Employee Benefits Guide 2026

Werfen takes pride in providing a comprehensive employee benefits program, and we recognize the important role employee benefits play as a critical component of your overall compensation. We strive to maintain a benefits program that is competitive within our industry.

What’s inside

Eligibility

Who is eligible for benefits?

All full-time and part-time employees who work a minimum of 20 hours per week are eligible for benefits. For new hires, most benefits are effective on your date of hire.

In addition to enrolling yourself, you may also enroll any eligible dependents. Eligible dependents are defined below:

- **Spouse:** a person to whom you are legally married
- **Child(ren):** Your biological, adopted, or legal dependents up to age 26 regardless of student, financial, and marital status

Qualifying Life Event

The benefits plan year runs January 1 through December 31. Unless you have a qualifying life event that impacts your eligibility and the change is allowed under the terms of the plan document, you cannot make changes to the benefits you elect until the next Open Enrollment period. Some examples of qualifying life events are highlighted below:

- Marriage or divorce
- Change in employment, or employment status for you, your spouse, or your dependent child
- Birth, adoption, or death
- Change in coverage under another employer plan, such as a change made during your spouse's Open Enrollment

Benefit changes must be consistent with your qualifying life event. Changes must be submitted in ADP within 30 days of the event; documentation supporting the change will be required.

Don't understand what a Qualifying Life Event is?

Scan the QR code or visit www.brainshark.com/hilbgroup/ChangeInStatusEvents to watch a short video.

Employee Resources

Plan	Group Number	Phone Number and Website / Email
Medical Blue Cross Blue Shield MA	4956749	1-800-262-2583 www.bcbsma.com
Anthem Blue Cross	166480	1-800-700-3351 www.anthem.com/ca
Dental Delta Dental MA	016380	1-800-872-0500 www.deltadentalma.com
Vision EyeMed	1061725	1-866-939-3633 www.eyemed.com
Health Savings Account Health Equity	–	1-866-346-5800 www.healthequity.com
Flexible Spending Accounts Health Equity	–	1-877-924-3967 www.healthequity.com
Life, Disability, Voluntary Accident, Critical Illness & Hospital Indemnity Insurance Prudential	72675	1-800-778-4357 www.prudential.com
Employee Assistance Program (EAP) Magellan	–	1-800-523-5668 https://member.magellanhealthcare.com/account-selection
Home & Auto Farmers	–	1-833-905-0408 www.farmers.com/groupselect
Legal MetLife	–	1-800-821-6400 https://www.legalplans.com/whyenroll
Fraud & Identity Protection Aura	–	1-844-931-2872 https://www.metlife.com/identity-and-fraud-protection/
HealthAdvocate	–	1-866-695-8622 www.HealthAdvocate.com
Pet Insurance MetLife	270667	1-800-GET-MET8 www.metlife.com/getpetquote
FIGO	–	https://bit.ly/3fHcA7U
401(k) Retirement Plan T. Rowe Price	–	1-800-922-9945 www.rps.troweprice.com

There's an app for that!

↘ Many of our providers have mobile apps that provide personalized access to your benefits when and where you need it! There are also a variety of FREE health and fitness related apps available. Browse and download apps to your smartphone or tablet from the App Store or Google Play.

Medical and Prescription Overview

Contact

Blue Cross Blue Shield of Massachusetts
Customer Service: 1-800-262-BLUE (2583)
www.bcbsma.com

HMO: Anthem Blue Cross
Customer Service: 1-800-700-3351
www.anthem.com/ca

Choosing your Medical Plan

You can choose between three Preferred Provider Organization (PPO) plans administered by Blue Cross Blue Shield of Massachusetts. A PPO plan provides freedom of choice as members have access to both in-network and out-of-network providers. You'll pay less for your service if you see an in-network provider. If you live in California, you also have the choice of enrolling in the Anthem Select HMO Plan. Please note GLP-1s will no longer be covered under any plan for weight loss.

PPO $750/ $1,500

Under the Core Plan, In-Network coverage has a $750 deductible per member, capped at $1,500 per family. Once the deductible has been met, you will pay 20% coinsurance for eligible services until the $4,000 per individual, capped at $8,000 per family out-of-pocket maximum is met. Office visit copays, ER and Urgent Care copays, and prescription drug copays are not subject to the deductible, but do apply to the out-of-pocket maximum.

High Deductible Health Plans "HDHP" - HDHP $2,000/$4,000 & HDHP $3,000/$5,000

These plans offer the benefit of a Health Savings Account (HSA), an employee owned, portable account funded with pre-tax dollars to help pay for out-of-pocket expenses.

When you enroll in the HDHP Plan, Werfen will also contribute to a Health Savings Account, $500 for an individual and $1,000 for employee plus dependents (prorated for new hires or new enrollments during the year) as long as you are employed by the company.

Anthem HMO (California Residents ONLY)

Employees that reside in California will have access to Anthem's Select HMO Premier option. Members are required to choose a Primary Care Physician who participates in the Select HMO network and obtain referrals for specialist care. There is no coverage outside of the Select HMO network beyond emergency care.

Telehealth Benefit

You have access to licensed doctors and providers for minor medical and behavior health care using video visits from the convenience of your home!

Medical Waiver Benefit

Werfen offers a medical waiver benefit if you are covered under another employer sponsored group health plan and do not enroll in medical. It will be equal payments over the course of the year, totaling $1,000 annually.

More Information

The chart on the following page provides a summary of the medical plans. Please visit https://workforcenow.adp.com for more detailed Summaries of Benefits and Coverage.

To search for a doctor in the Blue Cross Blue Shield network, visit https://myfindadoctor.bluecrossma.com and select the "EPO or PPO" network.

To search for a doctor in the Anthem network, visit www.anthem.com/ca/find-care/. Use the drop down to choose "Select HMO" as your network.

Medical and Prescription Plan Highlights

Plan Features	PPO $750/$1,500	HDHP $2,000/$4,000	HDHP $3,000/$5,000	Anthem Select HMO (California ONLY)
	In-Network YOU PAY	In-Network YOU PAY	In-Network YOU PAY	In-Network YOU PAY
HSA Funding	N/A	$500 individual $1,000 family	$500 individual $1,000 family	N/A
Annual Deductible	$750 individual $1,500 family	$2,000 individual $4,000 family	$3,000 individual $5,000 family	$250 individual $500 family
Annual Out-of-Pocket Maximum	$4,000 individual $8,000 family	$4,000 individual $8,000 family	$5,000 individual $10,000 family	$3,500 individual $7,000 family
Preventive Services	No charge	No charge	No charge	No charge
OFFICE VISITS, LABS, AND TESTING				
PCP/Specialist Office Visits	$25/$40	10% (AD)	20% (AD)	$20 / $40
Diagnostic Test - Lab / X-Ray	20% (AD)	10% (AD)	20% (AD)	10% (AD)
Imaging (MRI/CT)	20% (AD)	10% (AD)	20% (AD)	$125
HOSPITAL				
Inpatient / Outpatient	20% (AD)	10% (AD)	20% (AD)	10% (AD)
URGENT AND EMERGENCY CARE				
Urgent Care Facility	$25	10% (AD)	20% (AD)	$20
Hospital Emergency Room	$150	10% (AD)	20% (AD)	$200
OUT-OF-NETWORK BENEFITS*				
Annual Deductible	$1,500 individual $3,000 family	$4,000 individual $8,000 family	$5,000 individual $10,000 family	N/A
Coinsurance	20% or 40%	10% or 30%	20% or 40%	N/A
Annual Out-of-Pocket Maximum	$8,000 individual $16,000 family	$8,000 individual $16,000 family	$10,000 individual $20,000 family	N/A
PRESCRIPTION DRUGS				
Rx Copay - Retail Generic / Preferred Brand/ Non-Preferred Brand / Specialty	$10/$35/$60/$100	Deductible applies: $10/$35/$60/$100	Deductible applies: $10/$35/$60/$100	$5/$20/$40/$60
Mail Order - 90-day supply Generic / Preferred Brand/ Non-Preferred Brand / Specialty	$25/$90/$150/$250	Deductible applies: $25/$90/$150/$250	Deductible applies: $25/$90/$150/$250	$10/$40/$100/$150

This chart is intended for comparison purposes only. If there are any discrepancies, the official plan documents will govern.
**Out-of-network providers and facilities may balance bill you for any charges in excess of the amount paid by the plan.*
***PPO Enhanced will be closed to any new enrollments*
AD = After Deductible

Medical Bi-Weekly Employee Contributions

Tier	PPO $750/$1,500	HDHP $2,000/$4,000	HDHP $3,000/$5,000	Anthem Select HMO (California ONLY)
Employee Only	$48.21	$44.07	$39.26	$48.92
Employee + Spouse	$182.57	$179.52	$160.00	$185.23
Employee + Child(ren)	$132.46	$117.95	$105.22	$134.39
Family	$192.18	$188.96	$168.42	$194.98

Dental Plan Highlights

Werfen offers dental coverage through **Delta Dental**. You can visit any licensed dentist, but your costs are lowest with an in-network dentist. The in-network dentists accept reduced fees for covered services; out-of-network dentists may balance bill you the difference between their usual fee and what the plan pays.

The features of your dental plans are highlighted in the table below. Please refer to your plan description for full details.

Plan Features	Core Plan		Enhanced Plan	
	In-Network YOU PAY	Out-of-Network* YOU PAY	In-Network YOU PAY	Out-of-Network* YOU PAY
Annual Deductible Amount you must pay per year before the plan begins to pay benefits	$50 individual $150 family		None	
Annual Benefit Maximum Maximum amount the plan will pay per year	Plan pays $1,500 per person per year		Plan pays $2,000 per person per year	
Preventive and Diagnostic Services	No charge	No charge*	No charge	No charge*
Basic Services	20% after deductible	20%* after deductible	20%	20%*
Major Services	50% after deductible	50%* after deductible	50%	50%* Included coverage for implants
Orthodontia	50% up to $1,500 lifetime per person; Children up to age 19		50% up to $2,500 lifetime per person; Adults and Children	

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.
**Out-of-network providers and facilities may balance bill you for any charges in excess of the amount paid by the plan.*
The Annual Benefit Maximum and the Orthodontia maximum are separate maximums - not combined.

Dental Bi-Weekly Employee Contributions

Tier	Core Plan	Enhanced Plan
Employee Only	$4.75	$8.94
Employee + Spouse	$14.26	$29.95
Employee + Child(ren)	$9.66	$16.74
Family	$15.00	$31.53

↘

Need to locate a participating, in-network provider?

Visit:
www.deltadentalma.com
or call 1-800-872-0500.

Vision Plan Highlights

Your vision coverage includes a full range of vision care services provided through **EyeMed**.

You may receive care from any provider you choose, but your benefits are greater when you see a participating in-network provider. If you choose to receive services from an out-of-network provider, you will be required to pay that provider at the time of service and submit a claim form to EyeMed for reimbursement.

Plan Features	In-Network	Out-of-Network Reimbursement
Vision Exam *Once every 12 months*	$10 copay Plus Provider: $0	Up to $40 Plus Provider: Up to $40
Eyeglass Frames *Once every 12 months*	$150 plan allowance; 20% off balance	Up to $105
Plus Providers	$0 copay; 20% off balance over $200	Up to $105
Eyeglass Lenses *Once every 12 months*		
Single vision	$25 copay	Up to $30
Lined bifocal	$25 copay	Up to $50
Lined trifocal	$25 copay	Up to $70
Contact Lenses *Once every 12 months in lieu of eyeglasses*	$150 allowance; 15% off remaining balance	Up to $130
Medically Necessary	Paid in full	Up to $300

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern. Limitations and exclusions may apply.

Bi-Weekly Contributions

Tier	EyeMed Vision
Employee Only	$1.56
Employee + Spouse	$3.96
Employee + Child(ren)	$3.12
Family	$4.17

Did you know your eyes can tell an eye care provider a lot about you?

Vision insurance can make routine eye care more affordable, especially if you are among the majority of people who wear prescription eyeglasses or contact lenses.

In addition to getting a vision screening, a routine eye exam can help detect signs of serious health conditions like diabetes and high cholesterol. This is important, since you won't always notice the symptoms yourself and since some of these diseases cause early and irreversible damage.

Need to locate a participating, in-network provider?

Visit:
www.eyemed.com
or call 1-866-939-3633.

Health Savings Account (HSA)

Administered through Health Equity

If you enroll in the HDHP $2,000/ $4,000 or HDHP $3,000/ $5,000 HSA eligible plans, you are automatically enrolled in a Health Savings Account (HSA).

An HSA can help you save money by allowing you to pay for qualified expenses with tax-free dollars. You can use the funds to pay for qualified expenses, such as medical and prescription drug expenses, as well as dental and vision expenses, for you, your spouse, and all dependents you claim on your tax return or could have claimed except that the individual had gross income in excess of the exemption amount—even if they are not covered under your medical plan!

Reasons to love an HSA

- Triple Tax Savings
  - You can contribute to your HSA using tax-free dollars.
  - You can use the money in your HSA to pay for qualified expenses with tax-free money.
  - Money in the account accumulates year over year, and earns interest that is tax-free as long as you use the HSA money for qualified expenses.
- You decide how and when to use the funds in your account; you can use the funds to pay for your qualified expenses or save them for future health care costs.
- The account may be used to build funds for retirement. Once you reach age 65, you can withdraw the money for non-medical reasons without a penalty. Withdrawal of funds prior to 65 will result in funds being taxable.
- Your account is owned by you, which means you take it with you if you leave, resign, or retire from the company.
- Increased earning potential with investments—once your HSA balance reaches a certain amount, you may invest your funds for increased earning potential that is also tax-free.

To contribute to an HSA, you must meet the HSA eligibility criteria below:

- ↘ You must enroll in a Qualified High Deductible Health Plan (QHDHP) each year, and you cannot be covered by any other medical plan or coverage that is not a QHDHP. This would include being enrolled in your spouse's non-QHDHP plan as secondary coverage, Medicare coverage, an executive medical reimbursement plan, or a Health Care FSA (either yours or your spouse's)unless it is a Limited Purpose HealthCare FSA.
- ↘ You must not be eligible to be claimed as a dependent on another individual's tax return.
- ↘ You must be enrolled in the plan on the first day of the month (otherwise, your eligibility to make contributions to your HSA begins the first day of the following month). If you are eligible as of December 1, under the last month rule you may make the maximum annual HSA contribution for the year regardless of the month you became eligible. Any contributions made under the last month rule will be subject to a testing period during which you must maintain HSA eligibility in the following year in order for the contribution to remain tax favored.

Important Reminders

- To pay for qualified expenses, your HSA must be opened prior to incurring those expenses.
- You may not have any other health insurance coverage, including through your spouse, a Health Care FSA, or Medicare.
- If your child is under the age of 26, they may be covered under your medical plan, but your HSA funds can only be used for expenses for that dependent if they are claimed on your tax return or could have claimed except that they had gross income in excess of the exemption amount.

Funding your HSA

The IRS establishes a limit that you can contribute each year you are enrolled in a qualifying health plan. The limits are based on whether your qualifying health plan covers just you (individual) or you and others (family).

The contribution limits set forth by the IRS for 2026 (for a full year of coverage or if the last month rule applies) are below:

	2026 Limits	Werfen Contributions*	Employee Maximum Contribution
Individual	$4,400	$500	$3,900
Family	$8,750	$1,000	$7,750

*Werfen HSA contributions will be distributed per payroll

Individuals age 55 and over may make an additional "catch-up" contribution of $1,000 per year. Contributions to the account must stop once you are enrolled in Medicare; however, you can still use your HSA funds to pay for eligible medical expenses tax-free.

Please note the limits are based on a calendar year and subject to change each year based on IRS regulations.

If you have money left in your HSA at the end of the year, it will simply roll over and grow over time through the accrual of tax-free interest. What a great way to invest for the future!

Qualified Expenses

- You can use your HSA to pay for eligible health care expenses, such as:
- Copays
- Deductibles Coinsurance
- Vision
- Dental
- Certain medical supplies

For a complete list of eligible expenses, go to:
https://www.irs.gov/publications/p502

Using Your HSA

You can use money in your HSA to pay for any qualified medical expense permitted under federal tax law. This includes most medical care and services as well as dental and vision care.

A partial list of allowable expenses is below:

- Prescription drugs or insulin
- Prescribed birth control
- Over-the-counter medications
- Medical equipment, such as a wheelchair, crutches, artificial limbs, and wigs (where prescribed by a physician for mental health or due to hair loss because of disease)
- Treatments and therapies, such as treatment for alcoholism or drug addiction, acupuncture to treat a medical condition, physical therapy, and smoking cessation programs
- Dental and orthodontic care, such as x-rays, braces, or dentures
- Vision care expenses, including eye exams, eyeglasses, and contacts
- Hearing aids
- Assistance for the handicapped, such as a guide dog, braille book, and home or car equipment for a handicapped person's needs
- Mental health institute treatment
- Other fees and services such as hospital services, home care services, laboratory fees, surgical fees, x-rays, and chiropractic fees

Please consult your tax advisor should you require specific tax advice. This list is subject to change.

Flexible Spending Accounts (FSA)

Administered through Health Equity

Flexible Spending Accounts (FSA) allow you to reduce your taxable income by setting aside pre-tax dollars from each paycheck to pay for eligible out-of-pocket health care and dependent care expenses for you and your family.

Health Care FSA

Employees who do not enroll in a Health Savings Account (HSA) have the ability to contribute to a Health Care FSA. Health Care FSAs help you stretch your budget for health care expenses for you and your dependents by allowing you to pay for these expenses using tax-free dollars. You may set aside up to **$3,400** annually, which is deducted out of your pay throughout the year on a pre-tax basis. Funds can be used to pay for qualified health expenses such as deductibles, medical and prescription copays, dental expenses, and vision expenses. You can use the FSA for expenses for yourself, your spouse, and your eligible children—even if they are not covered under your medical or dental plan!

Your annual contribution amount is credited to your account and is available to you at the beginning of the plan year. As you incur expenses, simply use your debit card to pay for your expenses or submit a claim to be reimbursed.

Limited Purpose Health Care FSA

A Limited Purpose Health Care FSA is a flexible account option for those enrolled in a qualified high deductible health plan (QHDHP) with a Health Savings Account (HSA). The Limited Purpose Health Care FSA is restricted to eligible preventive care (as defined by the IRS), dental, and vision expenses including expenses such as insulin, statins, inhaled corticosteroids, dental cleanings, orthodontics, fillings, crowns, contact lenses, eyeglasses, and vision correction.

Dependent Care FSA

The Dependent Care FSA allows you to pay for eligible dependent care expenses with tax-free dollars. You may set aside up to **$5,000** annually in pre-tax dollars, or $2,500 if you are married and file taxes separately from your spouse.

Contributing to a Dependent Care FSA allows you to pay dependent care expenses so that you and your spouse can work, look for work, or attend school full-time. Eligible expenses include daycare (center or individual daycare), before/after school care, summer day camp, and elder care.

Eligible expenses are listed below:

- Care for your dependent child who is under the age of 13 that you can claim as a dependent for tax purposes
- Care for your dependent child who resides with you and who is physically or mentally incapable of caring for him/herself
- Care for your spouse or parent who is physically or mentally incapable of caring for him/herself

While you are enrolled in the Health Care FSA, you cannot make or receive Health Savings Account contributions through your employer. You may still enroll in the Limited Purpose Health Care FSA or Dependent Care FSA.

Do I need to enroll each year?

In order to participate in the FSA, **you must enroll each plan year**. Your annual contribution stays in effect during the entire plan year. The only time you can change your election is during Open Enrollment or if you experience a qualified change-in-status event that impacts your eligibility and the change is allowed under the terms of the plan document.

Will I lose my money if I don't use it in a year?

Any remaining funds over **$680*** in a Health Care FSA or Limited Purpose HCFSA and any amount left in your Dependent Care FSA at the end of the plan year will be forfeited. You will have 90 days after the end of the plan year to submit claims incurred during that plan year.

When submitting a Dependent Care claim

You can only be reimbursed up to the amount you have contributed to date, less any previous reimbursements. You may only receive reimbursements for services already incurred. An expense is incurred when a service is received, not when a bill is paid. Even though your service provider may require payment at the beginning of the service period, you cannot request reimbursement until after the service is provided.

401(k) Retirement Plan

You can enroll in the Instrumentation Laboratory Savings Plan, the 401(k) retirement savings plan, through T. Rowe Price, at any time during the year.

Our 401(K) plan allows employees to set aside up to 75% of your income up to the IRS annual limits. Werfen will match your contributions dollar for dollar up to the first 8% of your eligible pay. If you are not contributing at least 8%, you are passing up free money. The company match is made each pay period.

You can contribute up to $24,500 annually (and an additional $7,500 if you are over age 50 to 60 or over age 64, employees who are age 60 to 63 can contribute an additional $2,500) through 401(k) and/or Roth contributions. If you wish to save more, you can also contribute after-tax contributions.

You can enroll in the Werfen Savings Plan by calling **1-800-922-9945** or logging on to www.rps.troweprice.com

*limits may increase for 2026 as the IRS announcement is pending.

Vesting

You are always 100% vested in your contributions. You will vest in the company match based on your years of services. Company contributions and earnings on them vest according to the following table:

Percent of years of company contributions service in which you're vested	
1 year	20%
2 year	40%
3 year	60%
4 year	80%
5 or more years	100%

A Year of Service is attained on the one-year anniversary of your dote of hire and ensuing anniversaries.

Company-Paid Benefits

Basic Life and AD&D Insurance

Life insurance helps protect your family from financial risk and sudden loss of income in the event of your death. Accidental death and dismemberment (AD&D) insurance provides an additional benefit if you lose your life, sight, hearing, speech, or limbs in an accident. Coverage is provided through **Prudential**.

- Werfen provides you with basic life insurance in the amount of 2x your annual salary up to $600,000.
- If you die as a result of an accident, your beneficiary will receive an additional benefit equal to the basic life insurance. For other covered losses, the amount of the benefit is a percentage of the AD&D insurance coverage amount.
- Evidence of good health is not required.
- Benefits begin to reduce at age 65.

Short-Term Disability Insurance administered through Prudential

100% Employer-Paid Short-Term Disability (STD)

STD coverage is intended to provide income during short-term disabilities beyond usual sick time but less than 13 weeks. After a 7-day elimination period, benefits payable on day 8, short-term disability pays 60% of earnings up to a maximum of $1,300 per week. (Buy-Up option for STD is available, see page 16).

For employees who work in a state with a statutory disability requirement, our policy will be reduced by any benefits paid by that policy or state plan. The following state plans are now private through Prudential: NY, NJ, MA, CT, CO, OR, MN. All other state statutory plans, employees will still go through their resident state. Please visit your state website to learn more. Benefit amounts may change annually. Employees are responsible for reviewing state statutory benefits to confirm if our plan will pay any additional amounts up to the maximum combined benefit of $1,300 per week.

Medical Benefits Abroad (MBA)

Werfen provides Medical Benefits Abroad (MBA) coverage through Cigna for full-time employees (20+ hours) traveling internationally on business. Dependents are not covered. The plan offers up to $500,000/year in medical benefits, $200,000 AD&D, and $250,000 for evacuation/repatriation, with no deductible and 100% coverage for eligible expenses, prescriptions, emergency dental, and pre-existing conditions. Crisis Assistance Plus (CAP) also supports emergencies such as terrorism, political threats, or natural disasters (excluding ransom). Coverage extends up to 7 days of personal travel during a business trip.

Health Advocate

Health Advocate is available 24/7/365 in multiple languages to help you make the best benefits decisions for you and your family. You can also visit their website at www.HealthAdvocate.com. Health Advocate is available to eligible employees but it also covers their spouses, dependent children, parents, and even parents-in-low.

Simple ways that Health Advocate can help you:

- Find the Right Doctor
- Schedule Appointments
- Assist in the Transfer of Medical
- Records Work with Insurance
- Companies
- Resolve claims issues
- Help with Eldercare
- Answer general questions about your benefits

Help is only a phone call away! Call **1-866-695-8622** today. Your Health Advocate benefit is being paid for by Werfen at no additional cost to you.

Employee Assistance Program (EAP)

Everyone experiences stress and challenges in life from time to time. Whether your concerns are big or small, the Employee Assistance Program (EAP) can help. This service is completely confidential and is available to all employees and immediate family members—**at no cost to you** offered through **Magellan**.

The EAP can assist with issues such as the below:

- Stress management
- Family problems
- Child care/parenting
- Legal/financial concerns
- Grief/loss
- Work-related issues
- Substance abuse

Visit https://member.magellanhealthcare.com/account-selection or call **1-800-523-5668**.

Business Travel Accident

Werfen provides coverage for all employees on business related travel under a Business Travel Accident (BTA) policy through **AIG**. You are automatically enrolled in this coverage at **no cost to you**. If you die due to an accident while traveling on company business this plan will pay a $250,000 benefit. Dismemberment benefits are also included.

Voluntary Benefits

Voluntary Life Insurance

You may also purchase additional coverage for yourself, your spouse, or your dependent children (up to age 26). Participation is voluntary, and **you pay 100% of the premiums** through **Prudential.** Rates can also be found in the ADP Portal.

Employee Life and AD&D Insurance

- Purchase coverage for 1 to 5 times your covered annual earnings to $1,000,000
- Evidence of insurability required if you enroll after initial eligibility or if you elect a benefit greater than $500,000 (guarantee issue amount)
- Coverage will be reduced as you age – by 35% at age 65 and 50% at age 70

Spouse Life and AD&D Insurance

- Purchase coverage in $5,000 increments up to a maximum benefit of $250,000 (not to exceed employee life insurance amount)
- Evidence of insurability required if you enroll after initial eligibility or if you elect a benefit greater than $30,000 (guarantee issue amount)
- Coverage will be reduced as you age – by 35% at age 65 and 50% at age 70

Dependent Life and AD&D Insurance

- $10,000 benefit
- Evidence of insurability is not required

Evidence of Insurability (EOI)

Prudential requires you to show that you are in good health before they will agree to provide certain levels of coverage. This is called Evidence of Insurability (EOI).

- If you are enrolling for the first time after your initial eligibility period, any amount elected will be subject to EOI.
- EOI is required for any amount over the guarantee issue amount—$500,000 for employee, $30,000 for spouse.

Coverage that requires EOI will not be in effect until you receive approval from Prudential.

Tier	Monthly Rates Per $1,000 Employee/Spouse
<25	$0.064
25-29	$0.064
30-34	$0.080
35-39	$0.090
40-44	$0.127
45-49	$0.209
50-54	$0.373
55-59	$0.582
60-64	$0.900
65-69	$1.627
70+	$2.060
Child Life	$0.070

Voluntary AD&D Insurance

You may also purchase additional coverage for yourself, your spouse, or your dependent children (up to age 26). Participation is voluntary, and **you pay 100% of the premiums** through **Prudential**. Rates can also be found in the ADP Portal.

Employee AD&D Insurance

- Purchase coverage up to a maximum benefit of 1 to 5 times your annual salary up to $1,000,000 (not to exceed five times annual salary)
- Benefits begin to reduce when you reach age 65; coverage terminates at retirement

Spouse AD&D Insurance

- Purchase coverage in $5,000 increments up to a maximum benefit of $250,000 (not to exceed 50% of the employees AD&D insurance amount)

Dependent AD&D Insurance

- Increments of $1,000 up to $10,000 (not to exceed 50% of the employees AD&D insurance amount)

	Monthly Rates Per $1,000
Employee	$0.019
Spouse	$0.020
Child	$0.020

Voluntary Benefits Continued

Disability Insurance administered through Prudential

Disability insurance is a very important benefit that can provide you with income if you are sick, injured or having a baby and unable to work. If you do not have disability coverage now, you should consider adding it at this time. Because you pay the premium for the coverage, the benefit is available to you tax-free should you need to collect it. You pay the full cost of Short-Term and Long-Term Disability coverage.

Long-Term Disability (LTD)

LTD is intended to provide partial income replacement for extended disabilities over a longer period of time.

After a 13 week elimination period (during which you would receive short-term disability benefits if you elected it), pending approval, the long-term disability pion would pay 60% of pre-disability pay up to a maximum benefit amount of $10,000 per month.

Monthly Disability Rates

Tier	
Voluntary Long-Term Disability	Per $100 monthly earnings - $0.340

LTD Pre-existing condition limitations may apply

A pre-existing condition is a sickness or an injury for which you received medical treatment, advice or consultation, care or services including diagnostic measures, or took prescribed drugs or medications prior to your effective date of coverage. If you suffer from a disability caused by, contributed to, or resulting from a pre-existing condition, your disability may not be covered.

Buy-Up Short-Term Disability (STD)

After a 7 day waiting period, 8th day benefits payable, short-term disability pays 60% of earnings up to a maximum of $2,000 per week.

If an employee is interesting in picking up additional short-term disability coverage, you have the option to elect a buy-up STD. This buy-up STD will bring their maximum benefit from $1,300 to $2,000.

Monthly Disability Rates

Tier	
Voluntary Buy-Up Short-Term Disability	Per $10 weekly benefit - $0.162

**Please refer to ADP for Bi-weekly Buy-Up STD and Voluntary LTD costs.*

Voluntary Benefits Continued

Accident Insurance

Accident Insurance through **Prudential** provides benefits to help cover the costs associated with unexpected bills due to covered accidents, regardless of any other insurance you have. If you purchase coverage and are hurt in a covered accident, you will receive a cash benefit for covered injuries that you may spend as you like.

Examples of covered situations:

- Broken bones
- Burns
- Torn ligaments
- Cuts repaired by stitches
- Eye injuries
- Ruptured discs
- Concussion injuries

This coverage includes benefits for treatments or procedures due to an accident. These include hospitalization, emergency room treatment, Xrays, and much more.

- Accident Coverage Type - Your accident coverage will cover injuries suffered when you are not on the job.
- Injury-Free Benefit - Pays $200 if a covered family is claim free for five years
- Rainy Day Fund - $300
- Yearly Wellness Benefit - Provides a $50 per year benefit for completing certain routine wellness screenings or procedures

Tier	Bi-Weekly: Accident Rates
Employee Only	$2.35
Employee + Spouse	$4.38
Employee + Child(ren)	$5.61
Family	$10.71

Hospital Indemnity Insurance

Hospital Indemnity Insurance through **Prudential** provides a fixed lump-sum payment that can help cover hospital expenses not covered by insurance, or to pay for expenses while you, your spouse/ domestic partner and/or dependents are in the hospital.

- The plan pays $1,000 (limit of 1 time per insured and 3 admissions per covered family) for the initial hospital admission, as well as $100 per day, for up to 15 days (one time per plan year), that an individual is hospitalized.
- Fully Portable
- Pre-Existing Condition Limitation: 3 month look back period, 12-month exclusion period.
- Dependent age limit – Childbirth to 26 years

Please note: This benefit is not payable for emergency room treatment, outpatient surgery or treatment, or a hospital stay of less than 20 hours in an observation unit, or when a charge for room and board is not made.

Tier	Bi-Weekly: Hospital Indemnity Rates
Employee Only	$4.14
Employee + Spouse	$8.43
Employee + Child(ren)	$5.17
Family	$11.03

Voluntary Benefits Continued

Critical Illness Coverage

There can be a lot of expenses associated with a critical illness, and a major medical plan may not cover them all. Critical Illness coverage with **Prudential** pays cash directly to you, the team member, upon a diagnosis of a covered critical illness. You may elect coverage with no pre-existing condition limitations. You must be enrolled in employee coverage before adding spouses or children to the plan.

Critical Illness Insurance – Employee, Spouse and Child(ren) coverage	
Employee	$10,000 Increments to $30,000
Spouse	$10,000 Increments to $30,000 max 100% EE
Child	$5,000 Increments to $15,000, max 50% of EE

**Spouse and Child(ren) coverage is dependent on enrollment in the Employee coverage.*
All amounts are guaranteed. Rates are age banded and available in ADP.

Aura Fraud & Identity Protection

Werfen offers an identity and fraud protection benefits. With **MetLife's partner Aura**, 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. With MetLife, you'll get full service, 24/7 fraud remediation, scan and cybercrime prevention, and much more! You can choose coverage for yourself or family coverage is available that also includes everyone in your household.

For Identity Protection call Aura directly at **1-844-931-2872.**

Tier	Protection	Protection Plus
Employee Only	$2.98	$3.90
Family	$5.05	$6.44

Home & Auto

Employees can take advantage of exclusive discounts and added protections with Home & Auto Insurance. Enjoy savings through special employee and automatic payment discounts, claim-free driving rewards, and enhanced coverage like roadside assistance, rental car damage protection, and no-deductible windshield repairs. Home coverage includes replacement cost options, access to a trusted contractor network, and ID protection services.

For Home & Auto call Farmers directly at **1-833-905-0408** or visit www.farmers.com/groupselect

MetLife Legal

During your lifetime, you may need legal help more often than you think. Getting married, buying or selling a home, starting a family, dealing with identity theft, sending your kids off to college or caring for aging parents are just some scenarios where our experienced attorneys can provide expert legal advice. With a legal plan, you get access to legal help for all of these issues and more.

- Wills & Trusts
- Real Estate Matters
- Bankruptcy
- Tax Audit Representation
- Traffic Defense
- Adoptions
- Divorce

Bi-Weekly Rate: $10.38
For Legal Protection call MetLife directly at **1-800-821-6400**.

Voluntary Benefits Continued

MetLife Pet Insurance

Why is pet insurance important?

Now more than ever, pets are playing a significant role in our lives, and it is important to keep them safe and healthy. Help make sure your furry family members are protected against unplanned vet expenses far covered accidents or illnesses with MetLife Pet Insurance.

- A small monthly payment can help you prepare for unexpected vet expenses down the road
- More than 6 in 10 pet owners said their pet has had an emergency medical Expense
- 24% of pet parents have credit cord or personal loan debt to cover pet health and vet costs
- Average annual cost far a routine vet visit is $212 for a dog and $160 for a cat; and average annual cost far a surgical vet visit is $426
- Pet insurance may not cover pre-existing conditions so there's no better time than now to protect your furry family members.

What's covered

- Accidental injuries Illnesses
- Exam fees
- Surgeries
- Medications
- Ultrasounds
- Hospital stays
- X-rays and diagnostic tests And much more!

How does MetLife pet insurance work

- You pay the full cost of the premium
- Select and enroll in the coverage that's best for you and your pet
- Download our mobile app
- Take your pet to the vet
- Pay the bill and send it with your claim to us via our mobile opp, online portal. email. fax or mail
- Receive reimbursement by check or direct deposit if the claim expense is covered under the policy

You must contact MetLife directly for a quote at **800.GETMETS**.

Pet Insurance – Figo

Figo, a pet healthcare plan that frees you from financial stress when choosing the best available veterinary care. Figo's plans cover unexpected illnesses and injuries to your dog or cat. If your pet becomes sick or injured, seek treatment from any licensed veterinarian in the US.

The plan covers Exam & Consultation Fees, Emergency & Hospitalization, Surgeries, Veterinary Specialists, Chronic Conditions, Cancer Treatments, Prescriptions, Imaging, Knee Conditions, Prosthetics & Orthopedics and Hip Dysplasia.

Premiums are based on an individual pet's age, gender, breed and zip code. Other factors that can affect the premium are the selected plan, reimbursement percentage, and deductible choices. All employees will receive up to a 10% employer group discount. You will be billed directly by Figo by ACH or Credit/Debit Card.

To obtain a quote and/or enroll:
https://bit.ly/3fHcA7U

To process claims, your Veterinarian needs to send Figo the last (two) 2 years of medical records including notes. Your veterinarian can email the records to the Figo Pet Parent's Pet Cloud directly using Your Personal Pet Cloud Email Address. The email address is located at the top of the page after the login screen from the Pet Parent's desktop or mobile. The Veterinarian can email the records to medicalrecords@insurefigo.com

You need to submit a formal claim for reimbursement.

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