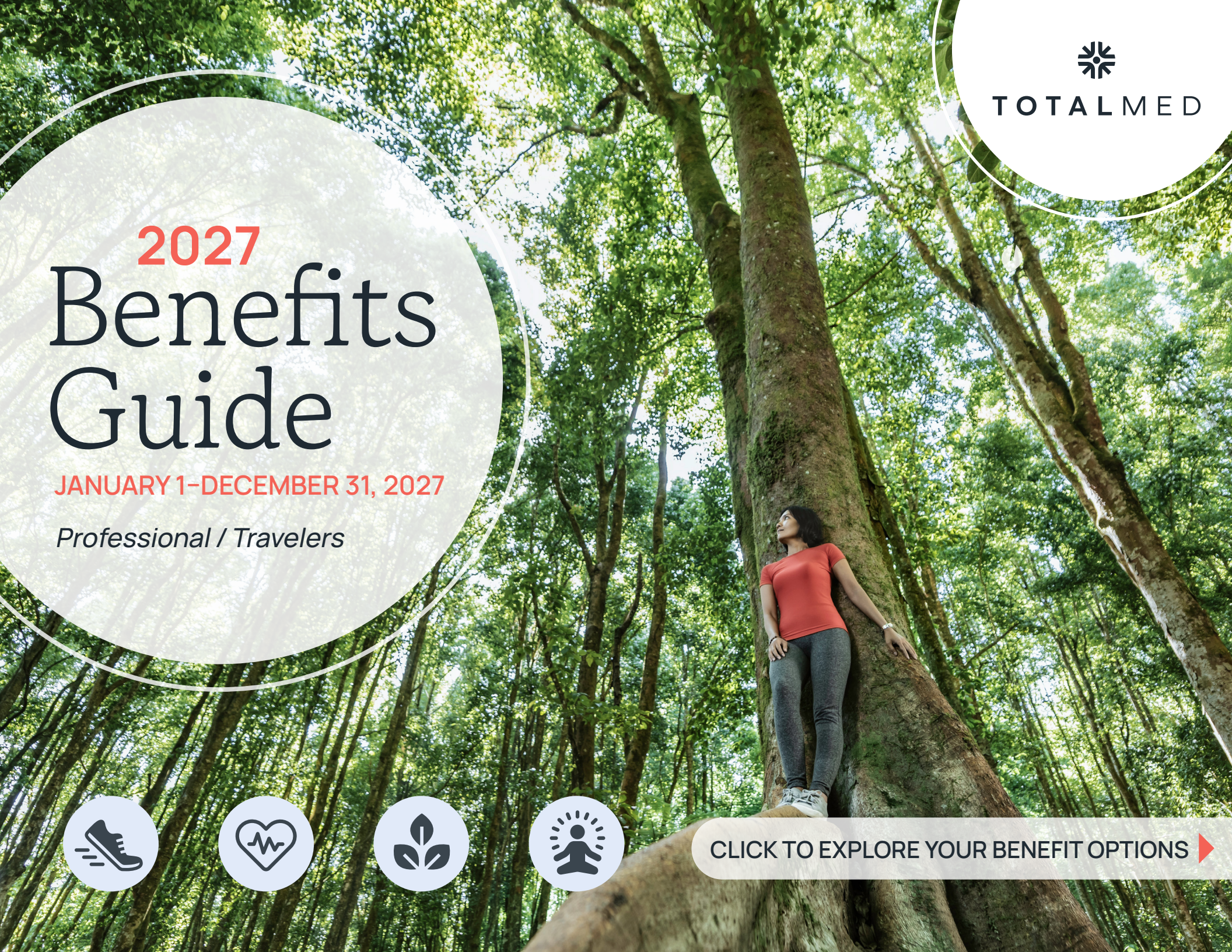

TOTALMED
2027
Benefits Guide
JANUARY 1–DECEMBER 31, 2027
Professional / Travelers
CLICK TO EXPLORE YOUR BENEFIT OPTIONS

Understanding Your Benefit Options!

TOTALMED offers a comprehensive benefits program, thoughtfully designed with you and your family in mind. As a new hire and during Open Enrollment, you can make changes to your benefits package to ensure you and your family have the right coverage. This benefits guide is a key tool to help you learn about your benefit options. It provides helpful information and resources to support your decision-making. As you prepare to enroll:

- Consider your benefit coverage needs for the upcoming year.
- Gather the necessary information you need to get started. If you are covering dependents, you will need their birth dates and Social Security numbers.
- Learn about programs to help ensure financial security for you and your family.

Getting the most value from your benefits depends on understanding the plans and how you choose to use them. This guide offers an overview of the benefits available. Read it carefully for important details about your benefit options.

If you have any questions regarding your benefits package, please contact us at HR@totalmed.com.

Questions?

Reach out to **totalmed@enrollwithbe.com**.

What's Inside?

How to Enroll 3
Benefit Basics 4
Qualifying Life Events 5
Employee Assistance Program 6
Anthem Live Health Online 6
Medical Plans 7
Enrollment Worksheet 8
Medical Plan Options 9
Health Savings Account (HSA) 11
Anthem Well-Being Rewards 12
Dental Plans 13
Vision Plan 13
Disability and Life Insurance 14
Short- and Long-Term Disability 14
Life Insurance 15
Additional Voluntary Benefits 16
Accident Insurance 16
Critical Illness 16
Hospital Indemnity 16
BenefitHub 17
COBRA 18
Leaves of Absence 19
Important Notices and Contacts 20

How to Enroll

Benefits Educators

TOTALMED has partnered with Benefit Educators to support our enrollment efforts through personalized, one-on-one benefits education and enrollment assistance. Benefit-eligible employees will have the opportunity to speak with a benefit counselor for enrollment assistance and questions. We strongly encourage you to contact a Benefits Counselor! You may add, remove or change your benefit elections during Open Enrollment and during new hire and rehire enrollment in 2027.

Need Help to Enroll? Benefit Educators Can Help!

- Visit **totalmed.mybenefits.pro** to schedule a time to receive a callback (no waiting)
- Call (877) 418-3413 | Monday-Friday, 10 a.m. to 7 p.m. ET
- Email questions to **totalmed@enrollwithbe.com**.

How Do I Enroll in Benefits?

Contact Benefits Educators for enrollment assistance or complete enrollment online. You must use a laptop or computer to complete enrollment online.



New Hires and Rehires

You have 30 days from your date of hire to enroll in benefits coverage. If you fail to enroll on time, you will not have benefits coverage for the plan year.

KEEP IN MIND: The next chance you will have to change your benefits is if you experience a qualifying life event OR during the annual Open Enrollment period for coverage effective January 1 of the following year.

You must use a laptop or computer to complete enrollment.

To enroll, log on to **https://totalmed-dl.ultipro.com**

- **Username:** Primary email address
- **Default password:** First-time users select the "Forgot Your Password" option

Open Enrollment

During Open Enrollment, held in November, you have the opportunity to enroll or make changes to your benefits coverage for the next calendar year.

- To enroll, log on to **https://totalmed-dl.ultipro.com**
- Click on the Open Enrollment button under Benefits Resources on your UKG homepage to start the enrollment. Please review each benefit selection carefully and elect to enroll or decline coverage.

Questions?

Reach out to **totalmed@enrollwithbe.com**.

Benefit Basics

Employee Eligibility

You must be a full-time employee working 30 or more hours per week.

Eligible Dependents

- Your legally married spouse.
- Your domestic partner (DP) and/or their children.
- Your biological children, stepchildren, adopted children or children for whom you have legal custody up to age 26.
- Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

Waiting Period

You are eligible for medical coverage and additional plans as of your date of hire.

What Happens to Your Benefits During a Gap Between Contracts?

- If you have a gap of 30 days or less between the end date of your contract and the start date of a new one, your benefits will continue as if there was no break. You will be responsible for any missed premiums upon your return.
- If there is a gap of more than 30 days between your last contract end date and the start date of a new contract, your benefits will end on your last contract end date and you will receive COBRA paperwork. You will have the option to continue coverage under COBRA during that gap if you choose. Coverage as a rehire will be available once your new contract begins.



Experiencing a Qualifying Life Event

Midyear Changes / Qualifying Life Events

You can only update your benefits during the plan year if you experience a qualifying life event. To request changes to your benefit elections, contact Human Resources within 30 days of the event. Be ready to provide documentation such as a marriage license, birth certificate or divorce decree. If you miss this deadline, you may need to wait until the next Open Enrollment period to make changes.

Qualifying Life Event Enrollment via UltiPro

- To enroll, log on to **https://totalmed-dl.ultipro.com**
- Click on the Submit a Life Event button under Benefits Resources on your UKG homepage to start the qualifying life event enrollment.

Username: Primary email address

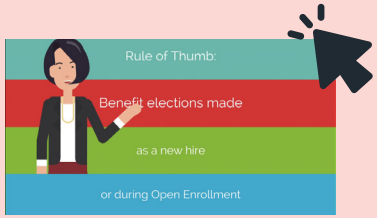
Default Password: First-time users should select the "Forgot Your Password" option

Note: Enrollment must be completed on a computer (not mobile)

Questions?

Reach out to **totalmed@enrollwithbe.com**.

What Is a Qualifying Life Event?



Qualifying Life Events

Below are examples of what the IRS considers qualifying life events. Please note, this is not an exhaustive list. Contact HR@totalmed.com if you believe you're experiencing a qualifying life event.

- Marriage, divorce or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Spouse's Open Enrollment that affects your coverage
- Change in your spouse's work status that affects their benefits
- Change in your child's eligibility for benefits
- Qualified Medical Child Support Order



Employee Assistance Program (EAP)

MetLife

Help When You Need It Most

The MetLife EAP can assist you and your household members in accessing professional support and guidance to make life easier. The program offers easy-to-use services to help manage everyday challenges—**at no cost to you**. All services are 100% confidential, and you can access them anytime, anywhere.

Expert Advice for Work, Life and Well-being

Experienced counselors, provided through LifeWorks, are available to support you with anything going on in your life, including (but not limited to):

- **Family:** Divorce, parenting, caregiving
- **Work:** Relocation, relationship building, navigating changes
- **Money:** Budgeting, financial planning, retirement, real estate, taxes
- **Legal:** Family law, financial matters, real estate, estate planning
- **Identity Theft:** Prevention tips, financial counseling
- **Health:** Anxiety, depression, sleep, smoking
- **Everyday Life:** Moving, grief, military matters, pets

Who Is Covered?

MetLife's EAP services are available to all eligible partners and employees, their spouses or domestic partners and dependent children.

Anthem Live Health Online

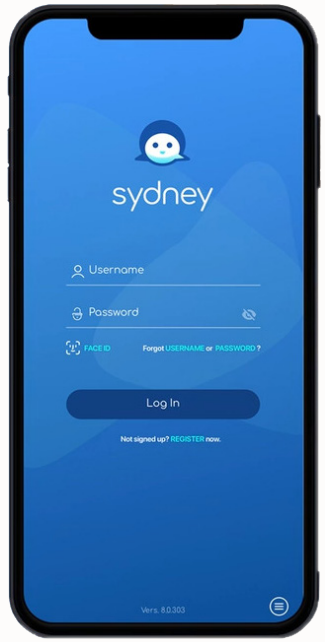
Anthem

Access to 24/7 Virtual Mental and General Healthcare

If you enroll in a medical plan, you can access Anthem's Live Health Online suite at $0 copay through the Sydney Health App.

When you're not feeling well, you can easily get the support you need through Anthem Live Health Online. Whether you have a cold, feel anxious or need help managing your medication, doctors and mental health professionals are available to assist you in feeling your best. With Anthem Live Health Online, you can have a video visit with a board-certified doctor, psychiatrist or licensed therapist from your smartphone, tablet or computer, whether at home or anywhere else.

The Sydney Health app is available for both Apple and Android phones.



Get started with Sydney Health
Download the app today!

GET IT ON Google Play | Download on the App Store

Help at Your Fingertips

- **Mobile App:** Search "LifeWorks" in your app store (username: metlifeeap | password: eap)
- **Phone Support:** 1-888-319-7819
- **Online Support: metlifeeap.lifeworks.com** (username: metlifeeap | password: eap)
- **Live Support:** Up to five in person, phone or video counseling sessions per person, per year.



How the Medical Plans Work

Choosing the Right Benefits Plan

Trying to make sense of your medical plans? Here's a quick overview. The HDHP HSA options and the PPO plan offer the same coverage, provider network and services. However, these plans have different employee contributions, coinsurance and deductibles, and out-of-pocket maximums. Compare the plans here:

Features	HDHP HSA Options	PPO Plan
Company Contributes to Your Premiums	Yes	Yes
Network of Healthcare Providers and Contracted Rates	Yes	Yes
Can Contribute Pretax Dollars to Health Savings Account	Yes	No
Preventive Care	100% covered in network.	100% covered in network.
Deductible	Applies to all services/ prescriptions except preventive services.	Applies to certain covered services.
Copays/Coinsurance	Yes, after deductible is met. Employee is responsible for coinsurance/copay.	Yes, employee is responsible for coinsurance/copay. Deductible may apply for certain services.
Out-of-Pocket Maximum	Plan pays 100% for covered services after you reach this amount.	Plan pays 100% for covered services after you reach this amount.

Questions?

Reach out to **totalmed@enrollwithbe.com**.



Enrollment Worksheet

Medical	Benefits Enrollment Worksheet - Weekly Premiums, 52 Pay Periods Annually			
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
HDHP HSA Option 1	$91.96	$245.24	$193.12	$299.74
HDHP HSA Option 2	$56.72	$233.34	$157.51	$285.20
PPO 4000	$148.64	$316.85	$246.44	$462.17
Dental	**Employee Only**	**Employee + Spouse**	**Employee + Child(ren)**	**Employee + Family**
Dental Low	$5.31	$11.86	$19.50	$20.93
Dental High	$7.39	$17.83	$22.58	$28.64
Vision	**Employee Only**	**Employee + Spouse**	**Employee + Child(ren)**	**Employee + Family**
Vision	$1.40	$2.73	$3.18	$3.80
Short-Term Disability*	**Benefit Percentage**	**Weekly Benefit Maximum**	**Maximum Benefit Duration**	**Elimination Period**
Plan A	60% of weekly earnings	Up to $2,100	9 weeks	**Illness:** 30 days / **Injury:** 30 days
Plan B	60% of weekly earnings	Up to $2,100	11 weeks	**Illness:** 14 days / **Injury:** 14 days
Plan C	60% of weekly earnings	Up to $2,100	12 weeks	**Illness:** 7 days / **Injury:** 7 days
Long-Term Disability*	**Benefit Percentage**	**Monthly Benefit Maximum**	**Maximum Benefit Duration**	**Elimination Period**
Choice 1	60% of your monthly earnings	Up to $9,000	5 years	90 days
Choice 2	60% of your monthly earnings	Up to $9,000	Social Security normal retirement Age (SSNRA)	90 days
Voluntary Life and AD&D*	**Increments**	**Maximum**	**Salary Limitation**	**Guaranteed Issue**
Employee	$10,000	$500,000	5x	$300,000
Spouse	$5,000	$250,000	N/A	$50,000
Child(ren)	$2,000	$10,000	N/A	$10,000
Accident Insurance	**Employee Only**	**Employee + Spouse**	**Employee + Child(ren)**	**Employee + Family**
Low Plan	$1.75	$3.47	$4.16	$4.92
High Plan	$2.27	$4.49	$5.36	$6.35
Critical Illness*	**Increments**	**Maximum**	**Wellness Benefit Included**	
Coverage Levels	$10,000	$30,000	Yes	
Hospital Indemnity	**Employee Only**	**Employee + Spouse**	**Employee + Child(ren)**	**Employee + Family**
Low Plan	$2.37	$4.10	$3.71	$5.43
High Plan	$4.70	$8.11	$7.34	$10.76

*Rates are either determined by wages, age, or the amount of coverage elected. Weekly rates will populate within the Life Event or Open Enrollment module in UKG.

Health and Welfare

Anthem

Medical Plan Options

The table summarizes the key features of the PPO medical plan. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount. This summary of health insurance benefits is provided to assist you in comparing plans. It is not a complete description of plan benefits. For complete coverage details, please refer to the Summary Plan Description. **Wisconsin residents will use the Blue Preferred POS network. Residents outside Wisconsin will use the BlueAccess network.** **You become eligible on your date of hire. Benefits end on the last day of your contract.**

Key Medical Benefits	PPO 4000 Plan	
	In-Network	Out-of-Network[1]
Deductible (per calendar year)		
Individual / Family	$4,000 / $8,000	$8,000 / $16,000
Out-of-Pocket Maximum (per calendar year)		
Individual / Family	$6,000 / $12,000	$12,000 / $24,000
Covered Services		
Office Visits (physician / specialist)	$45 / $65 copay	50% after deductible
Routine Preventive Care	No charge	50% after deductible
Outpatient Diagnostic (lab / X-ray)	No charge	50% after deductible
Complex Imaging	20% after deductible	50% after deductible
Emergency Room	$250 copay + 20%	
Urgent Care Facility	$100 copay	50% after deductible
Inpatient Hospital Stay	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Prescription Drugs (Tier 1 / Tier 2 / Tier 3)		
Retail Pharmacy (30-day supply)	$20 / $40 / $70	N/A
Mail Order (90-day supply)	$50 / $100 / $175	50% coinsurance (retail) and Not covered (home delivery)

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying. To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.



Access Your Medical Plan

- **Phone:** 1-833-578-4439
- **Online: anthem.com**

Questions?

Reach out to **totalmed@enrollwithbe.com.**

Health and Welfare

Anthem

Medical Plan Options

The table summarizes the key features of the high-deductible health plans (HDHPs). If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount. This summary of health insurance benefits is provided to assist you in comparing plans. It is not a complete description of plan benefits. For complete coverage details, please refer to the Summary Plan Description. **Wisconsin residents will use the Blue Preferred POS network. Residents outside Wisconsin will use the BlueAccess network.** **You become eligible on your date of hire. Benefits end on your last day of contract.**

Key Medical Benefits	HDHP HSA Option 1		HDHP HSA Option 2	
	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]
Deductible (per calendar year)				
Individual / Family	$3,500 / $7,000	$7,000 / $14,000	$5,000 / $10,000	$10,000 / $20,000
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	$6,550 / $9,825	$13,100 / $26,200	$6,550 / $13,100	$13,100 / $26,200
Covered Services				
Routine Preventive Care	No charge	40% after deductible	No charge	50% after deductible
Office Visits (physician / specialist)	20% after deductible	40% after deductible	$40 copay / $60 copay after deductible	50% after deductible
Inpatient Hospital Services	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Outpatient Hospital Services	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Emergency Room	20% after deductible		$250 copay, 30% after deductible	
Urgent Care Facility	20% after deductible	40% after deductible	$100 copay after deductible	50% after deductible
Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier 4 / Tier 5)				
Retail Pharmacy (30-day supply)	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Mail Order (90-day supply)	20% after deductible	40% after deductible (retail) and Not covered (home delivery)	30% after deductible	50% after deductible (retail) and Not covered (home delivery)

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying. To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Health Savings Account (HSA)

Fidelity

If you enroll in a high-deductible health plan (HDHP), you can also open a health savings account (HSA) to help pay for current and future eligible healthcare expenses.

How Does an HSA Work?

- You must be enrolled in an HDHP to participate.
- An HSA allows you to pay lower federal income taxes by making tax-free deposits each year.
- Deposits to your HSA are yours to withdraw at any time to pay for medical expenses not covered by your HDHP.
- Your contribution may not exceed the annual IRS limits listed below.
- Funds roll over from year to year.
- You can change your contribution level at any time during the year.
- Any funds you withdraw for non-qualified medical expenses will be taxed at your income tax rate, plus 20% if you are under age 65.
- To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs, nor be claimed as a dependent on someone else's tax return.
- When you reach age 65, there's no longer a penalty for withdrawing HSA funds to use for non-medical expenses, but you will owe income tax on the withdrawals.

HSA Contribution Limit	2027
Employee Only	$4,500
Family (Employee + 1 or More)	$9,000
Catch-up (Age 55+)	$1,000

Managing Your HSA

Opening and managing your HSA with Fidelity is quick and simple. You'll receive information on investment options, payment methods and ongoing support to help you build and oversee your savings. For your convenience, you can open a Fidelity HSA online.

Access Your HSA

- **Phone:** 1-800-544-3716 | Monday-Friday, 8:30 a.m. to 8 p.m. ET
- **Online: netbenefits.com**

Questions?

Reach out to **HR@totalmed.com**

What Is a Health Savings Account?



Anthem Well-Being Rewards

Anthem

Focus on wellness, complete activities and earn up to $200 in rewards.

The Well-Being Solutions Program

The Well-Being Solutions program connects you with easy-to-use digital health and wellness tools that can help you stay your best. When you complete any of the activities in this chart, you'll earn rewards to put toward electronic gift cards for select retailers. Choose the activities you'd like to complete to receive up to $200.

Achieve Your Health Goals With Well-Being Coach

The Well-Being Coach digital coaching app can help you maintain a healthy weight or quit tobacco, while improving your nutrition, exercise, mindfulness and sleep. To access your Well-Being Coach for personalized digital and phone support, go to the Sydney Health app or anthem.com.

Using the Sydney Health App

You can start earning rewards by downloading the Sydney Health app to your mobile device or logging on to **anthem.com.**

Activity Type	Activities	Amount
Digital and wellness activities Rewards are added to your account as you complete activities on the SydneySM Health app or on anthem.com.	Log on to your Anthem account	Up to $20 ($5 per quarter)
	Connect a fitness or lifestyle device	$5
	Complete a health assessment and receive tailored health recommendations	$20
	Complete action plans around eating healthy, weight management and physical activity	Up to $25 ($5 per action plan)
	Track your steps	Up to $60 ($2 per 50,000 steps tracked)
	Complete Well-Being Coach digital daily check-ins	Up to $20 ($4 per milestone)
	Update your contact information	$15
	Select a primary care provider in Sydney Health	$10
	Participate in Emotional Well-Being Resources program	$5
	Log daily nutrition (at least 45 days per quarter)	Up to $12 ($3 per quarter)
	Use any EAP service	$5
Preventive care Complete your annual screenings or wellness visits. Rewards are added to your account after your claim is processed (may take up to 60 days).	Have an annual preventive wellness exam or well-woman exam with your doctor	$25
	Get an annual cholesterol test (men ages 35 and older, women ages 40 and older, or upon doctor recommendation)	$20
	Have a colorectal cancer screening (ages 45 and older or upon doctor recommendation)	$25
	Have a routine mammogram (women ages 40 to 74 or upon doctor recommendation)	$25
	Have an annual eye exam	$25
	Get an annual flu shot	$20
	Get an A1C lab test	$10
Condition management Rewards are added to your account as you meet benchmarks or complete a program.	Condition Care: Work one on one with your health coach and earn rewards for participating in and completing the program	Up to $50 ($20/$30)
	Building Healthy Families: Help your family grow and thrive through the Sydney Health app and earn rewards for completing certain activities	Up to $40 ($10 per milestone)
	Well-Being Coach: Weight Management: Receive one-on-one coaching by phone as you complete your goal to earn a reward	$25
	Well-Being Coach: Tobacco Cessation: Receive one-on-one coaching by phone as you complete your goal to earn a reward	$25
	Get a diabetic foot exam	$25
	Get an LDL or lipid diabetic lab test	$10
	Get a microalbumin and eGFR diabetic lab test	$10

Dental

MetLife

You become eligible on your date of hire. Benefits end on the last day of your contract.

The following is a high-level overview of the coverage available from our health insurance partner, MetLife. The table summarizes the key features of the dental plans. The copay and coinsurance amounts listed reflect the member's responsibility. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

This summary of health insurance benefits is provided to assist you in comparing plans. It is not a complete description of plan benefits. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Dental Benefits	Dental High Plan		Dental Low Plan	
	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]
Deductible (per calendar year)				
Individual / Family	$50 / $150		$75 / $225	
Benefit Maximum (per calendar year; preventive, basic and major services combined)				
Per Individual	$2,000		$1,000	
Covered Services				
Preventive Services (oral exam, teeth cleaning, bitewing X-rays, fluoride treatments)	No charge		No charge	
Basic Services (restorations, emergency treatment to relieve pain, fillings, general services, simple extractions, oral surgery)	20% after deductible		20% after deductible	
Major Services (periodontics, endodontics, inlays, onlays, crowns, bridges, dentures)	50% after deductible		50% after deductible	
Orthodontia (Child Only)	50%		N/A	

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision

MetLife

You become eligible on your date of hire. Benefits end on the last day of your contract.

The following is a high-level overview of the coverage available from our health insurance partner, MetLife. The table summarizes the key features of the vision plan. The copay and coinsurance amounts listed reflect the member's responsibility. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

This summary of health insurance benefits is provided to assist you in comparing plans. It is not a complete description of plan benefits. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Vision Benefits	In-Network With Superior	Out-of-Network Reimbursement
Exam (Once Every 12 Months)	$10	$45 allowance
Materials Copay	$25	$25
Lenses (Once Every 12 Months)	$25	
Single Vision		$30 allowance
Bifocal		$50 allowance
Trifocal		$65 allowance
Lenticular		$100 allowance
Frames (Once Every 12 Months)	$150	$70 allowance
Contact Lenses (Once Every 12 Months; in Lieu Of Glasses)		$105 allowance

Access Your Plans

- **Dental:** 1-800-438-6388
- **Vision:** 1-800-438-6388
- **Online: metlife.com/mybenefits**

Questions?

Reach out to **totalmed@enrollwithbe.com.**

Voluntary Short-Term Disability

MetLife

You are eligible for voluntary short-term disability beginning on your date of hire. Benefits end on the last day of your contract.

Short-term disability provides partial income replacement if you are unable to work due to illness or injury.

Your weekly cost will be calculated based on the plan you elect, your age and your weekly earnings. When electing coverage through https://totalmed-dl.ultipro.com, your cost will automatically be calculated for you based on your plan choice.

These plans have a pre-existing condition limitation—any condition you have been treated for in the three months prior to your effective date will not be covered during the first 12 months of coverage.

Plan A	
Benefit Percentage	60% of your weekly earnings
Weekly Benefit Maximum	Up to $2,100
Maximum Benefit Duration	9 weeks
Elimination Period	**Illness:** 30 days / **Injury:** 30 days
Plan B	
Benefit Percentage	60% of your weekly earnings
Weekly Benefit Maximum	Up to $2,100
Maximum Benefit Duration	11 weeks
Elimination Period	**Illness:** 14 days **/ Injury:** 14 days
Plan C	
Benefit Percentage	60% of your weekly earnings
Weekly Benefit Maximum	Up to $2,100
Maximum Benefit Duration	12 weeks
Elimination Period	**Illness:** 7 days / **Injury:** 7 days

Voluntary Long-Term Disability

MetLife

You are eligible for voluntary long-term disability beginning on your date of hire. Benefits end on the last day of your contract.

Long-term disability provides continued benefits if you remain disabled for an extended period of time.

Your weekly cost will be calculated based on the plan you elect, your age and your monthly earnings. When electing coverage through https://totalmed-dl.ultipro.com, your cost will automatically be calculated for you based on your plan choice.

These plans have a pre-existing condition limitation—any condition you have been treated for in the three months prior to your effective date will not be covered during the first 12 months of coverage.

Choice 1	
Benefit Percentage	60% of your monthly earnings to a monthly maximum of $9,000
Monthly Benefit Maximum	Up to $9,000
Maximum Benefit Duration	5 years
Elimination Period	90 days
Choice 2	
Benefit Percentage	60% of your monthly earnings to a monthly maximum of $9,000
Monthly Benefit Maximum	Up to $9,000
Maximum Benefit Duration	Social Security normal retirement age (SSNRA)
Elimination Period	90 days

To File a Claim

Phone: 1-833-622-0135
Online: mybenefits.metlife.com

Supplemental Life and AD&D Insurance

MetLife

You are eligible for supplemental life and AD&D insurance beginning on your date of hire. Benefits end on the last day of your contract.

You may wish to purchase supplemental life and accidental death and dismemberment (AD&D) insurance through MetLife for yourself, your spouse or domestic partner and your dependent children. The average cost is based on your age and the amount of coverage you elect. **Dependent coverage is available only when you elect coverage for yourself.**



Supplemental Life and AD&D Insurance

- **Employee:** You may purchase supplemental life and/or AD&D insurance in increments of $10,000 up to $500,000 or five times your annual salary, whichever is less. The Guaranteed Issue amount is $300,000 if you elect coverage when you are first eligible.
- **Spouse or Domestic Partner:** If you purchase supplemental life and/or AD&D insurance for yourself, you may also purchase coverage for your spouse in $5,000 increments up to $250,000, not to exceed 100% of the employee amount. The Guaranteed Issue amount for your spouse is $50,000 if you elect coverage when you first become eligible.
- **Child(ren):** If you purchase supplemental life and/or AD&D insurance for yourself, you may also purchase coverage in $2,000 increments up to $10,000 for your dependent child(ren) up to age 26.

Supplemental Life and AD&D Enrollment

- If you are in your initial eligibility period, you can elect up to the Guaranteed Issue amount without being subject to a Statement of Health (SOH).
- If you are not in your initial eligibility period or if you elect amounts greater than the Guaranteed Issue amount, **you will be required to complete an SOH health questionnaire** and submit it to our carrier, MetLife. Any coverage subject to SOH would become effective the first of the month following approval from MetLife. You will be receiving an email from MetLife to complete the online SOH form. It is your responsibility to open the link included in the email, complete the online form and submit to MetLife for approval.

Note: "Guaranteed Issue" refers to a feature of an insurance policy in which that policy is offered to any eligible applicant without regard to health status. The term "Guaranteed Issue Amount" is the highest amount of insurance coverage a carrier promises to sell you, regardless of health status.

Filing a Claim?

- **Life Claims**: 1-800-638-6420 (opt. 2) or **lifeclaimssubmit@metlife.com**
- **Disability Claims**: 1-833-622-0135 **metlife.com/mybenefits** or fax to 1-800-230-9531

Questions?

Reach out to **totalmed@enrollwithbe.com**.

Additional Voluntary Benefits

MetLife

You are eligible for voluntary benefits beginning on your date of hire. Benefits end on the last day of your contract.

Our benefit plans are here to help you and your family live well and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through MetLife are designed to complement your healthcare coverage and allow you to customize your benefits to your and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse or domestic partner and dependents. The average cost is based on your age and the amount of coverage you elect.

Accident Insurance

Accident insurance helps reduce the financial burden of an accidental injury by providing a specified dollar amount to cover unexpected out-of-pocket expenses for your treatment.

Covered Benefit	High Plan	Low Plan
Hospital Admission	$1,500	$1,000
Daily Hospital Confinement	$300	$200
Ambulance-Ground	$400	$300
Emergency Room	$200	$150
Urgent Care	$100	$75

Critical Illness

With critical illness insurance, you will receive a lump-sum benefit if you are diagnosed with a covered condition, which you can use however you like, including to help pay for treatment, prescriptions, travel, increased living expenses and more. If you purchase critical illness coverage for yourself, you may also purchase coverage for your dependents. The average cost is based on your age and the amount of coverage you select.

Covered Benefit	Option 1	Option 2	Option 3
Employee Face Amount	$10,000	$20,000	$30,000
Spouse Face Amount	50% of Employee Face Amount		
Child(ren) Face Amount	25% of Employee Face Amount		
Pre-Existing Condition	None	None	None

Hospital Indemnity Insurance

Hospital Indemnity plans can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket expenses due to a covered sickness or injury related to hospitalization.

Covered Benefit	High Plan	Low Plan
Hospital/ICU Admission	$2,000	$1,000
Daily Hospital Confinement	$200	$100
Pre-Existing Condition	None	None

Learn More About Voluntary Benefits

- **Phone:** 1-800-438-6388
- **Online: metlife.com/mybenefits**

Questions?

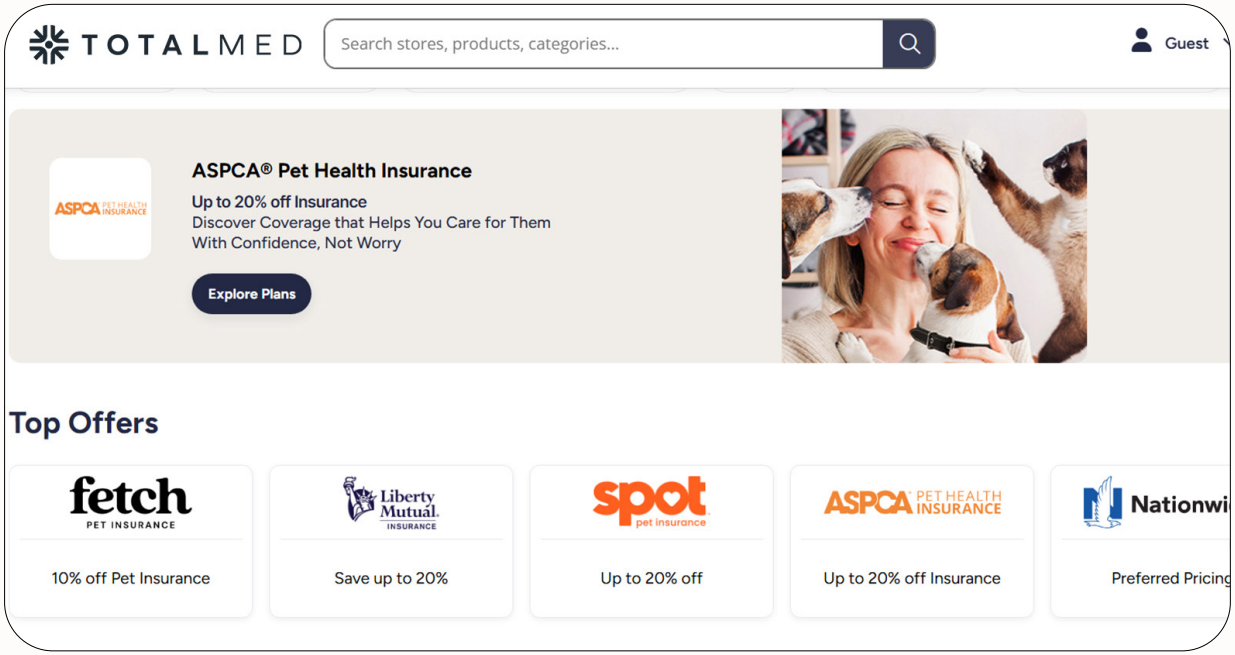
Reach out to **totalmed@enrollwithbe.com**.

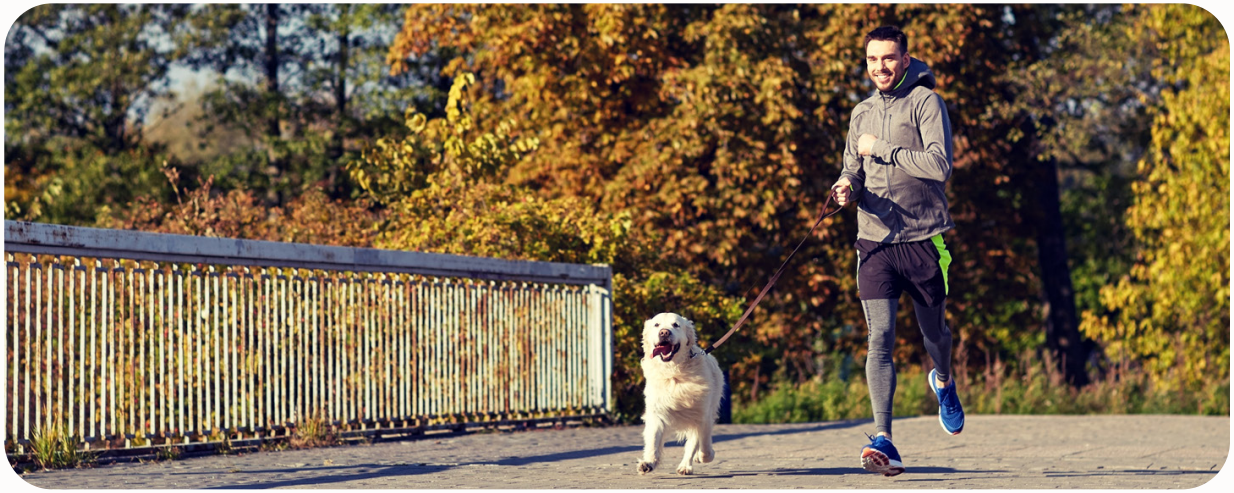
BenefitHub

Access discounts from more than 200,000 local and national companies, including apparel, auto, beauty, education, electronics, financial, flowers, gifts, pets, sports, travel, wellness and more. You can save on items including:

- Pet insurance
- Legal Shield
- Travel
- Automobiles
- Apparel
- Tickets
- Electronics
- Local deals
- Beauty and spa
- Restaurants
- Sports and outdoors

To get started, go to totalmed1.benefithub.com and create an account.





Questions?

Call 1-866-664-4621 or email **customercare@benefithub.com.**

COBRA Benefits

When your employment ends, you may be concerned about continuing your health insurance. The information below explains how COBRA coverage works, outlines important deadlines and outlines the steps you need to take.

What Is COBRA?

COBRA (Consolidated Omnibus Budget Reconciliation Act) allows you to continue your existing health insurance coverage after your employment ends. COBRA is not a new insurance plan—you'll keep the same provider, insurance cards and policy details. However, you will be responsible for paying the full premium amount, including the portion your employer previously covered.

When Do I Need to Decide?

You have 60 days from the date your COBRA Notice of Eligibility is mailed to elect COBRA coverage.

COBRA Notice of Eligibility

- Your notice will be generated after your employment officially ends. It cannot be issued in advance.
- A printed copy will be mailed to your permanent address on file via USPS.
- A digital copy will also be sent to your email address on record, if requested.

How to Enroll in COBRA

- Your COBRA packet will include full instructions for electing coverage and submitting payments.
- COBRA is administered by EBC (Employee Benefits Corporation).
- You will submit your election forms and make monthly premium payments directly to EBC.



Leaves of Absence

Leaves of Absence

The information below is a summary of the most requested types of leave of absence that the company provides. Direct all questions and requests for leave of absence to Human Resources at leave@totalmed.com.

Family Medical Leave Act (FMLA)

We recognize that there are times when an employee may need to be absent from work due to qualifying events under the Family and Medical Leave Act (FMLA). Accordingly, **TOTAL**MED will provide eligible employees up to a combined total of 12 weeks of unpaid FMLA leave per year for the following reasons and any other leave authorized by the FMLA:

- **Parental Leave:** For the birth of a child; placement of an adopted or foster child
- **Personal Medical Leave:** When you are unable to work due to your own serious health condition
- **Family Care Leave:** To care for a spouse, child or parent with a serious health condition
- **Military Exigency Leave:** When your spouse, parent or child (of any age) experiences a qualifying exigency from military service
- **Military Care Leave:** To care for your spouse, parent, child (of any age) or next of kin who requires care due to an injury or illness incurred while on active duty or was exacerbated while on active duty

FMLA Eligibility

If you have been with the company for at least 12 months (either consecutively or non-consecutively) and have completed at least 1,250 hours of service in a 12-month period before your leave date, you are eligible. Employees who work in small locations with fewer than 50 employees within 75 miles are not eligible for leave.

Requesting FMLA Leave

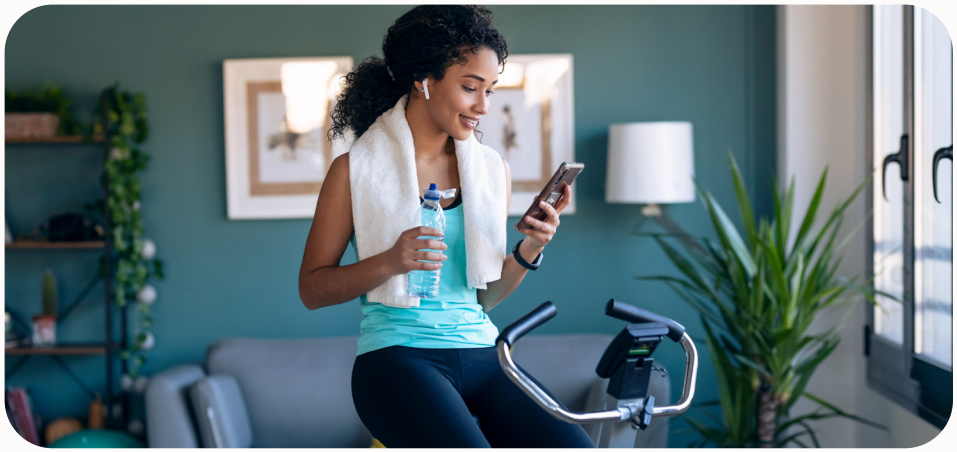
To request FMLA, you must provide Human Resources with verbal or written notice of the need for leave. Please refer to your Employee Handbook for procedures on requesting FMLA.

Workers' Compensation

Workers' compensation is a no-fault system designed to provide benefits to all employees for work-related injuries. The workers' compensation system covers medical treatment and expenses, occupational disability leave, rehabilitation services, as well as payment for lost wages due to work-related injuries.

In the event of a work-related injury or illness, you must follow the steps below:

- Report the event to your onsite manager immediately.
- Report the event to the workers' compensation division at **TOTAL**MED as soon as possible, but at least within 24 hours of the event happening:
- **Email:** jobinjuries@totalmed.com
- **Phone:** 1-800-240-2526 ext. 9107
- **After hours:** 1-800-240-2526



Questions?

Reach out to **leave@totalmed.com**.

Important Notices

Click each link to access the notices listed below:

- CHIPRA
- Annual Notice of Women's Health and Cancer Rights Act
- Notice of Marketplace Coverage Options
- Notice of Special Enrollment Rights
- General COBRA Notice
- Illinois Essential Health Benefit
- San Francisco Healthcare Option

Questions?

Reach out to **totalmed@enrollwithbe.com**.

Contacts

Plan	Carrier	Phone Number	Group # / Name	Website/Email
Employee Assistance Program (EAP)	MetLife	1-888-319-7819	TotalMed	metlifeeap.lifeworks.com **username:** metlifeeap **password:** eap
Enrollment Assistance	Benefit Educators	1-877-418-3413	TotalMed	totalmed@enrollwithbe.com
Medical	Anthem BCBS	1-833-578-4439	L06688	anthem.com
Dental	MetLife	1-800-438-6388	253531	metlife.com/mybenefits
Vision	MetLife	1-800-438-6388	253531	metlife.com/mybenefits
Health Savings Account (HSA)	Fidelity	1-800-544-3716	8790R	netbenefits.com
Supplemental Life/AD&D	MetLife	1-800-638-6420 (opt 2)	253531	lifeclaimssubmit@metlife.com
Short-and Long-Term Disability	MetLife	1-833-622-0135	253531	metlife.com/mybenefits
Accident Insurance	MetLife	1-800-438-6388	253531	metlife.com/mybenefits
Hospital Indemnity Insurance	MetLife	1-800-438-6388	253531	metlife.com/mybenefits
Critical Illness Insurance	MetLife	1-800-438-6388	253531	metlife.com/mybenefits
Discount Marketplace	BenefitHub	1-866-664-4621	TotalMed	totalmed1.benefithub.com

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage nor medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.