

Benefit Guide

2026



January 1, 2026 - December 31, 2026

WELCOME

We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your registered domestic partner (RDP) and/or their children, where applicable by state law
- Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.
 - Your children are eligible for medical, dental, and vision coverage through the end of the year they turn 26. Life insurance ends at age 26 unless the child is disabled and meets eligibility requirements.
- **Dependent Verification:** If you plan to cover dependents, you must provide documentation verifying their eligibility (e.g., marriage, birth, or adoption certificate, tax return, etc.).

Coverage Begins

- **New Hires:** You must complete enrollment within 45 days of your date of hire. If you enroll on time, coverage is effective on the first day of the month following 60 days of employment. If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.
- **Open Enrollment:** Changes made during Open Enrollment are effective January 1, 2026 – December 31, 2026.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, RDP or child
- Lost coverage under your spouse's/RDP's plan
- You gain access to state coverage under Medicaid or The Children's Health Insurance Program

Making Changes

To change your benefit elections, you must contact Human Resources within 31 days of the qualifying life event. Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to change your elections.

INSIDE

Medical
Health Savings Account (HSA)
GAP Insurance
Dental
Vision
Employee Assistance Program (EAP)
Caregiving Resources
Life and AD&D
Disability
Term Life with Long Term Care
Accident
Critical Illness
Cancer
Hospital
ID Theft
Contact Information

ENROLLMENT

Go to www.workforcenow.adp.com or scan the QR code below to download the app (Employer: Morse Operations). There you will find detailed information about the plans available to you and instructions for enrolling.



Required Information—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

DOMESTIC PARTNER DISCLAIMER

Is My Domestic Partner Eligible?

Your domestic partner is eligible for coverage under the Company's plans if you meet one of these requirements:

- You have an active registered domestic partnership with a governmental body, or
- You both meet all of the following:
 - Are age 18 or older and legally competent
 - Have cohabitated for at least six months
 - Are not married to anyone else (even if legally separated)
 - Are not related by blood
 - Have financial interdependence, as demonstrated by joint ownership of real estate, bank accounts, mortgage, credit obligations, mutual beneficiary designations or powers of attorney

Dependent children of your domestic partner are also eligible for coverage if they are:

- Unmarried
- Primarily dependent on you or your partner for support
- Living with you (unless waived for student status)
- Meet age, student and incapacity requirements for the plan

Imputed Income and Tax Implications

If you add a family member to your coverage who is not considered a dependent under federal income tax law, your share of the cost of coverage must be paid on an after-tax basis. Your employer's share of the cost of benefits is also treated as taxable income, which is known as imputed income. The IRS considers health coverage for a domestic partner and/or their children a taxable benefit with imputed income that is subject to federal income tax and any other required payroll taxes.

Changes in Domestic Partnerships

When enrolling your domestic partner in coverage, you agree that you will notify the Company of any changes in your partnership status that would make your partner and/or their children ineligible for coverage. You must submit a Notice of Change in Domestic Partnership within 30 days of the change. Termination of coverage for domestic partners (and, in some cases, for children of domestic partners) is not a qualifying event for the purpose of continuing coverage under COBRA.

Required Documentation

Team members wishing to enroll a domestic partner will need to submit an Affidavit of Domestic Partnership to the Human Resources Department prior to completing their enrollment. Please contact HR at DavidWood@EdMorse.com for more information.

DEPENDENT VERIFICATION DISCLAIMER

Dependent Verification Required

If you plan to cover any dependents this year, you will need to provide documentation confirming their eligibility within 45 days of your enrollment. You may be asked to submit proof of dependent status by providing a marriage certificate, birth certificate, tax return, etc. You are responsible for ensuring that any dependents who become ineligible are removed from the Company benefits. Dependents covered under the team member's benefits who are determined to be ineligible, or for whom sufficient proof of eligibility cannot be provided, will be removed immediately. Premiums will not be refunded, and you will be responsible for any claims that may have been paid on their behalf. You may also be subject to corrective action up to and including separation.

Dependent Information for Enrollment

When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA) requires the Company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

MEDICAL COVERAGE

Following is a high-level overview of your medical plan options. For complete coverage details, please refer to the Summary Plan Description (SPD).

Note: The deductibles and out-of-pocket maximums are per calendar year.

*Benefits with an asterisk (*) require that the medical plan deductible be met before the Plan begins to pay.

Key Benefits	UnitedHealthcare HDHP Base Plan Choice Plus Network		Surest (by UnitedHealthcare) Surest E6000 Choice Plus Network		UnitedHealthcare PPO Buy-Up Plan Choice Plus Network	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (Individual/Family)	\$2,500 / \$5,000	\$5,000 / \$10,000	None	None	\$1,500 / \$3,000	\$5,000 / \$15,000
Out-of-Pocket Max (Individual/Family)	\$5,800 / \$11,600	\$11,600 / \$23,200	\$6,000 / \$12,000	\$12,000 / \$24,000	\$3,000 / \$6,000	\$13,000 / \$26,000
Office Visits (Physician/Specialist)	20%* / 20%*	40%* / 40%*	\$40 to \$150 copay	\$215 copay	\$25 copay / \$45 copay	50%*
Virtual Visits (Designated Virtual Network Provider)	No charge*	40%*	\$0 to \$100 copay	Up to \$340 copay	No charge	50%*
Routine Preventive Care	No charge	40%*	No charge	\$215 copay	No charge	50%*
Independent Clinical Lab (Ex: Bloodwork)	40%* (Designated Network: 20%*)	40%*	\$0	\$0	50% (Designated Network: No charge)	50%*
Independent Diagnostic Testing Center (Ex: X-ray)	20%*	40%*	\$0	\$0	10%*	50%*
Complex Imaging (Ex: MRI, CT, etc.)	40%* (Designated Network: 20%*)	40%*	\$150 to \$1,200 copay	Up to \$1,650	50%* (Designated Network: 10%*)	50%*
Emergency Ambulance	20%*	20%*	\$600 copay	\$600 copay	10%*	10%*
Emergency Room	20%*	20%*	\$1,000 copay	\$1,000 copay	\$300 copay	\$300 copay
Urgent Care Facility	20%*	40%*	\$90 copay	\$200 copay	\$50 copay	50%*
Inpatient Hospital Stay	20%*	40%*	\$700 to \$4,500 copay	Up to \$11,000 copay	10%*	50%*
Outpatient Surgery	20%*	40%*	\$70 to \$4,500 copay	Up to \$11,000 copay	10%*	50%*

Coinurance percentages and copay amounts 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.

PRESCRIPTION COVERAGE

Optum Rx®

Retail Pharmacy

When you fill a prescription at a participating retail pharmacy, you may purchase up to a 30-day supply. At the participating pharmacy, you will need to present your ID card and an applicable payment. Most major pharmacies are in our plan's pharmacy network. To find a participating pharmacy near you, visit www.optumrx.com or call 1-800-356-3477.

Before You Fill Your Prescription

Some medications may require **prior authorization** or **step therapy** before they're covered.

Prior authorization means your doctor must get approval from your insurance plan before certain prescriptions can be filled.

Step therapy means you may need to try a lower-cost or preferred medication first before moving to a higher-tier option.

These rules help ensure your treatment is **safe, effective, and cost-efficient**, and they may affect how quickly your prescription is approved. If your medication requires one of these steps, your doctor will work with the plan to complete the process.

Save Money on Medications

Ask for Generic Drugs

You can save money by asking for generic drugs. The FDA requires that generic drugs have the same high quality, strength, purity and stability as brand-name drugs. The next time you need a prescription, ask your doctor to prescribe a generic drug if it is available and appropriate.

Use Mail Order

If you require regular medication for a long-term or chronic condition, such as arthritis or diabetes, you can save money by using your plan's mail-order service.

Mail order lets you get up to a 90-day supply of your medication at a lower cost than picking it up at retail. If you want more than a 30-day supply, make sure to use mail order.

*Benefits with an asterisk (*) require that the medical plan deductible (page 4) be met before the Plan begins to pay.

Key Benefits	UnitedHealthcare HDHP Base Plan Optum Rx – Advantage 3-Tier		Surest (by UnitedHealthcare) Surest E6000 Optum Rx – Advantage 3-Tier		UnitedHealthcare PPO Buy-Up Plan Optum Rx – Advantage 3-Tier	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Retail Pharmacy (Up to 30-day supply) ²						
Tier 1	\$10 copay*	\$10 copay*	\$10 copay	Not covered	\$10 copay	\$10 copay
Tier 2	\$35 copay*	\$35 copay*	\$60 copay		\$50 copay	\$50 copay
Tier 3	\$70 copay*	\$70 copay*	\$90 copay		\$85 copay	\$85 copay
Mail Order Pharmacy (Up to 90-day supply)						
Tier 1	\$25 copay*	Not covered	\$25 copay	Not covered	\$25 copay	Not covered
Tier 2	\$87.50 copay*		\$150 copay		\$125 copay	
Tier 3	\$175 copay*		\$225 copay		\$212.50 copay	

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

2. Costs shown are for preventive drugs. Specialty drugs may have a higher cost share for members.

REGISTER & DOWNLOAD YOUR HEALTH PLAN APP

Why You Should Download Your Health Plan App

Your health plan's mobile app is the fastest and easiest way to access your benefits.

Once registered, you can:

- View your plan details and digital ID card
- Find in-network doctors and facilities
- Check costs before getting care
- Access helpful resources any time, anywhere

Surest Tip:

For Surest members, downloading and using the app is especially important.

Surest is designed to help you make cost-smart choices by showing you your **actual copays up front**, so you can easily compare options and save money.

Getting Started – How to Register and Download Your App



For employees enrolled in UnitedHealthcare HDHP Base and PPO Buy-Up medical plans

1. Go to myuhc.com or download the *UnitedHealthcare* app.
2. Select **Register Now** and enter your information.
3. Complete two-factor authentication (text or call).
4. Log in to access your benefits.

Scan here to download the UnitedHealthcare app:



For employees enrolled in the Surest E6000 medical plan

1. Go to benefits.surest.com or download the *Surest* app.
2. Register using your **HealthSafeID®**.
3. Complete verification to finish setting up your account.
4. Log in to access your benefits and compare costs.

Scan here to download the Surest app:



FINDING A DOCTOR

Your plan works best when you stay **in network**. Using in-network doctors and facilities means **lower costs**, fewer surprises, and smoother billing. Since both UHC and Surest use the **Choice Plus network**, a quick provider search before your visit helps you know where to go and what you'll pay — especially with Surest, where costs can vary between providers.

Why This Step Matters

Lower Costs In-Network:

Using in-network providers lowers your cost share and helps you avoid **balance billing**.

Surest Members – Know Before You Go:

Surest uses the same network, but your **copay or cost depends on the provider and location**. Compare your options and choose a provider at the **price point you're comfortable with** before scheduling.

To check prices on the Surest plan, scan the QR cost or visit the link below:



Check prices

surest.com/plan?accesscode=FIFL252612Alt2

How to Search Your Network



For employees enrolled in UnitedHealthcare HDHP Base and PPO Buy-Up medical plans

1. Go to myuhc.com or open the **UHC mobile app**.
2. Log in or register for an account if you're new.
3. Select **"Find Care & Costs"** to search for doctors, hospitals, urgent care centers, and more.
4. Filter results by **your network name (Choice Plus network)**.
5. Confirm the provider is accepting new patients and is still in-network before scheduling.

Tip: You can also search without logging in, but logging in gives you the most accurate results based on your specific plan



For employees enrolled in the Surest E6000 medical plan

1. Go to benefits.surest.com or open the **Surest app**.
2. Log in or register for an account if you're new.
3. Use the **"Find Care"** feature to search by doctor, location, or type of care.
 - **Important:** You're searching the **Choice Plus network**, but your cost will vary by provider or location.
4. Review care options and **see upfront costs** for services before you schedule.
5. Confirm the provider is accepting new patients, is still in-network before scheduling, and their price matches the online estimate.

PREVENTIVE CARE

What is Preventive Care? (AKA Your Annual Check-Up)

Regular preventive care – also known as your annual check up – can help you stay well, catch problems early on and may be potentially lifesaving. The ACA requires that certain preventive care services are provided for no cost, copayment or coinsurance. All medical plans cover preventive care services like screenings, immunizations and exams. **When you visit in-network providers, you don't have to worry about any out-of-pocket costs for preventive care services.** If you use an out-of-network provider, a deductible and out-of-network expenses may apply.

Preventive vs. Diagnostic Care

Preventive care is generally precautionary. For example, if your doctor recommends having a colonoscopy because of your age or family history, this would be considered preventive care. But if your doctor recommends a colonoscopy to investigate symptoms you're having, this would be considered diagnostic care, and your plan cost share will apply.

VIRTUAL VISITS

UHC Designated Virtual Network

Our telehealth program is a convenient and cost-effective way to get quick medical advice by phone, online or on your mobile device about many non-emergency conditions. It's just one more way our organization invests in you and your family.

Why Use Telehealth?

It's Affordable

A trip to the ER, urgent care center or doctor's office can easily set you back hundreds of dollars in out-of-pocket costs. A call to our telehealth program will cost you \$0 after deductible (Base Plan), \$0 – \$100 (Surest E6000), or \$0 (Buy-Up Plan), regardless of your condition.

It's Convenient

Long wait times at the ER, urgent care center or doctor's office are an unfortunate reality for many. Whether you are at home or work or on the road, a medical professional is available 24/7/365 so you can get the care you need when and where it's convenient for you. Even better: There is no time limit to the consult, giving you plenty of time to ask questions and resolve your issue.

It's Easy to Use

- **UHC Members:** Visit myuhc.com or use the UHC app.
- **Surest Members:** Visit mysurest.com or use the Surest app.
- You can also call the number on the back of your ID card to be connected with a designated virtual provider.



Scan this code to watch a video about preventive care.

Get Care in Minutes

It takes just a few minutes to set up your medical history online. Once you submit a request, it often takes less than 10 minutes for a doctor to call you back.

Common Reasons to Call

- Allergies
- Anxiety issues
- Cold and flu symptoms
- Ear infections
- Diarrhea or constipation
- Headaches and migraines
- Rash and skin problems
- Sore throat and stuffy nose
- Sprains and strains
- Urinary tract infections



Scan this code to watch a video about how telehealth works.



MEDICAL COVERAGE

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

HDHP

The High-Deductible Health Plan (HDHP), provided through UnitedHealthcare, is an insurance plan that typically offers lower premiums and higher deductibles. This means individuals with HDHPs normally pay a lower amount each month but pay more on their yearly medical expenses before their insurance policy begins paying. You can visit any doctor, hospital or other health care provider you want, with greater cost savings in-network.

How You Pay for Services

- You pay the **full cost** of non-preventive health care services and prescription drugs until you meet the annual deductible. The deductible is waived for in-network routine preventive care services and medications on the preventive drug list.
- The HDHP includes copays for prescription drugs only. You must meet **the annual deductible** before prescription copays apply.
- Once you meet the annual deductible, you pay a percentage of your health care expenses (**coinsurance**), and the plan pays the rest.
- Once your deductible and coinsurance add up to the **out-of-pocket maximum**, this plan pays the full cost of all qualified health care services for the rest of the year.
- When you enroll in an HDHP, you are eligible to open and contribute to a Health Savings Account (HSA) to assist with healthcare costs.

SUREST

UnitedHealthcare's Surest plan offers a transparent, no-deductible approach to health insurance. Unlike traditional insurance plans with a deductible, Surest plans focus on upfront pricing, meaning members know the costs of services before they receive care. Each service, from office visits to surgeries, has a range of set copays and allows members to compare costs across different providers and facilities. The copay for a specific service varies by the provider or facility selected, with lower copays associated with provider who deliver higher quality healthcare outcomes.

Surest uses the same provider network (Choice Plus) as the UnitedHealthcare HDHP and PPO plans. In general, you will pay less for in-network services than you would were you to seek care outside the network.

How You Pay for Services

- You pay a flat dollar amount—or copay—for all covered health care treatments and services. The copay varies based on the provider or facility you select.
- Once you hit your annual out-of-pocket maximum, the plan will cover 100% of the cost of covered services for the rest of the year.

PPO

The Preferred Provider Organization (PPO) plan, provided through UnitedHealthcare, gives you the freedom to seek care from any provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network.

A PPO plan relies on a network of health care clinics, hospitals and professionals who have agreed to provide their services at discounted rates. These preferred providers are considered "in-network." In general, you will pay less for in-network services than you would were you to seek care outside the network.

How You Pay for Services

- You pay a flat dollar amount—or copay—for covered health care treatments and services, such as doctor's office visits and prescription drugs.
- Once you satisfy your annual deductible, you will pay a percentage—or coinsurance—of the cost of the visit, and the plan will cover the rest.
- Once you hit your annual out-of-pocket maximum, the plan will cover 100% of the cost of covered services for the rest of the year.

BENEFIT TERMINOLOGY

Copayment

Oftentimes referred to as a “copay,” this is the amount you are responsible for paying when seeing a doctor, picking up a prescription, or visiting an urgent care facility or emergency room.

Deductible

The amount you must pay for eligible expenses before the plan begins to pay benefits. A deductible may be per service, per visit, per supply or per coverage year. For example, if your individual deductible is \$1,500, your plan will not pay anything for certain medical services until you have paid \$1,500. The deductible may not apply to all services, such as services that are covered by a copay.

Coinsurance

Your share of the costs of a covered medical service calculated as a percent of the allowed amount for the service. You pay coinsurance plus any deductibles you owe. Consider an example in which the medical plan’s allowed amount for a medical service is \$100 and you’ve met your deductible. If your plan pays 70%, then you are responsible for the remaining 30%, which is \$30.

Explanation of benefits

Every time you use your health insurance, your health plan sends you a record called an “explanation of benefits” (EOB) or “member health statement” that explains how much you may owe. The EOB also shows the total cost of care, how much your plan paid, and the amount an in-network doctor or other health care professional is allowed to charge a plan member (called the “allowed amount”). An EOB is generated for every single health claim, including prescriptions. It is not a bill, but rather a tool members can use to make sure they’re not paying more than their insurer expects them to for services rendered.

Medically necessary

Medical services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms, and that meet accepted standards of medicine.

Preauthorization

A medically necessary determination by a health insurance carrier for a medical service, treatment plan, prescription drug, medical or prosthetic device or certain types of durable medical equipment. Sometimes called preauthorization, prior authorization or prior approval, many plans require preauthorization for certain services before you can receive them, except in cases of emergency. Preauthorization isn’t a promise your medical plan will cover the cost.

Primary care physician (PCP)

A physician who directly provides or coordinates a wide range of medical services for a patient. Primary care physicians include medical doctors, doctors of osteopathic medicine, internists, family practitioners, general practitioners, OB/GYNs and pediatricians. The opposite of a specialist.

In-network provider

The facilities, providers and suppliers our health insurance carrier has contracted with to provide medical services. Your out-of-pocket expenses will be lower, and you will not be responsible for filing claims if you visit a participating in-network provider.

Out-of-network provider

A provider who doesn’t have a contract with your health insurer or plan to provide services to you. You’ll pay more to see an out-of-network provider.



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to watch a video
about benefits
terms.

HEALTH SAVINGS ACCOUNT (HSA)

The HDHP ECSA medical plan features an HSA provided through Bank of America. The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

How the HSA Works

- You contribute pre-tax dollars through automatic payroll deductions or make after-tax contributions that are deductible when you file your taxes.
- You may change your contributions at any time throughout the year.
- You can withdraw HSA funds tax free to pay for current qualified health care expenses, or save them for the future, also tax free. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

Important Notes:

1. To open your HSA account, you are required to contact Karen Sims, Director of Payroll, at (561) 455-1111 ext. 3130
2. Your HSA contributions are in addition to your weekly medical plan premiums.

Contribution Limits

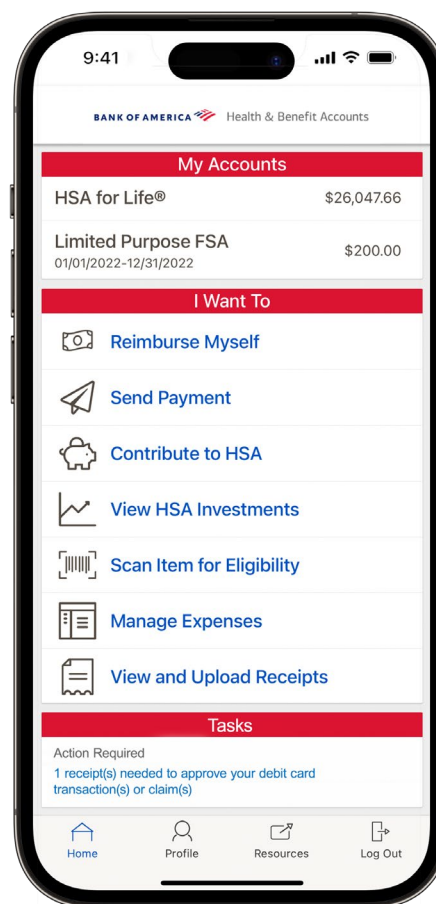
Coverage Tier	2026
Individual	\$4,400
Family	\$8,750
Catch-up Contributions	\$1,000



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watch a video
about HSA limits



Download the "MyHealth BofA" mobile app,
directly from the App StoreSM or Google PlayTM 2



To open your HSA account and for questions about your HSA, please contact Karen Sims, Director of Payroll.

Phone:
(561) 455-1111
ext. 3130



HEALTH SAVINGS ACCOUNT (HSA)



Key Features of the HSA

Triple-Tax Advantage

- You contribute funds pre-tax through convenient payroll deductions. This means the money comes out of your paycheck before income tax is calculated. So, you get to keep a bigger portion of your paycheck.
- HSA funds grow tax free, and unused funds roll over year to year. So, the more you save, the more your account will grow—just like a bank savings account.
- If you need to use your HSA funds, you can withdraw them tax free to pay for qualified health care expenses now and in the future—even in retirement.

Control

You own and control the money in your HSA. You decide how or whether you want to spend it. You can use it to pay for doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

Investment Opportunities

Once you reach and maintain a minimum threshold, you can make investments to help your money grow tax free.

Savings Potential

Your HSA is like a “health care 401(k).” There is no “use it or lose it” rule. Your account grows over time as you continue to roll over unused dollars from year to year.

Portability

Your HSA is yours for life. The money is yours to spend or save, even if you change health plans,¹ retire or leave the organization.

Qualified Health Care Expenses

- Qualified medical, dental and vision expenses not covered by the plans, as defined by the IRS in [Publication 502](#)
- COBRA premiums
- Qualified long-term care insurance and expenses
- Health insurance premiums when receiving unemployment compensation
- Medicare and retiree health insurance premiums (not Medicare Supplement premiums)
- Medigap insurance premiums

Important Notes

- You must meet certain eligibility requirements to have an HSA: You a) must be at least 18 years old, b) must be covered under a qualified HDHP, c) must not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, please refer to IRS [Publication 969](#).
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.



Scan this code to
watch a video about
how an HSA works

1. You must be enrolled in an IRS-qualified high-deductible health plan to contribute to an HSA.

SUPPLEMENTAL MEDICAL GAP PLAN



Scan here to go to the APL Online Service Center:



Administered by American Public Life Insurance Company (APL)

The GAP plan helps reduce your out-of-pocket costs by paying for eligible inpatient and outpatient medical expenses not fully covered by your primary medical plan. It works in addition to your medical insurance and is available with any of the medical plan options this year **as long as you are not contributing to a Health Savings Account (HSA).**

If you waive the company's medical plan but have other major medical coverage (such as through a spouse), you may still enroll in the GAP plan. However, **please be aware that pairing a GAP plan with any major medical coverage makes you ineligible to contribute to an HSA under IRS rules. Refer to IRS Publication 969 for details.**

How It Works

When you receive care, your primary insurance pays first. The GAP plan then helps cover what's left of your eligible out-of-pocket costs, up to the plan's maximums.

Benefit Type	Annual Maximum	Examples of Covered Services
Inpatient	\$3,000	Hospital stays, mental health, ambulance to inpatient care
Outpatient	\$1,500	Outpatient surgery, ER & urgent care, diagnostics, therapy

Inpatient and outpatient benefits are separate, meaning you can use both up to their respective maximums during the calendar

Accessing Your Benefits

Manage your GAP plan easily through the Online Service Center (OSC): secured.ampublic.com

- 24/7 access to policy details and benefits
- Download ID cards
- File and track claims online
- Opt in for text updates
- Enroll in direct deposit for faster payments

What's Covered

- Hospital inpatient stays
- Outpatient surgery and diagnostic testing
- Emergency room and urgent care visits
- Physical, occupational, and speech therapy
- Ambulance transportation
- Mental health and substance use treatment
- Durable medical equipment (when medically necessary)

What's Not Covered

- Services not covered by your primary plan
- Routine dental or vision
- Physician office visit fees
- Experimental or cosmetic procedures
- Services received after primary coverage ends

Important Tip: GAP coverage is not a replacement for medical insurance.

Need Help?

- CareTeam@ampublic.com
- 800-256-8606.

DENTAL COVERAGE



PPO Dental Plans

The dental Preferred Provider Organization (PPO) plan, provided through MetLife, offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the [Preferred Dental Program \(PDP\) network](#).

Following is a high-level overview of your dental plan options. For complete coverage details, please refer to the Summary Plan Description (SPD).

Note: The deductibles and annual benefit maximums are per calendar year.

Key Benefits	Low PPO Plan		High PPO Plan	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (Individual/Family)	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Annual Benefit Maximum (per person)	\$1,500	\$1,500	\$5,000	\$5,000
Preventive Services	No charge	No charge	No charge	No charge
Basic Services	50%*	50%*	20%*	20%*
Major Services	75%*	75%*	50%*	50%*
Orthodontic Services (per person)	50% (child only) \$1,000 Lifetime Maximum	50% (child only) \$1,000 Lifetime Maximum	50% (child and adult) \$2,000 Lifetime Maximum	50% (child and adult) \$2,000 Lifetime Maximum

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

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

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

Scan here to
download the
MetLife app:



VISION COVERAGE



Your eyesight is an integral part of your overall health and a key component of safety. This plan, provided through MetLife, gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the **VSP Choice network**. If you decide to use an out-of-network provider, you will pay the provider in full at the time of your appointment and submit a claim form for reimbursement up to the amount allowed by the plan.

Special discounts are offered on non-covered services, such as an additional pair of glasses, special lens options and LASIK.

Following is a high-level overview of your vision plan options. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Benefits	Low plan		High Plan	
	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement
Exam Once every 12 months	\$10 exam copay	Up to \$45	\$10 exam copay	Up to \$45
Lenses Once every 12 months - Single Vision - Bifocal - Trifocal	\$25 eyewear copay	Up to \$30 Up to \$50 Up to \$65	\$10 eyewear copay	Up to \$30 Up to \$50 Up to \$65
Frames Once every 12 months	\$130 allowance after \$25 eyewear copay. 20% savings on the amount that you pay over allowance. (Costco, Walmart and Sam's Club: \$70 allowance after \$25 eyewear copay)	Up to \$70	\$150 allowance after \$10 eyewear copay. 20% savings on the amount that you pay over allowance. (Costco, Walmart and Sam's Club: \$85 allowance after \$10 eyewear copay)	Up to \$70
Contact Lenses (in lieu of glasses; once every 12 months) - Medically Necessary - Elective	No charge after \$25 eyewear copay \$130 allowance	Up to \$210 Up to \$105	No charge after \$10 eyewear copay \$150 allowance	Up to \$210 Up to \$105

Benefit frequencies reset based on date of service.

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LIFE INSURANCE



Life insurance, provided through UnitedHealthcare, provides your named beneficiaries with a benefit following your death. Accidental death and dismemberment (AD&D) insurance provides a benefit to you following a covered accident that leads to dismemberment (such as the loss of a hand, foot or eye). Should your death occur due to a covered accident, both the life benefit and the AD&D benefit are payable.

Basic Life and AD&D (employer-paid)

Coverage Tier	Benefit Amount
Employee	\$25,000



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about how life
insurance works

Supplemental Life and AD&D (employee-paid)

If you determine you need more than the basic coverage, you may purchase additional insurance for yourself and your eligible family members.

Evidence of Insurability: If you choose to add or increase coverage after initial enrollment, you may need to submit an Evidence of Insurability (EOI, or “Statement of Health”) form. Please refer to the ADP document library for a copy of the EOI form.

Coverage Tier	Benefit Amount	Benefit Increments	Guaranteed Issue Amount
Employee	\$500,000 (Cannot exceed 5x annual salary)	\$50,000	\$300,000
Spouse	\$200,000 (Cannot exceed 50% employee benefit)	\$5,000	\$50,000
Child(ren) Up to age 26	14 days to 6 months: \$1,000 6 months and older: \$10,000 (Cannot exceed 50% employee benefit)	\$10,000	\$10,000

Benefit Age Reduction: The employee and spouse life insurance benefit will reduce to 65% when the employee reaches age 65 and to 50% when the employee reaches age 70.

Note: During your initial eligibility period, you can secure supplemental life and AD&D coverage up to the Guaranteed Issue limits without the need for Evidence of Insurability. Please note that coverage amounts requiring EOI will only go into effect once the insurance carrier approves them.



DISABILITY INSURANCE



Disability insurance, provided through UnitedHealthcare, provides benefits that replace part of your lost income when you cannot work due to a covered illness or injury.

Evidence of Insurability: If you choose to add coverage after initial enrollment, an Evidence of Insurability (EOI, or “Statement of Health”) form must be submitted to UHC for their review. Please refer to the ADP document library for a copy of the EOI form.

Voluntary Short-Term Disability

Provided at an affordable group rate.

Benefit	60% of base salary
Maximum weekly benefit	\$2,308 per week
When benefit begins	On the 1 st day for injury and 8 th day for sickness
Pre-existing condition limitation	None
When benefit ends	13 weeks

Voluntary Long-Term Disability

Provided at an affordable group rate.

Benefit	60% of base salary
Maximum monthly benefit	\$10,000
When benefit begins	On the 90 th day of disability
Pre-existing condition limitation	3 months prior / 12 months insured
When benefit ends	SSNRA



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about how
disability works

VOLUNTARY BENEFITS



Scan here to go
to the Allstate
MyBenefits
Member Portal:



Term Life with Long-Term Care

Life insurance helps protect your loved ones financially in the event of your passing. This plan combines **term to age 100 life insurance** with a **Long-Term Care (LTC) rider**, offering flexible protection and the ability to use benefits while living if long-term care is ever needed.

Term Life Plan Overview:

Pays a lump-sum benefit to the designated beneficiary when the insured dies before age 100.

- Issue Age 18-70 (No benefit reductions)
- Guaranteed Issue Amount: Up to benefit maximum
- Portable

Coverage Tier	Maximum Benefit Amount
Employee	\$150,000
Spouse	\$20,000

Need Assistance? Allstate Care Team:

- Call 800-521-3535
- Contact customerservice@allstatebenefits.com
- Visit allstatebenefits.com for forms, claim status, and more.

Long-Term Care with Restoration of Benefits Rider:

If you become chronically ill and require qualified long-term care services (after a 90-day elimination period), you may receive a portion of your death benefit (i.e., accelerated death benefit for long-term) while still living.

Feature	Details
Benefit Trigger	Benefits begin if you're unable to perform at least two Activities of Daily Living for 90 days, or if you require continuous supervision due to severe cognitive impairment.
Pre-existing condition limitation	6 months prior / 6 months insured
Payout Options	Monthly: Receive 6% of the death benefit per month, for up to 17 months. Lump-Sum: Receive a one-time lump-sum payment of a portion of the death benefit. Rider coverage will terminate upon payment of this benefit.
Restoration of Benefits	After benefits are paid, restores the death benefit to the pre-acceleration amounts.
Accelerated Death Benefit for Terminal Illness	Included – up to 75 % of the life insurance benefit (max \$100,000) if diagnosed with a terminal illness

VOLUNTARY BENEFITS



Accident Insurance

Accident insurance, provided through SunLife, can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: you visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But treating a broken leg can cost thousands of dollars. When your medical bill arrives, you'll be relieved you have accident insurance on your side.

Accident insurance pays a fixed cash benefit directly to you when you have a covered accident-related injury, like a sprain or bone fracture. Examples of covered expenses include:

- Doctor's office visits
- Diagnostic exams
- Broken leg rehab treatment
- Physical therapy sessions

Sample of Accident Benefits	
Medical Services	Up to \$2,500
Dislocation/Fracture	Up to \$16,000
Hospital	Admission: \$3,500 Confinement: \$1,000 per day
Ambulance	Ground: \$1,200 / Air: \$3,600
Surgery	Up to \$3,500
Dismemberment	Up to \$150,000
Accidental Death	Up to \$250,000
Wellness Screening Benefit	\$75 per year

Children receive 50% of the employee benefit amount.

Accident Coverage	Weekly Cost
Employee Only	\$4.78
Employee + Spouse/RDP	\$9.06
Employee + Child(ren)	\$8.27
Employee + Family	\$12.55

Critical Illness Insurance

About half of U.S. adults report being unable to pay an unexpected medical bill of \$500 without going into debt.¹ With critical illness insurance provided through SunLife, you won't have to. This benefit provides a fixed, lump-sum cash benefit directly to you when you are diagnosed with a covered health condition such as a heart attack or stroke. You can use this benefit however you like, including to help pay for:

- Increased living expenses
- Prescriptions
- Travel expenses
- Treatments

Sample of Critical Illness Benefits	
Benefit Amounts	
Employee	\$10,000 to \$40,000
Spouse	\$5,000 to \$40,000
Heart Attack, Stroke, Kidney Failure, Major Organ Failure, Coma, Paralysis, Benign Tumor, Loss of Sight, Speech, and Hearing	100%
Progressive Neurological Conditions	
Early Stage	10%
Advanced	100%
Childhood Conditions	Up to 50%
Cancer Conditions	Up to 100%
Family Care (Inability to Conceive)	
Minor Surgery or Medication	25%
Assisted Reproductive Technology (IVF)	100%
<i>Benefit Waiting period: 12 months. Limited to 3 benefits, subject to overall maximum of \$30,000</i>	
Wellness Screening Benefit	\$100 per year

Spouse benefit cannot exceed employee's elected benefit amount. Children receive 50% of the employee's elected benefit amount.

1. Kaiser Family Foundation. "Americans' Challenges with Health Care Costs." Kaiser Family Foundation, [kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs](https://www.kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs).

Critical Illness Coverage Weekly Cost
Weekly rates are based on your coverage level and age band. Your personalized rates are available during enrollment on ADP.

VOLUNTARY BENEFITS



Cancer Insurance

Cancer may not feel like a priority you need to worry about right now, but with more than two million new cases of cancer projected in 2025,¹ it can pay to be prepared. The cancer indemnity plan, provided through SunLife, pays a flat dollar amount to you when a covered person is diagnosed with internal cancer. Other benefits include payments made directly to you for (but not limited to):

- Hospital confinement
- Radiation & Chemotherapy
- Medical imaging, Immunotherapy, and other medical services
- Transportation & Lodging

Sample of Cancer Benefits	Low Plan	High Plan
Initial Diagnosis (Internal)	\$2,000	\$5,000
Radiation	\$400 weekly	\$600 weekly
Chemotherapy (Injected/Pump)	\$300 weekly	\$1,000 weekly
Surgery	Up to \$5,500	Up to \$5,500
Hospital Confinement	\$200 per day	\$400 daily
Ground / Air Ambulance	\$250 / \$250	\$250 / \$2,000
Home Healthcare & Nursing	\$100	\$200
Medical Imaging	None	\$100
Transportation / Lodging	None	\$500 / \$100 per day
Immunotherapy	None	\$450 per month
Experimental Treatment	None	\$150 per month
Cancer Screening Benefit	\$50 once per year	\$75 once per year

1. American Cancer Society. "Facts and Figures 2025." American Cancer Society, cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/2025-cancer-facts-figures

Cancer Coverage	Weekly Cost	
	Low Plan	High Plan
Employee Only	\$1.95	\$3.99
Employee + Spouse/RDP	\$3.32	\$6.78
Employee + Child(ren)	\$2.10	\$4.30
Employee + Family	\$3.47	\$7.09

Hospital Insurance

When you or a dependent need to be hospitalized, your family deserves to focus on their well-being, not the stress of a stint at the hospital, which can cost an average of \$3,025 per inpatient day.¹ Hospital indemnity, provided through SunLife, pays a fixed cash benefit directly to you when you experience:

- Hospital admissions
- Hospital stays
- Intensive care unit stays

Sample of Hospital Benefits	Low Plan	High Plan
First Day Benefits		
Hospital Admission	\$1,500	\$2,500
ICU Admission	\$2,000	\$3,000
Confinement Benefits	Per Day	Per Day
Hospital (Up to 180 days)	\$350	\$500
ICU (Up to 60 days)	\$350	\$500
Rehab Unit (Up to 60 days)	\$100	\$200
Newborn Nursery (Up to 3 days)	\$100	\$200
Observation Unit Stay	\$100 once per year	
Wellness Screening Benefit	\$50 once per year	

1. Kaiser Family Foundation. "Expenses per Inpatient Day." Kaiser Family Foundation, kff.org/health-costs/state-indicator/expenses-per-inpatient-day.

Hospital Coverage	Weekly Cost	
	Low Plan	High Plan
Employee Only	\$7.12	\$9.83
Employee + Spouse/RDP	\$13.92	\$18.41
Employee + Child(ren)	\$9.73	\$14.49
Employee + Family	\$18.20	\$23.87



CAREGIVING RESOURCES

Cariloop

Caring for a loved one can be one of life's most meaningful experiences, but it can also be challenging to balance appointments, decisions, and daily life. That's why we're proud to offer caregiving resources to help make the journey a little easier.

These resources give you access to personalized caregiving support and easy-to-use online tools, all designed to help you stay organized and supported. Your caregiving benefit is provided at **NO COST** to you through Cariloop.

How Cariloop Helps

Cariloop offers two levels of support, depending on what you need:

Everyday Support & Resources

- Access expert articles, checklists, and planning tools to help you stay organized, all in one secure online platform.
- Search vetted providers for elder care, childcare, or pet care
- Explore step-by-step guides and planning templates
- Collaborate with family members in a shared care portal

One-on-One Coaching (Care Cases)

- When you need more hands-on help, you can open a **Care Case** and work directly with a **dedicated, licensed Care Coach**.
- Your coach helps you research options, create a care plan, and navigate next steps
- Support is available for a wide range of situations, from aging parents to childcare challenges or managing your own health needs
- All communication is private and personalized to your family's situation



Get Started

1. Go to cariloop.com/register
2. Click “**Get Started**” and sign up with your **work email**
3. Verify your email with the six-digit code sent to your inbox
4. Explore your resources or connect directly with your Care Coach. Within the platform, you can access:
 - Personalized Coaching
 - Provider Networks
 - Tolls & Resources

Need Help?

- Call 972-232-7561 (English or Spanish)
- Email: support@cariloop.com

Scan here to download the Cariloop app:



EMPLOYEE ASSISTANCE PROGRAM (EAP)



Scan here to
download
eConnect
Mobile App
(username:
edmore)



SupportLinc

Life is full of challenges and sometimes balancing them all can be difficult. We are proud to provide a **confidential** program dedicated to supporting the emotional health and well-being of our team members and their families. The Employee Assistance Program (EAP) is provided at **NO COST** to you through SupportLinc.

EAP Benefits

- Assistance for you and your household members
- Up to 8 in-person or virtual sessions with a counselor per event, per year, per individual
- Unlimited toll-free phone access and online resources

The EAP can help with the following issues, among many others:

- Anxiety
- Depression
- Substance Abuse
- Grief and Loss
- Anger Management
- Marriage/Relationship Problems
- Stress
- Work-Related Pressures

Confidentiality:

SupportLinc upholds strict standards. No one, including your employer, will know you have accessed the program unless you specifically grant permission or express concern that presents us with a legal obligation to release information.

Choose How to Get Assistance

- In the moment support – Reach a licensed clinician by phone 24/7/365
- Supportlinc.com web portal
- eConnect Mobile app
- Text therapy with Textcoach (Monday – Friday, up to 6 weeks per issue).
- Animo (via web portal of mobile app) – Use self-guided content, practical resources, and daily inspiration to foster meaningful and lasting behavioral change.
- Navigator (via web portal of mobile app) – Complete a short survey to receive personalized guidance for accessing program support and resources.



Scan this code to
watch a video about
how an EAP works

To access your EAP benefits,

- Visit www.supportlinc.com (username: edmore)
- Call 1-888-881-LINC (5462)
- Text “SUPPORT” to 51230.



IDENTITY THEFT



Scan here to
register your
Norton LifeLock
account:



Norton LifeLock

Your identity is made up of more than your Social Security number and credit score. It includes the trail of data you leave behind from financial transactions, as well as what you share on social media. That's why we offer identity theft protection, provided through Norton LifeLock for you and your family members.

You get this (and so much more)	Premier	Premier Plus
Identity & Credit Monitoring We monitor for new accounts being opened in your name and for key changes to your credit file at three of the leading credit bureaus and alert you to potential fraud.	✓	✓
Identity Restoration Support If your identity is compromised, a US-based Identity Restoration Specialist will personally handle your case and help restore your identity.	✓	✓
Device Security w/ Secure VPN Protects your mobile devices, tablets, and computers from hackers and vulnerable websites in addition to keeping your browsing private.	✓ 5 devices Family gets 10	✓ 5 devices Family gets unlimited
Genie Scam Detection AI-powered alerts help detect and navigate suspicious texts, emails, and calls in real time. Offers advice if you think you're being scammed.	✓	✓
Cyber Crime Insurance For cyber attacks is available for up to \$50,000 in addition to the LifeLock Million Dollar Protection Package. Includes coverage for Cyber Extortion, Social Engineering Scams, Cyber Bullying, and Digital Currency Crime.		✓
Financial + Credit Insights Empowers you with valuable insights into your finances, guiding you on the path to greater, more insightful, financial well-being.	✓	✓

Dedicated Support Line: (800) 607-9174

- Available Monday–Friday, 9 AM–7 PM EST
- After-hours support available for urgent cases.

Coverage	Weekly Cost	
	Premier	Premier Plus
Employee Only	\$1.84	\$2.88
Employee + Family	\$3.46	\$4.96



ENROLLMENT & BENEFITS SUPPORT

Before Enrollment: **EOI Benefits Counselors**



Understanding your benefits is easier when you have support. Before enrolling, you can meet one-on-one with a **benefit counselor from EOI** to review your options and get personalized guidance to help you make confident choices.

To ensure you understand your benefit options, each benefit eligible team member is strongly encouraged to speak with a benefit counselor to complete the enrollment process.

Note: Team Members must enroll through ADP workforce now.

How EOI Benefits Counselors can help you:

Benefit Review

Walk you through your medical, dental, vision, and other benefit options

Benefit Questions (Before Enrollment)

Answer coverage, cost, and eligibility questions in real time

Personalized Assistance

Provide one-on-one assistance to help you make confident decisions

Enrollment Process

Walk you through the enrollment process step by step

In addition, visit your **Benefits Library** anytime to explore plan details, costs, videos, and helpful tools all in one place.

Scan the QR code or visit
Email.EOIService.com/Ed-Morse to schedule a one-on-one appointment, explore your benefits, and make most of what's offered!



After Enrollment: **HUB Benefits Advocate**



The HUB Benefits Advocate Team (BAT) is here to answer your questions and help make your employee benefits easier to use.

Within 24 hours of your initial call, a Dedicated Benefits Advocate will update you on any further actions including the time frame for resolution.

Below are some of the questions your Dedicated Benefits Advocate can answer:

Benefit Questions (After Enrollment)

I need to have surgery; does my insurance cover it? What can I do to find out how much it may cost?

Referral

I need to see a specialist, but I'm having trouble getting a referral. What do I do?

Claims Assistance

I received a bill from my doctor. I thought these services were covered. What do I do now?

Pharmacy Issues

I tried to pick up a prescription today, but the pharmacy is saying that I'm not covered. Why?

Mercedes Malcolm

Director, Benefit Advocates

Office: 407.551.1066

Email: Mercedes.Malcolm@hubinternational.com



IMPORTANT CONTACTS

Benefit	Carrier	Contact	Website/Email
Medical Plans – UHC HDHP Base and PPO Buy-Up	UnitedHealthcare	1-866-801-4409	www.myuhc.com
Medical Plan – Surest E6000	Surest (by UnitedHealthcare)	1-866-683-6440	www.surest.com
Pharmacy Benefits	Optum Rx (by United Healthcare)	1-800-356-3477	www.optumrx.com
Health Savings Account	Bank of America	1-800-992-3200	www.healthaccounts.bankofamerica.com
GAP Insurance	American Public Life (APL)	1-800-256-8606	secured.ampublic.com
Dental Plans	MetLife	1-800-942-0854	www.metlife.com/dental
Vision Plans	MetLife	1-855-638-3931	www.metlife.com/vision
Life and AD&D Insurance	UnitedHealthcare	1-866-801-4409	www.myuhc.com
Disability Insurance	UnitedHealthcare	1-866-801-4409	www.myuhc.com
Term Life with Long Term Care	Allstate	1-800-521-3535	mybenefits.allstate.com
Accident, Critical Illness, Cancer & Hospital	SunLife	1-800-786-5433	account.sunlifeconnect.com/commonlogin/
Employee Assistance Program	SupportLinc	1-888-881-5462	www.supportlinc.com
Caregiving Resources	Cariloop	972-232-7561	plan.cariloop.com/login
Identity Theft	Norton LifeLock	1-800-607-9174	Register: www.norton.com/ebsetup Login: login.norton.com
Personal Lines Insurance (Auto, Home, etc.) Florida Dealerships Non-Florida Dealerships	Insurco Insurance & Financial Services Trident Agency Services	1-954-846-1206 1-737-733-0014	a051536@allstate.com tridentagent@edmorse.com

Benefits Website

Our benefits website www.workforcenow.adp.com can be accessed anytime you want additional information on our benefits programs.

Questions?

If you have additional questions, you may also contact:

Human Resources at 561-455-1111 ext. 3400

Mercedes Malcolm (Benefit Advocate) at 407-551-1066 or Mercedes.Malcolm@hubinternational.com

Scan here to
download ADP
Mobile App:



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or 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.

