



City of Gahanna

200 South Hamilton
Road
Gahanna, Ohio 43230

Signature

Ordinance: ORD-0093-2024

File Number: ORD-0093-2024

AN ORDINANCE AUTHORIZING THE MAYOR TO ACCEPT AND EXECUTE PROPOSAL FOR ANCILLARY EMPLOYEE BENEFITS THROUGH METLIFE; WAIVING SECOND READING AND DECLARING AN EMERGENCY

WHEREAS, the City's benefits consultant, NFP, has reviewed employee health insurance and related benefits;
and

WHEREAS, NFP conducted a Request for Proposals (RFP) and received quotes from various insurance
providers offering ancillary benefits including Basic Life, Basic AD&D, Supplemental Term Life, Supplemental
Term AD&D, Supplemental Dependent Life, Supplemental Dependent AD&D, and employer-sponsored Dental
and Vision; and

WHEREAS, after review of proposals, the City selected MetLife as the preferred vendor for ancillary benefits for
employees; and

WHEREAS, the MetLife proposal is estimated at \$357,000 annually and includes a City funded short term
disability program for all City employees; and

WHEREAS, the Administration recommends passage of the ordinance with waiver of second reading and as an
emergency measure immediately necessary for the preservation of public peace, safety, health, and welfare of
the City; to wit: the need to ensure employee provided ancillary benefit coverages effective January 1, 2025.

**NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF GAHANNA, COUNTY OF
FRANKLIN, STATE OF OHIO:**

Section 1. That the Mayor is hereby authorized to accept and execute the proposal with MetLife for Basic Life,
Basic AD&D, Supplemental Term Life, Supplemental Term AD&D, Supplemental Dependent Life, Supplemental
Dependent AD&D, Employer Sponsored Dental, Vision, and Short Term Disability; said proposal attached
hereto as EXHIBIT A and made a part herein.

Section 2. The second reading of the Ordinance is hereby waived.

Section 3. That, for the reasons set forth in the preamble hereinabove, this Ordinance is declared an emergency
measure which shall be in full force and effect immediately upon passage by this Council and on date of
signature of approval by the Mayor.

At a regular meeting of the City Council on December 16, 2024, a motion was made by Schnetzer, seconded by Weaver, to waive the second reading of this Ordinance. The vote was as follows:

Ms. Bowers, yes; Ms. Jones, yes; Ms. McGregor, yes; Ms. Padova, yes; Mr. Renner, yes; Mr. Schnetzer, yes; Mr. Weaver, yes.

A motion was made by Schnetzer, seconded by Weaver, that this Ordinance be Adopted as an Emergency. The vote was as follows:

Ms. Bowers, yes; Ms. Jones, yes; Ms. McGregor, yes; Ms. Padova, yes; Mr. Renner, yes; Mr. Schnetzer, yes; Mr. Weaver, yes.

President Merisa K Bowers
Merisa K. Bowers

Date 12/16/24

Attest by Jeremy A. Van Meter
Jeremy A. VanMeter
Clerk of Council

Date 12/16/2024

Approved by the Mayor Laurie A. Jadwin
Laurie A. Jadwin

Date 12.16.24

Approved as to Form PDT
Priya D. Tamilarasan
City Attorney

Date 12/16/24



City Of Gahanna

**Basic Life, Basic AD&D, Supplemental Term Life, Supplemental Term AD&D,
Supplemental Dependent Life, Supplemental Dependent AD&D, Employer Sponsored
Dental, Vision, Short Term Disability**

Proposal produced on October 30, 2024
This quote is valid for 90 days from date of proposal

City Of Gahanna Rate Summary

As requested, the quote outlined below is for City Of Gahanna's term life insurance program. Because the current rates for the Employee-Paid coverage(s) appear to subsidize the rates on the Employer-Paid coverage(s) or, because it was requested, we are providing a Cost Reallocated Quote (CRQ). The CRQ includes a lower Employer-Paid coverage rate and subsidization between the Employee and Employer-Paid rates. Unless a CRQ was solely requested, we are also providing a non-subsidized quote. City Of Gahanna should consult its legal and tax counsel regarding any potential legal or tax implications of this arrangement and is responsible for appropriate disclosure of this arrangement to impacted employees if it selects the CRQ.

Please note that MetLife's group insurance policy, certificate and enrollment form (if applicable) will specify the rate structure described below if the CRQ is selected.

Cost Reallocated Quote (CRQ)

Coverage	Participating Lives	Covered Volume	Rates	Annual Premium
Life Option 10.3 7594840				
Basic Life (per \$1,000 of Covered Volume)	194	\$31,912,830		\$35,615
AAFTE Class 1	128	\$18,911,130	\$0.093	
AAFTE Class 2	64	\$12,990,000	\$0.093	
AAFTE Class 3	2	\$11,700	\$0.093	
Rates are guaranteed from January 1, 2025 - December 31, 2026				
Basic AD&D (per \$1,000 of Covered Volume)	194	\$31,912,830		\$8,042
AAFTE Class 1	128	\$18,911,130	\$0.021	
AAFTE Class 2	64	\$12,990,000	\$0.021	
AAFTE Class 3	2	\$11,700	\$0.021	
Rates are guaranteed from January 1, 2025 - December 31, 2026				

Coverage	Participating Lives	Covered Volume	Rates	Annual Premium
Supplemental Life <i>(per \$1,000 of Covered Volume)</i>	80	\$10,560,000		
All Active Full Time Employees				
Less than 30	10	\$1,170,000	\$0.070	
30-34	13	\$1,730,000	\$0.080	
35-39	9	\$1,300,000	\$0.100	
40-44	11	\$1,500,000	\$0.150	
45-49	13	\$1,930,000	\$0.250	
50-54	8	\$1,000,000	\$0.380	
55-59	8	\$1,060,000	\$0.610	
60-64	8	\$870,000	\$0.750	
65-69	0	\$0	\$1.380	
70+	0	\$0	\$2.450	
Rates are guaranteed from January 1, 2025 - December 31, 2026				
Important Information concerning Supplemental Life enrollments: For take-over supplemental life plans: This quote does not include an open enrollment and late enrollees will be required to provide Evidence of Insurability (EOI). However, for in-force \$10,000 increment plans, current participating employees may increase their in-force supplemental coverage an additional increment for the employee coverage only, up to the non-medical maximum stated in the policy. All increases are subject to the terms of the policy.				
Supplemental AD&D <i>(per \$1,000 of Covered Volume)</i>			\$0.020	
Rates are guaranteed from January 1, 2025 - December 31, 2026				

Supplemental Dependent Life (per \$1,000 of Covered Volume)				
All Active Full Time Employees				
Spouse*:				
Less than 30			\$0.070	
30-34			\$0.080	
35-39			\$0.100	
40-44			\$0.150	
45-49			\$0.250	
50-54			\$0.380	
55-59			\$0.610	
60-64			\$0.750	
65-69			\$1.380	
70+			\$2.450	
Child			\$0.200	
Rates are guaranteed from January 1, 2025 - December 31, 2026				
* Spouse rates are based on the employee's age.				
Important Information concerning Dependent Supplemental Life enrollments: For take-over dependent supplemental life plans: This quote does not include an open enrollment and late enrollees will be required to provide Evidence of Insurability (EOI). All increases are subject to the terms of the policy.				
Supplemental Dependent AD&D (per \$1,000 of Covered Volume)				
All Active Full Time Employees				
▪ Spouse			\$0.020	
▪ Child(ren)			\$0.035	
Rates are guaranteed from January 1, 2025 - December 31, 2026				

Dental Option 10.3 <small>7594842</small>				
Employer Sponsored Dental <i>(per Employee Per Month)</i>	193		\$91.910	\$212,864
▪ Employee + Family	193		\$91.91	
Rates are guaranteed from January 1, 2025 - December 31, 2025				
2 nd year Rate Cap: The first year's renewal rates will not be increased by more than 7.0% above the current rates.				
3 rd year Rate Cap: The second year's renewal rates will not be increased by more than 7.0% above the prior plan year's rates.				
VSP Vision Option 10.3 <small>7594844</small>				
Vision <i>(Per Employee Per Month)</i>	193			\$51,577
▪ Employee Only	58		\$22.27	
▪ Employee + Family	135		\$22.27	
Rates are guaranteed from January 1, 2025 - December 31, 2026				
STD Option 10.30 ¹ <small>7622786</small>				
Short Term Disability <i>(per \$10 Covered Weekly Benefit)</i>	194	\$184,540	\$0.240	\$53,148
Rates are guaranteed from January 1, 2025 - December 31, 2026				
¹Notice to Residents of New Mexico Employers MetLife's premium is based on census, experience, and anticipated insurance contract terms at time of quote. MetLife's insurance contract terms and premiums may change depending on any changes required by the New Mexico Office of Superintendent of Insurance in connection with the filing process.				

Summary of Benefits

Life / AD&D Insurance - Life Option 10.3

Basic Life	
AAFTE Class 1 (20 Hours)	<ul style="list-style-type: none"> • 2 times pay to a maximum of \$220,000 • A minimum benefit of \$50,000 • Medical Evidence Level: \$220,000 • Reduces by: 33% at Age 70, 50% at Age 75 • Waiver of Premium (disabled prior to 60, waiting period 6 months, coverage continues to 65) • Conversion and Portability are included in this quote • Accelerated Benefit Option: 12 months or less to live, up to 80.0% of coverage, to a maximum of \$500,000
<p>Age Reduction*: The Employer is responsible for making sure that the offer of insurance to its Employees under the program described complies, if applicable, with the Age Discrimination in Employment Act of 1967, as amended, ("ADEA"), and the regulations thereunder. The Employer should seek the advice of counsel as to whether ADEA applies to the program and, if so, whether it is in compliance with ADEA and other applicable laws. MetLife is required to comply with insurance age discrimination laws where applicable.</p> <p>*All reductions are applied to the original benefit amount</p>	
AAFTE Class 2 (20 Hours)	<ul style="list-style-type: none"> • 2 times pay to a maximum of \$220,000 • A minimum benefit of \$100,000 • Medical Evidence Level: \$220,000 • Reduces by: 33% at Age 70, 50% at Age 75 • Waiver of Premium (disabled prior to 60, waiting period 6 months, coverage continues to 65) • Conversion and Portability are included in this quote • Accelerated Benefit Option: 12 months or less to live, up to 80.0% of coverage, to a maximum of \$500,000
<p>Age Reduction*: The Employer is responsible for making sure that the offer of insurance to its Employees under the program described complies, if applicable, with the Age Discrimination in Employment Act of 1967, as amended, ("ADEA"), and the regulations thereunder. The Employer should seek the advice of counsel as to whether ADEA applies to the program and, if so, whether it is in compliance with ADEA and other applicable laws. MetLife is required to comply with insurance age discrimination laws where applicable.</p> <p>*All reductions are applied to the original benefit amount</p>	
AAFTE Class 3 (20 Hours)	<ul style="list-style-type: none"> • Flat \$10,000 • Medical Evidence Level: \$10,000 • Reduces by: 33% at Age 70, 50% at Age 75 • Waiver of Premium (disabled prior to 60, waiting period 6 months, coverage continues to 65) • Conversion and Portability are included in this quote • Accelerated Benefit Option: not included
<p>Age Reduction*: The Employer is responsible for making sure that the offer of insurance to its Employees under the program described complies, if applicable, with the Age Discrimination in Employment Act of 1967, as amended, ("ADEA"), and the regulations thereunder. The Employer should seek the advice of counsel as to whether ADEA applies to the program and, if so, whether it is in compliance with ADEA and other applicable laws. MetLife is required to comply with insurance age discrimination laws where applicable.</p> <p>*All reductions are applied to the original benefit amount</p>	

Basic AD&D	
AAFTE Class 1 (20 Hours)	<ul style="list-style-type: none"> • 100% of the Basic Life benefit. • Waiver of Premium (disabled prior to 60, waiting period 6 months, coverage continues to 65) • Portability is included in this quote
<p>Age Reduction*: The Employer is responsible for making sure that the offer of insurance to its Employees under the program described complies, if applicable, with the Age Discrimination in Employment Act of 1967, as amended, ("ADEA"), and the regulations thereunder. The Employer should seek the advice of counsel as to whether ADEA applies to the program and, if so, whether it is in compliance with ADEA and other applicable laws. MetLife is required to comply with insurance age discrimination laws where applicable.</p> <p>*All reductions are applied to the original benefit amount</p>	
AAFTE Class 2 (20 Hours)	<ul style="list-style-type: none"> • 100% of the Basic Life benefit. • Waiver of Premium (disabled prior to 60, waiting period 6 months, coverage continues to 65) • Portability is included in this quote
<p>Age Reduction*: The Employer is responsible for making sure that the offer of insurance to its Employees under the program described complies, if applicable, with the Age Discrimination in Employment Act of 1967, as amended, ("ADEA"), and the regulations thereunder. The Employer should seek the advice of counsel as to whether ADEA applies to the program and, if so, whether it is in compliance with ADEA and other applicable laws. MetLife is required to comply with insurance age discrimination laws where applicable.</p> <p>*All reductions are applied to the original benefit amount</p>	
AAFTE Class 3 (20 Hours)	<ul style="list-style-type: none"> • 100% of the Basic Life benefit. • Waiver of Premium (disabled prior to 60, waiting period 6 months, coverage continues to 65) • Portability is included in this quote
<p>Age Reduction*: The Employer is responsible for making sure that the offer of insurance to its Employees under the program described complies, if applicable, with the Age Discrimination in Employment Act of 1967, as amended, ("ADEA"), and the regulations thereunder. The Employer should seek the advice of counsel as to whether ADEA applies to the program and, if so, whether it is in compliance with ADEA and other applicable laws. MetLife is required to comply with insurance age discrimination laws where applicable.</p> <p>*All reductions are applied to the original benefit amount</p>	

	Rate per \$1,000 of Covered Volume	Est Volume	Est Monthly Premium	Est Annual Premium
Basic Life				
AAFTE Class 1	\$0.093	\$18,911,130	\$1,759	\$21,105
AAFTE Class 2	\$0.093	\$12,990,000	\$1,208	\$14,497
AAFTE Class 3	\$0.093	\$11,700	\$1	\$13
Rates are guaranteed from January 1, 2025 - December 31, 2026 (24 months)				
Basic AD&D				
AAFTE Class 1 ¹	\$0.021	\$18,911,130	\$397	\$4,766
AAFTE Class 2 ¹	\$0.021	\$12,990,000	\$273	\$3,273
AAFTE Class 3 ¹	\$0.021	\$11,700	\$0	\$3
Rates are guaranteed from January 1, 2025 - December 31, 2026 (24 months)				
Please note that the MetLife AD&D insurance premium includes a fee for the Travel Assistance [and Identity Theft Solutions] services, provided by AXA Assistance USA, Inc.				
¹ Travel Assistance services are offered and administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Certain Underwriters at Lloyd's London (not incorporated) through Lloyd's Illinois, Inc. Neither AXA Assistance USA Inc. nor the Lloyd's entities are affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.				

Supplemental Term Life	
All Active Full Time Employees (20 Hours)	<ul style="list-style-type: none"> • \$10,000 increments to a maximum of the lesser of 5.00 times pay or \$500,000 • A minimum benefit of \$10,000 • Medical Evidence Level: \$150,000 • No Age Reduction • Waiver of Premium (disabled prior to 60, waiting period 6 months, coverage continues to 65) • Conversion and Portability are included in this quote • Accelerated Benefit Option: 12 months or less to live, up to 80.0% of coverage, to a maximum of \$500,000

Supplemental Term AD&D	
All Active Full Time Employees (20 Hours)	<ul style="list-style-type: none"> • 100% of the Supplemental Term Life benefit. • Waiver of Premium (disabled prior to 60, waiting period 6 months, coverage continues to 65) • Portability is included in this quote

Supplemental Life	Rate per \$1,000 of Covered Volume	Est Volume	Est Monthly Premium	Est Annual Premium
Less than 30	\$0.070	\$1,170,000	\$2,737	\$32,843
30-34	\$0.080	\$1,730,000		
35-39	\$0.100	\$1,300,000		
40-44	\$0.150	\$1,500,000		
45-49	\$0.250	\$1,930,000		
50-54	\$0.380	\$1,000,000		
55-59	\$0.610	\$1,060,000		
60-64	\$0.750	\$870,000		
65-69	\$1.380	\$0		
70+	\$2.450	\$0		
Rates are guaranteed from January 1, 2025 - December 31, 2026 (24 months)				
Supplemental AD&D				
All Active Full Time Employees	\$0.020			
Rates are guaranteed from January 1, 2025 - December 31, 2026 (24 months)				

Supplemental Dependent Life	
All Active Full Time Employees (20 Hours)	<p>Spouse Benefit:</p> <ul style="list-style-type: none"> \$5,000 increments to a maximum of \$250,000, not to exceed 50% of employee's Optional Life Benefit A minimum benefit of \$5,000 Spouse Medical Evidence Level: \$25,000 Spouse Accelerated Benefit Option: 12 months or less to live, up to 80.0% of coverage, to a maximum of \$500,000 <p>Child Benefit:</p> <ul style="list-style-type: none"> Child Under 15 days: \$100 Child 15 days to 6 months old: \$1,000 Child more than 6 months old: Options of \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000. Child limiting age: 26, 26 if a full time student Child Medical Evidence Level: \$10,000 <ul style="list-style-type: none"> No Age Reduction Waiver of Premium (disabled prior to 60, waiting period 6 months, coverage continues to 65) Conversion and Portability are included in this quote

Supplemental Dependent AD&D	
All Active Full Time Employees (20 Hours)	<p>Spouse Benefit:</p> <ul style="list-style-type: none"> 100% of the Dependent Supplemental Life benefit. <p>Child Benefit:</p> <ul style="list-style-type: none"> Child Under 15 days: \$100 Child 15 days to 6 months old: \$1,000 Child more than 6 months old: Options of \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000. Waiver of Premium (disabled prior to 60, waiting period 6 months, coverage continues to 65) Portability is included in this quote

Supplemental Dependent Life	Rate per \$1,000 of Covered Volume	Est Volume	Est Monthly Premium	Est Annual Premium
Spouse*:				
Less than 30	\$0.070			
30-34	\$0.080			
35-39	\$0.100			
40-44	\$0.150			
45-49	\$0.250			
50-54	\$0.380			
55-59	\$0.610			
60-64	\$0.750			
65-69	\$1.380			
70+	\$2.450			
Child**:	\$0.200			

Rates are guaranteed from January 1, 2025 - December 31, 2026 (24 months)

* Spouse rates are based on the employee's age.

** Child(ren) rates are per \$1,000 of coverage, per child unit. A child unit may consist of more than one child.

Supplemental Dependent AD&D				
All Active Full Time Employees				
▪ Spouse	\$0.020			
▪ Child*	\$0.035			
Rates are guaranteed from January 1, 2025 - December 31, 2026 (24 months)				
* Child(ren) rates are per \$1,000 of coverage, per child unit. A child unit may consist of more than one child.				

Plan Features and Limitations
<p>Portability: Option to continue term insurance under a different policy when coverage terminates. Minimums, maximums, and other conditions apply. Portability is not available for residents of Alaska.</p>
<p>Empathy*: Automatically included with Basic Life, Supplemental Life and Dependent Supplemental Life at no additional cost to the employer or employee. Available in all situs states except NY.</p> <p>Empathy provides beneficiaries with support and guidance beyond the life claim. Empathy can provide tools and resources to help a beneficiary manage grief due to their loss, provide guidance on probating and settling an estate, assist with closing accounts (e.g., financial, and social media), provide home clearing resources, and more. Beneficiaries can choose to get the support they need online through the Empathy app or web portal, by speaking with a dedicated Empathy Care Manager, or by using a combination of both options.</p> <p><small>*Empathy's bereavement services and platform are provided through an agreement with The Empathy Project, Inc., (doing business as Empathy). Empathy is not an affiliate of MetLife, and the services Empathy provides are separate and apart from the insurance provided by MetLife. This program is available to beneficiaries, and insureds who are terminally ill and eligible to accelerate life proceeds under MetLife's Accelerated Benefit Option. Not available on all policy forms or in all jurisdictions. Empathy is only available to insureds and beneficiaries who are US residents. Information disclosed directly to Empathy is not disclosed to MetLife, and therefore is not subject to MetLife's privacy policy.</small></p>
<p>Grief Counseling: Automatically included with Basic Life at no additional cost to the employer or employee. Available in all situs states on Basic Life except ND. Automatically included with Supplemental Life at no additional cost to the employee. Available in all situs states on Supplemental Life except for FL and ND.</p> <p>Grief counseling is offered by TELUS Health¹. Grief counseling provides eligible beneficiaries a form of counseling that aims to help people cope with grief and mourning following the death of a loved one.</p> <p><small>¹ Grief Counseling services are provided through an agreement with TELUS Health. TELUS Health is not an affiliate of MetLife and the services TELUS Health provides are separate and apart from the insurance provided by MetLife.</small></p>
<p>Will Preparation: Automatically included with Supplemental Life. Face to Face meeting with a MetLife Legal Plans attorney.</p> <p>Will Preparation is offered by MetLife Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, Rhode Island. For New York sitused or principally located cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation. Tax Planning and preparation of Living Trusts are not covered by the Will Preparation Service.</p>
<p>MetLife Estate Resolution <u>Services</u>SM- Automatically included with Supplemental Life. Face to Face meeting with a MetLife Legal Plans attorney</p> <p>Estate Resolution Services are offered by MetLife Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan General Insurance Company Warwick, Rhode Island. Certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary or heir and the estate; any disputes with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.</p>
<p>Funeral Discounts and Planning Services#:</p> <p>As a MetLife group life policyholder, you and your family may have access to funeral discounts, planning and support to help honor a loved one's life - at no additional cost to you. Dignity Memorial</p>

provides you and your loved ones access to discounts of up to 10% off of funeral, cremation and cemetery services through the largest network of funeral homes and cemeteries in the United States.

When using a Dignity Memorial Network you have access to convenient planning services - either online at www.finalwishesplanning.com, by phone (1-866-853-0954), or by paper - to help make final wishes easier to manage. You also have access to assistance from compassionate funeral planning experts to help guide you and your family in making confident decisions when planning ahead as well as bereavement travel services - available 24 hours, 7 days a week, 365 days a year - to assist with time-sensitive travel arrangements to be with loved ones.

Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. Not available in some states. Planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers are pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For MI and TN, the discount is available for "At Need" services only. Not approved in AK, FL, KY, MT, ND, NY and WA.

Total Control Account (TCA):

- ☐ TCA Settlement Option - Payment under the policy may be accomplished by placing the full amount of death claim proceeds into a TCA, an interest-bearing account with draft-writing privileges, and providing the beneficiary with a book of drafts. Beneficiary also receives a Customer Agreement and other materials describing the TCA.
- ☐ Relieves beneficiaries of the need to make immediate decisions about what to do with a settlement check, while giving them the flexibility to access funds as needed and earn interest on the proceeds as they assess their financial situation.
- ☐ There is no need for another bank account. Beneficiary can access the full amount of death proceeds, including any accrued interest, at any time by writing a single draft or several drafts for smaller amounts (*as little as \$250*). There are no limits on the number of drafts the beneficiary can write. Processing time is similar to check processing.
- ☐ Beneficiary may request a fee-free Visa debit card. Any fees the beneficiary incurs using the TCA debit card are credited right back to the account.
- ☐ Beneficiary has the ability to link the account to popular payment apps/services such as PayPal®, Venmo® or Cash AppSM.
- ☐ Beneficiary may transfer funds from the TCA at any time without fees through ACH and bank to bank wires.
- ☐ Recordkeeping and draft clearing services for your TCA are provided by BNY Mellon Bank, 701 Market Street, Philadelphia, PA 19106.
- ☐ Beneficiary may also move all or a portion of the TCA balance (subject to applicable minimums) into any other settlement option for which he/she then qualifies.
- ☐ The account begins to earn interest from day one. The interest rate on the account will never be lower than the Guaranteed Minimum Rate of .50%.

- ☐ Principal and interest earned are backed by the financial strength and claims paying ability of MetLife.
- ☐ No monthly maintenance fees, no ATM fees, or charges for writing drafts, reordering drafts or making withdrawals. Charges may apply for an overdrawn TCA or special services. The current fees (*subject to change*) for those services are: draft copy \$2; stop payment \$10; overdrawn TCA \$15; overnight delivery service \$25.
- ☐ Every quarter, we'll send the beneficiary a personalized statement of the account detailing any activity since the previous quarter. The beneficiary will also receive statements for any months where there has been activity on the account. The statements will be sent via postal mail or electronically.
- ☐ Additional information about the TCA and account services is available electronically through MetLife's easy to use MetOnline web site.
- ☐ Dedicated US-based Customer Service Representatives specially trained to provide service to beneficiaries are also available through a special toll-free number (800-638-7283).
- ☐ Through MetLife's automated phone system, Accountholders are able to touch or speak their requests into the phone such as, "hear account balance", "get recent transactions", and "order drafts."
- ☐ Beneficiary may also may conveniently use the TCA as a source of funds to pay bills online or by phone (*no minimum payment amount*), and link to his or her favorite mobile payment service.

Subject to state law, and/or group policyholder direction, the TCA is provided for all Life and AD&D benefits of \$5,000 or more. While the funds in the TCA are not insured by the Federal Deposit Insurance Corporation, they are guaranteed by the appropriate state insurance guaranty association. The coverage limits vary by state. More information can be obtained by contacting the National Organization of Life and Health Insurance Guaranty Associations (www.NOLHGA.com or 703-481-5206). The assets backing the TCA are maintained in the Metropolitan Life Insurance Company (MetLife) general account and are subject to MetLife's creditors. MetLife bears the investment risk of the assets backing the TCA, and expects to receive a profit. Regardless of the investment experience of such assets, the interest credited to TCAs will never fall below the guaranteed minimum rate. Guarantees are subject to the financial strength and claims paying ability of MetLife.

The interest rate on the TCA is set weekly and will always be the greater of the guaranteed rate stated in the accountholder's TCA package, or the rate established by one of two indices monitored by MetLife. MetLife calculates interest daily and compounds it, and adds it to the account monthly, so the accountholders earn interest on their interest. The interest earnings generally are taxable.

If there is no activity on the TCA for a period of time (*typically three years, but this may vary by state*), state regulations may require MetLife to contact the accountholder at the address on file. If MetLife is unable to reach the accountholder, MetLife may be required to close the TCA and transfer the funds to the state.

Accelerated Benefits Option: If included, the minimum that can be accelerated is \$20,000.

The definition of earnings used to define benefits will be **Basic Monthly Earnings**.

<p>Waiver of Premium: Group life coverage is continued for an employee meeting the contractual definition of total disability. No further premium payment for that employee is required. The onset of the disability must occur prior to the age as defined in the Summary of Benefits. The disability must last continuously through the defined waiting period, and the employee must submit a request for the extension within 12 months of the onset of the total disability.</p>
<p>Enrolling in the Plan:</p> <ul style="list-style-type: none"> ▪ A statement of health will need to be submitted by employees who: <ul style="list-style-type: none"> • Request coverage amounts during their initial 31-day enrollment that exceed the stated MEOI level. • Apply for coverage after the period which begins on the first day on which they are eligible for the coverage (or the first day following a qualifying event, if applicable) and ends at the earlier of the next following annual enrollment period or the day before the next following Policy Anniversary. In no event will this period be more than a year, or less than 31 days. • Have indicated a medical condition on their enrollment form. ▪ Employees who are Actively-at-Work but who are not currently enrolled in the plan and experience a Qualifying Event must submit a statement of health in order to enroll for any amount of coverage.
<p>Benefit Increases:</p> <ul style="list-style-type: none"> ▪ Employees who experience a pay increase that generates a benefit, for the first time, which exceeds the stated MEOI level, will have to submit a statement of health. ▪ Supplemental Term Life: Employees, Actively at Work, who are participating in the plan may increase their coverage up to the next benefit level without submitting a statement of health, provided the increased benefit does not exceed the Medical Evidence Level, as defined in the Summary of Benefits. ▪ Basic Life, Dependent Supplemental Term Life: Employees, Actively at Work, who are participating in the plan and want to increase their coverage by any amount will have to submit a statement of health.
<p>The coverage will be subject to a contestability clause in accordance with the law.</p>
<p>Except in Washington: Supplemental and Dependent Life Insurance will not be paid to the Beneficiary if an insured commits suicide within 2 years (1 year in Missouri if the insured intended to commit suicide when enrolling for such insurance, 1 year in Minnesota, North Dakota and Colorado) of the effective date of this certificate. Instead, we will pay the Beneficiary an amount equal to any contributions paid, without interest.</p> <p>Except in Washington: if an insured commits suicide within 2 years (1 year in Missouri if the insured intended to commit suicide when enrolling for an increase in insurance, 1 year in Minnesota, North Dakota and Colorado) from the effective date of any increase in the amount of Supplemental and Dependent Life Insurance, such increased amount will not be paid to the Beneficiary. Instead we will pay the Beneficiary:</p> <p>an amount equal to all contributions paid for the increased amount, without interest; plus the amount of Supplemental Life Benefits that was in effect on the day before the effective date of such increased amount.</p>
<p>The employee must be covered for benefits in order for dependents to be covered.</p>

Dependent benefits terminate at the earlier of: the employee's retirement or when the employee's coverage terminates.
Dependent Eligibility Deferment – Dependent is not confined to hospital, confined to home or receiving disability income from any source.
No eligible individual may be covered more than once under this plan. If a person is covered as an employee, he/she cannot be covered as a spouse or dependent. If an employee and spouse are employed by the same employer, their eligible dependents may be insured as dependents of only one employee.
Dependent benefit cannot exceed the lesser of the amount for which the employee is insured or any applicable state law limit.

Table of Covered Losses for AD&D			
Covered Loss	Basic AD&D	Supplemental AD&D	Supplemental Dependent AD&D
Life	100%	100%	100%
Hand	50%	50%	50%
Foot	50%	50%	50%
Arm	75%	75%	75%
Leg	75%	75%	75%
Sight of One Eye	50%	50%	50%
Combination of a Hand, Foot, and/or Eye	100%	100%	100%
Thumb & Index Finger on the Same Hand	25%	25%	25%
Speech and Hearing	100%	100%	100%
Speech	50%	50%	50%
Hearing	50%	50%	50%
Paralysis of Both Arms and Both Legs	100%	100%	100%
Paralysis of Both Legs	50%	50%	50%
Paralysis of the Arm & Leg on Either Side of the Body	50%	50%	50%
Paralysis of One Arm or Leg	25%	25%	25%
Brain Damage	100%	100%	100%
Coma	1% monthly up to 60 months	1% monthly up to 60 months	1% monthly up to 60 months
* Maximum Amount payable for all Covered Losses sustained in one accident is capped at 100% of the Full Amount			
Additional Benefits			
Benefit	Basic AD&D	Supplemental AD&D	Supplemental Dependent AD&D
Air Bag Use	5% up to \$10,000	5% up to \$10,000	5% up to \$10,000
Seat Belt Use	10% up to \$25,000	10% up to \$25,000	10% up to \$25,000
Common Carrier	100% of Full Amount	100% of Full Amount	100% of Full Amount
Child Care Center	\$5,000 per year for 4 Yrs up to 12% of Full Amount	Not Applicable	

Limitations and Exclusions	
Limitations	<ul style="list-style-type: none"> The Accidental Death & Dismemberment loss must occur within 365 days after the date of the accident and be a direct result of bodily injury sustained from that accident, independent of other causes.
Exclusions	<p>Accidental Death & Dismemberment insurance does not include payment for any loss which in any way results from or is caused by or contributed to by:</p> <ul style="list-style-type: none"> physical or mental illness or infirmity, or the diagnosis or treatment of such illness or infirmity; infection, other than infection occurring in an external accidental wound; suicide or attempted suicide; (In Missouri, such exclusion only applies while the person is sane); intentionally self-inflicted injury; service in the armed forces of any country or international authority. However, service in reserve forces does not constitute service in the armed forces, unless in connection with such reserve service an individual is on active military duty as determined by the applicable military authority other than weekend or summer training. For purposes of this provision reserve forces are defined as reserve forces of any branch of the military of the United States or of any other country or international authority, including but not limited to the National Guard of the United States or the national guard of any other country; any incident related to: 1) travel in an aircraft as a pilot, crew member, flight student or while acting in any capacity other than as a passenger; 2) travel in an aircraft for the purpose of parachuting or otherwise exiting from such aircraft while it is in flight; 3) parachuting or otherwise exiting from an aircraft while such aircraft is in flight except for self preservation; 4) travel in an aircraft or device used for testing or experimental purposes; by or for any military authority; or for travel or designed for travel beyond the earth's atmosphere; committing or attempting to commit a felony; the voluntary intake or use by any means of: 1) any drug, medication or sedative, unless it is: taken or used as prescribed by a Physician, or an "over the counter" drug, medication or sedative, taken as directed; 2) alcohol in combination with any drug, medication, or sedative; or 3) poison, gas, or fumes; war, whether declared or undeclared; or act of war, insurrection, rebellion, riot; driving a vehicle or operating another device while intoxicated as defined by the laws of the jurisdiction in which the vehicle or other device was being operated.

Highlights
Broker Commissions included in the rate: None
<p>Expected Participation</p> <p>Basic Life: 100%</p> <p>Basic AD&D: 100%</p> <p>Supplemental Term Life: 41% and at least 10 covered lives.</p> <p>Supplemental Term AD&D: 25%</p> <p>Supplemental Dependent Life: 25%</p> <p>Supplemental Dependent AD&D: 25%</p>
<p>Employee Contributions</p> <p>Basic Life: 0%</p> <p>Basic AD&D: 0%</p> <p>Supplemental Term Life: 100%</p> <p>Supplemental Term AD&D: 100%</p> <p>Supplemental Dependent Life: 100%</p> <p>Supplemental Dependent AD&D: 100%</p>
Situs is OHIO
Financial Arrangement: Non-retrospectively Experience Rated
Final rates will be based on actual enrollment and contribution levels.
Submit complete enrollment materials by the 15 th of the month preceding the effective date to ensure prompt Underwriting review.
<p>Benefits terminate at retirement for:</p> <p>Basic Life</p> <p>Basic AD&D</p> <p>Supplemental Term Life</p> <p>Supplemental Term AD&D</p> <p>Supplemental Dependent Life</p> <p>Supplemental Dependent AD&D</p>
AD&D Benefits terminate when the corresponding Life Benefits terminate.
<p>Actively at Work</p> <p>On the Group Policy Effective Date, MetLife will cover those not Actively at Work in accordance with the following guidelines:</p> <ul style="list-style-type: none"> • All Employees will be covered under the transition rules for the MetLife Group Policy, regardless of their Actively At Work status, provided: <ul style="list-style-type: none"> ○ Their coverage was in force under the prior plan on the day before the MetLife Group Policy effective date, and ○ A Waiver of Premium disability claim was not previously approved by the prior carrier. Individuals who have previously been approved for Waiver of Premium will retain life insurance protection under the prior carrier's policy. • The Group Life insurance provided under the transition rules for the MetLife Group Policy is equal to the <u>lesser</u> of: <ul style="list-style-type: none"> ○ The coverage amount under the prior plan, and ○ The coverage amount under the MetLife plan for the applicable employee class and coverage type • For each participant <u>not</u> Actively At Work on the MetLife Group Policy effective date, transition coverage would continue under these rules until the <u>earliest</u> of the following to occur:

- The date the employee returns to work as an active Full-Time Employee, at which time active employee coverage will supersede the transition coverage
- The last day of the 12 month period following the MetLife coverage effective date
- The last day the employee would have been covered under the prior policy had it not terminated (in other words, the date an individual's coverage under the prior policy would have ceased for some reason unrelated to the policy ending)
- The date coverage would end pursuant to the termination provisions of the MetLife certificate
- The date extension protection is provided under the Waiver of Premium provision of the prior carrier's policy (i.e. approval of a premium waiver claim on account of a disability that occurred while the employee's coverage under the prior policy was in force)

If not already provided, please provide a listing of Non-Actively at Work employees that includes age, gender, amount of insurance, date of, and reason for disability of all such disabled individuals, for risk evaluation.

Summary of Benefits

Dental Insurance - Dental Option 10.3

Employer Sponsored Dental		
Class Description	All Active Full Time Employees (20 Hours)	
	In-Network	Out-of-Network*
Reimbursement	Negotiated Fee Schedule	R&C 90th Percentile
Type A – Preventive	100%	100%
Type B – Basic	75%	75%
Type C – Major	75%	75%
Calendar Year Deductible applies to:	B & C	B & C
▪ Individual	\$0	\$0
▪ Family	\$0	\$0
	Aggregate	Aggregate
Calendar Year Maximum (applies to A,B,C services)	\$1,500	\$1,500
Orthodontia	75%	75%
Orthodontia Lifetime Maximum	\$1,500	\$1,500
* Out of Network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.		

Employer Sponsored Dental	Rate per Employee	Lives	Est Monthly Premium	Est Annual Premium
▪ Employee + Family	\$91.91	193	\$17,739	\$212,864
Rates are guaranteed from January 1, 2025 - December 31, 2025 (12 months)				
2 nd year Rate Cap: The first year's renewal rates will not be increased by more than 7.0% above the current rates.				
3 rd year Rate Cap: The second year's renewal rates will not be increased by more than 7.0% above the prior plan year's rates.				

Frequency & Allocations / Exclusions

(Custom Comprehensive (Flex) - Custom Standard (Flex))

Class Description: All Active Full Time Employees	
TYPE A	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Examinations	▪ 2 times in 1 calendar year
▪ Examinations – Problem Focused	▪ Combined with Examinations Limit
▪ Prophylaxis: Cleanings	▪ 2 times in 1 calendar year
▪ Space Maintainers	▪ 1 per lifetime for a child under age 14
▪ Fluoride	▪ 2 times in 1 calendar year for a dependent child under age 19
▪ Full Mouth X-Rays	▪ Once in 5 calendar years
▪ Bitewing X-Rays	▪ For a child under 19: 1 time in 1 calendar year ▪ Adult: 1 time in 1 calendar year
▪ Labs & Other Tests	
▪ Emergency Palliative Treatment	
▪ Periapical X-Rays	
▪ Other X-Rays	
TYPE B	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Amalgam Fillings	▪ 1 replacement per surface in 24 Months
▪ Root Canal	▪ 1 per tooth per lifetime
▪ Periodontal Maintenance	▪ 2 perio. Treatments in 1 calendar yr, includes 2 cleanings (total comb: 2)
▪ Periodontal Surgery	▪ 1 per quadrant in any 36 month period
▪ Scaling & Root Planing	▪ 1 per quadrant in any 24 month period
▪ Repairs	▪ 1 in 12 months
▪ Recementations	▪ 1 in 12 months
▪ Dentures – Rebases / Relines	▪ 1 in 36 months
▪ Denture Adjustments	▪ 1 in 12 months
▪ Tissue Conditioning	▪ 1 in 36 months
▪ General Anesthesia	
▪ Resin Composite Fillings(includes coverage for composite fillings on molars)	
▪ Pulpotomy	
▪ Pulp Capping	
▪ Pulp Therapy	
▪ Apexification & Recalcification	
▪ Periodontal Surgery – Soft & Connective Tissue Grafts	
▪ Periodontics – Non-Surgical	
▪ Oral Surgery: Simple Extractions	
▪ Oral Surgery: Surgical Extractions	
▪ Other Oral Surgery	
▪ General Services	
TYPE C	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Consultations	▪ 2 in 12 months
▪ Prefabricated Crowns	▪ 1 per tooth in 5 calendar years

▪ Crown Buildups / Post Core	▪ 1 per tooth in 5 calendar years
▪ Dentures	▪ 1 in 5 calendar years
▪ Immediate Temporary Dentures – Complete / Partial	▪ 1 replacement in 12 months
▪ Fixed Bridges	▪ 1 in 5 calendar years
▪ Inlays / Onlays /Crowns	▪ 1 replacement per tooth in 5 calendar years
▪ Implant Services	▪ 1 per tooth position in 5 calendar years
▪ Implant Repairs	▪ 1 per tooth in 5 calendar years
▪ Implant Supported Prosthetic	▪ 1 per tooth in 5 calendar years
▪ Occlusal Adjustments	▪ 1 in 12 months
Orthodontics	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Orthodontic Diagnostics	
▪ Orthodontic Treatment	

Exclusions	
All Active Full Time Employees	
<ul style="list-style-type: none"> ▪ Services which are not dentally necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature. ▪ Services for which a covered person would not be required to pay in the absence of dental insurance. ▪ Services or supplies received by a covered person before the insurance starts for that person. ▪ Services which are neither performed nor prescribed by a dentist except for those services of a licensed dental hygienist which are supervised and billed by a dentist and which are for scaling or polishing of teeth or fluoride treatment. ▪ Services which are primarily cosmetic. (For residents of Texas: Services which are primarily cosmetic unless required for the treatment or correction of a congenital defect of a newborn child). ▪ Services or appliances which restore or alter occlusion or vertical dimension. ▪ Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease. ▪ Restorations or appliances used for the purpose of periodontal splinting. ▪ Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco. ▪ Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss. ▪ Initial installation of a Denture to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth. ▪ Decoration or inscription of any tooth, device, appliance, crown or other dental work. ▪ Missed appointments. ▪ Services covered under any workers' compensation or occupational disease law. ▪ Services covered under any employer liability law. ▪ Services for which the employer of the person receiving such services is not required to pay. ▪ Services received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital. ▪ Services covered under other coverage provided by the Policyholder. ▪ Temporary or provisional restorations. ▪ Temporary or provisional appliances. ▪ Prescription drugs. ▪ Services for which the submitted documentation indicates a poor prognosis. ▪ Services, to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the government plan. We will not exclude payment of benefits for such services if the government plan requires that Dental Insurance under the group policy be paid first. 	

- The following when charged by the dentist on a separate basis - Claim form completion; infection control such as gloves, masks, and sterilization of supplies; or local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing and biting of food.
- Caries susceptibility tests.
- Precision attachments associated with fixed and removable prostheses.
- Adjustment of a denture made within 6 months after installation by the same dentist who installed it.
- Duplicate prosthetic devices or appliances.
- Replacement of a lost or stolen appliance, cast restoration or denture.
- Intra and extraoral photographic images.
- Fixed and removable appliances for correction of harmful habits.
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
- Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota.
- Application of Sealant material.
- Implants supported prosthetics to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.

Highlights
Broker Commissions included in the rate: None
Expected Participation: 99% and at least 10 covered lives.
Employee Contributions: 1%
Financial Arrangement: Non-retrospectively Experience Rated
Situs is OHIO
Only those residing in the United States are eligible for benefits
Dependent Child Definition: A Child is covered up to age 26, A student is covered up to age 26.
Ortho coverage applies to: Child Only. Children are covered to age 19.
This quote assumes the plan is a Section 125 plan.
An Open Enrollment period occurring annually is included.
TakeAlong Dental: <p>Whether they're just starting out or ready to retire, employees value dental benefits throughout their life stages. MetLife TakeAlong Dental can be there through all of them. Now, your employees can access an individual, lifelong dental plan, with no additional cost or work for you.</p> <p>Individuals and their dependents who are ineligible for your group dental plan can enroll directly through the MetLife TakeAlong Dental website or dedicated call center – and there's no cost to you. Enrollment is easy — and offers the same high-quality network and service experience that your employees deserve.</p> <p>Contact your Account Representative to learn more about the TakeAlong Dental individual program.</p>

Summary of Benefits

VISION - VSP Vision Option 10.3

VSP Choice		
Class Description	All Active Full Time Employees (20 Hours)	
Plan Name	M200A	
Reimbursement	In-Network Coverage (Using a Network Provider)	Out-of-Network Reimbursement (Using a Non-Network Provider)
Eye Examination		
Comprehensive exam of visual functions and prescription of corrective eyewear.	\$0 copay	\$45 allowance
Retinal Imaging This screening is used to take pictures of the inside of the eye particularly the retina to look for possible changes.	Up to \$39 copay	Applied to the exam allowance
Materials / Eyewear (Either Glasses or Contacts)		
Standard Corrective Lenses <ul style="list-style-type: none"> • Single vision • Lined bifocal • Lined trifocal • Lenticular 	\$0 copay \$0 copay \$0 copay \$0 copay	\$30 allowance \$50 allowance \$65 allowance \$100 allowance

Standard Lens Enhancement		
<ul style="list-style-type: none"> • Ultraviolet coating 	Covered in Full	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> • Standard Polycarbonate (child up to age 18) 	Covered in Full	Applied to the allowance for the applicable corrective lens
Additional Lens Enhancements¹		
<ul style="list-style-type: none"> • Progressive Standard 	Up to \$55 copay	\$50 allowance
<ul style="list-style-type: none"> • Progressive Premium/Custom 	Premium: Up to \$95-\$105 copay Custom: Up to \$150-\$175 copay	\$50 allowance
<ul style="list-style-type: none"> • Standard Polycarbonate (adult) 	Single Vision: Up to \$31 copay Multifocal: Up to \$35 copay	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> • Scratch-resistant coating (variable by type) 	Up to \$17 - \$33 copay	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> • Tints (plastic lenses) 	Pink I & II: \$0 copay Solid Plastic: \$15 Copay Plastic Gradient Dye: \$17 Copay	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> • Anti-reflective coating (variable by type) 	Up to \$41 - \$85 copay	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> • Photochromic (variable by type) 	Up to \$47 - \$82 copay	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> • Blue Light Filtering 	Up to \$15	Applied to the allowance for the applicable corrective lens
Frame Allowance (You will receive an additional 20% off any amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club.)	\$200 allowance \$220 allowance on featured frames \$110 allowance	\$70 allowance
<ul style="list-style-type: none"> • Costco, Walmart and Sam's Club 		
Contact Lenses		
<ul style="list-style-type: none"> • Elective 	\$200 allowance	\$105 allowance
<ul style="list-style-type: none"> • Necessary 	Covered in full after eyewear copay	\$210 allowance
<ul style="list-style-type: none"> • Contact Fitting and Evaluation 	Standard or Premium fit: Copay not to exceed \$60"	Applied to the contact lens allowance
Value Added Features		
Additional Savings on Glasses and Sunglasses¹	Get 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.	

Laser Vision correction²	Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Offer is only available at MetLife participating locations.
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¹Member costs for listed lens enhancements will be limited to copays that MetLife has negotiated with participating providers. These copays can be viewed by members after enrollment at www.metlife.com/mybenefits. All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco, Walmart and Sam's Club to confirm the availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

² Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Laser vision care discounts are only available from participating locations.

Vision	Rate per Employee	Lives	Est Monthly Premium	Est Annual Premium
▪ Employee Only	\$22.27	58	\$4,298	\$51,577
▪ Employee + Family	\$22.27	135		
▪ Total		193		
Rates are guaranteed from January 1, 2025 - December 31, 2026 (24)				

Frequency / Exclusions

Class Description: All Active Full Time Employees	
Frequencies	
▪ Examinations	▪ 1 per 12 Months
▪ Standard Corrective Lenses	▪ 1 per 12 Months
▪ Frames	▪ 1 per 12 Months
▪ Contact Lenses	▪ 1 per 12 Months
Either glasses or contacts allowed per frequency	

Exclusions
<ul style="list-style-type: none"> ▪ Services and/or materials not specifically included in the Summary of Benefits as covered Plan Benefits. ▪ Any portion of a charge in excess of the Maximum Benefit Allowance or reimbursement indicated in the Summary of Benefits. ▪ Plano lenses (lenses with refractive correction of less than $\pm .50$ diopter) ▪ Two pairs of glasses instead of bifocals. ▪ Replacement of lenses, frames and/or contact lenses furnished under this Plan which are lost, stolen or damaged, except at the normal intervals when Plan Benefits are otherwise available. ▪ Orthoptics or vision training and any associated supplemental testing. ▪ Medical or surgical treatment of the eyes. ▪ Prescription and non-prescription medications. ▪ Contact lens insurance policies or service agreements. ▪ Refitting of contact lenses after the initial (90-day) fitting period. ▪ Contact lens modification, polishing or cleaning. ▪ Local, state and/or federal taxes, except where MetLife is required by law to pay. ▪ Any eye examination or any corrective eyewear required as a condition of employment. ▪ Services and supplies received by You or Your Dependent before the Vision Insurance starts for that person. ▪ Missed appointments. ▪ Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits. ▪ Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital. ▪ Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony. ▪ Services and materials obtained while outside the United States, except for emergency vision care. ▪ Services, procedures, or materials for which a charge would not have been made in the absence of insurance.

Highlights
Broker Commissions included in the rate: None
Expected Participation: 99%
Employee Contributions: 1%
Financial Arrangement: Non-retrospectively Experience Rated
Situs is OHIO
SIC Code: 9111
Dependent Child Definition: A Child is covered up to age 26; A student is covered up to age 26.
This quote assumes the plan is a Section 125 plan.
An Open Enrollment period occurring annually is included

Summary of Benefits

Short Term Disability - STD Option 10.30

Short Term Disability	
Class Description	All Active Full Time Employees (20 Hours)
Weekly Benefit Amount	60%
Maximum Weekly Benefit	\$1,500
Minimum Weekly Benefit*	\$25
Elimination Period	Accident – 0 days
	Sickness – 7 days
Benefit Duration	13 weeks
Rehabilitation Incentives included in quote (details in limitations and definitions)	Work Incentive Rehabilitation Program Incentive Family Care Incentive Moving Expense Incentive
* The minimum weekly benefit is subject to overpayment situations and any applicable rehabilitation incentives.	

Short Term Disability	Rate per \$10 Of Covered Weekly Benefit	Covered Weekly Benefit	Est Monthly Premium	Est Annual Premium
STD	\$0.240	\$184,540	\$4,429	\$53,148
Rates are guaranteed from January 1, 2025 - December 31, 2026 (24 months)				

All Active Full Time Employees	
Limitations and Definitions	
Definition of Disability	<p>Due to a Sickness, or as a direct result of accidental injury:</p> <ul style="list-style-type: none"> the employee is receiving Appropriate Care and Treatment and complying with the requirements of such treatment, and is unable to earn more than 80% of their predisability earnings at their Own Occupation for any employer.
Pre-Existing Condition	None
Pre-Existing Condition Limitation	None
Reduction of Benefits:	<p>Benefits will be reduced by income and recoveries from certain other sources including but not limited to: Social Security disability or retirement benefits received or eligible to receive because of Disability; any state, public or federal employee retirement or disability plan benefits received or eligible to receive because of Disability, including State Teachers Retirement System (STRS), Public Employee Retirement System (PERS) or Federal Employee Retirement System (FERS); group insurance policies; certain early retirement plans; no-fault auto laws; governmental compulsory benefit plan or program; other disability programs or plans; Workers' Compensation benefits; occupational disease laws; maritime maintenance and cure; third party recoveries; and unemployment insurance laws or programs.</p> <p>If there is a reasonable basis for You to apply for benefits under the Federal Social Security Act, a government compulsory plan or program, or STRS, PERS or FERS Benefit Plans or Programs, We expect You to apply for them. To apply for Social Security benefits means to pursue such benefits until You receive approval from the Social Security Administration, or a notice of denial of benefits from an administrative law judge. With respect to benefits under a government compulsory plan or program, or STRS, PERS or FERS Benefit Plans or Programs, to apply means to pursue such benefits through all applicable levels of appeal provided for under such benefit plans or programs.</p> <p>We will reduce the amount of Your Disability benefit by the amount of Social Security benefits, We estimate that You, Your Spouse or child(ren) are eligible to receive because of Your Disability or retirement. We will reduce Your Disability benefits by such estimated Social Security benefits starting with the first Disability benefit payment coincident with the date You were eligible to receive Social Security benefits</p> <p>We will reduce Your Disability benefit by the amount of such government compulsory benefit plan or program benefit, or STRS, PERS or FERS benefit that We estimate You are eligible to receive, provided that We have the reasonable means to make such an estimate. We will start to do this with the first Disability benefit payment under this certificate coincident with the date You were eligible to receive such government compulsory benefit plan or program benefit, or STRS, PERS or FERS benefits under any such plans or programs.</p>
Occupational Benefits:	Non-Occupational Coverage

Definition of Predisability Earnings	<p>The amount of the employee's gross salary or wages from his/her employer as of the day before his/her disability began. Predisability earnings includes: Basic earnings only.</p> <p>The term does not include:</p> <ul style="list-style-type: none"> • The grant, award, sale, conversion, and/or exercise of shares of stock or stock options; • The Employer's contributions on Your behalf to any deferred compensation arrangement or pension plan; or • Any other compensation from the Employer.
Work Incentive	While disabled and receiving a Weekly Benefit, employees may receive up to 100% of Predisability Weekly Earnings, return-to-work earnings, and other income benefits.
Rehabilitation Incentive	10% increase in the Weekly Benefit if participating in an approved Rehabilitation Program.
Family Care Incentive	If the employee works or participates in a Rehabilitation Program while they are Disabled, starting with the 4th Weekly Benefit payment, reimbursement may be provided for up to \$100 per week for eligible Family Care expenses incurred by an employee for each eligible family member during the benefit period.
Moving Expense Incentive	If the employee participates in a Rehabilitation Program while they are Disabled, reimbursement may be provided for expenses incurred in order to move to a new residence if recommended as part of the Rehabilitation Program.
Temporary Recovery	If the employee returns to Active Work before completing the Elimination Period and then becomes Disabled, they will have to complete a new elimination period. If the employee returns to Active Work, after they begin to receive Weekly Benefits, for a period of 30 days or less than becomes Disabled again due to the same or related condition, they will not have to complete a new Elimination Period.
Organ Donor Benefit	10% increase in the Weekly Benefit if Disability is a result of an Organ Transplant Procedure.

Exclusions

We will not pay for any Disability caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion, or terrorist act;
- Your active participation in a riot;
- Intentionally self-inflicted injury;
- Any injury for which You are entitled to benefits under Workers' Compensation or a similar law
- Attempted suicide; or
- Commission of or attempt to commit a felony.

We will not pay Short Term Benefits for any Disability caused or contributed to by elective treatment or procedures, such as:

- Cosmetic surgery or treatment primarily to change appearance;
- Reversal of sterilization;
- Liposuction;
- Visual correction surgery; and
- In vitro fertilization, embryo transfer procedure, or artificial insemination.

However, pregnancies and complications from any of these procedures will be treated as a Sickness.

Short Term Disability Coverage Highlights	
Broker Commissions included in the rate:	None
Expected Participation:	100%
Employee Contributions:	0%
Financial Arrangement:	Non-retrospectively Experience Rated
Situs is	OHIO
Benefit Offsets for Employees with Mandated State Disability Laws: This quote specifically addresses Short-Term Disability coverage that is supplemental to any state mandated benefits and does not replace the employer's responsibility to provide that coverage for non-occupational disabilities to their employees in these states. If applicable, benefit offsets are applied for employees in states with a mandated disability law.	
Actively at Work provision applies	
Employer FICA Match: MetLife is not the agent for purposes of remitting the Employer share of FICA. MetLife is not the agent for tax remitting, therefore the Employer is responsible for issuing W-2s, remitting and reporting the Employer share of FICA, reporting wages and taxes on their Form 941 and state or federal unemployment tax remitting and reporting. If requested, MetLife will automatically withhold and remit federal and state taxes and the employee share of FICA from taxable benefit payments. MetLife will issue the W-2s for taxable benefits using the Employer's name and EIN at no charge if requested by the Employer, but we are not the agent, therefore the Employer still retains all the responsibilities noted above minus the W-2 responsibility. If the Employer uses the services of a payroll vendor, they should discuss this with the vendor to determine if it will cause any reporting issues.	
Rehabilitation Program Participation: Disability benefit payments will end on the date the employee ceases or refuses to participate in a Rehabilitation Program that MetLife requires.	
MetLife has made every effort to quote a plan that matches the substance of the requested plan design to the best of our ability, based on the plan documentation made available at the time of quote. The actual language used in the contracts will reflect what is filed in the applicable jurisdictions. Our rates are based on the plan design illustrated in this Cost & Benefit Summary.	

Underwriting Assumptions
<p>Digital Estate Planning: Automatically included with Supplemental Life, Group Variable Universal Life and Group Universal Life. Offers unlimited access to create and execute key estate planning documents online by answering a few simple questions.</p>
<p>It is not available for customers situated in FL or located in GU, PR and VI. It is not included with dependent life coverages or certain GUL/GVUL policies. Domestic Partnerships are not currently supported however members in a domestic partnership may use a MetLife Legal Plans attorney for their planning needs. Online Notary is not available in all states. Group legal plans are provided by MetLife Legal Plans, Inc., Cleveland, OH. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, RI.</p>
<p>WillsCenter.com: Online will prep service offered through SmartLegalForms, Inc., available to all customers at no charge.</p>
<p>If insurance coverage is provided, it will be governed by the terms and conditions of the insurance policy and applicable law. If administrative services are provided, they are governed by the terms and condition of the administrative services agreement and by applicable law.</p>
<p>If MetLife is requested to duplicate contractual provisions from the prior carrier, such provisions must be compatible with all MetLife's standards.</p>
<p>The quoted rates and or fees are based upon the request received. If new or additional information in connection with this request is provided, MetLife reserves the right to change its quote at any time before the effective date. After the effective date, rate and or fees are subject to the terms and conditions of the policy and or administrative services agreement.</p>
<p>Only those eligible persons residing in the United States may be covered. Any others must be approved by MetLife.</p>
<p>NOTICE REGARDING NON-US COVERAGE When providing you with information concerning a group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a Metropolitan Life Insurance Company (MLIC) affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MLIC or any other insurer that is not a member of MAXIS GBN. Please note that while MLIC is a member of MAXIS GBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.</p>
<p>Some services in connection with the coverage may be performed by our affiliate, MetLife Services and Solutions, LLC. These service arrangements in no way alter Metropolitan Life Insurance Company's obligations. Coverage will continue to be administered in accordance with Metropolitan Life Insurance Company's policies and procedures.</p>
<p>SIC Code: 9111</p>

U.S. Business Intermediary and Producer Compensation Notice

Metropolitan Life Insurance Company, Metropolitan Tower Life Insurance Company, MetLife Consumer Services, Inc. and Metropolitan General Insurance Company (collectively herein called "MetLife"), enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related insurance and non-insurance products ("Products") with brokers, agents, consultants, third party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such products (*each an "Intermediary"*). MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business (*number of products sold or dollar value of premium*) with MetLife. In addition, supplemental compensation may be payable to your Intermediary for eligible Products. Under MetLife's current supplemental compensation plan (SCP), the amount payable as supplemental compensation may range from 0% to 9% of premium or fees. The supplemental compensation percentage may be based on one or more of: (1) the number of products sold through your Intermediary during a one-year period, or other defined period; (2) the amount of eligible new or renewal premium or fees with respect to products sold through your Intermediary during a one-year period; (3) the persistency percentage of products inforce through your Intermediary during a one-year period; (4) the block growth of the products inforce through your Intermediary during a one-year period; (5) eligible new or renewal premium or fees growth during a one-year period; or (6) a flat amount, fixed percentage or sliding scale of the premium or fees for products as set by MetLife. The supplemental compensation percentage will be set by MetLife based on the achievement of the outlined qualification criteria and it may not be changed until the following SCP plan year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 9% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium or fees from you in relation to your products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (*e.g., insurance and employee benefits exchanges, enrollment firms and platforms, sales contests, consulting agreements, participation in an insurer panel, or reinsurance arrangements*).

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife's base compensation and supplemental compensation plans can be found on MetLife's Website at www.metlife.com/business-and-brokers/broker-resources/broker-compensation. Questions regarding Intermediary compensation can be directed to ask4met@metlifeservice.com, or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your representative. Compensation paid to your representative is for participating in the sale, servicing, and/or renewal of products, and the compensation paid may vary based on a number of factors including the type of product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your representative or calling (866) 796-1800.

Non-U.S. Coverage



When providing you with information concerning an eligible group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a MetLife affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MetLife or any other insurer that is not a member of MAXIS GBN. Please note that while MetLife is a member of MAXISGBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.

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