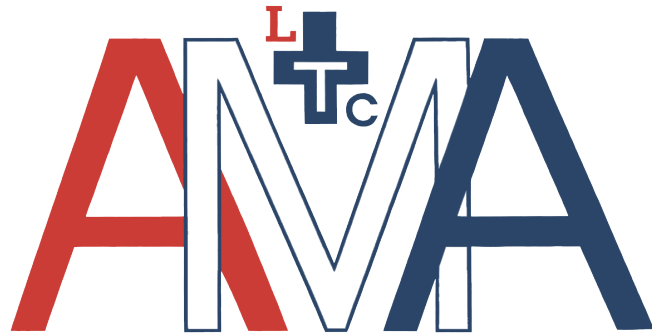




American Medical Administrators

EMPLOYEE **BENEFITS** GUIDE

2026

WELCOME!

As an employee, your health and wellbeing are important to our organization. Our H.R./Benefits Team has worked hard to provide you comprehensive benefits package which includes valuable and competitive health benefits for you & your family. We understand that each employee's situation is unique, and our benefit package offers multiple options and types of plans that you can choose from to fit your individual needs.

This guide will give you an overview of all the available insurance benefit choices. Please take the time to review the important information in this guide so you can make informed choices when selecting your benefits.

Please note, it is your decision whether to participate in any of the benefits offered. It is mandatory to go through the benefit offering interview to hear about your benefit choices. You can then enroll or decline any or all of the offerings.

To make the enrollment process as easy as possible, we have a dedicated enrollment firm with counselors who are available to help you understand how each benefit can work for you. During open enrollment or the month prior to your benefit eligibility, find a time to call the enrollment center at (314) 442-0063. The call center is open 8 AM through 5 PM Central Time. You can have your benefit interview at that time if a counselor is available, schedule an appointment for a future time.

Sincerely,

Human Resources

BENEFITS & CARRIERS

4	Overview & Eligibility	BenManage	amamgmt.benmanage.info	314-442-0063
5	Key Terms	BenManage		314-442-0063
6	Medical Benefits	Anthem	Anthem.com	1-800-810-2583
10	Dental	Reliance Standard	dentalnetworkpartners.ameritas.com	1-800-497-7044
11	Vision	EyeMed	eyemedvisioncare.com	1-866-289-0614
12	Accident Insurance	Reliance Standard	RSLClaims.com	1-800-351-7500
13	Hospital Indemnity	Reliance Standard	RSLClaims.com	1-800-351-7500
14	Critical Illness	Reliance Standard	RSLClaims.com	1-800-351-7500
15	Term Life and AD&D	Reliance Standard	RSLClaims.com	1-800-351-7500
16	Short-Term Disability	Reliance Standard	RSLClaims.com	1-800-351-7500
17	Long-Term Disability	Reliance Standard	RSLClaims.com	1-800-351-7500
18	Identity Theft	Aura by MetLife	metlife.com/identity-and-fraud-protection	1-877-594-6172
19	Legal Insurance	MetLaw	legalplans.com	1-800-821-6400

***** *This Guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.*

OVERVIEW OF BENEFITS

ELIGIBILITY

Employees who work 30 hours or more per week become benefit eligible on 1st of the month following 60 days of full time employment. You can elect coverage for yourself, your spouse, children 26 year old or younger, and adult children unable to support themselves due to mental or physical disability.

HOW TO ENROLL OR UPDATE YOUR BENEFITS & BENEFICIARIES

Call or schedule a phone meeting with an enrollment counselor at:

(314) 442-0063 8am-5pm CT Monday - Friday

Benefit counselors will walk through and answer questions you have regarding each of the benefits available to you and give you rates on each of the benefits. Please have the social security number and date of birth for your spouse and any dependents you wish to add as beneficiaries to your plans ready when you call to avoid any delays in your enrollment.

For plan summaries, online self-serve instructions, or to schedule a call scan this QR code or go to amamgmt.benmanage.info



QUALIFYING EVENTS

Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a “Qualifying Event”.

These may include, but not limited to: Changes in employment, marital status, number of dependents, taking an unpaid leave of absence, dependent satisfies or ceases to satisfy eligibility requirement, entitlement to Medicare or Medicaid, or a change in your place of residence, resulting in the current carrier not being available.

THINGS TO CONSIDER

Consider your personal situation and the difference between the plan options and their costs when making your decision. You may elect to waive any or all available coverage

Ask yourself the following questions

- Will your current doctor be in or out-of-network?
- Do you have any planned surgeries this year?
- How many family members will you cover?
- How often do you visit the doctor?
- Are you planning to have a baby this year?

By reading this guide cover to cover, you will become familiar with your benefits options. After enrolling, verify that your payroll deductions are correct. If not, please contact your payroll representative.

This Guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

KEY TERMS

TO REMEMBER

COINSURANCE

The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.

CO-PAYMENT

A flat fee that you pay toward the cost of covered medical services.

DEDUCTIBLE

A qualified health plan that combines very low monthly premiums in exchange for higher deductibles and out-of-pocket limits.

BALANCE BILLING

Provider bills for the difference between the provider's charge and the allowed amount. Do not agree to balanced billing and immediately reach out to APA for physician claims and ELAP for hospital claims if you receive a balanced bill.

REFERENCE BASED PRICING PLAN

Unlike other medical insurance plans, prices are set by a reference reimbursement schedule, and not based on arbitrary markups from healthcare providers and facilities.

PREAUTHORIZATION

For some benefits preauthorization is required. If you don't get preauthorization, those services will not be covered. Refer to your plan documents and speak to your provider to make sure preauthorization is handled before a procedure that requires it is conducted.

PLAN YEAR

A plan year is the 12-month period your benefits coverage lasts, at the end one plan year and start of another deductibles, max out of pocket, and allowances reset. All benefits in this guide run in a plan year that coincides with the calendar year except as noted. If you start midway through the year such as a new employee or through a qualifying event your plan year will still end with the group's plan year.

Medical Benefits



Deductibles:

All benefits and amounts shown are after your deductible has been met unless otherwise noted. You must pay all of the costs from providers up to the deductible amount before your plan begins to pay. If you have other family members on the plan, each family member must meet their individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

Plan Details	HSA PLAN	BASE PPO	BUY-UP PPO
Deductible Individual / Family	\$4,000/\$8,000	\$4,000/\$8,000	\$1,000/\$2,000
Max Out-of-Pocket Individual / Family	\$6,250/\$12,500	\$6,250/\$12,500	\$6,250/\$12,500
Doctor's Office Visit			
Primary care visit	20% coinsurance	\$35 copay/visit	\$40 copay/visit
Specialist visit	20% coinsurance	\$70 copay/ visit	\$80 copay/visit
Preventive care/screening/ immunization	No charge	No charge	No charge
Imaging and Testing			
Lab Diagnostic test	50% coinsurance	50% coinsurance	50% coinsurance
X-ray Diagnostic test	20% coinsurance	20% coinsurance	20% coinsurance
Imaging* (CT/PET scans, MRIs)	40% coinsurance	40% coinsurance	40% coinsurance
Immediate Medical Attention			
Emergency Room Care	20% coinsurance	20% coinsurance	20% coinsurance
Urgent Care	20% coinsurance	\$50 copay/visit	\$50 copay/visit
Emergency Transportation	20% coinsurance	20% coinsurance	20% coinsurance
Prescriptions	Retail / mail order		
Generic Drugs	\$10 / \$25	\$10 / \$25	\$10 / \$25
Preferred Brand	\$35 / \$87.50	\$35 / \$87.50	\$35 / \$87.50
Non-Preferred Brand	\$60 / \$150	\$60 / \$150	\$60 / \$150
Specialty Drugs	Some Specialty Drugs are Excluded: Contact Payer Matrix for assistance at 1-877-305-6202 9am - 8pm EST M-F.		
More information about prescription drug coverage is available at www.carelonrx.com or call 1-833-271-2374.			



This plan uses the National PPO (BlueCard PPO) Network.
A list of network providers can be found at anthem.com
or call 1-800-810-2583

Plan Details Continued	HSA PLAN	BASE PPO	BUY-UP PPO
Outpatient Surgery			
Facility Fee* e.g., ambulatory surgery center)	20% coinsurance	20% coinsurance	20% coinsurance
Physician/Surgeon Fees*	20% coinsurance	20% coinsurance	20% coinsurance
Hospital Stay			
Facility fee* (e.g., hospital room)	20% coinsurance	20% coinsurance	20% coinsurance
Physician/surgeon fees	20% coinsurance	20% coinsurance	20% coinsurance
Mental Health, Behavioral Health, or Substance Abuse			
Outpatient Services*	20% coinsurance	\$35 copay/visit †	\$40 copay/visit †
Inpatient Services*	20% coinsurance	20% coinsurance	20% coinsurance
Pregnancy			
Office visits*	20% coinsurance	\$35 copay/visit	No Charge
Childbirth/delivery professional services*	20% coinsurance	20% coinsurance	\$40 copay/visit
Childbirth/delivery facility services*	20% coinsurance	20% coinsurance	20% coinsurance
Rehabilitation and Hospice Care			
Home health care*	20% coinsurance	20% coinsurance	20% coinsurance
Rehabilitation services*	20% coinsurance	\$35 copay/visit	20% coinsurance
Habilitation services*	20% coinsurance	\$35 copay/visit	
Skilled nursing care*	20% coinsurance	20% coinsurance	20% coinsurance
Durable medical equipment	20% coinsurance	20% coinsurance	20% coinsurance
Hospice services*	20% coinsurance	20% coinsurance	20% coinsurance
*Preauthorization			

For some benefits preauthorization is required. If you don't get preauthorization, those services will not be covered. Refer to your plan documents and speak to your provider to make sure preauthorization is handled before a procedure that requires it is conducted.

† Savings Plus Plan Benefit

The amount given is for services rendered in an office, professional non-facility, or independent lab setting. If this service is provided in a facility setting it is instead subject to a 20% coinsurance after the deductible has been paid.



Benefits in the below plans may have limits on the number of times they may be used per year. Please refer to the plan summaries for more information

Plan Details	MEC	MEC ENHANCED	SAVINGS PLUS PLAN
Deductible Individual / Family	N/A	N/A	N/A
Max Out-of-Pocket Individual / Family	N/A	\$7,350 / \$14,700	\$7,350 / \$14,700
Doctor's Office Visit			
Primary care visit to treat injury or illness	Not Covered	\$25 copay, 2 visits	\$25 copay, 8 visits
Specialist visit	Not Covered	\$50 copay, 2 visits	\$50 copay, 8 visits
Preventive care/screening/immunization	No charge	No charge	No charge
Imaging and Testing			
Lab Diagnostic test	Not Covered	\$50 copay	\$50 copay
X-ray Diagnostic test	Not Covered	\$50 copay	\$50 copay
Imaging (CT/PET scans, MRIs)	Not Covered	Not Covered	\$350 copay
Immediate Medical Attention			
Emergency Room Care	Not Covered	Not Covered	\$350 copay/visit
Urgent Care	Not Covered	\$50 copay, 2 visits	\$50 copay, 2 visits
Emergency Transportation	Not Covered	Not Covered	\$250 copay
Prescriptions			
Preventative Generic	\$0	\$0	\$0
Generic Drugs	Not Covered	20% coinsurance	20% coinsurance*
Preferred Brand	Not Covered	20% coinsurance	20% coinsurance*
Non-Preferred Brand	Not Covered	Not Covered	Not Covered
Specialty Drugs	Not Covered	Not Covered	Not Covered

* Prescription cost limitation of \$5,000 per drug/per fill applies. Drugs that cost over \$5,000 per 30 day supply per prescription are excluded from coverage.

This plan uses the National PPO (BlueCard PPO) Network.

A list of network providers can be found at www.anthem.com or call 1-800-810-2583

HSA Benefits

Health Savings Accounts (HSA)

A Health Savings Account (HSA) is an easy way to pay for medical, dental & vision expenses that you have today and save for expenses you may have in the future. All contributions are tax-free and can be adjusted as needed through out the year, anything left at the end of the year rolls-over staying in your account until you need it.



Triple Tax Advantaged Benefit

1. **Tax-Free Contributions** - Any income you deposit into your HSA is free from federal and most state income taxes.
2. **No taxes on interest, dividends, or capital gains** allowing your saving to grow to cover your medical needs or retirement.
3. **No taxes when money is withdrawn** for qualified medical, dental, & vision expenses.

Maximum Annual Contributions

	2024 Calender Year	2025 Calender Year
Individual Coverage	\$4,300	\$4,400
Family Coverage	\$8,550	\$8,750

At age 55 you may make an extra catch-up contribution of \$1,000

Are You Eligible?

The HSA is not for everyone. You're eligible only if you are:

1. Enrolled in the HSA medical Plan.
2. Not enrolled in other non-HDHP medical coverage, including Medicare, Medicaid, Tricare, a spouse's or parent's plan.
3. Not a tax dependent.

Four reasons to love an HSA

1. **Tax-free.** No federal tax on contributions, or state tax in most states. Withdrawals are also tax-free as long as they're for eligible healthcare, dental & vision expenses.
2. **No "use it or lose it."** Your balance rolls over from year to year. You own the account and can continue to use it even if you change medical plans or leave the company.
3. **Use it now or later.** Use your HSA for healthcare expenses you have today or save it to use in the future.
4. **Boosts retirement savings.** After you retire, you can use your HSA for healthcare expenses tax-free, or for regular living expenses, taxable but without penalties.

Dental Plan



Plan Details	LOW PLAN	HIGH PLAN
Deductible:	\$50 individual; \$150 family.	
Annual Maximum	\$1,000 per person total per calendar year on all services.	
Preventative	80% Covered	80% Covered
	Routine Exam (2 in 12 months) Bitewing X-rays (1 in 12 months) Sealants (age 15 and under)	Cleaning (2 in 12 months) Full Mouth/Panoramic X-rays (1 in 3 years) Pre-Diagnostic Test (age 35 and over) (1 in 2 years) Space Maintainers Periapical X-rays Fluoride, Children 15 & under (2 in 12 months)
Basic Services	50% Covered	75% Covered
	Fillings for Cavities Periodontics	Restorative Composites (anterior and posterior teeth) Simple & Complex Extractions Endodontics Anesthesia
Major Restorative	Not Covered	50% Covered
	Onlays Denture Repair	Crowns (1 in 5 years per tooth) Crown Repair Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)
Orthodontia	Not Covered	50% Covered
Lifetime Maximum	\$1,000 per person	
Eligibility	Adults & Children	



Save money by staying in-network.
Go to dentalnetworkpartners.ameritas.com
to find dentists in your area

Plan Details	IN-NETWORK	OUT-OF-NETWORK
Eye Exam Once every 12 months	Covered in full after \$10 deductible	\$35 allowance
Materials / Eyewear		
Frames Allowance Once every 24 months	\$150 allowance; 20% off any remaining balance	\$75 allowance
Standard Corrective Lenses Once every 12 months	Covered in full after \$25 deductible	\$25 Single; \$40 Bifocal; \$55 Trifocal Allowance
Lens Enhancements		
Standard Polycarbonate	\$40	No allowance when obtained out-of-network
Ultraviolet (UV) coating	\$15	
Tint (Solid and Gradient)	\$15	
Transitions lenses	Child under age 21: \$0 copay, Adult: \$75	
Standard Progressive Lenses	Standard \$65	
Premium Progressive Lenses	Tier 1 \$85; Tier 2 \$95; Tier 3 \$110	
Standard Anti-Reflective Coating	\$45	
Premium Anti-Reflective Coating	Tier 1 \$57; Tier 2 \$68	
Other Add-ons and Services	20% off retail price	
Contact lenses (Once every 12 months instead of eyeglasses)		
Elective Conventional Lenses	\$150 allowance;	\$120 allowance
Medically Necessary Lenses:	Covered in Full	\$200 allowance
Standard Contact Fitting	Fitting and follow up visits up to \$40	No discount out-of-network
Premium Contact Fitting	10% off retail	
In-Network Value Added Features:		
Additional Pair of Complete Eyeglasses	40% discount off retail eyeglasses purchased separately are discounted 20% off the retail price.	
Additional Conventional Contacts	15% off retail price for materials only	
Eyewear Accessories	20% off retail price	

Glasses or contacts may not be the answer for everyone. That's why we offer further savings with discounts on refractive surgery. Pay a discounted amount per eye for LASIK Vision correction.

Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providersccc

EyeMed Customer Care Center: 1-866-289-0614

Service representative hours: 8 a.m. to 11 p.m. ET Monday through Saturday, 11 a.m. to 8 p.m. ET Sunday

Interactive Voice Response available 24/7



Group Accident



Schedule of Benefits*

Initial Care

Ambulance	Ground	\$200
	Air	\$1,000
Emergency Treatment		\$300
Initial Physician Visit		\$100
Emergency Dental (up to)		\$300

Hospital & Rehabilitation

Hospital Admission	\$1,000
ICU Admission	\$2,000
Hospital Confinement (Per day, up to 365 days)	\$300
ICU Confinement (Per day, up to 30 days)	\$600
Rehabilitation Confinement (Per day, up to 30 days)	\$100

Follow-up Care & Treatment

Medical Appliances	\$500
Blood, Plasma, Platelets	\$300
Chiropractic Care (Per visit, up to 6 visits per year)	\$50
Follow-up Physician Visit	\$100
Concussion	\$300
Epidural Anesthesia Injection (maximum 2)	\$200
Lodging (100+ miles away; per night, up to 30 nights)	\$150
Diagnostic Exam (CT, MRI, etc.)	\$200
Physical Therapy (Per visit, up to 6 visits)	\$50
Prosthetics (up to)	\$1,500
Surgery (up to)	\$2,000
Transportation (more than 100 miles from residence)	\$600
X-ray	\$50

Injuries

Burns (up to)	\$12,800
Coma	\$10,000
Dislocations (up to)	\$11,200
Eye Injury (up to)	\$300
Fractures (up to)	\$17,500
Lacerations (up to)	\$800
Loss of Fingers or Toes (up to)	\$750
Paralysis (up to)	\$15,000

Accident insurance pays cash benefits directly to you regardless of any other coverage you have. Benefits designed to cover health plan gaps for out-of-pocket expenses like deductibles, copays, and coinsurance.

Key Features

Youth Sports Package

Your benefit is increased 25%, for injuries resulting from participating in organized youth sports.

Coverage is portable

Take your benefits with you even if you retire or move to a new company. So long as the policy exists and payments are made until age 70.

Benefits are payable regardless of any other insurance programs.

Family Coverage

You can insure yourself, your spouse, and your kids. Your children and dependent grandchildren through age 26 can be included.



Additional Benefits

	Employee	Spouse	Children
Accidental Death	\$25,000	\$12,500	\$5,000
Common Carrier	\$50,000	\$25,000	\$10,000

\$75 Wellness Benefit

This plan rewards you and any enrolled dependents for completing at least one covered health screening per year such as your annual physical, glucose test select cancer screenings and more!

* Benefit dollar amounts shown are maximum amounts payable. Amount paid may vary based on severity of injury. Benefits subject to limitations on a per accident basis. See plan design for more details.

Reliance Hospital Indemnity insurance pays benefits directly to you regardless of another other coverage you have, and if your medical plan has a high deductible, you may need the cash. It's not easy to afford hospitalization, but with Hospital Indemnity, we've got you covered.

Hospitalization Benefits	Low	High
Hospital Admission Maximum Benefit Per Calendar Year: 3	\$1,000	\$1,500
Hospital Room & Board (per day) Maximum Days Per Calendar Year: 180	\$100	\$200
Critical Care Unit Admission Maximum Days Per Calendar Year: 1	\$1,000	\$1,500
Critical Care Unit (per day) Maximum Days Per Calendar Year: 30	\$200	\$400
Nursery Admission (per day) Maximum Benefit Per Calendar Year: 1	\$200	\$200
Nursery Confinement (per day) Maximum Days Per Calendar Year: 10	\$50	\$50

Additional Features

Renewability and Portability

Take your benefits with you even if you retire or move to a new company. As long as the policy exists and payments are made.

Pre-Existing Conditions

There are no pre-existing condition exclusions for this policy.



\$75 Wellness Benefit

This plan rewards you and any enrolled dependents for completing at least one covered health screening per year such as your annual physical, glucose test select cancer screenings and more!

Critical Illness Insurance



Voluntary critical illness insurance provides a fixed, lump-sum benefit upon diagnosis of a critical illness, which can include heart attack, stroke, paralysis and more. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and child care.

Maximum Benefit

Employee	\$30,000
Spouse	\$15,000
Child(ren)	\$15,000

Features & Definitions

Renewability and Portability

Take your benefits with you even if you retire or move to a new company. So long as the policy exists and payments are made.

Guarantee Issue

The first time this benefit is available to you, to the amounts listed above, you and your family automatically qualify for this benefit without having to answer health questions.

Recurrence Benefit

Once Reliance pays a Critical Illness benefit you can receive 100% of your normal benefit, as long as you were treatment free for at least 6 months.

Childhood Conditions

Dealing with a childhood illness can be overwhelming. To make life a little easier, your Reliance Critical Illness includes coverage for both standard critical illnesses and childhood conditions.



Covered Conditions

Alzheimer's Disease
Acute Respiratory Distress (ARDS) (25%)
Benign Brain Tumor
Carcinoma In Situ (50%)
Coma
Coronary Disease (50%)
Heart Attack
Life Threatening Cancer
Loss of Sight, Speech or Hearing
Major Organ Failure
Motor Neuron Disease (ALS)
Multiple Sclerosis
Paralysis
Parkinson's Disease
Ruptured Cerebral, Carotid
Aortic Aneurysm
Severe Brain Damage
Skin Cancer (5%)
Stroke

Childhood Conditions

Cerebral Palsy
Cleft lip or palate
Cystic Fibrosis
Downs' Syndrome
Muscular Dystrophy
Spina Bifida
Type 1 Diabetes

\$75 Wellness Benefit

This plan rewards you and any enrolled dependents for completing at least one covered health screening per year such as your annual physical, glucose test select cancer screenings and more!

Voluntary Term Life and AD&D		
	Maximum Benefit Amount	Guaranteed Issue
Employee	Lesser of \$500,000 or 5 times your basic annual earnings.	\$200,000
Spouse	Lesser of \$500,000 or 100% of employee benefit.	\$50,000
Child(ren)	\$1,000, \$2,000, \$4,000, \$5,000, or \$10,000	\$10,000

Features & Definitions

Accidental Death & Dismemberment (AD&D)

In addition to loss of life, these policies pay some or all of the benefit for accidental injuries involving dismemberment or loss of sight, hearing, or speech.

Conversion & Portability

When you leave your employer in the future you may take this plan with you continue to take advantage of it for as long as you continue to pay the premiums.

Waiver of Premium

In the case that you suffer a critical illness you are not required to make payment while you are unable to work.

Reduction of Benefits Due to Age

This plan's employee and spouse benefit amount is reduced at age 65 to 65% of the original benefit and at age 70 to 50% of the original benefit.

Bereavement Counseling Service

Bereavement Support Services provide confidential and professional support services to all family members and beneficiaries to cope with the loss of a loved one— at no extra cost. In addition to coverage from Reliance Standard Life Insurance, all family members and beneficiaries are eligible to receive grief counseling sessions.

Travel Assistance

Travel emergencies can be stressful, On Call Travel Assistance is a 24/7/365, toll-free service that provides pre-trip assistance, emergency medical transportation services, emergency personal assistance services and medical assistance services to employees traveling more than 100 miles from your primary residence, or when traveling in a foreign country.



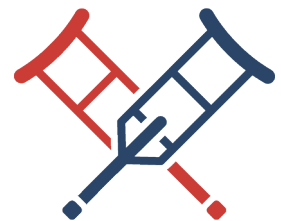
Short Term Disability



Protect yourself and your family from the physical and financial consequences of a disability that keeps them you earning a paycheck. If you are unable to work due to a sickness or injury, you continue to collect a portion of your pay for a few months while you recover.

Employee Disability Income Benefits

Benefit Period	12 weeks
Injury Elimination Period	7 Days
Sickness Elimination Period	7 Days
Maximum Benefit Amount	60% of Income up to \$1,500/week
Pre-Existing Condition Limitation	3 / 12



Features & Definitions

Pregnancy Benefit

Pregnancy will be covered the same as a covered sickness, subject to the preexisting condition limitation.

Elimination Period

Period of time you must wait before you can start taking advantage of your disability benefit. If you become disabled, benefits begin immediately following your elimination period. Your benefits under this policy on the 8th consecutive day after you become sick or injured.

Pre-existing Condition Limitation

After pre-existing condition means a condition for which you received medical treatment, advice, consultation, diagnostic testing, care, services or took prescribed drugs or medications within the 3 months preceding your effective date.

Benefits will not be paid for any disability caused by, contributed by, or the result of a pre-existing condition which begins within the first 12 months following your Effective Date.

Extend your short-term protection into a plan that keeps you protected for as long as you are unable to return to work your normal position.

Long-Term Disability Income Benefits

Benefit Period	SSNRA
Elimination Period	90 Days
Maximum Benefit Amount	60% of Income up to \$7,500/month
Definition of Disability	2 Years Own Occupation
Limitations	
Mental/Nervous Illness	24 months
Substance Abuse	24 months
Pre-Existing	3/12

Features & Definitions



How is “Disability” defined under your Plan?

For first two years of disability, you will receive benefit payments while you are unable to work in your own occupation. After two years, you will continue to receive benefits if you cannot work in any occupation based on training, experience and education.

Elimination Period

Period of time you must wait before you can start taking advantage of your disability benefit. If you become disabled, benefits begin immediately following your elimination period.

Pre-existing Condition Limitation

After pre-existing condition means a condition for which you received medical treatment, advice, consultation, diagnostic testing, care, services or took prescribed drugs or medications within the 3 months preceding your effective date.

Benefits will not be paid for any disability caused by, contributed by, or the result of a pre-existing condition which begins within the first 12 months following your Effective Date.

Maximum Benefit Duration

Benefits last until the your Social Security Normal Retirement Age or Duration of Benefits to the right, which ever is longer,

Limitations

24-month benefit limit for specific conditions including mental/nervous illness and substance abuse.

Benefits of this plan may be reduced by offsets such as but not limited to Social Security, Worker’s Compensation or state disability plans.

Age	Duration of Benefits
61 or less	5 Years
62	4 Years
63	3 1/2 Years
64	3 Years
65	2 1/2 Years
66	2 Years
67	1 3/4 Years
68	1 1/2 Years
69	1 1/4 Years
70 or older	1 Year

Identity Theft Protection



Meet Aura

An all-in-one, easy to use online security solution designed to protect the entire family.

In today's digital world, employees are spending more time online than ever which could put their personal information in the hands of cyber criminals.

Aura protects you and your families from fraud by helping to ensure your private information is not anywhere it shouldn't be.

Identity Theft Protection

Aura monitors your personal information and alerts you if any threats are detected.

Financial Fraud Protection

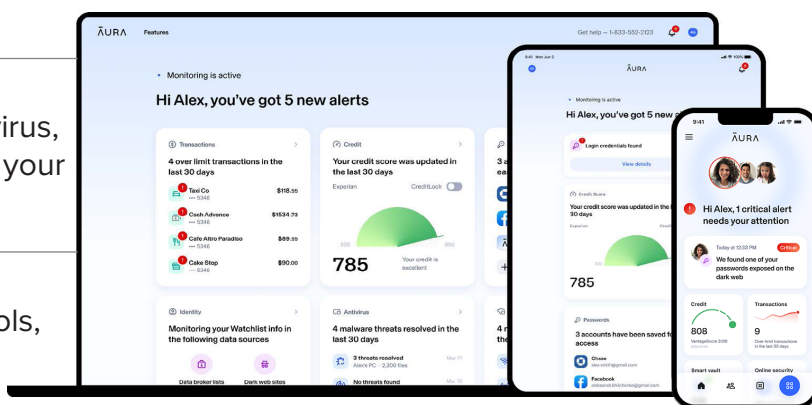
Aura monitors your credit, financial accounts, and property titles and alerts you to any suspicious activity.

Privacy and Device Security

Get intelligent safety tools— like VPN, antivirus, password manager, and more – to protect your online privacy.

Family Safety

Loved ones with integrated parental controls, elder fraud prevention tools, and more.



24/7/365 Customer Support

Aura's 100% US-based Customer Support team is available 24/7/365.

White Glove Fraud Resolution

Aura's Resolution Specialists guide fraud victims through every step of the remediation process.

\$5M Insurance Policy

Each enrolled adult is backed by a generous \$5M insurance policy to cover eligible losses and expenses.

Features at your fingertips

With Aura's easy to use mobile app, members enjoy a consistent experience across devices.

The more an you uses a Legal Plan, the more you benefit. Like it or not, laws permeate every aspect of our lives. So, it's helpful to have an advocate in your corner dealing with expensive legal issues like identity theft or debt.

To learn more about your coverages and see our attorney network, create an account at members.legalplans.com or call 800.821.6400 Monday – Friday 8:00 am to 8:00 pm (ET).

Plan features

Money Matters	•Debt Collection Defense •Identity Theft Defense •Identity Restoration¹	•Negotiations with Creditors •Personal Bankruptcy •Promissory Notes	•Tax Audit Representation •Tax Collection Defense
Home & Real Estate	•Boundary or Title Disputes •Deeds •Eviction Defense •Foreclosure	•Home Equity Loans •Mortgages •Property Tax Assessments •Refinancing of Home	•Sale or Purchase of Home •Security Deposit Assistance •Tenant Negotiations •Zoning Applications
Estate Planning	•Codicils •Complex Wills •Healthcare Proxies •Living Wills	•Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	•Revocable Trusts •Irrevocable Trusts •Simple Wills
Family & Personal	•Adoption •Affidavits •Conservatorship •Demand Letters •Garnishment Defense •Change/Establishment of Custody Order	•Immigration Assistance •Juvenile Court Defense, Including Criminal Matters •Name Change •Personal Property Protection •Enforcement/Modification of Support Order	•Prenuptial Agreement •Protection from Domestic Violence •Review of ANY Personal Legal Document •School Hearings •Guardianship
Civil Lawsuits	•Administrative Hearings •Civil Litigation Defense	•Disputes Over Consumer Goods & Services •Incompetency Defense	•Pet Liabilities •Small Claims Assistance
Elder-care Issues	•Consultation & Document Review for your parents: •Deeds •Leases	•Medicaid •Medicare •Notes •Nursing Home Agreements	•Powers of Attorney •Prescription Plans •Wills
Traffic & Other Matters	•Defense of Traffic Tickets² •Driving Privileges Restoration	•Habeas Corpus	•Repossession

1. 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.

2. Does not cover DUI.