Employee Benefits Enrollment Guide





SINGLETON SCHREIBER

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Rating Guidelines

The approved rates submitted by the insurance carrier(s) have been used in our calculation. While every attempt has been made to provide you with an accurate cost for the premium based on those rates, the rates quoted in this guide may be subject to change based on final enrollment and/or final underwriting requirements. We do not make any warranties or representations regarding the quotes, fees, terms, rates, coverage or services offered or made available by the insurance carrier(s). We do not guarantee that quotes, fees, terms, rates, coverage or services offered by the insurance carrier(s) are the best available. Rates have not been adjusted for Federal or State COBRA enrollees.

Please consult with **Singleton Schreiber, LLP's** Benefits Administrator for actual rates and benefits available to you at this time.

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WELCOME TO OPEN ENROLLMENT FOR YOUR BENEFITS!

Singleton Schreiber, LLP continually strives to offer employees a strong benefit package with access to some of the best plan options available. This is why we developed a benefits program designed to meet the needs of our employees and their families. This Benefits Information Guide is a great tool to help educate you on the plans and programs that you and your family will have access to. Take time to evaluate your health plan options. This is the perfect time to determine if you should remain on the type of plan you are currently enrolled in or make a change.

Over the past few years, there have been many changes in the world of health insurance. Our aim is to support you so you can learn about your plans, gain confidence when making benefits choices, plan for your future, and reach your personal health and well-being goals.

During this period, you will have the opportunity to:

- Modify your benefit plan election
- Change dependent coverage
- Verify your life insurance beneficiaries
- Update personal information (address, contact information)
- Make Flexible Spending Account modifications

If you have any questions about the employee benefits or would like more information, please refer to your plan documents and insurance booklets or contact benefits@singletonschreiber.com.

As a final note, we would like to say "thank you" for contributing to the underlying success of our company.

Sincerely,

Singleton Schreiber Benefits Team
benefits@singletonschreiber.com

BENEFITS ELIGIBLITY

Who is eligible for benefits?

If you are a regular full-time employee working a minimum of 30 hours per week and have satisfied your new hire waiting period, great news! You are eligible. You also have the option to enroll eligible family members, including a legal spouse, domestic partner, and / or children.

Children are considered eligible if they are:

- You, your spouse's or domestic partner's biological children, stepchildren, adopted children or foster children up to age 26
- You, your spouse's or domestic partner's children of any age if they are incapable of self-support due to a physical or mental disability

How do I enroll?

The first step for you as a member is to review your current benefit elections. Next, verify your personal information and make any changes if necessary. Finally, make your benefit selections from the 2025 benefit plans offered.

- Once you've made a decision on which benefit plan you will be selecting, you will have to complete the enrollment process.
- All benefit elections and changes become effective 6/1/2025 and will remain your elections through the 5/31/2026 plan year **except for the FSA, LSA, and Infertility HRA which will be on a calendar year basis (01/01/2026-12/31/2026)**, unless you have a qualified status change.
- Any enrollment additions or changes must be submitted to benefits@singletonschreiber.com within 30 days.
- If you are waiving coverage, please complete a waiver of coverage form and provide this to Human Resources.

Active employees are required to take action and re-enroll in your benefits in order to continue coverage. If you miss the enrollment deadline, you may not enroll in the benefits program unless you have a qualifying event during the plan year.

Waiver Provision

Employees may elect to "Waive" the benefit coverage offered by their employer if they have access to coverage through a spouse / domestic partner or through another plan. Therefore, any employee who declines participation in the benefit plan offered by Singleton Schreiber, LLP MUST complete a waiver electing not to enroll in the plan(s) offered by Singleton Schreiber, LLP. Anyone who is not electing coverage MUST complete and submit the waiver form to Human Resources by the end of the open enrollment process.

BENEFITS ELIGIBLITY

When will coverage begin?

Your enrollment choices will be in effect for the benefits plan year 6/1/2025.

Benefits for eligible **new hires** will commence as outlined below:

Eligibility Date	Benefit Election	
First of the Month following Date of Hire **(you must enroll within 30 days of becoming eligible)**	• Medical • Dental • Vision • Life/AD&D	• Disability • Worksite • Pet Insurance • Legal Coverage

Please note: Do not miss your chance to enroll. If you do not enroll for coverage during your eligibility period, you must wait until our next Open Enrollment, unless you have a qualifying event during the plan year.

Whether you are a new employee or an existing employee and re-evaluating your choices as a continuing participant, the benefits program offers an assortment of coverage options that are available to you.

Can I change plans during the year?

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next Open Enrollment period. Please check with Human Resources as the carrier will determine if your status change qualifies.

Qualifying Life Events

If you decide to change your elections as the result of one of the events listed below, **you must do so within 30 days after the qualifying event**. If you do NOT notify Human Resources within 30 days after the event, **you cannot change your elections until the next annual Open Enrollment**. You must provide Human Resources with verification of all change of life events.

Examples include:

- Birth or adoption of a child
- Marriage, divorce or legal separation
- Death of a dependent (spouse or child)
- You or your spouse's or unregistered domestic partner's loss or gain of coverage through our organization or another employer
- Change in residence affecting eligibility or access
- COBRA qualifying events
- Judgement, decree or court order, such as a Qualified Medical Child Support Order (QMCSO)

For a complete explanation of qualified status changes, please contact benefits@singletonschreiber.com

BENEFIT RATE SHEET

The rates below are effective 6/1/2025.

Based on the benefit selection chosen, you may be required to pay for a portion of the cost of coverage. Below is an outline of the rates and frequency of payroll deduction per plan.

		Your Cost After Employer Contribution *(Semi-Monthly)*
MEDICAL KAISER HMO 30-50/500A/3000		
Employee Only	☐	**$0.00**
Employee + Spouse	☐	**$0.00**
Employee + Child(ren)	☐	**$0.00**
Family	☐	**$0.00**
MEDICAL ANTHEM VALUE HMO 30/50/500 3DAY ***SELECT HMO***		
Employee Only	☐	**$0.00**
Employee + Spouse	☐	**$0.00**
Employee + Child(ren)	☐	**$0.00**
Family	☐	**$0.00**
MEDICAL ANTHEM VALUE HMO 30/50/500 3DAY ***PRIORITY SELECT HMO***		
Employee Only	☐	**$0.00**
Employee + Spouse	☐	**$0.00**
Employee + Child(ren)	☐	**$0.00**
Family	☐	**$0.00**
MEDICAL ANTHEM SOLUTION PPO 2000/20/40/20		
Employee Only	☐	**$0.00**
Employee + Spouse	☐	**$0.00**
Employee + Child(ren)	☐	**$0.00**
Family	☐	**$0.00**

SINGLETON SCHREIBER

MEDICAL ANTHEM CLASSIC PPO 500/20/40/20

Employee Only	☐	$71.29
Employee + Spouse	☐	$156.83
Employee + Child(ren)	☐	$128.32
Family	☐	$220.99

MEDICAL UHA 600 + Vision (Hawaii Only)

Employee Only	☐	$0.00
Employee + Spouse	☐	$0.00
Employee + Child(ren)	☐	$0.00
Family	☐	$0.00

DENTAL PRINCIPAL DPOS

Employee Only	☐	$0.00
Employee + Spouse	☐	$0.00
Employee + Child(ren)	☐	$0.00
Family	☐	$0.00

VISION PRINCIPAL VSP

Employee Only	☐	$0.00
Employee + Spouse	☐	$0.00
Employee + Child(ren)	☐	$0.00
Family	☐	$0.00

BASIC LIFE PRINCIPAL $50,000

FOR VOLUNTARY LIFE/AD&D, REFER TO BENEFITS PORTAL

Employee Only	☐	$0.00

SHORT-TERM DISABILITY PRINCIPAL

Employee Only	☐	$0.00

LONG-TERM DISABILITY PRINCIPAL

Employee Only	☐	Refer to Benefits Portal

WORKSITE METLIFE ACCIDENT

Employee Only	☐	$4.35
Employee + Spouse	☐	$8.98
Employee + Child(ren)	☐	$9.00
Family	☐	$11.27

WORKSITE METLIFE HOSPITAL INDEMNITY (LOW PLAN)

Employee Only	☐	$6.55
Employee + Spouse	☐	$11.34
Employee + Child(ren)	☐	$9.98
Family	☐	$14.76

WORKSITE METLIFE HOSPITAL INDEMNITY (HIGH PLAN)

Employee Only	☐	$12.04
Employee + Spouse	☐	$20.54
Employee + Child(ren)	☐	$18.13
Family	☐	$26.63

WORKSITE METLIFE CRITICAL ILLNESS

Employee + Family	☐	Refer to Benefits Portal

PET INSURANCE METLIFE

Employee + Family	☐	Refer to Benefits Portal

LEGAL METLIFE

Employee + Family	☐	$9.88

MEDICAL COVERAGE

Your Medical Plan Options

Singleton Schreiber, LLP offers a Anthem and Kaiser HMO plans:

- Anthem Value HMO 30/50/500 3 Day – *Select Network*
- Anthem Value HMO 30/50/500 3 Day – *Priority Select Network*
- Kaiser HMO $30-50/$500 admit/$3,000

To help guide you through the plan selection, the following pages include details concerning how the plans will operate as well as plan highlights and features.

HMO Plan
What is an HMO?

A Health Maintenance Organization (HMO) is a health insurance plan designed to control health care costs by utilizing a specific network of physicians and facilities. Members must choose a primary care doctor or medical group to assist them with coordination of their medical needs. Most commonly, an HMO operates as follows:

- Your Primary Care Physician (PCP) will be your main point of contact and refer you to specialist(s) as needed.
- You and any enrolled dependent(s) are not required to see the same PCP.
- You have the flexibility to change your PCP.
- Services may require a copayment at the time of your visit.
- Any non-emergency services rendered out of network without the proper referral from your PCP will not be covered.

Anthem and Kaiser administer the HMO plans, and a summary of covered services is listed on the following pages. For a complete listing of covered services for each plan, please refer to your Summary of Benefits and Coverage (SBC).

***QUICK REFERENCE:**

Kaiser - Provider Directory Link: https://my.kp.org/aon/find-doctor

How to find a provider:

Select your location and proceed to enter your zip code to find a medical provider near you.

Anthem – Provider Directory Link: https://www.anthem.com/ca/find-care/

How to find a provider:

Click "Basic search as a guest" then select "Medical Plan or Network" from the first drop-down menu, select the state you reside in from the next drop-down menu. Then choose "Medical (Employer-Sponsored)" from the next drop-down menu and finally choose the "Priority Select HMO" or "Select HMO" depending on the medical network for the plan you choose. Then follow the prompts to find a provider or facility in your area.

MEDICAL COVERAGE

Your Medical Plan Options

Singleton Schreiber, LLP offers the following Anthem and UHA PPO plans:

- Anthem Classic PPO 500/20/40/20 – Prudent Buyer Network
- Anthem Solution PPO 2000/20/40/20 – Prudent Buyer Network
- UHA 600 - ***only available to those who reside in Hawaii***

To help guide your plan selection, the following pages include details concerning how the plans will operate as well as plan highlights and features.

PPO Plan

What is a PPO?

Preferred Provider Organization (PPO): A PPO is a type of health insurance plan that contracts with doctors and hospitals to create a network of participating health care providers. Members of a PPO plan can save money on services by using in-network care providers. PPO members can also use doctors and hospitals that are out of network, but coverage will often be at higher out-of-pocket costs. Here are some things to consider when selecting a PPO:

- PPOs allow you to see any doctor or facility in or out of their network without obtaining a referral. However, your benefits will be better if you stay in the PPO network.
- PPO insurance plans usually have certain deductibles that have to be met up front prior to services being rendered.
- Most PPOs provide the flexibility of allowing coverage when traveling within the U.S. and also out of the country.

Anthem and UHA administer the PPO plans, and a summary of covered services is listed on the following pages. For a complete listing of covered services for each plan, please refer to your Summary of Benefits and Coverage (SBC).

***QUICK REFERENCE:**

Anthem – Provider Directory Link: https://www.anthem.com/ca/find-care/

How to find a provider:

Click "Basic search as a guest" then select "Medical Plan or Network" from the first drop-down menu, select the state you reside in from the next drop-down menu. Then choose "Medical (Employer-Sponsored)" from the next drop-down menu and finally choose the "Prudent Buyer PPO". Then follow the prompts to find a provider or facility in your area.

UHA – Provider Directory Link: https://www.uhahealth.com/members/provider-search

How to find a provider:

Follow the prompts to find a medical provider near you.

MEDICAL COVERAGE

Prescription Drug Coverage

All drugs dispensed in the U.S. are required to be approved as medically necessary by the Food and Drug Administration (FDA) and require, by law, a prescription to be dispensed. Not all FDA-approved drugs may be covered by Anthem and Kaiser. Outlined below is a list of important information regarding your prescription drug coverage:

- **Generic drugs** have the same active-ingredient formula as the brand-name drug. Generic drugs are tested by the (FDA) to be as safe and as effective as brand-name drugs.
- **Brand-name drugs** or "Preferred drugs" are protected by U.S. patent laws for up to 20 years, so only the pharmaceutical company that holds the patent has exclusive rights to produce and sell them. Drugs in this category are usually covered under the insurance plan.
- **Non-formulary drugs** are drugs that are not included in the list of preferred medications. These drugs are covered with a higher cost share that those classified as Formulary-Brand or Generic. They are drugs not included in the drug list approved by the health care plans.
- **Specialty drugs** usually have complex requirements for development, manufacturing, storage, transportation, administration and/or monitoring. Some of the drugs in this category are covered under insurance plans but usually at a higher cost level.
- **Mail Order drugs** are from a participating pharmacy that usually allows up to a 90-day supply of maintenance prescriptions for the cost of 30-day supply and specializes in direct delivery to your home.

Best Practices to Maximize your Coverage

1. Take full advantage of the resources your medical, pharmacy and dental plans have to offer. Review their websites for detailed information. Use their nurse line services and take advantage of free preventive services and wellness visits.
2. If you need to see a doctor and it is after hours or you cannot get an appointment right away, you have a few options:

Coverage	Benefit
Walk-in clinic	For ailments that are bothersome but not life-threatening; also for vaccinations
Urgent Care	For urgent, but not severe, problems that would otherwise warrant a trip to the hospital
Emergency Room	For situations that involve serious trauma or other life-threatening conditions

3. Save money on medications. If you take a brand-name medication, ask your doctor if you are a good candidate for a generic substitute. Also, take advantage of the mail order program for maintenance medications.
4. Be sure to utilize the opportunities available to you through Anthem and Kaiser wellness program. Virtually all workshops and events are a free benefit to you and, in most cases, your dependents.
5. Lastly, don't hesitate to ask questions. We encourage you to be your own advocate. Write down your questions before your doctor's appointment, take a family member or friend with you as a second set of ears to hear what the doctor is saying, and be sure to get answers to all of your questions before the appointment ends.

MEDICAL INSURANCE PLAN

HMO

	MEDICAL	MEDICAL	
	HMO **HMO $30-50/$500 admit**	**HMO** **PS-Value HMO** **30/50/500 3 day**	**HMO** **S-Value HMO** **30/50/500 3 day**
	Kaiser Network	**Priority Select Network**	**Select Network**
Deductible	$0	$0	$0
Out of Pocket Max - Individual	$3,000	$3,000	$3,000
- Family	$6,000	$6,000	$6,000
Physician Office Visits	PCP: $30 Spec: $50 Telehealth: $0	PCP/Virtual: $30 Spec/Virtual: $50 Virtual Care-Only: $0/$50	PCP/Virtual: $30 Spec/Virtual: $50 Virtual Care-Only: $0/$50
Std. Diagnostic Lab & X-ray	$0	$0	$0
Hospitalization	$500/admit	$500/day, 3 day max/admit	$500/day, 3 day max/admit
Outpatient Surgery	$200	$250/visit	$250/visit
Emergency Room	$100/visit (waived if admitted)	$200/visit	$200/visit
Prescription Drugs	$15/$35/20%	$5/$20/$40/$60/30%	$5/$20/$40/$60/30%

MEDICAL INSURANCE PLAN

PPO

Anthem

	MEDICAL			
	PPO Solution PPO 2000/20/40/20		PPO Classic PPO 500/20/40/20	
	In Network	Out of Network	In Network	Out of Network
Deductible	Ind: $2,000 Fam: $4,000	Ind: $6,000 Fam: $12,000	Ind: $500 Fam: $1,500	Ind: $1,500 Fam: $4,500
Out of Pocket Max - Individual	$5,000	$15,000	$3,500	$10,500
- Family	$10,000	$30,000	$7,000	$21,000
Physician Office Visits	Ded waived: PCP/Virtual: $20 Spec/Virtual: $40 Virtual Care-Only: $0/$40	40% Virtual Care-Only:N/A	Ded waived: PCP/Virtual: $20 Spec/Virtual: $40 Virtual Care-Only: $0/$40	40% Virtual Care-Only:N/A
Std. Diagnostic Lab & X-ray	20%	40%	20%	40%
Hospitalization	20%	40%	20%	40%
Outpatient Surgery	20%	40%	20%	40%
Emergency Room	$150/visit + 20% (copay waived if admitted)		$150/visit + 20% (copay waived if admitted)	
Prescription Drugs	$5/$20/$40/$60/30%	50% up to $250/Rx	$5/$15/$30/$50/30%	50% up to $250/Rx

MEDICAL INSURANCE PLAN

UHA 600 + Vision (Employees residing in Hawaii employee only)

Plan Provisions[1]		
Dependent Child Coverage	**Less than 26 years of age**	
Annual Deductible[2]	None	
Annual Maximum Out-of-Pocket	$2,500 per person; $7,500 per family	
Lifetime Maximum[3]	Unlimited	
Medical Services	**You Pay**	
	Participating Provider	**Non-participating Provider**
PREVENTIVE CARE SERVICES[4]		
Physical Exam (office visit) once per calendar year Preventive Screening Services Well Child Care Visit Childhood Immunizations Adult Immunizations Screening Laboratory Services - Outpatient	None	
MATERNITY SERVICES		
Maternity Care**	10% of EC*	30% of EC*
Birthing Room	None	20% of EC*
Newborn Nursery	10% of EC*	30% of EC*
DISEASE MANAGEMENT PROGRAMS		
Smoking Cessation Program Asthma Education Program Diabetes Self-Management Training & Education Program Nutritional Counseling Programs	None	
PHYSICIAN SERVICES		
Physician Office Visit	10% of EC*	30% of EC*
HOSPITAL SERVICES		
Room & Board (semi-private room) Hospital Ancillary Services Laboratory & Pathology - Inpatient	10% of EC*	30% of EC*
EMERGENCY SERVICES		
Emergency Room Services	10% of EC*	10% of EC*
Ambulance (ground)	20% of EC*	30% of EC*
Ambulance (inter island air) **For emergencies only**	20% of EC*	20% of EC*
COMPLEMENTARY ALTERNATIVE MEDICINE		
Chiropractic/Acupuncture Services Benefits limited to treatment of conditions of the neuromusculoskeletal system by a licensed provider	$10 co-payment per visit First set of x-rays at 50% of EC*; full charge for add'l sets; $500 combined maximum per calendar year	Plan pays up to $20 per visit X-rays not covered $500 combined maximum per calendar year

MEDICAL INSURANCE PLAN

UHA 600 + Vision (Employees residing in Hawaii employee only)

Prescription Drug Benefits	Your Co-payment/Coinsurance		
	Participating Pharmacy 30 Day Retail	Participating Pharmacy Mail Order[1]/Extended Fill	Non - Participating Pharmacies 30 Day Retail Only
All prescriptions up to $250			
Generic	$10	90 day - $15	30% of EC
Preferred Brand	$30	90 day - $60	30% of EC
Non-Preferred Brand	$65	90 day - $160	30% of EC
Any Prescriptions over $250[2] (per 30 day supply) including Generic, Preferred Brand and Non-Preferred Brand	20% of eligible charge	20% of eligible charge	30% of EC
Diabetic Supplies[3][4]			
Preferred Brand	$7	90 day - $11	30% of EC
Non-Preferred Brand	$30	90 day - $65	30% of EC
Diabetic Drugs[4]			
Generic	$10	90 day - $15	30% of EC
Preferred Brand	$30	90 day - $60	30% of EC
Non-Preferred Brand	$65	90 day - $160	30% of EC
Insulin[4]			
Preferred Brand	$30	90 day - $60	30% of EC
Non-Preferred Brand	$65	90 day - $160	30% of EC
U.S. Preventive Services Task Force (USPSTF) Recommended Drugs[5]	None	90 day - None	30% of EC
Oral chemotherapy drugs	None	30 day - None	30% of EC
Oral Contraceptives & Other Contraceptive Methods (i.e. diaphragms, cervical caps)			
Generic	None	90 day - None	30% of EC
Preferred Brand (Single Source)	None	90 day - None	30% of EC
Preferred Brand (Multi Source, if any)	$30[6]	90 day - $60[6]	30% of EC
Non-Preferred Brand	$65[6]	90 day - $160[6]	30% of EC
Smoking Cessation: patches, gum, Chantix, Zyban[7]	None	90 day - None	30% of EC
Spacers & Peak Flow Meters for Asthma	Please refer to the applicable generic, preferred & non- preferred co-payments or 20% coinsurance above		30% of EC

Vision Examination

- Plan pays 100% of the eligible charge for one routine vision examination and refraction per member, per calendar year

Appliances

- Up to $175 every calendar year towards the purchase of prescription eyeglasses, prescription contact lenses, frames, prescription lenses, or any combination thereof
- The member is responsible for paying the provider the difference between UHA's payment and the total actual charge

LASIK Surgery

- Up to $350 per eye, per lifetime, for a total benefit of $700 for LASIK surgery as approved by the Food and Drug Administration for members aged 18 and older.
- LASIK surgery benefit is a direct reimbursement to the subscriber.
    - The subscriber is responsible for paying 100% of the provider's total actual charge. The subscriber is responsible for submitting a vision claim and will be reimbursed by UHA.

Vision Care Providers

Members have the choice of going to a participating or non-participating UHA vision provider who must be a licensed Ophthalmologist (M.D. or D.O.) or Optometrist (O.D.).

DENTAL

Your Dental Plan Options

Singleton Schreiber, LLP offers offers a Dental POS plan for those residing in CA and a Dental PPO plan through Principal for those residing outside of CA.

It is a well-known fact that the mouth is a window into one's overall health. Dental hygiene and health are directly linked to health in other areas of the body, so it's important to visit the dentist regularly to ensure that you are at peak oral fitness.

Principal administers the dental plans, and a summary of covered services is listed on the following pages. For a complete listing of covered services for each plan, please refer to your Summary of Benefits and Coverage.

	DENTAL	
	POS	
Benefits	**EPO/In Network**	**PPO/Out of Network (90th)**
Diagnostic & Preventive (exams, cleanings)	100%	100%/100%
Restorative (fillings)	90%	90%/90%
Endodontics (root canal therapy)	90%	90%/90%
Periodontics (gum surgery)	90%	90%/90%
Prosthodontics (dentures, crowns, bridges)	60%	60%/60%
Deductible	$50	
Per patient per calendar year	$50	$50/$50
Per family per calendar year	$150	$150/$150
Deductible exempt on D&P?	Yes	Yes/Yes
Calendar Year Maximum	$2,000	$2,000/$2,000
Orthodontia Benefit	Child: 50%, $1,000 Lifetime max	

***QUICK REFERENCE:**

Principal – Provider Directory link:
https://www.principal.com/find-dentist

How to find a provider:

Click the provider directory link under the plan. Then, depending on the plan you chose, select either the "Principal POS Plan" if you reside in CA or "The Principal Plan Dental Network" if you live outside of CA from the drop-down menu, and follow prompts to find a dental provider in your area.

VISION COVERAGE

Your Vision Plan Options

Singleton Schreiber, LLP offers a a VSP Vision PPO plan through Principal.

Eye examinations are an important part of health maintenance for everyone. Often eye doctors are the first health care professionals to detect chronic systemic diseases such as high blood pressure and diabetes.

This year, we are pleased to announce that we will be offering Vision plan through Principal. Employees do not have to be enrolled in the medical or dental plan to elect this benefit. Below are highlights of the vision plan offered.

	VISION	
	VSP Choice	
Benefits	**In Network**	**Out of Network**
Eye Exam	12 months	
Lenses	12 months	
Frames	12 months	
Contacts	12 months	
Exam Copay	$10 copay	Up to $45 allowance
Frames	$200 allowance	Up to $70 allowance
Lenses	$10 copay	Up to $100 allowance
Contact Lenses - Non-elective	$10 copay	Up to $210 allowance
- Elective	$200 allowance	Up to $105 allowance

***QUICK REFERENCE:**

Principal/VSP – Provider Directory link: https://www.vsp.com/eye-doctor

LIFE AND AD&D COVERAGE

Singleton Schreiber, LLP is thinking about your family's future. As an added level of financial security and protection, Singleton Schreiber, LLP is offering you the opportunity to enroll in life and accidental death & dismemberment coverage at no cost to you.

Employer Paid Basic Life and AD&D

Paid for in full by Singleton Schreiber, LLP, the benefits outlined below are provided by Principal:

- $50,000 Basic Life Insurance/Accidental Death & Dismemberment

Voluntary Life and AD&D

In addition to the coverage paid by Singleton Schreiber, LLP, you may also purchase coverage from Principal. Benefits are outlined below:

- Voluntary Life and AD&D for Employee, Spouse and Children

What is a beneficiary? A beneficiary is a person or entity that you designate to receive the policy benefit.

- Your beneficiary can be a person, multiple family members or a trust
- You do not need to be related to your beneficiary
- You can change your beneficiary at any time

DISABILITY COVERAGE

Short-Term Disability is paid for in full by Singleton Schreiber, LLP through Principal. In addition to the coverage paid by your employer, you may also purchase Long Term Disability coverage through Principal for yourself.

While most people typically insure their lives and other material assets like homes or automobiles, many overlook the need to protect one of their most valuable assets – their ability to work and earn a living.

Disability Insurance is the industry name for a plan that provides for periodic payments of benefits when a disabled insured is unable to work. The insurance product is designed to replace a portion of your gross income on a tax-free basis should illness keep you from earning an income in your occupation. Simply put, think of it as insurance for your paycheck. It ensures that if you are unable to work because of illness or injury, you will continue to receive an income until you are able to return to work.

Short-Term Disability benefit amounts for employees in CA are different from benefit amounts for those who reside outside of CA.

Defining

Benefit Period: Maximum amount of time for which you may receive proceeds for a continuous disability

Elimination or Waiting Period: The time you must wait before you are eligible to receive benefit payments

Commencement Date: The first day your disability is covered, which immediately follows the completion of the waiting period

Own-Occupation: An employee is unable to perform all material and substantial duties of his or her regular occupation, which results in at least a 20% loss in pre-disability earnings

DISABILITY COVERAGE

Short-Term Disability for employees in CA:

Eligibility	
Eligible employees	All active, full-time employees working at least 30 hours a week
Benefits payable	
Primary weekly benefit	20% of your earnings up to $1,000
Benefit amount	Your primary weekly benefit minus other income sources
Elimination period	Benefits begin on the 8th day for accidents and 8th day for sickness
Benefit payment period	Up to 51 weeks
Maternity	Pregnancy and childbirth are treated the same as any other disability

Short-Term Disability for employees outside of CA:

Eligibility	
Eligible employees	All active, full-time employees working at least 30 hours a week
Benefits payable	
Primary weekly benefit	60% of your earnings up to $3,750
Benefit amount	Your primary weekly benefit minus other income sources
Elimination period	Benefits begin on the 8th day for accidents and 8th day for sickness
Benefit payment period	Up to 25 weeks
Maternity	Pregnancy and childbirth are treated the same as any other disability

Voluntary Long-Term Disability:

Eligibility	
Eligible employees	All active, full-time employees working at least 30 hours a week
Benefits payable	
Primary monthly benefit	60% of your earnings up to $10,000
Benefit amount	Your primary monthly benefit minus other income sources
Elimination period	Benefits begin after 365 days for CA employees & 180 days for those living outside of CA
Own occupation period	2 year
Benefit payment period	Varies based on your age when you become disabled, see chart below
Limitations & exclusions	
Pre-existing conditions	3 months prior / 12 months insured
Other limitations	A complete list is included in your booklet

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. provides support, resources and information for personal and work-life issues. is confidential and provided at no cost to you and your dependents.

Information below explains how can help you and your family deal with everyday challenges.

Services for you and your family

Your EAP offers these services to help you and your family deal with the big and little things.

In-person or virtual counseling

One valuable way to work through personal or work issues is by talking with a professional. You and your family can meet with a licensed, EAP professional in person, via text message, or by live chat, video, or phone sessions. Three counseling sessions per year are included.

Legal, financial, and identity theft services

You and your family have access to these services:

- **Legal services.** Receive a free 60-minute consultation to help deal with issues such as car accidents or family law.
- **Financial wellness.** Receive three free 30-minute consultations. This may include help with budget planning, debt consolidation, or retirement planning.
- **Identity theft resources.** Receive a free 60-minute consultation to help restore your identity if stolen.

Work-life web services

You and your family can access webinars, live talks, and articles on topics such as child and elder care, education, parenting, and more.

Help when and where you need it—day or night

Life's challenges don't always happen during regular business hours. That's why you and your family have 24/7 access to your EAP.

800-450-1327
International: 800-662-4504
TTY: 711

Member.MagellanHealthcare.com
When you create an account, enter **Principal Core** as the program name.

WORKSITE

Accident Insurance Benefits

With MetLife, you'll have a choice of a plan (called 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	High Plan MetLife Accident Insurance Pays YOU
Injuries	
Fractures[2]	$100 - $6000
Dislocations[2]	$100 - $6000
Second- and Third- Degree Burns	$100 - $10000
Concussions	$400
Cuts/Lacerations	$50 - $400
Eye Injuries	$300
Medical Services & Treatment[1]	
Ambulance	$300 – $1,000
Emergency Care	$50 – $100
Non-Emergency Care	$50
Physician Follow-Up	$75
Therapy Services (including physical therapy)	$25
Medical Testing Benefit	$200
Medical Appliances	$100 – $1,000
Inpatient Surgery	$200 – $2,000
Hospital[3] Coverage (Accident)	
Admission	$1,000 (non-Intensive Care Unit (ICU)) – $2,000 (ICU) per accident
Confinement	$200 a day (non-ICU) — up to 31 days $400 a day (ICU) — up to 31 days
Inpatient Rehabilitation (paid per accident)[8]	$200 a day, up to 15 days

Benefit Type	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.	$50,000 $150,000 for common carrier[4]
Dismemberment, Loss & Paralysis	
Dismemberment, Loss & Paralysis	$250 – $10,000 per injury
Other Benefits	

Lodging[5] — Pays for lodging for companion — up to 30 nights per calendar year	$200 per night — up to 31 nights
Health Screening Benefit (Wellness)[6] benefit provided if the covered insured takes one of the covered screening/prevention tests	$50 **Payable 1x per calendar year**

WORKSITE

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 ($50 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.

Questions & Answers

Q. How do I enroll?

A. Enroll for coverage at mybenefits.metlife.com.

Q. Who is eligible to enroll for this accident coverage?

A. You are eligible to enroll yourself and your eligible family members![8] You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.

Q. How do I pay for my accident coverage?

A. Premiums 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.[9]You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

Q. Who do I call for assistance?

A. Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST. Or visit our website: *mybenefits.metlife.com*.

Covered services/treatments must be the result of an accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.

[2] Chip fractures are paid at 25% of Fracture Benefit and partial dislocations are paid at 25% of Dislocation Benefit.

[3] Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

[4] Common Carrier refers to airplanes, trains, buses, trolleys, subways and boats. Certain conditions apply. See your Disclosure Statement or Outline of Coverage/Disclosure Document for specific details. Be sure to review other information contained in this booklet for more details about plan benefits, monthly rates and other terms and conditions.

[5] The lodging benefit is not available in all states. It provides a benefit for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from insured's primary residence.

[6 The Health Screening Benefit is not available in all states. In some states, the list of eligible screening/prevention measures may be limited, and the benefit may be referred to as the Accident Prevention Screening Benefit]

[7] The Admission Benefit is not payable for Emergency Room treatment or outpatient treatment. The payment of the admission benefit requires a Confinement. Hospital Confinement requires the assignment to a bed as a resident inpatient in a Hospital (including an Intensive Care Unit of a Hospital) on the advice of a Physician or confinement in an observation area within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician. Please consult your certificate for details.

[8] Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas. Children may be covered to age 26. There are benefit reductions that may begin at age 65.

[9 Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.]

WORKSITE

Critical Illness Insurance Benefits

Eligible Individual	Benefit Amount	Requirements
Coverage Options		
Employee	**$10,000, $20,000 or $30,000**	Coverage is guaranteed provided you are actively at work. [1]
Spouse/Domestic Partner[2]	**100% 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]	**100% 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]

Benefit Payment

Your plan pays a lump-sum **Initial Benefit** upon the first verified diagnosis of a Covered Condition. Your plan also pays a lump-sum **Recurrence Benefit**[4] for a subsequent verified diagnosis of certain Covered Conditions as shown in the table below. A Recurrence Benefit is only available if an Initial Benefit has been paid for the same Covered Condition. There is a Benefit Suspension Period that applies to Recurrence Benefits. In addition, there is a Benefit Suspension Period that applies to Initial Benefits for different conditions.

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

Covered Conditions	Initial Benefit	Recurrence Benefit
Benign Tumor Category		
Benign Brain Tumor	100% of Benefit Amount	100% of Initial Benefit
Cancer Category		
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit
Non-Invasive Cancer	25% of Benefit Amount	100% of Initial Benefit
Skin Cancer	5% of Benefit Amount, but not less than $250	NONE
Cardiovascular Disease Category		
Coronary Artery Bypass Graft (CABG) - *where surgery involving either a median sternotomy or minimally invasive procedure is performed*	50% of Benefit Amount	100% of Initial Benefit
Childhood Disease Category		
Cerebral Palsy	100% of Benefit Amount	NONE
Cleft Lip or Cleft Palate	100% of Benefit Amount	NONE
Cystic Fibrosis	100% of Benefit Amount	NONE
Diabetes (Type 1)	100% of Benefit Amount	NONE
Down Syndrome	100% of Benefit Amount	NONE

SINGLETON SCHREIBER

WORKSITE

Critical Illness Insurance

Sickle Cell Anemia	100% of Benefit Amount	NONE
Spina Bifida	100% of Benefit Amount	NONE
Functional Loss Category		
Coma	100% of Benefit Amount	100% of Initial Benefit
Loss of: Ability to Speak; Hearing; or Sight	100% of Benefit Amount	NONE
Paralysis of 2 or more limbs	100% of Benefit Amount	NONE
Heart Attack Category		
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest *Payable upon death*	50% of Benefit Amount	NONE
Infectious Disease Category		
Bacterial Cerebrospinal Meningitis	25% of Benefit Amount	NONE
Diphtheria	25% of Benefit Amount	NONE
Encephalitis	25% of Benefit Amount	NONE
Legionnaire's Disease	25% of Benefit Amount	NONE
Malaria	25% of Benefit Amount	NONE
Necrotizing Fasciitis	25% of Benefit Amount	NONE
Osteomyelitis	25% of Benefit Amount	NONE
Rabies	25% of Benefit Amount	NONE
Tetanus	25% of Benefit Amount	NONE
Tuberculosis	25% of Benefit Amount	NONE
Kidney Failure Category		
Kidney Failure	100% of Benefit Amount	NONE
Major Organ Transplant Category		
Major Organ Transplant *For bone marrow, heart, lung, pancreas, and liver*	100% of Benefit Amount	NONE
Progressive Disease Category		
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
Muscular Dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE
Systemic Lupus Erythematosus (SLE)	100% of Benefit Amount	NONE
Severe Burn Category		
Severe Burn	100% of Benefit Amount	100% of Initial Benefit
Stroke Category		
Stroke	100% of Benefit Amount	100% of Initial Benefit

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* Notes Regarding Covered Conditions

- Alzheimer's Disease – Please review the Outline of Coverage/Disclosure Document for specific information about Alzheimer's disease.
- Cancer – Please review the certificate for specific information about cancer benefits. In most states, not all types of cancer are covered.
- Coronary Artery Bypass Graft – In certain states, the Covered Condition is Coronary Artery Disease.
- Heart Attack – The Heart Attack Covered Condition pays a benefit for the occurrence of a myocardial infarction, subject to the terms of the certificate. A myocardial infarction does not include sudden cardiac arrest.
- Infectious Disease Covered Condition Category – For an Infectious Disease Category benefit to be payable, the covered person must have been treated for the disease in a hospital for a consecutive number of days as specified in the certificate.
- Major Organ Transplant – In most states, we will not pay a Major Organ Transplant benefit if a covered person is placed on the organ transplant list prior to coverage taking effect and subsequently undergoes a transplant procedure for the same organ while coverage is in effect. Covered organs may vary by state; refer to the Certificate for details. In some states, the condition is Major Organ Failure.
- Stroke – In certain states, the Covered Condition is Severe Stroke.
- The following benefits are not available in all states. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for details.
    - Coma
    - Loss of: Ability to Speak; Hearing; or Sight
    - Paralysis
    - Severe Burn

Health Screening Benefit

MetLife will provide an annual benefit of $50 per calendar year for taking one of the eligible screening/prevention measures. The Health Screening Benefit is not available in certain states. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit.

Example of How Benefits are Paid

The example below illustrates an employee who elected a Benefit Amount of $30,000.

Illness – Covered Condition	Payment
Heart Attack — first verified diagnosis	Initial Benefit payment of $30,000 or 100%
Kidney Failure – first verified diagnosis, two years later	Initial Benefit payment of $30,000 or 100%
Heart Attack — second verified diagnosis, four years later	Recurrence Benefit payment of $30,000 or 100%

This example is for illustrative purposes only. The MetLife Group 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.

Questions & Answers

Q. Who is eligible to enroll for this critical illness coverage?

A. You are eligible to enroll yourself and your eligible family members![5] You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.

Q. How do I pay for my critical illness coverage?

A. Premiums 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.[6] You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

Q. Who do I call for assistance?

A. Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.

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Hospital Indemnity Insurance Benefits

With MetLife's Hospital Indemnity Insurance, you'll have a choice of two plans (called the "Low Plan" and the "High Plan") which provide benefit payments for covered events regardless of any other insurance payments you may receive. Here are just some of the covered benefits/services[B], when an accident or illness puts you in the hospital.[A]

Covered Benefits

Please contact MetLife for detailed definitions and state variations of covered benefits.

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Low Plan	High Plan
Hospital Benefits				
Admission Benefit	4 time(s) per calendar year[1]	Admission[2]	$500	$1,000
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	$500	$1,000
Confinement Benefit	15 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 15 of those days	Confinement[4]	$100	$200
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	$100	$200
Confinement Benefit for Newborn Nursery Care	2 day(s) per confinement	Confinement Benefit for Newborn Nursery Care[5]	$25	$50
Inpatient Rehabilitation Benefit*	15 days per calendar year	Inpatient Rehabilitation (For Injury or Sickness)	$100	$150
Other Benefits				
Health Screening Benefit[7]	1 time(s) per calendar year per covered person	Health Screening	$50	$50
Lodging*	15 days per calendar year	Lodging[8]	$25	$50

*Any benefit(s) marked with an asterisk requires a prior Hospital Admission or Confinement.
[1] If a covered person is readmitted within 90 days for the same or related sickness/injury for which we paid an Admission Benefit, an additional Admission Benefit is not payable.
[2] The admission Benefit for residents of ID will be increase to $575 for plan design(s) Low because some benefits in this plan design are not available. See the Schedule of benefits in the ID certificate.
[4] If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.
[5] Payable for the period of newborn confinement for a newborn child who is not sick or injured.
[7] In certain states, the Health Screening Benefit is provided by MetLife Consumer Services as a separate service and is not part of the insurance coverage. This does not impact the Health Screening Benefit's availability, cost, or the way in which the service is accessed. The covered health screenings are: Routine health check-up exam (annual physical exam), biopsies for cancer, blood chemistry panel, blood test to determine total cholesterol, blood test to determine triglycerides, bone marrow testing, breast MRI, breast ultrasound, breast sonogram, cancer antigen 15-3 blood test for breast cancer (CA 15-3), cancer antigen 125 blood test for ovarian cancer (CA 125), carcinoembryonic antigen blood test for colon cancer (CEA), carotid doppler, complete blood count (CBC), chest x-rays, clinical testicular exam, colonoscopy, coronavirus testing, dental exam , digital rectal exam (DRE), Doppler screening for cancer, Doppler screening for peripheral vascular disease, Echocardiogram, electrocardiogram (EKG), electroencephalogram (EEG), endoscopy, eye exam, fasting blood glucose test, fasting plasma glucose test, flexible sigmoidoscopy, hearing test, hemoccult stool specimen, hemoglobin A1C, human papillomavirus (HPV) vaccination, immunization, lipid panel, mammogram, oral cancer screening, pap smears or thin prep pap test, prostate-specific antigen (PSA) test, serum cholesterol test to determine LDL and HDL levels, serum protein electrophoresis, skin cancer biopsy, skin cancer screening, skin exam, stress test on bicycle or treadmill , successful completion of smoking cessation program, tests for sexually transmitted infections (STIs), thermography , two hour post-load plasma glucose test, ultrasounds for cancer detection, ultrasound screening of the abdominal aorta for abdominal aortic aneurysms and virtual colonoscopy . For groups sitused in CA, the following health screenings are also included: any cervical cancer screening test approved by the federal Food and Drug Administration upon approval by the Covered

WORKSITE

Benefit Payment Example for High Plan

The example below assumes Susan sought treatment at a group policyholder-designated facility and is therefore eligible for additional payment under the Benefit Supplement Rider.
Susan has chest pains at home, and after contacting her doctor, she is instructed to head to her local hospital. Upon arrival, the doctor examines Susan and advises that she requires immediate admission to the Intensive Care Unit for further evaluation and treatment. After two days in the Intensive Care Unit, Susan moves to a standard room and spends two additional days recovering in the hospital. Susan was released to her primary care physician for follow-up treatment and observation. Her primary doctor is now keeping a close watch over Susan's overall health. Depending on her health insurance, Susan's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Hospital Indemnity Insurance payments can help cover these unexpected costs or in any other way Susan sees fit.

Covered Benefit	High Benefit Amount
Regular Hospital Admission (1x)	$1,000
ICU Supplemental Admission (1x)	$1,000
Regular Hospital Confinement (3 total days)	$600
ICU Supplemental Confinement (1 day)	$200
Benefits paid by MetLife Group Hospital Indemnity Insurance	$2,800

Benefit amount is based on a sample MetLife plan design. Plan design and plan benefits may vary.

Questions & Answers

Q. How do I enroll?

A. Enroll for coverage at mybenefits.metlife.com.

Q. Who is eligible to enroll for this Hospital Indemnity coverage?

A. You are eligible to enroll yourself and your eligible family members. [C] You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective. Dependents to be enrolled may not be subject to a medical restriction as set forth in the Certificate. Some states require the insured to have medical coverage.

Q. How do I pay for my Hospital Indemnity coverage?

A. Premiums 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 premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer cancels the group policy and offers you similar coverage with a different insurance carrier. [D]

Q. What is the coverage effective date?

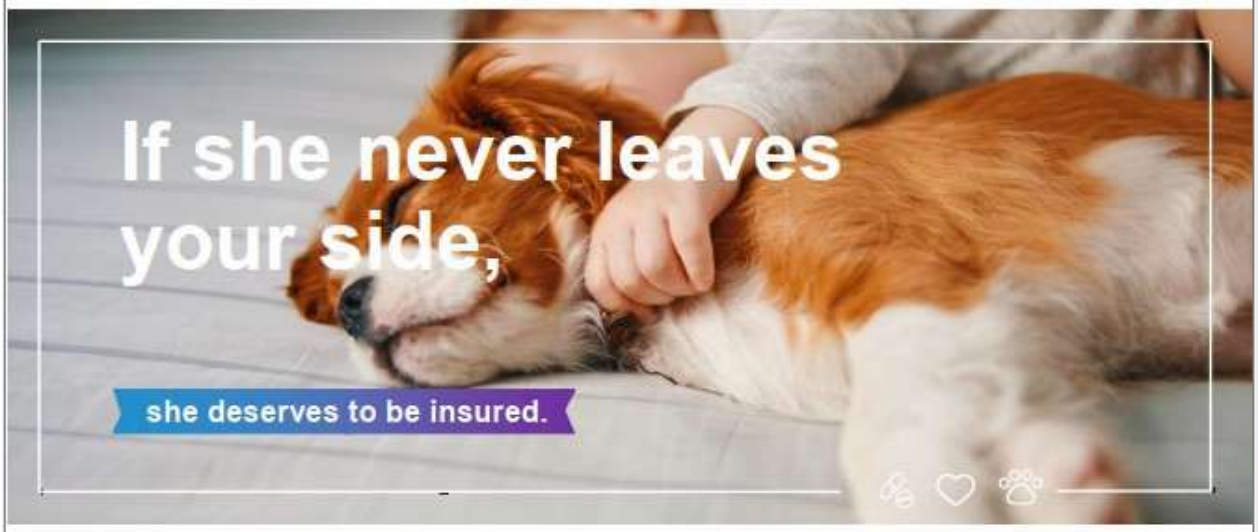
A. The coverage effective date is 06/01/2023.

Q. Who do I call for assistance?

A. Please call MetLife directly at 1-800-GET-MET8 (1-800-438-6388) and talk with a benefits consultant. Or visit our website: ***www.mybenefits.metlife.com***

PET INSURANCE

MetLife | Pet Insurance



Help protect your pet from costly vet bills

More than ever, pets play such a huge role in our lives. We want to do everything to keep them safe and healthy. Help make sure your furry family members are protected against unplanned vet expenses for covered accidents or illnesses with MetLife Pet Insurance.[1]

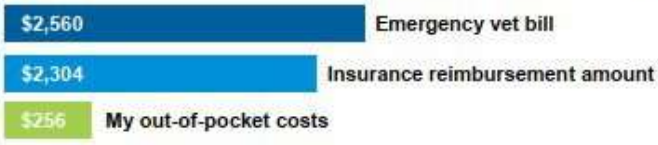
Visits to the vet can be unpredictable and expensive. Pet parents spend over $31.4 billion on vet care annually.[2] 24% of pet parents have gone into credit card or personal loan debt as a result.[3]

A small monthly payment can help you prepare for those unexpected vet expenses down the road.

How it works:

Hypothetical savings example when visiting a licensed veterinarian, specialist or emergency clinic in the U.S.

"Bella, a two-year-old mixed breed dog, needed emergency surgery after swallowing some small rocks. Bella pulled through, but not until incurring an emergency vet bill of **$2,560**. Since I had MetLife Pet Insurance, I was reimbursed for **90%** of the bill once the deductible was met. Thanks to my smart decision to enroll, I saved **$2,304** in out-of-pocket vet expenses.[5]"



2022 PET INNOVATION AWARD
PET INSURANCE OF THE YEAR

Why MetLife Pet Insurance?

- Flexible coverage with up to 100% reimbursement[4]
- Optional Preventive Care coverage[6]
- 24/7 access to Telehealth Concierge Services
- Discounts and offers on pet care[7]
- Coverage of pre-existing conditions when switching providers[16]
- MetLife Pet mobile app to submit and track claims and manage your pet's health and wellness

To enroll in these benefits, visit **www.metlife.com/getpetquote** or call **1-800-GET-MET8**.

PET INSURANCE

Pet Insurance



Know what your plan covers… MetLife Pet Insurance[1] helps cover the costs of vet visits, accidents, illness and more.

Get regular check-ups to help protect your pet

Be better prepared for unexpected accidents

Help cover the costs of unplanned illness

Your benefit in action

Take advantage of how simple it is to get – and use – MetLife Pet Insurance[1]:

Select and enroll in the coverage that's right for you and your pet and download our mobile app.

Take your pet to the vet and pay the bill; manage your pet's health and wellness using the app.

Send the bill and your claim to us and receive reimbursement[4] by check or direct deposit if the claim expense is covered under the policy.

To enroll in these benefits, visit **www.metlife.com/getpetquote** or call **1-800-GET-MET8**.

PET INSURANCE

Pet Insurance

MetLife Pet Insurance[1] can help take the worry out of covering the cost of unexpected pet care.

Product overview	Pet Insurance can help reimburse you for covered vet visits, accidents, illness and more. Plus, it can help keep your pet safe and healthy with preventive care like X-rays and ultrasounds.
Why needed	• Pet parents are spending more than $4,500 annually on pet care[12] • A small monthly payment can help plan for these expenses • Pet Insurance may not cover pre-existing conditions, so now is the time to insure your furry family members
Flexible coverage	Choose the plan that works for you and your pet. Options include: • Levels of coverage from $500–unlimited[13] • $0–$2,500 deductible options[14] • Reimbursement percentages from 50%–100%[4]
What is Covered[15]	• accidental injuries • illnesses • exam fees • surgeries • medications • ultrasounds • hospital stays • X-rays and diagnostic tests
Coverage[15] also includes	• hip dysplasia • hereditary conditions • congenital conditions • chronic conditions • alternative therapies • holistic care • and much more
Additional value	• Take your pet to any licensed veterinarian, specialist or emergency clinic in the U.S. • If you're claim-free in a policy year, we'll automatically decrease your deductible by $25 or $50.[11] • Group discounts are available.[10]

Hypothetical savings example when visiting a licensed veterinarian, specialist or emergency clinic in the U.S. [5]

Claim Details	Amount
Total vet bill (including exam, bloodwork, X-rays, and hospitalization)	**$1,278.00**
Insurance reimbursement[4] percentage	**90%**
Out-of-pocket cost (including $100 deductible)	**$227.80**
Savings	**$1,050.20**

To enroll in these benefits, visit **www.metlife.com/getpetquote** or call **1-800-GET-MET8**.

PET INSURANCE

Pet Insurance

Frequently Asked Questions

Q. What is Pet Insurance?

A. Similar to health insurance for you and your family, Pet Insurance is coverage for dogs and cats that can help you be prepared for unexpected vet costs. With MetLife Pet Insurance,[1] you may be able to receive reimbursement up to 100%[4] of covered veterinary care expenses.

Q. Can I still use my vet?

A. Yes, you can visit any licensed veterinarian or emergency clinic in the U.S., and you and your vet of choice can determine the best treatment plan and medical course of action for your pet.

Q. What does it not cover?

A. Pre-existing conditions may not be covered — to learn more about what's not covered, visit metlifepetinsurance.com.

Q. When does coverage start?

A. MetLife Pet Insurance[1] provides among the shortest wait periods for accident and illness coverage.[8] Accident coverage and optional Preventive Care coverage begin on the effective date of your policy. Illness coverage begins 14 days later.

Q. How much will it cost?

A. Each pet's premium will be unique based on the age, breed, location, as well as what coverage amount you select.[9] Group discounts are available,[10] and if you go claim-free in a policy year, we'll automatically decrease your deductible by $25 or $50.[11]

Q. How does the MetLife Pet mobile app work?

A. With our MetLife pet mobile app, you can manage your Pet Insurance account from anywhere.

Plus, we make it easy to:

- Submit and track claims
- Manage your pet's health records
- Talk to an expert with 24/7 Telehealth Concierge Services
- Find nearby pet services

Q. How do I pay for my coverage?

A. You can set up an automatic payment from your bank or credit card with us.

Have other questions?

Please call MetLife directly at
1-800-GET-MET8
1-800-438-6388
and speak with a licensed agent.



Watch this video to see the benefits of Pet Insurance.

1. Pet insurance offered by MetLife Pet Insurance Solutions LLC is underwritten by Independence American Insurance Company ("IAIC"), a Delaware insurance company, headquartered at 485 Madison Avenue, NY, NY 10022, and Metropolitan General Insurance Company ("MetGen"), a Rhode Island insurance company, headquartered at 700 Quaker Lane, Warwick, RI 02886. In those states where MetGen's policies are available, MetLife Pet Insurance Solutions LLC is the policy administrator authorized by IAIC and MetGen to offer and administer pet insurance policies. MetLife Pet Insurance Solutions LLC was previously known as PetFirst Healthcare, LLC and in some states continues to operate under that name pending approval of its application for a name change. The entity may operate under an alternate, assumed, and/or fictitious name in certain jurisdictions as approved, including MetLife Pet Insurance Services LLC (New York and Minnesota), MetLife Pet Insurance Solutions Agency LLC (Illinois), and such other alternate, assumed, or fictitious names approved by certain jurisdictions.
2. American Pet Products Association (APPA) State of the Industry as presented on 3/24/21 (https://www.americanpetproducts.org/press_industrytrends.asp).
3. According to the 2019–2020 National Pet Owners Survey conducted by the APPA.
4. Reimbursement options include: 70%, 80%, 90% and 100%. In addition, there is also a 50% option for MetGen underwritten policies only and a 65% option for IAIC underwritten policies only.
5. This is an example and is for illustrative purposes only. This is not representative of any particular pet parents' situation.
6. Can be purchased at an additional cost. For IAIC underwritten policies, optional Preventive Care coverage is based on a Schedule of Benefits. For MetGen underwritten policies, optional Preventive Care coverage is included in the annual limit.
7. May not be available in all states.
8. Accident and optional Preventive Care coverage begins on midnight EST of the effective day of your policy compared to a wait time of 2 to 15 days for many competitors; Illness coverage begins 14 days from the effective day of your policy compared to 14 to 30 days for many competitors, based on a January 2022 review of publicly available summary information about competitors' offerings. Competitors did not furnish copies of their policies for review. If you have questions about a particular competitor's policy or coverage, please contact them or their representative directly.
9. For IAIC underwritten policies only, premium will also be based upon the pet's gender.
10. This discount is not available in MN or TN. This discount is only available to individuals who are eligible members or employees of an entity that has arranged for MetLife to offer pet insurance to its population. (For IAIC underwritten policies, the discount is 10% for Groups > 1000 lives and 5% for Groups 51–999 lives. For MetGen underwritten policies, this discount is 10% for Employer Groups of all sizes and 5% for Associations of all sizes).
11. Your pet's deductible automatically decreases by $25 (for IAIC underwritten policies) or $50 (for MetGen underwritten policies) each policy year that you don't receive a claim reimbursement. May not be available in all states.
12. 2021 internal survey conducted by OnePoll in partnership with MetLife Pet Insurance.
13. Annual limit options range from $1,000–$25,000 in $1,000 increments. In addition, there is also a $500 annual limit option for MetGen underwritten policies. Unlimited benefit option subject to availability.
14. Deductible options range include: $0–$750 in $50 increments and $1,000, $1,250, $1,500, $2,000 and $2,500.
15. Provided all terms of the policy are met. Application is subject to underwriting review and approval. Like most insurance policies, insurance policies issued by IAIC and MetGen contain certain deductibles, co-insurance, exclusions, exceptions, reductions, limitations, and terms for keeping them in force. For costs, complete details of coverage and exclusions, and a listing of approved states, please contact MetLife Pet Insurance Solutions LLC.

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To enroll in these benefits, visit **www.metlife.com/getpetquote** or call **1-800-GET-MET8**.

LEGAL

MetLife | Legal Plans

Product Overview



Cover the costs on a wide range of common legal issues with a Legal Plan.

Access experienced attorneys to help with estate planning, home sales, tax audits and more.

Powerful legal protection on your side

Quality legal assistance can be pricey. And it can be hard to know where to turn to find an attorney you trust. For a monthly fee, you can have a team of top attorneys ready to help you take care of life's planned and unplanned legal events.

MetLife Legal Plans gives you access to the expert guidance and tools you need to handle the broad range of personal legal needs you might face throughout your life. This could be when you're buying or selling a home, starting a family, dealing with identity theft or caring for aging parents.

Reduce the out-of-pocket cost of legal services with MetLife Legal Plans.

How it works

Our service is tailored to your needs. With network attorneys available in person, by phone or by email and online tools to do-it-yourself — we make it easy to get legal help. And, you will always have a choice in which attorney to use. You can choose one from our network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost.[1]

Best of all, you have unlimited access to our attorneys for all legal matters covered under the plan. For a monthly fee conveniently paid through payroll deduction, an expert is on your side as long as you need them.

When you need help with a personal legal matter, MetLife Legal Plans is there for you to help make it a little easier.

Estate planning at your fingertips

Our website provides you with the ability to create wills, living wills and powers of attorney online in as little as 15 minutes. Answer a few questions about yourself, your family and your assets to create these documents instantly. In states where available, you also have access to sign and notarize your documents online through our video notary feature.[2]

How to use the plan

1. Find an attorney

Create an account at **members.legalplans.com** to see your coverages and select an attorney for your legal matter. Or, give us a call at **800.821.6400** for assistance.

2. Make an appointment

Call the attorney you select and schedule a time to talk or meet.

3. That's it!

There are no copays, deductibles or claim forms when you use a network attorney for a covered matter.

SINGLETON SCHREIBER

LEGAL

Helping you navigate life's planned and unplanned events.

For a monthly fee, you, your spouse and dependents get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms when using a network attorney for a covered matter.

Money Matters	• Debt Collection Defense • Identity Theft Defense • 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 & Irrevocable Trusts • Simple Wills
Family & Personal	• Adoption • Affidavits • Conservatorship • Demand Letters • Garnishment Defense • Guardianship • Immigration Assistance	• Juvenile Court Defense, Including Criminal Matters • Name Change • Parental Responsibility Matters • Personal Property Protection	• Prenuptial Agreement • Protection from Domestic Violence • Review of ANY Personal Legal Document • School Hearings
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
Vehicle & Driving	• Defense of Traffic Tickets[3] • Driving Privileges Restoration	• License Suspension Due to DUI	• Repossession



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

Your account will also give you access to our self-help document library to complete simple legal forms. The forms are available to you, regardless of enrollment.

1. You will be responsible to pay the difference, if any, between the plan's payment and the out-of-network attorney's charge for services.
2. Digital notary and signing is not available in all states.
3. Does not cover DUI.

Group legal plans are administered by MetLife Legal Plans, Inc., Cleveland, Ohio. In California, this entity operates under the name MetLife Legal Insurance Services. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. For costs and complete details of the coverage, call or write the company. Some services not available in all states. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney client relationship exists prior to the participant becoming eligible for plan benefits. Coverage for defense of criminal matters is excluded from insurance coverage for individuals located in New York. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details. [MLP2]

MetLife

MetLife Legal Plans | 1111 Superior Avenue, Suite 800 | Cleveland, OH 44114

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FLEXIBLE SPENDING ACCOUNT (FSA)

Calendar year: 01/01/26-12/31/26



HEALTH FSA OVERVIEW

WHAT IS A HEALTH FSA?

A Health FSA is a pre-tax employee benefit plan option that allows you to set aside salary before any taxes are taken out. You can use these funds to pay for qualified out of pocket medical expenses incurred by yourself and your tax dependents (regardless of your enrollment in your employer health plan). This plan can save you up to 30% on qualified expenses.

EXAMPLES OF FSA ELIGIBLE ITEMS

- Co-pays & Deductibles
- Dental, Vision, and Orthodontic expenses
- Durable Medical Equipment
- Feminine Care Products
- Over-the-Counter items
- Personal Protective Equipment (PPE)
- Prescription Drug Costs

DUAL PURPOSE EXPENSE EXAMPLES

Dual purpose expenses are items or services you may use for your general health that also qualify to be reimbursed if prescribed by a Doctor for the purpose of treating a specific medical condition. Below are a few examples of dual purpose expenses:

- Massage Therapy
- Supplements
- Vitamins

FSA store Explore Eligible Items Here

SPENDING ACCOUNT TIMELINES

Spending accounts have deadlines for spending that may change based on your individual circumstances. You can view your Summary Plan Description or your online account details for information about your plan's spending and submission deadlines. Simply follow the steps below:

1. Login to your portal on your computer or mobile device
2. Click on your FSA details
3. Scroll down to view your Plan Dates timelines

SCAN THIS QR CODE TO ACCESS HELPFUL TUTORIALS & RESOURCES

800-633-8818 option 1 | flex@goigoe.com | www.goigoe.com

FLEXIBLE SPENDING ACCOUNT (FSA)

Calendar year: 01/01/26-12/31/26



COMMUTER PLAN OVERVIEW

iGOE

WHAT IS A COMMUTER PLAN?

A Commuter Plan allows you to set aside salary before any taxes are taken out and use those funds to pay for qualified mass transit or parking expenses you incur to get to and from your primary place of employment. This plan can save you up to 30% on qualified expenses.

HOW TO USE YOUR BENEFITS CARD

Use your Benefits Card to pay for eligible parking expenses or request reimbursement via direct deposit or check. Some parking and mass transit facilities are not properly coded to accept Benefits Cards. If your Benefits Card declines, this is generally the reason. Please be prepared to pay out of pocket and request reimbursement. Igoe recommends that you include a receipt with your request for reimbursement however receipts are not required if the parking facility does not supply you with one.

EXAMPLES OF ELIGIBLE EXPENSES FOR EACH CATEGORY:

MASS TRANSIT

- Subways
- Tokens/Vouchers
- Trains
- UberPool/Lyft Line

PARKING

- Garages
- Lots
- Parking near mass transit
- Parking near place of work

SCAN THIS QR CODE TO ACCESS HELPFUL TUTORIALS & RESOURCES

800-633-8818 option 1 | flex@goigoe.com | www.goigoe.com

FLEXIBLE SPENDING ACCOUNT (FSA)

Calendar year: 01/01/26-12/31/26



BENEFITS CARD OVERVIEW

iGOE

WHAT IS A BENEFITS CARD?

Your Benefits Card gives you easy access to funds in your tax-advantaged benefit accounts. Simply swipe the card at the point of sale or provide your card details to pay a bill. Your Benefits Card works a bit differently than a standard credit or debit card as its use and rules are determined by the IRS.



HOW IT WORKS

- Your Benefits Card is a stored value card - similar to a gift card. Transactions will only be allowed up to the balance that you have available in your account.
- Your Benefits Card is designed to work at eligible merchant locations that accept MasterCard. A location is eligible based on the plan in which you are enrolled.
- Be prepared with an alternate form of payment in the event your card is denied. Should a card denial occur, you can request reimbursement of the expense.
- Remember to obtain a detailed receipt for all transactions. Your receipt should show what was purchased, when, where, and the dollar amount. Keep these for your personal records as this type of documentation may be required if you are personally audited by the IRS or if Igoe is required to collect this information to validate expense eligibility. If Igoe is required to obtain this type of documentation, we will send you a request via email as well as posting an alert on your online portal

There are special rules if your plan has the grace period feature. View the Grace Period Overview for details on how your card works during the grace period.

800-633-8818 option 1 | flex@goigoe.com | www.goigoe.com

DEPENDENT CARE REIMBURSEMENT ACCOUNT

Calendar year: 01/01/26-12/31/26

IGOE ADMINISTRATIVE SERVICES

DEPENDENT CARE REIMBURSEMENT ACCOUNT OVERVIEW

The Dependent Care Reimbursement Account (DCRA) allows you to accumulate pre-tax funds to reimburse yourself for childcare or day care expenses for a dependent while you work.

Dependent care expenses that occur in order to maintain employment are eligible for reimbursement using the tax free money placed into your DCRA. If you are married, your spouse must be employed, a full-time student or disabled in order to receive these tax free savings.

For expenses to qualify, they must be related to the custodial care of your dependent and incurred in order for you to work. Schooling/tuition or the expenses for sending your child to an overnight camp are not reimbursable through the account. Additionally, payments made to one of your tax dependents, including your spouse or dependent child under the age of 19, are not reimbursable.

Who qualifies as a dependent?

- Your federal tax dependent who is under the age of 13 (i.e. age 12 and under)
- Your federal tax dependent (including your spouse) who is physically or mentally incapable of caring for him/herself

Reimbursement from your DCRA is easy! Download a reimbursement request form from www.goigoe.com and complete all sections. When complete, attach your back up documentation and send your request to Igoe for review. Once approved, reimbursement will be issued up to the available cash balance in your DCRA. Reimbursements are released on specific dates scheduled by your employer. Please review your Plan Highlights for more specific information on reimbursement release dates.

It is important to plan your expenses carefully. If you are not able to use all of the money you set aside, it cannot be returned to you at the end of the plan year. How do you avoid that? It's simple! Set your election by only putting aside enough money to cover expected day care expenses. To help you decide how much money to set aside, you can use the DCRA Worksheet available online at www.goigoe.com. Keep in mind that the maximum contribution allowed by the IRS in any calendar tax year is $7,500 ($3,750 if married and filing separately).

IMPORTANT NOTE:

Paying for dependent care expenses with pretax dollars through a DCRA can provide substantial tax savings! As there may also be a child care tax credit available to you on your tax return, you may wish to compare the two benefits with your tax advisor to determine which form of savings is the best option for you.



Examples of Reimbursable Expenses:

- After/before-school care or extended day programs
- Au Pair expenses (for custodial care)
- Babysitters
- Elder care expenses (for qualified dependent)
- Preschool
- Nursery school
- Sick-child center
- Summer day camp (excludes sports camps)

Questions? Please contact us at:
Igoe Administrative Services
Participant Services (800) 633-8818 Opt #1
Email: flex@goigoe.com

LIFESTYLE SPENDING ACCOUNTS (LSA)

Calendar year: 01/01/26-12/31/26

Dependent Care LSA:

Singleton Schreiber will offer up to $3,500 per month towards qualified Dependent Care expenses. Once you've maxed out your Dependent Care FSA, any additional employer sponsored reimbursements up to the $3,500/month will be available to you through the LSA as a taxable benefit.

Tuition Reimbursement LSA:

After 1 full year of continuous employment, Singleton Schreiber will notify you that you are eligible for the Tuition Reimbursement LSA. The company will offer up to $5,250 per calendar year toward your professional development and tuition reimbursement (not student loan reimbursement) for the employee only. This contribution will be a tax-free benefit to you. More details will be provided upon the anniversary of your employment.

INFERTILITY REIMBURSEMENT HRA

- **<u>Eligibility Requirements:</u>**
  - Must work an average of full-time hours (30+ hours per week).
  - Waiting Period: The first of the month following 1 year of employment
- **Benefit Reimbursement Amount: Up to $5,000 in medical expenses incurred for the following services:**
  - Services for diagnosis of cause of infertility
  - Artificial insemination
  - Services for gamete intrafallopian transfer (GIFT).
  - In vitro fertilization (IVF)
  - Zygote intrafallopian transfer (ZIFT)
  - Ovum Transplants
  - Procurement and storage of semen and eggs
  - **List is subject to change based on evolving medical technology and resources in this field.*
- **Steps for Applying for this reimbursement benefit:**
  - Submit Inquiry on specific treatment needs to benefits@singletonschreiber.com to confirm it falls within the coverage guidelines
  - Upon treatment, provide proof of invoice and payment for covered treatment for reimbursement to HR
  - Expect reimbursement from Singleton Schreiber within 30 days of receipt of proof.

Directory & Resources

Benefit Contacts

Anthem
HMO: 1-833-913-2236 || PPO: 1-800-888-8288
https://www.anthem.com/
Kaiser Permanente
1-800-464-4000
https://healthy.kaiserpermanente.org/
UHA Health Insurance
1-808-532-4000
https://www.uhahealth.com/
Principal
1-800-225-5695
https://www.principal.com/
Principal Employee Assistance Program (EAP)
1-800-450-1327
https://Member.MagellanHealthcare.com

MetLife Voluntary Benefits	
1-800-438-6388	
http://www.mybenefits.metlife.com	
MetLife Legal	**MetLife Pet Insurance**
1-800-821-6400	1-800-438-6388
https://www.members.legalplans.com	https://www.metlife.com/getpetquote

Flexible Spending Account (FSA)
1-800-633-8818 Option 1
flex@goigoe.com
https://goigoe.com

Human Resources Contacts

Benefits Contact Throughout the Year
benefits@singletonschreiber.com
Hillary Steinfeldt
619-376-1520
hr@singletonschreiber.com

Broker Contacts

Eric Olson
Director of Client Service
760-203-4293
eric@ssainsuranceservices.com
Book time in my calendar by visiting: https://shorturl.at/ur0hM