services (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
Hospital³ Coverage (Accident)		
Admission	\$500 (non-Intensive Care Unit (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 (ICU) — up to 31 days	\$200 a day (non-ICU) — up to 31 days \$400 a day (ICU) — up to 31 days
Inpatient Rehabilitation (paid per accident) ⁸	\$100 a day, up to 15 days	\$200 a day, up to 15 days

Your insurance company already paid the doctor...this money is
PAID DIRECTLY TO YOU!

LOW Accident Plan

Employee Costs Per Month	Employee Only	\$6.55
	Employee + Spouse	\$10.11
	Employee + Child(ren)	\$11.74
	Employee + Family	\$15.38

HIGH Accident Plan

Employee Costs Per Month	Employee Only	\$12.32
	Employee + Spouse	\$19.00
	Employee + Child(ren)	\$22.02
	Employee + Family	\$29.11

ACCIDENT



Benefit Type	Low Plan MetLife Accident Insurance Pays YOU	High Plan MetLife Accident Insurance Pays YOU
Accidental Death		
Employee receives 100% of amount shown, spouse receives 50% and children receive 20% of amount shown.	\$25,000 \$75,000 for common carrier ⁵	\$50,000 \$150,000 for common carrier ⁵
Dismemberment, Loss & Paralysis		
Dismemberment, Loss & Paralysis	\$250 – \$10,000 per injury	\$500 - \$50,000 per injury
Other Benefits		
Lodging ⁶ — Pays for lodging for companion — up to 31 nights per calendar year	\$100 per night — up to 31 nights	\$200 per night — up to 31 nights

Benefit Payment Example

My child plays soccer on the varsity high school team. During a recent game, my child collided with an opposing player, and was knocked unconscious, and was taken to the local emergency room (ER) by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. The doctor ordered a Computed Tomography scan to check for facial fractures too. My child was released to our primary care physician for two follow-up treatments, and our dentist repaired the broken tooth with a crown.

Depending on my health insurance, my out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Accident Insurance payments can be used to help cover these unexpected costs.

Covered Event ¹	Benefit Amount
Ambulance (ground)	\$300
Emergency Care	\$100
Physician Follow-Up (\$75 x 2)	\$150
Medical Testing	\$200
Concussion	\$400
Broken Tooth (repaired by crown)	\$200
Benefits paid by MetLife Group Accident Insurance	\$1,350

This example is for illustrative purposes only. The MetLife Accident Insurance Policy and Certificate are the governing documents with respect to all matters of insurance. The specific facts of each claim must be evaluated in conjunction with the provisions of the applicable Policy and Certificate to determine coverage in each individual case.

CRITICAL ILLNESS



Eligible Individual	Initial Benefit	Requirements
Coverage Options		
Employee	\$15,000 or \$30,000	Coverage is guaranteed provided you are actively at work. ¹
Spouse/Domestic Partner ²	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. ¹
Dependent Child(ren) ³ *	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. ¹

Your insurance company already paid the doctor...this money is
PAID DIRECTLY TO YOU!

Monthly Premium for \$15,000 Benefit

Issue Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
< 25	\$8.70	\$14.70	\$13.05	\$19.05
25-29	\$8.70	\$15.00	\$13.05	\$19.35
30-34	\$11.70	\$19.65	\$16.05	\$24.00
35-39	\$15.75	\$26.25	\$20.10	\$30.60
40-44	\$23.55	\$38.25	\$27.90	\$42.60
45-49	\$31.95	\$51.75	\$36.30	\$56.10
50-54	\$42.60	\$68.40	\$46.95	\$72.75
55-59	\$53.85	\$85.95	\$58.20	\$90.30
60-64	\$66.15	\$104.70	\$70.50	\$109.05
65-70	\$74.70	\$118.05	\$79.05	\$122.40
70 +	\$90.90	\$143.55	\$95.25	\$147.90

Monthly Premium for \$30,000 Benefit

Issue Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
< 25	\$17.40	\$29.40	\$26.10	\$38.10
25-29	\$17.40	\$30.00	\$26.10	\$38.70
30-34	\$23.40	\$39.30	\$32.10	\$48.00
35-39	\$31.50	\$52.50	\$40.20	\$61.20
40-44	\$47.10	\$76.50	\$55.80	\$85.20
45-49	\$63.90	\$103.50	\$72.60	\$112.20
50-54	\$85.20	\$136.80	\$93.90	\$145.50
55-59	\$107.70	\$171.90	\$116.40	\$180.60
60-64	\$132.30	\$209.40	\$141.00	\$218.10
65-70	\$149.40	\$236.10	\$158.10	\$244.80
70 +	\$181.80	\$287.10	\$190.50	\$295.80

CRITICAL ILLNESS



Benefit Payment

Your **Initial Benefit** provides a lump-sum cash payment upon the first verified diagnosis of a Covered Condition. Your plan pays a **Recurrence Benefit**⁴ for the following Covered Conditions: Heart Attack⁶, Stroke⁷, Coronary Artery Bypass Graft⁸, Full Benefit Cancer⁵, Partial Benefit Cancer⁵ and All Other Cancer⁵. 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 \$45,000 or \$90,000.

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

Covered Conditions	Initial Benefit	Recurrence Benefit
Full Benefit Cancer ⁵	100% of Initial Benefit	50% of Initial Benefit
Partial Benefit Cancer ⁵	25% of Initial Benefit	12.5% of Initial Benefit
Heart Attack ⁶	100% of Initial Benefit	50% of Initial Benefit
Stroke ⁷	100% of Initial Benefit	50% of Initial Benefit
Coronary Artery Bypass Graft ⁸	100% of Initial Benefit	50% of Initial Benefit
Kidney Failure	100% of Initial Benefit	Not applicable
Alzheimer's Disease ⁹	100% of Initial Benefit	Not applicable
Major Organ Transplant Benefit ¹⁰	100% of Initial Benefit	Not applicable
22 Listed Conditions	25% of Initial Benefit	Not applicable

Example of Initial & Recurrence Benefit Payments

The example below illustrates an employee who elected an Initial Benefit of \$15,000 and has a Total Benefit of 3 times the Initial Benefit Amount or \$45,000.

Illness – Covered Condition	Payment	Total Benefit Remaining
Heart Attack — first verified diagnosis	Initial Benefit payment of \$15,000 or 100%	\$30,000
Heart Attack — second verified diagnosis, two years later	Recurrence Benefit payment of \$7,500 or 50%	\$22,500
Kidney Failure — first verified diagnosis, three years later	Initial Benefit payment of \$15,000 or 100%	\$0

This example is for illustrative purposes only. The MetLife Critical Illness Insurance Policy and Certificate are the governing documents with respect to all matters of insurance, including coverage for specific illnesses. The specific facts of each claim must be evaluated in conjunction with the provisions of the applicable Policy and Certificate to determine coverage in each individual case.

In most states there is a pre-existing condition limitation. If advice, treatment or care was sought, recommended, prescribed or received during the three months prior to the effective date of coverage, we will not pay benefits if the covered condition occurs during the first six months of coverage. The preexisting condition limitation does not apply to heart attack or stroke.

22 Listed Conditions

MetLife Critical Illness Insurance will pay 25% of the Initial Benefit Amount when a covered person has a verified diagnosis of one of the 22 Listed Conditions. A Covered Person may only receive one payment for one Listed Condition in his/her lifetime. The Listed Conditions are Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Empowering employees through easy access to legal help



Legal issues occur throughout life, when employees are getting married, buying a home, becoming a caregiver or handling financial matters like debt or tax audits. Dealing with these matters can be costly and time consuming, taking employees away from work and impacting their overall well-being.

We provide your employees with the cost-effective, multi-channel access to legal help they need to easily handle costly legal matters in their life—helping them to feel more financially and emotionally secure.

Flexibility to handle matters how employees want

We want your employees to get the help they need how they want it. That's why we allow them to choose their attorney from our network, or outside of it, or use our digital tools to handle matters.¹ With a large network of attorneys and the ability to complete estate planning or download self-help documents on our website, employees have the flexibility to choose how they want to handle their legal matter.

Wide range of coverage for a diverse workforce

LGBTQ+	<ul style="list-style-type: none">AdoptionCreating estate planning documents to recognize same-sex partnersName and gender marker change	 Telephone and office consultations, demand letters and document review on unlimited number of personal legal matters
Caregivers	<ul style="list-style-type: none">Nursing home agreementsReviewing Medicare/Medicaid documentsReviewing parents' estate planning documents	 Over 18,000 attorneys in all 50 states and many U.S. territories who have an average of 25 years of experience and are subject to a comprehensive set of criteria
Veterans/ Military	<ul style="list-style-type: none">Assistance with real estate or rental issuesGuardianshipUpdating or creating estate planning documents	 Best-in-class digital experience to find attorneys and complete estate planning
International employees	<ul style="list-style-type: none">Access to attorneys out of the country²Assistance with immigration issuesTranslation services for Call Center and Attorneys	 We're focused on providing exceptional customer service and are appropriately staffed for peak call volume
Those just starting out	<ul style="list-style-type: none">Assistance with rental issues and landlordsReviewing leasesStudent loan debt assistance	

Employee + Family Cost Per Month

\$18.00

LEGAL



Helping your employees navigate life's twists and turns.

Money Matters	<ul style="list-style-type: none"> Debt Collection Defense Financial Wellness Programs³ Identity Theft Defense 	<ul style="list-style-type: none"> LifeStages Identity Restoration Services⁴ Negotiations with Creditors Personal Bankruptcy 	<ul style="list-style-type: none"> Promissory Notes Tax Audit Representation Tax Collection Defense 		
Home & Real Estate	<ul style="list-style-type: none"> Boundary & Title Disputes Deeds Eviction Defense Foreclosure 	<ul style="list-style-type: none"> Mortgages Property Tax Assessments Refinancing & Home Equity Loan Sale or Purchase of Home 	<ul style="list-style-type: none"> Security Deposit Assistance Tenant Negotiations Zoning Applications 		
Estate Planning	<ul style="list-style-type: none"> Codicils Complex Wills Healthcare Proxies 	<ul style="list-style-type: none"> Living Wills Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> Revocable & Irrevocable Trusts Simple Wills 		
Family & Personal	<ul style="list-style-type: none"> Adoption Affidavits Conservatorship Demand Letters Divorce (20 hours) Garnishment Defense Guardianship 	<ul style="list-style-type: none"> Immigration Assistance Juvenile Court Defense, Including Criminal Matters Name Change Parental Responsibility Matters Personal Property Issues 	<ul style="list-style-type: none"> Prenuptial Agreement Protection from Domestic Violence Review of ANY Personal Legal Document School Hearings 		
Civil Lawsuits	<ul style="list-style-type: none"> Administrative Hearings Civil Litigation Defense 	<ul style="list-style-type: none"> Disputes Over Consumer Goods & Services Incompetency Defense 	<ul style="list-style-type: none"> Pet Liabilities Small Claims Assistance 		
Elder-Care Issues	<p>Consultation & Document Review for Issues Related to Your Parents:</p> <ul style="list-style-type: none"> Deeds Leases 	<ul style="list-style-type: none"> Medicaid Medicare Notes Nursing Home Agreements 	<ul style="list-style-type: none"> Powers of Attorney Prescription Plans Wills 		
Traffic & Other Matters	<ul style="list-style-type: none"> Defense of Traffic Tickets⁵ Driving Privileges Restoration 	<ul style="list-style-type: none"> Habeas Corpus License Suspension Due to DUI 	<ul style="list-style-type: none"> Repossession 		
Rate⁶	Cost per employee per month (covers spouse and dependents):	Employee Paid: \$18.00			
Additional Features:	Telephone advice, office consultations, demand letters and document review on an unlimited number of personal legal matters.				
	For non-covered matters that are not otherwise excluded employees get four additional hours of network attorney time and services per plan year. ⁷				
	Reduced fees for personal injury, probate and estate administration matters, provided by network attorneys.				
	Access to a digital estate planning solution for wills, living wills, power of attorney and living trusts.				
Over 1,700 self-help documents⁸ are available to members and potential members on our website.					

1. The Participant will be reimbursed according to the set fee schedule, the lesser of the maximum reimbursement amount or the attorney's actual charge. Your employees will be responsible to pay the difference, if any, between the plan's payment and the non-plan attorney's charge for services. MetLife Legal Plans is not responsible for legal work performed by out-of-network attorneys.

2. Internationally, employees can see an attorney outside of our network and be reimbursed according to a set fee reimbursement schedule.

3. MetLife administers the PlanSmart program and has arranged to have specially trained third party financial professionals offer financial education. The financial professionals providing financial education are not affiliated with MetLife but are providing the program under a service provider contract. Offered to groups with 500 or more employees. Upwise is available at no cost to all individuals and regardless of any MetLife relationship or product.

4. These benefits provide the Participant with access to services provided by IdentityForce, A TransUnion® Brand. IdentityForce, A TransUnion® Brand is not a corporate affiliate of MetLife Legal Plans.

5. Does not cover DUI.

6. Rate is standard and subject to change. A minimum enrollment of two employees is required.

7. No more than a combined maximum total of four hours of attorney time and service are provided for the member, spouse and qualified dependents, annually.

8. The self-help library is offered by Standard Legal. Standard Legal is not a corporate affiliate of MetLife Legal Plans.

IDENTITY AND FRAUD PROTECTION



Identity & Fraud Protection

Powered by **AURA**



Make the internet a safer place for you and your family.

All-in-one security solution that helps protect the things you care about most.

Fraud Protection

Digital Security

Identity Theft Protection

Identity and Fraud Protection powered by Aura

With MetLife, you'll have the option to enroll in a robust digital security plan to help protect you and your family from financial and identity fraud.

This document has important information about what's available to you. Use it to:

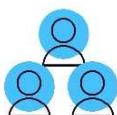
- **Learn** more about the tiered coverage options available to you, plan features, and services.
- **Understand** the costs for coverage and how payments will be deducted.

Plan Options

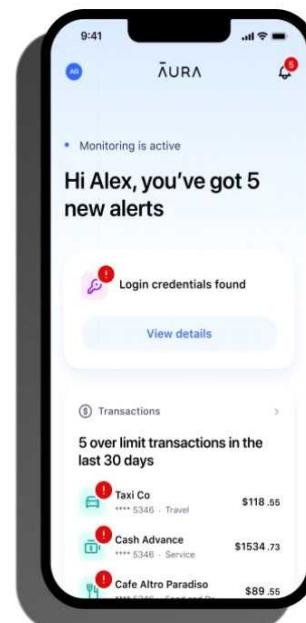


Protection Plus Plan: Robust protection for your identity, finances, privacy, and up to 10 devices per adult member.

Individual Coverage for Protection Plus: Protection for the employee only.



Family Coverage for Protection Plus:
Our inclusive definition of "Family" allows the employee to add up to 10 additional adults and 10 minors to the plan. Added members are **not** required to live in the same household.



IDENTITY AND FRAUD PROTECTION

Features	Protection Plus For Individuals and Family
Protections	
Mobile app (iOS & Android): Proactive protection from anywhere via a single app on your mobile device, or on the web	✓
Personalized Feature Activation: Personalized communications to encourage feature activation and engagement	✓
Plan Options: Individual Plan covers 1 adult, and the Family Plan covers 10 additional adults and 10 minors	✓
Identity Theft Protection	
SSN authentication alerts	✓
USPS address monitoring	✓
Criminal & court record monitoring	
- Sex offender registries	✓
- Bankruptcy & foreclosures	
- Property & tax liens	
Personal information (PII) & ID monitoring	
- SSN, birthdate & phone numbers	✓
- Driver license & passport numbers	
- Medical & health IDs	
Online account & breach monitoring	
- Compound credentials	✓
- Financial accounts (credit, debit & loyalty cards)	
- HSA & 401K account monitoring	
Social media monitoring	
- Cyberbullying alerts (adults & minors)	✓
- Account hacking & takeover alerts	
Financial Fraud Protection	
Credit monitoring & alerts	3-Bureau
Investment & loan account monitoring	✓
Home & auto title monitoring	✓
High risk transaction alerts	
- Payday loans	✓
- Wire transfers	
- Utility accounts	
Credit, bank & utility account-freeze assistance	✓
Financial account opening & takeover monitoring	✓
Monthly credit score tracker ¹	✓
One tap Experian credit lock	✓
3-bureau annual credit report	✓
Financial transaction monitoring	
- Banking & credit accounts	✓
- Mortgage, student & auto loans	
- 401K and HSA accounts	
Privacy & Device Protection	
Automated data broker list removal	
- Robocall/robotext protection	✓
- Junk mail prevention	
Password Manager	✓
Antivirus	10 Devices per Adult
WiFi security (VPN)	10 Devices per Adult
Safe browsing	
- Anti-adware	✓
- Anti-phishing	
- Device/cookie tracking	
Email alias	✓
Service & Support	
24/7 customer support	✓
White glove resolution service	✓
Unemployment & tax fraud resolution	✓
Identity theft insurance (See Page 3 for Important Information) ²	\$1M per Adult ²
Lost wallet protection	✓

IDENTITY AND FRAUD PROTECTION



Questions & Answers

Q. How do I enroll?

A. Enroll for coverage at Employer website.

Q. Who is eligible to enroll for this Identity and Fraud Protection benefit?

A. This product is available for Individual (Employee only) or Family coverage.

Individual covers the employee only; Family covers the employee and up to 10 additional adults and 10 dependent minors.

- For Family plans, you may add up to 10 additional adult members to your plan, no matter their age or whether they live at the same address. Each adult member will have their own account and enjoy the same features. Each adult's info is kept private from other adults on the plan.

- You may also add up to 10 dependent minors (under 18 years old) to the plan. You must have parental guardianship rights over the minors. The minors' information and alerts will only be visible to you, the Account Owner.

Q. How do I pay for my Identity and Fraud Protection?

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

Q. What happens if my employment status changes? Can I take my coverage with me?

A. Yes, you can take your coverage with you. You will need to continue to pay your monthly fees via credit card payment on Aura's platform to keep your coverage in force. Your coverage will only end if you stop paying your fees or if your employer offers you similar coverage with a different carrier.

Q. Who do I call for assistance?

A. Contact Aura Customer Support at 1-833-552-2123 to answer account, technical, or bill questions.

Protection Plus	
Monthly Cost to You	
Individual	\$10.95
Family	\$18.95

1. Monthly credit score tracker: The score you receive with Aura is provided for educational purposes to help you understand your credit. It is calculated using the information contained in your TransUnion or Experian credit file. Lenders use many different credit scoring systems, and the score you receive with Aura is not the same score used by lenders to evaluate your credit.
2. Identity Theft Insurance underwritten by insurance company subsidiaries or affiliates of American International Group, Inc. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions. As a component of becoming an Aura member, Consumers receive identity theft insurance through a group policy issued to Aura. American International Group, Inc. is not an affiliate or subsidiary of MetLife and MetLife does not issue or underwrite this policy.

No one can prevent all identity theft or monitor all transactions effectively.

Aura is a product of Aura Sub, LLC. Aura Sub, LLC. is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product.

VALUE ADDED BENEFITS



The resources
you need to meet
life's challenges



*EmployeeConnect*SM offers professional, confidential services to help you and your loved ones improve your quality of life.

In-person guidance	Unlimited 24/7 assistance	Online resources
<p>Some matters are best resolved by meeting with a professional in person. With <i>EmployeeConnect</i>, you and your family get:</p> <ul style="list-style-type: none">▪ In-person help for short-term issues (up to five sessions¹ with a counselor per person, per issue, per year)▪ In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and 25% off subsequent meetings	<p>You and your family can access the following services anytime online, via the mobile app, or with a toll-free call:</p> <ul style="list-style-type: none">▪ Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning, and more▪ Legal information and referrals for family law, estate planning, and consumer and civil law²▪ Financial guidance on household budgeting and short- and long-term planning	<p><i>EmployeeConnect</i> offers a range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit GuidanceResources.com or download the GuidanceNowSM mobile app. You'll find:</p> <ul style="list-style-type: none">▪ Articles and tutorials▪ Videos▪ Interactive tools, including financial calculators, budgeting worksheets, and more

EmployeeConnect counselors are experienced and credentialed.

When you call the toll-free number, you'll talk to an experienced professional who will provide counseling, work-life advice, and referrals. All counselors hold master's degrees, with broad-based clinical skills, and at least three years of experience in counseling on a variety of issues. For face-to-face sessions, you'll meet with a credentialed, state-licensed counselor.



Take advantage of *EmployeeConnect*

For more information about the program, visit GuidanceResources.com, download the **GuidanceNow mobile app**, or call 888-628-4824.

GuidanceResources.com login credentials:

Username: LFGSupport Password: LFGSupport1

EmployeeConnect services are Available to employees that are covered under the Lincoln Long Term Disability Coverage

VALUE ADDED BENEFITS



Because life
doesn't always
go as planned



No matter how well you plan, unexpected challenges arise. When they do, help and support are nearby thanks to *LifeKeys*® services from Lincoln.

LifeKeys services include:



Discounts on shopping and entertainment

GuidanceResources® Online includes access to the Working Advantage discount network, available 24 hours a day, seven days a week. Save up to 60% on a variety of products and services, including electronics, health and fitness, Broadway shows, and much more.

Discounts are also available in the **GuidanceNow**™ mobile app, available in the Apple and Google app stores.



Help with important life matters

You'll find support tools and advice on a wide range of topics, including legal, financial, family, and career, on *GuidanceResources* Online. Stay informed on matters that impact your personal and professional life.



Protection against identity theft

Identity theft is widespread, and everyone is vulnerable. *LifeKeys* includes online resources for information to help you recognize and prevent identity theft and restore your good name should your identity be compromised.



Online will preparation

Creating a will allows you to make vital decisions ahead of time, including naming a guardian for your children or designating who'll receive your property and assets after you pass away. Without a will, state officials will distribute your estate. *EstateGuidance*® offers a secure, efficient way to create and execute a will so you can rest easy knowing you've planned ahead for your family.



Guidance and support for your beneficiaries

LifeKeys is a comprehensive program that offers resources to help your loved ones address a range of common concerns should they experience a loss. Services include grief counseling, financial and legal advice, and support when coping with the challenges of day-to-day life. Services are detailed on Page 2.

LifeKeys services are available to employees that are covered under the Lincoln Group Life or Voluntary Life Coverages

VALUE ADDED BENEFITS



Help, guidance, and support for beneficiaries following a loss

The emotional impact of losing a loved one can be deep and long-lasting. All too often, financial or legal issues can add to the stress. *LifeKeys* services can be a welcome resource for your beneficiaries.

Your beneficiaries will have access to six in-person sessions for grief counseling, legal or financial information, and unlimited phone counseling. Services are available for up to one year after a loss.

Grief counseling – advice, information, and referrals on:

- Coping with loss
- Stress, anxiety, and depression
- Memorial planning information
- Concerns about family, including children and teens

Legal support – access to legal information on:

- Estate and probate law
- Real estate transactions
- Social Security survivor and child benefits
- Important documents for beneficiaries

Financial services – online resources and advice from financial specialists on:

- Estate planning
- Budgeting
- Overcoming debt
- Bankruptcy
- Investments

Help with everyday life – comprehensive information on:

- Finding child or elder care
- Financing a home
- Moving and relocation
- Making major purchases



To access *LifeKeys* services, visit GuidanceResources.com, download the *GuidanceNow*SM mobile app, or call 855-891-3684. First-time users enter web ID: *LifeKeys*

Download the app today!



LifeKeys services are available to employees that are covered under the Lincoln Group Life or Voluntary Life Coverages

VALUE ADDED BENEFITS

Caring support and assistance when you travel



Lincoln *TravelConnect*® services offer security and reassurance – helping make travel less stressful. If you're enrolled in life and/or accidental death and dismemberment insurance, *TravelConnect* services are available to you and your loved ones 24 hours a day, seven days a week.

Services you can count on during an emergency

You'll have dedicated support if you face an emergency when you're 100 or more miles from home. *TravelConnect* helps:

- Arrange travel if you're injured and need emergency evacuation to a medical facility
- Manage travel for a companion and/or your dependent children, including transportation expenses and accommodations of a qualified escort
- Plan and pay for a safe evacuation due to natural disaster or a political or security threat
- Arrange transportation of a deceased traveler
- Secure emergency pet return and/or boarding and vehicle return

Ongoing support when you're far from home

From planning the trip until you're home, *TravelConnect* services can assist you with:

- Medical records requests
- Medication and vaccine delivery
- Medical, dental, and pharmacy referrals
- Corrective lenses and medical device replacement
- Legal consultation
- Recovering lost or stolen documents or luggage
- ID recovery assistance
- Language translation services
- Destination information

Travel Connect Travel Assistance services are available to employees that are covered under the Lincoln Group Life or Voluntary Life Coverages



For a complete list of *TravelConnect* services, go to MyOnCallPortal.com and enter Group ID LFGTravel123.

CONTACT INFORMATION

Lincoln Financial

Customer Service Claims, Portability & Conversion of Policies	800-423-2765 www.LFG.com
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MetLife

Customer Service	877-856-6854 www.MetLife.com/mybenefits
Dental Customer Service	800-942-0854 www.MetLife.com
Vision Customer Service	855-MET-EYE1 (855-638-3931) www.MetLife.com
Voluntary Benefit Customer Service Accident, Critical Illness, MetLaw	800-GET-MET8 (800-438-6388)

Aura

Customer Service	800-654-7757
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Keystone Insurance & Benefits Group

Administrator Micaela Wise	574-231-6536 MWise@keystoneinsgrp.com
Account Manager Haley Fisher	574-231-6518 HFisher@keystoneinsgrp.com
Service Christy Leguillon	574-406-6889 CLeguillon@keystoneinsgrp.com

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.



13800 Jackson Rd
Mishawaka | IN 46544
keystoneinsgrp.com