# OPEN ENROLLMENT BENEFITS AT A GLANCE

2024





Prepared for:

ARHS



# **CHANGES FOR THE**01/01/2024 PLAN YEAR

Each year all employees are given the opportunity to review their voluntary insurance benefits and make any necessary changes. Once benefits are selected, they cannot be changed during the year under the Section 125 plan, unless the change is due to a qualifying event such as birth, death, adoption, marriage, divorce, or change in spouse's employment.

This year we are changing our Voluntary Benefits insurance companies. The new companies will be better in both benefits and prices. Steve and Matt Worgan, with Worksite Resources, LLC will still be our broker and will continue to work with you on both enrollment and service.

Here are a few things you should know:

- The new company, replacing Guardian and American Fidelity, will be Met Life. We are adding Pet Insurance.
- All employees covered on the vision, cancer, disability, and accident policies will still need to fill out the enrollment form provided by Steve and Matt to transfer current benefits.
- The new policies will be offered to all employees and new hires on a guaranteed issue basis during our open enrollment. Those opting not to get them this year can choose to get them later but will have to be insurable and can be declined.



# **BENEFITS AT A GLANCE**



This guide is intended to provide a summary of the benefit programs available to all benefit eligible employees. It is only an overview, to review specific plan brochures and plan documents for full program details, limitations and exclusions please request materials from Steve, Matt, or our office.

# **INSTRUCTIONS**

## <u>Application Instructions</u>

- 1. Carefully and thoroughly complete the enrollment form provided.
- 2. Select the correct option for each line of coverage. <u>All prices are listed on</u> the enrollment form. Some rates may need to be calculated, please see Steve or Matt for more information.
- 3. Sign and date.

# **Basic Life Insurance**

For being a full-time employee ARHS provides you with \$20,000 of life insurance. ARHS also provides \$10,000 for your spouse and \$5,000 for a dependant child between the ages of 14-26.

# **Guardian Dental**

**PPO** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code

Coverage Type:	In-Network % of Negotiated Fee	Out-of-Network % of R&C Fee
Type A - Preventive	100%	100%
Type B - Basic Restorative	80%	80%
Type C - Major Restorative	50%	50%
Deductible	\$25 Per Family Member	\$25 Per Family Member
Individual	\$25	\$25
Family	\$75 Max	\$75 Max
Annual Maximum Benefit		
Per Individual	\$1000	\$1000
Type A - Preventive Cleanings Frequency: Once Every 6 Months Fluoride Treatments Limits: Under age 19 Oral Exams Sealants (per tooth) X-rays Type B - Basic Restorative Anesthesia Fillings	Repair & Maintena Sealing and Root I Single Crown <u>Monthly Premi</u>	ures neers enance nce Every 6 Months ance of Crowns, Bridges, & Dentures Planning
Root Canal Simple Extractions Surgical Extractions	Employee Only Employee + Sp Employee + Ch Family	ouse \$29.85

# **MET Vision**

With your Vision Preferred Provider Organization Plan, you can:



·Go to any licensed vision specialist and receive coverage. Just remember your benefit dollars go further when you stay in network.

·Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco® Optical, Walmart, Sam's Club and Visionworks.

Type of Service (Once every 12 months)	In-Network	Out-of-Network*
<u>Exams</u>	\$10 Copay	Up to \$45 Allowance
<u>Eyewear Frame</u>	\$130 Allowance \$150 allowance on featured frames	\$70 Allowance
Standard corrective lenses	\$25 Copay	Up to \$100 Allowance
Standard lens enhancements	\$25 Copay	Applied to the allowance for the applicable corrective lens
Contact fitting & evaluation	Covered in full with max copay of \$60	Applied to the allowance for the applicable corrective lens
<u>Elective lenses</u>	\$130 Allowance	Up to \$105 Allowance
Necessary lenses	Covered in full after eyewear copay	Up to \$210 Allowance

<sup>\*</sup>If you choose an out-of-network provider, you will have increased out-of-pocket expenses, pay in full at time of service, and file a claim for reimbursement.

#### **Monthly Premiums**

Facility of Oak	<b>¢0.40</b>
Employee Only	\$8.40
Employee + Spouse	\$14.14
Employee + Children	\$14.41
Family	\$22.82

# **Short Term Disability**

If anyone has ever missed an extended period of time at work you will know that money can get tight at home. Even though an employee is not working that doesn't mean bills don't have to get paid. A disability policy is a way to cover your bills in the even you miss work. The MET Life Short and Long Term Disability policy will pay 60% of your monthly salary up to \$1500 a week. As long as your doctor tells you that your unable to work the policy will pay out its benefit.

Coverage amount	60% of salary to maximum \$1500/week
Maximum payment period: Maximum length of time you can receive disability benefits.	26 Weeks
Accident benefits begin: The length of time you must be disabled before benefits begin	Day 15
Illness benefits begin: The length of time you must be disabled before benefits begin	Day 15
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period	We Guarantee Issue \$1500 in coverage.
Pre-existing conditions: A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 / 12 for new applicants

#### **Estimated Monthly Premiums**

Short Term Disability (per \$10 covered weekly Benefit)	Annual Income	\$30,000	\$40,000	\$50,000	\$60,000
Less than 30	\$0.80	\$27.80	\$37.06	\$46.33	\$55.59
30-34	\$0.85	\$29.42	\$39.23	\$49.04	\$58.85
35-39	\$0.77	\$26.52	\$35.35	\$44.19	\$53.03
40-44	\$0.82	\$28.45	\$37.94	\$47.42	\$56.91
45-49	\$1.01	\$34.86	\$46.48	\$58.10	\$69.72
50-54	\$1.25	\$43.17	\$57.55	\$71.94	\$86.33
55-59	\$1.53	\$53.07	\$70.75	\$88.44	\$106.13
60-64	\$1.81	\$62.65	\$83.54	\$104.42	\$125.31
65+	\$2.18	\$75.46	\$100.62	\$125.77	\$150.92

# **Long Term Disability**



Coverage amount	60% of salary to maximum \$6,000 a Month
Maximum payment period: Maximum length of time you can receive disability benefits.	To Age 65
Accident benefits begin: The length of time you must be disabled before benefits begin	6 Months
Illness benefits begin: The length of time you must be disabled before benefits begin	6 Months
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required
Pre-existing conditions: A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	12/12 for new applicants

### **Estimated Monthly Premiums**

Long Term Disability (per \$100 covered Monthly Benefit)	Annual Income	\$30,000	\$40,000	\$50,000	\$60,000
Less than 35	\$0.16	\$3.90	\$5.20	\$6.50	\$7.80
35-39	\$0.46	\$11.48	\$15.30	\$19.13	\$22.95
40-44	\$0.64	\$15.93	\$21.23	\$26.54	\$31.85
45-49	\$0.86	\$21.55	\$28.73	\$35.92	\$43.10
50-54	\$1.16	\$28.88	\$38.50	\$48.13	\$57.75
55-59	\$1.33	\$33.28	\$44.37	\$55.46	\$66.55
60-64	\$0.99	\$24.85	\$33.13	\$41.42	\$49.70
65+	\$0.35	\$8.78	\$11.70	\$14.63	\$17.55

## **TransAmerica Cancer**



Receiving a cancer diagnosis can be one of life's most frightening events. Unfortunately, statistics show you probably know someone who has been in this situation.

With Cancer insurance from TransAmerica, you can rest a little easier. Our coverage pays you a cash benefit to help with the costs associated with treatments, to pay for daily living expenses – and more importantly – to empower you to seek the care you need.

#### Here's How It Works

You choose the coverage that's right for you and your family. Our Cancer insurance pays cash benefits for cancer and 23 specified diseases to help with the cost of treatments and expenses as they happen. Benefits are paid directly to you unless otherwise assigned. With the cash benefits you can receive from this coverage, you may not need to use the funds from your Health Savings Account (HSA) for cancer or specified disease treatments and expenses.

Benefit Amounts					
<b>Hospital Confinement/Related Benefi</b>	<u>ts</u>	Plan 1	<u> Plan 2</u>		
Continuous Hospital Confinement (da	ily)	\$100	\$200	<b>Monthly Premiums Plan 1</b>	
Radiation/Chemotherapy/Related Be	<u>nefits</u>	Plan 1	Plan 2	Employee Only	\$15.32
Radiation/Chemotherapy	Up to	\$5,000	\$10,000	Single Parent Family	\$17.90
for Cancer (every 12 months)				Family	\$28.28
Surgery/Related Benefits		<u> Plan 1</u>	<u> Plan 2</u>		<b>¥</b> =0.=0
Surgery	Inpatient	\$2,000	\$3,000	Monthly Premiums Plan 2	
	Outpatient	\$3,000	\$4,500	-	
Additional Rider Benefits		<u> Plan 1</u>	<u> Plan 2</u>	Employee Only	\$22.40
Cancer Initial Diagnosis Level Benefit (	1 time benefit)	\$2,000	\$2,000	Single Parent Family	\$25.69
Fixed Wellness Benefit		\$100	\$100	Family	\$40.75

# **MET Accident**

MetLife Accident Insurance can supplement existing medical coverage and help provide financial support to pay for outof-pocket expenses such as deductibles, co-payments, and non-covered medical services. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose. Accident Insurance provides features that could be valuable to your employees, including:

- Portability through Continued Insurance with Premium Payment which gives employees the ability to keep their existing coverage when their employment status with the employer changes.[1]
- · No coordination with other insurance benefits;
- Employees are paid a lump-sum benefit that they can use as they feel necessary;
- Employees and their families will have access to discounts or services that will provide them actionable tools and resources to help them navigate life's twists and turns

Some of your benefits include:		Off-Job-Coverage	
Health Screening Benefit (1 time per cal	endar year)	\$75	
Accidental Death or Dismemberment	Employee	\$50,000	
	Spouse	\$25,000	
	Children	\$10,000	
Broken Bones, fractures, dislocations,	Up to	\$10,000	
burns, lacerations		(Per accident)	
Off-the-job only coverage		Monthly Premiums	
		Employee Only	\$14.08
		Employee + Spouse	\$22.63
		Employee + Children	\$23.45
		Family	\$32.00

## **MET Critical Illness**



MetLife Critical Illness Insurance can supplement existing medical coverage and help provide financial support to pay for out-of-pocket expenses such as mortgage payments, college tuition, hiring household help, or treatment not covered by your medical plan. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose. Critical Illness Insurance provides features that could be valuable to your employees, including:

- Eligibility for portability through the Continued Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.
- No coordination with other insurance benefits;
- Employees are paid a lump-sum benefit that they can use as they feel necessary.
- Employees and their families will have access to discounts or services that will provide them actionable tools and resources to help them navigate life's twists and turns

#### **Covered Conditions**

- Initial Benefit means the benefit that is payable for a covered condition the first time that it occurs while coverage is in effect. The Initial Benefit amount is expressed as a percentage of the elected Benefit Amount.
- Recurrence Benefit means the benefit that is payable for another occurrence of the same covered condition for which MetLife has already paid a benefit. The Recurrence Benefit amount is expressed as a percentage of the Initial Benefit amount.

#### Some of your benefits include:

Health Screening Benefit (1 time per calendar year) Benefits amount options \$50 \$5,000, \$10,000, \$15,000, \$20,000, \$25,000

#### Some of your covered conditions:

Heart attack, stroke, kidney failure, organ transplant

#### Monthly (12) Premium Rates

Uni-Tobacco

Premium per \$1,000 of Coverage

Attained Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse and Child(ren)
<30	\$0.39	\$0.98	\$0.84	\$1.23
30 - 39	\$0.45	\$1.09	\$0.90	\$1.34
40 - 49	\$0.77	\$1.37	\$1.06	\$1.62
50 - 59	\$1.41	\$1.88	\$1.37	\$2.13
60 - 69	\$2.41	\$2.78	\$1.91	\$3.04
70+	\$4.97	\$5.01	\$3.37	\$5.26

Multiply the per \$1,000 rates shown above by the benefit amount divided by \$1,000 (e.g., 15 for \$15,000 of coverage) and round to two decimals to calculate rates for the quoted benefit amounts. Note that the per \$1,000 rates are only applicable to the benefit amounts shown in this C&B. Final implemented rates may vary slightly due to rounding.

### **TransElite Life Insurance**

TransElite Life Insurance is a voluntary product available to all full time employees. With TransElite Life Insurance from TransAmerica, you get simplified and straightforward coverage. You decide how much coverage and who to cover. You get guaranteed rates for the life of the policy and a guaranteed death benefit to be paid to your beneficiaries. As the policy builds cash value, you can achieve your financial goals or borrow against it should you need to.

Employee, spouse and children term rider policies are available.

Long term care rider included.

#### TransElite HCV - Universal Life Insurance Form: CPGUL300

Non-Tobacco
Death Benefit Option: A



ith Ride	ers: TI, WML				D	eath Benefit Op	otion: A			
	\$15,000 Face Amo		int \$25,000 Face Amount			nt	\$50,00	00 Face Amou	nt	
Issue Age	Monthly Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	Monthly Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	Monthly Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	Issu Ag
16	N/A†			N/A†			18.85	2,134		1
17	N/A†			N/A†			19.41	2,437		
18 19	N/A† N/A†			N/A† N/A†			20.00	2,754 3,046		1
20	N/A†			N/A†			21.41	3,306	18,270	
21	N/A†			N/A†			22.44	3,637	10,270	- 3
22	N/A†			N/A†			23.15	3,913		7
23	N/A†			N/A†			23.91	4,197		2
24	N/A†			N/A†			25.07	4,503		2
25	N/A†			N/A†			25.91	4,754	17,663	2
26	N/A†			N/A†			26.80	5,015		2
27	N/A†			N/A†			27.74	5,265		2
28	N/A†			N/A†			28.89	5,510		2
29	N/A†			N/A†			30.30	5,735		- 2
30	N/A†			N/A†			31.42	5,967	17,005	3
31	N/A†			N/A†			32.77	6,189		3
32	N/A†			N/A†	2.501		34.41	6,394		3
33	N/A†			17.95	2,581		35.91	6,601		-
34 35	N/A† N/A†			18.67 19.42	2,720 2,837	8,086	37.34 38.84	6,794 6,969	16,172	3
36	N/A†			20.41	2,943	0,000	40.82	7,113	10,1/2	- 3
37	N/A†			21.52	3,046		43.04	7,260		
38	N/A†			22.68	3,147		45.36	7,390		3
39	N/A†			23.89	3,234		47.79	7,509		3
40	N/A†			25.29	3,284	7,421	50.59	7,550	14,843	4
41	N/A†			26.75	3,313	1,121	53.50	7,553	. 1,0 10	4
42	N/A†			28.15	3,368		56.29	7,607		4
43	17.85	1,700		29.74	3,371		59.49	7,567		- 4
44	18.73	1,723		31.21	3,382		62.43	7,533		4
45	19.66	1,744	3,887	32.76	3,378	6,471	65.51	7,469	12,939	4
46	21.02	1,807	-	35.03	3,454	-	70.05	7,572		4
47	22.42	1,856		37.37	3,506		74.75	7,635		4
48	23.89	1,897		39.81	3,541		79.63	7,660		4
49	25.41	1,920		42.35	3,552		84.70	7,635		4
50	27.00	1,930	3,432	45.00	3,542	5,719	90.00	7,573	11,438	
51	28.66	1,927		47.76	3,507		95.52	7,462		5
52	30.38	1,906		50.63	3,448		101.27	7,307		5
53	32.18	1,872		53.63	3,366		107.27	7,102		5
54 55	34.06 35.77	1,823 1,744	2,654	56.76 59.62	3,257 3,105	4,424	113.52 119.24	6,846 6,506	8,848	5
56	38.41	1,525	2,034	64.02	2,716	4,424	128.04	5,694	0,040	5
57	41.15	1,250		68.58	2,235		137.15	4,696		5
58	43.99	1,001		73.32	1,798		146.65	3,795		5
59	46.95	752		78.25	1,363		156.49	2,890		5
60	50.20	505	905	83.66	930	1,509	167.32	1,994	3,017	6
61	53.56	321	,,,,	89.27	606	1,000	178.53	1,316	5,017	6
62	57.22	118		95.37	246		190.74	571		
63	61.17	0		101.95	0		203.90	0		6
64	65.42	0		109.04	0		218.08	0		- 6
65	68.26			113.77			227.54			- (
66	73.00			121.66			243.33			- 6
67	77.94			129.90			259.81			6
68	83.11			138.52			277.04			- 6
69	88.54			147.56			295.12			6
70	94.26			157.10			314.19			7

Form: CPGUL300

With Riders: TI, WML

Tobacco Death Benefit Option: A



\$15,000 Fac	00 Face Amou	int	\$25,00	00 Face Amou	nt	\$50,000 Face Amount				
Issue Age	Monthly Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	Monthly Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	Monthly Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	Issue Age
16	N/A†			N/A†			25.12			16
17	N/A†			N/A†			25.92	0		17
18	N/A†			N/A†			26.75	0		18
19	N/A†			N/A†			27.61	0		19
20	N/A†			N/A†			28.66	138	20,755	20
21	N/A†			N/A†			29.96	604		2
22	N/A†			N/A†			30.94	1,020		2
23	N/A†			N/A†			31.97	1,432		2
24	N/A†			N/A†			33.41	1,853		2
25	N/A†			N/A†			34.54	2,236	20,044	2:
26	N/A†			17.86	206		35.73	2,617		2
27	N/A†			18.68	458		37.35	3,001		2
28	N/A†			19.60	679		39.19	3,358		2
29	N/A†			20.56	894		41.12	3,706		2
30	N/A†			21.50	1,111	9,590	42.99	4,049	19,180	3
31	N/A†			22.55	1,311		45.09	4,363		3
32	N/A†			23.58	1,501		47.17	4,668		3
33	N/A†			24.75	1,694		49.49	4,963		
34	N/A†			25.89	1,868		51.79	5,230		3-
35	N/A†			26.97	2,040	9,028	53.94	5,498	18,057	3
36	N/A†			28.24	2,196		56.47	5,730		3
37	17.90	889		29.83	2,332		59.66	5,937		3
38	18.86	991		31.43	2,448		62.86	6,097		3
39	19.90	1,079		33.17	2,559		66.33	6,248		3
40	20.95	1,157	4,890	34.92	2,641	8,151	69.84	6,355	16,308	4
41	22.09	1,236		36.82	2,728		73.63	6,456		4
42	23.24	1,290		38.73	2,773		77.47	6,499		4
43	24.48	1,347		40.80	2,830		81.59	6,539		4
44	25.73	1,375		42.89	2,849		85.78	6,520		4
45	26.83	1,439	4,255	44.71	2,906	7,084	89.43	6,590	14,178	4
46	28.48	1,544	,	47.46	3,047	.,	94.92	6,808	,	4
47	30.18	1,629		50.31	3,159		100.61	6,983		4
48	31.96	1,701		53.27	3,248		106.53	7,104		4
49	33.81	1,754		56.35	3,299		112.70	7,164		4
50	35.74	1,786	3,783	59.57	3,324	6,306	119.13	7,165	12,610	5
51	37.75	1,800	-,	62.92	3,317	-,	125.84	7,111		5
52	39.85	1,799		66.42	3,285		132.83	6,998		5
53	42.03	1,778		70.05	3,221		140.09	6,829		5
54	44.43	1,735		74.04	3,122		148.09	6,594		5
55	46.66	1,663	2,894	77.77	2,977	4,823	155.55	6,265	9,648	5
56	49.55	1,430		82.58	2,565		165.16	5,401		5
57	52.54	1,148		87.56	2,070		175.12	4,377		5
58	55.64	910		92.73	1,649		185.46	3,503		5
59	58.88	681		98.13	1,247		196.27	2,664		5
60	62.27	462	1,020	103.79	861	1,700	207.58	1,858	3,401	6
61	65.94	282		109.90	541		219.80	1,191		6
62	69.75	83		116.25	191		232.50	460		6.
63	73.69	0		122.81	0		245.62	0		6.
64	77.75	0		129.58	0		259.16	0		6
65	81.98			136.63			273.27			6
66	87.32			145.54			291.08			
67	92.87			154.79			309.58			6
68	98.67			164.46			328.91			6
69	104.76			174.60			349.20			69
70	111.17			185.28			370.56			70

# **Health Equity Flexible Spending**

A healthcare FSA lets you use tax-free money to pay for eligible medical expenses. FSA's help members realize significant savings on healthcare cost. Don't think of it as money deducted from your paycheckthink of it as money added to your wallet.

#### **Common Eligible Medical Expenses:**

- Pain relievers
- Doctor visits
- Dental cleaning
- Sleep aids
- Eyeglasses/contacts
- Col/cough medicine
- Chiropractic care
- Insulin testing supplies

#### Some of your Benefits Include

- Access to annual contribution on day 1
- Fast, hassle-free payments and reimbursement
- Pay for your spouse and dependents too
- Dependent care spending account
- Annual tax saving potential of \$610

#### IRS Annual Contribution Limit for 2024

# **U.S. Legal and ID Theft Insurance**



The features listed below are just a small sample of benefits that are covered under the U.S. Legal and ID theft protection plans. Please see Steve or Matt Worgan for a list of all benefits included in these plans.

**Monthly Premiums** 

Family Defender \$18.75 **Identity Defender** \$12.95 Family and Identity Defender \$28.70

Money Matters	<ul> <li>Debt Collection         Defense</li> <li>Identity Theft Defense</li> <li>Identity Restoration         Services</li> </ul>	<ul><li>Negotiations with Creditors</li><li>Personal Bankruptcy</li></ul>	<ul><li>Tax AuditRepresentation</li><li>Tax Collection Defense</li></ul>
Home & Real Estate	<ul><li>Purchase/Sale of Primary Residence</li><li>Deeds</li></ul>	<ul><li>Mortgages</li><li>Refinancing</li></ul>	<ul><li>Real Estate Disputes</li><li>Neighbor Disputes</li></ul>
Estate Planning	<ul><li>Codicils</li><li>Complex Wills</li><li>Healthcare Proxies</li><li>Living Wills</li></ul>	Powers of Attorney     (Healthcare, Financial,     Childcare,     Immigration)	<ul> <li>Revocable &amp; Irrevocable         Trusts     </li> <li>Simple Wills</li> </ul>
Family & Personal	<ul> <li>Adoption</li> <li>Spousal Support</li> <li>Annulments</li> <li>Paternity Action</li> <li>Child Support/ Custody</li> </ul>	<ul> <li>Immigration Assistance</li> <li>Post-Decree         Enforcement Action     </li> <li>Post-Decree         Modification Action     </li> </ul>	<ul> <li>Pre/Postnuptial Agreement</li> <li>Domestic Violence</li> <li>Elder Law Matters</li> <li>Equitable Distribution of Marital Assets</li> </ul>
Civil Litigation	Administrative     Hearings     Plaintiff or Defendant	<ul><li>Small Claims</li><li>Name Change</li><li>Civil Injunctions</li></ul>	Landlord/Tenant Matters     as Tenant
Document Prep and Review	Demand Letters     Quit Claim Deeds	<ul><li>Promissory Note</li><li>Bill of Sale</li></ul>	<ul><li>Lease Agreement</li><li>Personal Affidavit</li></ul>
Traffic & Other Matters	<ul><li>Moving Traffic Violations</li><li>First Offense DUI</li></ul>	<ul><li>Misdemeanor Defense</li><li>License Suspension</li><li>Habeas Corpus</li></ul>	<ul><li>Juvenile Defense</li><li>Trial Coverage up to \$15,000</li></ul>
Identity Protection Features	<ul> <li>Personal Monitoring (Dark Web)</li> <li>Credit Monitoring</li> <li>Lost Wallet Protection</li> </ul>	<ul> <li>Social Media Monitoring</li> <li>Fraud Alerts</li> <li>SSN Tracker</li> </ul>	<ul> <li>Lost Wallet Recovery</li> <li>\$25k Ransomware Reimbursement</li> <li>\$1 Million Identity Theft Insurance</li> </ul>

# **MET Pet Insurance**



No matter what unpredictable antics your furry family member gets into, your family isn't complete without them. With MetLife Pet Insurance,1 you can feel confident that their health and your wallet are protected if you're faced with an unexpected trip to the vet.

#### Why choose MetLife Pet Insurance:

- Flexible coverage with up to 100% reimbursement2 and freedom to visit any U.S. licensed vet
- Available optional Preventive Care coverage3
- 24/7 access to Telehealth Concierge Servies4
- Access to discounts and offers on pet care4
- MetLife Pet mobile app to submit and track claims and manage your pet's health and wellness

#### **What's Covered**

- accidental injuries
- illnesses
- exam fees
- surgeries
- medications
- ultrasounds
- hospital stays
- x-rays and diagnostic tests

#### Coverage also includes

- hip dysplasia
- · hereditary conditions
- congenital conditions
- chronic conditions
- alternative therapies
- holistic care
- and much more!

To get a quote or enroll, visit www.metlife.com/getpetquote or call 1-800-GET-MET8.

Or scan the QR code with your smartphone camera to get started.



Enter Company Name to Receive Discounts



# **GET IN TOUCH**

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