



Employee Benefit Guide

01.01.2026 - 12.31.2026



Welcome to Your 2026 Guide to Benefits

At Paradigm, our priority is to provide benefit options that meet the needs of our employees and their families. We recognize these benefits are a valuable part of your compensation package. Paradigm extensively searches the health care market to provide the most robust plans with comprehensive coverage at the most affordable cost for our employees.

This guide provides the details and information about your benefit choices as part of the Paradigm employee team. Paradigm shares the cost of your medical benefits and provides Basic Life and AD&D insurance as part of your compensation. Your medical benefit contributions and some voluntary selections are provided as pre-tax deductions from each paycheck. This results in tax savings for you and your family.

Each year, employees have the opportunity to review and make changes to their benefits during the Open Enrollment period.

Open Enrollment for Paradigm is the month of November.

Please take the time to review these materials and understand your options.

Everything You Need To Know About Your Benefits At Paradigm

ELIGIBILITY & CHANGES	Page 5
ENROLLMENT	Page 6
TERMS YOU NEED TO KNOW.....	Page 7
MEDICAL COVERAGE	Page 8-10
HEALTH SAVING ACCOUNT (HSA)	Page 11
LIMITED MEDICAL COVERAGE	Page 12
DENTAL COVERAGE	Page 13
VISION COVERAGE	Page 14
BASIC LIFE AND AD&D COVERAGE	Page 15
LONG-TERM DISABILITY	Page 16
SUPPLEMENTAL BENEFITS	Page 17-20
YOUR RIGHTS	Page 21
NOTICES	Page 22
CONTACT INFORMATION	Page 23



It's Time to Enroll in Your 2026 Benefits!

- Medical Insurance
- Health Savings Account
- Dental Insurance
- Vision Insurance
- Basic Life and AD&D
- Voluntary Life Insurance
- Short-Term Disability
- Long-Term Disability
- Whole Life Insurance with Long Term Care
- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance

STEP 1

SCHEDULE YOUR APPOINTMENT

You are encouraged to schedule an enrollment appointment with a benefit counselor to elect or waive benefits by visiting Paradigm.MyBenefitsAppointment.com, scanning the QR code, or calling (844) 480-0772.



STEP 2

PREPARE FOR YOUR MEETING

Prepare for your meeting by reading your benefit guide and reviewing your options. **Please note:** You must have your dependents' Social Security Numbers (SSNs) and dates of birth (DOB)s available to complete enrollment.

STEP 3

COMPLETE YOUR ENROLLMENT

A benefit counselor will call you at the phone number you provided to answer your questions and help you complete the enrollment process.



Paradigm.MyBenefitsAppointment.com

ELIGIBILITY & CHANGES

ELIGIBILITY

- Waiting Period is **1st of the month following 60 days from date of hire.**
- Full-time eligible employees are those who work **30 or more hours per week and have satisfied the waiting period.**
- Part-time eligible employees are those who work **20 or more hours per week and have satisfied the waiting period.**
- Part-time employees are eligible for **supplemental products only.**
- Per-diem employees are not eligible.
- Eligible dependents & children may be added to your coverage. *(You may be required to provide proof of dependent status.)*
- New hires need to meet with an EOI enroller the month prior to effective date 1st – 24th

Your Dependents

- Spouse (as defined by applicable state law)
- Children up to age 26
- Domestic partner

Your Children

- Stepchildren whom you support and who live with you in a parent-child relationship.
- Children placed in your home for adoption.
- Any other children you support as the legal guardian or for whom you are required to provide coverage as a result of a qualified medical child support order.

All benefits and eligibility are subject to the terms and conditions of the benefit plans; including group insurance contracts.

MAKING CHANGES

Changes are permitted outside of open enrollment for:

- New Hires
- A “Qualifying Event”

Coverage remains in effect for the entire plan year, **January 1st - December 31st**, and adding or removing dependents is not allowed mid-year. Exceptions to changes are only permitted with an approved “Qualifying Event”. These changes must be submitted within 30 days of the event.

Qualifying Events include:

- Change in marital status (*marriage, divorce or legal separation*)
- Change in number of dependents (*birth, adoption or placement for adoption of a child, death of spouse or child*)
- Change in dependent eligibility (*dependent child loses eligibility due to age or you or your dependent become eligible for Medicare*)
- Change in residence resulting in loss of eligibility (*such as moving out of an HMO area*)
- Change in employee status of employment (*i.e. full-time to part-time, part-time to per diem*) that effect eligibility
- You or your dependent become eligible for COBRA

If you experience a qualified change-in-status event, you have 30 days to report the event and request an enrollment change that is consistent with the type of event. Otherwise, elections you make during open enrollment will remain in effect for the entire plan year. Also, if you or your eligible dependents are covered under Medicaid or a State Children's Health Insurance Program (CHIP) and that coverage ends, you may be able to enroll yourself and any affected dependent in this Plan's medical coverage. You must request enrollment within 60 days after the Medicaid or CHIP coverage ends. If you or your eligible dependent becomes eligible, under Medicaid or a State CHIP plan for financial assistance to pay for health coverage under this Plan, you may be able to enroll yourself and any affected dependent in this Plan. You must request enrollment within 60 days after the date a government agency determines that you are eligible for that financial assistance.

ENROLLMENT

During the Open Enrollment period, you will have the opportunity to review and elect the benefits of your choice which will be effective **January 1, 2026**.

Get Ready To Enroll:

ONE: REVIEW YOUR OPTIONS

Ask questions and talk with your family. If you are thinking of changing medical plans or choosing coverage for the first time:

- **Check with your doctors** to find out which plans they participate in.
- **If you take prescription medications regularly**, contact your client advocate to find out how these drugs are covered.

TWO: CONSIDER YOUR FUTURE

Review both your current circumstances, potential plans or any life changes for this year. Outside of the one-week Open Enrollment period, you will not be able to make changes to your benefit plan.

THREE: REVIEW YOUR ENROLLMENT CONFIRMATION PAGE,

Consider the following when choosing a medical plan:

- **Plan Coverage:** The medical plan section of this guide will help outline what each plan covers.
- **Your estimated usage:** Does your plan provide coverage for the services you may need throughout the year?
- **Network:** Confirm in advance if your provider of your choice is willing to participate with your plan.

Prepare To Meet With An Enroller

Professional benefit counselors will be available to meet one-on-one to review and discuss the benefit options for medical, dental, vision, life, accident, critical illness, disability, HSA, and all insurance plans available to employees. During this meeting you will have the opportunity to discuss the best options for you and your dependents.

Sign Up For A Time to meet with a benefit counselor. Benefit counselors are knowledgeable about the insurance products you are being offered and can assist with understanding what is best for you and your family. At Open Enrollment benefit counselors will be available either on-site or via phone appointments for one-to-one meetings with employees.

What To Have Readily Available For Your Appointment

Please bring the following materials with you to your enrollment appointment to successfully enroll yourself, your spouse, and your dependent(s) in coverage. You will also need to elect a beneficiary for your employer-paid life insurance.

- Social Security Number and drivers licenses
- Name, birthdates, Social Security numbers of any eligible dependents you wish to enroll
- Information on any secondary coverage that you or your dependents already participate in

Waiving Coverage

If you choose not to elect any benefits, you will still be required to sign up for an appointment with a benefit counselor to “waive coverage”. Please note, if you “waive coverage” you will not be able to elect or change benefits until the next open enrollment period (**December 2026**), unless you experience a qualifying event.

TERMS YOU NEED TO KNOW

Health Insurance can be confusing.
Here's a list of healthcare terms you might need to know to help you choose a plan and then use that plan effectively.

Open Enrollment: The period of time each year when a health insurance plan allows members to enroll or change their plan.

Premium: The amount you or your employer pays each month in exchange for your health insurance

Copay: The fixed amount you pay up front when you receive medical service. For example, some plans require a \$30 copay for a visit to a Primary Care Physician and a \$60 copay for a visit to a Specialist.

Deductible: The amount that you must pay for medical services before your health insurance plan begins to contribute payment. After reaching this amount, the insurance covers their percentage of your services. The lower the deductible, the sooner insurance starts to pay.

Coinsurance: This is the percentage that you pay of your medical bills, after fulfilling your deductible amount. For example, if the coinsurance percentage is 80% and the cost of your x-ray was \$1,000, the insurance would cover \$800 of the bill, and you pay the remaining \$200. This charge is in addition to your copay. Coinsurance is paid until the out-of-pocket maximum is reached.

Out-Of-Pocket Maximum: This is the maximum amount you will have to pay for your medical expenses for the entire year, as long as the doctors and services are covered and in-network. After this amount is reached, insurance pays 100% of covered, in-network medical bills and pharmacy expenses.

In-Network: These are providers the insurance company has selected and agreed upon contracted rates for medical and pharmaceutical expenses. Your costs are lower with in-network providers and some plans only pay when you stay in-network for your care.

Out-Of-Network: These are providers that have NOT agreed upon the insurance contracted rates for medical and pharmaceutical expenses. You pay more when you receive out-of-network care and some plans do not cover these providers or services at all.

Provider: Any person or institution that provides medical care. Examples of providers include doctors, nurses, hospitals, and clinics.

Claim: A request by a plan member or healthcare provider that the insurance company pays for its share of a medical service. Your insurance plan receives a claim every time you receive medical care.

Pre-Authorization: When your insurance requires a pre-approval for a service or drug to ensure that the service or drug is medically necessary and that your insurance will help pay for it.

Medical



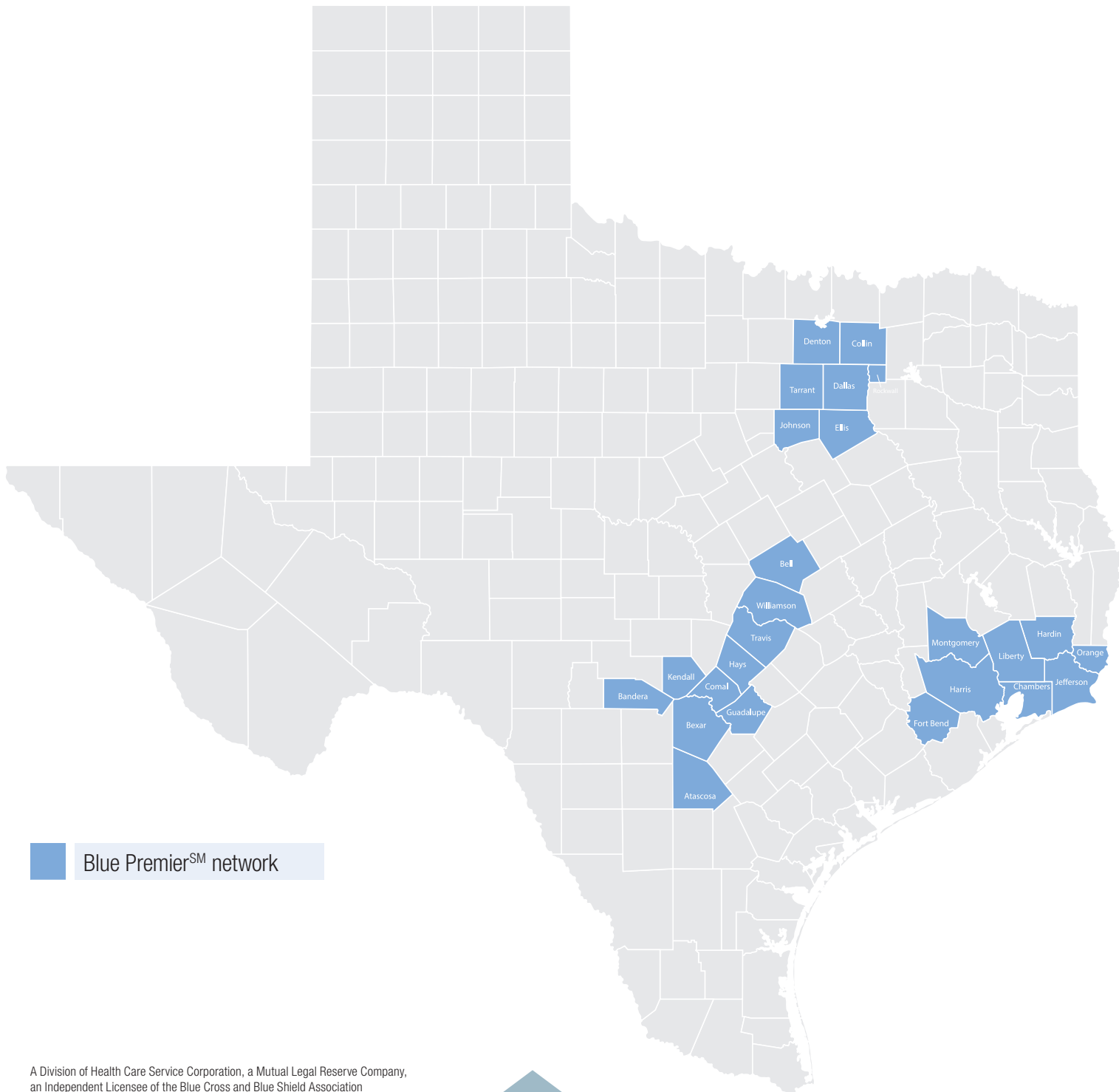
Paradigm offers 6 medical options through Blue Cross Blue Shield. The following chart provides a brief overview of these benefits beginning January 1st.

	BCBS (Texas Only)			
	HSA 6650 Plan		3000 Plan	
GENERAL PLAN PROVISIONS	BLUE PREMIER		BLUE ESSENTIALS	
Annual Deductible (Individual/ Family)	\$6,650/ \$13,300		\$3,000/ \$9,000	
Annual Out-of-Pocket Maximum (Individual/ Family)	\$6,650/ \$13,300		\$9,000/ \$18,000	
Coinsurance	100%		70%	
OFFICE VISITS				
Preventive Care (Including annual physicals, well child and well woman exams)	Plan pays 100%		Plan pays 100%	
Primary Care Visit (In office and E-visits)	Ded.		\$55 Copay, Ded. waived	
Specialist Visit (In office and E-visits)	Ded.		\$110 Copay, Ded. waived	
HOSPITALIZATION				
Urgent Care	Ded.		\$75 Copay, Ded. waived	
Hospital Services	Ded.		Ded. & Coin.	
Emergency Room	Ded.		\$500 & Coin.	
PRESCRIPTION DRUGS	Retail	Mail-Order	Retail	Mail-Order
Generic	Ded.	Ded.	\$10	\$30
Brand	Ded.	Ded.	\$50	\$150
Non-Preferred Brand	Ded.	Ded.	\$100	\$300
Employee Bi-weekly Contributions				
Single	\$58.77		\$71.36	
Employee + Spouse	\$194.49		\$258.85	
Employee + Child(ren)	\$162.31		\$214.08	
Family	\$291.03		\$485.52	



BlueCross BlueShield of Texas

Blue PremierSM



A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Medical Cigna Cont.

	BCBS							
	6250 Plan		3500 Plan		1500 Plan		500 Plan	
GENERAL PLAN PROVISIONS	BLUE CHOICE		BLUE CHOICE PPO		BLUE CHOICE PPO		BLUE CHOICE PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Individual/ Family)	\$6,350/ \$18,400	\$12,500/ \$20,000	\$3,500/ \$10,500	\$10,000/ \$20,000	\$1,500/ \$4,500	\$3,000/ \$9,000	\$500/ \$1,500	\$1,000/ \$3,000
Annual Out-of-Pocket Maximum (Individual/ Family)	\$8,150/ \$18,400	Unlimited	\$8,750/ \$17,500	Unlimited	\$6,000/ \$18,000	Unlimited	\$3,500/ \$10,500	Unlimited
Coinsurance	70%	50%	80%	50%	80%	60%	80%	60%
OFFICE VISITS								
Preventive Care (Including annual physicals, well child and well woman exams)	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Primary Care Visit (In office and E-visits)	\$45 Copay, Ded. waived	Ded.& Coins.	\$40 Copay, Ded. waived	Ded.& Coins.	\$40 Copay, Ded. waived	Ded.& Coins.	\$35 Copay, Ded. waived	Ded.& Coins.
Specialist Visit (In office and E-visits)	\$90 Copay, Ded. waived	Ded.& Coins.	\$80 Copay, Ded. waived	Ded.& Coins.	\$80 Copay, Ded. waived	Ded.& Coins.	\$75 Copay, Ded. waived	Ded.& Coins.
HOSPITALIZATION								
Urgent Care	\$75 Copay, Ded. waived	Ded.& Coins.	\$75 Copay, Ded. waived	Ded.& Coins.	\$75 Copay, Ded. waived	Ded.& Coins.	\$75 Copay, Ded. waived	Ded.& Coins.
Hospital Services	Ded. & Coin.	Ded.& Coins.	Ded.& Coins.	Ded.& Coins.	Ded.& Coins.	Ded.& Coins.	Ded.& Coins.	Ded.& Coins.
Emergency Room	\$500 & Coin.		\$500 & Coin.		\$500 & Coin.		\$500 & Coin.	
PRESCRIPTION DRUGS	Retail	Mail-Order	Retail	Mail-Order	Retail	Mail-Order	Retail	Mail-Order
Generic	\$5	\$15	\$10	\$30	\$10	\$30	\$10	\$30
Brand	\$50	\$150	\$50	\$150	\$50	\$150	\$50	\$150
Non-Preferred Brand	\$100	\$300	\$100	\$300	\$100	\$300	\$100	\$300
Specialty/Biotech	\$150 Preferred \$250 Non-Preferred	N/A	\$150 Preferred \$250 Non-Preferred	N/A	\$150 Preferred \$250 Non-Preferred	N/A	\$150 Preferred \$250 Non-Preferred	N/A
Employee Bi-Weekly Contributions								
Single	\$74.84		\$90.88		\$106.92		\$155.03	
Employee + Spouse	\$247.70		\$329.67		\$452.63		\$691.42	
Employee + Child(ren)	\$206.71		\$272.65		\$329.67		\$491.83	
Family	\$370.66		\$618.35		\$823.28		\$1,076.33	

Health Saving Account (HSA)

Paradigm has established a **Health Savings Account (HSA)**, which is a personal bank or investment account with tax benefit to help you pay for high or unexpected medical costs with pretax dollars. All full-time employees who elects the high deductible consumer directed health plan are eligible for this plan. **FLEXFACTS** is the HSA administrator.



Customer Service: (877) 943-2287
Website: www.FlexFacts.com
Email: info@flexfacts.com

To make the most of these benefits, it is important to understand the following elections:

Plan year: *The plan year for our Health Savings Accounts (HSA) is **01/01/26 to 12/31/26**.*

Carry Over: *No limit*

Runout Period: *No use-it-or-lose-it requirement HSA stays with you even if you change jobs*

Reimbursement: *As you incur eligible expenses, simply swipe your **FLEXFACTS Card**. The card automatically pays for and substantiates most eligible expenses at the point of purchase. If you do not use your card submit a paper claim that will be reimbursed via check or direct deposit.*

- **MAXIMUM ANNUAL INDIVIDUAL CONTRIBUTION \$4,400**
- **MAXIMUM ANNUAL FAMILY CONTRIBUTION \$8,750**

Employees may choose to contribute a monthly amount subject to the limit. Please speak to your benefit counselor or HR if you are interested.

HSA SAVING ACCOUNT ELIGIBLE EXPENSES

Acupuncture - Ambulance services
Annual physical examination
Artificial limbs or prosthesis - Artificial teeth
Birth control/contraceptive devices
Birth classes/Lamaze - Blood pressure monitor
Blood sugar test kits/test strips
Breast reconstruction surgery - Childbirth/delivery
Chiropractic therapy/exams/adjustments
Co-payments - COBRA healthcare premiums
Cosmetic surgery - Crutches - Dermatology services
Diagnostic services - Electronic body scans
Flu shots - Guide dog or other service animal
Gynecological care - Hearing aids and batteries
Incontinence supplies - Infertility treatments
Insulin and diabetic supplies - In vitro fertilization
Laboratory fees - Lactation expenses Legal sterilization
Medical supplies to treat an illness or injury
Nasal strips - Neurological care - Nursing home
Nursing services - Obstetric care - Operations/surgery
Optometrist/ophthalmologist services
Orthopedic shoes - Oxygen and oxygen equipment
Physical exams - Physical therapy - Pregnancy test kits -
Podiatry services Prenatal/postnatal treatment
Prescription medications - Psychological care Psychiatric
care - Sleep apnea services/products
Smoking cessation programs - Special education tutoring
speech therapy - Surgery
Telephone or TV equipment for hearing/vision
Therapy or counseling - Transplants
Treatment for alcohol or drug dependency
Vaccinations - Vasectomies - Weight loss
Wheelchairs - Wigs
Wrist supports/elastic straps - X-ray fees

Limited Medical



Paradigm offers 2 additional medical options through The American Worker. The following chart provides a brief overview of these benefits beginning January 1st.

The American Worker		
	Standard Plan	Preferred Plan
GENERAL PLAN PROVISIONS	IN-NETWORK	IN-NETWORK
OFFICE VISIT		
Office Visit	\$75 per day; 6 days per year	\$75 per day; 6 days per year
Preventive Care	\$100 per day; 1 day per year	\$150 per day; 1 day per year
Outpatient Lab	\$50 per testing day; 3 days per year	\$50 per testing day; 3 days per year
Advance Studies	\$300 per testing day; 3 days per year	\$300 per testing day; 3 days per year
HOSPITALIZATION		
Inpatient Surgery	\$500 per day, 1 day per year	\$1,000 per day, 1 day per year
Outpatient Surgery	\$250 per day	\$500 per day
Emergency Room	\$100 per day; 2 days per year	\$100 per day; 2 days per year
Intensive Care	\$1,000 per day; 30 days per year	\$1,600 per day; 30 days per year
Accident Medical Expense	\$5,000 maximum benefit per injury	\$5,000 maximum benefit per injury
Anesthesia	30% of Surgical Benefit	30% of Surgical Benefit
Hospital Confinement	\$500 per day; 500 day lifetime max	\$800 per day; 500 day lifetime max
Hospital Admission	\$1,000 lump sum per confinement	\$1,000 lump sum per confinement
AD&D		
Deductible Per Accident, Per Member	\$15,000 Employee / \$7,500 Spouse / \$3,000 Child	
PRESCRIPTION DRUGS		
Prescription	Select generic and brand name drugs available for \$10, \$20, \$50 or less. For more information visit: www.AWPValueRx.com	
Employee Bi-weekly Contributions		
Single	\$4.68	\$14.78
Employee + Spouse	\$59.04	\$84.31
Employee + Child(ren)	\$34.40	\$52.59
Family	\$69.99	\$97.30

Dental



Paradigm offers 2 dental options through MetLife. The following chart provides a brief overview of these benefits beginning January 1st.

	MetLife			
	LOW		HIGH	
GENERAL PLAN PROVISIONS	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible (Individual/Family)	\$100/ \$300	\$100/ \$300	\$50/ \$150	\$50/ \$150
Annual Maximum Benefit (Calendar year)	\$1,750 Per Individual	\$1,750 Per Individual	\$2,250 Per Individual	\$2,250 Per Individual
Preventive & Diagnostic Care (Exams, Cleanings, X-Rays, and Fluoride Treatment)	100%	100%	100%	100%
Basic Services (Fillings, Sealants, Periodontics, Endodontics, simple extractions)	80%	80%	90%	90%
Major Services (Crowns, Extractions, Inlays, Onlays, Dentures, Bridges, Relines, Rebases, and Adjustments.)	50%	50%	60%	60%
Employee Bi-weekly Contributions				
Single	\$18.42		\$22.62	
Employee + Spouse	\$36.54		\$49.93	
Employee + Child(ren)	\$45.23		\$52.44	
Family	\$68.33		\$80.27	

Vision



Paradigm offers 2 vision options through MetLife. The following chart provides a brief overview of these benefits beginning January 1st.

	MetLife			
	LOW		HIGH	
GENERAL PLAN PROVISIONS	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Eyewear Copay	\$20	N/A	\$10	N/A
Eye Exam	Covered in Full After Copay	Up to \$45	Covered in Full After Copay	Up to \$45
Exam Frequency	12 Months		12 Months	
Single Vision Lens	Covered in Full After Copay	Up to \$30	Covered in Full After Copay	Up to \$30
Bifocal Lenses	Covered in Full After Copay	Up to \$50	Covered in Full After Copay	Up to \$50
Trifocal Lenses	Covered in Full After Copay	Up to \$65	Covered in Full After Copay	Up to \$65
Lenticular Lenses	Covered in Full After Copay	Up to \$100	Covered in Full After Copay	Up to \$100
Lenses Frequency	12 Months		12 Months	
Elective Lenses	\$100	Up to \$80	\$100	Up to \$105
Necessary Lenses	Covered in Full After Copay	Up to \$210	Covered in Full After Copay	Up to \$210
Lenses Frequency	12 Months		12 Months	
Frames (Retail Allowance)	\$100	Up to \$55	\$150	Up to \$70
Frames Frequency	24 Months		24 Months	
Laser Vision Correction	Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at MetLife participating locations.		Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at MetLife participating locations.	
Employee Bi-weekly Contributions				
Single	\$2.62		\$4.34	
Employee + Spouse	\$5.24		\$8.71	
Employee + Child(ren)	\$4.44		\$7.38	
Family	\$7.32		\$12.16	

Basic Life Insurance and Accidental Death & Dismemberment (AD&D) Coverage



Paradigm offers Basic Life and AD&D through MetLife. The following chart provides a brief overview of these benefits beginning January 1st.

	MetLife
Eligibility	All Active Full Time Caregivers working a minimum of 30 hours per week are eligible
Basic Employee Life and AD&D Benefit	Guarantee Issue Limit: \$50,000

Long-Term Disability



Paradigm offers disability through MetLife. The following chart provides a brief overview of these benefits beginning January 1st.

MetLife		
	Long Term Disability	
Monthly Benefit Amount	\$100-\$10,000 (60% of Pre-disability Earnings)	
Benefit Amount Increments	Employees will have the option of selecting a flat dollar amount in increments of \$25 per week	
Elimination Period	180 days or until the end of the STD Maximum benefit period	
Benefit Duration	The later of your normal retirement age as defined by Social Security	
Pre-Existing Condition Limitation	12/12	
Own Occupation Period	24 months	
Employee Bi-Weekly Contributions		
60.00% to \$10000.00_180 day	Age 0-34	\$0.242
	Age 35-39	\$0.436
	Age 40-44	\$0.579
	Age 45-49	\$0.866
	Age 50-54	\$1.023
	Age 55-59	\$1.149
	Age 60-64	\$0.652
	Aqe 65-99	\$0.258

Voluntary Benefits for Full and Part Time Employees

Rates provided at your One-to-One meeting



ACCIDENT INSURANCE

Helps offset unexpected medical expenses that can result from a covered accidental injury.



CRITICAL ILLNESS INSURANCE

Can supplement your major medical coverage by providing a lump-sum benefit that you can use to pay costs related to a covered critical illness, including cancer.



HOSPITAL CONFINEMENT INDEMNITY INSURANCE

Provides a lump-sum benefit for a covered hospital confinement or a covered outpatient surgery to help with co-payments and deductibles that are not covered by most major medical plans.



A BETTER FIT IS PART OF YOUR EMPLOYEE BENEFITS.



Question:

What is Farmers GroupSelectSM insurance program?

Answer:

Farmers GroupSelect's group insurance program is a voluntary benefit made available to you by your employer. It gives you access to value-added features and benefits including special group discounts on auto and home insurance specially designed to fit your lifestyle and your budget.

Question:

What types of policies are available through the program?

Answer:

In addition to auto and homeowners, we offer a variety of other insurance policies to meet your diverse needs, including:

- Renters
- Condo
- Personal Excess Liability
- Boat
- Recreational Vehicle
- Personal Property



A BETTER FIT FOR EMPLOYEES

Farmers GroupSelectSM provides insurance coverage tailored to your needs. Get a quote today.



As an employee, you have access to special savings on auto insurance. Others have saved an average of \$562* by making the switch.

GET A QUOTE

Call today, 800-438-6381
www.myautohome.farmers.com



Auto Insurance

With custom fit coverages, you can drive your own auto insurance policy while enjoying savings and benefits, like:

- Special group discounts
- Automated payment options
- Claim-free driving rewards
- Car rental
- No deductible windshield repair
- Roadside assistance
- Guaranteed auto repairs for covered losses
- ID protection services¹

GET A QUOTE

Call today, 800-438-6381
or visit www.myautohome.farmers.com



Home Insurance

Quality home insurance coverage means you can rest easy knowing your most valuable asset is truly protected, along with savings and benefits, like:

- Special group discounts
- Replacement cost coverage
- Referral networks
- Automated payment options
- ID protection services¹

CALL 800-438-6381

Other Protection Products

By combining auto, home, and other policies, you could save even more!



RV



Renters



Motorcycles



Boat



Condo

*Based on the average nationwide annual savings in 2020 reported by new customers who called our employer and affinity call center, switched their auto insurance to an insurance policy issued through our employer or affinity program, and realized savings. Potential savings vary by customer and may vary by state and product.

¹Identity protection services are not available to auto customers in NC or NH nor with all policy forms. Identity protection services are available in NC homeowners policies with the optional "Identity Theft Expense and Resolution Plus" endorsement for an additional premium.

Advertisement produced on behalf of the following specific insurers and seeking to obtain business for insurance underwritten by Farmers Property and Casualty Insurance (a MA & MN licensee) and certain of its affiliates: Economy Fire & Casualty Company, Economy Premier Assurance Company, Economy Preferred Insurance Company, Farmers Casualty Insurance Company (a MN licensee), Farmers Direct Property and Casualty Insurance Company (CA Certificate of Authority: 6730; Warwick, RI), Farmers Group Property and Casualty Insurance Company (CA COA: 6393; Warwick, RI), or Farmers Lloyds Insurance Company of Texas, all with administrative home offices at 700 Quaker Lane, Warwick, RI 02886. Company names approved in domiciliary states; approval pending non-domiciliary states. Coverage, rates, discounts, and policy features vary by state and product and are available in most states to those who qualify. Policies have exclusions, limitations, and terms under which the policy may be continued in force or discontinued. For costs and complete details of coverage, contact your local representative or the company.



Cover the costs on a wide range of common legal issues with a Legal Plan.

Access experienced attorneys to help with estate planning, home sales, tax audits and more.

Legal experts on your side, whenever you need them

Quality legal assistance can be pricey. And it can be hard to know where to turn to find an attorney you trust. For a monthly fee, you can have a team of top attorneys ready to help you take care of life's planned and unplanned legal events.

MetLife Legal Plans gives you access to the expert guidance and tools you need to handle the broad range of personal legal needs you might face throughout your life. This could be when you're buying or selling a home, starting a family, dealing with identity theft or caring for aging parents.

Reduce the out-of-pocket cost of legal services with MetLife Legal Plans.

How it works

Our service is tailored to your needs. With network attorneys available in person, by phone or by email and online tools to do-it-yourself — we make it easy to get legal help. And, you will always have a choice in which attorney to use. You can choose one from our network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost.¹

Best of all, you have unlimited access to our attorneys for all legal matters covered under the plan. For a monthly premium of **\$19.75** conveniently paid through payroll deduction, an expert is on your side as long as you need them.

When you need help with a personal legal matter, MetLife Legal Plans is there for you to help make it a little easier.

Estate planning at your fingertips

Our website provides you with the ability to create wills, living wills and powers of attorneys online in as little as 15 minutes. Answer a few questions about yourself, your family and your assets to create these documents instantly. In states where available, you also have access to sign and notarize your documents online through our video notary feature.²

How to use the plan

1. Find an attorney

Create an account at **legalplans.com** to see your coverages, select an attorney and get a case number for your legal matter. Or, give us a call at **800.821.6400** for assistance.

2. Make an appointment

Call the attorney you select, provide your case number and schedule a time to talk or meet.

3. That's it!

There are no copays, deductibles or claim forms when you use a network attorney for a covered matter.

Helping you navigate life's planned and unplanned events.

For a monthly fee, you, your spouse and dependents get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms when using a network attorney for a covered matter.

Money Matters	• Debt Collection Defense • Identity Theft Defense • Negotiations with Creditors	• Personal Bankruptcy • Promissory Notes	• Tax Audit Representation • Tax Collection Defense
Home & Real Estate	• Boundary or Title Disputes • Deeds • Eviction Defense • Foreclosure	• Home Equity Loans • Mortgages • Property Tax Assessments • Refinancing of Home	• Sale or Purchase of Home • Security Deposit Assistance • Tenant Negotiations • Zoning Applications
Estate Planning	• Codicils • Complex Wills • Healthcare Proxies • Living Wills	• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	• Revocable & Irrevocable Trusts • Simple Wills
Family & Personal	• Adoption • Affidavits • Conservatorship • Demand Letters • Garnishment Defense • Guardianship • Immigration Assistance	• Juvenile Court Defense, Including Criminal Matters • Name Change • Parental Responsibility Matters • Personal Property Protection	• Prenuptial Agreement • Protection from Domestic Violence • Review of ANY Personal Legal Document • School Hearings
Civil Lawsuits	• Administrative Hearings • Civil Litigation Defense	• Disputes Over Consumer Goods & Services • Incompetency Defense	• Pet Liabilities • Small Claims Assistance
Elder-Care Issues	Consultation & Document Review for your parents: • Deeds • Leases	• Medicaid • Medicare • Notes • Nursing Home Agreements	• Powers of Attorney • Prescription Plans • Wills
Vehicle & Driving	• Defense of Traffic Tickets³ • Driving Privileges Restoration	• License Suspension Due to DUI	• Repossession



To learn more about your coverages, view our attorney network or grant your dependents access, create an account at **members.legalplans.com** or call **800.821.6400** Monday – Friday 8:00 am to 8:00 pm (ET).

Your account will also give you access to our self-help document library to complete simple legal forms. The forms are available to you, regardless of enrollment.

1. You will be responsible to pay the difference, if any, between the plan's payment and the out-of-network attorney's charge for services.
2. Digital notary and signing is not available in all states.
3. Does not cover DUI.

Group legal plans are administered by MetLife Legal Plans, Inc., Cleveland, Ohio. In California, this entity operates under the name MetLife Legal Insurance Services. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. For costs and complete details of the coverage, call or write the company. Some services not available in all states. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney client relationship exists prior to the participant becoming eligible for plan benefits. Coverage for defense of criminal matters is excluded from insurance coverage for individuals located in New York. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details. [MLP2]



Your Rights

HIPAA PRIVACY

The privacy rules under the health insurance portability and accountability act (HIPAA) require employers to periodically send a reminder to participants about the availability of the plan's privacy notice and how to obtain that notice. The privacy notice explains participants' rights and the plan's legal duties with respect to protected health information (PHI) and how the plan may use and disclose PHI.

To obtain a copy of the privacy notice, contact the Director of Human Resources.

NEWBORNS AND MOTHERS' HEALTH PROTECTION ACT

Under Federal law, your plan may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). Plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

THE WOMENS' HEALTH AND CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator.

COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) was signed into law on April 7, 1986, as public law 99-272. You may be eligible for coverage under the provisions of this legislation. Please read the attached information carefully so that you can make an informed choice about the benefits available to you. Federal law allows former employees and dependents to continue health insurance coverage under certain circumstances. You must pay the full contribution cost for that coverage to the group employer, including the portion usually paid by the

employer. The employer may also charge an additional 2% of the premium as a handling expense. If you elect to continue coverage for you (and your dependents where applicable), you can obtain the amount of the monthly contribution payable on the first of the month from the group employer to whom the payment will be made.

There are some requirements to coverage, of which you should be aware:

- Continuation of coverage must be elected within 60 days of eligibility;
- Coverage may be stopped for an employee who obtains coverage under another group plan or Medicare, or does not pay the required premium;
- Coverage for a dependent may be stopped if the spouse remarries and has other group coverage, becomes entitled to Medicare, or does not pay the required premium;
- The premium must be paid within 45 days after the election to continue coverage and must be paid retroactively to the qualifying event; You must notify your employer in the event of a divorce, or if a dependent child is about to lose coverage because of age, within 60 days of occurrence;
- Coverage under COBRA may be stopped if the employer ceases to maintain any group health plan;
- Coverage under COBRA may be stopped for cause on the same basis as active employees.

At the time the extension of coverage expires, you will be allowed to enroll in an individual conversion health plan if your plan allows such conversions for similarly situated active employees.

Qualifying Events

Events that trigger an obligation to offer continuation coverage include:

- Coverage ends for any reason other than involuntary termination of employment for cause, including discontinuance of the group policy in its entirety or with respect to an insured class (all qualified beneficiaries);
- Termination of coverage due to the severance of family relationships, such as divorce or legal separation (spouse and dependent children); and
- Termination of coverage due to employee's retirement or death (spouse and dependent children).

CHIPRA - CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT

CHIPRA permits states to offer eligible low-income children and their families a premium assistance subsidy to help pay for employer-sponsored group health coverage. This regulation is required for employers that maintain group health plans in states that provide premium assistance subsidies under a Medicaid plan or a Children's Health Insurance Plan (CHIP). For more information, contact your State Medicaid or CHIP office at 877-KIDS-NOW or www.insurekidsnow.gov

Notices

MEDICARE PART D - NOTICE OF CREDITABLE COVERAGE

Important notice about your prescription drug coverage and Medicare. This Notice applies only if you and/or your dependent(s) are enrolled in an employer-offered medical plan and you are eligible for Medicare. If this does not apply to you, you may ignore this notice.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage being offered and about your options under Medicare's Prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Your employer has determined that the prescription drug coverage offered under the employer plans is, on average for all plan participants, expected to pay out as much as standard

Medicare prescription drug coverage pays and is, therefore, considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current employer coverage will not be affected. Details of your current employer-sponsored prescription drug plan are provided on the previous pages. The CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>) will outline the prescription drug plan provisions/options that Medicare-eligible individuals may have available to them when they become eligible for Medicare Part D.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call 1-800-772-1213 (TTY 1-800-325-0778)

If you decide to join a Medicare drug plan and drop your current employer coverage, be aware that you and your dependents may not be able to get this coverage back.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

We Would Love to be of Assistance

Contact Information			
Plan	Group #	Telephone #	Website
Medical			
Blue Cross Blue Shield	TBD	TBD	www.bcbstx.com
Limited Medical			
The American Worker	FR1634	(866) 866-3424	www.theamericanworker.com
Dental			
MetLife	5955293	(888) 466-8673	www.metlife.com
Vision			
MetLife	5955293	(888) 466-8673	www.metlife.com
Basic Life and AD&D			
MetLife	5955293	(888) 466-8673	www.metlife.com
Long-Term Disability			
MetLife	5955293	(888) 466-8673	www.metlife.com
HSA			
FlexFacts	Reference: Paradigm	(877) 947-2287	www.FlexFacts.com
Supplemental Benefits			
MetLife	Reference: Paradigm	(888) 466-8673	www.metlife.com
Client Advocate			
Jennifer Schaffer	Reference: Paradigm	(516) 413-3088	jennifer.schaffer@hubinternational.com



Preferred Services Group (PSG) has specialized in Corporate Health and Benefits for over 25 years.

At PSG we provide boutique level customer care to design and implement a benefits solution that meets the values and needs of both your business and your employees.

We look forward to providing exceptional service and personal attention.



Information contained in this benefits guide is proprietary and confidential.

This guide is not intended to be a complete description of the benefit plans, and it is not a summary plan description or plan document. In the event of any conflict or discrepancy between this guide and the plan documents, the plan documents will govern.

No part of this document may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying and recording, for any purpose without the express written permission of Paradigm or Preferred Services Group.

© 2025-2026 All rights reserved

All trademarks, trade names, or company names herein are used for informational and identification purposes only and are the exclusive property of their respective owners. Their use is not intended to imply any relationship, endorsement, sponsorship, or affiliation by and between the trademark owners and Paradigm or Preferred Services Group.