

2026



EMPLOYEE BENEFITS GUIDE



SECUR-SERV

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Important Contacts

COVERAGE	CONTACT	POLICY #	PHONE	WEBSITE
Medical	UMR	76416613	800-826-9781	www.umar.com
Medical	Surest	78800830	866-683-6440	britehr.app/SecurServ-2025
Prescription Drugs	OptumRx	Group #: 01964463 BIN: 610127 PCN: 01960000	877-559-2955 (Mail Order) 855-427-4682 (Specialty Rx)	optumrx.com (Mail Order) specialty.optumrx.com
Telemedicine	Teladoc		800-835-2362	teladoc.com
Wellness Program	HealthCheck360	SSERV	866-511-0360	www.HealthCheck360.com
Health Savings Account	Optum Bank	76416613	866-234-8913	Your UMR member portal and it will single sign you on to Optum Bank, or access through Optumbank.com
Dental	Delta Dental	100173	800-448-3815	www.deltadental.com
Vision	VSP	30097681	800-877-7195	www.vsp.com
Flexible Spending Accounts	UMR	76416613	800-826-9781	www.umar.com
Accident Critical Illness Hospital Indemnity	Unum	955008 955009 920247	866-679-3054	www.unum.com
Employee Assistance Program	Health Advocate	Secur-Serv	800-854-1446	unum.com/lifebalance
401(k) Retirement Savings Plan	Principal	7-32409	800-986-3343	https://principal.com
Basic Life and AD&D	Unum	919614	800-421-0344	www.unum.com/employees
Voluntary Life & AD&D	Unum	919615	800-421-0344	www.unum.com/employees
Disability	Unum	919614 NY DBL/PFL: 919617	800-421-0344	www.unum.com/employees
Pet Insurance	MetLife/Nationwide	5392888	800-GET-MET8	www.metlife.com/getpetquote
ID Shield & LegalShield		204473	800-654-7757	benefits.legalshield.com/securserv
Medicare Education	Transitions Benefits Group (TBG)	Secur-Serv	800-936-1405	www.transitionsrbg.com
COBRA	UMR	76416613	800-207-1824	www.umar.com
2026 Dashboard	Alliant	N/A	N/A	https://eb.alliant.com/compliance-notices https://eb.alliant.com/benefitflyers
Secur-Serv Benefits	Benefits	N/A	N/A	Email: benefits@secur-serv.com

Welcome to Your Benefits



WELCOME TO YOUR BENEFITS!

We are pleased to provide you with a wide range of competitive benefits that are a vital part of your total compensation. You have the flexibility to select from a full range of benefits to keep you and your family healthy, provide financial protection in the event of unforeseen circumstances and help you build long-term security for retirement. This brochure was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this brochure to make sure you understand the benefits that are available to you and your family and be sure to act before the enrollment deadline.

Eligibility and Enrollment



Qualifying Life Event

It is your responsibility to email benefits@secur-serv.com within 30 days if you experience a qualifying event to make changes to our coverage.

Examples include but aren't limited to:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in eligibility or employment status
- Loss of other health coverage

You may be required to provide supporting documentation, such as marriage certificate or birth certificate to verify eligibility.

Employee Eligibility

If you work at least 30 hours per week, you are eligible for benefits.

If you are a new hire, benefits begin on the first day of the month following 30 days of employment. Part-time and seasonal employees are not eligible until they average 30 or more hours in a defined 12-month period.

Dependent Eligibility

- Your legal spouse or qualified domestic partner, must not be eligible for coverage under their employer's health plan.
- Children younger than 26, regardless of dependency or student or marital status
- Children 26 or older who are fully dependent on you for support due to a mental or physical disability and are indicated as such on your federal tax return

Open Enrollment

Open enrollment is your annual opportunity to:

- Review and make changes to your benefits
- Add or drop covered dependents
- Purchase voluntary benefits coverage

After open enrollment ends, you will have to wait until next year's open enrollment to make any changes, unless you have a qualifying life event.

How to Enroll

Website: www.workforcenow.adp.com

- From the Home Page, the Open Enrollment event will automatically pop up on the screen.
- To navigate to that page, go to "Myself>benefits>enrollment" and click on the open enrollment box.



SECUR-SERV

We value your and your family's health and wellbeing. That's why we offer comprehensive medical coverage to provide all the benefits and resources you need to support your health throughout the year.



Your Medical Options

You have a choice of the following plan options:

- HSA \$5,000
- HSA \$3,000
- Surest \$0

To learn more about the Health Savings Account, see page 9.

HSA stands for Health Savings Account. The HSA is designed to work with specific health plans, which give you more control over how your health care dollars are spent. While HSA plans enforce a relatively larger deductible than traditional health plans, they generally have lower payroll deductions. These medical plans encourage members to closely analyze their health care decisions and the type of care utilized.

Selecting a Plan That's Right For You

Choosing the right medical plan takes careful consideration. Before making your decision, be sure to look closely at these factors:

Choice: If you prefer to seek services both in and out of the network, choose a plan that offers higher levels of coverage and gives you the flexibility to select your provider.

Coverage: Determine if the plan covers the services and medical treatments you value most.

Cost: Consider the amount of your payroll deduction, as well as other plan expenses such as deductibles, copayments, or coinsurance.

UMR

Phone: 800-826-9781

Website: www.umar.com

Surest

Phone: 866-683-6440

Website: benefits.surest.com



transitionsrbg.com



How We Assist

At Transitions Benefit Group, we understand that hard work deserves peace of mind. **Our team of dedicated insurance advisors is committed to helping you** based on your retirement goals and insurance preferences. **Together, we can** assist you with the following:



Medicare Coordination

We understand the complexities involved in coordinating various aspects of Medicare, and we are here to provide expert assistance throughout the process.



Individual and Family Insurance

Our experienced team of advisors is dedicated to providing comprehensive guidance and personalized attention to meet your specific needs.



Social Security Planning

Determining the optimal time to draw Social Security benefits is a common and important question. We specialize in helping clients navigate this decision by providing unique and tailored guidance.



Caregiver Support

Whether you are caring for an aging parent, a spouse or any family member in need of assistance, we are here to provide you with the resources and direction to navigate this important role.



Dental and Vision Options

We prioritize your dental and visual health, and are dedicated to meeting your specific needs through personalized attention.



Educational Support

We provide resources to help you make informed decisions. These include webinars, frequently asked questions, on-demand educational materials, etc.



COBRA Alternatives

We provide options for those seeking health care coverage after a qualifying event, including viable alternatives to Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage.



Choosing the Right Carrier

Knowledge is key to understanding what questions to ask. Our team is here with answers so that you can make suitable carrier decisions.

Together, we can create a well-informed plan for your future. Speak with a licensed insurance agent today: **800.936.1405.**

Learn about us and how we can serve you!

SCAN NOW



Medical: UMR HSA \$5,000

The Consumer Driven Health Plan with the corresponding Health Savings Account (HSA) gives you more control over your health care dollars. Since you are responsible for 100% of all covered services until you meet the annual deductible, your HSA will help cover your out-of-pocket costs. Once you meet your deductible, you and the medical plan share the cost of covered services until you reach the annual out-of-pocket maximum, at which time the plan will pay 100% of covered services for the rest of the plan year. Using in-network physicians will give you the highest level of benefits under the plan.

For those who elect this plan, a Hospital Indemnity plan is added to help cover the increased out-of-pocket maximums. The plan is company paid and pays \$2,500 when a covered member is hospitalized

HDHP HSA \$5,000		
	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible		
Embedded Deductible / Embedded OOPM		
Individual/Family	\$5,000/\$10,000	\$10,000/\$20,000
Calendar Year Out-of-pocket Maximum (Includes Deductible)		
Individual/Family	\$7,500/\$15,000	\$20,000/\$40,000
Coinsurance / Copays		
Preventive Care	Covered in full	50% after deductible
Primary Care Physician	20% after deductible	50% after deductible
Specialist	20% after deductible	50% after deductible
Urgent Care	20% after deductible	50% after deductible
Emergency Room	20% after deductible	20% after deductible
Online Visits		
Telehealth	20% after deductible	50% after deductible
Teladoc: General Medicine/Dermatology (Behavioral Health and Primary 360 Medical are not covered)	\$20 copay/\$40 copay	Must use Teladoc, same as In-Network
Retail Rx (up to 30-day supply)		
Generic	20% after deductible	Not covered
Brand Preferred	20% after deductible	Not covered
Brand Non-Preferred	20% after deductible	Not covered
Specialty Drugs	20% after deductible	Not Covered
Mail Order Rx (up to 90-day supply)		
Generic	20% after deductible	Not covered
Brand Preferred	20% after deductible	Not covered
Brand Non-Preferred	Not covered	Not covered

HSA Medical \$5,000	Per Pay Period Employee Costs	
	Wellness	Non-Wellness
Employee Only	\$24.31	\$43.54
Employee + Spouse/Domestic Partner	\$93.14	\$131.60
Employee + Child(ren)	\$74.99	\$94.22
Employee + Family	\$125.94	\$164.40

Discounted rates shown for Employee + Spouse/Domestic Partner and Employee + Family are based on both the employee and spouse having achieved the wellness requirement. If one, but not the other, achieve the wellness requirement, the wellness discount will equal 50% of the discounted rate shown above.

Health Savings Account (HSA)

When you enroll in one of the HSA plans and meet the eligibility requirements, you will be automatically enrolled in a Health Savings Account (HSA) so that Secur-Serv can add the employer contributions to your UMR / Optum account. These contributions can be used to pay for eligible health care expenses (see below). If you do not wish for Secur-Serv to create a Health Savings Account for you, please email Benefits@secur-serv.com.

- A monthly maintenance fee of \$2.75 will be deducted from your HSA on the last business day of the month. Optum will waive the fee once your HSA has an average monthly balance over \$3,000.

2026 IRS HSA Limits		HSA Medical Plan	Tier	Annual Seed	January 1 st Pay Period		Subsequent Pay Periods	Maximum Employee Contribution Per Year
Single	\$4,400	HSA \$5,000	Single Dep Tier	\$500	50% Funded	\$250	\$10	\$3,900
Dependent Tiers	\$8,750			\$1,000		\$500		
55+	+\$1,000							+\$1,000

WHAT ARE THE BENEFITS OF AN HSA?

- **Ownership:** HSA funds roll over from year to year. You own the account and can take it with you if you leave the company or retire.
- **Reduced Costs:** The tax-free HSA funds you use can help you meet your plan's annual deductible. You can also use your HSA funds to pay for the eligible health care expenses of your spouse and eligible dependents.
- **Investment Options:** Once your HSA hits a minimum balance, you can invest the money in a variety of mutual funds to grow tax-free interest that can be used for future health care costs.

WHO IS ELIGIBLE FOR THE HSA?

You are eligible to open an HSA if you meet the requirements defined by the IRS below:

- You are covered under a High Deductible Health Plan and have no other health coverage (unless it is an HSA).
- You or your covered spouse do not participate in a Health Care Flexible Spending Account.
- You are not enrolled in Medicare or Tricare.
- You are not claimed as a dependent on someone else's tax return.

Optum Bank
 Phone: 866-234-8913
 Website: Access your UMR member portal (www.umar.com) and it will single sign you onto Optum Bank, or you can access through www.optumbank.com

HOW DO I USE MY HSA?
 Using your HSA is easy. Simply use your HSA debit card to pay for eligible health care expenses up to the amount available in your account.
 Eligible expenses* include medical, dental and vision deductibles, coinsurance and copays and prescription drugs costs.

*If you use your funds for ineligible expenses, you will be subject to penalties and taxes. After age 65, you can use the funds for any purpose penalty-free.

Navigating Your HSA: 3 Easy Steps

1

YOU PAY 100%

You pay the full cost of medical care until you reach the annual deductible.

Preventive care is covered at 100% at in-network providers!

2

YOU PAY COINSURANCE

Once the deductible is met, you and the plan share the cost of services until you reach the out-of-pocket maximum.

Use your HSA dollars to cover your deductible and coinsurance.

3

YOU PAY 0%

If you meet the out-of-pocket maximum, the plan pays 100% of your eligible, in-network expenses for the remainder of the year.

DOES SECUR-SERV CONTRIBUTE TO MY HSA, TOO?

Yes! At the beginning of each plan year, Secur-Serv deposits 50% of the amounts listed in the table below in your HSA account. **Keep in mind that the combined amount of the company contributions and your contributions cannot exceed the IRS limit.**

Annual Secur-Serv HSA Contribution for 2026

HSA Plan	HSA \$5,000
EE	\$500
Family	\$1,000

Employees enrolling on January 1st

Secur-Serv will contribute 50% of the amounts listed in the corresponding table on the first pay date of 2026. The remainder of contributions will be prorated for the remainder of the year.

Employees enrolling after January 1st

You will receive a pro-rated contribution based on the remaining number of pay periods in 2026.

HSA EXAMPLE

Maria enrolls herself in the HSA. She chooses to use her HSA to pay for covered services as she works to meet her annual deductible of \$5,000.

Year 1

HSA Contribution:

Maria contributes \$3,350. \$3,850
 Plus the company deposits \$500

Eligible Expenses:

Maria spends \$1,650 of her HSA on eligible health care expenses. \$1,650

Leftover Funds:

Maria has an account balance of to carry over to next year! \$2,200

Year 2

HSA Contribution:

Maria contributes \$3,350*. \$6,050
 Plus the company deposits \$500]*
 Plus last year's rollover of \$2,200

Eligible Expenses:

Maria spends \$1,250 of her HSA on eligible health care expenses. \$1,250

Leftover Funds:

Maria's account balance has grown \$4,800
 And she can carry this over to the following year.

*The maximum combined contribution limit in 2026 for an individual is \$4,400 per year.

Medical: UMR HSA \$3,000

The Consumer Driven Health Plan with the corresponding Health Savings Account (HSA) gives you more control over your health care dollars. Since you are responsible for 100% of all covered services until you meet the annual deductible, your HSA will help cover your out-of-pocket costs. Once you meet your deductible, you and the medical plan share the cost of covered services until you reach the annual out-of-pocket maximum, at which time the plan will pay 100% of covered services for the rest of the plan year. Using in-network physicians will give you the highest level of benefits under the plan.

	HDHP HSA \$3,000	
	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible	Embedded Deductible / Embedded OOPM	
Individual/Family	\$3,000/\$6,000	\$8,000/\$16,000
Calendar Year Out-of-pocket Maximum (Includes Deductible)		
Individual/Family	\$5,000/\$10,000	\$16,000/\$32,000
Coinsurance / Copays		
Preventive Care	Covered in full	50% after deductible
Primary Care Physician	20% after deductible	50% after deductible
Specialist	20% after deductible	50% after deductible
Urgent Care	20% after deductible	50% after deductible
Emergency Room	20% after deductible	20% after deductible
Online Visits		
Telehealth	20% after deductible	50% after deductible
Teladoc: General Medicine/Dermatology (Behavioral Health and Primary 360 Medical are not covered)	\$20 copay/\$40 copay	Must use Teladoc, same as In-Network
Retail Rx (up to 30-day supply)		
Generic	\$15 copay after deductible	Not covered
Brand Preferred	\$40 copay after deductible	Not covered
Brand Non-Preferred	\$80 copay after deductible	Not covered
Specialty Drugs	10% up to a \$200 copay max after deductible	Not Covered
Mail Order Rx (up to 90-day supply)		
Generic	\$37.50 copay after deductible	Not covered
Brand Preferred	\$100 copay after deductible	Not covered
Brand Non-Preferred	\$200 copay after deductible	Not covered
HSA Medical \$3,000	Per Pay Period Employee Costs	
	Wellness	Non-Wellness
Employee Only	\$59.27	\$78.50
Employee + Spouse/Domestic Partner	\$224.39	\$262.85
Employee + Child(ren)	\$149.15	\$168.38
Employee + Family	\$260.60	\$299.06

Discounted rates shown for Employee + Spouse/Domestic Partner and Employee + Family are based on both the employee and spouse having achieved the wellness requirement. If one, but not the other, achieve the wellness requirement, the wellness discount will equal 50% of the discounted rate shown above.

Find a UMR / UHC Provider

Finding a network provider on umr.com has never been easier

1 Go to **umr.com** and select "Find a provider"



2 Search for **UnitedHealthcare Choice Plus Network** using our alphabet navigation or type **UnitedHealthcare Choice Plus** into the search box. **Select Plus** for California.



Find a provider on-the-go using our umr.com mobile site

3 For medical providers, choose **View Providers**. For behavioral health providers (including counseling and substance abuse), select **Behavioral health directory**.

REMEMBER:

Get the most from your benefit plan – use participating network health care providers whenever possible.



Medical: Surest \$0

Surest members have access to a full range of services and procedures with a national network of quality providers that are priced based upon their overall efficiency and effectiveness to enable consumerism, waste reduction and cost savings. And Surest members pay one copay to one provider without any surprises. When an employee elects Surest, you do not have a deductible. Instead, your copay for each service is transparent; you search providers and services to find the copay cost up front, with no surprises at the visit.

SUREST \$0	
IN-NETWORK ONLY	
Calendar Year Deductible	Embedded Deductible/Embedded OOPM
Individual/Family	\$0 / \$0
Calendar Year Out-of-pocket Maximum (Includes Deductible)	
Individual/Family	\$5,000/\$10,000
Coinsurance / Copays	
Preventive Care	Covered in full
Primary Care Physician	\$20 to \$105 copay
Specialist	\$20 to \$105 copay
Urgent Care	\$60 copay
Emergency Room (Applies to out-of-network also)	\$600
Online Visits	
Virtual Health Primary Care Physician/Specialist/Mental Health & Substance Abuse	\$20 to \$105 copay
Retail Rx (up to 30-day supply)	
Generic	\$10 copay
Brand Preferred	\$60 copay
Brand Non-Preferred	\$90 copay
Specialty Drugs	\$270 copay
Mail Order Rx (up to 90-day supply)	
Generic	\$25 copay
Brand Preferred	\$150 copay
Brand Non-Preferred	\$225 copay

Surest \$0	Per Pay Period Employee Costs							
	<\$40,000		<40,000-\$54,999		<\$55,000-\$69,999		>\$70,000	
Salary Range	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness
Employee Only	\$86.85	\$106.08	\$98.78	\$118.01	\$115.19	\$134.42	\$125.62	\$144.85
Employee + Spouse/Domestic Partner	\$250.49	\$288.95	\$263.16	\$301.62	\$308.63	\$347.09	\$365.86	\$404.32
Employee + Child(ren)	\$184.51	\$203.75	\$215.09	\$234.32	\$271.00	\$290.23	\$309.77	\$329.00
Employee + Family	\$323.55	\$362.01	\$348.15	\$386.61	\$371.27	\$406.31	\$406.31	\$444.77

Information at your fingertips.

Use the Surest app to search for care, and so much more. You can also:

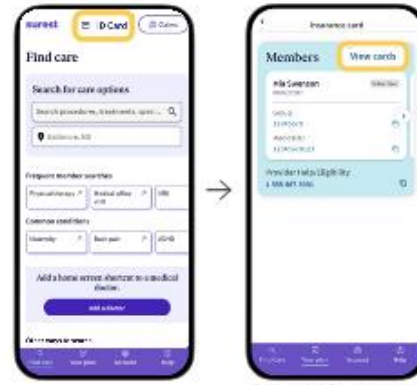
1

Conveniently access your digital ID card.

From the “Find care” screen, click on “ID card” and “View cards” to pull up your member ID card.

If your provider isn’t familiar with Surest:

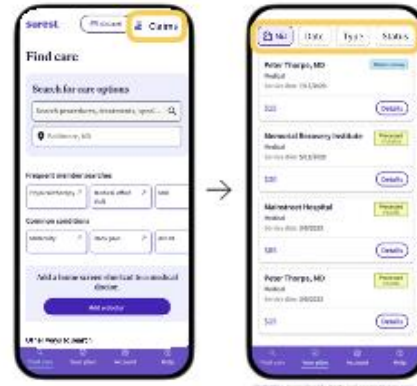
Within the insurance card screen, scroll down to “Having trouble using Surest with your provider?” and “Learn more” to pull up some helpful tips.



2

View claims.

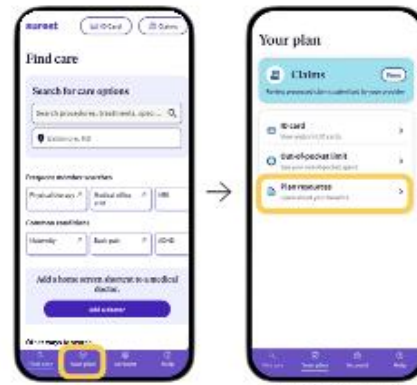
From the “Find care” screen, click on “Claims.” Filter by date, type (medical or pharmacy), or status to see medical claims that are processed or under review.



3

Find forms and resources.

From the “Find care” screen, click on “Your plan” and then “Plan resources.”



Questions?

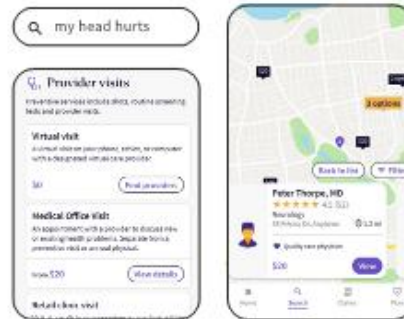
You don’t have to leave the app to get answers! Member Services is available directly from the app via chat and email or by calling the number on the back of your Surest member ID card.

Search: So much more than “Is my doctor in-network?”

Download the **Surest app** or visit **Benefits.Surest.com** to search for care and supplies — and see the price before you get them.

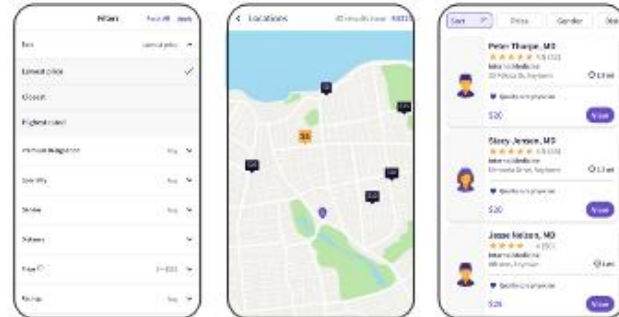
1 Search

- From the search bar, type in your condition, or symptoms like “my head hurts”.
- Results will show care options for you to consider.
- Select a doctor or location to see the copy.
- You can also search by provider name to see prices and if they're in-network.



2 Compare

Turn on filters like specialty, gender, and distance to find care that suits you. Patient-submitted provider star ratings and reviews may also help you compare options.



3 Decide

By evaluating providers, locations, and costs in advance, you can make more informed decisions about care that fits your lifestyle and budget.

- View a map of provider listings to see upfront prices and nearby locations.
- Select the provider you want and see scheduling info.



Illustrative examples only. Cost and coverage may vary.



Questions about how to search?

Watch this video or contact Surest Member Services via chat, email, or phone at **866-683-6440, Monday – Friday from 6 am – 9 pm CT.**

Included with the medical plans are prescription drug benefits. When you select medical plan coverage, the pharmacy benefit will be administered by OptumRx. Under the UMR medical plans, the prescription drug benefit (including mail order benefits) is administered by OptumRx and has over 67,000 OptumRx network pharmacies. For additional information about the plan, mail order service, or to see if your pharmacy is an OptumRx network pharmacy, call OptumRx member services at 877-559-2955 or access www.optumrx.com.

Members can obtain a 90-day supply at any OptumRx network pharmacy. Prescription must be written for a 90-day supply - some restrictions apply.

OptumRx
Home Delivery Phone: 877-559-2955
optumrx.com
Specialty Rx: 855-427-4682 TTY71
specialty.optumrx.com
BIN: 610127
PCN: 01960000
RX Group: 01964463








Choose the right health care setting

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. The chart below can help you select the right setting for your needs:



A UnitedHealthcare Company

TYPE OF CARE	WAIT TIME	COST**
 <p>TeladocSM - 800-835-2362 or Teladoc.com</p> <p>You may request a consultation from a board-certified doctor any time of day, seven days a week, by phone or online. Teladoc physicians can diagnose routine ailments, recommend treatments and prescribe medications.</p> <p>When to go*</p> <ul style="list-style-type: none"> • Cold or flu • Bronchitis • Respiratory infection • Sinus problems • Allergies • Urinary tract infection • Pediatric care • Poison ivy or pink eye 	<p>17 minutes Approximate wait time for doctor to respond</p>	<p>PPO Plan \$15 Copay per consultation HDHP \$15 Copay (after deductible) per consultation</p>
 <p>Retail clinic/convenient care clinic</p> <p>Retail clinics, sometimes called convenient care clinics, are located in retail stores, supermarkets and pharmacies.</p> <p>When to go*</p> <ul style="list-style-type: none"> • Colds or flu • Sinus infections • Allergies • Vaccinations or screenings • Minor sprains, burns or rashes • Headaches or sore throats 	<p>15 minutes or less, on average</p>	<p>\$50-\$100 Approximate cost per service</p>
 <p>Urgent care/walk-in clinic</p> <p>Urgent care centers, sometimes called walk-in clinics, are often open in the evenings and on weekends.</p> <p>When to go*</p> <ul style="list-style-type: none"> • Sprains and strains • Mild asthma attacks • Sore throats • Minor broken bones or cuts • Minor infections or rashes • Earaches 	<p>20-30 minutes Approximate wait time</p>	<p>\$150 - \$200 Average cost</p>
 <p>Clinical care (your doctor's office)</p> <p>Seeing your doctor is important. Your doctor knows your medical history and any ongoing health conditions.</p> <p>When to go*</p> <ul style="list-style-type: none"> • Preventive services and vaccinations • Medical problems or symptoms that are not an immediate, serious threat to your health or life 	<p>1 week or more Approximate wait time for an appointment</p>	<p>\$100-\$150 Average cost</p>
 <p>Emergency room (ER)</p> <p>Visit the ER only if you are badly hurt. If you are not seriously ill or hurt, you could wait hours and your health plan may not cover non-emergency ER visits.</p> <p>When to go*</p> <ul style="list-style-type: none"> • Sudden change in vision • Sudden weakness or trouble talking • Large, open wounds • Difficulty breathing • Severe head injury • Heavy bleeding • Spinal injuries • Chest pain • Major burns • Major broken bones 	<p>3 to 12 hours Approximate wait time for non-critical cases</p>	<p>\$1,200-\$1,500 Average cost</p>



TELEMEDICINE

Telemedicine, through Teladoc, is provided as part of your Medical plan. Telemedicine, is a cost-effective and convenient alternative when you are ill and unable to see your primary care provider. With Telemedicine you can bring the doctor to you — including nights, weekends and holidays. Applicable copay or deductible applies.

REMOTE HEALTH CARE CAN TREAT MANY COMMON HEALTH ISSUES

Through virtual care, doctors can diagnose many health issues like cold and flu symptoms, allergies, rash, skin problems and so much more! If medically necessary, a prescription will be sent to the pharmacy of your choice.

- Abdominal Pain/Cramps
- Animal/Insect Bites
- Backache
- Cold and Flu Symptoms
- Eye Infection/Irritation
- Laryngitis
- Respiratory Infection
- Sore Throat
- Strep Throat
- Allergies
- Asthma
- Blood Pressure Issues
- Dizziness
- Headaches/Migraines
- Poison Ivy/Oak
- Sinusitis
- Sprains and Strains
- Bronchitis

Teladoc
Phone: 800-835-2362
Website: teladoc.com

Wellness and Disease Management

WELLNESS AT YOUR FINGERTIPS

Secur-Serv is expanding your benefits package to include a wellness program. You'll get an email from us soon with instructions on how to join the program, but here's a look at what you gain from participating in HealthCheck360.

HealthCheck360 provides personalized tools, motivation, and support to improve your health. After your biometric screening, you'll receive a confidential report of your health status. From there, you'll have access to health coaches who can help set personal goals. You'll also see wellness challenges, recipes, webinars, and more to make staying healthy fun and easy.

Wellness Rewards: Earn incentives by fully participating by October 31, 2026.

WELLNESS INCENTIVES AT SECUR-SERV

Earn points from November 1, 2025, through October 31, 2026, to qualify for rewards and discounts.

HOW MUCH DOES THIS PLAN COST?

LEVEL	POINTS	REWARD
Level 1: Boot Up	300	Chance to win a \$25 gift card
Level 2: System Check	600	Chance to win a \$50 gift card
Level 3: Optimizing Performance	900	Chance to win a \$100 gift card
Level 4: Fully Operational	1,200	Premium Discount in 2027

Create Your Account:

- Download the myHC360+ mobile app
- Click Register and enter your information
 - Company Code: SSERV
 - Unique ID: Last 4 digits of your File ID (top left of your paystub)
- Agree to the terms and conditions and click Create Account

New Hires: Employees starting after August 2, 2026 automatically receive the premium discount for 2027. To continue with incentives for 2028, you must complete program requirements.

Scan the QR code below to create your HealthCheck360 account:



Flexible Spending Accounts (FSAs)

FSA

Keep more of your paycheck! FSAs allow you to set aside pre-tax dollars to pay for health care and dependent care expenses.

HEALTH CARE FSA

Contribute up to \$3,400 per year to pay for copays, prescription expenses, lab exams and tests, contact lenses and eyeglasses.

LIMITED PURPOSE FSA

Those enrolled in the HDHP can contribute up to \$3,400 per year to pay for eligible vision and dental expenses.

DEPENDENT CARE FSA

Contribute up to \$5,000 per year (\$2,500 if married and filing separate tax returns) to cover child or elderly dependent day care expenses that are necessary for you or your spouse to work or attend school full-time. **You cannot use your health care FSA to pay for dependent care expenses.**

COMMUTER BENEFITS

Commuter Benefits allow you to set aside pre-tax dollars to pay for expenses related to commuting to and from work. Monthly Contribution Limit:

- Parking: \$340*
- Vanpool or Transit pass: \$340*

Eligible Expenses: Transit passes, tokens, fare card, vouchers, parking passes and other mass transit, vanpooling, and work-related parking costs

NOTE: A maximum of \$660 may be carried over from the prior plan year.

*Projected 2026 IRS limit.

IMPORTANT!

Per the IRS there is a “use it or lose it” rule. If you do not spend all the money in your FSA by March 31 of the following year for expenses incurred from January 1 – December 31, unused dollars will be forfeited.

UMR

Phone: 800-826-9781

Website: www.umar.com

FSA Participation

- You must elect the amount you want to contribute each year you enroll.
- Your contributions will be deducted from your paychecks in equal installments.
- You cannot change your contribution amount during the year unless you have a qualifying event.
- Claims must be incurred by the end of the “Grace Period” which ends on March 15th, 2026. Eligible claims must be submitted by March 31st, 2026. If you leave the company, you have 90 days to submit your expenses that were incurred prior to the date you lost eligibility.

DENTAL

Your dental options promote and encourage preventive dental care and provide benefits for services that are essential to good oral health.

DPPO PLANS

- Choose any dentist at the time you need care.
- Plan benefits are highest when you use an in-network dentist.
- If you use an out-of-network provider, the plan pays only “reasonable and customary” (R&C) charges. You will be responsible for the difference

Delta Dental of MN
 Phone: 800-448-3815
 Website: www.deltadental.com
 Policy #100173

Calendar Year Plan Maximum	DPPO HIGH PLAN		DPPO PLAN 2	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Per Individual	\$1,500 per individual (Basic and Major Services combined)		\$750 per individual (Basic and Major Services combined)	
	You Pay			
Calendar Year Deductible				
Individual / Family	\$50 / \$150		\$50 / \$150	
Preventive Care				
Exams, Cleanings, X-rays	0%	0%	0%	0%
Basic Services				
Fillings, Sealants, Extractions, Emergency Exams	20%	20%	30%	30%
Major Procedures				
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs	50%	50%	Not covered	Not covered
Orthodontia				
Adults & Children	50% up to a lifetime maximum benefit of \$1,500 per individual; deductible waived		Not covered	

Dental DPPO Plans	Per Pay Period Employee Costs DPPO High Plan	Per Pay Period Employee Costs DPPO Low Plan
Employee Only	\$9.54	\$7.61
Employee + Spouse/Domestic Partner	\$21.32	\$17.14
Employee + Child(ren)	\$18.69	\$14.75
Employee + Family	\$33.15	\$26.62



Easy, anytime access to your dental benefits

No paper needed, all your dental policy information is at your fingertips.

Delta Dental of Minnesota secure member portal



DeltaDentalMN.org/myaccount

Improved functionality and updated tools to manage your benefits.

At Delta Dental of Minnesota, we're focused on providing effective digital resources for our members that align with our sustainability initiatives. Enhancements to the member portal provide more tools for members to self serve.

Features:



Coverage details



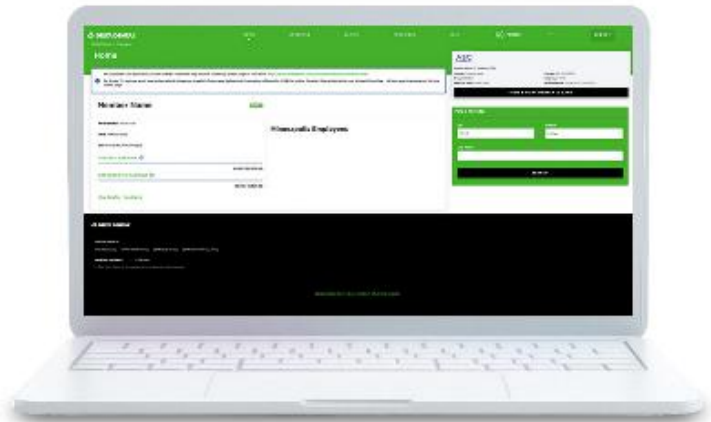
Claims status and history



Digital Explanation of Benefits (EOBs)



Digital ID card



Delta Dental mobile app



Manage your oral health anytime, anywhere.

We've designed our mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are.



Features:



Find a dentist



Cost estimator



Claims status and history



Digital ID card

Logging on has never been easier

The Delta Dental Mobile App and Delta Dental Member Portal uses single sign on, meaning only one username and password for both!

Once you have registered your account on the Delta Dental Member Portal, members can sign in to the Delta Dental App using the same username and password. If you haven't registered for an account yet, you can do that within the app. If you've forgotten your username or password, you can also retrieve these via the Delta Dental Mobile App or member portal.



Vision Service Plan (VSP)
 Phone: 800-877-7195
 Website: www.vsp.com
 Policy #30097681

VISION

Vision care is essential to your overall health. Getting regular eye exams helps your doctor detect a variety of medical conditions before they become big problems.

SAVE YOUR VSP VIRTUAL ID TO YOUR DIGITAL WALLET!

VSP Vision Care members can now add their virtual member ID card to their Apple or Google Wallets. This new feature is available when logging into vsp.com accounts on mobile, desktop, and tablet browsers, and on the VSP mobile app. Log into your VSP account today to save your ID card to your digital wallet!

	VISION PLAN	
	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
	You Pay	Reimbursement
Exam	\$20 copay	\$10 copay then 100% (reimbursed up to \$45)
Materials	\$10 copay	\$20 copay then 100% (see schedule below)
Single Vision	\$10 copay	Up to \$30
Bifocals	\$10 copay	Up to \$50
Trifocals	\$10 copay	Up to \$65
Frames	Up to \$130 allowance with additional 20% savings on remaining balance	Up to \$70
Contacts in lieu of Frames/Lenses	\$130 allowance	Up to \$105
Benefit Frequency		
Exams	Once every 12 months	Once every 12 months
Lenses	Once every 12 months	Once every 12 months
Frames	Once every 12 months	Once every 12 months
Contacts	Once every 12 months	Once every 12 months

VISION PLAN	PER PAY EMPLOYEE COSTS
Employee Only	\$2.80
Employee + Spouse	\$5.59
Employee + Child(ren)	\$5.98
Employee + Family	\$9.56

2026 Employee Premiums

MEDICAL

Discounted rates shown for Employee + Spouse/Domestic Partner and Employee + Family are based on both the employee and spouse having achieved the wellness requirement. If one, but not the other, achieve the wellness requirement, the wellness discount will equal 50% of the discounted rate shown above.

HSA Medical \$5,000	Per Pay Period Employee Costs	
	Wellness	Non-Wellness
Employee Only	\$24.31	\$43.54
Employee + Spouse/Domestic Partner	\$93.14	\$131.60
Employee + Child(ren)	\$74.99	\$94.22
Employee + Family	\$125.94	\$164.40

HSA Medical \$3,000	Per Pay Period Employee Costs	
	Wellness	Non-Wellness
Employee Only	\$59.27	\$78.50
Employee + Spouse/Domestic Partner	\$224.39	\$262.85
Employee + Child(ren)	\$149.15	\$168.38
Employee + Family	\$260.60	\$299.06

Surest \$0 Salary Range	Per Pay Period Employee Costs							
	<\$40,000		<40,000-\$54,999		<\$55,000-\$69,999		>\$70,000	
	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness
Employee Only	\$86.85	\$106.08	\$98.78	\$118.01	\$115.19	\$134.42	\$125.62	\$144.85
Employee + Spouse/Domestic Partner	\$250.49	\$288.95	\$263.16	\$301.62	\$308.63	\$347.09	\$365.86	\$404.32
Employee + Child(ren)	\$184.51	\$203.75	\$215.09	\$234.32	\$271.00	\$290.23	\$309.77	\$329.00
Employee + Family	\$323.55	\$362.01	\$348.15	\$386.61	\$371.27	\$406.31	\$406.31	\$444.77

DENTAL

Dental DPPO Plans	Per Pay Period Employee Costs DPPO High Plan	Per Pay Period Employee Costs DPPO Low Plan
Employee Only	\$9.54	\$7.61
Employee + Spouse/Domestic Partner	\$21.32	\$17.14
Employee + Child(ren)	\$18.69	\$14.75
Employee + Family	\$33.15	\$26.62

VISION

VISION PLAN	PER PAY EMPLOYEE COSTS
Employee Only	\$2.80
Employee + Spouse	\$5.59
Employee + Child(ren)	\$5.98
Employee + Family	\$9.56

Voluntary Plans

ACCIDENT INSURANCE

The Accident Plan pays you a lump sum benefit depending on the covered accident you experience. Examples of covered accidents include fractures, dislocations, lacerations, burns, and some hospital care. Other advantages of accident insurance include the following:

- You receive cash benefits for expenses that may not be covered under your medical insurance, and you use the money as you see fit.
- There's no health questions to answer and no waiting period.
- You can insure your spouse and children.
- There is no limit to the amount of accidents you can claim under the policy (with exception to policy rules).

BENEFIT TYPE	BENEFIT AMOUNT
AD&D	\$50,000 Employee, \$25,000 Spouse, \$12,500 Child
Ambulance	\$300 ground, \$1,000 air
Burn	Schedule up to \$10,000
Coma	\$10,000
Concussion	\$200
Diagnostic Testing (Major)	\$200
Dislocation	Schedule up to \$3,375
Emergency Room Treatment	\$100
Follow-up Treatment	\$75 per visit, up to 2 visits
Fracture	Schedule up to \$4,500
Hospital Admission	\$1,000, limited to one day per insured per covered accident
Hospital Confinement	\$300 per day, up to 365 days per year
Laceration	Schedule up to \$600
Physical Therapy	\$20 per visit, up to 15 visits
Surgery	Schedule up to \$4,500
Urgent Care	\$75
X-ray	\$50

ACCIDENT INSURANCE	PER PAY PERIOD COSTS
Employee Only	\$3.37
Employee + Spouse	\$5.81
Employee + Child(ren)	\$7.96
Employee + Family	\$10.40

Unum
 Phone: 866-679-3054
 Website: www.unum.com
 Policy #:
 Accident: 955008
 Critical Illness: 955009
 Hospital Indemnity: 920247

Voluntary Plans

CRITICAL ILLNESS INSURANCE

If you are diagnosed with a critical illness, you will need extra financial support to help offset the treatment costs and cover your day-to-day expenses. The critical illness insurance plan pays a lump sum benefit if you are diagnosed with a covered illness, and you can use the benefit as you see fit. You receive cash benefits for expenses that may not be covered under your medical insurance, and you use the money as you see fit.

- You may elect coverage for yourself, your spouse, and/or children.
- A set amount of money is paid directly to you to be used however you choose based on the amount you elect:
 - **Employee:** Choose \$15,000 or \$30,000 (Guaranteed Issue: \$15,000 or \$30,000 if you apply during initial enrollment)
 - **Spouse:** Choose 50% of employee election (Guaranteed Issue: 50% of employee election if you apply during initial enrollment)
 - **Child (up to age 26):** Automatically enrolled at 50% of employee election

BENEFIT TYPE	BENEFIT AMOUNT
ALS	25%
Cancer (Invasive)	100%
Cancer (Non-Invasive)	25%
Cancer (Skin)	\$500
Coma	100%
Coronary Artery Disease w/Bypass	50%
Covered Childhood Illnesses	100%
Dementia, Including Alzheimer's	25%
End Stage Renal Failure	100%
Heart Attack	100%
Major Organ Failure	100%
Multiple Sclerosis	25%
Parkinson's Disease	25%
Stroke	100%

HOSPITAL INDEMNITY PLAN

While medical insurance typically pays most of the cost for hospital care, deductibles, copays, and non-covered medical services may be expensive.

- The hospital indemnity plan pays the following benefits:
 - Hospital admission: \$1,000, once per year
 - Daily hospital confinement benefit: \$100 per day, up to 365 days per year
 - Intensive care unit confinement benefits: \$100 per day, up to 15 days. \$500, once per year for ICU admission.
 - This policy contains a pre-existing condition limitation of 12 months. For more information, please review the benefit summary.
- Benefits are paid regardless of what is covered by medical insurance, and payments would be made directly to you to spend as you see fit.

NOTE: To learn more, please see the schedule of benefits for a full list of covered services and coverage costs. See ADP for rates.

Employee Assistance Program (EAP)



Help, when you need it most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.



Employee Assistance Program (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Job stress, work conflicts
- Relationship issues, divorce
- Family and parenting problems
- Anger, grief and loss
- And more



Work/Life Balance

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child care
- Legal questions**
- Elder care
- Even reducing your medical/dental bills!
- Financial services, debt management, credit report issues
- And more
- Identity theft

Not available in all states

* The counselors must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority.

**State mandated restrictions for legal services in WA apply.

Unum's Employee Assistance Program and Work/Life Balance services, provided

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EN-2058-2 FOR EMPLOYEES (10-22)

Who is covered?

Unum's EAP services are available to all eligible partners and employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver™ — helps you save on medical bills

Help is easy to access:

Phone support: 1-800-854-1446

Online support: unum.com/lifebalance

In-person: You can get up to three visits, available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Insurance products are underwritten by the subsidiaries of Unum Group.

Better benefits at work.™

unum.com

Retirement Plan

Saving for your future is a vital part of your financial planning. It's never too early – or too late – to get started on building a bright future.

ELIGIBILITY

All regular employees are eligible to participate in the 401(k) Retirement plan as of first of month following 30 days of service. Eligible employees are automatically enrolled at a pre-tax contribution rate of 3%. Once eligible, a participant can add or change contribution amounts at any time. Just log into Principal at <https://Principal.com>. Casual employees are eligible once they have worked 500 hours in 2 consecutive calendar years.

INVESTING IN THE PLAN

You have access to a variety of investment options to choose from. Investments can be changed at any time. To learn more about your investment options, use the plan provider's website or speak with a financial planner.

When you participate in the plan, you can take advantage of:

- **Convenient payroll deductions:** Your contributions are deducted from your paychecks automatically and invested in your account. It's an easy and convenient way to invest for your future.
- **Potential tax advantages:** Depending on the type of contributions you select, you can benefit from certain potential tax advantages.
- **Matching contributions:** Secur-Serv matches a portion of your contributions.

Your Contributions

You may contribute up to 75% of your eligible salary on a pre-tax basis and/or Roth after-tax basis, up to the annual IRS limit (for 2024, \$23,000) as soon as you are eligible*. The money you contribute to your account always belongs to you (adjusted for any earnings or losses).

- Your contributions are made through convenient payroll deductions.
- You may enroll, change, or stop your contributions at any time by logging onto the Principal website at <https://principal.com>.

*If you are age 50 or older, you are eligible to contribute an additional catch-up contribution up to the IRS limits (\$7,500) to accelerate your progress toward your retirement goals.

Secur-Serv's Contributions

Secur-Serv adds to your savings by matching your contributions dollar for dollar on the first 3% of pay you contribute and 50% of the next 2% of pay you contribute.

SAVING FOR YOUR FUTURE

The 401(k) Retirement Plan makes it easy for you to save money on a tax-deferred basis. When you enroll, your 401(k) account will be established in your name, funded by:

- Your contributions (pre-tax and/or Roth)
- Employer matching contributions
- Investment earnings on all contributions

VESTING

You will always be 100% vested in any amount you defer. Secur-Serv's contributions and their earnings are 100% vested immediately upon participation.

BENEFICIARY DESIGNATION

The 401(k) Retirement Plan requires you to name at least one beneficiary. Make sure you keep your beneficiary information updated on the Principal website.

Principal
Phone: 800-986-3343
Text: ENROLL to 78259
Website: <https://Principal.com>



Secur-Serv 401 (k) Plan
Contract: 7-32409



Helping you manage your retirement goals

With 24/7 account access

Planning for retirement doesn't have to be complicated. Set up your account to stay on track with your retirement savings goals. And since your life is busy enough, we've made getting to your information simple and convenient. Use these resources to access your account when and how you want.

FIRST TIME USERS

- Go to <https://principal.com/Welcome> and click 'Get Started' or use the App.
- Fill out the online form with your personal information & click the box to agree to do business electronically.
- Click 'Continue'
- Create a unique username, set a secure password, and add your email address.
- Set your three security questions, and you will receive a confirmation email.
- The first time you login, you will be asked to setup Multi-Factor Authentication

ACCOUNT ACCESS

- Go to <https://principal.com> and click 'Log In'
- Enter your username and password (click Forgot Username or Forgot Password if you need to reset)
- Click 'Log In'



Questions?

Do you have login Questions or need help enrolling?
Call Principal at 800-986-3343
or text ENROLL to 78259.

Life and AD&D Insurance



BASIC LIFE AND AD&D

As an important part of your financial planning, Secur-Serv provides you with basic Life & AD&D insurance to protect you and your family in the event of an accident or death at no cost to you.

EMPLOYEE

For both Basic Life and AD&D you are covered in an amount equal to 2X times your annual earnings up to a maximum of \$550,000.

BENEFICIARY DESIGNATION

Benefits are paid to the beneficiary you designate. Please enter and keep your beneficiary information updated in ADP.

VOLUNTARY LIFE AND AD&D

Voluntary Life and AD&D insurance for you and your dependents can help protect your family during difficult times.

GUARANTEED ISSUE AND EVIDENCE OF INSURABILITY

Employees and spouses who elect voluntary life and AD&D coverage when they are first eligible can elect up to the guaranteed issue (GI) amount without evidence of insurability (EOI). If the amount requested is more than GI, you will need to provide EOI before the amount over GI becomes effective.

VOLUNTARY LIFE AND AD&D INSURANCE: FOR YOU AND YOUR DEPENDENTS		
COVERAGE LEVEL	COVERAGE AMOUNT	GUARANTEED ISSUE AMOUNT
Employee Only	Increments of \$10,000 up to 5 times to your salary to a maximum of \$1,000,000.	\$200,000
Spouse	Increments of \$5,000 up to \$500,000 – not to exceed 50% of Employee coverage.	\$25,000
Child(ren)	Birth to 6 months - \$1,000 then increments of \$2,000 up to \$10,000	\$10,000

THINGS TO KEEP IN MIND

Life and AD&D insurance provides many benefits, but there are a few points to keep in mind:

- **Imputed Income:** The value of your company-provided life insurance premiums over \$50,000 is considered taxable. Contact your tax professional for more information.
- **Age Reduction:** Benefit amounts may be reduced based on your age.
- **Portability:** If you leave the company, you can convert your policy to an individual policy and continue your coverage.
- **Guarantee Issue:** Applies to newly eligible or for those that are already on the plan and making an increase during an annual enrollment event up to that GI limit. Those coming onto the plan as late entrants as well as those electing any amount of coverage over the GI would require Evidence of Insurability. Employees should be automatically notified if EOI is required. GI amounts are listed in the section above.

Note: To learn more, please see the schedule of benefits for a full list of covered services and coverage costs.

Voluntary Life and AD&D Insurance

If you elect voluntary coverage, your bi-weekly premium rate is calculated based on your age and the amount of coverage that you elect. Use the tables below to estimate the premium amount that will be deducted from your paycheck.

VOLUNTARY LIFE - BI-WEEKLY RATE PER \$1,000 OF COVERAGE		
AGE	EMPLOYEE	SPOUSE
<25	\$0.028	\$0.028
25-29	\$0.028	\$0.028
30-34	\$0.028	\$0.028
35-39	\$0.037	\$0.037
40-44	\$0.055	\$0.055
45-49	\$0.092	\$0.092
50-54	\$0.157	\$0.157
55-59	\$0.245	\$0.245
60-64	\$0.300	\$0.300
65+	\$0.522	\$0.522
Child(ren)	\$0.152	

CALCULATE YOUR LIFE INSURANCE COST	
1. Desired Coverage (\$1,000 Increments)	
You:	Spouse:
2. Divide Step 1 by 1,000 =	
You:	Spouse:
3. Multiply Step 2 by Rate from Table =	
You:	Spouse:
4. Multiply Step 3 by 12 and divide by 26 =	
You:	Spouse:
5. Add You + Spouse from Step 4:	
TOTAL COST PER PAYCHECK:	

VOLUNTARY AD&D - BI-WEEKLY RATE PER \$1,000 OF COVERAGE	
Employee	\$0.009
Spouse	\$0.009
Child(ren)	\$0.042



SECUR-SERV



Disability Insurance

An unexpected injury or illness can create a financial burden.

Disability insurance can keep you financially stable should you experience a qualifying disability and become unable to work. It can help provide a sense of security, knowing that if the unexpected should happen, you'll still receive a monthly income. A qualifying disability is a sickness or injury that causes you to be unable to perform any other work. Disability coverage is furnished by Secur-Serv.

SHORT TERM DISABILITY

Short Term Disability (STD) insurance provides a portion of your weekly income for a non-work-related short-term injury or illness. You automatically receive STD coverage at no cost to you.

SHORT-TERM DISABILITY BENEFITS AT A GLANCE

Coverage	66% of your weekly earnings to a \$2,500 maximum for 24 weeks.
When Benefits Begin	Benefit begins after 14 days of disability.
Election Required	No

If you have a health condition that requires that you be off work and therefore may qualify for Short Term Disability, please contact the People Department at HR@secur-serv.com to learn how to apply for a leave of absence and STD.

Note: Short Term Disability benefits are fully insured in 2025, meaning you will apply and be paid for benefits under the plan directly with Unum.

QUALIFYING DISABILITY

Qualifying disability: A sickness or injury that causes you to be unable to perform any other work for which you are or could be qualified by education, training or experience

Unum
Phone: 866-679-3054
Website: www.unum.com
Policy #919616 STD, 919614 LTD

LONG TERM DISABILITY

When your STD benefits end and you are still injured or ill and unable to work, LTD insurance takes over. You will receive a portion of your monthly income for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever comes first. You automatically receive LTD coverage at no cost to you.

LONG-TERM DISABILITY BENEFITS AT A GLANCE

Coverage	60% of your monthly earnings, up to a maximum benefit of \$15,000 per month until you recover or reach your Social Security normal retirement age, whichever is sooner.
When Benefits Begin	Benefit begins after 180 days of disability.
Election Required	No

Note: Disability benefits are reduced by other income you receive, such as Social Security, state disability benefits, pension benefits, and Workers' Compensation.

If you have a health condition that requires that you be off work and therefore may qualify for Short Term Disability, please contact the People Department at HR@secur-serv.com to learn how to apply for a leave of absence and STD. Premiums paid by the company for your benefit will be taxed as imputed income so that post-tax benefits can be provided.

Additional Benefits

Pet Insurance

www.metlife.com/getpetquote

Let's not forget about our furry friends! MetLife helps offset the cost of caring for your pet with more than 6,400 covered medical treatments. MetLife Pet covers everything from preventive care to accidents and illness, as well as the costs of X-rays, office visits, medications, surgeries and hospital stays. You can go to any licensed U.S. vet for services. The cost of coverage depends on your pet's age, species, and the coverage level that you select.



Identity Theft Insurance

benefits.legalshield.com/securserv

Identity Theft Insurance provides credit monitoring and fully managed identity restoration services should you or an immediate family member become a victim of identity theft. This will help you remain productive at home and at work while your identity is restored to pre-theft status. Identity Theft Insurance and the Legal Assistance Program are offered through the same provider.

The per pay period rates are \$3.21/Individual and \$5.98/Family. Combined IDShield and LegalShield rate is \$11.28/Individual and \$13.64/Family.

Legal Assistance Program

benefits.legalshield.com/securserv

Legal Insurance gives you access to a network of attorneys for a variety of legal needs, including estate planning, financial matters, real estate matters, defense of civil lawsuits, family law, traffic offenses, document preparation and review, immigration assistance, juvenile matters and consumer protection. Most services provided by a network attorney are covered in full, while services provided by non-network attorneys are payable up to specified plan maximums. Identity Theft Insurance and the Legal Assistance Program are offered through the same provider.

The per pay period cost is \$8.54/family. Combined IDShield and LegalShield rate is \$11.28/Individual and \$13.64/Family.



Important Terms to Know

As you review the information in this benefits guide; you might come across a word that is unfamiliar. Take a look at these terms to better understand your benefits.

Beneficiary: A person you designate to receive your financial benefits (i.e. life insurance, 401(k), HSA) in the event of your death.

Calendar Year Maximum: Total amount paid each year by your insurance company for each family member enrolled in the plan.

Claim: A request for payment that you or your health care provider submits to your health insurer after receiving a service or item.

Coinsurance: The percentage 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.

Copay: The flat fee you pay toward the cost of covered medical services.

Deductible: The amount you are responsible for paying for covered health care services before the plan pays benefits. Under some plans, the deductible is waived for certain services.

Elimination Period: A period of continuous disability which must be satisfied before you are eligible to receive benefits.

Evidence of Insurability (EOI): The process in which you provide required health documentation in order to receive certain levels of coverage.

Formulary: A list of preferred drugs chosen by a panel of doctors and pharmacists. Both brand and generic medications are included on the formulary.

Guaranteed Issue: The amount of coverage pre-approved by the insurance carrier regardless of health status.

Network: A designated list of health care providers (doctors, dentists, etc.) with whom the health insurance provider has negotiated special rates. These contracted fees are usually lower than the provider's normal fees for services.

Out-of-Pocket Maximum: The highest amount paid for covered services during a benefit period. Both the deductible and the coinsurance apply towards meeting the out-of-pocket maximum, but copayments may not apply.

Pre-Existing Condition: A health problem you had before the date that new health coverage starts.

Preauthorization: A decision by your health plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Preauthorization may be required for certain services before you receive them.

Premium: The amount you pay for a health plan in exchange for coverage.

Preventive Care: Routine health care that includes screenings, checkups, and patient counseling to prevent illnesses, disease, or other health problems.

Reasonable and Customary: The amount of money a health plan determines is the normal or acceptable range of charges for a specific health-related service or procedure.

Vesting: The point at which benefits become owned by the employee.



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