



2025

EMPLOYEE BENEFITS GUIDE

Plan Year: January 1, 2025 – December 31, 2025

Information Provided by:



This Employee Benefits Guide is designed to provide select information about the benefit plans and programs offered by Gibbs & Register, Inc. from January 1, 2025 – December 31, 2025. It does not detail all of the provisions, restrictions and exclusions of the various benefit programs described herein. This booklet does not constitute a Summary Plan Description (SPD) or Plan Document as defined by the Employee Retirement Income Security Act (ERISA). If there is a conflict between this document and the SPD, the SPD shall prevail. The SPD is available from your Human Resource representative.

If you are electing dental, vision, short term disability, long term disability, and voluntary life coverage for the first time, you are required to be 'Actively at Work' on a full time basis on the day that the coverage begins. 'Actively at Work' is defined as, you are working for your employer for earnings that are paid regularly and that you are performing the material and substantial duties of your regular occupation.

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Gibbs & Register strives to provide you with a comprehensive employee benefits program as part of your overall compensation package.

We put this guide together to help you understand your medical benefits and to help you get the most out of them. We encourage you to review it thoroughly so you can identify which offerings are best for you and your family.

If you have questions about your medical benefits, reach out to Human Resources or use the contact information included in this guide to get the answers you need.

ELECTING COVERAGE AND MAKING CHANGES

New Hire Eligibility Date:

Newly eligible members will have coverage effective on the first of the month following 60 days of employment.

Changing Your Benefit Selections:

Generally, you can only make changes to your benefit selections during the annual open enrollment period. However, you will be allowed to make changes to your current coverage when you experience a “Qualifying Life Event”, subject to HR approval.

Qualifying Events Include:

- Marriage
- Divorce, legal separation, or annulment
- Birth, adoption, or placement for adoption of an eligible child
- Change in your spouse’s work status that affects benefits eligibility (for example: starting a new job, leaving a job, changing from part-time to full-time, a strike or lockout, starting or returning from an unpaid leave of absence)
- Significant change in your (or your spouse’s) health coverage due to your employment
- Becoming eligible for Medicare or Medicaid during the year
- Receiving a Qualified Medical Child Support Order (QMCSO)

If you have a Qualifying Life Event, you must notify Human Resources within 30 days of the change. Depending on the type of change, you will need to provide supporting documentation verifying the change (for example, a marriage license or birth certificate). If you do not notify Human Resources within 30 days, you will be required to wait until the next annual open enrollment period to make benefit changes.

ELIGIBILITY

- **Employees**

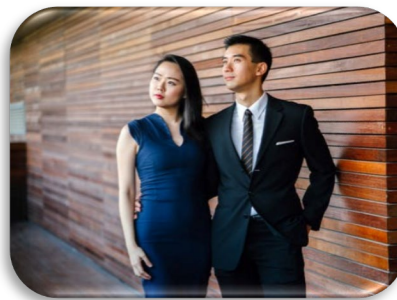
- You are eligible to participate in the employee benefits program if you normally work a minimum of 30 hours each week.

- **Spouse**

- If you enroll, you may also enroll your current legal spouse in the same plans you select for yourself.

- **Children**

- If you enroll, you may also enroll your qualified dependent children in the same plans you select for yourself. This includes your natural, adopted, foster, step-children, or children for whom legal guardianship has been court appointed. There are additional qualifications that vary by plan as follows:
 - Medical plan: Coverage may continue until the end of the month in which the child reaches age 26.
 - Dental and Vision plans: Coverage may continue until the end of the month in which the child reaches age 26, provided they are unmarried and are a full-time student, or if they are unmarried and living in the employee's household and dependent upon the employee for support.
 - Voluntary Life plan: Coverage for unmarried dependent children may continue under the voluntary life plan until the end of the month the child reaches age 26.





WHAT'S FREE FOR ME?

Take advantage of your free benefits by simply calling the 800 number, scanning the QR code, or using the HealthJoy app to identify where there are cost free options!

Zero Deductible – Zero Copay - Zero Coinsurance – Zero Out of Pocket Costs
Access to Doctors 24/7 - Specialty Drugs – MRIs – CT Scans – PET Scans – Surgeries
Guidance on Cancer Treatment – and much more!

TIER 1 – EVERYDAY AILMENTS

Teladoc (Physician Services) - 800-835-2362

- Talk to a doctor/virtual visit by phone, online video, or mobile app 24/7
- Prescription writing
- \$0 Copay



Use this code to view a brief overview of Teladoc

HealthJoy (Member Advocacy) - 877-500-3212

- Find the right doctor
- Review your bills for accuracy
- Find the price
- What does my plan cover
- What is not free to me?



Use this code to view a brief overview of HealthJoy

TIER 1 – EVERYDAY AILMENTS (CONT.)

24/7 Nurse Line – 866-726-6529

- Talk to a registered nurse for guidance on where to go for care
- Utilize a collection of more than 1,100 health topics, many available in Spanish or English
- Get connected to your community resources such as support groups, classes, and seminars
- \$0 Copay



CVS Minute Clinic – varies by location

- Routine health screenings and physicals
- Diagnose and treat common illnesses and injuries, such as the flu or sprained ankles
- Administer vaccinations and injections
- Write prescriptions
- Will share medical records with your PCP
- \$0 Copay



Use this code to view a brief overview of the CVS Minute Clinic

TIER 2 – MODERATE AILMENTS

KISx Card Program – 877-138-5479

- Imaging
 - MRIs, CT scans, and PET scans



Use this code to view a brief overview of the KISx Card for imaging

SmithRx Connect – Select Drugs and Products Program - 844-385-7612

- Reduce your out-of-pocket cost paid for specialty drugs
- If you are being treated with a brand name medication for rheumatoid arthritis, cancer, multiple sclerosis, or other conditions typically treated by a specialist, you should contact the specialty contact center to enroll



Use this code to look up your Rx

TIER 3 – SEVERE AILMENTS

KISx Card Program – 877-138-5479

- Common Procedures
 - Orthopedic surgeries, General surgeries, colonoscopies, Ear, Nose & Throat



Use this code to view a brief overview of the KISx Card for surgeries

CancerCARE– 877-640-9610

- Increased benefit coverage for evidence-based cancer treatment
- Coordination and navigation of your cancer care, including access to skilled oncology experts to help you through your cancer treatment decisions
- Opportunity to obtain care in your community or at a national center
- Physician access to evidence-based drug and biologic dosing that helps protect from under or over treatment of cancer
- Interlink’s CancerCOE network; a network of the nation’s leading cancer centers



CancerCARE
Right Care. Right Time. Right Place.



Use this code to view a brief overview of CancerCARE

MEDICAL INSURANCE



You may choose from Two medical plans through Meritain Health. When selecting your medical plan consider:

- The premium you'll pay (your payroll deduction)
- What you'll pay when accessing care (copays, deductible, coinsurance)
- What medications are covered
- Which providers are In-Network

SOME INSURANCE TERMS

Copay – a fixed amount you pay when seeking care for certain services.

Deductible – the amount you pay for certain health care services in a plan year before the plan begins paying any portion of those services.

Coinsurance – the percentage you pay for certain services after meeting your deductible and before you meet your Out of Pocket Maximum.

Out of Pocket Maximum – the most you will pay in a plan year for covered services. This includes copays, deductibles, coinsurance, and prescriptions. Once the Out of Pocket Maximum has been met, the plan will pay 100% of covered services for the remainder of that plan year.

Meritain Health – POS 2000 and Meritain Health – POS 250

What Provider Network do I use?	Aetna Choice POS II (Open Access)
Do I need to choose a Primary Care Physician (PCP)?	No
Do I need a referral to see a Specialist?	No
Can I go Out-of-Network?	Yes. However, you will pay a higher cost share when using a provider that is not in the network.

MEDICAL INSURANCE

	Meritain Health – POS 2000	Meritain Health – POS 250
In-Network Coverage		
Deductible	\$2,000 Individual \$4,000 Family	\$250 Individual \$750 Family
Coinsurance	40% after Deductible	0% after Deductible
Out of Pocket Maximum	\$6,350 Individual \$12,700 Family	\$3,000 Individual \$6,000 Family
Preventive Care	No Charge	No Charge
Office Visit	Primary Physician: \$35 Copay Specialist: \$50 Copay	Primary Physician: \$20 Copay Specialist: \$45 Copay
Diagnostic Testing at an Independent Facility	Bloodwork: No Charge X-ray: Deductible + 40% MRI / CT / PET: \$200 Copay	Bloodwork: No Charge X-ray: \$50 Copay MRI / CT / PET: \$200 Copay
Urgent Care Center	Teladoc: \$0 Copay CVS Minute Clinic: \$0 Copay All Other: \$100 Copay	Teladoc: \$0 Copay CVS Minute Clinic: \$0 Copay All Other: \$50 Copay
Emergency Room	Facility: Deductible + 40%	Facility: \$200 Copay
Inpatient Hospitalization	Facility Services: \$1,500 Copay per Admission	Facility Services: \$700 Copay per Admission
Outpatient Hospital Services	Facility Services: \$300 Copay per visit	Facility Services: \$300 Copay per visit
Pharmacy Coverage Retail: 30-day supply Mail Order: 90-day supply Tier 1 / Tier 2 / Tier 3 / Tier 4	Tier 1 Retail: \$15 Copay Tier 2 Retail: \$35 Copay Tier 3 Retail: \$50 Copay Specialty: 20% coinsurance; \$250 maximum Mail Order: 2x retail copays (excludes Specialty)	Tier 1 Retail: \$15 Copay Tier 2 Retail: \$35 Copay Tier 3 Retail: \$50 Copay Specialty: 20% coinsurance; \$250 maximum Mail Order: 2x retail copays (excludes Specialty)
Out-of-Network Coverage	Note: You also pay the balance over the allowed amount when using an Out-of-Network Provider	
Deductible	\$6,000 Individual \$6,000 Family	\$1,000 Individual \$3,000 Family
Coinsurance	50% after Deductible	50% after Deductible
Out of Pocket Maximum	\$20,000 Individual \$20,000 Family	\$6,000 Individual \$12,000 Family

FIND A NETWORK PROVIDER

- **To find an In-Network Provider**
- Go to www.meritain.com
- Under the “Resources” tab, select “For members”
 - Scroll to the middle of the page to find “Provider Network Finder”
 - Click the “ABC” filter and select Aetna
 - Enter your location and desired travel distance
 - On the next page, select Aetna Choice POS II (Open Access) under “Broad Medical Networks” – click continue
 - Enter the physician or type of care you are looking for or search by category



A Note about Meritain Health's Provider Network

Verify that your provider is In-Network BEFORE your visit. **Aetna Choice POS II (Open Access)** includes coverage for providers both in and out of network but you will pay significantly more for care received from a provider that is not in the **Aetna Choice POS II (Open Access)**.

CREATING YOUR MERITAIN ACCOUNT



Your personalized member website

Once enrolled as a Meritain Health member, you will have access to the **Meritain Health member portal**. When you log in, you'll find everything you need to know about your benefits—from eligibility, to enrollment, to what's covered. It's another way we're working with you to help you get the most from your benefits—so you can live a life that's balanced and informed.

Registration for the member website is easy

If you're already registered to access your online account, simply enter www.meritain.com into your browser and login from the homepage.

If you're not yet registered, it's OK. Registration is an easy three-step process.

1

Go to www.meritain.com. Then, in the top right corner, click *Register*.

2

Next, select *Member* under *I am a* and enter your group ID. You can find your group ID on the front of your member ID card. (If you are new to the plan, you will soon receive your member ID card in the mail.) Then, click *Continue*.

Please note: You may set up a login for yourself, as well as any children under age 18 who are covered by your plan. For privacy purposes, your spouse and dependents over the age of 18, covered by the plan, must each establish logins to access their individual information.

3

You will need to fill in your:

- Group ID (located on your member ID card).
- Member ID (located on your member ID card).
- Date of birth.
- Name.
- ZIP code.
- Email address.

You can then create a username and password. After that, you will be asked to confirm your email address—then you're done! The next time you log in, just use the same username and password.

24/7 NURSELINE

24x7 Nurse Line

Call anytime, day or night 866-726-6529

What do you do when you're not sure what to do?:

- When you don't know where to go for care (is it really an emergency?).
- When it's 4:00 a.m. and your child can't stop coughing?
- When you've taken a tumble and your ankle is swelling?

Now you can call the **24x7 Nurse Line** to talk to a registered nurse who will listen and give you professional, seasoned advice, making sure you get care in the right place at the right time.

When you call, you can also tap into our health information library, a collection of more than 1,100 health topics, many available in Spanish or English. One more great support feature for plan participants: Our nurse counselors can connect you to community resources, like support groups, classes and seminars.





On-demand medical advice from qualified physicians

Your Teladoc[®] program

With Teladoc, you can contact board-certified, licensed doctors by phone or email, 24 hours a day!

Sometimes you need to speak with a doctor when it's not possible to attend an office visit. That's why the Teladoc program is available to you and your family, and can be used in a variety of ways:

- During weekends, holidays or after business hours, when general practitioners don't typically schedule appointments.
- When you can't attend a medical appointment, such as when traveling or at work.
- If you need a prescription medication or refill for a common condition.

Contact a Teladoc physician at 1.800.835.2362, or send an email by logging in at www.meritain.com for advice on commonly treated conditions.

Some of these services include:

- Headaches/migraines
- Stomach ache/diarrhea
- Respiratory infections
- Urinary tract infections
- Prescription refills*
- Many other conditions



There is no consult fee or copay to the member when using Teladoc services.



Using Benefits is Complicated.
HealthJoy Makes it Simple.

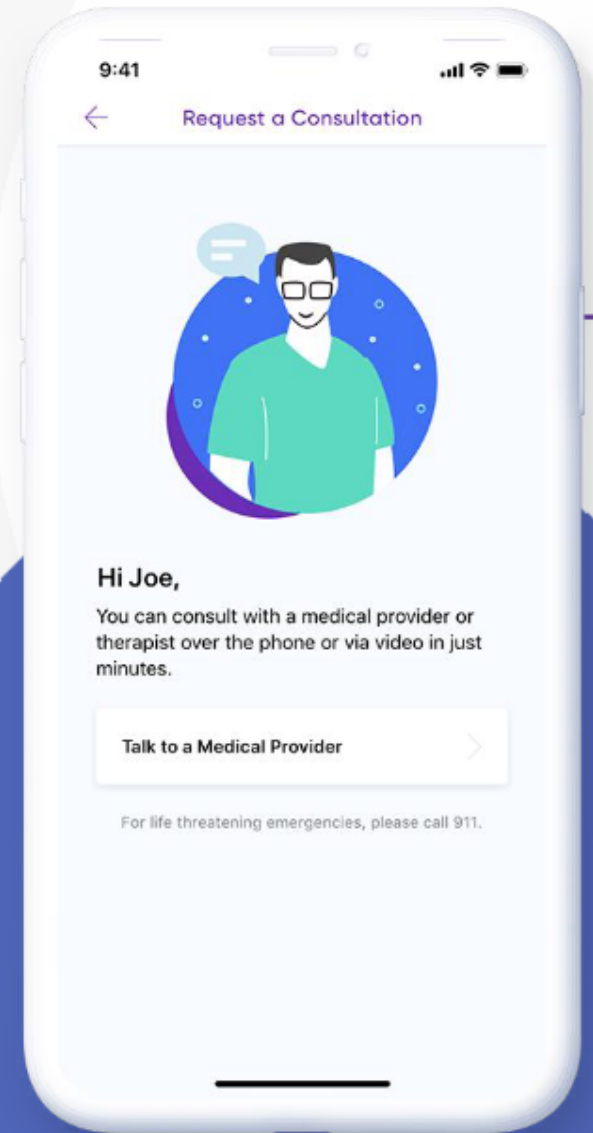
HealthJoy is the first stop for all your healthcare and employee benefits needs.

- HealthJoy is provided free by your employer and personalized for you
- Get Instant access to an up-to-date benefits wallet with all your benefit cards
- Ask a healthcare concierge for help with healthcare questions
- Save time, money, and a ton of aggravation

The Experts Are In.

Don't try to navigate your benefits alone. HealthJoy is here to help you any time, anywhere. Our healthcare concierge team is available LIVE.

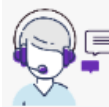
- Get help searching for a local doctor
- Access JOY or live chat 24/7
- Have an expert review your prescription costs to find potential savings



**Benefits
Wallet**



**Appointment
Booking**



**Healthcare
Concierge**



**Provider
Recommendations**

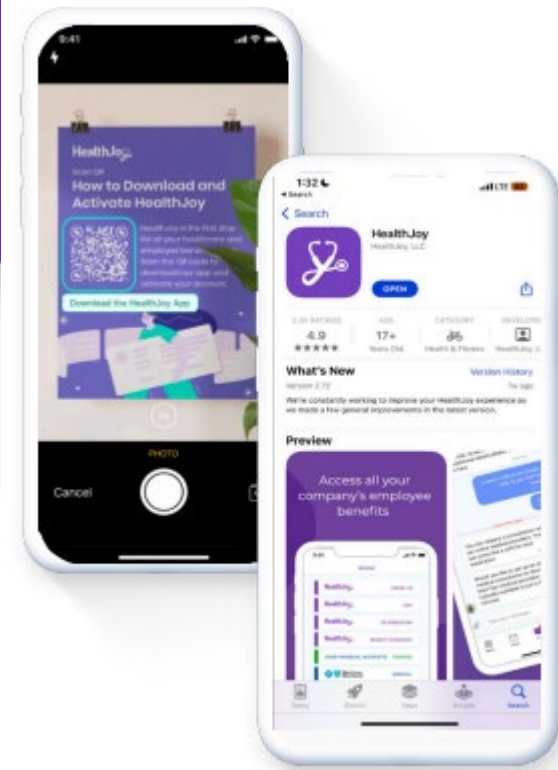


**Rx Savings
Review**

How to Download and Activate HealthJoy



To get started, just download our app and activate your account. HealthJoy is the first step for all your healthcare and employee benefits needs.



1

Download the App

Download, install, and log into the HealthJoy app. The app is available for Android, iPhone, and iPad. You can download the app by scanning the QR code, visiting www.healthjoy.com/download, or searching for HealthJoy in the App Store or Google Play Store.

2

Sign Up

To activate, click "Sign Up" within the HealthJoy app. Type the email address tied to your employer. You'll receive an activation email link via email after we've verified your identity and plan benefits.

3

Create Password

Create a password of at least eight characters to secure your account and complete the process.



If you have any other issues with activation or logging into our system, please call or email us at:

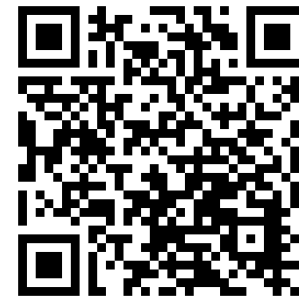
(877) 500-3212
support@healthjoy.com

PHARMACY: SMITHRX

SmithRx networks with over 75,000 pharmacies for your prescription needs, including:

- Costco
- CVS
- Kroger
- Medicine Shoppe Pharmacy
- Publix Supermarket
- Target
- Walgreens
- Walmart
- Winn Dixie

To learn more about SmithRx, use the QR code below.



To look up your prescriptions, use the QR code above.



PHARMACY: SMITHRX

Mail-Order Service

If covered by your plan, most non-specialty (traditional) medication can be filled through **Amazon Home Delivery**. Before filling a prescription, you must enroll at www.amazon.com/smithrx. To request a new prescription or transfer an existing prescription your physician must contact Amazon Pharmacy:

- Name/E-scribe: Amazon Pharmacy Home Delivery
- Amazon Pharmacy Fax: 512-884-5981
- Amazon Pharmacy Address: 4500 S Pleasant Valley Rd, Suite 201, Austin, TX 78744-2911
- Amazon Prescriber and Pharmacy Line: 855-206-3605

Examples of Amazon Mail Order Medications (maintenance 90-day supply) metformin, rosuvastatin, meloxicam, atorvastatin, pravastatin

If your prescriptions are covered through the **SmithRx Connect (Coupon)** program, mail order is available through **Walmart Pharmacy**. To utilize the mail-order pharmacy, contact **Walmart's Mail Order Pharmacy at 1-800-375-3544**.

- E-prescribe or Fax: Have your doctor electronically prescribe or fax your prescription to 1-800-406-8976. Faxed prescriptions may only be sent by a doctor's office and must include patient information and diagnosis for timely processing.
- Mail: Your prescription can be mailed to Walmart Mail Order Pharmacy, 1025 W Trinity Mills Rd, Carrollton, TX, 75006
- Please Note: For prompt delivery, please call WalMart Mail Order Pharmacy Customer Support at 1-800-375-3544.

Examples of Walmart Coupon Max Medications: Xarelto, Brilinta, Synjardy, Jardiance, Ozempic



Scan the QR code to view the formulary.

PHARMACY: SMITHRX

Specialty Medications

Prescribed specialty medications covered by your plan benefits can be secured through the following specialty pharmacies:

Kroger Specialty Pharmacy – 888-355-4191

Senderra – 888-777-5547

To utilize the specialty pharmacy, simply call either of the pharmacies above to enroll. Many specialty medications require prior authorization, so please call SmithRx Member Support (844-454-5201) to check coverage and start any necessary authorization processes.

Additional Program Examples

Examples of Specialty Mail Order Medications

Ruxience

Examples of Patient Assistant Program Medications

Enbrel, Tremfya, Biktarvy

Examples of Mark Cuban Cost Plus Pharmacy Medication

Yusmiry (Humira Biosimilar alt.), Brenzavvy (Type 2 Diabetes, DDP-4 alt. to Januvia or Tradjenta)

Examples of Low-Cost Insulin medications

Humalog 100 unit: switch to Lispro

Lantus 100 unit: switch to Glargine

Online Member Portal

SmithRx's online Member Portal allows you to access important forms, review your pharmacy transactions, print ID cards, find Member Support contact information, and more. To register for your account, go to www.mysmithrx.com/login and click on "Create An Account". Please have your SmithRx prescription benefits card available.



VALENZ HEALTH/KISX CARD

Common Procedures:

- Ankle & Foot
- Arthroscopy
- Colonoscopy
- ENT
- Elbow
- Gastroenterology
- General Surgery
- Hernia Repair
- Hip
- Imaging
- Knee
- Shoulder
- Spine
- Urology
- Wrist & Hand
- And More



DENTAL INSURANCE: METLIFE

Our dental plans through MetLife allows you to see any dentist. However, you will take advantage of discounted pricing and enjoy lower out-of-pocket expenses by visiting a dentist that participates in the network.

	Low Option		High Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$50 Individual \$150 Family Applies to Basic and Major Services		\$50 Individual \$150 Family Applies to Basic and Major Services	
Preventive Services Including: Routine Oral Exams, Routine Cleanings, X-Rays, Space Maintainers, Fluoride	No Charge	Balance over the Reasonable & Customary charge	No Charge	Balance over the Reasonable & Customary charge
Basic Services Including: Fillings, Simple Extractions, X-Rays, Crown, Denture & Bridge Repair, Periodontics	Deductible + 50%	Deductible + 50% + balance over the Reasonable & Customary charge	Deductible + 20%	Deductible + 20% + balance over the Reasonable & Customary charge
Major Services Including: Implants, Bridges & Dentures, Crowns/Inlays/Onlays, Endodontics, Oral Surgery, Periodontal Surgery, General Anesthesia	Deductible + 50%	Deductible + 50% + balance over the Reasonable & Customary charge	Deductible + 50%	Deductible + 50% + balance over the Reasonable & Customary charge
Orthodontia Braces & related services for children up to age 19	Not Covered	Not Covered	50% subject to a \$1,000 Lifetime Maximum	50% + balance over the Reasonable & Customary charge; subject to a \$1,000 Lifetime Maximum
Maximum Annual Benefit	\$1,000 per person per calendar year	\$1,000 per person per calendar year	\$5,000 per person per calendar year	\$1,000 per person per calendar year

Frequency and Age Limits apply to certain services.

For example, the plan includes coverage for one routine cleaning per 6 months and one set of bitewing x-rays per year. Coverage for fluoride treatments is included for dependent children up to age 19. Coverage for sealants is included for dependent children up to age 16. Additional restrictions are outlined in the Certificate of Coverage.

By registering via the mobile app or by visiting metlife.com you can easily find a participating dental or vision provider as well as keep track of your claims.

DENTAL INSURANCE: METLIFE

How to find an In-Network Dentist or Register as a Member

- Go to: www.metlife.com/insurance/dental-insurance/
- Click 'Find a Dentist'
- Select PDP Plus as the network
- Enter search criteria
- Click 'Find a Dentist'
- To register as a Member go to: www.metlife.com and select Register
Now from the login screen

What Provider Network do I use?	MetLife PDP Plus Network
Do I need to choose a Dentist?	No, you may see any dentist. However, you will make the most of your plan by choosing an In-Network Dentist.
Do I need a referral to see a Specialist?	No
Can I go Out-of-Network?	Yes. However, Out-of-Network providers are paid based on Reasonable & Customary Charges, which may be less than your Out-Of-Network provider charges. You are responsible to pay the difference to the out-of-network provider.
Will I get an ID Card?	No, ID cards are not issued for Dental. After implementation, you can request ID cards once you register online at www.metlife.com . Providers can also locate your coverage by using your social security number.

Reasonable & Customary Charges – this refers to the base amount that is treated as the standard or most common charge for a particular dental service when rendered in any given geographic area. When accessing care Out-of-Network this is the amount on which the claim will be paid. You are responsible to pay the difference in the provider's actual charge and what the insurance reimburses.

Predetermination of Benefits – This optional service provides you with an estimate on the amount to be covered prior to having a dental procedure. When your treatment plan is expected to exceed \$300, ask your dentist to request the Predetermination Review. Your dentist will submit your treatment plan and MetLife returns an estimate of what they expect to pay and what you can expect to pay.

Maximum Annual Benefit – This is the most that MetLife will pay for covered services in a calendar year. You are responsible for any additional charges during that calendar year once the benefit has been exhausted.

VISION INSURANCE: METLIFE



Our Vision plan through MetLife offers affordable coverage for your routine eye care needs.

Eye Exam	Covered once every 12 months	No Charge	\$45 allowance
Eyeglass Lenses	Covered once every 12 months	\$10 Copay	Allowance up to: \$30 Single Vision \$50 Lined Bifocal \$65 Lined Trifocal \$100 Lenticular
Eyeglass Frames	Covered once every 24 months	\$110 allowance (\$130 allowance on featured frames). You will receive an additional 20% off any amount that you pay over your allowance. Costco, Walmart & Sams: \$60 allowance; 20% discount does not apply	\$55 allowance
Contact Lens Fitting	Covered once every 12 months instead of lenses and frames	Not to exceed \$60 for standard or premium fit.	Applied to the \$90 contact lens allowance
Contact Lenses	Covered once every 12 months instead of lenses and frames	Elective: \$110 Contact Lens Allowance Medically Necessary: Covered in full after eyewear copay	Elective: \$90 allowance Medically Necessary: \$210 allowance

VISION INSURANCE: METLIFE



What Provider Network do I use?

MetLife Vision

Can I go Out-of-Network?

Yes. However, when using Out-Of-Network providers you will need to pay full price at the time of service and then submit a claim to MetLife Vision for reimbursement up to the plan allowances.

Will I get an ID card?

No, ID cards are not issued for Vision. After implementation, you can request ID cards once you register online at www.metlife.com. Providers can also locate your coverage by using your social security number.

How do the Frequency Limits work?

The frequency limits are based on your last date of visit. For example, if you had an eye exam and purchased a full set of glasses (lenses and frames) on 1/10/2025 under this plan, your benefits will reset for another exam and lenses on 01/10/2026 and frames on 01/10/2027 if you are still enrolled in the plan.

Can I add features to my lenses?

Yes. A variety of lens coatings and other upgrades are available. Some common enhancements, such as UV coating or standard polycarbonate for children up to age 18 are covered in full. Others, such as progressive lenses or tints, require an additional copay.

BASIC LIFE & AD&D: METLIFE

As a benefits eligible employee, Gibbs & Register, Inc. provides you with Basic Life and Accidental Death & Dismemberment (AD&D) Insurance through MetLife at no cost to you.

Basic Life and AD&D

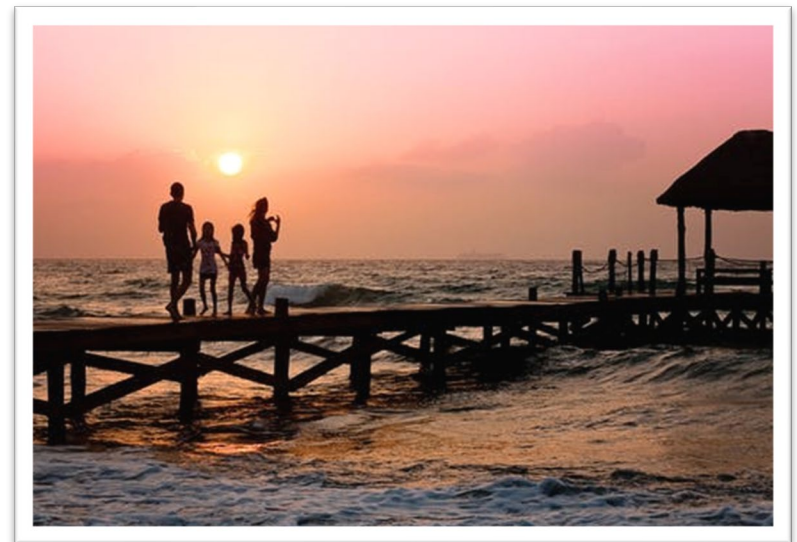
Basic Life Benefit	\$15,000
AD&D Benefit	\$15,000
Benefit Reduction	The benefit amounts shown above will reduce by 35% of original amount at age 65 and by 50% of original amount at age 70.
Conversion	Upon termination of employment this policy may be converted to an individual policy. Please contact MetLife as soon as your employment ends to begin this process. You must apply and pay the required premium to MetLife within 30 days of your termination to exercise the conversion option.
Bi-Weekly Payroll Deductions	Provided to eligible employees at no cost to you.

Primary Beneficiary - The person or people that will receive the benefit upon your death. You name the beneficiary at the time of enrollment. You may also change your beneficiary at any time.

Secondary Beneficiary or Contingent Beneficiary - The person or people that will receive the benefit upon your death ONLY if there is no living Primary Beneficiary at the time of your death.

IMPORTANT: Please be sure to name a Beneficiary when making your elections. You may name more than one if desired.

Caution: Listing someone under age 18 as a beneficiary is not recommended. Payment of a claim may be delayed and may be paid to someone other than the minor that was named as beneficiary.



VOLUNTARY LIFE: METLIFE

You also have the option to purchase Voluntary Life Insurance through MetLife at affordable group rates. If you purchase Voluntary Life coverage for yourself, you may also purchase coverage for your spouse and/or dependent children.

Available Increments	\$10,000	\$5,000	\$10,000
Coverage Maximum	5 times your annual salary up to \$500,000	100% of the employee coverage amount up to \$100,000	\$10,000 Ages 6 months to 26 years
Guarantee Issue Amount	Newly eligible employees elect up to 5 times your annual salary up to \$100,000 without Evidence of Insurability	Elect 50% of employee coverage up to \$25,000 on your newly eligible Spouse without Evidence of Insurability	Elect up to \$10,000 on your newly eligible dependent children without Evidence of Insurability
Future Increase Option	If currently enrolled, you may increase coverage by one incremental level (\$10,000) during open enrollment. If this updated amount exceeds the guarantee issue amount, you will need to submit evidence of insurability (EOI). If you are newly electing coverage and had declined it when you were first eligible, you must submit evidence of insurability (EOI) regardless of the amount you are electing.	If currently enrolled, you may increase coverage by one incremental level (\$5,000) during open enrollment. If this updated amount exceeds the guarantee issue amount, you will need to submit evidence of insurability (EOI). If you are newly electing coverage and had declined it when you were first eligible, you must submit evidence of insurability (EOI) regardless of the amount you are electing.	Not applicable
Additional Features	<p><u>Accelerated Death Benefit</u>: provides an option to withdraw a portion of your life insurance if diagnosed as terminally ill.</p> <p><u>Conversion</u>: provides an option to convert this coverage to an individual policy after you terminate employment.</p> <p><u>Portability</u>: provides an option to continue this coverage for a specified period after you terminate employment. You must apply and pay the required premium to Mutual of Omaha within 30 days of your termination to exercise the conversion or portability options.</p>		

Note: If you and your spouse both work for Gibbs & Register, Inc. you cannot cover each other on spouse life insurance. Additionally, only one of you may elect dependent child life coverage.

Evidence of Insurability (EOI) - A Medical questionnaire referred to as an Evidence of Insurability (EOI) Form is required if you are a newly eligible employee or spouse electing an amount over the Guarantee Issue Limits, When EOI is required the insurance company will decide if your request will be approved. Amounts subject to EOI will not begin unless/until approved by the insurance company.

Benefit Reduction – There is no age reduction on either the employee or spouse coverage.

VOLUNTARY LIFE: METLIFE

The cost for employee coverage is based on your age and the amount of coverage you elect. The cost for spouse coverage is based on your age and the amount of coverage you elect. The cost for child coverage is charged once per employee, not per child. Premiums increase on January 1st following the date you move into the next age bracket.

Voluntary Life Rate Table

Age	Monthly Cost per \$1,000 of coverage
<29	\$0.077
30-34	\$0.086
35-39	\$0.103
40-44	\$0.146
45-49	\$0.232
50-54	\$0.377
55-59	\$0.576
60-64	\$0.908
65-69	\$1.48
70+	\$2.756
Child Life	\$0.240

How to calculate your supplemental life deduction

Example: An employee who is 47 years old wishes to elect \$100,000 in coverage

$$\$100,000 \div 1,000 = 100$$

$$100 \times 0.232 \text{ (see rate chart)} = \$23.20 \text{ cost per month}$$

$$\$23.20 \times 12 = \$278.40 \text{ per year}$$

$$\$278.40 \div 48 = \$5.80 \text{ per pay if paid weekly or}$$

$$\$278.40 \div 24 = \$11.60 \text{ per pay if paid semi-monthly}$$

Things to remember:

- **Your spouse's rate is based upon your age**
- You pay just one payroll deduction for child coverage, no matter how many children you are covering
- Employee coverage terminates at retirement
- Dependent spouse and child coverage is only available if the Employee has coverage under this plan

SHORT TERM DISABILITY: BENEFIT SOLUTIONS INC.

Short Term Disability Insurance is intended to provide you with temporary income replacement if you are unable to work due to an off-the-job accident or illness and are under the care of a doctor. Gibbs & Register, Inc. provides this coverage to benefits eligible employees at no cost to you.

Benefits Begin	On the 8 th day you are disabled due to illness or injury
Benefit Amount	The plan pays you 70% of your weekly income, to a maximum of \$2,000 per week
Payment Lasts	The plan will continue to pay you for up to 26 weeks if you remain disabled
Bi-Weekly Payroll Deductions	Provided to eligible employees at no cost to you.



Taxable Benefits - Since the premium for this coverage is paid for by your employer, the benefit is subject to income taxes.

Maternity Benefits - Benefits for a normal delivery are limited to a six week benefit period. Benefits for a normal C-Section delivery are limited to an eight-week benefit period.

YOUTURN HEALTH: MENTAL HEALTH PEER COACHING

Your mental health is just as important as your physical health. Our employees and their family members have free access to Youturn Health, a confidential virtual program to get support for stress, anxiety, depression, substance abuse, or suicide.

Online Learning

Access to a virtual library with 35+ courses and over 300+ individual lessons on mental health, stress management, substance abuse, and suicidal ideation.

Peer Coaching Support Phone Line

Get confidential support for your questions on mental health and get direction for additional guidance if needed. Call **1-844-YOUTURN (968-8876)** to get started. The support line is available from 10am-12am ET every day.

Family Support

Recovery is easier when you have support, so your family members have access to our online video library and peer coaching support line at no extra cost.



To enroll: Scan the QR code to download the Yourturn app to your phone. Select Sign Up and use **CIFL2277** as the partner code.



CONTACT INFORMATION

At Your Service...

The Employee Benefits Service Team at **Acrisure** is available to answer questions about enrollment, coverage, claims, and other concerns related to your employee benefit package through Gibbs & Register.

Carrier / Vendor	Phone / Email	Website
Acrisure	800-845-8437 Ext 613 Customer Service Specialist EAHelp@LassiterWare.com	www.Acrisure.com/southeast
Meritain Health	Meritain Health Customer Service: 800-925-2272 Aetna Provider Line: 800-343-3140 24/7 Nurse Line: 866-726-6529	www.meritain.com
Teladoc	Member Support: 800-835-3262	www.Teladoc.com
SmithRx	SmithRx Member Support: 844-454-5201 SmithRx Connect Member Support: 844-385-7612 connect@smithrx.com	www.smithrx.com
KISx Card	KISx Card Nurse Line: 877-GET-KISX (438-5479) KISx@bdsadmin.com	
HealthJoy	Member Support: 877-500-3212 support@healthjoy.com	www.healthjoy.com
CancerCARE	Member Support: 877-640-9610	
MetLife	Basic & Voluntary Life: 866-492-6983 Dental: 800-942-0854 Vision: 855-638-3931	www.metlife.com www.metlife.com/claims
Benefit Solutions, Inc.	STD: 407-843-0058	
Youturn Health	Support Line: 1-844-YOUTURN (968-8876)	www.YouturnHealth.com



Information Provided by:



This Employee Benefits Guide is designed to provide select information about the benefit plans and programs offered by Gibbs & Register, Inc. from January 1, 2025 – December 31, 2025. It does not detail all of the provisions, restrictions and exclusions of the various benefit programs described herein. This booklet does not constitute a Summary Plan Description (SPD) or Plan Document as defined by the Employee Retirement Income Security Act (ERISA). If there is a conflict between this document and the SPD, the SPD shall prevail.