

Benefits in Brief

Luna Data Solutions, Inc.

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Edition: November 17, 2025



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Introduction

Together with your company, ExtensisHR offers a wide variety of benefit options to you and your family. Under the medical, dental, and vision plans you may use pre-tax dollars to pay for the benefit options you select. This provides tax savings by reducing your gross wages by the amount of the benefit premium before federal and social security taxes are calculated.

✦ An elite HR experience for businesses that demand more.

You are eligible to enroll in benefits if you are a regular full-time employee of an ExtensisHR worksite employer residing or working in the United States and meeting the minimum number of hours worked as defined by your employer.

You have 30 days from the date of your eligibility to enroll. Benefits are effective after you have satisfied your worksite employer's specified waiting period (if applicable). In most cases the effective date will be on the first of the month following the completion of the waiting period. It is important to complete the enrollment process for the options you are eligible to participate in under the plan prior to the enrollment deadline. If you do not enroll in any options under the Plan when you first become eligible you will not be permitted to elect coverage under any of the options until the next annual enrollment or unless you experience a life event. Qualified Life Events (QLEs) include but are not limited to:

- Change in marital status (marriage, divorce, legal separation, death of spouse)
- Change in number of dependents (birth, adoption, foster care placement)
- Change in employment status for you or your spouse (new employment, leave of absence, termination, change to FT or PT)
- Eligibility for Medicare or Medicaid

Dependent Eligibility

You can enroll your dependents in plans that offer dependent coverage. Eligible dependents are defined as your spouse, domestic partner, and eligible children under the age of 26. This includes: your own children, your adopted children, stepchildren, a child for whom you have been appointed a legal guardian, and / or a child for whom the court has issued a Qualified Medical Child Support Order (QMCSO) requiring you or your spouse or domestic partner to provide coverage.

Domestic Partner Coverage

You can enroll your domestic partner in the benefit plans. You and your partner must meet specific criteria to qualify for domestic partner coverage. If you cover a domestic partner, a domestic partner's child or another person who is not considered an IRS tax dependent for group health plan purposes, the value of the coverage provided to those persons is considered income to you and is taxable. This is referred to as imputed income. ExtensisHR will automatically treat any dependent(s) you enroll in benefits as a IRS tax dependent unless you provide written notice to ExtensisHR that such enrolled dependent(s) is not a tax dependent. If you fail to notify ExtensisHR that an enrolled dependent is not an IRS tax dependent, you may be subject to adverse tax consequences in the event it is determined that the dependent's coverage should have been treated as taxable income to you.

Enrolling in Benefits

Enrollment in most benefit programs is completed online via ExtensisHR's HRCloud website. Access the HRCloud website through www.extensishr.com by clicking on **Login > Employee Login**.

DISCLOSURE: The information contained herein should not be construed as a promise of coverage or eligibility for insurance. Rates are subject to change. This document describes general provisions that apply to your benefit plan(s). The insurance Certificate of Coverage, and Summary Plan Description (SPD) govern the benefits to be provided and include more details on how the benefit features operate. If there is any conflict between this document, the SPD or the insurance Certificate of Coverage, then the insurance Certificate of Coverage will control. You can find copies of these documents by visiting the insurance carriers' member site or by contacting the Employee Solution Center (ESC) at 877-773-8770 or employee@extensishr.com.

Medical, Dental, and Vision Programs

The medical, dental, and vision plans cover a wide range of services, from preventative and routine care to hospitalization and surgery. The medical plans include a prescription drug benefit which covers prescriptions at participating pharmacies and mail-order maintenance medication.

Each of us has different needs for coverage and your decision should be based on your personal needs. There are things you may want to consider as you determine which option is right for you and your family. Before selecting a plan option, review the plan's Summary of Benefits and Coverage (SBC), plan summary, or Certificate of Coverage to ensure you understand your options.

More than one benefit option is offered whenever possible. The type of plan and network available for these options will vary according to geographic location and your worksite employer's selection. All benefit plans offer a network of providers, and most plans allow you to see any provider in the network without a referral. Some plans offer coverage in and out of the network which means you may see any provider you like. However, it is important to understand that your costs go up significantly when you use an out of network provider so make sure you understand the coverage before deciding to use a nonnetwork provider or facility.



Medical Program Table

November 01, 2025 - October 31, 2026

AETNA				
Plan Name	National OOA PPO 40/3000 F	National POS 30/2000/80 F	National OOA HSA 30/3300 F	National HSA 5000 F
Network Name	Open Choice PPO	Managed Choice POS (Open Access)	Open Choice PPO	Managed Choice POS (Open Access)
In Network				
Group Number	175481	175480	175481	175483
Preventative/Primary Care/Specialist	\$0/\$40/\$80	\$0/\$30/\$60	\$0/\$30 after deductible/\$60 after deductible	\$0/20%/20% after deductible
In Network Deductible	\$3,000/\$6,000	\$2,000/\$4,000	\$3300/\$6600	\$5000/\$10000
In Network Co-Insurance (Carrier Responsibility/Member Responsibility)	70%/30%	80%/20%	100%/0%	80%/20%
In Network Out of Pocket Limit	\$6,850/\$13,700	\$6,850/\$13,700	\$5,500/\$11,000	\$6850/\$13700
In Network Hospitalization	30% after Deductible	20% after deductible	\$500 after deductible	20% after deductible
Hospital Emergency Room	\$350 / Urgent Care \$85	\$350 / Urgent Care \$85	\$350 after deductible/ Urgent Care \$85 after deductible	20% after deductible
In Network Outpatient Surgery	30% after Deductible	20% after deductible	\$300 after deductible	20% after deductible
In Network X-Rays/ Laboratory Tests/Complex Imaging	30% after Deductible	20% after deductible	0% after deductible	20% after deductible
Prescription (Generic/Preferred brand/Non-Preferred brand)	\$3 or \$10/ \$45/\$70 Specialty 30% (\$300 max) or 50%(\$500 max)	\$3 or \$10/\$45/\$70 30% (\$300 Max)/50% (\$500 Max)	\$3 or \$10/\$45/\$70/30% (\$300Max) or 50% (\$500Max) - after deductible	\$3 or \$10/\$45/\$70 Specialty 30% up to \$300 or 50% up to \$500 after deductible
Out Of Network				
Out of Network Deductible	\$9,000/\$18,000	\$6,000/\$12,000	\$6,000/\$12,000	\$10000/\$20000
Out of Network Co-Insurance (Carrier Responsibility/Member Responsibility)	50%/50%	50%/50%	50%/50% after deductible	50%/50%
Out of Network Maximum Out of Pocket	\$14,000/\$28,000	\$14,000/\$28,000	\$12,000/\$24,000	\$14000/\$28000
Reimbursement	105% of Medicare for professional services/140% of Medicare for facility	105% of Medicare for providers/140% of Medicare for facility	105% of Medicare for providers/ 140% of Medicare for facility	105% of Medicare for providers/140% of Medicare for facility
Monthly Premium				
Employee	\$236.20	\$274.20	\$185.20	\$123.20
Employee/Spouse	\$741.20	\$825.20	\$628.20	\$492.20
Employee/Child(ren)	\$657.20	\$733.20	\$554.20	\$430.20
Employee/Family	\$1,119.20	\$1,238.20	\$961.20	\$769.20

Disclaimer: The information contained herein should not be construed as a promise of coverage or eligibility for insurance. Rates are subject to change. Plan designs and coverage options are illustrative purposes and the certificate of coverage is the governing document with the health insurance provider the final arbiter of coverage. For more information, a more detailed plan description can be requested by contacting ExtensisHR.

Medical Program Table

November 01, 2025 - October 31, 2026

AETNA	
Plan Name	National POS 40/3000 F
Network Name	Managed Choice POS (Open Access)
In Network	
Group Number	175480
Preventative/Primary Care/Specialist	\$0/\$40/\$80
In Network Deductible	\$3000/\$6000
In Network Co-Insurance (Carrier Responsibility/Member Responsibility)	70%/30%
In Network Out of Pocket Limit	\$6850/\$13700
In Network Hospitalization	30% after Deductible
Hospital Emergency Room	\$350 / Urgent Care \$85
In Network Outpatient Surgery	30% after Deductible
In Network X-Rays/ Laboratory Tests/Complex Imaging	30% after Deductible
Prescription (Generic/Preferred brand/Non-Preferred brand)	\$3 or \$10/ \$45/\$70 Specialty 30%(\$300 max) or 50%(\$500 max)
Out Of Network	
Out of Network Deductible	\$9000/\$18000
Out of Network Co-Insurance (Carrier Responsibility/Member Responsibility)	50%
Out of Network Maximum Out of Pocket	\$14000/\$28000
Reimbursement	105% of Medicare for providers/140% of Medicare for facility
Monthly Premium	
Employee	\$236.20
Employee/Spouse	\$741.20
Employee/Child(ren)	\$657.20
Employee/Family	\$1,119.20

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Dental Program Table

November 01, 2025 - October 31, 2026

AETNA		
Plan Name	PPO 1000	PPO 2000
Network Name	Dental PPO/PDN with PPO II	Dental PPO/PDN with PPO II
Group Number	Varies	175484
Referral Required	No	No
Services Area	National	National
Out of Network Benefits Available	Yes, Paid at 80% UCR	Yes, Paid at 80% UCR
Eligible age for dependent children	Up to age 26	Up to age 26
In Network		
Preventive Services % covered- Participating/Non Participating	100%/80%	100% /100%
Office Visit CoPay	N/A	N/A
Annual Deductible Single / Family - Participating /Non Participating	\$50/\$150 / \$50/\$150	\$50/\$150 - \$50/\$150
Annual Benefit Maximum per member Participating/Non Participating	\$1000	\$2000/\$2000
Basic Services % Covered Participating/ Non Participating	80%/50%	80%/80%
Major Services % Covered Participating/Non Participating	50%/50%	50%/50%
Orthodontic Lifetime Maximum	Not covered	50% up to \$1500 Children & Adults
Monthly Premium		
Employee	\$42.00	\$61.00
Employee/Spouse	\$86.00	\$118.00
Employee/Child(ren)	\$84.00	\$115.00
Employee/Family	\$120.00	\$165.00

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Dental Program Table

November 01, 2025 - October 31, 2026

METLIFE		
Plan Name	MetLife PPO1000	MetLife PPO1500
Network Name	PDP Plus	PDP Plus
Group Number	252388	252388
Referral Required	No	No
Services Area	National	National
Out of Network Benefits Available	Yes, UCR 80th percentile	Yes, Fee schedule
Eligible age for dependent children	Up to Age 26	Up to Age 26
In Network		
Preventive Services % covered- Participating/Non Participating	100%/80% of UCR	100% /100% of Schedule amount
Office Visit CoPay	N/A	N/A
Annual Deductible Single / Family - Participating /Non Participating	\$50/\$150 / \$50/\$150	\$50/\$150 \$50/\$150
Annual Benefit Maximum per member Participating/Non Participating	\$1000	\$1500
Basic Services % Covered Participating/ Non Participating	80%/50% of UCR	80% /80% of Schedule amount
Major Services % Covered Participating/Non Participating	50%/50% of UCR	50% /50% of Schedule amount
Orthodontic Lifetime Maximum	Not Covered	50% up to \$1500 children up to age 26
Monthly Premium		
Employee	\$38.00	\$42.00
Employee/Spouse	\$77.00	\$85.00
Employee/Child(ren)	\$75.00	\$82.00
Employee/Family	\$107.00	\$118.00

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Vision Program Table

November 01, 2025 - October 31, 2026

AETNA				
Plan Name	Preferred Vision Plan		Standard Vision Plan	
Network Name	Eyemed		Eyemed	
	In Network	Out of Network	In Network	Out of Network
Group Number	175485		175485	
Exam				
Exam Frequency	Once every calendar year		Once every calendar year	
Routine/Comprehensive Eye Exam	\$0 Copay	\$35 Reimbursement	\$10 Copay	\$20 Reimbursement
Standard Contact Lens Fit/Follow-up	\$0 Copay	\$35 Reimbursement	Member pays discounted fee of \$40	Not Covered
Eyeglass Lenses/Lens Options				
Lens Frequency	1 pair lenses or 1 order contacts per calendar year		1 pair lenses or 1 order contacts per calendar year	
Single Vision Lenses	\$0 Copay	\$30 Reimbursement	\$20 Copay	\$15 Reimbursement
Contact Lenses				
Conventional Contact Lenses	\$150 Allowance Additional 15% off balance over the allowance	\$100 Reimbursement	\$130 Allowance; Additional 15% off balance over the allowance	\$80 Reimbursement
Frames				
Frames Frequency	Once every calendar year		Use your frame coverage once every 2 calendar years	
Any frame available, including frames for prescription sunglasses	\$150 Allowance; Additional 20% off balance over the allowance	\$70 Reimbursement	\$130 Allowance; Additional 20% off balance over the allowance	\$70 Reimbursement
Monthly Premium				
One Party	\$8.00		\$4.00	
Two Party	\$14.00		\$8.00	
Three Party	\$18.00		\$10.00	

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Vision Program Table

November 01, 2025 - October 31, 2026

METLIFE				
Plan Name	MetLife Vision VSP		MetLife Vision VSP Low	
Network Name	MetLife Vision PPO		MetLife Vision PPO	
	In Network	Out of Network	In Network	Out of Network
Group Number	118585 VSP Network (Premium)		118585 VSP Network (Standard)	
Exam				
Exam Frequency	Once every 12 months		Once every 12 months	
Routine/Comprehensive Eye Exam	\$0 copay	\$45 Allowance	\$10 Copay	\$45 allowance
Standard Contact Lens Fit/Follow-up	\$60	N/A	Up to \$60 Copay	N/A
Eyeglass Lenses/Lens Options				
Lens Frequency	Once every 12 months		Once every 24 months	
Single Vision Lenses	\$0	\$30 Allowance	\$20 copay	\$30 Allowance
Contact Lenses				
Conventional Contact Lenses	\$150 Allowance	\$105 Allowance	\$130 Allowance	\$105 Allowance
Frames				
Frames Frequency	Once every 12 months		Once every 24 months	
Any frame available, including frames for prescription sunglasses	\$150 Allowance /\$85 Allowance at Walmart/Costco/Sam's Cub	\$70 Allowance	\$130 Allowance	\$70 Allowance
Monthly Premium				
Employee	\$8.00		\$4.00	
Employee/Spouse	\$13.00		\$6.00	
Employee/Children	\$13.00		\$6.00	
Employee/Family	\$18.00		\$8.00	

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Alight Healthcare Pro Advocacy

Alight is your personal health assistant. We're here to provide free, confidential assistance to help take the stress out of healthcare. Let us help find in-network doctors, get cost estimates, deal with billing issues and explain your benefits... all at no cost to you.

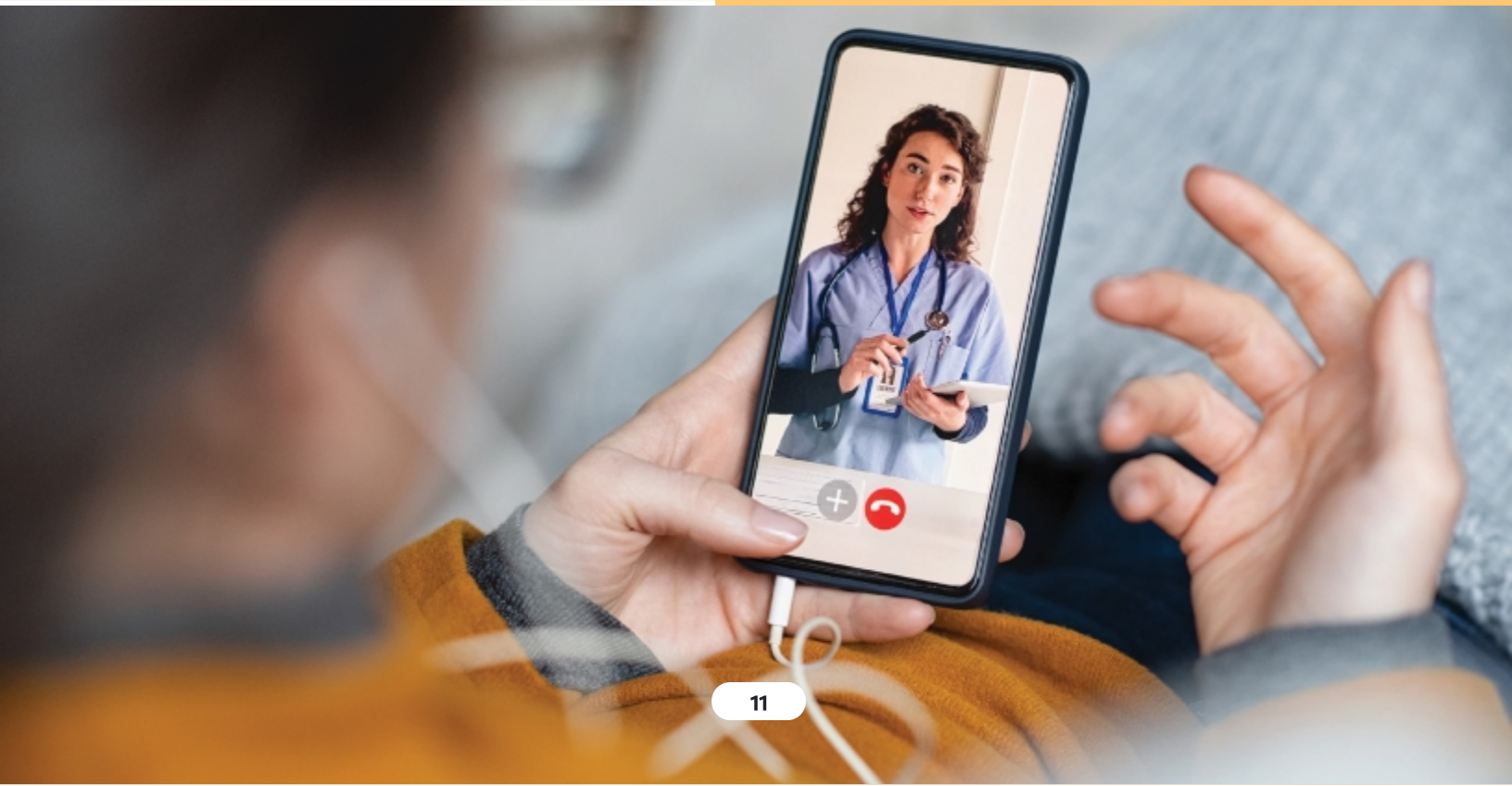
You can reach your Healthcare Pro Assistant by calling 800.204.6362 (Monday - Friday, 8am - 8pm EST), visiting member.alight.com, or by downloading our Alight app on the [Apple App Store](#) or [Google Play Store](#).

Here's how Alight Advocacy can help you:

- Answer benefit questions in plain language
- Fix billing errors and review medical claims
- Provider searches and appointment scheduling
- Provide cost estimates for upcoming procedures
- Transparency Tools and Cost Comparison Reports
- Ancillary and Voluntary Benefits Support
- Billing Review and Negotiation
- RxCare



Alight mobile app.



Health Savings Account (HSA)

Health Equity | my.healthequity.com

Health Savings Account

A Health Savings Account or “HSA” is like a personal savings account for your health expenses. You may make contributions from your paycheck to your HSA account on a pre-tax basis up to the annual IRS limit. This means your health savings account contributions are deducted from your pay before federal or state tax (with some exceptions). You may then use the funds in your HSA to pay for qualified medical expenses such as your deductible, co-pay or coinsurance. Your account may earn tax-free interest and any unused funds in your account at the end of the year will rollover to the next year. If you leave your employer, you can take the account with you.

Debit Card

An HSA debit card will be provided to all new participants. Your HSA card can be used to pay for qualified medical expenses.

Eligibility Requirements

- You must be enrolled in a high deductible health plan (HDHP) – you may choose to enroll in an HDHP and not have an HSA
- You must not be enrolled in Medicare
- You may not be covered by other medical insurance(s) such as a general-purpose FSA, HRA or other ‘first dollar’ coverage.
- Your spouse may not contribute to or participate in a general-purpose FSA through their employer.

Maximum Tax-Free Contributions for 2025

- \$4,300 for an individual.
- \$8,550 for an employee plus one or family.
- The catch up provision for anyone over the age of 55 is \$1,000.

Note: There are special eligibility provisions for owners, partners and members of an LLC. Please see the last page for more information.



Flexible Spending Account (FSA)

Health Equity | my.healthequity.com

Flexible Savings Account

Flexible spending accounts enable you to put aside money for important expenses and help you reduce your income taxes at the same time. There are two types of FSAs – a Health Care FSA and a Dependent Care FSA. These accounts allow you to contribute pre-tax dollars up to the annual IRS maximum to pay for certain out-of-pocket health care or dependent care expenses. You are eligible to participate in an FSA if you are a regular full-time employee who has met the company's eligibility requirements. You must be actively employed, actively seeking employment or a FT student with a child aged 13 or younger to be eligible for a dependent care FSA.

How FSAs Work

1. Each year during the annual open enrollment period, you decide how much to contribute for health care and/or dependent care expenses.
2. Your contributions are deducted from your paycheck on a before-tax basis throughout the year.
3. Participants in a health care FSA will be issued a debit card.
4. As you incur expenses throughout the year, you may use your debit card (if expenses are health care) or submit a request for reimbursement. Your claim will be processed, and you will be reimbursed from the funds in your account.

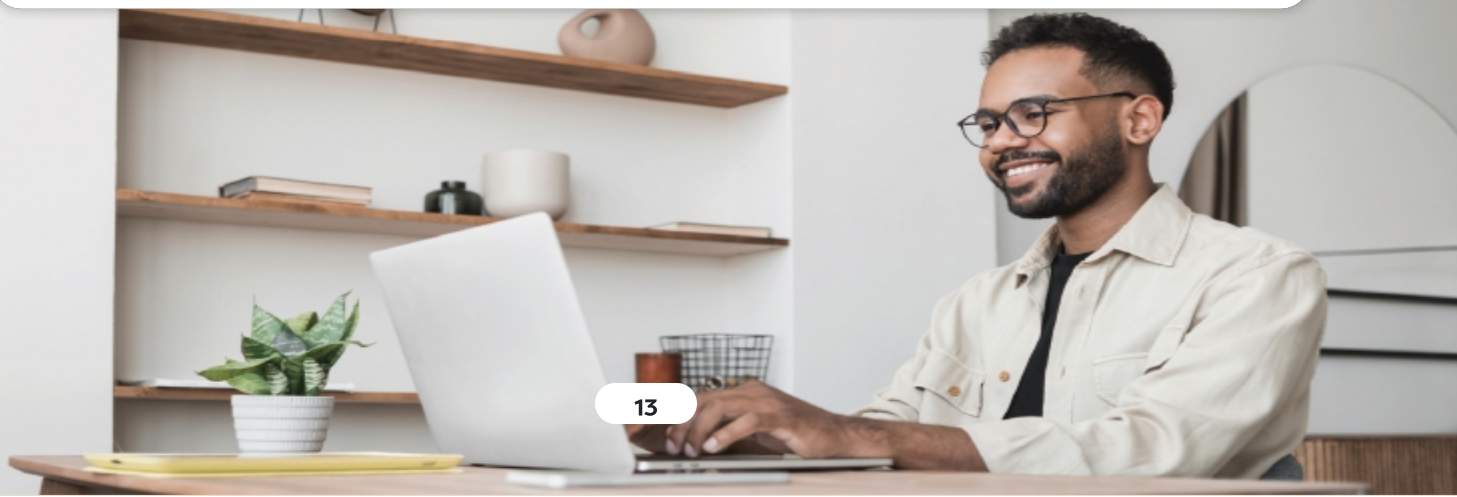
Please note that these accounts are separate – you may choose to participate in one, both or neither. You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

You must actively re-enroll in either FSA Plan each year.

You are not automatically re-enrolled.

Plan	Annual Maximum Contribution	Example of Covered Expenses
Health Care FSA	\$3,300	Copays, deductibles, orthodontia, over-the-counter medications
Limited Health Care FSA (if enrolled in an HSA medical plan)	\$3,300	Dental and vision expenses only
Dependent Care FSA	\$5,000 (\$2,500 if married and filing separate returns)	Day care, nursery school, elder care expenses

Note: See IRS publication 502 and 503 for a complete list of covered expenses.



Life Insurance

MetLife | [metlife.com](https://www.metlife.com)

MetLife

Your family depends on your income to meet their needs. Like anyone, you don't want to think of the scenario when you are no longer there for your family. However, it is important to ensure that your family is taken care of should the worst occur.

Basic Term Life and Accidental Death and Dismemberment (AD&D)

All regular full-time employees of an ExtensisHR worksite employer automatically receive a flat \$10,000 of life insurance.

Basic Term Life: The benefit is equal to \$10,000.

Supplemental Life and Accidental Death and Dismemberment (AD&D)

You may also choose to purchase Supplemental Life Insurance coverage in addition to the company paid benefits (if applicable). You pay the total cost of this benefit through payroll deduction.

If you enroll in supplemental life when you are first eligible, coverage for you is guaranteed up to \$500,000 and up to \$50,000 for your spouse/domestic partner. If you choose not to enroll in coverage during your initial eligibility period, you may elect coverage during annual enrollment. However, you will be required to provide evidence of insurability if your election is above \$500,000 or for increases above \$10,000, and your requested coverage will need to be approved by the insurance carrier.

Basic term and supplemental life insurance are eligible for portability if you wish to continue these benefits and are no longer an employee of an ExtensisHR worksite employer.

For You	Up to 5x salary to a maximum of \$2,000,000
For Your Spouse/ Domestic Partner	Increments of \$10,000 to a maximum of \$100,000
For Your Child(ren)	Flat \$10,000



Disability Insurance

MetLife| [metlife.com](https://www.metlife.com)

MetLife

If you are unable to work for an extended period of time due to illness or injury, disability insurance is designed to replace a portion of your income.

Long-Term Disability (LTD)

LTD replaces a portion of your income if you are unable to work for an extended period due to an illness or injury. You are automatically enrolled in this coverage at no cost. There is a waiting period before LTD benefits are paid and benefits end the later of age 65 or normal retirement age as defined by the Social Security Administration.

Voluntary Short-Term Disability (STD)

Short-term disability insurance replaces a portion of your income if you are unable to work due to an illness or injury. You can purchase this voluntary coverage. You will pay the total cost of the benefit through payroll deduction. There is a 7-day waiting period before STD benefits are paid and continue for a set duration based on the selected plan.

Note: Certain states provide eligible employees with short-term disability coverage. This coverage coordinates with your company-paid STD.



Voluntary Benefits

During the annual Open Enrollment period or within 30 days if you experience a Qualified Life Event, you can enroll in the following benefits.

Identity Theft Protection | my.aura.com

Aura protects employees and their families from identity theft, financial fraud, and online threats through a simple, AI-powered app. Including features like real-time credit monitoring, password and device protection, and a \$5 million identity theft insurance policy per adult, with inclusive family coverage for unlimited minors and up to 10 adults.

Pre-Paid Legal Services | legalplans.com

The MetLife Legal pre-paid legal plan provides access to a national network of over 9,000 attorneys who can assist you with a variety of legal needs.

Genomic Life | genomiclife.com

Genomic Life is a unique group benefit that can help employees prevent and beat cancer. This innovative offering provides employees and their family members with genetic testing, technology, and concierge support that the average person typically does not have access to via their health insurance. Genomic Life enhances equality in cancer support by democratizing access to advanced technologies and services that can help enhance prevention, early detection, improve outcomes, and save money.

Aflac | aflac.com

Critical Illness: Critical illness insurance is designed to protect your income and personal assets when your out-of-pocket expenses increase as a result of an illness. Health insurance is not always sufficient to cover all of the unforeseen costs associated with a serious medical condition like a heart attack or cancer. Critical illness insurance pays a lump sum benefit that can be used any way you choose, and benefits are paid in addition to any other insurance coverage you may have.

Accident Insurance: Non-life-threatening accidents are common and so are the high medical expenses that come with them. Accidents are unplanned and unpredictable, but the financial impact they have on you doesn't have to be either of those things. Voluntary accident insurance pays direct benefits for a range of injuries and accident-related expenses such as fractures, dislocations, concussions, emergency room treatment. Benefit amounts are based on the type of injury and treatment needed. Accident insurance is designed to help you pay for out-of-pocket expenses that insurance doesn't cover, like copays and deductibles, but the benefits can be used however you like

Hospital Indemnity Insurance: Hospital indemnity insurance is designed to help you pay for out-of-pocket expenses if you or a covered family member has to stay in the hospital. Hospital indemnity insurance pays a direct benefit to you and may be used for copays, deductibles and even hotel expenses incurred due to an eligible person being hospitalized.

Additional Benefits and Discounts

Any time during the year, you can enroll in the following benefits and discounts.

Employee Assistance Program (EAP) | one.telushealth.com

Provided through MetLife, the Employee Assistance Program is provided by TELUS. The program provides confidential support and resources on various personal issues. Services are available to you and the other members of your household. The EAP is free, completely confidential and available 24/7.

Working Advantage | workingadvantage.com

Access to discounts on shopping, entertainment, theatre events and more. Free membership with ExtensisHR. Register on line and receive 100 Advantage Points automatically. Use company member ID 30703.

Affinity Federal Credit Union | affinityfcu.com

As a member of Affinity, you and your family will have easy access to a wide selection of banking services including savings, checking, loans, mortgages, and much more.

John Hancock Freedom Section 529 College Savings | jhinvestments.com

A convenient, flexible way to save for qualified higher education expenses. Tax-advantaged growth on earnings and contributions. Tax-free withdrawals set 529 Plans apart from other investments used for college savings. Contact ExtensisHR for further information.

Tuition.io | tuition.io

Tuition.io is a web-based suite of tools and resources to help you repay your student loan debit in the most efficient way possible and managing the future costs of college.

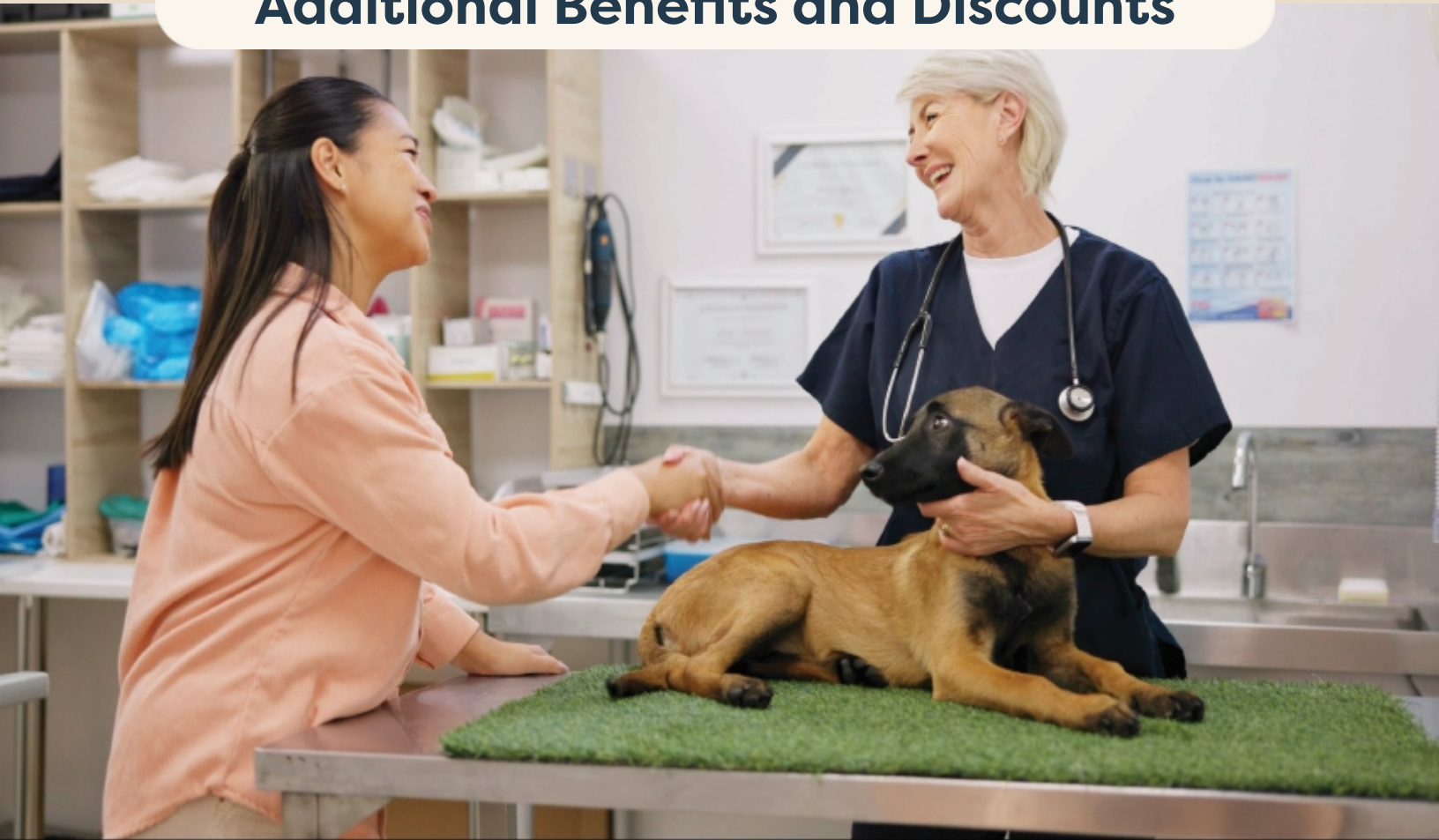
For student loan borrowers this includes decision support tools and guidance for evaluating repayment strategies. For those preparing for future expenses, you can access 529 and scholarship information and more.

Farmer's Home And Auto Insurance | farmers.com

Auto and home insurance program with multiple insurance discounts, to give access to different products and policies. The program shops auto and home insurance across more than 20 of the top-rated insurance carriers so participants can get the best rates.



Additional Benefits and Discounts



Pet Benefit Programs | petbenefits.com

To enroll in any of the programs mentioned below, visit www.petbenefits.com.

Pet Assure Pet Discount Program: Provides savings on pet products and services including veterinary care, grooming, surgery, lab, x-rays, preventive and acute care of your pets and more through Pet Assure's network of participating providers.

PetPlus Rx Discount Program: PetPlus is a discount program providing access to veterinary medications. Wholesale pricing on pet health products, dietary foods, and discounts on preventive services.

MetLife Pet Insurance | metlifepetinsurance.com

Whether it's a routine checkup or an unexpected emergency, MetLife Pet Insurance helps cover veterinary costs with customizable plans that fit your budget. Enjoy up to 90% reimbursement, no breed or age restrictions, and access to any licensed vet in the U.S. — plus 24/7 live vet chat and optional preventive care coverage.

Get More Information

Benefit	Website	Phone Number
Aetna Dental	www.aetna.com/individuals-families.html	Customer Service: 1.877.238.6200 Claims Fax #: 1.859.455.8650
Aetna Medical	www.aetna.com/individuals-families.html	Customer Service: 1.800.704.7287 Coverage Information: 1.877.204.9186 Claims Fax #: 1.859.455.8650
Aetna Vision	www.aetna.com/individuals-families.html	1.877.973.3238
Affinity Credit Union	www.affinityfcu.com	1.800.325.0808
Aflac Group Plans	www.aflacgroupinsurance.com	1.800.433.3036
Alight Advocacy	member.alight.com	1.800.204.6362
AURA	my.aura.com	1.844.931.2872
Farmers Insurance	farmers.com	1.844.530.0656
Genomic Life	GenomicLife.com	1.844.MYGENOME
HealthEquity	my.healthequity.com	Customer Service: 1.877.924.3967 Claims Fax #: 1.585.427.9320
John Hancock Freedom Section 529 College Savings	jhinvestments.com	-
MetLife Dental	www.metlife.com	1.800.438.6388
MetLife Group Plans	online.metlife.com	1.800.438.6388
MetLife Legal Plans	www.legalplans.com	1.800.821.6400
MetLife Pet Insurance	metlifepetinsurance.com	1.800.438.6388
MetLife Vision	www.metlife.com	1.800.438.6388
Pet Assure	www.petassure.com	1.888.789.7387
PetPlus	www.petcarerx.com/petplus	1.800.891.2565
Telus Health EAP Service	one.telushealth.com	1-888-319-7819
Tuition.io	extensishr.tuition.io	1.855.353.9395

Get More Information

Benefit	Website	Phone Number
Working Advantage	workingadvantage.com	-

Special Eligibility Provisions for Owners and Partners

Eligibility to make a medical (including HSA), dental, vision, and FSA benefit election varies by Owner or Partner Status. Impacted Owners and Partners include 2% S-Corp Owners (those who own more than 2%), C-Corp Owners, Members of Limited Liability Companies (LLCs) and Partners of Partnerships (including limited partnerships and limited liability partnerships). The eligibility requirements applicable to Owners and Partners noted above is outlined below.



2% S-Corp Owners and Members of an LLC that is taxed as an S-Corp may elect medical (including HSA), dental, vision and the Dependent Care FSA coverage under the Plan. Participation in the Medical FSA is not permitted. If you are responsible for any portion of the insurance premium, the coverage can only be paid for on a post-tax basis. You may be eligible for an above-the-line deduction on your income tax return for these contributions. Consult with your tax advisor. If you receive W-2 wages, you may elect HSA and Dependent Care FSA contributions, but only on a post-tax basis. If you do not receive W-2 wages, you may not participate in the Dependent Care FSA.



C-Corp Owners and Members of an LLC that is taxed as a C-Corp may elect medical (including HSA), dental, vision and the Medical FSA and Dependent Care FSA coverage under the Plan. Premiums for these coverages and contributions can be made on a pretax basis.



Partners of Partnerships and Members of an LLC that is taxed as a Partnership may elect medical (including HSA), dental, vision and the Dependent Care FSA coverage under the Plan. Participation in the Medical FSA is not permitted. If you are responsible for any portion of the premium, the coverage can only be paid for on a post-tax basis. HSA and Dependent Care FSA contributions may only be made on a post-tax basis.

Note: Employer contributions, including those made to an HSA, are generally considered taxable earnings for 2% S-Corp Owners, Partners of Partnerships and LLC Members (excluding Members of an LLC that is taxed as a C-Corp).

