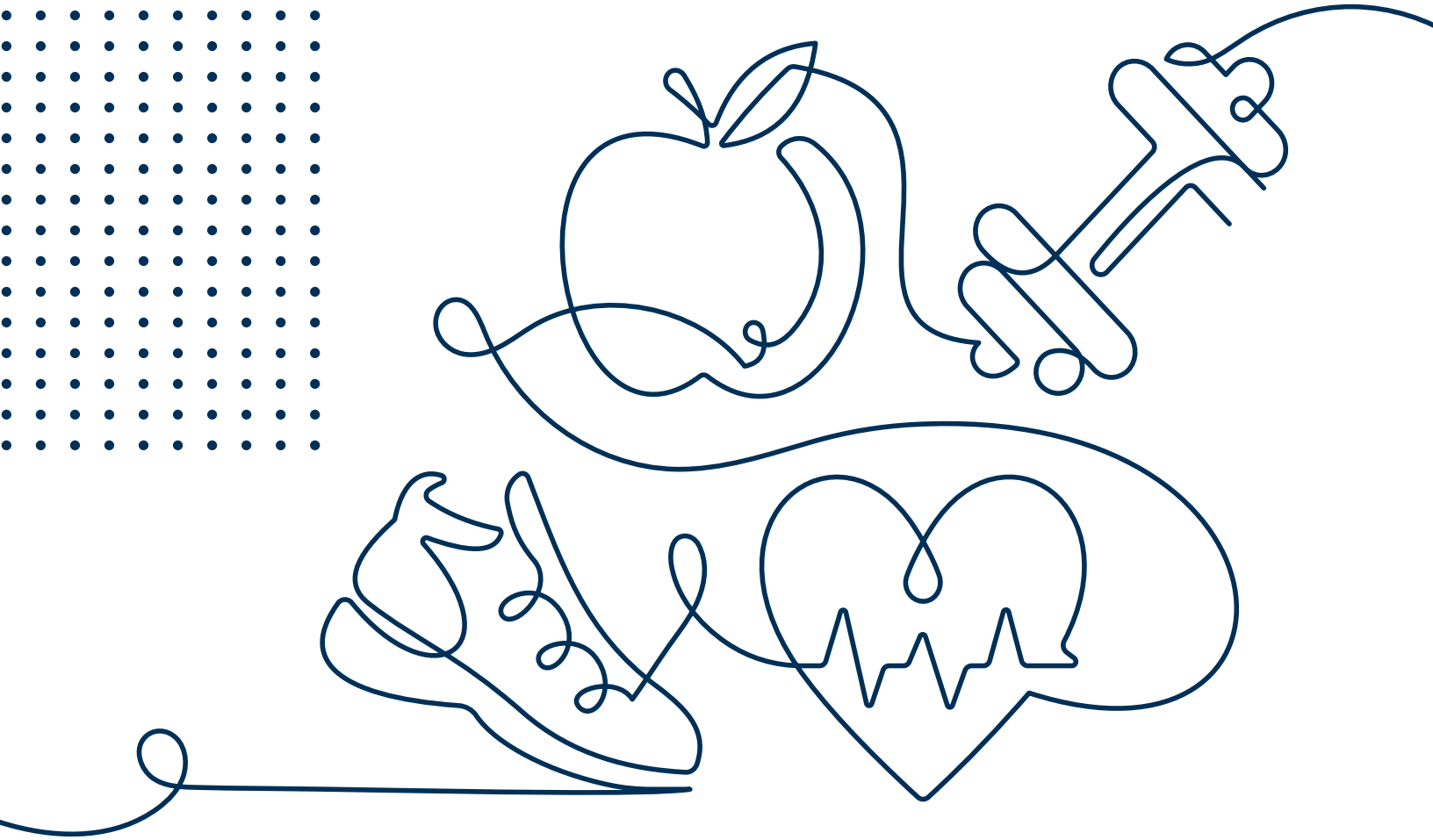
OPERATIONS



2027 BENEFITS GUIDE

HEALTH AND WELLNESS BENEFITS FOR YOU AND YOUR FAMILY

PLA
STAY ON TOP OF IT ALL.™

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PLA appreciates your commitment to our success. We're equally committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefit plans. We understand that you may have questions about annual and new hire enrollment, and we'll do our best to help you understand your options and guide you through the process.

Anytime you have questions about benefits or the enrollment process, you can contact your human resources representative. This guide contains an overview of benefits, for complete information about the plans available to you, please see the summary plan description (SPD) by viewing the portal or by selecting your plan in ADP to view additional details!

Benefits Resource Portal

Enrolling in Benefits

If you want health benefits in 2027 for yourself or your family, you must enroll during the Open Enrollment period. If you need to add or remove coverage for yourself or your dependents outside of the Open Enrollment period or your individual New Hire Enrollment period, you must wait until the next Open Enrollment period unless you have a qualifying life event as defined by the IRS.

If you experience a qualifying life event, you must request an applicable coverage change within the required enrollment window and provide documentation of the event. Most qualifying life event changes must be requested within 30 days; however, you have up to 60 days to request enrollment following the loss of Medicaid or CHIP eligibility or after becoming eligible for Medicaid or CHIP premium assistance.

Please remember to add your Social Security number and the Social Security numbers of your dependents during enrollment.

IMPORTANT: 2027 is a **PASSIVE ENROLLMENT.** If you do not want any changes to your 2026 enrollment elections, you do not need to take action, as you will be defaulted to the coverage you elected for the 2026 plan year. If you do not currently have coverage under PLA's plan, please either enroll or waive each plan option.

The new Aura Identity and Fraud Protection benefit for 2027 requires active enrollment.

Eligibility

Open Enrollment is your opportunity to elect coverage in PLA's benefit plans. **Our Open Enrollment is November 2 to 15, 2026.** All elections made during this period will be effective January 1, 2027, through December 31, 2027.

Outside this Open Enrollment period, you will not have the chance to add, change or remove benefits unless you have a qualifying life event.

Eligible Employees

You may enroll in the benefits program if you are a regular full-time employee who is actively working a minimum of 30 hours per week. As a benefits-eligible employee, you have the opportunity to enroll in benefit plans as a new hire or during the annual Open Enrollment period.

New Hire Enrollment: If you are a newly eligible employee, you have 30 days from your date of hire to complete your benefit elections in ADP. Your benefits become effective the first of the month following 60 days of employment. If you do not enroll within your enrollment window, you generally must wait until the next annual open enrollment period unless you experience a qualifying life event or special enrollment event.

Dependent Eligibility

As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:

- Your legal spouse
- Your children up to the age of 26. This includes your natural children and those of your spouse, your adopted children, stepchildren, foster children, or children obtained through court-appointed legal guardianship. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided to and approved by HR. Additionally, children who have been named in a qualified medical child support order are covered by our plan.

Dependent Verification Required

To ensure compliance and accurate coverage, documentation must be provided to verify the eligibility of any dependents you wish to enroll. Acceptable forms of documentation may include birth certificates, marriage licenses, or legal guardianship papers. Coverage for dependents will not be activated until verification is complete.



QUALIFYING LIFE EVENTS AND SPECIAL ENROLLMENT EVENTS

Generally, you must notify Human Resources and request an applicable benefit election change within 30 days of a qualifying life event and provide any required supporting documentation.

Special enrollment rules may provide a longer notification period for certain events. For example, you may have up to 60 days to request enrollment following certain Medicaid or Children's Health Insurance Program (CHIP) events.

If you do not request the change within the applicable enrollment period, you may be required to wait until the next annual open enrollment period to make changes.

Here are some examples of qualifying life events:

- Birth, legal adoption or placement for adoption
- Marriage, divorce or legal separation
- Dependent child reaches age 26
- Spouse or dependent loses or gains coverage elsewhere
- Death of your spouse or dependent child
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or the state children’s health insurance program
- Court-ordered change



2027
PLA Buyer, LLC Benefits Guide

Open Enrollment for 2027 Benefits

2027 is a passive enrollment for most benefits. If you are satisfied with your current benefit elections, most of your 2026 elections will roll over automatically to 2027, so you do not need to re-elect those benefits.

Aura Identity and Fraud Protection is a new benefit for 2027 and will not automatically roll over. If you would like coverage in 2027, you must actively enroll during Open Enrollment.

Open Enrollment is also a great time to review your current coverage, benefit premiums and beneficiary information and make any changes for the upcoming plan year. Be sure to review your elections in ADP and complete any required elections by the Open Enrollment deadline.

Reminder: Employees are automatically enrolled into electronic communication. If you prefer to receive your documents via the mail on paper, please select “decline electronic enrollment consent” option instead.

There Are Three Different Ways to Enroll for 2027 Benefits

1. Call MyLife Advisor Support

MyLife Advisor Support:
Hours — M-F 8 a.m. to 11:30 p.m. ET
Phone — 855.547.8508
Email — MyLifeAdvisor@adp.com
(if using personal email, please include company name in subject line of email)

MyLife Advisors offer support in English and Spanish, and they also provide access to a language line service for assistance in other languages.

2. Log in via ADP Website

Members can log in at workforcenow.adp.com and complete their enrollment online.

3. Enroll via Mobile App

Members can log in to their mobile device and complete the enrollment through ADP Mobile.

Select Myself > Benefits > Enrollments

Download the ADP mobile app by scanning the QR code

New or Enhancement Benefits for 2027

ENHANCED BENEFIT

- Go Wellbeing Core Program (page 12)
- Hinge Health digital support for joint and muscle health (page 15)
- Contact and frame allowance enhancement (page 19)
- MetLife legal services (page 29)
- MetLife Identity And Fraud Protection (Page 30)
- SmartConnect Medicare Advocacy (page 33)
- Voluntary life election enhancement (page 21)

Medical

Blue Cross and Blue Shield of Texas | bcbstx.com | 800.521.2227

PLA is committed to helping you and your dependents maintain health and wellness by providing you with access to the highest levels of care. We offer you a choice of three major medical plan options for 2027 through Blue Cross and Blue Shield of Texas as illustrated below:

Medical and Prescription Drug Plan Summary

	High Plan — PPO In-network	Mid Plan — HDHP In-network	Affordable Plan — PPO In-network
General plan design			
Annual deductible (individual)	$2,000	$3,500	$6,350
Annual deductible (family)	$4,000	$7,000	$12,700
Annual out-of-pocket limit (individual)	$6,000	$7,000	$7,500
Annual out-of-pocket limit (family)	$12,000	$14,000	$15,000
Coinsurance (member pays)	20% coinsurance	20% coinsurance	30% coinsurance
Preventive services	No charge	No charge	No charge
Office visit/exam	$25 copay	20% coinsurance after deductible	$30 copay
Specialist visit	$50 copay	20% coinsurance after deductible	$50 copay
MD Live virtual visits	$0 copay	$0 copay	$0 copay
Employer HSA match	N/A	Up to $750	N/A
Inpatient hospital services			
Inpatient hospitalization	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Outpatient services			
Diagnostic X-ray and lab tests (in office setting)	No charge; deductible does not apply	20% coinsurance after deductible	No charge; deductible does not apply
Outpatient facility charges	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Urgent care			
Urgent care facility	$50 copay	20% coinsurance after deductible	$50 copay
Emergency services			
Emergency room	$250 copay + 20% coinsurance after deductible	20% coinsurance after deductible	30% after deductible
Prescription drugs			
Tier 1 (generic)	$10 copay	20% coinsurance after deductible	$10 copay
Tier 2 (brand-name formulary)	$50 copay		$50 copay
Tier 3 (brand-name nonformulary)	$70 copay		$70 copay
Tier 4 (specialty)	50% up to $500		50% up to $500
Number of days supply	30 days	30 days	30 days

Please note: The benefit summaries shown above are for in-network benefits only. Out-of-network benefits require more out-of-pocket costs due to higher deductibles, out-of-pocket maximums, and coinsurance requirements. Please refer to the Summary Plan Description or SBC for more details on out-of-network benefit levels at the employee resources center portal.

Medical/Rx Weekly Contributions

Coverage tiers	High plan — PPO	Mid plan — HDHP	Affordable plan — PPO
Employee only	$71.77	$39.46	$31.15
Employee + spouse	$233.08	$167.31	$151.15
Employee + child(ren)	$176.31	$131.31	$120.92
Family	$300.23	$218.54	$204.92

Prescription Drug & Specialty Medication Overview

Step Therapy Program

BCBSTX uses a step therapy program to help manage prescription drug costs while ensuring safe and effective treatment.

- **STEP 1:** Your doctor prescribes a preferred, first-line medication based on clinical guidelines.
- **STEP 2:** If the preferred drug isn't effective, your doctor can request an exception for a non-preferred drug.
- These preferred drugs are typically more cost-effective and clinically appropriate.

Specialty Medications

Specialty drugs treat complex conditions like **MS, Hepatitis C, and Rheumatoid Arthritis.**

- **Self-administered specialty drugs** are covered under your pharmacy benefit and may require use of an in-network pharmacy like Accredo. Accredo carries roughly 99% of specialty drugs, which means you're more likely to get all of your specialty drugs from one pharmacy. Through Accredo, you can have your covered, self-administered specialty drugs delivered straight to you.
- Visit bcbstx.com to see the up-to-date list of specialty drugs.
- **ACCREDO OFFERS:**
  - One-on-one support from pharmacists and nurses.
  - Refill reminders via phone, email, or app.
  - Online tools to manage prescriptions and track shipments.
  - Free standard shipping and 24/7 support.
- **TO START WITH ACCREDO**: Call 833.721.1619, or visit accredo.com, or download the Accredo mobile app. An Accredo representative will work with your doctor on the rest.

Q: How do I know if Accredo applies to me?

A: Most employees will never need to use Accredo. Accredo is only for specialty medications used to treat certain complex conditions. If your doctor prescribes a specialty medication, your physician, pharmacy, BCBSTX, or Accredo will generally notify you and help coordinate the next steps.

BCBSTX Mobile App – Your Virtual Medicine Cabinet

Manage your prescriptions and benefits easily with the **BCBSTX MOBILE APP** (available in Spanish):

- Compare drug costs across pharmacies
- Find lower-cost alternatives
- View medication details, pre-approvals, and refill status
- Get refill reminders and chat with pharmacy support
- Locate in-network pharmacies
- Download the app via the App Store or Google Play using your Blue Access for Members login.

Express Scripts Mail Order Pharmacy

Convenient Home Delivery for Long-Term Medications

Express Scripts Pharmacy offers a reliable mail order service for maintenance medications, helping members save time and money.

Benefits

- Receive up to a 90-day supply of long-term prescriptions.
- Free standard shipping to any U.S. address.
- Order from home via mobile app, online, phone, or mail.
- Prescriptions are shipped in tamper-evident, unmarked packaging for privacy.

Easy Ordering Options

- **ONLINE:** Visit express-scripts.com/rx or myprime.com to register, view prescriptions, and place orders.
- **PHONE:** Call 833.715.0942 (available 24/7) to start mail order or refill prescriptions.
- **MAIL:** Log in to bcbstx.com, complete the mail order form, and send it with your prescription and payment.
- **DOCTOR:** Ask your provider to send a 90-day prescription electronically or call 888-327-9791 for fax instructions.

Support & Service

- Choose phone, email, or text notifications for order updates and refill reminders.
- Access to 24/7 pharmacist support.
- Multiple pharmacy locations ensure fast processing and delivery (typically within five business days).



FlexAccess Prescription Savings Programs

What Is FlexAccess?

FlexAccess is a **cost assistance program** offered through Blue Cross and Blue Shield of Texas (BCBSTX) to help members save on high-cost medications. There are **two** versions of the program depending on your health plan type:

FlexAccess for PPO Plans

- Designed for members in traditional PPO plans.
- If you or your dependents take eligible high-cost medications, you may receive a letter or phone call from the FlexAccess team.
- The team will help you determine your lowest possible out-of-pocket cost, which may be as low as $0.
- Even if you're using a manufacturer coupon, FlexAccess may offer better savings.
- Participation is optional.

Contact:

Call 888.302.3618 (M–F, 7 a.m.-7 p.m. CT) | Email: member.services@flexaccessrx.com

FlexAccess Qualified HDHP

- Tailored for members in High Deductible Health Plans (HDHPs).
- Helps you manage prescription costs before meeting your deductible.
- You may be eligible for manufacturer coupon programs to reduce your out-of-pocket costs.
- To comply with IRS rules, coupon values do not count toward your deductible or out-of-pocket maximum — only what you pay does.
- After meeting your deductible, standard copay or coinsurance applies.

Contact:

Call 844.210.0823 (M-F, 8 a.m.-4 p.m. CT) |
Email: member.services@flexaccessrx.com

Members will need to opt in and will receive a letter or phone call if they are taking a medication included in the program.



Blue Cross and Blue Shield of Texas Tools and Resources

Blue Cross and Blue Shield of Texas | bcbstx.com | 800.521.2227

Blue Access for Members

Blue Access for Members (BAM) gives you simple online access to information about your health benefits. Use BAM from your desktop, laptop or mobile device. View your coverage details whenever you want and wherever you are.

- See coverage details (copays, deductibles, out-of-pocket maximums, etc.).
- Review your claims activity and history.
- See frequently asked questions (FAQs).
- Access registered nurses who are available to provide immediate assistance and advice on medical treatment.
- Keep track of your deductible and out-of-pocket expenses.
- View in-network providers
  - Make sure you're logged in to your member account to view providers specific to your plan's network.
  - Select "Find Care."
- Use cost estimator tools.
- Explore wellness programs and virtual care options.

All of the programs and resources discussed on pages 12-14 — including telehealth, care management, and wellness tools — can be accessed directly through this portal or the BCBSTX mobile app, giving you convenient, on-the-go access to your benefits.

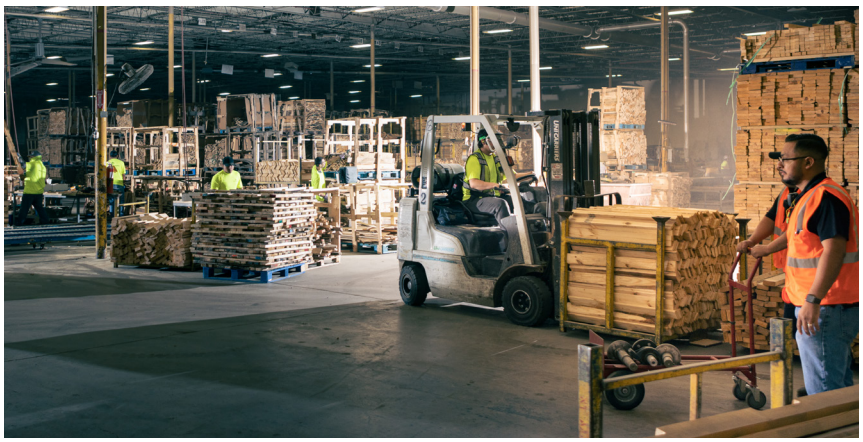
ID Cards

- Only new enrollees will receive new ID cards.
- Members changing medical plans during Open Enrollment will receive new ID cards.
- Current Mid Plan HDHP members will receive new ID cards due to the IRS-required deductible changes for 2027.
- Please review your address in ADP workforce now to ensure it is accurate.
- All other members should continue using their existing ID cards.
- Blue Cross and Blue Shield of Texas (BCBSTX) is transitioning to digital ID cards, which can be accessed through Blue Access for Members (BAM) and the BCBSTX mobile app.

It's easy to get started.

Scan the QR code or got to bcbstx.com to register.

Get BAM to go: Text BCBSTXAPP to 33633* to get the app.



Comprehensive Mental Health Support

Your Blue Cross and Blue Shield of Texas plan includes access to a wide range of behavioral health services for you and your covered family members.

Support is available for:

- Depression, anxiety, panic attacks
- Substance use
- ADHD/ADD, autism spectrum disorder
- Bipolar disorder, eating disorders

Find a Provider:

Log in to bcbstx.com, select Find Care, and choose in-person, phone, or video options.



Digital Mental Health — Learn to Live

BCBSTX offers **confidential online programs** through Learn to Live at no added cost.

Programs include support for:

- Stress, anxiety, depression
- Insomnia, social anxiety, panic
- Substance use and resilience

Features:

- Online self-assessments to find the right program
- Therapy-based lessons with interactive activities
- Optional coaching via phone, text, or email
- Privacy guaranteed — your employer will not see your results

Access:

Log in to bcbstx.com, go to **wellness**, then select **Digital Mental Health**.

BCBSTX Employee Assistance Program (EAP)

ComPsych GuidanceResources is an Employee Assistance Program included with your BCBSTX plan. You and your family members have access to a suite of EAP services.

Free support for work stress, grief, legal/financial issues via guidanceresources.com (Web ID: BCBSTXEAP).

GO Wellbeing

NEW PROGRAM

GO Wellbeing delivers a turnkey program with self-guided programs and health content, personal and platform-level challenges and automated communications that keep employees engaged year-round. This program will be available to members January 1, 2027, at no extra cost as part of your Blue Cross and Blue Shield of Texas healthcare plan.

What GO Wellbeing Offers

Start with the RealAge Test, which looks at your daily habits — like eating, exercise, sleep and stress — to estimate your body's real age. After the test, you'll get easy-to-follow steps to help you improve your health.

More Helpful Features Include:

- Health articles and learning tools just for you (in multiple languages)
- The option to connect your wearable devices and apps, and earn rewards on activities you're already doing as well as new healthy habits
- Wellness challenges to keep you engaged and on track with your goals
- Community Wellbeing Index that shows you where you can enjoy the outdoors in your area and how your activity levels compare with others around the country
- Articles via the GO Wellbeing app on important topics such as:
  - Physical health
  - Mental wellbeing
  - Financial health

Getting Started Is Easy

Start your wellness journey in just three steps:

1. Download the GO Wellbeing app.
2. Take the RealAge Test.
3. Follow personalized tips, or join any activity you choose!



Wondr

Metabolic Syndrome Reversal Program

Wondr is a skills-based digital weight loss program that teaches you how to enjoy the foods you love to improve your overall health. The behavioral science based program was created by a team of doctors and clinicians and is clinically proven for lasting results. There are no points or plans, and you don't have to count calories. Wondr teaches members the science of how to eat their favorite foods so they can lose weight, sleep better, stress less and so much more. They'll learn simple behavioral skills that are clinically proven to improve health. **Wondr is available at no additional cost to employees and covered members enrolled in a PLA Blue Cross and Blue Shield of Texas medical plan.**

What to Expect:

- Learn more or apply at wondrhealth.com/BCBSTX.
- You'll receive a Welcome Kit to kick off the program after your application's been accepted.
- Sign in online or on the BCBSTX mobile app (available on App Store and Google Play) to access weekly video lessons and our mindful eating tools.
- Watch our weekly master classes. On your start date, you can sign in to view your Week 1 videos and start your journey to better overall health.
- Learn life-changing skills during the program's first phase — WondrSkills™, then move to the skill reinforcement phase — WondrUp™, and keep the momentum going in the skill maintenance phase — WondrLast™.

Wellbeing Management Fitness Program

The Fitness Program offers flexible options to get in shape and stay active. Choose from a network of gyms offering tiered pricing that fits your budget and lifestyle. This program also includes pay-as-you go classes. You can use the mobile app to find high intensity or yoga workouts.

Join today! The Fitness Program membership is:

- **BUDGET-FRIENDLY:** Memberships start at only $19 a month per person.
- **CONVENIENT:** Go to any of the thousands of participating gyms near home and work, and nationwide. From local gyms to national brands, there's something to fit everyone's needs.
- **FLEXIBLE:** With no gym contracts and no long-term commitment, go where you want, when you want, and switch as often as you like.
- **MOTIVATING:** View your gym visits online to keep track and stay motivated.
- **REWARDING:** For even more healthy options, you'll have access to discounts through a nationwide network of more than 35,000 health and wellbeing providers such as massage therapists, personal trainers and nutrition counselors.

Fitness Program Access

To access the Fitness Program, log in to Blue Access for Members (BAM), select "Wellness," and then select "Learn More" under Fitness Program.

Virtual Care

Blue Cross and Blue Shield of Texas | mdlive.com/bcbstx

What Is Virtual Care?

With Virtual Visits from MDLIVE, the doctor is always in. The Blue Cross and Blue Shield of Texas benefit gives you access to 24/7 non-emergency care from a board-certified doctor or therapist by phone, online video or mobile app from almost anywhere.

Skip expensive ER bills and waiting to see a doctor. You can speak with a Virtual Visits doctor within minutes.

Services are available in both English and Spanish with translation services available in other languages.

Activate Your Virtual Visits Account Today With Your BCBSTX Member ID Card

- Go to mdlive.com/bcbstx
- 888.680.8646.
- Text BCBSTX to 635.483

There is a $0 copay for MDLIVE for those who elect the any of the medical plan options.

Sign Up Early!

The Virtual Visits benefit is a convenient alternative for treatment of more than 80 health conditions, including:

- Allergies
- Bronchitis
- Cold and flu
- Migraines
- Sinus infections
- Urinary tract infections
- And others!

Virtual Visits with licensed behavioral health therapists are available by appointment. Get virtual care for:

- Depression
- Eating disorders
- ADHD
- Substance use disorders
- Trauma and PTSD
- Autism spectrum disorder

Teladoc Health

Teladoc (Formerly Livongo) Diabetes Management Program

The program combines a connected blood pressure cuff and personal support for supplemental in-home therapy. Members receive:

- Easy remote monitoring via wireless-connected blood pressure cuff
- Licensed professionals who provide live coaching and 24/7 digital alerts
- Notifications for high blood pressure readings and reminders to check blood pressure
- Intuitive mobile experience to track progress and receive personalized, clinically grounded coaching and educational content
- Member-initiated reports (with blood pressure readings and trends) that enable more focused conversations with a clinician

PLA members also have access to health experts, from anywhere, through Teladoc Health. Teladoc Health offers personalized support, at no cost to you, for **diabetes** and **hypertension management**.

Diabetes Management

Get tools and support to track blood sugar levels and develop healthier lifestyle habits.

Program includes:

- A connected blood glucose meter
- Unlimited strips and lancets
- Tips, action plans and one-on-one coaching
- Real-time support for out-of-range readings

Hypertension Management

With a smart blood pressure monitor, you can track, get support, set up reminders and message a coach, all in one place.

Program includes:

- A connected blood pressure monitor
- Step-by-step action plans based on your goals
- Tips on nutrition and activity
- One-on-one support from expert coaches

Visit teladochealth.com/go/bcbstx-health or call 800.835.2362 to enroll.



Hinge Health

NEW PROGRAM

PLA implemented Hinge Health to the Blue Cross Blue Shield medical plans in July of 2026. This new offering will provide personalized support for joint and muscle health — helping you move better, feel better, and stay active. Hinge Health is designed for members experiencing joint or muscle pain. **If you are not currently experiencing pain, select 0 on the pain scale to still access the video library.** Enrollment by individuals without a qualifying condition may result in an associated charge to the PLA medical plan.

You must be enrolled in PLA's medical plan to utilize this benefit.

With Hinge Health, You get:

- Personalized exercise therapy programs
- 1:1 support from licensed physical therapists and health coaches
- Convenient access from home — no clinic visits required
- A program available at no additional cost if you're enrolled in a medical plan
- Access to a wide library featuring multiple playlists to stretch and exercise desired areas and more!

Explore More Resources

To learn more and enroll, visit hingehealth.com/for/plasolutions.

- Flyers and program information
- Ongoing communication updates
- Tips for getting started
- Client Resource Center

Health Savings Account (HSA)

HSA Bank | hsabank.com | 800.357.6246

An HSA is a personal healthcare bank account you can use to pay out-of-pocket medical expenses with pretax dollars. If you enroll in a high-deductible health plan, such as PLA's **Mid Plan — HDHP,** you can open an HSA.

You own and administer your HSA. You determine how much you contribute to your account, when to use your money to pay for qualified medical expenses, and when to reimburse yourself. Remember, this is a bank account; you must have money in the account before you can spend it.

HSAs offer you the following advantages:

TAX SAVINGS: You contribute pretax dollars to the HSA. PLA will also contribute to your HSA for 2027. Interest accumulates tax-free, and funds are withdrawn tax-free to pay for medical expenses.

REDUCED OUT-OF-POCKET COSTS: You can use the money in your HSA to pay for eligible medical, dental and vision expenses, and prescriptions. You can use your HSA funds to help you meet your plan's annual deductible. Unused account dollars are yours to keep even if you retire or leave the company. Also, you can invest your HSA funds so your available healthcare dollars can grow over time.

THE OPPORTUNITY FOR LONG-TERM SAVINGS: Save unused HSA funds from year to year. You can use this money to reduce future out-of-pocket health expenses. You can even save HSA dollars to use after you retire.

BOOST YOUR SAVINGS: Employees age 55 and older can make additional HSA "catch-up" contributions, allowing them to set aside even more pretax dollars for future healthcare costs and retirement.

2027 PLA Employer HSA Contributions

2027 PLA EMPLOYER HSA MATCH: If you are enrolled in the Mid Plan — HDHP, PLA will provide an HSA contribution match of up to $750 to your HSA account.*

*Employer HSA contributions count toward the applicable annual HSA contribution limit. Your available employee contribution amount will therefore depend on the amount of employer contributions you receive and your HSA eligibility during the year.

2027 HSA CONTRIBUTION LIMITS: The annual IRS HSA contribution limit includes all contributions made to your HSA, including employee contributions and employer contributions from PLA.

IRS limits subject to change	Under age 55	Age 55 and older (and not enrolled in Medicare)
Individual		
2026	$4,400	$5,400 (includes $1,000 "catch-up" contribution)
2027	$4,500	$5,500 (includes $1,000 "catch-up" contribution)
Family		
2026	$8,750	$9,750 (includes $1,000 "catch-up" contribution)
2027	$9,000	$10,000 (includes $1,000 "catch-up" contribution)

If you are eligible for the HSA for the full year and receive the full $750 PLA employer match, the remaining amount available for employee or other HSA contributions is $3,750 for individual coverage or $8,250 for family coverage.

You are eligible to open and fund an HSA if:

- You are not enrolled in any other non-HSA qualified health insurance plan.**
- You are not covered by another non-HDHP health plan, including a spouse's plan that covers you, or by a general-purpose health FSA or HRA. HSA-compatible limited-purpose and post-deductible FSAs/HRAs are permitted.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare, TRICARE or TRICARE For Life.
- Care received through the VA in the preceding three calendar months was dental, vision or preventive care or was provided to a veteran who has a disability rating from the VA.

For a complete list of eligible expenses, visit hsabank.com/Learning-Center/IRS-qualified-medical-expenses

How to Access/Make Contributions to Your HSA

Once your account is open, you can access it via hsabank.com.

Payroll contributions MUST be made through ADP. Contribution elections can be changed year-round. Note that it may take between one and two payroll periods for an HSA change to be processed. HSA-related communications will be sent to the mailing address on file in ADP workforce now, so please ensure your contact information is up to date.

Distributions

HSA distributions are tax-free if they are used to pay for qualified medical expenses.

- Qualified medical, dental and vision expenses not covered by insurance
- Qualified long-term care services and long-term care insurance
- Continuation of coverage required by federal law (i.e., COBRA)
- Health insurance premiums during periods of unemployment
- Medicare expenses (but not Medigap)
- Retiree health expenses for individuals aged 65 or older

Distributions made for any other purpose are subject to income tax and a 20% penalty. The 20% penalty is waived in the case of death or disability. The 20% penalty is also waived for distributions made by individuals aged 65 or older.

Customer Identification Program (CIP): In accordance with the USA PATRIOT Act, HSA Bank is required to collect some basic information from all new account holders. The information is used to validate the account holder's identity. It is sometimes necessary to collect additional forms of identification from the account holder. If you fail to complete the requested information, you will no longer be able to contribute to your HSA until the CIP is completed with HSA Bank.

If you make the full-year contribution based upon your status as of December 1, you may be subject to an IRS testing period and could owe tax and a penalty on part of that contribution if you do not remain an eligible individual through December 31 of the following year. You may also need to prorate your contribution if you drop or reduce the level of your coverage midyear.

You must not have any other first-dollar health insurance coverage before the deductible is met. Preventive care services are not required to be subject to the deductible. Individuals may also carry separate coverage for accidents, disability, dental or vision care, and long-term care, not subject to the deductible. Limited-purpose flexible spending accounts are allowed for vision and dental expenses.



Dental

MetLife | metlife.com/mybenefits | 800.438.6388 | Customer number: 0224324 | Company name: PLA Buyer, LLC

Although you can choose any dental provider, when you use an in-network dentist, you will generally pay less for treatments because your share of the cost will be based on negotiated discount fees. With out-of-network dentists, the plan will pay the same percentage, but the reimbursement will be based on out-of-network rates.

Members receive the lowest out-of-pocket costs by using in-network providers. The "90% usual and customary" provision means MetLife will cover up to the amount that 90% of providers in the area typically charge for a given service. If a member sees an out-of-network provider who charges more than this amount, they may be balance billed for the difference.

MetLife

View covered services, claim status or your account balance; find a dentist; update your information; and much more at mybenefits.metlife.com.

Dental exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

	Base	Buy-up
Deductible	In-network	In-network
Employee only	$50	$50
Family	$150	$150
Annual plan maximum (per individual)	$1,000	$2,000
Preventive (Deductible does not apply)		
Cleanings, exams, X-rays	100%	100%
Basic restorative		
Fillings, extractions	80%	80%
Major restorative		
Bridges, dentures	50%	50%
Orthodontia		
Orthodontia	50%	50%
Lifetime orthodontia plan maximum (per individual)	$1,500	$1,500
Orthodontia age limit	Child under age 19	Child up to 26 and adult

Weekly Employee Contributions

Coverage tiers	Base	Buy-up
Employee	$5.76	$7.45
Employee + spouse	$12.20	$15.78
Employee + child(ren)	$14.33	$18.58
Family	$22.36	$28.94

- You can elect the MetLife dental plan regardless of whether you are enrolled in the medical or vision plan.
- Your Social Security number will be used to verify coverage. To print an ID card, log in to mybenefits.metlife.com.

Scan the QR codes to download the MetLife US Mobile App.

GET IT ON Google play

Download on the App Store

HEALTH SCREENING BENEFIT: Members enrolled in MetLife critical illness or hospital indemnity coverage may be eligible to receive a $75 Health Screening Benefit for completing an eligible dental screening. Refer to the applicable MetLife plan documents for complete details and eligible screenings.

Vision

Superior Vision by MetLife | metlife.com/mybenefits | 833.393.5433 | Customer number: 0224324 | Company name: PLA Buyer, LLC

Superior Vision by MetLife's vision care benefits include coverage for eye exams, standard lenses and frames, and contact lenses and discounts for laser surgery. The vision plan is built around a network of eye care providers, with better benefits at a lower cost to you when you use providers who belong to the Superior Vision network. When you use an out-of-network provider, you will have to pay more for vision services.

Eye exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

	In-network
Network plan design	
Exam copay	$10
Materials copay	$25
Walmart in-network	Yes
Lenses	
Single vision	Covered in full after materials copay
Bifocal	Covered in full after materials copay
Trifocal	Covered in full after materials copay
Contact lenses in lieu of glasses	
Medically necessary	Covered in full
Enhanced benefit! Elective	$200 allowance
Standard fitting	Covered in full after materials copay
Frames	
Enhanced benefit! Standard frames	$200 allowance after $25 eyewear copay
Frames at select providers($)	$225 allowance ($200 standard frame allowance + $25 additional allowance)
Additional glasses and sunglasses	20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements. Discount does not apply at Walmart, Costco or Sam's Club.
	These features may not be available in all states and with all in-network vision providers. Please check with your in-network vision provider.
Frequency	
Exam	Every 12 months
Lens	Every 12 months
Contacts	Every 12 months
Frames	Every 24 months

In-network lens enhancement pricing	
Progressive standard	Up to $55
Progressive premium	Up to $110
Progressive ultra	Up to $150
Progressive ultimate	Up to $225
Standard polycarbonate (adult)	Up to $40
Scratch-resistant coating (variable by type)	Up to $15-$30
Tints (plastic lenses – solid)	Up to $15
Tints (plastic lenses – gradient)	Up to $18
Anti-reflective coating (variable by type)	Up to $50-$120

These lens options are available at participating in-network providers with "not to exceed" pricing/maximum member out-of-pocket amounts. Availability may vary by provider.

Weekly Employee Contributions

Coverage tiers	
Employee	$1.46
Employee + spouse	$2.92
Employee + child(ren)	$3.45
Family	$5.29

- Select-provider enhancement: The ($) icon identifies participating providers where members receive an additional $25 frame allowance, for a total frame allowance of $225. Visit metlife.com/mybenefits to locate participating providers.
  - Frame discounts do not apply at Walmart, Costco or Sam's Club.
- You can elect the Superior Vision by MetLife vision plan regardless of whether you are enrolled in the medical or dental plan.
- Easily find an in-network or participating vision provider or view your benefits and claims online at metlife.com/mybenefits.

Scan the QR codes to download the MetLife US Mobile App.

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

New York Life | Policy # FLX-970458

PLA's comprehensive benefits package includes financial protection for you and your family in the event of an accident or death. Group term life and AD&D coverage are provided automatically (for benefits-eligible employees) at no cost to you on the first of the month after 60 days of employment.

In the event of your death, the life insurance policy provides a benefit to the beneficiary you designate. AD&D insurance provides benefits for a covered accidental death or certain covered injuries. The benefit amount for a covered injury varies based on the type of loss and the applicable benefit schedule. Refer to the certificate of coverage for complete details.

Group term life and AD&D	100% paid by the employer
Employee	$10,000

Age Reduction Schedule

When the employee reaches age 65, their basic life and AD&D benefit amount will be reduced as follows:

- Ages 65 to 69: Benefit decreases to 65% of original benefit.
- Ages 70+: Benefit decreases to 50% of original benefit.



HERE ARE SOME HELPFUL TERMS

AGE REDUCTION: The group term basic life and AD&D insurance coverage are subject to a reduction in benefit amount as you age.

PORTABILITY AND CONVERSION: Portability and conversion are available if your employment with PLA ends. Portability allows you to continue your term life coverage, while the conversion option allows you to convert your term life policy into an individual whole life policy

GUARANTEED ISSUE ENROLLMENT OPPORTUNITIES: Eligible employees and spouses may have opportunities to elect or increase voluntary life coverage up to the applicable Guaranteed Issue amount without submitting Evidence of Insurability (EOI), including as a new hire, during annual Open Enrollment, and following an eligible qualifying life event/status change, subject to the terms of the policy and applicable enrollment requirements. Elections above the Guaranteed Issue amount remain subject to EOI and carrier approval.

EVIDENCE OF INSURABILITY (EOI): The process of providing medical information to the insurance carrier to determine whether coverage can be approved when EOI is required. EOI may apply when requesting coverage above the guaranteed issue amount or in other situations required by the policy.

Voluntary Life and AD&D

New York Life | Policy # FLX-970458

You have the opportunity to purchase voluntary life and AD&D insurance for yourself, your spouse and/or your dependent children. Your cost for coverage is based on the amount elected and, where applicable, your age. You must elect employee coverage in order to elect coverage for your spouse and/or dependent child(ren). **2027 OPEN ENROLLMENT OPPORTUNITY:** During Open Enrollment, eligible employees and spouses, including those who previously declined coverage, may elect or increase coverage up to the applicable Guaranteed Issue amount without Evidence of Insurability (EOI). Guaranteed Issue opportunities may also be available as a new hire or following an eligible qualifying life event/status change, subject to the terms of the policy and applicable enrollment requirements. Elections above the Guaranteed Issue amount remain subject to EOI and carrier approval.

Coverage	Available benefit	Guaranteed amount
Employee — $10,000 increments	5x salary up to $500,000	5x salary up to $300,000
Spouse — $5,000 increments up to 100% of the employee's elected coverage	Up to $250,000	$50,000
Dependent child(ren)	A child from live birth to the end of the month in which the child attains age 26 for $10,000	

ENHANCED BENEFIT: Spouse voluntary life coverage is available up to 100% of the employee's elected voluntary life coverage, up to the plan maximum.

Monthly Rates

Voluntary life employee and spouse rates per $1,000 of coverage	
Employee's Age	Employee and spouse
Age 29 and under	0.075
Age 30-34	0.080
Age 35-39	0.107
Age 40-44	0.169
Age 45-49	0.269
Age 50-54	0.407
Age 55-59	0.667
Age 60-64	1.112
Age 65-69	1.75
Age 70-74	2.893
Age 75-79	5.031
Age 80 and over	10.37
Child(ren) per $1,000 of coverage	
$0.27	
Voluntary AD&D Rates per $1,000	
Employee	$0.045
Spouse	$0.045
Child(ren)	$0.064

Voluntary Life + AD&D Example

Employee A is age 29. Based on the above chart, the rate is $0.075 per $1,000 of coverage. Employee A elects $20,000 in coverage. The combined weekly premium will be $0.55.

$0.075 Life plan rate (determined by age)	x	20 Coverage per $1,000	=	$1.50 Monthly premium		
$0.045 AD&D plan rate	x	20 Coverage per $1,000	=	$0.90 Monthly premium		
$2.40 Total life + AD&D Monthly premium	x	12 Months	÷	52 Weeks	=	$0.55 Weekly premium

Voluntary Short-Term Disability

New York Life | mynylgbs.com (web ID: PLA B) | 888.842.4462

PLA offers voluntary short-term disability (STD) insurance through New York Life. This is an optional, employee-paid benefit designed to replace a portion of your income if you are unable to work due to a covered non-work-related injury or illness.

Voluntary Short-Term Disability (STD) Plan

You have the option of enrolling in voluntary short-term disability insurance. STD benefits are designed to replace a portion of your income for a non-work-related short-term injury or illness. STD benefits are paid at 60% of your weekly covered earnings, up to $1,500 weekly, during the first 25 weeks of injury or illness.

Short-term disability eligibility — full-time employees	100% paid by the employee
Weekly benefit amount	60%*
Weekly benefit maximum	$1,500
Benefits begin	8th day of accident or illness
Benefits duration (after waiting period)	25 weeks
Pre-existing condition limitation	Exclusions apply; see plan document for details

Refer to your benefits profile on workforcenow.adp.com for pricing based on age and benefit amount.

*Coordination of disability benefits

Disability benefits may be reduced by income received from other sources, such as Social Security disability benefits, workers' compensation, state disability programs, or other eligible income replacement benefits. Refer to your certificate of coverage for details.

IMPORTANT NOTE ABOUT DISABILITY BENEFITS

If you live in a state that offers paid disability or family leave, your employer-provided short-term disability (STD) benefits may be offset by payments from the state program. This means your STD benefit amount could be lower than expected, depending on what the state pays.

To ensure transparency, we want to clarify that state disability is considered paid leave, and PLA coordinates these benefits on your behalf to avoid duplication.

New York Life Value Added Services

Employee Assistance Program (EAP)

New York Life | guidanceresources.com (web ID: NYLGBS) | 800.344.9752

We all know that life can be challenging at times. Issues like illness, debt, and family problems can leave us feeling worried or anxious and not able to be at our best. The EAP, sponsored by New York Life, provides confidential support and resources for you and your dependents at no charge. You can seek expert guidance for any kind of issue, from everyday matters to more serious problems affecting your wellbeing.

Here's what the program offers:

- **EAP:** Three sessions per issue, per year, with experienced clinicians available for you and your family members at no cost to you.
- **LEGAL RESOURCES:** Phone access to New York Life legal professionals, an initial 30-minute consultation at no charge with a local attorney and discounts on additional services.
- **FINANCIAL RESOURCES:** With FinancialConnect you and your family members have unlimited access to a team of qualified experts, including Certified Public Accountants (CPAs), Certified Financial Planners (CFP) and other financial professionals in your local community. In addition, on guidanceresources.com, you will have access to financial information on a wide range of topics, including debt management, family budgeting, estate planning and tax planning, as well as interactive tools and financial resources.
- **WORK/LIFE RESOURCES:** Information and referrals on child care, elder care, adoption, relocation and other personal convenience matters.
- **ONLINE WILL PREPARATION:** Access to EstateGuidance, which offers the ease and simplicity of online will preparation. You can complete a will and download it to your computer.

The EAP provides counseling on all aspects of life, including:

- Difficulties in relationships.
- Emotional/psychological issues.
- Stress and anxiety issues with work or family.
- Alcohol and drug abuse.
- Personal and life improvement.
- Legal or financial issues.
- Depression.
- Child care and elder care issues.
- Grief issues.

Assistance Around the Clock

Whenever you need assistance with a work/life issue, the EAP is there for you, 24 hours a day. Specialists are available for confidential 24/7 assistance and support.

New York Life

For more information and resources:

Call: 800.344.9752
Go online: guidanceresources.com
Your company web ID: NYLGBS
Company name (only the first five characters): PLA B

Additional EAP Services Available Through NYL

Legal, Financial and Estate Support

NYL GBS provides professional services that include unlimited financial, legal and estate support available to customers, their household members and NYL GBS Survivor Assurance beneficiaries. Assistance includes:

- Unlimited financial guidance for customers and their household members from qualified experts, including CPAs, CFPs and other financial professionals.
- Unlimited financial information on a broad range of issues, including debt management, family budgeting, estate planning and tax planning.
- Interactive tools, calculators and in-depth financial assistance are available online.
- Unlimited access to legal experts, unlimited attorney phone consultations, local attorney referrals and other professional resources.
- Free online will preparation.
- Referrals to local attorneys for a free 30-minute consultation and a 25% reduction in fees thereafter.
- Information on low-cost or no-cost legal options.
- Referrals to consumer advocacy groups and governmental organizations.

Empathy

Empathy is a comprehensive service designed to support beneficiaries and their families through the many challenges of loss. From navigating grief and complex family dynamics to planning memorials and handling probate, Empathy provides personalized guidance every step of the way. The enhanced support tier includes:

- Dedicated, hands-on assistance for beneficiaries at the time of a death claim. A personal Care Manager provides practical and emotional support, backed by 24/7 access to the expert Care Team for up to 24 months. This tier also allows up to five additional users to access the service.
- Each beneficiary receives a tailored roadmap based on their unique needs, helping them manage the many tasks they face during this difficult time. Experts in social work, funeral direction, and chaplaincy are available via phone (Monday-Friday, 9 AM-8 PM ET), chat, and email to help beneficiaries manage their tasks and coordinate their to-do lists.
- A smart comparison tool assists in selecting funeral homes, including obtaining up to three personalized price quotes.
- An obituary wizard, in conjunction with Empathy's team of experts, helps to craft meaningful obituaries ready for publication.
- An automated probate wizard provides personalized, state-specific probate instructions, and beneficiaries receive access to a probate specialist for expert guidance.
- Support is available for filing non-policy-related benefit claims (e.g., Social Security, Veterans Administration) to ensure timely payouts. The service also assists with deactivating accounts, freezing credit, and protecting the deceased's identity, including 24/7 support in the event of a breach.
- The Empathy app's Family Hub allows members to share information and assign tasks, while a 1GB Digital Vault provides a secure, encrypted space for storing important documents for up to two years.

Additional EAP Services Available Through NYL

Secure Travel

Provides emergency assistance to covered individuals traveling domestically and internationally. Services include:

- Emergency medical evacuation: Coordination and expenses for transport, services, and escorts to the nearest adequate facility by aircraft, train, or ambulance (not including initial ambulance transport).
- Return transportation: Increased return costs post-evacuation, matching original travel class, and escort costs for unaccompanied minors
- Immediate family member visit: Reimbursement for one family member or friend's visit expenses for a hospitalized covered person, including airfare and $150/day for 7 days.
- Repatriation of remains: Coordination and expenses for transporting remains, securing documentation, and returning the body to the covered person's residence after death.
- Pre-trip planning assistance/information: Inoculation, visa, cultural, weather, exchange rates information
- Information/assistance while traveling: Telephone interpretation, embassy and consular referrals, transmission of urgent messages, transportation arrangements, lost item resources, legal assistance, cash advances, emergency medical payment guarantee, security evacuations

Survivor Support

Compassionate assistance is available from a Survivor Support Specialist who can provide grief and bereavement resources and help the survivor understand Life and AD&D Coverage.

- Insight in the Life and ADD claims process
- Guidance in obtaining death certificates or locating forms
- Support in finding funeral homes and assistance in making assignments with them
- Support before, during or after the loss of a loved on
- Identifying grief and bereavement resources
- Referrals to appropriate programs and local community support
- Connection to a wide range of resources through the New York Life Foundation



Voluntary Benefits

MetLife (Critical illness, Accident & Hospital Indemnity) | metlife.com/mybenefits | 800.438.6388

Voluntary benefits insurance through MetLife offers a cost-efficient way for you to fill in any financial gaps that may come with an unexpected illness or injury. In the event of a covered condition, these plans provide you a lump-sum cash benefit, paid tax-free. There are no offsets or restrictions on how the benefit amounts paid to you can be used, which means you can use the cash to help cover the bills or added expenses that your medical plan may not cover, like copays, deductibles, living expenses, and any other costs as well. Consider your anticipated medical needs along with the cost of the insurance plans available to you. **Keep in mind, these plans are intended to supplement, not replace, a medical plan.**

Critical Illness Insurance

PLA partners with MetLife to offer critical illness insurance, which supplements major medical coverage by helping employees pay the direct and indirect costs associated with a critical illness or event. Some of the conditions covered under this program include cancer, heart attack, stroke, Alzheimer's, kidney failure and paralysis. Date of diagnosis must be while coverage is in effect. Benefits are paid tax-free in a lump sum ranging from $10,000 to $30,000 to be used at your discretion. You have the option of including your child(ren) and/or electing spouse coverage.

Max benefit — guaranteed issue amount	
Employee	Benefit amount options: $10,000, $20,000 or $30,000
Spouse	50% of the EE amount
Child(ren)	50% of the EE amount
Plan benefits	
Adv. Alzheimer's disease	100%
Adv. Parkinson's disease	100%
Benign brain tumor	100%
Cancer (invasive)	100%
Cancer (non-invasive)	25%
Cerebral palsy	100%
Coma	100%
Complete blindness	100%
Complete loss of hearing	100%
Coronary artery bypass	50%
Cystic fibrosis	100%
Kidney failure	100%
Heart attack	100%
Lou Gehrig's disease/ALS	100%
Major organ transplant	100%
Muscular dystrophy	100%
Skin cancer	5%
Stroke	100%
Plan conditions	
Additional occurrence/recurrence benefit	Benefits are subject to condition-specific benefit amounts, limitations and applicable separation periods. Refer to the MetLife certificate for complete provisions.
Benefit reduction	None
Health screening wellness benefit	$75/$75/$75

This is not the full list of plan benefits or limitations. Please refer to the benefit summaries and additional MetLife plan documents for more information.

This plan includes a $75 Health Screening Benefit paid once per year per covered person for eligible screenings, including eligible dental and vision exams. Refer to the MetLife plan documents for complete details.

Accident Insurance

The accident insurance through MetLife is designed to supplement major medical coverage by paying specific benefit amounts for treatments and services that occur due to non-work-related injuries or accidents. Accident coverage is especially useful for active individuals and parents of young children. Common treatments MetLife pays benefits for include hospitalization, physical therapy, intensive care, transportation and lodging. Coverage is available for you, your spouse and/or your child(ren).

Initial treatment services*	
ER/urgent care/PCP	$250/$250/$250
Hospitalization	$1,500 + $200/day
ICU	$1,500 + $400/day
Ambulance (ground)	$400
Coma	$10,000
Medical testing	$50
Eye injury	$400
Lacerations	Up to $700
Ruptured disc	$1,500
Tendon/ligament repair One tendon/ligament Two or more tendons/ligaments	 $1,000 $1,500
Transportation (per trip)	$200
Health screening wellness benefit	$75/$75/$75
Broken tooth	
Crown	$300
Extraction	$100
Filling	$50

This plan includes a $75 Health Screening Benefit paid once per year per covered person for eligible screenings. Refer to the MetLife accident plan documents for the complete list of eligible screenings.

Weekly Employee Contributions

Coverage tiers	Premium rate
Employee	$1.40
Employee + spouse	$2.79
Employee + child(ren)	$3.33
Family	$3.95

*This is not the full list of plan benefits or limitations. Please refer to the benefit summaries and additional MetLife plan documents for more information.

Hospital Indemnity Insurance

Hospital indemnity insurance through MetLife is designed to help provide financial protection for covered individuals by paying a benefit for hospitalization due to covered illnesses, injuries, procedures, and pregnancy. You have the option to choose between two plans. You can use the benefit to meet the out-of-pocket expenses and extra bills that can occur. Indemnity lump-sum benefits are paid directly to you based on the amount of coverage listed, regardless of the actual cost of treatment. Hospitalization must occur while coverage is in effect. If you are pregnant during Open Enrollment and choose to enroll in the hospital indemnity plan, a covered hospital admission occurring on or after your coverage effective date may be eligible for benefits, subject to the terms, conditions, limitations and exclusions of the policy.

Benefit summary	Low Plan	High Plan
Hospital admission benefit	$500 per admission Maximum: 4 admissions per covered person, per calendar year	$1,000 per admission Maximum: 4 admissions per covered person, per calendar year
Hospital confinement benefit	$100 per day Maximum days per calendar year: 30	$200 per day Maximum days per calendar year: 30
Hospital confinement ICU benefit	$200 per day Maximum days per calendar year: 10	$300 per day Maximum days per year: 10
Hospital ICU admission benefit	$500 per admission 4 admissions per covered person, per calendar year	$1,000 per admission 4 admissions per covered person, per calendar year
Wellness EE/SP/CH	$75/$75/$75	$75/$75/$75

Confinement benefit is not payable for a day for which the admission benefit is payable.

AGE REDUCTION: Hospital indemnity benefits are reduced by 25% at ages 65-69 and by 50% at age 70 and older. The Wellness Benefit is not subject to these age reductions.

Weekly Employee Contributions

Coverage tiers	Low Plan	High Plan
Employee	$1.56	$2.37
Employee + spouse	$3.92	$6.32
Employee + child(ren)	$3.09	$4.68
Family	$5.44	$8.62

*This is not the full list of plan benefits or limitations. Please refer to the benefit summaries and additional MetLife plan documents for more information and premiums.



MetLife Legal and Tax Services

MetLife Legal

ENHANCED BENEFIT

MetLife Legal | members.legalplans.com | 800.821.6400

Legal services plans, offered through MetLife, allow you access to attorneys and identity theft services for a small premium. Quality legal assistance can be pricey. And it can be hard to know where to turn to find an attorney you trust. By enrolling in MetLife's legal and identity theft, you can have a team of top attorneys ready to help you take care of life's planned and unplanned legal events.

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

To learn more or to enroll, visit members.legalplans.com. There is also additional details on the plan in ADP: workforcenow.adp.com or the Benefit Portal: lockton-people-solutions.salesreach.io/employee-resource-site-for-pla-buyer.

- Protect yourself from unexpected legal costs with coverage for common legal matters.
- Access experienced attorneys to help with estate planning, home sales, tax audits and more.

Weekly Employee Contribution

Legal services MetLife Legal
$4.33

How It Works

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

Find an attorney

Create an account at members.legalplans.com to see your coverages and select an attorney for your legal matter, or call 800.821.6400 for assistance.

Make an appointment

Call the attorney you select and schedule a time to meet or talk.

That's it!

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

Tax preparation and filing through Turbo Tax

To strengthen your financial wellness, MetLife's Legal Team has partnered with TurboTax to offer tax preparation and filing services at no additional cost to you.

As a MetLife Legal Plans member, here are two ways you can save using TurboTax:

1. File your own taxes
   - Prepare and file your federal and state taxes using TurboTax at no additional cost.
   - Ideal for a wide range of tax filers — from those with simple tax returns to those with more complex returns, such as self-employed filers, independent contractors, freelancers, investors, landlords, and small business owners.
2. Get expert support
   - File confidently, with expert help if you need it. Work with a dedicated TurboTax expert to prepare and file your taxes at a substantial discount.

To get started:

- Log in or create your legal plans account at members.legalplans.com
- Go to "Debt Matters"
- Select "Tax Preparation & Filing" and begin

TurboTax Live and extra add-on services are available for an additional fee.

Aura Identity and Fraud Protection

Aura | my.aura.com/start | 844.931.2872

Employees need protection from cyber crime now more than ever.

In today's increasingly connected world, technology brings new opportunities and added convenience but also comes with significant risk.

Just as technology is continuously getting smarter, cybercriminals are getting smarter too. Unfortunately, it's easier than ever for fraudsters to get their hands on our personal information. Cybercriminals can target individuals with phishing scams, take over online accounts, or even simply buy personal data on the dark web after a data breach for just a few bucks.

Security Made Simple

The MetLife and Aura partnership combines the strength of a trusted benefits leader with the innovation of a modern digital security platform — resulting in a simple, seamless experience for employers and employees alike.

- Identity & Financial Protection
- Scam & Cybercrime Prevention
- Holistic Family Safety & Wellbeing

Weekly Employee Contribution

Individual Identity & Fraud Protection	$2.53
Family Identity & Fraud Protection with Life360	$4.14



Scan or click the QR code for a video overview.

Life360 is only available for those that elect the Family bundle.

Account setup

1. Create your user ID and password by going to my.aura.com/start.
2. Activate and utilize additional features, view alerts, set your contact preferences, add members to a family plan and more.
3. Download the Aura app for convenient access to your features from anywhere.

Aura Plus Life360

Through Aura's exclusive partnership with Life360, families stay protected and connected across generations, devices, and locations. Life360 access is available with the Family plan. Enrolled employees will receive an employee-specific invitation link to activate their Life360 access.

Comprehensive Protection for Your Family

Aura and Life360 complement each other by protecting what matters most. Aura helps defend against identity theft and financial fraud, while Life360 helps keep family members safe and connected through location sharing and emergency support. Together, they provide an extra layer of security for both your personal information and your family's wellbeing.

From kids and teen drivers to aging parents and everyone in between, employees want to help keep their loved ones safe. Aura and Life360's leading digital solutions help keep families protected and connected — both online and offline. With peace of mind knowing their loved ones are safe, your employees can stay focused and engaged at work.

	Aura		METLIFE LEGAL PLANS
Real Estate & Loans	Aura detected a new loan inquiry on your credit file.	→	If enrolled in MetLife Legal Plans, you have access to legal services to help with your lenders and loans. Log in for details.
Digital Estate Planning	Add the completed documents to your Aura Vault for secure storage and family sharing.	←	Congrats on completing your Digital Estate Plan. Safeguard these documents with the Aura Vault.
Money Matters	Aura detected a new bankruptcy or delinquency event on your credit file.	→	If enrolled in MetLife Legal Plans, you have access to legal services to help with financial and credit matters. Log in for details.

Better Together

Aura helps you detect potential identity, credit, and financial concerns before they become bigger problems. When legal assistance is needed, the MetLife Legal Plan connects you with experienced attorneys who can help you take action. By enrolling in both benefits, you'll have access to tools that help protect your family as well as professional support when unexpected issues arise.

Please note: If you are enrolled in Aura through the MetLife Legal Plan, there will be no changes; however,you cannot access Life360 through the MetLife Legal Plan alone.

Medicare 101: What You Need to Know

Medicare is the federal health insurance program for people age 65 and older, and certain younger individuals with disabilities. Whether you're approaching retirement or supporting a loved one, here's a quick guide to understanding the basics.

What Is Medicare?

Medicare is made up of four parts, each covering different healthcare services:

Part	Coverage	Key details
Part A	Hospital Insurance	Covers inpatient hospital stays, skilled nursing facility care, hospice, and some home health care
Part B	Medical Insurance	Covers doctor visits, outpatient care, preventive services, and some medical equipment
Part C	Medicare Advantage	Alternative to Original Medicare offered by private insurers; may include extra benefits like dental or vision
Part D	Prescription Drug Coverage	Helps pay for medications; plans vary by provider

Who's Eligible?

- People aged 65 or older
- People under 65 with certain disabilities
- Individuals with end-stage renal disease or ALS

When Can You Enroll?

- Initial Enrollment Period (IEP): Begins three months before your 65th birthday, includes your birthday month, and ends three months after
- Open Enrollment: October 15-December 7 each year (for Medicare Advantage or Part D changes)

Additional Considerations: Late Penalties

Medicare enrollment rules and potential late enrollment penalties vary by Medicare coverage type. If you have coverage through your or your spouse's current employment, you may qualify for a Special Enrollment Period for Medicare Part B. For Part D, maintaining creditable prescription drug coverage can help you avoid a late enrollment penalty. Review your individual circumstances before delaying Medicare enrollment.

- They are added to your monthly premium (not a one-time fee!)
- Are typically charged for as long as you keep the coverage (it's a lifetime penalty for most people)

Part A

Late enrollment penalty
If you have to buy Part A and do not enroll when you're first eligible, your monthly premium may increase by 10%. Generally, the higher premium applies for twice the number of years you could have had Part A but did not enroll.

Part B

Late enrollment penalty
You may pay an additional 10% for each full 12-month period you could have had Part B but did not enroll. Generally, the penalty does not apply if you qualify for a Special Enrollment Period.

Part D

Late enrollment penalty
You may owe a Part D late enrollment penalty if you go 63 or more days in a row after your Initial Enrollment Period without Medicare drug coverage or other creditable prescription drug coverage.

Common Questions

- Can I keep my employer coverage? Sometimes! Talk with HR, a benefits advisor, or schedule time with SmartConnect to see how Medicare interacts with your current plan.
- Do I need all four parts? Not always. Your needs and budget determine what's right for you.

Helpful Resources

- Visit medicare.gov for official info.
- Call 800.MEDICARE (800.633.4227) for assistance.

Source: medicare.gov/basics/costs/medicare-costs

SmartConnect — Medicare Advocacy

NEW PROGRAM

SmartConnect | smartmatch.com/connect/plabuyer/ | 833.919.4287

PLA has partnered with SmartConnect to provide you (and your family members) an exclusive FREE service to help explore available options to maximize your healthcare benefits and potentially save you money. This new benefit offers those who are Medicare-eligible (whether you plan on retiring soon or want to continue working) resources to help you make the right coverage decisions for you and your family.

SmartConnect has access to PLA's benefit plans and plan documents, allowing their licensed advisors to compare your current coverage with available Medicare options. Rather than navigating Medicare on your own, you can receive personalized guidance based on your actual PLA benefits, helping you understand how coverage, costs, and enrollment decisions may impact your healthcare needs and budget.

Assist more than just your household

SmartConnect can extend beyond your immediate household, helping you stay connected to and support the people who matter most, including aging parents, grandparents, close friends, neighbors, and other loved ones.

Here's how SmartConnect helps

- Compare your current healthcare coverage to a variety of Medicare plans to uncover potential savings through SmartConnect's free, 1:1, no commitment phone call.
- Answer all of your questions to make sure you fully understand your health insurance options.
- If you find a Medicare plan you like, your licensed insurance agent will help you enroll.

Schedule your FREE consultation by calling 833.919.4287 or using SmartConnect's Calendly at smartconnectplan.com/welcome today.



Pet Insurance With ASPCA

ASPCA | aspcapetinsurance.com/dig/?prioritycode=EB24PLA | 877.343.5314

PLA will continue offering pet health insurance as a voluntary benefit through ASPCA. By visiting aspcapetinsurance.com/dig/?prioritycode=eb24pla, you can begin to worry less about the cost and focus more on care for your pets.

When your pet has an accident or illness, their veterinary care may cost more than you expect. Pet insurance is designed to give you peace of mind when choosing the right course of treatment by lessening the financial burden.

How ASPCA's Coverage Works:

1. Visit any vet: ASPCA does not use a network, so you're free to visit any licensed vet, specialist, or emergency clinic in the U.S. or Canada.
2. Submit a claim: You can easily submit a claim online.
3. Get reimbursed: Receive reimbursements for your vet bill by direct deposit or mail.

What's Covered:

1. Accidents
2. Behavioral issues
3. Dental disease
4. Illnesses

Please note: This election is not through PLA's ADP website. Members will need to enroll and pay for services directly by logging in to ASPCA's website. Employees can enroll in pet insurance at any time during the year and do not need to wait for Open Enrollment.



Total Absence Management (TAM)

Employees needing a leave of absence for three or more days can process their leaves in ADP!

TAM allows employees to see how/if they're covered for a specific leave request, stay updated on their leave status, submit documents to support their leave, and more!

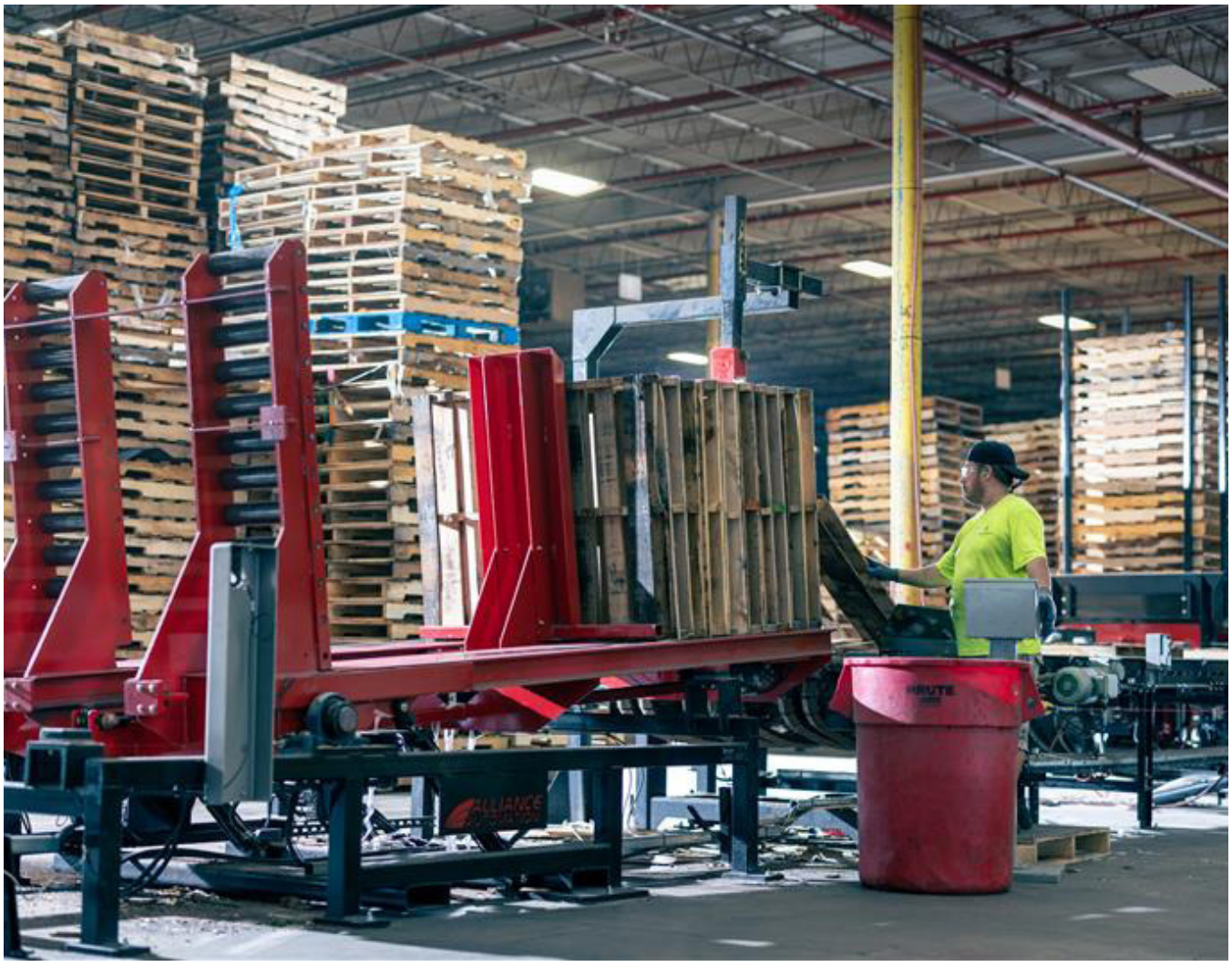
Leave of absence requests can be submitted directly through our leave administration system TAM. Employees can do this in the following ways:

Toll-Free Number

- Call (844) 877-1875 to speak with a representative who can assist with leave requests. Translation services are available.

ADP Access

- Employees can use the ADP Mobile App, myADP: click "Time-off" and then select "Leave Request."



Contacts

Medical and Prescription Drug Plan

Blue Cross and Blue Shield of Texas

Member services: 800.521.2227
General website: bcbstx.com
Specialty medications: 833.721.1619
Specialty medications website: accredo.com
Mail order pharmacy: 833.715.0942
Mail order pharmacy website:
express-scripts.com/rx or myprime.com

HSA

HSA Bank

Customer service: 800.357.6246
Website: hsabank.com

Dental

MetLife

Customer service: 800.438.6388
Website: metlife.com/mybenefits
Customer number: 0224324
Company name: PLA Buyer, LLC

Vision

Superior Vision by MetLife

Customer service: 833.393.5433
Website: metlife.com/mybenefits
Customer number: 0224324
Company name: PLA Buyer, LLC

Medicare Advocacy

SmartConnect

Consultation phone number: 833.919.4287
Consultation scheduling link: smartconnectplan.com/welcome

Connection site: smartmatch.com/connect/plabuyer/

Basic Life/AD&D, Voluntary Life/AD&D, Voluntary Short-Term Disability and Employee Assistance Program (EAP)

New York Life

Customer service: 888.842.4462
Website: mynylgbs.com

EAP customer service: 800.344.9752
Website: guidanceresources.com
Web ID: NYLGBS

Critical Illness, Accident and Hospital Indemnity

MetLife

Customer service: 800.438.6388
Website: metlife.com/mybenefits
Customer number: 0224324
Company name: PLA Buyer, LLC

Legal and Tax Services

MetLife

Customer service: 800.821.6400
Website: members.legalplans.com
Customer number: 0224324
Company name: PLA Buyer, LLC

Identity and Fraud Protection

Aura

Customer service: 844.931.2872
Website: my.aura.com/start

Pet Insurance

ASPCA Pet Health Insurance

Website: aspcapetinsurance.com/dig/?prioritycode=EB24PLA
Members services: 877.343.5314
Priority code: EB24PLA

Benefits Glossary

PREMIUM: The amount you pay for your benefit coverage, usually through payroll deductions each pay period.

DEDUCTIBLE: The amount you must pay out of pocket for covered healthcare services before the health plan begins paying benefits.

COPAY (COPAYMENT): A fixed dollar amount you pay for certain services, such as a doctor's visit or prescription, at the time you receive care.

COINSURANCE: Your share of the cost of a covered service after you have met your deductible. For example, if the plan pays 80%, your coinsurance responsibility is 20%.

ANNUAL OUT-OF-POCKET MAXIMUM: The most you will pay during a plan year for covered in-network medical and prescription expenses. Once you reach this limit, the plan pays 100% of eligible covered expenses for the remainder of the year.

IN-NETWORK PROVIDER: A doctor, hospital, pharmacy, or healthcare provider that has contracted with the insurance carrier to provide services at negotiated rates.

OUT-OF-NETWORK PROVIDER: A provider that does not have a contract with the insurance carrier. Using out-of-network providers may result in higher costs and lower plan payments.

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP): A medical plan with a higher deductible and lower premiums that generally qualifies participants to contribute to a health savings account (HSA). Generally, you must meet your deductible before the plan begins paying for covered services; however, eligible preventive care may be covered before the deductible is met.

HEALTH SAVINGS ACCOUNT (HSA): A tax-advantaged account that eligible individuals enrolled in an HDHP can use to save and pay for qualified healthcare expenses.

PREVENTIVE CARE: Routine healthcare services, such as annual physicals, wellness screenings, and certain immunizations, that are often covered at 100% when received in-network.

EXPLANATION OF BENEFITS (EOB): A statement from your insurance carrier showing how a claim was processed, what the provider charged, what the plan paid, and what amount you may owe.

VOLUNTARY LIFE INSURANCE: Optional life insurance coverage you can purchase for yourself through payroll deductions.

GUARANTEED ISSUE (GI): The amount of life insurance coverage you may elect without completing health questions or providing Evidence of Insurability (EOI), provided you enroll during an eligible enrollment period.

EVIDENCE OF INSURABILITY (EOI): Health information requested by the insurance carrier to determine whether additional life insurance coverage can be approved.

BENEFICIARY: The person(s) you designate to receive your life insurance benefit in the event of your death.

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D): Insurance that provides a benefit if a covered person dies or experiences certain severe injuries as the result of a covered accident.

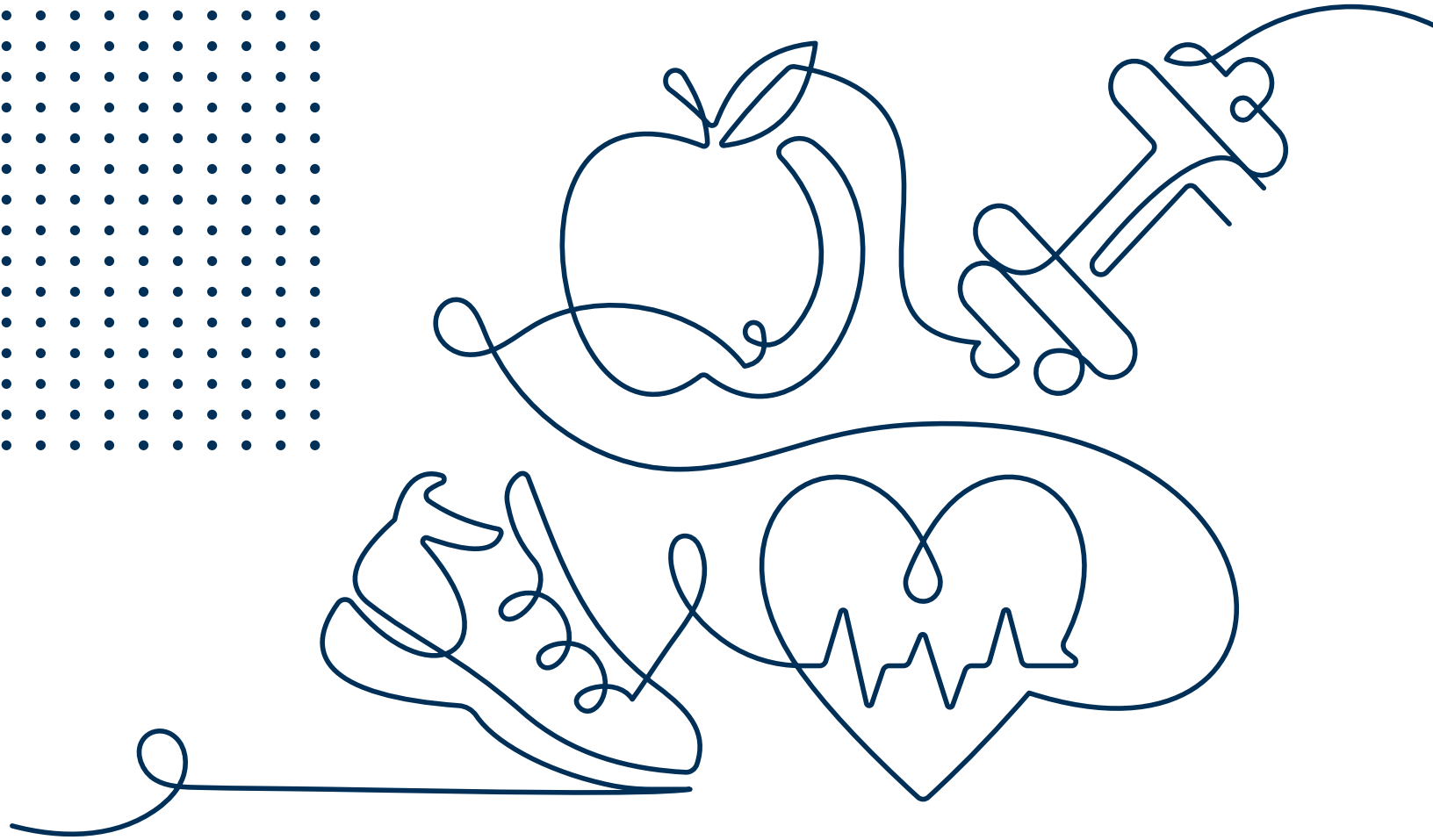
SPOUSE VOLUNTARY LIFE INSURANCE: Optional life insurance coverage available for an eligible spouse.

LIFE STATUS CHANGE (QUALIFIED LIFE EVENT): A qualifying event, such as marriage, divorce, birth, adoption, or loss of other coverage, that may allow you to make benefit changes outside of annual enrollment.

ANNUAL ENROLLMENT: The annual period during which eligible employees can enroll in, change, or waive benefit coverage for the upcoming plan year.

MAXIMUM BENEFIT: The highest amount of coverage available under a plan.

PORTABILITY: A feature that may allow you to continue certain insurance coverage after employment ends, subject to carrier rules and deadlines.



All Open Enrollment Changes Must Be Made by November 15!

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

New Hire Enrollment

As a new hire, you have 30 days from your date of hire to complete your benefit elections in ADP. Your benefits become effective the first of the month following 60 days of employment. This Benefits Guide is designed to help you understand your coverage options, compare plans, and make informed decisions for yourself and your family. Be sure to review the guide carefully and submit your elections within your enrollment window. If you do not enroll within 30 days, you may need to wait until the next Annual Open Enrollment period unless you experience a qualifying life event.

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