



# EMPLOYEE **BENEFITS** GUIDE

# 2025



# WELCOME

An important part of your compensation package are the employee benefits made available to all eligible employees. This guide will give you an overview of all of your available insurance benefit choices. Our H.R./ Benefits Team has worked hard to provide you with a broad choice of insurance benefits to protect you and your family in time of need. Please take the time to review the important information in this guide so you can make informed choices when selecting your benefits.

Please note, it is your decision whether to participate in any of the benefits offered. It is mandatory to review the benefit offerings and review your benefit choices. You can then enroll or decline any or all of the offerings.

To make the enrollment process as easy as possible, we have two ways for you to enroll:

## By Phone

Call the Enrollment Call Center at 833-282-7726. The enrollment call center is open for you to enroll or ask any benefit related questions from 9am-6pm, Monday - Friday.

## Online

Visit [calendly.com/d/crh6-f73-4dh/2025-attain-employee-benefits-open-enrollment](https://calendly.com/d/crh6-f73-4dh/2025-attain-employee-benefits-open-enrollment) to view more information about your employee benefits and get instructions on how to complete your enrollment.

Again, welcome aboard! Wishing you much success!

This Guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits.

While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

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## ELIGIBILITY

All full-time employees working a minimum of 30 hours per week are eligible for company benefits. You can elect medical, dental, and vision coverage for your spouse and dependent/adult children up to 26 years old. Your employer reserves the right to request proof of marriage and birth certificates in order to add dependents.

## WHEN COVERAGE BEGINS AND ENDS

Your benefits become effective the 1st of the month following 60 days from date of hire provided you've elected your benefits with an enrollment specialist during the enrollment period. Any applicable waiting periods or additional exceptions are covered under each benefit description.

Your coverage under the benefits plans will end the day of your last day of work and/or the last day of the month, the day you no longer meet the plan's eligibility requirements, your contributions are discontinued, or the Group Insurance Policy is terminated.

## QUALIFYING EVENTS

Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a Qualifying Event. Employees have 30 days from a Qualifying Life Event to make changes.

These may include, but not limited to: Changes in employment status, legal marital status or number of dependents, taking an unpaid leave of absence, Dependent satisfies or ceases to satisfy eligibility requirement, a COBRA-qualifying event, Entitlement to Medicare or Medicaid, or a change in the place of residence of the employee, resulting in the current carrier not being available.

## THINGS TO CONSIDER

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

Ask yourself the following questions

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

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

# KEY TERMS TO REMEMBER



## COINSURANCE

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

## DEDUCTIBLE

The amount you pay for covered health care services before your insurance plan starts to pay. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest.

## COPAYMENT

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

## OPEN ACCESS PLUS (OAP)

Open Access Plus (OAP) plans make it easy to get quality, in-network care with access to a large, national network of providers. Plus, you have the option to choose a primary care provider to coordinate your care and you don't need specialist referrals.

## HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

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

## IN-NETWORK

Health care received from your primary care physician or from a specialist within an outlined list of health care practitioners.

## OUT-OF-NETWORK

Health care you receive without a physician referral, or services received by a non-network service provider. Out-of-network health care and play payments are SUBJECT to deductibles and copayments.

## OUT-OF-POCKET MAXIMUM (OOPM)

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

## USUAL, CUSTOMARY AND REASONABLE (UCR) ALLOWANCE

The fee paid for services that is: (1) a similar amount to the fee charged from a health care provider to the majority of patients for the same procedure, (2) the customary fee paid to providers with similar training and expertise in a similar geographic area, and (3) reasonable in light of any unusual clinical circumstances.

Plan Design In-Network	BRONZE HDHP CIGNA	SILVER PLAN CIGNA	GOLD PLAN CIGNA	RBP PLAN OPEN ACCESS
<b>Deductible</b> Individual / Family	\$2,500 / \$5,000	\$2,500 / \$5,000	\$1,000 / \$2,000	\$2,500 / \$5,000
<b>Coinsurance</b>	0%	25%	20%	20%
<b>Max Out-of-Pocket</b> Individual / Family	\$5,000 / \$10,000	\$6,000 / \$12,000	\$5,000 / \$10,000	\$6,000 / \$10,000
<b>Doctor's Office Visit</b>				
<b>Primary Care Visit to Treat Injury or Illness</b>	\$35 copay/visit	\$35 copay/visit	\$35 copay/visit	\$35 copay/visit
<b>Specialist visit</b>	\$65 copay/visit	\$65 copay/visit	\$65 copay/visit	\$65 copay/visit
<b>Preventive Care/Screening/Immunization</b>	No Charge	No Charge	No Charge	No Charge
<b>Imaging and Testing</b>				
<b>Diagnostic Testing</b> x-ray, blood work	0% Coinsurance	\$25 copay/office based 25% Coinsurance	\$25 copay/office based 20% Coinsurance	\$25 copay/office based 20% Coinsurance
<b>Imaging</b> CT/PET scans, MRIs	\$250 copay/visit	25% Coinsurance	20% Coinsurance	20% Coinsurance
<b>Outpatient Surgery</b>				
<b>Facility Fee</b>	\$200 copay	25% Coinsurance	20% Coinsurance	20% Coinsurance
<b>Physician/Surgeon Fees</b>	0% Coinsurance	25% Coinsurance	20% Coinsurance	20% Coinsurance
<b>Immediate Medical Attention</b>				
<b>Emergency Room Care</b>	\$450 copay/visit	\$450 copay/visit	\$450 copay/visit	\$450 copay/visit
<b>Emergency Medical Transportation</b>	0% Coinsurance	25% Coinsurance	20% Coinsurance	20% Coinsurance
<b>Urgent Care</b>	\$85 copay/visit	\$80 copay/visit	\$80 copay/visit	\$80 copay/visit
<b>Prescription Copay (retail/mail order)</b>				
<b>Generic Drugs</b>	\$10 / \$20	\$15 / \$30	\$15 / \$30	\$15 / \$30
<b>Preferred Brand</b>	\$45 / \$90	\$45 / \$90	\$45 / \$90	\$45 / \$90
<b>Non-Preferred Brand</b>	\$75 / \$140	\$75 / \$150	\$75 / \$150	\$75 / \$150
<b>Specialty Drugs</b>	Not Covered	Not Covered	Not Covered	Not Covered

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Plan Design Continued	<b>BRONZE HDHP</b> CIGNA	<b>SILVER PLAN</b> CIGNA	<b>GOLD PLAN</b> CIGNA	<b>RBP PLAN</b> OPEN ACCESS
<b>Hospital Stay</b>				
<b>Facility Fee</b> e.g., hospital room	\$200 copay/ up to 5 days per stay	25% Coinsurance	20% Coinsurance	20% Coinsurance
<b>Physician/Surgeon Fees</b>	0% Coinsurance	25% Coinsurance	20% Coinsurance	20% Coinsurance
<b>Pregnancy</b>				
<b>Office Visits</b>	No Charge	\$35 Copay/visit	\$35 Copay/visit	\$35 Copay/visit
<b>Childbirth/Delivery Professional Services</b>	0% Coinsurance	25% Coinsurance	20% Coinsurance	20% Coinsurance
<b>Childbirth/Delivery Facility Services</b>	\$200 copay/ up to 5 days per stay	25% Coinsurance	20% Coinsurance	20% Coinsurance
<b>Mental Health Care</b>				
<b>Outpatient Services</b>	\$65 Copay/Visit	\$65 Copay/Visit	\$65 Copay/Visit	\$65 Copay/Visit
<b>Inpatient Services</b>	\$200 copay/ up to 5 days per stay	25% Coinsurance	20% Coinsurance	20% Coinsurance
<b>Recovery Assistance</b>				
<b>Home Health Care</b>	No Charge After Deductible	25% Coinsurance	20% Coinsurance	20% Coinsurance
<b>Rehabilitation Services</b>	0% Coinsurance	\$65 copay/visit	\$65 copay/visit	\$65 Copay/visit
<b>Habilitation Services</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Skilled Nursing Care</b>	\$200 copay/ up to 5 days per stay	25% Coinsurance	20% Coinsurance	20% Coinsurance
<b>Durable Medical Equipment</b>	50% Coinsurance	25% Coinsurance	20% Coinsurance	20% Coinsurance
<b>Hospice Services</b>	\$200 copay/ up to 5 days per stay	25% Coinsurance	20% Coinsurance	20% Coinsurance
<b>Out of Network</b>				
<b>Deductible</b> Individual / Family	No out-of-network coverage	No out-of-network coverage	\$10,000 / \$20,000	-
<b>Co-Insurance</b>			50%	
<b>Max Out-of-Pocket</b> Individual / Family			\$20,000 / \$40,000	

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

# MEDICAL BENEFITS Continued



Plan Design In-Network	EPO OA 7150	KAISER PLAN (CA ONLY)
<b>Deductible Individual / Family</b>	\$7,150 / \$14,300	\$2,500 / \$5,000
<b>Coinsurance</b>	0%	30%
<b>Max Out-of-Pocket Individual / Family</b>	\$7,600 / \$15,200	\$5,000 / \$10,000
<b>Doctor's Office Visit</b>		
<b>Primary Care Visit to Treat Injury or Illness</b>	\$25 copay/visit	\$40 copay/visit
<b>Specialist visit</b>	0% Coinsurance	\$50 copay/visit
<b>Preventive Care/Screening/Immunization</b>	No Charge	No Charge
<b>Imaging and Testing</b>		
<b>Diagnostic Testing</b> x-ray, blood work	No Charge for Lab 0% Coinsurance	\$15 per encounter
<b>Imaging</b> CT/PET scans, MRIs	0% Coinsurance	30% Coinsurance up to \$150 / procedure
<b>Outpatient Surgery</b>		
<b>Facility Fee</b>	0% Coinsurance	30% Coinsurance
<b>Physician/Surgeon Fees</b>	0% Coinsurance	30% Coinsurance
<b>Immediate Medical Attention</b>		
<b>Emergency Room Care</b>	0% Coinsurance	30% Coinsurance
<b>Emergency Medical Transportation</b>	0% Coinsurance	\$150 per trip
<b>Urgent Care</b>	0% Coinsurance	\$75 copay/visit
<b>Prescription Copay (retail/mail order)</b>		
<b>Generic Drugs</b>	\$10 / \$20	\$10 / \$20
<b>Preferred Brand</b>	\$45 / \$90	\$30 / \$60
<b>Non-Preferred Brand</b>	\$75 / \$140	\$30 / \$60
<b>Specialty Drugs</b>	Not Covered	30% coinsurance up to \$250 / prescription
<b>Hospital Stay</b>		
<b>Facility Fee</b> e.g., hospital room	0% Coinsurance	30% Coinsurance
<b>Physician/Surgeon Fees</b>	0% Coinsurance	30% Coinsurance

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.



	EPO OA 7150	KAISER PLAN (CA ONLY)
<b>Pregnancy</b>		
Office Visits	No Charge	No Charge
Childbirth/Delivery Professional Services	0% Coinsurance	30% Coinsurance
Childbirth/Delivery Facility Services	0% Coinsurance	30% Coinsurance
<b>Mental Health Care</b>		
Outpatient Services	0% Coinsurance	\$40 copay/ Individual Visit 30% Coinsurance for other services
Inpatient Services	0% Coinsurance	30% Coinsurance
<b>Recovery Assistance</b>		
Home Health Care	0% Coinsurance	No Charge
Rehabilitation Services	0% Coinsurance	Inpatient: 30% Coinsurance; Outpatient: \$40 copay/visit
Habilitation Services	Not Covered	\$40 copay/visit
Skilled Nursing Care	0% Coinsurance	30% Coinsurance
Durable Medical Equipment	50% Coinsurance	20% Coinsurance
Hospice Services	0% Coinsurance	No Charge
<b>Recovery Assistance</b>		
Deductible Individual / Family		
Co-Insurance	No out-of-network coverage	N / A
Max Out-of-Pocket Individual / Family		

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

To enroll or get assistance enrolling **call, scan** or **visit** the website below to schedule with a Panda Benefits Specialist today! **833-282-7726**

[Click here to schedule.](#)



# DENTAL Benefits



Dental PPO Plans Dental Guard Preferred Network		BASE PLAN		BUY UP PLAN	
		In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Plan Details</b>					
<b>Deductible</b>	Period Family Limit Waived for	<b>\$50</b> Calendar Year 3 per Family Preventive		<b>\$25</b> Calendar Year 3 per Family Preventive	
<b>Annual Maximum Benefit</b>		\$1,000	Maximums for In-Network and Out-of-Network are inclusive	\$2,000	Maximums for In-Network and Out-of-Network are inclusive
<b>Preventive - Coinsurance</b>		<b>100%</b>		<b>100%</b>	
		Oral Exams (one per 6 months) Cleanings (one per 6 months) X-Rays - Full Mouth Series (one per 5 years) Fluoride Treatment (to age 14, one per 6 months) Sealants ( to age 16, one per 3 years) Space Maintainers / Harmful Habit Appliances			
<b>Basic - Coinsurance</b>		<b>80%</b>		<b>80%</b>	
		Fillings Perio Maintenance Procedure ( one per 6 months) Periodontal Services (eg., scaling, root planing) Periodontal Surgery Simple and Complex Extractions Endodontic Services (eg., root canal) General Anesthesia			
<b>Major - Coinsurance</b>		<b>50%</b>		<b>50%</b>	
		Bridges & Dentures Implants Single Crowns Repair & Maintenance of Crowns, Bridges & Dentures Inlays, Onlays & Veneers			
<b>Orthodontia - Coinsurance</b>		<b>Not Covered</b>		<b>50% for children</b> (Orthodontia in progress - covered)	
<b>Orthodontia Lifetime Max</b>		\$2,000			
<b>Plan Highlights</b>		<ul style="list-style-type: none"> <li>• 5 Year Replacement Age for prosthetic devices (crowns, bridges &amp; dentures).</li> <li>• One of the largest selection of Network Dentists.</li> <li>• International Dental Travel Assistance Program administered through AXA Assistance USA, Inc. Coverage will be considered Out-of-Network.</li> </ul>			

To find and In-Network Dentist, visit [GuardianAnytime.com](http://GuardianAnytime.com)

Vision Plan Details		DAVIS VISION DESIGNER PLAN	
		In-Network	Out-of-Network Benefit
<b>Benefits</b>			
<b>Eye Exam</b> Once per every 12 months		\$10 copay	Up to \$50
<b>Retinal Imaging</b>		Up to \$39	N / A
<b>Frames</b> 1 Every Other Calendar Year		\$200 retail max + 15% off balance	\$48 max
<b>Costco, Walmart, Sam's Club Frames</b>		\$200 retail max	Not Covered
<b>Visions Upgrade Options Included</b>		-	
<b>Lens Benefit</b> Per Calendar Year			
<b>Single Vision</b>		\$25 copay	Up to \$48
<b>Bifocal</b>			Up to \$67
<b>Trifocal</b>			Up to \$86
<b>Lenticular</b>			Up to \$126
<b>Coatings</b>	Scratch Resistant Ultraviolet Anti-Reflective		\$0 \$12 Up to \$85
<b>Custom Progressive Lenses</b>			\$50
<b>Standard Progressive Lenses</b>			\$90
<b>Premium Progressive Lenses</b>			\$140
<b>Ultra Progressive Lenses</b>			\$175
<b>Contact Lenses</b> Per Calendar Year (in lieu of eyeglass lenses and/or frames)			
<b>Medically Necessary</b>		Covered (copay waived)	\$210 max (copay waived)
<b>Elective Materials</b>		\$200 max + 15% off balance (copay waived)	\$105 max (copay waived)
<b>Elective Fitting &amp; Evaluation</b>		Included in the Davis Vision Contact Lens Collection when contacts are purchased.	Not Included

To find an In-Network Provider, visit [GuardianAnytime.com](http://GuardianAnytime.com)

## Health Savings Accounts (HSA)

- An HSA is a personal savings account that allows you to set aside **pre-tax dollars** for current and future healthcare expenses for you and your dependants.
- You are eligible to open an HSA if you are enrolled in an HSA-eligible high-deductible health plan.
- HSAs are funded by payroll deduction, online banking transfer or a direct contribution.
- For the 2025 plan year, you can contribute up to \$4,300 if you are enrolled employee only on your medical, or up to \$8,550 if you also enrolled one or more family members in your medical.
- Only available with the Bronze HDHP Medical Plan.

For a list of eligible expenses visit:  
<https://hsastore.com/hsa-eligibility-list>

## Dependent Care FSA (DCA)

A dependent care FSA (DCA) is a flexible spending account that allows you to set aside **pre-tax dollars** for dependent care expenses that allow you to work or look for work. This includes daycares, babysitters and before/after school care.

Choose an annual election amount, up to \$5,000/family. This amount will be deducted from your pay checks in equal instalments throughout the year.

### Eligible Expenses Include:

- Before/after school care for children 12 and younger
- Custodial care for adult dependents
- Licensed day care centers
- Nursery Schools or preschools
- Late Pick-up fees
- Summer or Holiday day camps

Full list of eligible expenses can be found at [flexfacts.com](https://flexfacts.com).

## Medical Flexible Spending Accounts

- A Flexible spending Account (FSA) allows you to set aside up to \$3,300 per year tax free for healthcare expenses.
- Funds are available immediately, but any **unused funds are forfeited end of the year** or if your employment ends.
- Your election can only be changed during the plan year if you experience a qualifying event.
- Save your receipts. You may need itemized invoices to verify card swipes or for claim reimbursements.
- Reminder: You can't contribute to an FSA and HSA within the same plan year.

For a list of eligible expenses visit:  
[fsastore.com/FlexfactsEL](https://fsastore.com/FlexfactsEL)

## Transit Account

A transit account allows you to set aside pre-tax dollars for mass transit expenses associated with your daily commute to work. Up to a monthly election amount, up to \$325/month.

- Funds will be made available in your transit account, as deductions are taken each payroll.
- You can change or cancel your election amount at any time.
- Save your receipts. You may need itemized invoices to verify card swipes.

**Any unused funds that remain in your account at the end of the year will be carried over into the next plan year.**

**Questions? Contact us at [info@flexfacts.com](mailto:info@flexfacts.com) or 877-943-2287**

**Anytime your ComPsych<sup>®</sup> GuidanceResources<sup>®</sup> program EAPessential offers someone to talk to and resources to consult whenever and wherever you need them.**

## What happens when I call for counselling support?

When you call, you will speak with a GuidanceConsultant<sup>SM</sup>, a master's- or PhD-level counselor who will collect some general information about you and will talk with you about your needs. The GuidanceConsultant will provide the name of a counselor who can assist you. You will receive counseling through the EAP up to 3 telephonic or in-person sessions per issue, per person, per calendar year. You can then set up an appointment to speak with the counselor.

## What counseling services does the EAP provide?

The EAP provides free short-term counseling with counselors in your area who can help you with your emotional concerns. If the counselor determines that your issues can be resolved with short-term counseling, you will receive counseling through the EAP. However, if it is determined that the problem cannot be resolved in short-term counseling in the EAP and you will need longer-term treatment, you will be referred to a specialist early on and your insurance coverage will be activated.

### Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship / marital conflicts

### Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees.

### Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care

### Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

### Financial Resources

GuidanceResources<sup>®</sup> Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

## Contact EAPessential Anytime

No-cost, confidential solutions to life's challenges.

## 24/7 Support, Resources & Information

**800-460-4374**

**TTY: 800-697-0353**

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultant<sup>SM</sup>, who will answer your questions and, if needed, refer you to a counsellor or other resources.



**Online: [guidanceresources.com](https://www.guidanceresources.com)**

**App: GuidanceNow<sup>SM</sup>**

**Web ID: EAPessential**

Log on today to connect directly with a GuidanceConsultant about your issue or to consult articles, podcasts, videos and other helpful tools.



# SHORT-TERM Disability



The Aflac Short-Term Disability Plan provides for payment of a monthly disability benefit when a covered employee is disabled and unable to work due to an injury or sickness. Benefit payments begin after the elimination period is satisfied and continue during disability, up to the disability benefit period.

**Why enroll in Group Disability Insurance?** Group Disability is like insurance for your paycheck. The plan insures a portion of your monthly salary in the event you become disabled and are unable to work due to injury or sickness.

## Additional Plan Information

- Continued coverage on Family and Medical Leave
- Maternity Coverage
- No Pre-Existing Condition Exclusion
- Injury and Sickness Benefits begin after 7 consecutive days of disability
- Coverage is non-occupational



	Benefit
<b>Benefit Amount</b>	\$300 to \$4,000 per week up to 60% of your total covered earnings.
<b>Elimination Period</b>	7 / 7
<b>Benefit Duration</b>	3 Months

## BENEFITS SPECIFICATIONS

### Total Disability

Benefit paid monthly when a covered employee is totally disable and unable to work due to sickness or injury. Benefits begin after the Elimination Period. This Benefit ends when the employee is cleared by their doctor and returns to their full-time job, or the employee earns 80% of their of pre-disability income working at any job, or the employee reaches the end of the total disability benefit period.

### Partial Disability

This benefit pays 50% of the monthly benefit when a covered employee is partially disables and return to work earning less than 80% of base income due to sickness or injury. Benefits beginning after the Elimination Period ends. This Benefit ends when the employee is cleared by their doctor and returns to their full-time job, or the employee earns 80% of their of pre-disability income working at any job, or the employee reaches the end of the total disability benefit period.

### Elimination Period

Time you must wait between when an illness or disability begins and when you can begin receiving your benefits.

### Disability Definition

A covered individual is considered disabled when they are unable to perform their job, are not doing any work for payment and are under the regular care of a physician. This definition may vary by state.

### Portability

This option allows employees to take their Short-Term Disability insurance coverage with them when coverage ends for reasons other than sickness, injury, retirement, or termination of the employer's plan. Employees can apply for a portable Short-Term Disability policy without satisfying Evidence of Insurability. Availability may vary by state.

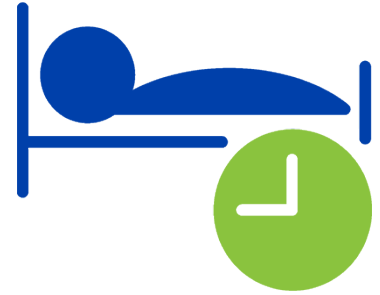
## PROTECTS YOUR INCOME WHEN YOU CAN'T WORK.

If you're unable to work because of a covered disability, Long-Term Disability insurance replaces a portion of your income in addition to providing other services and benefits that help you return to work.

After your claim is approved, you will receive a check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

### Additional Plan Information

- Interruption of Elimination Period - Unlimited, no set number of days
- Evidence of Insurability - Medical Underwriting may be required for amount in excess of Guarantee Issue
- Income Recovery included



## Benefit

<b>Elimination Period</b>	90 days
<b>Duration of Benefits</b>	Social Security normal retirement age (SSNRA)
<b>Monthly Benefit</b>	60% to \$10,000
<b>Minimum Benefit</b>	Greater of 10% or \$100
<b>Guarantee Issue</b>	\$10,000
<b>Work Incentive</b>	12 month
<b>Max Partial Disability Earnings</b>	80% Indexed Own Occ/ 60% Indexed Any Occ - No earnings loss required during the Elimination Period
<b>Mental Health &amp; Substance Abuse</b>	24 Month lifetime payment limit, combined
<b>Pre-Existing Conditions</b>	3 months prior, 12 months after Exclusion
<b>Rehabilitation Services</b>	110% benefit amount, voluntary participation Includes Dependent care expense
<b>Recurrent Disability</b>	6 months
<b>Survivor Benefit</b>	3 months net, accelerated
<b>Worksite Modification</b>	\$2,500

## BENEFITS SPECIFICATIONS

### Earnings Definition

Standard, excluding bonus & commission.

### Own Occupation / Any Occupation

During the elimination period and the own occupation period, the employee must be unable to perform, on a full-time basis, the major duties of his or her own occupation. After the end of the own occupation period, the employee must be unable to perform, on a full-time basis, the major duties of any gainful work. The employee is not disabled if he or she earns, or is able to earn, more than this plan's maximum allowed income earned during disability.

### Tax Services - W2 Reporting with FICA Match

Guardian prepares & files W-2 forms under the Guardian's Federal Tax ID number. Guardian, its subsidiaries, agents, and employees do not provide tax, legal, or accounting advice. Consult your tax, legal, or accounting professional regarding your individual situation.

### If 60% Gainful / Any Occupation

During the any occupation period, the 60% gainful earnings test will be 80% if the employee is working while disabled, and 60% if the employee is not working while disabled,

### Disabled Definition

2 year Own Occupation / Any Occupation thereafter,

### Social Security Normal Retirement Age

SSNRA - The normal retirement age under the Federal Social Security Act.

# GROUP Accident



Accidents happen and treatment can be vital to recovery, but also expensive.

Most major medical insurance only pays a portion of the bills. We help pick up where other insurance leaves off by providing cash to help cover expenses.

## Key Features

- Guaranteed Issue coverage, meaning no medical questions to answer.
- Protection for accidental injuries off-the-job, 24-hours a day.
- Coverage available for spouse and child(ren).
- Portability - Take your coverage with you if you change jobs or retire.

Benefit	Amounts up to
<b>Initial Care Benefits</b> once per accident, within 7 days of accident	
<b>ER / Urgent Care</b>	\$175
<b>ER/ Urgent Care with X-Ray</b>	\$225
<b>Doctor's Office</b>	\$100
<b>Doctor's Office with X-Ray</b>	\$150
<b>Ground</b> once per day, withing 90 days of accident	\$400
<b>Air</b> once per day, withing 90 days of accident	\$1,200
<b>Major Diagnostic Testing</b> 1 per accident, within 6 months	\$200
<b>Pain Management</b> 1 per accident, within 6 months	\$100
<b>Blood / Plasma / Platelets</b> 3 per accident, within 6 months	\$200
<b>Concussion</b> 1 per accident, within 6 months	\$500
<b>Coma</b> 1 per accident	\$7,500
<b>Burns</b> 1 per accident, within 6 months	Level 2 \$750 Level 3 \$15,000
<b>Emergency Dental</b> 1 per accident, within 6 months	Repair with Crown \$200 Extraction \$50
<b>Eye Injury</b> removal of a foreign body	\$250
<b>Lacerations Requiring Stitches</b> 1 per accident, within 7 days	\$400
<b>Lacerations Not Requiring Stitches</b> 1 per accident, within 7 days	\$50
<b>Outpatient Surgery and Anesthesia</b> (per day) - within 1 year Hospital or Ambulatory Surgical Center / Doctor's office, Urgent care, ER	\$400 / \$50
<b>Facilities Fee for Outpatient Surgery</b> (per day) - within 1 year	\$100
<b>Inpatient Surgery and Anesthesia</b> (per day) - within 1 year	\$1,000
<b>Transportation</b> within 6 months, 3 per accident, 100miles min. Plane / Ground Transportation	\$500 / \$200
<b>Dislocations</b> once per accident, within 90 days of accident	
<b>Hip</b>	\$5,000
<b>Knee</b>	\$3,250
<b>Shoulder</b>	\$2,500
<b>Foot / Ankle</b>	\$2,000
<b>Hand</b>	\$1,750
<b>Lower Jaw</b>	\$1,500
<b>Wrist</b>	\$1,250
<b>Elbow</b>	\$1,000
<b>Finger / Toe</b>	\$400
<b>Hospitalization</b>	
<b>Hospital Admission</b> per confinement - 1 per accident, within 6 months.	\$1,000
<b>Hospital Confinement</b> per day, 365 days per accident, within 6 months	\$300
<b>Hospital Intensive Care</b> per day, 30 days per accident, within 6 months	\$600
<b>Family Member Lodging</b> per day, 30 days per accident, within 6 months, 100 mile min.	\$200



<b>Fracture</b> once per accident, within 90 days of accident		
Hip / Thigh		\$6,000
Vertebrae / Sternum		\$5,400
Pelvis		\$4,800
Skull (Depressed)		\$4,500
Leg		\$3,600
Forearm / Hand / Wrist		\$3,000
Foot / Ankle / Kneecap		\$3,000
Shoulder Blade / Collar Bone		\$2,400
Lower Jaw		\$2,400
Skull (Depressed)		\$2,100
Upper Arm / Upper Jaw		\$2,100
Facial Bone (Except Teeth)		\$1,800
Vertebral Processes / Sacrum		\$1,200
Coccyx / Rib / Finger / Toe		\$480
<b>After Care</b>		
<b>Appliances</b> within 6 months of accident Cane, Ankle Brace, Walking Boot, Walker, Crutches, Leg Brace, Cervical Collar, Wheelchair, Knee Scooter, Body Jacket, Back Brace		
		\$100
<b>Accident Follow-Up Treatment</b> within 6 months of accident 6 visits per accident		
		\$50
<b>Rehabilitation Unit</b> per day, 31 days per confinement, 62 days max per year		
		\$100
<b>Therapy</b> within 90 days of accident, 10 visits per accident		
		\$50
<b>Chiropractic or Alternative Therapy</b> within 90 days of accident, 6 visits per accident		
		\$10
<b>Life Changing Events</b>		
<b>Dismemberment</b> 1 per accident, within 6 months		
	Single Loss	\$10,000
	Double Loss	\$20,000
	One or More Fingers	\$1,000
	Partial Dismemberment	\$100
<b>Paralysis</b> 1 per accident, diagnosed within 6 months		
	Paraplegia	\$5,000
	Quadriplegia	\$10,000
<b>Prosthesis</b> 1 per accident, max 2 devices per accident		
		\$1,500
<b>Prosthesis Repair / Replacement</b> 1 per prosthetic device, within three years of initial Prosthesis payment		
		\$1,500
<b>Residence / Vehicle Modification</b> 1 per accident, within 1 year		
		\$1,500
<b>Additional Benefits</b>		
<b>Wellness Rider</b> 1 per insured, per calendar year		
		\$50
<b>Accidental Death</b> within 90 days of accident		
	Employee	\$50,000
	Spouse	\$25,000
	Child	\$10,000
<b>Accidental Common-Carrier Death</b> within 90 days of accident		
	Employee	\$100,000
	Spouse	\$50,000
	Child	\$20,000

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

## Initial Eligibility

### Employee

- Actively employed working at least 16 hours per week
- Ages 18 and older

### Spouse

- Includes legally married spouse, domestic partner and civil union partner
- Ages 18 and older

### Children

- Ages 0 through 26



# CRITICAL ILLNESS Insurance



**Financial support in the event that you are diagnosed with a serious illness, such as cancer, heart attack, stroke, or kidney failure. These types of illnesses can be devastating not just emotionally and physically, but also financially.**

By purchasing critical illness insurance, you can have peace of mind knowing that you'll have financial support to help cover these expenses if you're ever faced with a serious illness. This can help alleviate some of the stress and anxiety that often comes with a diagnosis and allow you to focus on your recovery.

## Plan Highlights

- Coverage available for spouse and children
- Portability
- No Waiting Period
- Maximum Face Amount (100% employee/Spouse, 50% child)
- Waiver of Premium

## Reccurance Benefit

Once Aflac pays a Critical Illness benefit for certain conditions. If the condition recurs, Aflac will pay a recurrence benefit as long as the insured was treatment free and in remission for 12 months.

## Waiver of Premium

After 90 days of Total Disability for an employee due to a covered critical illness, all premiums will be waived for the duration specified in the certificate.

## Benefits of Critical Illness:

Maintain your lifestyle: If you're unable to work due to a serious illness, critical illness insurance can help cover your living expenses so you can maintain your lifestyle and avoid dipping into your savings or retirement funds.

1. Provide additional support: Even if you have health insurance, the out-of-pocket expenses associated with a serious illness can be substantial. Critical illness insurance can provide financial support to help cover these costs.
2. Customized to your needs: Choose the level of coverage that best meets your needs and budget, have peace of mind knowing that you're covered in the event of a serious illness.

Critical illness insurance is a valuable investment for anyone who wants to protect themselves and their finances from the unexpected. While nobody likes to think about the possibility of being diagnosed with a serious illness, critical illness insurance provides a sense of security and peace of mind.



## Plan Benefits

<b>Guaranteed Issue</b>	<b>\$40,000</b>
<b>Base Benefits</b>	
<b>Heart Attack</b> Myocardial Infarction	<b>100%</b>
<b>Sudden Cardiac Arrest</b>	<b>100%</b>
<b>Coronary Artery Bypass Surgery</b>	<b>25%</b>
<b>Major Organ Transplant*</b>	<b>100%</b>
<b>Bone Marrow Transplant</b> Stem Cell	<b>100%</b>
<b>Kidney Failure</b>	<b>100%</b>
<b>Stroke</b> Ischemic or Hemorrhagic	<b>100%</b>
<b>Cancer Benefits</b>	
<b>Cancer</b> Internal or Invasive	<b>100%</b>
<b>Non-Invasive</b>	<b>25%</b>
<b>Skin Cancer</b> per calendar year	<b>\$250</b>
<b>Health Screening Benefit</b>	
<b>Health Screening</b> payable for employee and spouse only. Per calendar year	<b>\$50</b>
<b>Optional Benefits Rider</b>	
<b>Advanced Alzheimer's Disease</b>	<b>25%</b>
<b>Advanced Parkinson's Disease</b>	<b>25%</b>
<b>Benign Brain Tumor</b>	<b>100%</b>
<b>Progressive Diseases Rider</b>	
<b>Amyotrophic Lateral Sclerosis (ALS)</b>	<b>100%</b>
<b>Multiple Sclerosis (MS)</b>	<b>100%</b>
<b>Childhood Conditions Rider</b>	
<b>Cystic Fibrosis, Cerebral Palsy, Cleft Lip or Cleft Palate, Down Syndrome, Phenylalanine Hydroxylase Deficiency Disease (PKU), Spina Bifida, Type I Diabetes</b>	<b>50% of employee benefit</b>
<b>Autism Spectrum Disorder</b>	<b>\$3,000</b>
<b>TIA Benefit</b>	
<b>Transient Ischemic Attack</b>	<b>\$250 per calendar year</b>

\*25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant



# HOSPITAL INDEMNITY Insurance

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay.

Voluntary hospital indemnity insurance provides a range of fixed, lump-sum daily benefits to help cover costs associated with a hospital admission, including room and board costs. These benefits are paid directly to the insured following a hospitalization that meets the criteria for benefit payment.

## Plan Highlights

- Guaranteed issue to all first time enrollees
- No pre-existing condition exclusions
- Coverage available for all family members
- Coverage is Portable

Plan Benefits	Plan 1	Plan 2
<b>Hospital Admission (per confinement)</b> 1 per covered sickness or accident per calendar year	\$2,000	\$1,000
<b>Hospital Confinement (per day)</b> Max 31 days per covered sickness or covered accident	\$200	\$150
<b>Hospital Intensive Care (per day)</b> Max 10 days per covered sickness or covered accident	\$200	\$150
<b>Intermediate Intensive Care Step-Down Unit (per day)</b> Max 10 days per covered sickness or covered accident	\$100	\$75
<b>Emergency Room Observation</b> Max 5 visits per calendar year Short Observation (4 to 24hrs) / Long Observation (24+ hrs)	-	\$50 / \$100
<b>Telemedicine Services (per day)</b> Max 6 visits per calendar year	-	\$15
<b>Outpatient Doctor's Office Visit (per day)</b> Max 6 visits per calendar year	-	\$25
<b>Chiropractor Visit (per day)</b> Max 4 visits per calendar year	-	\$20
<b>Hospital Emergency Room Visit (per day)</b> Max 5 visits per calendar year	-	\$100
<b>Rehabilitation Facility (per day)</b> Max 15 days per confinement	-	\$75
<b>Major Diagnostic Exams</b> 1 per covered sickness or accident per calendar year	-	\$150
<b>Out of Hospital Prescription Drug</b> Max 5 visits per day, \$100 per calendar year	-	\$20
<b>Inpatient Surgery and Anesthesia (per day)</b> Performed while insured is confined to a hospital as an inpatient. No Maximum	-	\$500
<b>Outpatient Surgery and Anesthesia (per day)</b> Performed in hospital or ambulatory surgical center. No Maximum	-	\$250
<b>Facilities Fee for outpatient Surgery (per day)</b> Surgery performed in hospital or ambulatory surgical center. No Maximum. Payable once per each eligible Outpatient Surgery and Anesthesia Benefit	-	\$75
<b>Doctor's office Surgery (per day)</b> Performed in a doctor's office, urgent care facility or ER. (Maximum: 4 per calendar year)	-	\$50

**Guardian Life Insurance doesn't only look out for your family's tomorrow - It also works hard for you today.**

Employer Paid Life	
<b>Guaranteed Issue</b>	<b>\$50,000</b>
<b>Accelerated Life</b>	<b>75% of the death benefit, Minimum: \$10,000, Maximum: \$250,000</b>
<b>Seatbelt / Airbag</b>	<b>Employee: \$10,000/\$15,000</b>
<b>Benefit Reduction Due to Age</b>	<b>50% at Age 70</b>

## Plan Highlights

### Eligibility

Full-time employees working in the US, or outside of the US for a US based employer in a country or region approved by Guardian.

### Seatbelt / Airbag

Seatbelt/Airbag benefit will be limited to \$30,000 for combined Life and AD&D amounts.

### Portability

If a covered individual is terminated or changes jobs, they can take their coverage with them. Ceases on attainment age of 70.



## Plan Features

- Guaranteed issue amounts available
- Basic Accidental Death, Loss of Sight and Dismemberment Rider that pays additional benefits for covered losses
- Waiver of Premium
- Accelerated Death Benefit
- Premiums paid through payroll deduction
- Portability

### Supplemental Term Life

#### Guaranteed Issue

<b>Employee</b>	<b>\$100,000</b>
<b>Spouse</b>	<b>\$50,000</b>
<b>Child(ren)</b>	<b>\$10,000</b>

#### Qualified Issue

<b>Employee</b>	<b>\$100,000</b>
<b>Spouse</b>	<b>\$50,000 not to exceed employee amount</b>
<b>Child(ren)</b>	<b>\$25,000 not to exceed employee amount</b>

### Death Benefit

While the employee's certificate is in force, we will pay this benefit when we receive proof of loss showing that the covered person has died. The amount of the Death Benefit will be equal the sum of the amount of life insurance shown on the certificate schedule, plus any life insurance provided by an optional benefit rider, plus any portion of premium paid beyond the month the covered person died, plus any applicable interest, minus any unpaid premium due before the death of the covered person and any accelerated benefit we paid on behalf of the covered employee.

### Basic Accidental Death, Loss of Sight and Dismemberment Benefit

We will pay the Basic Accidental Death, Loss or Sight and Dismemberment Benefit if a covered person suffers one of the following as a result of an accidental injury that occurs while the certificate is in force: loss of life, or loss of both hands, or loss of both feet, or loss of one hand and one foot, or loss of sight of both eyes, or loss of one hand and sight of one eye, or loss of one foot and sight of one eye. We will pay the beneficiary 10% of the amount of life insurance for this benefit as shown on the Certificate Schedule for loss of life.

### Basic Accidental Death, Loss of Sight and Dismemberment Benefit Rider

We will pay 100% of the Accidental Death Benefit shown in the certificate schedule if the employee or spouse suffers accidental loss of life. This benefit is payable in addition to other benefits. We will pay 50% of the Accidental Death Benefit for accidental loss of A) both hands, B) both feet, C) sight of both eyes, D) one hand and one foot, E) one hand and sight of one eye, or F) one foot and sight of one eye. We will pay 125% of the Accidental Death Benefit for death resulting from a motor vehicle or common carrier as long as the insured: is wearing a seatbelt and driving or riding in a motor vehicle, or is a passenger on a common carrier. This benefit rider is only available to the employee and spouse.

### Accelerated Benefit for Terminal Illness

We will pay this benefit when we receive proof of loss showing the covered person has a terminal illness that will result in death within six months. This benefit will be 50% of the amount of life insurance shown on the Certificate Schedule. The covered person's attending physician must confirm that the covered person is suffering from a terminal illness.

### Total Disability Waiver of Premium

After six months of total disability, we will waive certain premiums if an employee becomes totally disabled due to a covered accidental injury or sickness (after we receive proof of loss). All premiums under the certificate for the totally disabled employee and covered eligible dependents that are due after the date of total disability will be waived (or refunded if the premiums have been paid).

### Portability

If employment is terminated, a covered employee may continue coverage by paying premiums directly to Aflac when due.

Protect what means the most to you - the people you love. Life Insurance makes sure you've done all you can to protect your family's way of life.

Employee Coverage ages 18 - 70	
Guaranteed Issue	\$150,000
Spouse Covered ages 18 - 70	
Guaranteed Issue	Lessor of \$50,000 or 50% Employee Benefit
Dependent Child Coverage under age 26	
Guaranteed Issue	\$25,000

## Accelerated Death Benefit Rider

This benefit provides an additional benefit equal to the insured's face amount if the insured dies within 180 days of direct accidental bodily injuries.

## Accelerated Benefit Rider

Includes Terminal Illness, Chronic Conditions and an Elimination Period of 90 days.

## Extension of Benefits Rider

This rider extends benefits payable for a Chronic Condition when the Periodic Payments Method is selected under the Accelerated Benefit Rider.

## Waiver of Premium

After the Certificate holder is Totally Disabled for three continuous months, premiums will be waived for up to 24 months.



To enroll or get assistance enrolling **call, scan** or **visit** the website below to schedule with a Panda Benefits Specialist today! **833-282 7726** [Click here to schedule.](#)

Unlike other voluntary benefits which are purchased as a safety net (with the hope that you never have to use them), the more you use a Legal Plan, the more you benefit. Like it or not, laws permeate every aspect of our lives. So, it's helpful to have an advocate in your corner dealing with expensive legal issues like identity theft or debt.

Plan Features			
<b>Money Matters</b>	Debt Collection Defense Financial Education Programs Identity Theft Defense	Identity Restoration Services Negotiations with Creditors Personal Bankruptcy	Promissory Notes Tax Audit Representation Tax Collection Defense
<b>Home &amp; Real Estate</b>	Boundary & Title Disputes Mortgages Security Deposit Assistance Deeds	Property Tax Assessments Tenant Negotiations Eviction Defense Refinancing & Home Equity Loan	Zoning Applications Foreclosure Sale or Purchase of Home
<b>Estate Planning</b>	Codicils Living Wills	Revocable & Irrevocable Trusts Complex Wills	Complex Wills Powers of Attorney
<b>Family &amp; Personal</b>	Adoption Guardianship Prenuptial Agreement Affidavits Immigration Assistance Protection from Domestic Violence	Conservatorship Juvenile Court Defense, Review of ANY Personal Legal Demand Letters Including Criminal Matters Document Divorce (20 hours)	Name Change School Hearings Garnishment Defense Parental Responsibility Matters Personal Properties Issues
<b>Civil Lawsuits</b>	Administrative Hearings Disputes Over Consumer Goods & Services	Pet Liabilities Civil Litigation Defense	Small Claims Assistance Incompetency Defense
<b>Elder-care Issues</b>	Consultation & Document Review for Issues Related to Your Parents: Medicaid Powers of Attorney	Medicare Prescription Plans Deeds Notes	Wills Leases Nursing Home Agreements
<b>Traffic &amp; Other Matters</b>	Defense of Traffic Tickets Driving Privileges Restoration	Habeas Corpus Repossession	License Suspension Due to DUI

## Meet Aura

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

### Identity Theft Protection

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

### Financial Fraud Protection

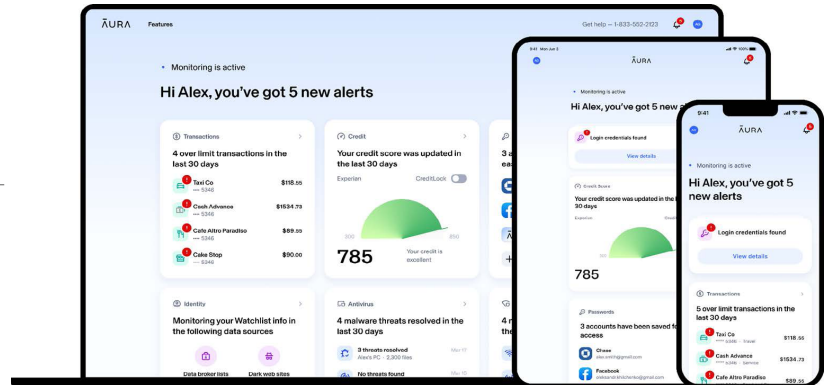
Aura monitors your credit, financial accounts, and property titles and alerts you to any suspicious activity.

### Privacy and Device Security

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

### Family Safety

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



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

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

**24/7/365  
Customer Support**

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

**White Glove  
Fraud Resolution**

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

**\$5M Insurance  
Policy**

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

**Features at your  
fingertips**

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



MetLife Pet Insurance is committed to helping pet parents experience the joys of parenthood by providing them the confidence to care for their pet. Pet insurance helps to reimburse pet parents for covered unexpected veterinary expenses for their furry family members. This will help to give you the confidence that you can pay for treatment for your pets if they become sick or have an accidental injury.

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### **Freedom of Comprehensive coverage**

Flexibility to select various levels of coverage with no breed exclusions or upper age limits; ability to include multiple pets on one policy through our innovative family plans

- Optional wellness coverage (preventive care) included in annual limit
- Competitive rates with discounts, healthy pet incentive and the only provider offering family plans (i.e., multiple pets covered by one policy)
- Coverage of pre-existing conditions when switching providers, no initial exam or previous vet records to apply

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### **Simple and delightful experience**

Your home is perhaps your most valuable possession, so you'll want to make sure your in New mobile app experience that allows for easy claim submission & track claims with most claims processed within 10 days

- Team of pet advocates to assist with enrollment and service, access to telehealth concierge service.
- No waiting period for orthopedic coverage and among the industry's shortest wait period for accident and illness coverage.

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### **Backed by MetLife's unmatched track record**

Simple set up with no additional costs to you and a seamless integration across MetLife benefits. Ongoing support with customizable employee communications & tools

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### **Umbrella Insurance**

You work hard for the things that are important to you. For added coverage above and beyond the liability limits of your Auto or Home insurance policies, a Personal Umbrella insurance policy can provide added protection for your assets and future earnings



## Insure what's important while enjoying saving

- Automated payment options and discounts
- Claim-free driving rewards
- Multi-policy savings
- Roadside assistance
- 24/7 claim reporting

Access to quality insurance to protect your valuables, to help protect against personal liability, and that can help feel financially secure with 24/7 professional support they need to bounce back, if the unexpected happened. This program helps choose policies to fit your needs and that fit your budget with special savings based on where you work, among other discounts.

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### Auto Insurance

Comprehensive coverage? Collision coverage? Deductibles? Medical Payments? Where to begin? Your local Farmers agent can take the mystery out of selecting the right Car insurance coverage for your needs and budget. Get started with an online Auto insurance quote and learn about our insurance discounts that can help you save money.

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### Home Insurance

Your home is perhaps your most valuable possession, so you'll want to make sure your insurer has withstood the test of time. Farmers® has been providing insurance products for over 80 years, and will be there in the event disaster strikes and your home is damaged in a fire or due to another covered cause of loss. Plus, get competitive rates with our multi-line insurance discounts. Get a Home insurance quote now.

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### Renters Insurance

Your landlord may have an insurance policy, but if there's a fire in your building, that policy may not cover your possessions. That's why there's Renters insurance. Get a Renters insurance quote to see how affordable it is to protect your personal belongings: about the price of a movie and popcorn once a month.

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### Umbrella Insurance

You work hard for the things that are important to you. For added coverage above and beyond the liability limits of your Auto or Home insurance policies, a Personal Umbrella insurance policy can provide added protection for your assets and future earnings

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# CARRIER CONTACT INFORMATION

For assistance understanding and enrolling your benefits, reach the enrollment call center at **(833) 282-7726** Monday-Friday 8am-5pm EST

Below is contact information for each of the carriers of the specific benefits available to you for when you need to make a claim or have questions relating to a specific condition, coverage, or loss.

Carrier Contact Information			
Benefit Enrollment	Panda	833.282.7726	
Medical Benefits	APA Kaiser	888.624.6300	online.apatpa.com/login
Dental Benefits	Guardian	888.482.7342	guardianlife.com Find a Provider: guardiananytime.com/search
Vision Benefits	Guardian	877.393.7363	guardianlife.com Find a Provider: guardiananytime.com/fpapp/vision
HSA, FSA, DCA, Transit	FlexFacts	877.943.2287	flexfacts.com
Employee Assistance Program	ComPsych GuidanceResources	800.460.4374	guardianresources.com
Short-Term Disability	Aflac	800.433.3036	aflacgroupinsurance.com
Long-Term Disability	Guardian	888.482.7342	guardianlife.com
Group Accident	Aflac	800.433.3036	aflacgroupinsurance.com
Critical Illness	Aflac	800.433.3036	aflacgroupinsurance.com
Hospital Indemnity	Aflac	800.433.3036	aflacgroupinsurance.com
Life and AD&D	Guardian	888.482.7342	guardianlife.com
Whole Life	Aflac	800.433.3036	aflacgroupinsurance.com
Legal Services	MetLife	800.821.6400	members.legalplans.com
Identity Protection	MetLife	833.552.2131	support@aura.com
Pet Insurance	MetLife	800 GET-MET8	metlifepetinsurance.com
Home & Auto	Farmer's	800.438.6381	farmers.com/groupselect