

PAVE  AMERICA



2023-2024
BENEFITS GUIDEBOOK

TABLE OF CONTENTS

- Welcome..... 1
- Plan Notes..... 2
- Medical/Rx Benefits..... 3
- Supplemental Benefits..... 5
- Dental & Vision Benefits 7
- Life & Disability Benefits..... 8
- Flexible Spending Account..... 10
- Additional Benefits..... 11
- Payroll Contributions 13
- Contact Information 14



WELCOME

As an employee of one of the Pavé America family of companies, we appreciate your commitment and contributions to the success of the Pavé America company that you work for, and Pavé America as a whole. Together, our companies are a nationwide leading provider of asphalt and concrete solutions. Each year, we strive to offer benefit plans that not only reward you for your hard work but offer you and your family comprehensive and affordable health and wellness protection. We are confident that you will find our benefit offerings to be of excellent value to you and to your dependents.

In the following pages, you will find a summary of our benefit plans for the coming year. Please read this guidebook carefully as you prepare to make your elections to ensure that you select the coverage that is right for you.



ABOUT THIS GUIDEBOOK

This Benefits Guidebook describes the highlights of the Pavé America Benefits Program in non-technical language. Your specific rights to benefits under this program are governed solely, and in every respect, by the official plan documents and not the information contained within this Benefits Guidebook.

If there is any discrepancy between the descriptions of the program elements contained within this Benefits Guidebook and the official plan documents, the language of the official plan documents shall prevail. Please refer to the plan-specific documents published by each of the respective carriers or third party administrators for detailed plan information. Eligibility for any benefit plan is determined by plan documents and policies. You should be aware that any and all elements of our Benefits Program may be modified in the future to meet Internal Revenue Service rules, or otherwise as determined by Pavé America.

PLAN NOTES

PLAN YEAR

The Pave America benefit plan year begins on October 1 and ends on September 30.

EMPLOYEE ELIGIBILITY

- All active, regular employees working 30 or more hours per week are eligible to enroll in the Pave America Benefits Programs.
- As a new hire, you are eligible for benefits on the first of the month following or coinciding with your date of hire. Re-hires are eligible for benefits upon the date of their return as long as you are rehired within 13 weeks.

DEPENDENT ELIGIBILITY

Your eligible dependents may include:

- Your legal spouse.
- Your child(ren) up to age 26 including natural children, legally adopted children, and stepchildren.
- Your child(ren) over age 26 who are not able to support themselves due to a physical or mental disability.

CHANGING YOUR BENEFITS

Any elections you make during open enrollment will be in effect October 1 through September 30. The elections you make during your enrollment period will remain fixed, unless you experience one of the following qualifying life events:

- Marriage, divorce, legal separation or annulment of marriage
- Birth, adoption or placement for adoption of an eligible child
- Loss of spouse's job or change in work status (when coverage is maintained through spouse's plan)
- A significant change in your or your spouse's health coverage that is attributable to your spouse's employment
- Death of spouse or dependent
- Loss of dependent status
- Change in Medicare status
- Receiving a Qualified Medical Child Support Order (QMCSO)



30 Days

Qualifying Life Events allow you to make plan changes at any time during the year in which they occur. You must provide written notice to Human Resources of such enrollment changes within 30 days of the event. You may also need to provide proof of the event, depending on the type of event. If you do not contact Human Resources within these 30 days, you will not be allowed to change your benefit election(s) or add/drop dependents until the next annual enrollment period.

MEDICAL/Rx BENEFITS

MEDICAL/Rx BENEFITS

Pave America is pleased to offer three medical plans administered by **Cigna**. While there is no out-of-network coverage under the Cigna HMO 5000 plan, the Cigna Premier 1000 and Cigna Standard 2000 plans provide you the flexibility to receive care from any provider you choose, whether or not they are part of Cigna's network. Please note your benefits are greater when you use a network provider.

To look up if your provider is in network, go to <https://hcpdirectory.cigna.com/web/public/consumer/directory/search> and click "Find a Doctor".

Preventive Care

All plans cover preventive care at 100%, including routine screenings and checkups. Many of these services are covered as part of routine physical exams. These include regular checkups, routine gynecological visits and well-child exams. You will not have to pay anything for these services if you receive them from a provider that participates in Cigna's network. That means no deductible, no copayment and no coinsurance.

PRESCRIPTION DRUG

Generic vs. Preferred-Brand vs Non-Preferred Brand

You can control your out-of-pocket cost based on the medications your physician prescribes. To get the greatest value from your prescription benefits, ask your doctor to prescribe generic medications whenever possible.

Mail Order & Maintenance Medications

Use Mail Order for maintenance medications that you routinely fill each month. You may be able to obtain valuable savings on 90-day supplies of medications.



VIRTUAL VISITS

For quick, convenient access to a provider while you are at the office, or on the go, you can use Virtual Visits, a telemedicine service. Board certified doctors and pediatricians are available by secure video, phone, or mobile app—anytime, anywhere—and can treat non-emergency medical conditions such as:

- Colds and flu
- Allergies
- Asthma
- Pink eye
- Ear infections
- Sinus problems
- Respiratory infections
- Joint aches and pains
- Vomiting and nausea

Additional Resources

Click or scan the QR code to the right to view plan benefit summaries, flyers, and more.



MEDICAL/Rx BENEFITS

	PREMIER 1000	STANDARD 2000	HMO 5000
Medical Coverage: In-Network			
Deductible Individual / Family	\$1,000 / \$2,000	\$2,000 / \$4,000	\$5,000 / \$10,000
Member Coinsurance	0%	10%	20%
Out-of-Pocket Maximum Individual / Family	\$5,000 / \$10,000	\$6,500 / \$13,000	\$7,350 / \$14,700
Office Visit Primary Care Physician Specialist Preventive Care	\$20 copay \$40 copay No charge	\$25 copay \$50 copay No charge	No charge \$60 copay No charge
Outpatient Labs	No charge	10% after deductible	20% after deductible
Outpatient X-Rays	No charge	10% after deductible	20% after deductible
Imaging (CT/PET Scans, MRIs)	\$250 copay after deductible	10% after deductible	20% after deductible
Urgent Care Center	\$50 copay	\$75 copay	\$50 copay
Emergency Room	\$200 copay (waived if admitted)	10% after deductible (waived if admitted)	\$250 after deductible (waived if admitted)
Outpatient Hospital Services	\$250 copay after deductible	10% after deductible	20% after deductible
Inpatient Hospital Services	\$300 copay after deductible	10% after deductible	20% after deductible
Medical Coverage: Out-of-Network			
Deductible Individual / Family	\$2,000 / \$4,000	\$3,600 / \$7,200	Not covered
Member Coinsurance	20%	30%	Not covered
Out-of-Pocket Maximum Individual / Family	\$10,000 / \$20,000	\$13,000 / \$26,000	Not covered
Prescription Drug Coverage			
Retail Pharmacy (30-day supply) Generic Preferred Brand Non-Preferred Brand Specialty	\$15 copay \$35 copay \$75 copay 25% Coinsurance	\$15 copay \$35 copay \$75 copay 25% Coinsurance	\$5 copay \$40 copay \$85 copay N/A
Mail Order (90-day supply)	2.5 x retail copays	2.5 x retail copays	2.5 x retail copays

Additional Resources

Click or scan the QR code to the right to view plan benefit summaries, flyers, and more.



SUPPLEMENTAL BENEFITS

NFP TELEADVOCACY PLUS

Healthcare can be complicated and expensive. With the TeleAdvocacy Plus benefits package you are connected with tools and services that help guide a smoother most cost effective healthcare experience for only \$2.53 per week. Download the My Benefits Work mobile app or visit mybenefitswork.com to access and use your benefits anytime and anywhere.

Teladoc

Enjoy on-demand healthcare with 24/7 access to doctors by phone. This benefit is available to you, your spouse, and your dependents at no cost. If you are caring for an aging parent or loved one, you can provide them access to \$49 visits.

Counseling Services

32% of U.S. employees suffer from severe stress, anxiety, or depression. Call 24/7 for an evaluation, then set up a free phone session to discuss and resolve job issues, financial or legal stress, struggles with grief and loss, family and marital issues, and more.

LifeSpeak

Gain reputable, expert advice on mental health issues. This benefit gives you access to the world's leading experts on mental health, stress management, financial health, infertility, and more.

Health Advocate

Experts use compassion, advanced technology and hands-on support to help you navigate the complicated Healthcare maze and guide you to the care you need when you need it, 24/7.

Fertility, Surrogacy, and Adoption

Receive guidance and support for fertility treatments, surrogacy, egg donation, and adoption.

Caregiver Support

Caregivers spend an average of 20 hours every week on caregiving. Manage your responsibilities more easily with resources that keep you organized, save you money, and have your back.

NBTravel

This benefit provides exclusive, deep discounts on hotels, car rentals, flights, and activities all over the world and helps you find deals at more than 900K hotels worldwide and 200+ airlines.

NBDeals

Access on-demand discounts from over 40 different categories across 500+ merchants nationwide.

New Benefits Rx

Receive discounts on thousands of medications at 60,000+ retail pharmacies nationwide, including Walgreens, Target, CVS, and many other independent, national, and regional chains. Even if you have insurance, you can present both cards at the pharmacy or research online to receive the lowest price.

Additional Resources

Click or scan the QR code to the right to view plan benefit summaries, flyers, and more.



SUPPLEMENTAL BENEFITS

ACCIDENT INSURANCE

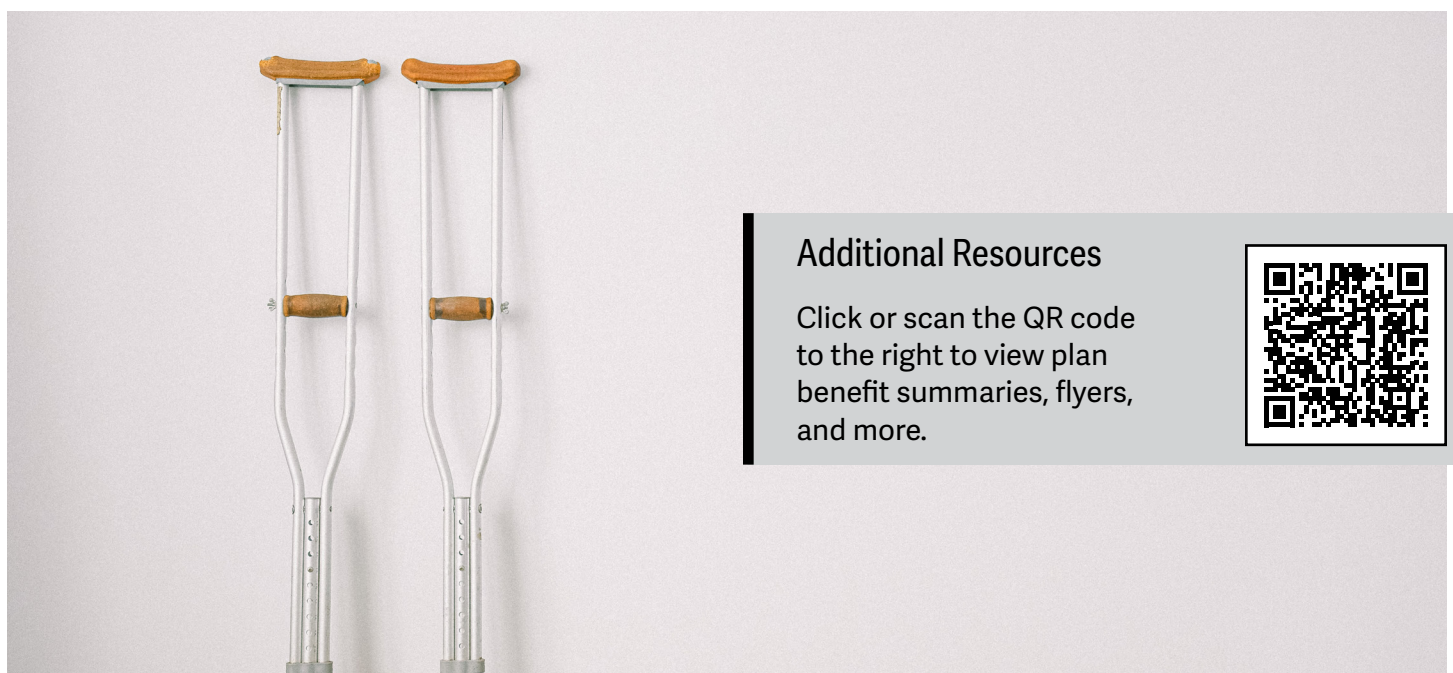
Accident insurance supplements your medical plan by providing cash benefits in cases of accidental injuries. Benefits include hospital stays, fractures, dislocations, physical therapy, and more. The cash benefits can be used to help offset out-of-pocket medical expenses (deductibles, coinsurance, etc.), or other expenses (lost income, household bills, etc.) arising from a covered accident. Accident insurance pays in addition to your medical plan and benefits are payable regardless of any other insurance programs.

CRITICAL ILLNESS INSURANCE

Critical illness insurance helps protect against the financial impact of certain illnesses, such as heart attack, stroke, cancer and more. A lump-sum payment is paid directly to you and can be used to help offset out-of-pocket medical expenses (deductibles, coinsurance, etc.), or other expenses (lost income, household bills, etc.) arising from the critical illness. Critical illness pays in addition to your medical plan and benefits are payable regardless of any other insurance programs.

HOSPITAL INDEMNITY INSURANCE

An unexpected hospitalization can drain a family's savings. But Hospital Insurance can pay a lump sum directly to you to cover some of the expenses you're not prepared for. That way you can focus on your recovery and get back to work with fewer worries. Hospital Insurance pays a set amount for a hospital admission, as well as other items covered by your plan, such as emergency room treatment and daily hospital confinement.



Additional Resources

Click or scan the QR code to the right to view plan benefit summaries, flyers, and more.



DENTAL & VISION BENEFITS

DENTAL BENEFITS

Good dental health is important to your overall well-being. That's why Pave America is pleased to offer two dental plans through MetLife. You may obtain services from a MetLife preferred provider or an out-of-network provider. When you visit a MetLife preferred (in-network) dentist you can maximize your plan benefits with lower out-of-pocket expenses. There is no balance billing for covered services when they are provided by a participating dentist.

Additional Resources

Click or scan the QR code to the right to view plan benefit summaries, flyers, and more.



	LOW PLAN		HIGH PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible Individual / Family	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Calendar Year Maximum	\$1,000	\$1,000	\$1,500	\$1,500
Coinsurance				
Class I: Preventive Services	100%	100%	100%	100%
Class II: Basic Services	80%	80%	80%	80%
Class III: Major Services	50%	50%	50%	50%
Class IV: Orthodontia (child only)	Not covered	Not covered	50%	50%
Orthodontia Lifetime Maximum	Not covered	Not covered	\$1,000	\$1,000

Please Note: Out-of-network (non-participating) dentists are not obligated to accept the insurance carrier's approved costs. If you choose a non-participating dentist, you may be responsible for additional costs if the provider's charges exceed the plan's usual and customary levels.

VISION BENEFITS

Pave America offers a MetLife vision plan. The MetLife vision Plan provides you with quality vision care coverage. Through this plan, you may receive both an eye exam and materials (lenses, frames, contact lenses). Discounts are available on laser vision correction and additional pairs of prescription glasses and non-prescription sunglasses.

	VISION HIGHLIGHTS		
	In-Network	Out-of-Network Reimbursement	Frequency
Eye Exams	\$10 copay	Up to \$45	1 every 12 months
Lenses Single vision Bifocal Trifocal	\$25 copay \$25 copay \$25 copay	Up to \$30 Up to \$50 Up to \$65	1 every 12 months
Frames	\$130 allowance + 20% off balance	Up to \$70	1 every 24 months
Contact Lenses Medically Necessary Elective	No charge after copay \$130 allowance	Up to \$210 Up to \$105	1 every 12 months (in lieu of glasses)

Please Note: If you are receiving services out-of-network, you will be required to file the claim yourself for reimbursement.

LIFE & DISABILITY

BASIC LIFE AND AD&D INSURANCE

All employees scheduled to work at least 30 hours a week are provided with Basic Life Insurance through The Standard in the amount of \$25,000. The AD&D benefit is equal to your Basic Life Insurance coverage amount and, under qualifying circumstances, is paid to your beneficiary in addition to the Basic Life benefit. If you are dismembered, the policy pays according to a schedule based on the dismemberment.

VOLUNTARY LIFE AND AD&D INSURANCE

You may purchase coverage for yourself in \$10,000 increments up to a maximum of \$500,000. Coverage for your spouse can be purchased in \$5,000 increments up to a maximum of \$250,000. Coverage for dependent child(ren) may be purchased in \$1,000 increments up to a maximum of \$10,000. Evidence of Insurability (EOI) may be required if you purchase more than the guaranteed issue amount (\$250,000 for employee coverage and \$50,000 for spouse coverage). In order to purchase coverage for your spouse and dependents, you must also be enrolled. The coverage amount for your spouse and child(ren) cannot exceed 100 percent of your Additional Life coverage. This benefit is 100% employee paid.

Use this formula to calculate your premium payment:

$$\frac{\text{Amount of Coverage You Are Requesting}}{1000} \times \text{Your Rate from Rate Table} = \text{Monthly Premium}^*$$

*To estimate your weekly premium, multiply your monthly premium by 12 and then divide by 52.

VOLUNTARY LIFE AND AD&D RATES		
Age-Banded Rates Per \$1,000	Employee & Spouse*	Dependent Child(ren)
0-24	\$0.097	
25-29	\$0.085	
30-34	\$0.091	
35-39	\$0.112	
40-44	\$0.150	
45-49	\$0.215	
50-54	\$0.313	\$0.234
55-59	\$0.470	
60-64	\$0.661	
65-69	\$1.032	
70-74	\$1.936	
75+	\$2.520	

* The Spouse rates are based on the Employee's age

Additional Resources

Click or scan the QR code to the right to view plan benefit summaries, flyers, and more.



LIFE & DISABILITY

VOLUNTARY SHORT-TERM DISABILITY INSURANCE

Short-Term Disability Insurance replaces a portion of your income when you are unable to work due to illness or injury. This coverage provides a weekly benefit that equals 60% of your base salary up to a \$1,000 weekly maximum after you have been disabled for fourteen (14) days due to illness or in the event of a non-work related accident. Benefits are payable for a maximum duration of 13 weeks. This benefit is 100% employee paid. Use this formula to calculate your premium payment:

$$\frac{\text{Weekly Earnings (cannot exceed \$1,667)}}{\text{Your Rate from Rate Table}} \times 0.60 \times \frac{\text{Your Rate from Rate Table}}{10} = \text{Monthly Premium}^*$$

*To estimate your weekly premium, multiply your monthly premium by 12 and then divide by 52.

VOLUNTARY SHORT-TERM DISABILITY RATES

Age-Banded Rates Per \$10							
0-29	\$0.360	35-39	\$0.303	45-49	\$0.394	55-59	\$0.664
30-34	\$0.399	40-44	\$0.315	50-54	\$0.473	60+	\$0.803

VOLUNTARY LONG-TERM DISABILITY INSURANCE

You may purchase Voluntary Long-Term Disability insurance for yourself. If you are disabled for 90 consecutive days due to any one disabling illness or injury, you will be eligible to receive Long-Term Disability benefits. If approved by the insurance carrier, this coverage will provide a continued source of income that equals 60% of your base salary to a maximum of \$6,000 per month. Long-Term Disability will continue to be payable subject to plan parameters and limitations. This benefit is 100% employee paid. Use this formula to calculate your premium payment:

$$\frac{\text{Monthly Earnings (cannot exceed \$10,000)}}{\text{Your Rate from Rate Table}} \times \frac{\text{Your Rate from Rate Table}}{100} = \text{Monthly Premium}^*$$

*To estimate your weekly premium, multiple your monthly premium by 12 and then divide by 52.

VOLUNTARY LONG-TERM DISABILITY RATES

Age-Banded Rates Per \$100							
0-34	\$0.229	40-44	\$0.797	50-54	\$1.442	60-64	\$1.860
35-39	\$0.545	45-49	\$1.054	55-59	\$1.594	65+	\$1.557

Additional Resources

Click or scan the QR code to the right to view plan benefit summaries, flyers, and more.



FLEXIBLE SPENDING ACCOUNTS

FLEXIBLE SPENDING ACCOUNT (FSA)

Pave America lets you redirect a portion of your pay, through payroll deductions, into a Flexible Spending Accounts (FSAs) through American Benefits Group. The money that goes into an FSA is deducted from your pay on a pre-tax basis (before Federal and Social Security taxes are calculated). Because you do not pay these taxes on money that goes into an FSA, you decrease your taxable income and potentially increase your spendable income.

With a Health Care FSA, you can begin to use all or some of the total amount elected as soon as the plan year begins. With a Dependent Care FSA, you will be reimbursed only for dependent care services that you have already funded in your account. If you submit a claim for an amount that exceeds your Dependent Care account balance, you will be reimbursed on a pay period basis until you have made enough additional contributions to cover the expenses.

Health Care FSA

A Health Care FSA provides you with the ability to save money on a pre-tax basis for any IRS-allowed health expenses not covered by your medical benefits plan. These expenses include deductibles, copays and coinsurance payments, non-reimbursed medical, dental and vision expenses, and qualified over-the-counter product costs. The maximum annual amount you can contribute to a Health Care FSA is \$3,050.

Dependent Care FSA

A Dependent Care FSA provides you with the ability to set aside money on a pre-tax basis for day care expenses for your eligible dependent. Generally, expenses will qualify for reimbursement if they are the result of care for:

- Your children, under the age of 13, for whom you are entitled to a personal exemption on your federal income tax return; and/or
- Your spouse or other dependents, including parents, who are physically or mentally incapable of self-care.

Please Note: This benefit may only be used to pay for dependent care services that enable both you and your spouse to work full-time, seek employment and/or attend school. This does not include overnight camp or overnight care. The maximum annual amount you can contribute to a Dependent Care FSA is \$5,000.

Important FSA Features

Before you elect to contribute to either a Health Care FSA, or Dependent Care FSA, please note the following important features of these plans.

- The amount you elect may not be changed during the plan year unless you experience a qualifying life event.
- You may not transfer funds between a Health Care and a Dependent Care FSA.
- Your active participation in an FSA will end on the date of your termination of employment.
- You may roll over up to \$610 to the new plan year. Any amount above \$610 remaining in an FSA after the deadline for filing claims will be forfeited.

Additional Resources

Click or scan the QR code to the right to view plan benefit summaries, flyers, and more.



ADDITIONAL BENEFITS

LEGAL ASSISTANCE

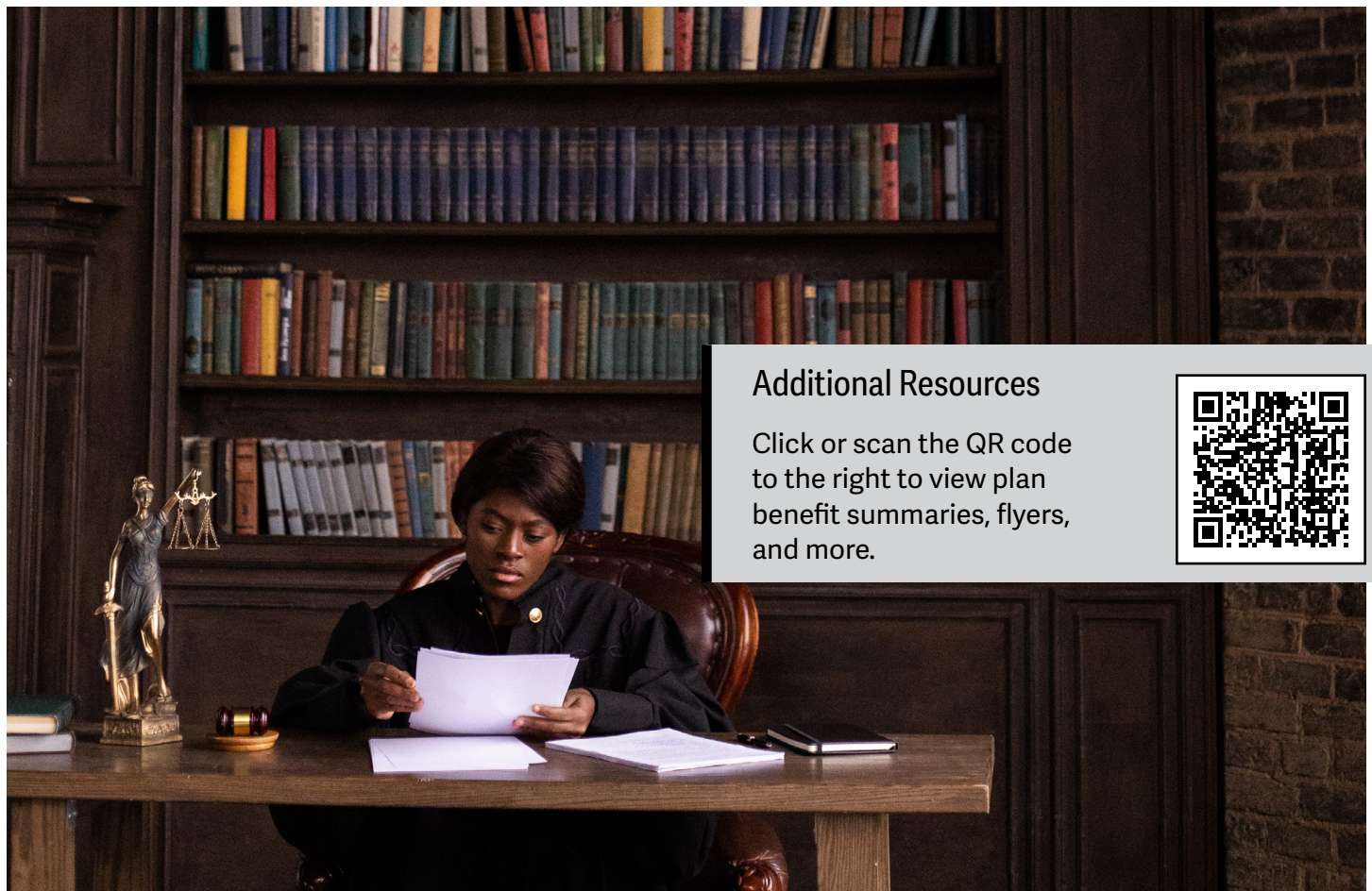
A Legal Plan provides cost-effective legal help to members to help them proactively handle expensive legal matters. The MetLife legal plan provides the mental and emotional security that comes with knowing you have an attorney to help you with your legal matters.

The plan features:

- No copays, deductibles or claim forms when using a network attorney for a covered matter
- Unlimited consultations even for matters not covered under your plan
- Access to the MetLife website for all employees, enrolled or not, to see coverages and the attorney network as well as use of a self-help document library

Covered services include:

- Money Matters
- Home & Real Estate
- Estate Planning
- Family & Personal
- Civil Lawsuits
- Elder-care Issues
- Traffic & Other Matters



Additional Resources

Click or scan the QR code to the right to view plan benefit summaries, flyers, and more.



ADDITIONAL BENEFITS

LIFE WITH LONG-TERM CARE

You may purchase coverage for yourself in \$10,000 increments up to a maximum of \$100,000. Coverage for your spouse can be purchased in \$10,000 increments up to a maximum of \$30,000. Coverage for dependent child(ren) may be purchased in the amount of \$10,000. This benefit also include a:

- **Chronic Illness Rider:** Allows access to the whole life benefits during the insured's lifetime if they are diagnosed with a qualifying chronic illness that requires assistance with at least two activities required for daily living or requires substantial supervision due to severe cognitive impairment
- **Waiver of Premium Rider:** Waives premiums after the insured has been totally disabled for a period of 6 months
- **Terminal Illness Rider:** Pays 50% in the event the insured is diagnosed with a covered terminal illness

EMPLOYEE LIFE WITH LONG-TERM CARE RATES

Age-Banded Rates	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
18-24	\$7.60	\$15.20	\$22.80	\$30.40	\$38.00	\$45.60	\$53.20	\$60.80	\$68.40	\$76.00
25-29	\$8.70	\$17.40	\$26.10	\$34.80	\$43.50	\$52.20	\$60.90	\$69.60	\$78.30	\$87.00
30-34	\$10.70	\$21.40	\$32.10	\$42.80	\$53.50	\$64.20	\$74.90	\$85.60	\$96.30	\$107.00
35-39	\$13.10	\$26.20	\$39.30	\$52.40	\$65.50	\$78.60	\$91.70	\$104.80	\$117.90	\$131.00
40-44	\$16.60	\$33.20	\$49.80	\$66.40	\$83.00	\$99.60	\$116.20	\$132.80	\$149.40	\$166.00
45-49	\$21.30	\$42.60	\$63.90	\$85.20	\$106.50	\$127.80	\$149.10	\$170.40	\$191.70	\$213.00
50-54	\$27.70	\$55.40	\$83.10	\$110.80	\$138.50	\$166.20	\$193.90	\$221.60	\$249.30	\$277.00
55-59	\$36.90	\$73.80	\$110.70	\$147.60	\$184.50	\$221.40	\$258.30	\$295.20	\$332.10	\$369.00
60-64	\$53.70	\$107.40	\$161.10	\$214.80	\$268.50	\$322.20	\$375.90	\$429.60	\$483.30	\$537.00
65-70	\$68.00	\$136.00	\$204.00	\$272.00	\$340.00	\$408.00	\$476.00	\$544.00	\$612.00	\$680.00

SPOUSE LIFE WITH LONG-TERM CARE RATES

Age-Banded Rates	\$10,000	\$20,000	\$30,000
18-24	\$7.60	\$15.20	\$22.80
25-29	\$8.70	\$17.40	\$26.10
30-34	\$10.70	\$21.40	\$32.10
35-39	\$13.10	\$26.20	\$39.30
40-44	\$16.60	\$33.20	\$49.80
45-49	\$21.30	\$42.60	\$63.90
50-54	\$27.70	\$55.40	\$83.10
55-59	\$36.90	\$73.80	\$110.70
60-64	\$53.70	\$107.40	\$161.10
65-70	\$68.00	\$136.00	\$204.00

*The Spouse rates are based on the Spouse's age

DEPENDENT CHILD(REN) LIFE WITH LONG-TERM CARE RATES

Rates	\$10,000
15 Days to Age 25	\$5.00

Additional Resources

Click or scan the QR code to the right to view plan benefit summaries, flyers, and more.



PAYROLL CONTRIBUTIONS

WEEKLY EMPLOYEE CONTRIBUTIONS						
Medical Plans	Cigna Premier 1000		Cigna Standard 2000		Cigna HMO 5000	
Employee	\$52.73		\$36.84		\$9.88	
Employee + Spouse	\$138.43		\$108.32		\$47.17	
Employee + Child(ren)	\$113.38		\$88.72		\$34.00	
Family	\$199.07		\$155.77		\$81.40	
Supplemental Benefits						
NFP Teleadvocacy Plus			\$2.53			
MetLife Legal Assistance			\$4.50			
Accident Insurance						
Employee			\$1.84			
Employee + Spouse			\$3.60			
Employee + Child(ren)			\$4.30			
Family			\$5.09			
Critical Illness Insurance Age-Banded Rates (Employee + Spouse)	18-29	30-39	40-49	50-59	60-69	70+
\$30,000	\$2.22	\$3.39	\$6.92	\$14.33	\$26.52	\$67.43
Hospital Indemnity Insurance	Low Plan			High Plan		
Employee	\$2.87			\$5.74		
Employee + Spouse	\$4.86			\$9.73		
Employee + Child(ren)	\$4.00			\$7.99		
Family	\$7.17			\$14.33		
Dental Plan	MetLife Low Plan			MetLife High Plan		
Employee	\$2.27			\$3.62		
Employee + Spouse	\$5.68			\$8.37		
Employee + Child(ren)	\$5.78			\$10.12		
Family	\$8.77			\$14.86		
Vision Plan						
Employee			\$0.54			
Employee + Spouse			\$1.31			
Employee + Child(ren)			\$1.08			
Family			\$1.65			
Life & Disability Plans						
Basic Life & AD&D			100% employer paid			
Voluntary Life & AD&D			100% employee paid			
Voluntary Short-Term Disability			100% employee paid			
Voluntary Long-Term Disability			100% employee paid			

CONTACT INFORMATION

HAVE COMMENTS, QUESTIONS, CONCERNS?

Should you need any personal assistance understanding your benefits, claims or other insurance related information, the following are your carrier contact numbers and websites. There is a wealth of information regarding your plans, claims and other online resources. We recommend that your first step be to call the insurance carrier. You will need your ID number or Social Security Number along with the date of service and provider name (when applicable). If you require further assistance, please contact your Client Advocate at NFP or Human Resources. Please have the same information available when contacting NFP or Human Resources.

Medical	Cigna	800-997-1654 www.cigna.com
Teleadvocacy	My Benefits Work	800-800-7616 mybenefitswork.com
Accident, Hospital, & Critical Illness	The Standard	888-937-4783 www.standard.com
Dental	MetLife	800-942-0854 www.metlife.com
Vision	MetLife	855-638-3931 www.metlife.com
Life & AD&D	The Standard	800-628-8600 www.thestandard.com
Voluntary Short-Term Disability	The Standard	800-368-2859 www.thestandard.com
Voluntary Long-Term Disability	The Standard	800-368-1135 www.thestandard.com
Flexible Spending Account	American Benefits Group (ABG)	www.amben.com
Pave America	Human Resources	855-431-7283 hr@paveamerica.com
Pave America	Enrollment Specialist / Enroll in Benefits	Phone: 888-216-6432 Landing Page: https://foresterbenefits.com/paveamerica Appointment Link: https://book.appointment-plus.com/d4p02rz0/?employee_id=8787#/
NFP	Faith Jones Client Advocate	301-214-7020 faith.jones@nfp.com

This benefit brochure is only intended as a brief summary of your benefits. Please note that all Benefits are subject to the contractual terms, limitations and exclusions as set forth in the master contracts of the carriers. If this summary conflicts in any way with the carrier Certificate of Coverage (COCs), Riders and/or Amendments, those documents shall prevail. It is highly recommended that you review the carrier COC for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

Prepared by

