



HEALTH & WELLNESS



FINANCIAL FITNESS



WORK & FAMILY



2024 EMPLOYEE BENEFIT GUIDE



Before Enrolling

Collect Important Information

Prior to enrolling, you will need to collect all dependent and beneficiary information required for enrollment. Be sure to gather date of birth and social security number information for any dependents you want to cover. Certain benefit plans may require a beneficiary (i.e., life insurance), so be sure to have name, contact information, date of birth and social security number ready when you enroll.

Accessing Your Enrollment

You will receive an email with instructions on how to access your enrollment online. Be sure to access your enrollment as soon as it is available so you can have time to review all benefit options and make your elections.

Benefit deductions

- If you are paid weekly, you will have 48 deductions for most benefits
- If you are paid bi-weekly or semi-monthly you will have 24 deductions for most benefits
- In the months that there are 5 pay periods in the month (or 3 if biweekly), the last pay period will not have benefit deductions taken
- Flexible spending and Health Savings deductions will be deducted every pay period

Save Money with Pre-Tax Programs

Flexible Spending Accounts (FSAs) - Decide how much you want to contribute, get reimbursed for eligible expenses, and save money by eliminating federal taxes on your contribution amount.

Two different FSA account types are available: Health Care – for eligible medical expenses and Dependent Care- for eligible, non-health care related dependent care expenses.

Commuter Benefits – if you commute to work, you can take advantage of pre-tax savings by contributing up to a certain amount to pay for eligible parking and transit expenses.

Health Savings Account (HSA) - pair a High Deductible Health Care Plan (HDHP) with an HSA and save on eligible medical expenses.

Note: During Annual Enrollment, current participants must complete their online enrollment and enter their contribution amounts for the new plan year to continue taking part in tax savings programs.

IRS regulations govern Pre-tax programs. Learn more in the benefits enrollment application and at irs.gov.



Enroll Online

From a computer, tablet, or smartphone:

Navigate to EngagePEO.com and click the [Employee Portal](#) link (top right).

If you have previously registered on Engage PEO:

- Enter your Username and Password.
 - [Forgot your Username or Password? Use the **Forgot** links to get access to your portal.](#)
- Click on **Benefits** on the portal dashboard and select **Benefits Enrollment**.

Note: New employees must complete their employee on-boarding before Benefits Enrollment becomes available. An alert message will appear if your enrollment window is not open. Please contact your HR department for more information.

The benefits enrollment application will open in a new window. Please turn off pop-up blockers. You will not be able to navigate to other secure links on our site unless pop-ups are allowed.

Follow the online instructions to make your benefit elections.

When you have completed all your elections, **be sure to click the Complete Enrollment button**, then click the printer icon (top right) to save or print your benefit confirmation statement before you close the application window.

Important Information

This brochure highlights the main features of the employee benefits program. It does not include all plan rules, details, limitations, and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. The Company reserves the right to change or discontinue its employee benefits plans at any time.

Links to Benefits Summaries are available when reviewing plan options online.



CHANGING YOUR BENEFIT ELECTIONS

During the year, you cannot make changes to your medical, dental or vision coverage or to your Health Care or Dependent Care Flexible Spending Account unless you have a Qualified Life Event. If you do not contact your Engage Benefits Specialist within **30 days** of the Qualified Life Event, you will have to wait until the next annual Open Enrollment period to make changes (unless you experience another Qualified Life Event).

- * Qualifying events have specific reporting requirements; most must be reported within **30 days; if any premiums have been missed back to coverage effective date, those will be collected**
- * If you miss the required reporting period, you need to wait for open enrollment (or a second QLE) to make benefit changes
- * Documented proof of your event is required
- * Dependent verification document such as a birth certificate, marriage certificate, domestic partner affidavit, etc. are required
- * In addition to the information provided here, other provisions and restrictions may apply
- * Changes in coverage will take effect the first of the month following the date of the qualifying event.

If you have a Qualifying Life Event and wish to update your benefits, contact Engage at 888-780-8807.

Qualifying Life Event	Changes you can make by coverage type			
	Required Documents	Medical, Dental and	Life Insurance	Flexible Spending Accounts
MARRIAGE DOMESTIC PARTNERSHIP	<p>To Add: Marriage Certificate; a signed Declaration of Domestic Partner Benefits form.</p> <p>To Drop: Notification from employer, on employer's letterhead or via electronically, or an email from the employer with HR signature block identifying the coverage Effective Date and the person(s) covered by the policy; or a copy of the new Health Insurance ID card(s) for each covered person, with coverage Effective Date; or a self- service enrollment confirmation that states the employer name, effective date and person(s) covered.</p>	<p>Change Plans: You can add a spouse and dependents If you become eligible for your spouse's or domestic partner's plan, you can drop your coverage and drop dependents</p>	<p>Enroll yourself Add or drop dependents Waive coverage</p>	<p>Enroll in or stop participation in the Engage FSA plan</p>
DIVORCE ANNULMENT LEGAL SEPERATION	<p>To Add: In the event employee's children lose coverage under ex- spouse's plan, provide proof of loss of eligibility due to divorce along with the birth certificate.</p>	<p>Change Plans: You can drop a spouse and dependents lost</p>	<p>Enroll yourself Add or drop dependents Waive coverage</p>	<p>Enroll in or stop participation in the Engage FSA plan</p>
GAIN DEPENDENT DUE TO BIRTH, ADOPTION, PLACEMENT FOR ADOPTION, FOSTER CARE	<p>Natural Child: A legible photocopy of the child's birth certificate showing the name of the Employee/Retiree as a parent; or a copy of the footprint certificate from the hospital indicating the hospital name, baby and parents' first and last names, and signed by the attending physician or a hospital representative; or verification of the birth document from the hospital indicating the first and last names of the baby and parent(s). At least one parent must be an Employee eligible to participate. Stepchild: A legible photocopy of the child's birth certificate showing the name of the Employee Spouse as a parent and a legible copy of the marriage certificate showing the names of the Employee and the Spouse or a photocopy of the top half of the front page of the Employee most recent federal tax return (Form 1040). Legal Guardian, Adoption, or Foster Child(ren): Legible photocopies of court orders, guardianship documents, or affidavits of dependency, with the presiding judge's signature and filed status; or legible adoption or legal placement decrees with the presiding judge's signature. Judgements, Decrees, or Orders (NMSN) qualifying event for more information regarding acceptable custody and dependency documentation.</p>	<p>Change Plans: Enroll yourself if you were previously enrolled in other health coverage Add dependents to your existing health coverage</p>	<p>Enroll yourself Add or drop dependents Waive coverage</p>	<p>Enroll yourself or stop participation in the Engage FSA plan</p>

DEATH	If you were covered on your deceased spouse's plan, notification from employer, on employer's letterhead or via electronically, identifying the coverage termination date and the person(s) covered by the policy; COBRA Notice (loss of COBRA due to non-payment is NOT considered a QLE); or letter or certificate of creditable coverage from the insurance company showing the termination date, type of coverage, date of termination and person(s) covered. To drop a deceased spouse or dependent, we will need the death certificate.	Drop affected dependent	Enroll yourself Add or drop dependents Waive coverage	Enroll or stop participation in the Engage FSA plan
GAIN OF COVERAGE DUE TO STARTING EMPLOYMENT BY SPOUSE OR DEPENDENT OPEN ENROLLMENT UNDER OTHER EMPLOYER PLAN	Notification from employer, on employer's letterhead or via electronically, or an email from the employer with HR signature block identifying the coverage Effective Date and the person(s) covered by the policy; or a self-serve enrollment confirmation that states the employer's name, Effective Date, and person(s) covered.	Enroll yourself Add or drop dependents Waive coverage	Enroll yourself Add or drop dependents Waive coverage	Enroll in or stop participation in the Engage FSA plan
REHIRE CHANGE FROM PART TO FULLTIME		If rehired or returning from a leave of fewer than 30 days, prior coverages are reinstated unless another event has occurred that would permit a change (applies to all coverage types)		
LOSS OF COVERAGE RELOCATION – if plan offerings change or no plan is available TERMINATION CHANGE FROM FULL-TIME TO PART- TIME START OF FMLA	Notification from employer, on employer's letterhead or via electronically, identifying the coverage termination date and the person(s) covered by the policy; COBRA Notice (loss of COBRA due to non-payment is NOT considered a QLE); or letter or certificate of creditable coverage from the insurance company showing the termination date, type of coverage, date of termination and person(s) covered.	The relocation allows you to change coverage or waive coverage IF plan offerings change or there are no plans available. For all others, you can drop coverage. If your employer is subject to ACA and you move from full to part- time status, you may be able to keep your coverage until the end of the year.	No changes permitted for relocation For all others, you can drop coverage	No changes permitted for relocation For all others, you can drop coverage
FAMILY & MEDICAL LEAVE ACT (FMLA) When you return from FMLA leave		You can make a new election if your previous coverage terminated under FMLA (applies to all coverage types)		
ORDER REQUIRING COVERAGE FOR A DEPENDENT CHILD	Court document signed by the judge.	Add coverage as outlined in the order; add affected dependent to coverages listed in the order.	No changes permitted	You can add or increase coverage
ORDER TERMINATING COVERAGE FOR A DEPENDENT CHILD, DUE TO A NEW ORDER RELEASING THE EMPLOYEE – SIGNED BY A JUDGE	Court document signed by the judge.	You can term coverage as outlined in the order.	No changes permitted	You can add or increase coverage

EMPLOYEE, SPOUSE, OR DEPENDENT BECOMES ENTITLED TO MEDICARE OR MEDICAID	Copy of Medicare or Medicaid card (showing Effective Date) or Initial eligibility letter from the Medicare or Medicaid Office or Medicare or Medicaid Eligibility letter showing Effective Date.	Drop affected dependent	No changes permitted	No changes permitted
EMPLOYEE, SPOUSE, OR DEPENDENT LOSES COVERAGE TO MEDICARE OR MEDICAID	Termination letter from letter from the Medicaid Office or Medicare or Medicaid Eligibility letter showing Effective Date.	You can drop coverage for yourself, spouse or dependent for the plan(s) where coverage was lost. only based on the change	No changes permitted	You can increase or decrease coverage
EMPLOYEE STARTS MILITARY LEAVE (UNPAID)	Enlistment papers/orders showing date Employee, Spouse, or Dependent was called to duty and a letter from TRICARE showing when the member gained coverage through TRICARE.	You can add coverage for yourself, spouse or a dependent for the medical plan only based on the change (an example would be your spouse losing entitlement to Medicaid permits you to add your spouse to your coverage) No changes to dental and vision	No changes permitted	You can increase or decrease coverage
EMPLOYEE RETURNS FROM MILITARY LEAVE (UNPAID)	Employees electing this option MUST present supporting documentation of the military coverage end date and coverage will be reinstated the first day of the month following the date of the loss of coverage through TRICARE.	Reinstate prior elections unless another event has occurred that allows a change. Reinstate at prior Coverage Level (and make up unpaid premiums) or at a level reduced pro rata for the missed contributions.	No changes permitted	Reinstate prior elections unless another event has occurred that allows a change.

This is not a complete list of IRS qualified life events. For more information, please search [irs.gov](https://www.irs.gov) or contact the Engage PEO benefits team .



Medical insurance is essential to your well-being, and our medical coverage provides you and your family the protection you need for everyday health issues or when the unexpected happens.

How a Health Plan Works

Preventive care – like physical exams, flu shots and screenings – is always covered 100% when you use in-network providers. The key difference between the plans is the amount of money you'll pay each pay period and when you need care. The plans have different:

- **Annual deductible amounts** – the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay.
- **Out-of-pocket maximums** – the most you will pay each year for eligible network services including prescriptions. After you reach your out-of-pocket maximum, the plan picks up the full cost of covered medical care for the remainder of the year.
- **Copays** – A copay is a fixed amount you pay for a health care service. Copays do not count toward your deductible but do count toward your annual out-of-pocket maximum.
- **Coinsurance** – Once you've met your deductible, you and the plan share the cost of care, called coinsurance. For example, you pay 20% for services and the plan will pay 80% of the cost until you have reached your out-of-pocket maximum.

Disclaimer: Not all plan types are available in all markets. The Engage Benefits Enrollment Portal will show specific plans and plan types available to you based on your home zip code.

HNO, EPO, HMO

In-Network Only

HNO/EPO

- No PCP selection required
- No referrals required
- Copay for Office Visits
- Provider files claim forms
- Provider initiates pre-authorization
- **No out of network coverage except for Emergency**

HMO

- PCP required for CA HMO
- Referrals required CA HMO
- Copay for Office Visits
- Provider files claim forms
- Provider initiates pre-authorization
- **No out of network coverage except for Emergency**

HDHP

In & Out of Network Care*

In-Network

- Member Self Refers
- Coinsurance or copays for office visits, after deductible
- Deductible applies to RX; Deductible waived for Preventative drugs

Out-of-Network (OON) Does not apply to EPO plans

- Higher OON deductible and coinsurance apply
- Member files claim forms
- Member initiates precertification
- Member subject to balance billing

*Out of Network coverage is not available for EPO plans

OAMC, PPO

In & Out of Network Care

In-Network

- Member Self Refers
- Copay for office visits
- Deductible and coinsurance (if applicable)
- Provider files claim forms, no balance bill
- Provider initiates pre-authorization

Out-of-Network (OON)

- Higher OON deductible and coinsurance apply
- Member files claim forms
- Member initiates precertification
- Member subject to balance billing

ACO/JV (TX & AZ)

Level 1-Designated providers/in network

Level 2-Non-Designated ACO/JV providers are out of network

- These plans can only be offered where the member resides in the ACO/JV service area. Members residing outside of the service area will have the option of selecting Aetna's national network and alternate local plan options
- Emergency services are covered at Level I benefits regardless of the provider
- PCP selection is required for CA HMO ACO's and TX HMO Seton ACO and recommended for all other plans so members can receive the highest level of coordinated care
- Referrals are needed to access specialty care for CA HMO ACO's and TX HMO Seton ACO

Aetna Flexible Five Plan®

Get 5 health care services with no cost share

Now you can stay healthy with no cost share. Your new Aetna Flexible Five Plan® pays 100% of your first five eligible health care services from the list below before you've met your deductible. How great is that?

Here's what's covered

Primary care (both office and telehealth visits)	Urgent care and walk-in-clinic visits	Behavioral health care (both office and telehealth visits)	Short-term physical, occupational and speech therapy	Diagnostic lab work and non-hospital X-rays

So many advantages

- Simple day-one access to eligible care without a large deductible to meet first
- No cost share for preventive care (and it doesn't even count toward Aetna Flexible Five Plan services)
- No out-of-pocket costs for in-network, non-preventive care (until after your first five visits)
- Peace of mind and no guesswork about the cost of care for eligible services

This plan is not offered by itsoli.

Use CVS Health Virtual Primary™ Care for the following:



On-demand care Available to adults and children over 18 months <ul style="list-style-type: none"> • Coughs, colds, flu and strep • Joint, head and stomach pain • Infections (ear, sinus, skin, urinary tract) • Medication refills 	Mental health services Available to adults ages 18 and up <ul style="list-style-type: none"> • Anxiety and mood disorders • Depression screening • Medication management • Support with stress, life adjustments and conflict resolution • Sleep and related health behaviors 	Primary care services Available to adults ages 18 and up <ul style="list-style-type: none"> • Chronic illnesses (asthma, diabetes) • Sick care • Wellness and annual health assessment • Follow-ups from in-person visits • Medication adjustments and refills
---	--	---

Some visits cost as low as \$0

Scan the QR code or go to [CVS.com/virtual-care](https://www.cvs.com/virtual-care) to register and schedule an appointment.



Your flu shot is covered

Your no-cost flu shot helps protect you and those you love.

Getting your flu shot early is one of the best ways to build your immunity. The vaccine is safe and effective, and helps protect you and those around you. You can even get your flu shot and COVID-19 vaccine at the same time.

Who needs a flu shot?

The Centers for Disease Control and Prevention (CDC) recommends everyone six months and older should get a flu shot every season with rare exceptions.¹

Getting vaccinated is especially important for high-risk individuals:

- Pregnant people
- Children under the age of five
- School-aged children
- Older adults
- Professionals in settings with high infection rates
- Anyone with a health condition
- Anyone with a weakened immune system

3 ways to make an appointment:



Walk in or schedule your vaccine appointment at a nearby CVS Pharmacy®. [CVS.co/ScheduleFluShot](https://www.cvs.com/ScheduleFluShot)



Walk in or schedule a flu shot at a retail clinic, like [MinuteClinic®](#).



Log in to your member website at [Aetna.com](https://www.aetna.com) to find a local network pharmacy or doctor.

Aetna Enhanced Maternity Program™

Get the information and special support you need

Visit the Maternity Support Center

This no-extra-cost resource is available through your member website and offers information about the maternity journey. Whether you're planning for baby, already pregnant or post-delivery, it's personalized for you and where you can find:

Pre-pregnancy checklists	Coverage details, like ultrasound costs	Breastfeeding and postpartum support	Baby-care tips



Ready to get started? Text **BABY** to **66902** today.

*

DocFind® Provider Directory

Lookup service providers and facilities

Using a computer

Go to aetna.com

- Already a member? Click **login**, sign into your account, and look for the **Find Care** link
- Not a member? Click on **Find a doctor** at the top of the page then **Plan from an employer**. Enter your zip code under the **Continue as a guest** panel then click **Search**

Using a tablet or smartphone

From a browser, go to **Aetna.com**

Click on **Menu** then **Find a Doctor**

- Already a member? Click on **Find providers**
- Not a member? Click on **Plan from an employer** then **Continue as a guest**

TELADOC®

- **24/7 access to board-certified medical doctors by phone, mobile and video**
- Diagnoses and treats common health issues, and prescribes prescriptions
- Prevents unnecessary emergency room and urgent care visits allowing for more cost-effective modes of care

Teladoc Offerings

- General Medical \$56 or less/visit
- Behavioral Health – varies by type of provider
- Dermatology \$85 or less/consult

Aetna members can contact a participating Teladoc doctor by calling 1-855-Teladoc (835-2362) or visiting www.Teladoc.com/Aetna



Aetna and MinuteClinic, the walk-in medical clinic inside select CVS and Target locations, joined forces to bring neighborhood wellness services to Aetna

Wellness services and Monitoring services

- Flu shots
- Weight management coaching
- Tobacco cessation coaching
- Diabetes monitoring

Benefits

- Convenient locations
- Open 7 days a week including evenings and weekends
- No appointments needed

*Eligible members must be 18 years of age or older

These services are conducted by CVS MinuteClinic clinicians.

Get Your Aetna Medical ID Card

It's easy to get an ID card through your member website

To print a paper ID card from your computer

- Log in to your member website at www.aetna.com
- Choose "ID Cards"
- Print your card

To display an electronic ID card on your smartphone or tablet

- Log in to the mobile member website by typing www.aetna.com in your browser
- Choose "ID Cards"
- Show your ID card when you visit the doctor or dentist

CVS Caremark Mail Service Pharmacy Save time and skip the pharmacy line

Your medicine in your mailbox

With CVS Caremark Mail Service Pharmacy, you can get your medicine sent to your home — or anywhere you choose.

This service is for medicine you take regularly for chronic conditions, such as arthritis and high cholesterol.



1. Call us or go online.

Call us at **1-888-792-3862 (TTY: 711)**. Or go to **Aetna.com** to log in to your member website, or download the Aetna Health app.



2. Request mail service.

By phone or online — you can also print out an order form and send it to us.



3. Get refills your way.

It's easy to reorder online, by phone or by mail.

Need help?

Call us toll-free, 24/7, at **1-888-792-3862 (TTY: 711)**.

What will I pay?

Depending on your plan, you may pay less for medicine you get through home delivery than at a retail pharmacy. To know for sure, just check your plan details.

Stay Healthy Discounts

Login to **Aetna.com** and choose **Health & Wellness**

Get Discounts on Health Products and Services

- At home products such as blood pressure monitors
- Natural products & services such as nutrition services
- Fitness – gym memberships and workout gear
- Lasik Discounts on screening and surgery
- Vision materials such as eye exams, frames, lenses
- Oral health care – Power toothbrushes
- Hearing products such as hearing aids and batteries
- LifeMart Shopping – travel and deals for the family
- Weight Management – home meal delivery and weight loss meal plans, coupons and more

Health Programs

- 24-Hour Nurse Line 1.800.556.1555
TDD/TTY Dial 711 and ask the operator to dial 1.800.566.1555
- Maternity Program
- Preventative Health Schedule
- Healthwise Knowledgebase
- **Redbrick** provides personalized support through our health assessments and online health coaching programs

One Choice

Ongoing nurse support and coaching

- One-on-one personalized nurse support to help you achieve your health goals
- Local support at CVS Health HUB™ and Minute Clinic locations found inside select CVS Pharmacy and Target stores
- Tools, tips, and support centers
- Aetna Health app – download the Aetna Health app to access your member website.

[Find more information on KP.org](http://kp.org)

DHMO, HMO, HDHP In-Network Only CA, CO, GA only

Kaiser has an integrated structure that allows the health plan, the hospital, and the physicians and medical group to work together in a coordinated fashion for the benefit of the patient.

- DHMO and HMO have co-pays
- HDHP is HSA compatible
- No out of network care except Emergency care
- Not all plan types are available in all markets

The Engage Benefits Enrollment Portal will show specific plans and plan types available to you

Outside Kaiser service areas

You're covered for urgent and emergency care through the Cigna network.

Routine services aren't covered, so make sure to get them before your trip if you're traveling elsewhere.

Routine services include prevention, exams, checkups, follow-up care, and services for ongoing medical conditions such as dialysis.



See your doctor, get an X-ray, go to the pharmacy, and get a lab test- all in just one visit at most locations.

Find convenient locations

[Search locations kp.org/kpfacilities](http://kp.org/kpfacilities)

Choose your doctor/change anytime

[Find a doctor kp.org/searchdoctors](http://kp.org/searchdoctors)

Get Prescriptions

[Find a pharmacy kp.org/refill](http://kp.org/refill)

Questions

1.800.464.4000 English

1.800.788.0616 Spanish

1.800.757.7585 Chinese dialects

711 TTY

Telehealth

Kp.org

- Clinical advice
- Video visit
- E-visit
- Online chat
- Phone appointment
- Email your doctor's office
- Online self-care
- Online physical therapy
- Remote patient monitoring

Email your doctor's office

- Send emails from the Message Center on kp.org or the mobile app
- Email the doctor's office
- Check the inbox

Video visit

Make an appointment

- Members can schedule video visits on kp.org and the Kaiser Permanente app or call the 24/7 advice line. Appointments are often on the same or next day.
- All you need is an internet connections and a device with a camera and microphone
- Sign into kp.org during the appointment window

Phone appointment

- High-quality care over the phone – just like in—person visits. Great for minor health conditions, prescriptions and referrals.
- Schedule on the app or the 24/7 advice line
- Kaiser calls within a few minutes of the appointment time

Talk with a health care professional

Online chat

- Quick medical advice from a doctor, online and in real-time. Great for minor health conditions, prescriptions and referrals.
- Sign into kp.org
- Chat with a doctor
- Get personalized care

MetLife Dental HMO (DHMO)

Benefits are provided by Safeguard Health Plans, Inc., a MetLife company¹

MetLife Dental HMO plans are available in CA, FL, TX, NJ, and NY only. MetLife company¹. Check your online enrollment choices to see if they are available to you.

You must reside in an eligible MetLife DHMO service area in order to be eligible and enroll in this benefit. If you do not reside in this area you may not be covered for these services. The MetLife DHMO requires you to select a Primary Care Dentist (PCD) and to use dentists participating in the MetLife DMO/Managed Care Network MET245.

MetLife Dental HMO benefits are provided according to a Schedule of Benefits, which lists all the plan's covered services and their copayments. You may request a copy of the MetLife DHMO Schedule of Benefits by calling the Engage Benefits Department at 1-888-780-8807 or by emailing benefits@engagepeo.com.

About the (DHMO)

Do I need to select a dentist who participates in the network when I enroll? Yes. At the time of enrollment, you will need to select a participating dentist. You may schedule an appointment with your dentist any time after your plan's effective date and once your participating dentist assignment has been confirmed.

How can I find a list of participating dentists? You can find the names, addresses, languages spoken and telephone numbers of participating dentists in the directory by searching online at www.metlife.com, then click the link for Employee Benefits to use the "Find a Dentist" tool.

Can I change dentists under this program? Yes. You and your enrolled dependents may each select different participating dentists and may change dentists as often as once per month. You can change dentists for you and your enrolled dependents by calling MetLife Customer Service at 1-800-880-1800. Your transfer will be effective the first of the following month if the requests are received by MetLife prior to the 25th of the prior month.

My child is currently in orthodontic treatment. If I enroll in the MetLife Dental HMO plan, will we have to change orthodontists? On-going orthodontic treatment for members who are part of the initial enrollment and have completed the orthodontic banding process can be accomplished through the Continuing Orthodontic Program. If you are eligible for the Continuing Orthodontic Program, you may email the Engage Benefits Department at benefits@engagepeo.com to request a Continuing Orthodontic form. This form must be completed and submitted during the initial open enrollment period in order to be considered for this coverage.

What if I need to see a specialist? Your selected participating dentist will refer you to a participating specialist in your area – there is no need to wait for approval. Any co-payment amount for services is listed on your MetLife Schedule of Benefits (Met 245).

MetLife Dental PPO and Dental PPO Copay Plans

With MetLife Dental PPO plans, you can get care from any dentist, but you receive a discount and pay less out-of-pocket if the dentist you choose is in the provider network

For a list of participating dental providers, visit: www.metlife.com/mybenefits to access the "Find a Dentist" tool.

Or call MetLife directly at:
1-800-438-6388 (GET-MET8)

MAC or R&C? A guide to understanding your dental plan

The best time to dig into the details of your dental insurance coverage is long before you file a claim. When selecting a dental insurance plan, spend a few minutes reviewing your different plan options and how they determine your coverage if you visit an in-network or out-of-network provider.¹

Dental Definitions

Negotiated fees — the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Depending on the plan, payment may be made for all or part of the negotiated fee for different types of services.

Maximum Allowable Charge (MAC) — caps payment for services provided by an out-of-network dentist at a scheduled amount, the Maximum Allowable Charge. Depending on the plan, payment may be made for all or part of the Maximum Allowable Charge for different types of services.

Reasonable & Customary (R&C) charge — plan pays out-of-network claims based on Reasonable & Customary (R&C) charges determined for your area. The R&C charge is based on the lowest of 1) the dentist’s actual charge, 2) the dentist’s usual charge for the same or similar services, or 3) the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife. Depending on the plan, payment may be made for all or part of the R&C charge for different types of services.

What do these definitions mean in real life?

Let’s look at a hypothetical example of the different plan types in action for three employees — Katie, Joan, and Cindy — who each need a crown. Based on the plan design the employee selected¹ and the dentist they choose to visit, each will be responsible for paying different portions of the costs.

If you need a crown...	Katie chose the High Plan and goes to an in-network dentist who agrees to accept MetLife’s negotiated fees	Joan chose the High Plan and goes to an out-of-network dentist (out-of-network payment based on R&C charge)	Cindy chose the Low Plan and goes to an out-of-network dentist (out-of-network payment based on MAC)
Dentist’s Charge	\$1,535	\$1,535	\$1,535
Negotiated Fee	\$895	N/A	N/A
MAC ²	N/A	N/A	\$881
R&C Fee	N/A	\$1,535	N/A
Plan Coverage % for Crowns	50%	50%	50%
MetLife pays	\$447.50	\$767.50	\$440.50
Member pays	\$447.50	\$767.50	\$1,094.50

This is a hypothetical example that reviews a crown – porcelain/ceramic substrate (D2740) in the Hartford, CT area, zip 06340. It assumes that the annual deductible has been met and the annual maximum benefit has not been reached. Actual negotiated fees, R&C amounts, MAC amounts and out-of-pocket expenses may differ.

Take charge of your dental care

• Talk to your dentist

Before you get any major dental work, talk to your dentist about getting a pre-treatment estimate.³ That’s when your dentist sends the plan for your care to MetLife. For most procedures, you and your dentist will receive the estimate — online or by fax — during your visit. The statement shows amounts for what your plan covers. Then you and your dentist can talk about your care and costs before your treatment. It’s a great way to be prepared and plan ahead.

• Get your plan information — fast!

- Managing your dental benefits has never been easier. You’ve got MyBenefits — your secure member website. Just log on at metlife.com/mybenefits. With the 24/7 website you can:⁴
- Review your plan information, including what’s covered and coinsurance
 - Track your deductible and plan maximums
 - Find a dentist or view your claim history
 - Read up on the oral health information you need to make informed decisions about your care

Your benefit in action

Take advantage of how simple and easy it is to use Dental Insurance:

Look for participating dentists with pre-negotiated fees online at [metlife.com](https://www.metlife.com) or choose any non-participating general dentist or specialist.



MetLife's Mobile App⁴ is available on the App Store and Google Play.



After downloading, you can use it to find a dentist, view your claims, access your ID card, and more.



Please scan the QR code to access the Mobile App or visit [metlife.com/dental](https://www.metlife.com/dental). Enter your ZIP code and select the PDP Plus network.

Premiums will be conveniently paid through payroll deduction. So you don't have to worry about writing a check or missing a payment.

You'll only be charged the co-pay listed on your insurance card when you visit the dentist.

Dentists may submit claims for you, which means you have little or no paperwork.

Track claims online and even receive email alerts once claim has been processed.

Find claim forms at [metlife.com/mybenefits](https://www.metlife.com/mybenefits) or call **1-800-GET-MET8**.

To visit [metlife.com/mybenefits](https://www.metlife.com/mybenefits) scan the following:



1. Example provided for illustrative purposes. Not all dental benefits programs will include both MAC and R&C plan options. Please refer to the materials provided by your employer for details about the plan options available to you.
2. Reimbursement for out-of-network services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC). The out-of-network Maximum Allowable Charge is a scheduled amount determined by MetLife.
3. MetLife strongly recommends that you have your dentist submit a pretreatment estimate to MetLife if the cost is expected to exceed \$300. When your dentist suggests treatment, have him or her send a claim form, along with the proposed treatment plans and supporting documentation, to MetLife. An explanation of benefits (EOB) will be sent to you and the dentist detailing an estimate of what services MetLife will cover and at what payment level. Actual payments may vary from the pretreatment estimate depending upon annual maximums, deductibles, plan frequency limits and other plan provisions at time of payment.
4. With the exception of scheduled or unscheduled systems maintenance or interruptions, the MyBenefits website is typically available 24 hours a day, 7 days a week.

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

Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company (MetLife), New York, NY 10166. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions of benefits, limitations and terms for keeping them in force. Please contact MetLife or your Plan Administrator for complete details.



Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166

L0122019371[exp0123][All States][DC, GU, MP, PR, VI] © 2022 MetLife Services and Solutions, LLC

	MetLife Dental HMO (DHMO) MET 245 ³ FL, TX, NY, NJ and CA	MetLife Dental Copay Plan ^{2,4}		MetLife Dental PPO LOW ¹		MetLife Dental PPO MID ²		MetLife Dental PPO HIGH ²	
Coverage Type	In Network Benefits Only	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible		Deductible waived for prev. care		Deductible waived for prev. care		Deductible waived for prev. care		Deductible waived for prev. care	
Individual	None	\$0	\$50	\$50		\$50		\$50	
Family	None	\$0	\$150	\$150		\$150		\$150	
Calendar Year Maximum									
Individual	None	\$750		\$1,000		\$2,000		\$4,000	
Family	None	\$750 per person		\$1,000 per person		\$2,000 per person		\$4,000 per person	
		This is the most that the plan will pay on your behalf during the calendar year. All benefits payable subject to plan maximums		This is the most that the plan will pay on your behalf during the calendar year. All benefits payable subject to plan maximums		This is the most that the plan will pay on your behalf during the calendar year. All benefits payable subject to plan maximums.		This is the most that the plan will pay on your behalf during the calendar year. All benefits payable subject to plan maximums.	
Dental Office Visits	\$5								
Type A- Preventative Care; Annual Exam, Cleanings and Bite Wing X-Rays	Covered 100%	See schedule	Covered at 80%; you pay 20% R&C amounts	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	
Type B: Basic Care: Minor Related Services; Fillings, Oral Surgery, Full mouth X-rays; one per 60 months and Periodontics	Copays vary; refer to Schedule of Benefits	See schedule	Covered at 35%; you pay 65% R&C amounts	Covered at 70%; you pay 30% of the PDP negotiated rate	Covered at 70%; you pay 30% of R&C/amounts	Covered at 80%; you pay 20% of the PDP negotiated rate	Covered at 80%; Claims are paid according to the MetLife MAC (maximum allowable charge) fee schedule	Covered at 80%; you pay 20% of the negotiated rate	Covered at 80%; you pay 20% R&C/amounts
Type C: Major Care; Complete Oral Surgery, Major Restorations, Crowns, Complete and Partial Dentures. Minor Related Services; Fillings, Oral Surgery and periodontics	Copays vary; refer to Schedule of Benefits	See schedule	Covered at 25%; you pay 75% R&C amounts	Covered at 40%; you pay 60% of the PDP negotiated rate	Covered at 40%; you pay 60% of R&C/amounts	Covered at 50%; you pay 50% of the PDP negotiated rate	Covered at 50%; Claims are paid according to the MetLife MAC (maximum allowable charge) fee schedule	Covered at 50%; you pay 50% of the negotiated rate	Covered at 50%; you pay 50% R&C amounts
Type D - Orthodontia Coverage for:	Adults & Children	N/A		Children < 26		Children < 26		Children < 26	
Lifetime Maximum	\$1,850	\$0		\$1,000		\$1,000		\$1,500	
Up to 24 Months Treatment Plan	\$1,850 copay	N/A		Covered at 50%; you pay 50% of the PDP negotiated rate	Covered 50%; you pay 50% R&C/amounts>	Covered at 50%; you pay 50% of the PDP negotiated rate	Covered at 50%; Claims are paid according to the MetLife MAC (maximum allowable charge) fee schedule	Covered at 50%; you pay 50% of the PDP negotiated rate	Covered 50%; you pay 50% R&C amounts

¹Out of network services based on PDP fees which are maximum allowable network rates

²Out of network services subject to reasonable and customary limits

³This plan is currently only available in FL, TX, NY, NJ and CA

⁴This plan is only available where the DMO is not available

MetLife Vision Care

MetLife's vision care benefits include a network of vision care providers through its affiliation with Vision Services Plan (VSP). This plan provides a benefit whether you choose to go in or out of the network, but you receive the maximum coverage available when using in-network providers.

Refer to the chart below for the highlights of your vision care coverage.

To locate a MetLife Vision network provider, visit:
www.metlife.com/mybenefits

or call MetLife Vision at:

1-855-MET-EYE1

(1-855-638-3931)

MetLife VSP Vision Care Benefits				
Vision Benefits	Engage PEO		Engage PEO	
Carrier	MetLife		MetLife - High	
COVERAGE TYPE	In-Network	Out of Network	In-Network	Out of Network
Exam	(once every 12 rolling months)		(once every 12 rolling months)	
Routine Comprehensive Eye Exam	\$10 copay	\$45 reimbursement	\$10 copay	\$45 reimbursement
Eyeglass Lenses/Lens options	(once every 12 rolling months eyeglasses or contact lenses)		(once every 12 rolling months eyeglasses or contact lenses)	
Single vision lenses	\$20 copay	\$30 reimbursement	\$10 copay	\$30 reimbursement
Bifocal vision lenses	\$20 copay	\$50 reimbursement	\$10 copay	\$50 reimbursement
Trifocal vision lenses	\$20 copay	\$65 reimbursement	\$10 copay	\$65 reimbursement
Lenticular vision lenses	\$20 copay	\$100 reimbursement	\$10 copay	\$100 reimbursement
UV treatment	\$20 copay	No Discount	Covered in full	Applied to the allowance for corrective lens
Contact Lenses	(once every 12 rolling months eyeglasses or contact lenses)		(once every 12 rolling months eyeglasses or contact lenses)	
Conventional contact lenses	\$60 maximum copay	No Discount	\$60 maximum copay	No Discount
Elective contact lenses	\$150 allowance	\$105 reimbursement	\$180 allowance	\$105 reimbursement
Medically necessary contact lenses	\$20 copay	\$210 reimbursement	\$20 copay	\$210 reimbursement
Frames	(once every 12 rolling months)		(once every 12 rolling months)	
Frame allowance	\$150 after \$20 copay + 20% off balance over allowance	\$70 reimbursement	\$180 + 20% off balance of 2nd pair benefit	\$70 reimbursement
Discounts (Discounts cannot be combined with any other discounts or promotional offers and may not be available on all brands)				
Additional pairs of eyeglasses or prescription sunglasses. Discounts apply to purchases made after the plan allowances have been exhausted	20% discount over retail price	No Discount	20% discount off retail price	
Laser vision correction	15% discount off the usual charge or 5% discount of the promotional price	No Discount	15% discount off the usual charge or 5% discount of the promotional price	No Discount

PayFlex® HSA - Saving money now and in the future

Want to reduce your taxable income and increase your take-home pay? Enroll in an HSA today and start saving money for eligible health care expenses for you, your spouse and your tax dependents.

What do people love about the HSA?

- You can contribute pretax and post-tax dollars.
- For the 2024 plan year, you can contribute up to **\$4,150***/individual and **\$8,300***/family (pretax) annually.
- Unused funds roll over from year to year
- Your HSA stays with you even if you switch employers, change health plans or retire
- If you have an HSA somewhere else, you can transfer the balance to your new HSA
- Your money can earn interest — plus, you can enjoy investment options

Some common eligible expenses may include:

- Deductibles, copays and coinsurance
- Eligible prescriptions
- Vision care, including LASIK eye surgery
- Dental care, including orthodontia

Pay the PayFlex way

Funds are available as your payroll deductions are deposited. Engage PEO transmits the funds weekly to PayFlex for deposit. Once funds are available in your HSA, PayFlex makes it easy to pay for your eligible expenses.

Use the PayFlex Card®, your account debit card: When you use the PayFlex debit card, your expense is automatically paid from your account.

Pay yourself back: Pay for eligible expenses with cash, check or your personal credit card. Then withdraw funds from your HSA to pay yourself back. You can even have your payment deposited directly into your checking or savings account.

Pay your provider: Use PayFlex's online feature to pay your provider directly from your account.

Investment accounts are charged a monthly fee of .02% which is automatically deducted from your cash account each month.

Take care of your HSA and it may grow

There aren't many accounts where you can make tax-free contributions and tax-free withdrawals and enjoy tax-free growth.** So why not use your HSA to help maximize your potential to save for your future?

Once you have a minimum balance (typically \$1,000) in your HSA, you can open an investment account. There are a variety of mutual funds to choose from. There are also no transfer or trading fees and no minimum investment amount for a trade request.

Considering a PayFlex HSA?



We're here to help!

Not sure how much to contribute? Or how much you'll save? Go to our interactive calculator on the website and it will help you understand the benefits of enrolling in a pre-tax account and how much to contribute.

* The maximum contribution limits are subject to change annually.

** Please note that not all states provide favorable income tax treatment for HSAs.

Are you eligible for an HSA?

To enroll in an HSA, you must be enrolled in a qualified high-deductible health plan (HDHP). In addition, you cannot have:

- Other health coverage that pays for out-of-pocket health care expenses before you meet your plan deductible
- A general-purpose health care flexible spending account (FSA) or health reimbursement arrangement (HRA) in the same year (and neither can your spouse)
- Medicare or TRICARE
- Veterans Affairs (VA) medical benefits that have been used in the prior three months — except in cases where the hospital care or medical services were for a service-connected disability
- A status as a dependent

HSA tips to remember

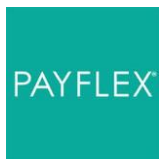
- View the Internal Revenue Service (IRS) contribution limits and a list of common eligible expense items on the PayFlex member website.

- Annual contribution limits include contributions made by both you and your employer if applicable).
- You can make a one-time, tax-free transfer from an Individual Retirement Account (IRA). This amount counts toward your HSA annual contribution limit.
- If you're age 55 or older, you can contribute up to an additional \$1,000 annually.
- If you use your HSA for ineligible expenses, you'll need to pay income taxes and a 20 percent penalty tax on that amount. **Note:** If you're age 65 or older or disabled at the time of this withdrawal, you won't have to pay the penalty tax. However, you're still responsible for paying income taxes.
- Save your itemized statements, detailed receipts and any Explanation of Benefits (EOB) statements for your expense records.

Questions?

Visit payflex.com or call us directly at **1-844-PAYFLEX (1-844-729-3539)**. We're here to help Monday – Friday, 7 a.m. – 7 p.m. CT, and Saturday, 9 a.m. – 2 p.m. CT.

Keep it simple with the PayFlex Mobile® app:



- Manage your account and view alerts
- Snap a photo of your receipts to submit claims
- View common eligible expense items, and more

PayFlex Systems USA, Inc.

There may be fees associated with a Health Savings Account ("HSA"). These are the same types of fees you may pay for checking account transactions. Please see the HSA fee schedule in your HSA enrollment materials for more information.

This material is for informational purposes only and is not an offer of coverage. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. It does not contain legal or tax advice. You should contact your legal counsel if you have any questions or if you need additional information. In case of a conflict between your plan documents and the information in this material, the plan documents will govern. Eligible expenses may vary from employer to employer. Please refer to your employer's Summary Plan Description ("SPD") for more information about your covered benefits. Information is believed to be accurate as of the production date; however, it is subject to change. PayFlex cannot and shall not provide any payment or service in violation of any United States (U.S.) economic or trade sanctions. For more information about PayFlex, go to payflex.com.

Investment services are independently offered through a third-party financial institution. By transferring funds into an HSA investment account, you can potentially benefit from capital appreciation in the value of mutual fund holdings. However, you will also be exposed to several risks, including the loss of principal, and you should always read the prospectuses for the mutual funds you intend on purchasing to familiarize yourself with these risks.

The HSA investment account is an optional, self-directed service. We do not provide investment advice for HSA investment account participants. You are solely responsible for any investment account decisions you make. Mutual funds and brokerage investments are not FDIC-insured and are subject to investment risk, including fluctuations in value and the possible loss of the principal amount invested. The prospectus describes the funds' investment objectives and strategies, their fees and expenses, and the risks inherent to investing in each fund. Investors should always read the prospectus carefully before making any investment decision. System response and account access times may vary due to a variety of factors, including trading volumes, market conditions, system performance, and other factors.

PayFlex Mobile® is a registered trademark of PayFlex Systems USA, Inc. PayFlex Card® is a registered trademark of PayFlex Systems USA, Inc. ©2019 PayFlex Systems USA, Inc. 69.03.746.1 ST (8/19)

PayFlex® FSAs - The simple way to save for health and dependent care expenses

Health care FSA

You can contribute pretax dollars from your paycheck, up to the Internal Revenue Service (IRS) limit of **\$3,200**. IRS limit subject to change.

Your full contribution is available at the start of the plan year to pay for eligible health care expenses. It covers you, your spouse and/or your tax dependents for:

- Copays, coinsurance and deductibles
- Dental expenses like orthodontia, crowns and bridges
- Vision expenses like LASIK eye surgery, glasses and contacts
- Prescription drugs and over the counter (OTC) items**

Dependent care FSA

You can contribute pretax dollars from your paycheck, up to the IRS limit of **\$5,000**. IRS limit subject to change.

Funds are for your dependent(s) under age 13, or a spouse or dependent incapable of self-care.

Pays for eligible child and adult care expenses, such as daycare, preschool and nursery school, in-home aid and more.

Pay with ease

We'll show you how simple it is to pay for your eligible expenses:

Use the PayFlex Card®, your account debit card: When you use the PayFlex debit card (if offered), your expense is automatically paid from your FSA.

Pay yourself back: Pay for eligible expenses with cash, a check or your personal credit card. Then submit a claim to pay yourself back. For speed, have your claims payment deposited directly into your checking or savings account.

Pay your provider: Use PayFlex's online feature (if offered) to pay your provider directly from your account.



Considering a PayFlex FSA?

Add up your tax savings

Curious about how much you might save with a PayFlex healthcare account?

Just plug in your numbers.

The online calculator will show you possible tax savings on eligible out-of-pocket expenses.

Get started by visiting

www.payflex.com

*\$100 annual minimum contribution required

** You will need a written prescription for OTC drugs and medicine.

Here are a few FSA reminders:

- Save your itemized statements and detailed receipts.
- View the IRS contribution limits and a list of common eligible expense items on the PayFlex member website.
- FSAs have a use-it-or-lose-it rule. This means you'll lose any unused funds at the end of the plan year. Check your plan details to confirm how it works.
- You can change your contribution if you have a change in status,** such as marital and employment status, number of tax dependents, etc.
- Specific to a dependent care FSA: You must be working to use your dependent care funds. If you're married, your spouse must either be working, looking for work, a fulltime student or incapable of self-care. You can change your contribution if there's a change in your provider or change in the cost for a provider.

Keep it simple with the PayFlex Mobile® App

- Manage your account and view alerts.
- Snap a photo of your receipts to submit claims.
- View common eligible expense items and more.



Note: Standard text messaging rates and other rates from your wireless carrier may apply when using the PayFlex Mobile App

Engage PEO - General Health and Dependent Care Flexible Spending Account

- **Rollover** - No longer applicable. Engage is reinstating the Grace Period method. All 2022 FSA Medical and Dependent Care participants can no longer carry over their unused health and/or dependent care FSA funds effective 01/01/2023.
- **Grace Period** – Employees have from 1/1 through 3/15 of a new plan year to incur claims and use their previous plan year dollars to help pay for those claims.
- **Run Out** - When members terminate from a FSA account, they have 90 days to submit claims incurred prior to or on their termination date. Any funds remaining in their account are forfeited after that date. All claim submissions are manual after termination and the debit card will be deactivated.

Engage PEO Dependent Care Flexible Spending Account

- Employees can only use funds after their account has been funded. Reimbursement requests cannot exceed the amount of funds available in their account.

Want more information about these accounts?

Visit payflex.com or call us directly at 1-844-PAYFLEX (1-844-729-3539)

**You must apply for a change in your election through your employer. See your employer's Summary Plan Description for specific details about your plan.

PayFlex Systems USA, Inc.

This material is for informational purposes only and is not an offer of coverage. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. It does not contain legal or tax advice. You should contact your legal counsel if you have any questions or if you need additional information.

In case of a conflict between your plan documents and the information in this material, the plan documents will govern.

Eligible expenses may vary from employer to employer. Please refer to your employer's Summary Plan Description ("SPD") for more information about your covered benefits.

Information is believed to be accurate as of the production date; however, it is subject to change. PayFlex cannot and shall not provide any payment or service in violation of any United States (U.S.) economic or trade sanctions.

For more information about PayFlex, go to payflex.com

PayFlex Mobile® is a registered trademark of PayFlex Systems USA, Inc.

PayFlex Card® is a registered trademark of PayFlex Systems USA, Inc.

PayFlex® Limited Purpose FSAs

Want to reduce your taxable income and increase your take-home pay? Enroll in an LPFSA and start saving money on dental and vision expenses for you, your spouse and your tax dependents.

Great reasons to enroll in an LPFSA

- The IRS has not released the 2024-year limit. Contribute pretax dollars from your paycheck, up to the Internal Revenue Service (IRS) limit of **\$3,200**. IRS limits are subject to change.
- Your full contribution is available at the start of the plan year
- It works great with a health savings account (HSA), as it can help save your HSA dollars for future expenses
- Eligible expenses may include:
 - Dental and orthodontia care, like fillings, X-rays and braces
 - Vision care, including eyeglasses, contact lenses and LASIK eye surgery

Important note: Some plans are designed with pre- and post-deductible phases. This means that before you meet your health plan deductible, funds are used for vision and dental expenses. Then, once you meet your health plan deductible, you can use funds to pay for all eligible health care expenses. Please confirm your plan details with your employer.

Pay the PayFlex way

PayFlex makes it easy to pay for your eligible expenses.

- **Use the PayFlex Card®**, your account debit card: When you use the PayFlex debit card (if offered), your expense is automatically paid from your account
- **Pay yourself back:** Pay for eligible expenses with cash, check or your personal credit card. Then submit a claim to PayFlex to pay yourself back. You can even have your payment deposited directly into your checking or savings account.
- **Pay your provider:** Use PayFlex's online feature (if offered) to pay your provider directly from your account



Keep it simple with the PayFlex Mobile® app

- Manage your account and view alerts
- Snap a photo of your receipts to submit claims
- View common eligible expense items, and more



Note: Some PayFlex cards are used only for certain expense items. Check your plan details to confirm.

*\$100 annual minimum contribution required

PAYFLEX®

Keep these things in mind

- View the IRS contribution limits and a list of everyday eligible expense items on the PayFlex member website.
- Flexible spending accounts (FSAs) have a use-it-or-lose-it rule. This means you'll lose any unused funds at the end of the plan year.
 - The run-out period gives you extra time to submit claims to pay yourself back.
 - The grace period gives you additional time to use your funds.
- You can update your contribution if you have a change in status.*
For example:
 - Legal marital status
 - Number of tax dependents
 - Employment status
 - Dependent coverage (for example, reached the age limit, gain or loss of student status, or marriage)

Quick tip:

When using your funds, don't forget to save your itemized statements and detailed receipts.

Engage PEO - General Health and Dependent Care Flexible Spending Account

- **Rollover** - No longer applicable. Engage is reinstating the Grace Period method. All 2022 FSA Medical and Dependent Care participants can no longer carry over their unused health and/or dependent care FSA funds effective 01/01/2023.
- **Grace Period** – Employees have from 1/1 through 3/15 of a new plan year to incur claims and use their previous plan year dollars to help pay for those claims.
- **Run Out** - When members terminate from a limited FSA account, they have 90 days to submit claims incurred prior to or on their termination date. Any funds remaining in their account are forfeited after that date. All claim submissions are manual after termination and the debit card will be deactivated.

Engage PEO Dependent Care Flexible Spending Account

- Employees can only use funds after their account has been funded. Reimbursement requests cannot exceed the amount of funds available in their account.

Want more information about these accounts?

Visit payflex.com or call us directly at 1-844-PAYFLEX (1-844-729-3539)

PayFlex Systems USA, Inc.

This material is for informational purposes only and is not an offer of coverage. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. It does not contain legal or tax advice.

You should contact your legal counsel if you have any questions or if you need additional information.

In case of a conflict between your plan documents and the information in this material, the plan documents will govern.

Eligible expenses may vary from employer to employer. Please refer to your employer's Summary Plan Description ("SPD") for more information about your covered benefits.

Information is believed to be accurate as of the production date; however, it is subject to change.

PayFlex cannot and shall not provide any payment or service in violation of any United States (U.S.) economic or trade sanctions. For more information about PayFlex, go to payflex.com.

PayFlex Mobile® is a registered trademark of PayFlex Systems USA, Inc.

PayFlex Card® is a registered trademark of PayFlex Systems USA, Inc.



Great reasons to enroll

- Decrease your taxable income and increase your take-home pay
- Pay for eligible work-related commuting costs with pretax dollars
- Order transit and parking passes, vouchers, and a Commuter Check® online
- Schedule orders to take place automatically each month
- Add funds to a fare card with just a few clicks of a mouse

PayFlex® common transit expenses include those for:

- Buses
- Subways
- Streetcars
- Trains
- Ferries
- Vanpools

Common parking expenses include:

- The cost of parking at or near your place of work
- The cost of parking at or near the mass transit provider you use to commute to work

Things to keep in mind:

- **The IRS has not released the 2024 limit.** The IRS sets the monthly pretax parking and transit limits. View the 2024 limits on the PayFlex member website [\\$315 / month](#). IRS limits are subject to change.
- Unused funds roll over into the next month
- If you spend more than the monthly limit, that additional amount is paid for out of pocket (on an after-tax basis).
- PayFlex will replace up to one nondelivered pass per plan year. However, we aren't responsible for:
 - Expired and lost passes
 - Passes that you receive late because of delays with local transportation authorities
 - Passes that you do not receive due to an invalid or incorrect address
- If you use a transit authority that offers a combined parking and transit stored-value card and plan to pay for both parking and transit expenses, you'll need to buy two cards — one for parking and one for transit. You can load funds onto both.

Questions on Commuter Benefits?

Visit payflex.com or call PayFlex directly at:

1-844-PAYFLEX (1-844-729-3539).

PayFlex is here to help Monday – Friday, 7 a.m. – 7 p.m. CT, and Saturday, 9 a.m. – 2 p.m. CT.

Navigating the healthcare system can be a challenge. **Health Advocate** offers a unique level of personalized support you won't find anywhere else. As an independent third party, Health Advocate's experts will answer your questions and take on virtually any healthcare issue -- so you and your family get the right care at the right time. All at no cost to you.

Core Health Advocacy Service

Need help finding a health plan?

A personal **Health Advocate** benefits specialist can explain your enrollment options so you can choose a health plan that works for you. Call to set up a consultation to make it easy to enroll in your benefits.

- Understand your share of the costs, including copays, deductible, and coinsurance
- Find the right in-network doctors and make appointments
- Find plans that cover your regular medication
- Provide support for your medical condition

Expert healthcare services.

Personal Health Advocates can also help you resolve a wide range of issues:

- Answer questions about diagnoses, medical conditions, treatments and tests
- Coordinate services related to all aspects of your care
- Research and arrange second opinions and transfer medical records
- Review medical bills to identify and correct duplicate or erroneous charges
- Resolve insurance claims and medical billing issues

Core Health Advocacy Services are included for Aetna and Kaiser medical insurance members at no cost

Health Advocate EAP + Work/Life Program Service

Provides support for personal issues and achieving a healthy work/life balance.

In a crisis, emergency help is available 24/7:

- Short-term counseling in person, by phone and secure video from a Licensed Professional Counselor for help with stress, anxiety, depression, relationships, grief and loss, family/parenting issues and more; referrals to additional care as needed
- Work/Life Specialists for help finding childcare, eldercare and other services
- Online resources and telephone consultations with financial and legal specialists

EAP Services are included for employees participating in an Engage Sponsored Medical, Dental, or Vision plan



 HIPAA-Compliant

 Easy Access

MyHelp

Connect with a
Licensed Counselor
anywhere, anytime.



Health Advocate MyHelp

MyHelp offers easy access to a Licensed Counselor via texting, phone, chat and video for help with personal, family, school and work/life issues—anytime, anywhere.

- Simply call the SAP number listed below. A Care Manager will conduct a brief assessment.
- You will maintain an ongoing relationship with the same Counselor unless you request a change.
- Health Advocate will not share your information. In order to protect confidentiality according to HIPAA, we do require every user to submit emergency contact information, which is only accessed according to safety and reporting mandates.

MyHelp is not a crisis hotline. Anyone requiring immediate assistance is encouraged to access emergency services (such as 911 or other resources), contact local authorities, or call the National Suicide Prevention Lifeline (1-800-273-8255).

CONTACT HEALTH ADVOCATE AT: 877-233-8205

Email: answers@HealthAdvocate.com

Online: www.HealthAdvocate.com/engagepeo

**Health
Advocate™**

Download the Mobile app!





Group Supplemental Term Life Insurance/Accidental Death and Dismemberment (AD&D) Coverage Options (Continued)

Portability – Should you leave your employer for any reason and your insurance under this plan ends, you will have an opportunity to continue group term coverage (“portability”) under a different policy and be billed direct. Rates may be higher than current rates. Portability is also available on the coverage you have selected for your spouse and dependent child(ren). If you experience an event that makes you eligible for portable coverage, please call a MetLife representative at 1-800-275-4638 for more information.

Evidence of Insurability (EOI) –Proof of good health may be required by the insurance company before new coverage can take effect. Depending on the level of coverage for which you apply, it is your responsibility to complete a Statement of Health (SOH) within 30 days from the date you first apply. Coverage and approvals are at the sole discretion of the carrier for any amounts requiring EOI and your effective date may vary depending on when the carrier approves your application. MetLife will contact you directly and you and any dependents, if applicable, will be required to complete a Statement of Health when EOI is required. Failure to respond timely will result in a denial of your request for benefits. **Contact MetLife with any questions at 1-800-638-6420 and choose Option 1 for SOH.**

Guarantee Issue – If this is your initial enrollment, certain coverage may be available to you without EOI. If you do not elect coverage when you are first eligible, you may be subject to EOI (or simplified underwriting) and subject to carrier approval. Please make note of the guarantee issue limits applicable to the plans.

Click on the link below to view Plan Details, FAQ’s and a video to see if these plans are right for you.

<https://www.metlife.com/engage-peo/supplemental-life-insurance/>

Coverage is not bound, and a policy will not be issued, regardless of collection of premiums, unless a statement of health is submitted, and the Evidence of Insurability requirements are approved by the carrier.



MetLife Group Disability Insurance

You have access to group disability benefits from MetLife: employee-paid, voluntary short-term disability, and long-term disability.

Both plans can provide an income when you can't work because of a covered sickness or off-the-job accident. Check your online enrollment site for details of the plans and options that may be available to you. Not all options are available.

Short Term Disability: Waiting periods under this program are seven days for Accident and seven days for Sickness. The maximum benefit period will vary depending upon the option that is available to you. The benefits payable under this plan is generally the lesser of 60% of your base weekly salary up to the maximum payable per week under the policy. Note: if your employer provides this coverage on your behalf, a voluntary option is not available. Also, please refer to the MetLife Short Term Disability Certificate of Coverage for complete plan information.

Long Term Disability: Waiting periods under this program will vary depending on the option available and selected by you. The benefits payable under this plan is generally the lesser of 60% of your base monthly salary up to the maximum payable per month. Your own occupation is covered for up to 24 months. Note: If your employer provides this coverage on your behalf, a voluntary option is not available. Also, please refer to the MetLife Long Term Disability Certificate of Coverage for complete plan information.

Pre-existing condition limitations apply to all voluntary disability policies. Under MetLife, no coverage is provided for any condition for which medical advice, diagnosis, care, or treatment was recommended or received during the three (3) month period immediately preceding the effective date of coverage. This Pre-Existing Exclusion will apply to the first 12 months of coverage. Rates are displayed online. These benefit plans integrate with any other Disability policy you have and are offset by state-mandated disability benefits that may apply to you. Please review the policies carefully with your Benefits Coach.

Click on the links below to view plan details, FAQ's and videos to see if these plans are right for you.

[Short Term Disability - https://www.metlife.com/engage-peo/disability-short-term/](https://www.metlife.com/engage-peo/disability-short-term/)

[Long Term Disability - https://www.metlife.com/engage-peo/disability-long-term/](https://www.metlife.com/engage-peo/disability-long-term/)



Voluntary benefits are affordable, reliable and convenient. These plans do not replace major medical coverage. They are intended to be supplemental coverage. Click on the links below to review the Summary of Benefits, FAQ's and helpful videos to see if these plans are right for you.



Hospital Indemnity Insurance - <https://www.metlife.com/engage-peo/hospital-indemnity/>

The Hospital Indemnity plan can help provide added protection when unexpected medical needs arise. Features include hospitalization benefits that pay when you are initially confined and on a per day basis (up to 180 days), as well as an intensive care benefit. Outpatient benefits include those for related surgery services, emergency accident benefits, and physician charges.

Pre-existing condition limitation: This coverage does not provide any benefits for treatment of a covered person for a Preexisting condition during the first 12 months that such covered person is insured.

Group Accident Insurance - <https://www.metlife.com/engage-peo/accident-insurance/>

24/7 accident insurance protects you and your family against the additional expenses associated with accidental injury and death. Accident Insurance benefit features include 24-hour Accident Insurance including:

Critical Illness Insurance - <https://www.metlife.com/engage-peo/critical-illness-insurance/>

This benefit can be used to help meet expenses which are generally not covered under traditional health insurance. This plan also features benefits for a heart attack, cancer, stroke, Alzheimer's Disease, and major organ transplant. Critical Illness Insurance pays a lump sum benefit to each covered person at the time of diagnosis.

Pre-existing condition limitation: This coverage does not provide any benefits for treatment of a covered person for a Preexisting condition during the first 12 months that such covered person is insured.

Cross Product Advantages	Critical Illness	Accident	Hospital Indemnity
<ul style="list-style-type: none"> Guarantee issue at every open enrollment¹ year over year - No EOI No Waiting Periods No benefit reduction due to age Portability Payments are made directly to you to spend as you choose Estate resolution services Connected Benefits Claims Experience Healthcare Navigation Services 	<ul style="list-style-type: none"> Rates based on age at issue Unlimited total benefit amount with a recurrence benefit on 9 Conditions 37 Covered conditions including cancer, skin cancer, benign brain tumor, heart attack, sudden cardiac arrest, stroke, coma, and severe burns, 7 Childhood diseases, and 10 Infectious diseases 30 Day initial benefit suspension period between different covered conditions 	<ul style="list-style-type: none"> 24-hour coverage Up to 180 days allowed between date of occurrence and care received² Organized Sport Injury Rider 8 Types of therapy benefits Hospitalization due to an accident is covered on a per accident basis; ICU Benefits payable <u>in addition</u> to non ICU benefits Accidental Death and Dismemberment benefits 	<ul style="list-style-type: none"> 24-hour coverage (accident and sickness) Routine Childbirth covered with no waiting periods Confinement Benefits payable day of admission ICU confinement benefits payable <u>in addition</u> to non ICU confinement benefits Additional benefits include Surgery, Anesthesia, Ambulance, Emergency Care, Nursing Care, Physicians Visits, and Transportation



If you are enrolled in MetLife Voluntary Life, Critical Illness, Accident or Hospital Indemnity you have access to the following Services or Discounts added at no additional cost to you or your employees.

Will Preparation Services: As an added benefit your employees will have access to MetLife's online will preparation services provided by SmartLegalForms to create a binding will, living will or assign a power of attorney.

MetLife VisionAccess: As an added benefit your employees will have access to the MetLife VisionAccess discount program. The program provides a discount on eye exams, glasses and frames, and laser vision correction when visiting a participating private practice.



HAVE YOU EVER

- Needed your Will prepared or updated
- Signed a contract
- Received a moving traffic violation



legalshield.com/info/engagepeo

- Worried about being a victim of Identity theft
- Been concerned about your child's identity
- Lost your wallet

THE LEGALSHIELD MEMBERSHIP INCLUDES:

- Dedicated Law Firm Direct access, no call center
- LegalAdvice/Consultation on unlimited personal issues
- Letters/Calls made on your behalf
- Contracts/Documents Reviewed up to 15 pages
- Residential Loan Document Assistance for the purchase of your primary residence
- Will Preparation - Living Will, Health Care Power of Attorney, Financial Power of Attorney
- Speeding Ticket Assistance Upload your speeding ticket from the mobile app directly to law firm
- IRS Audit Assistance (begins with the tax return due April 15th of the year you enroll)
- Trial Defense (if named defendant/respondent in a covered civil actionsuit)
- Uncontested Divorce, Separation, Adoption and/or Name Change Representation (available 90 days after enrollment)
- 25% Preferred Member Discount (bankruptcy, criminal charges, DUI, personal injury, etc.)
- 24/7 Emergency Access for covered situations

THE IDSHIELD MEMBERSHIP INCLUDES:

- **Credit Monitoring** continuous credit monitoring through TransUnion
- **Privacy and Reputation Management Consultation and Restoration** IDShield provides consultation and guidance on ways participants can protect their privacy, reputation and personally identifiable information across the internet and on their smart devices. IDShield provides anti/cyber bullying, password, privacy and reputation management consultation for:
 - Data broker sites (Spokeo, MyLife, etc.)
 - Social media platforms (Facebook, LinkedIn, Twitter, Instagram and YouTube)
 - Voice assistance devices (Alexa, Google, etc.)
 - Online browsers (Brave, Ghost, etc.)
 - Smart TVs
- **\$1 Million Protection Policy** coverage for lost wages, legal defense fees, stolen funds and more
- **Unlimited Service Guarantee** ensures that we won't give up until your identity is restored!
- **Identity Restoration** performed by Licensed Private Investigators to restore your identity to its pre-theft status
- **24/7 Emergency Access** in the event of an identity theft emergency



Put your law firm and identity theft protection in the palm of your hand with the LegalShield & IDShield mobile apps

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see www.idshield.com. All Licensed Private Investigators are licensed in the state of Oklahoma. A \$1 million insurance policy is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. Certain limitations apply. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see www.idshield.com. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. IDShield plans are available at individual or family rates. For complete terms, coverage and conditions, please see an identity theft plan. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Reimbursement Policy ("Policy") is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. This covers certain identity fraud expense reimbursement and legal costs as a result of a covered identity fraud. The amount of coverage is dependent on the type of identity theft plan. See a Policy for complete terms, coverage, conditions and limitations related to family members who are eligible for coverage under the Policy. For a summary description of benefits for the Policy coverage see <https://idshield.cloud/summary-of-benefits>.

Which Medicare plans are right for you?

Get Answers



72.17.329.1



Get the Medicare guidance you need, all in one place

Provided by Medicare Transition Services at no cost to you.

Engage PEO is partnering with Medicare Transition Services to help guide you through the various parts of Medicare. This free resource is available for you or your loved ones and includes.

- Easy to understand videos and guides about Medicare
- Personal guidance from a licensed agent to help at every step of the way
- A detailed overview of your coverage options
- Help reviewing your plans and selections

Whether you plan to keep working or not, we'll help you understand your Medicare options and next steps.



GET STARTED TODAY. CALL TO LEARN MORE.

1-833-343-1132 (TTY:711)

9:00 a.m. to 6:00 p.m. ET, Monday to Friday

A licensed agent will answer your call.

Visit us online:
www.MedicareTransitionServices.com/engage-peo

©2020 Medicare Transition Services

MT91 8/2020

The plans are PDP, HMO, PPO plans with a Medicare contract. Their SNPs also have contracts with State Medicaid programs. Enrollment in any plan depends on contract renewal. This is a solicitation of insurance. Contact may be made by a Licensed Insurance agent or Insurance Company. Plans not available in all States. Medicare Transition Services is not connected with or endorsed by the U.S. Government or the Federal Medicare Program. Medicare Transition Services is the d/b/a or assumed name of bswift LLC.



Pets are considered a member of the family. Pet Insurance offered by MetLife can be customized to best meet pet parents' and their pets' needs. Pet Insurance pays, partly or in total, for veterinary treatment of the insured person's ill or injured pet. Rates are based on the pet and coverage selected. Insurance is only for cats and dogs.

Pet Insurance offered by MetLife¹

Pet Insurance Underwritten by Independence American Insurance Company

How does Pet Insurance offered by MetLife¹ work?



Select the coverage that works best for your pet and enroll



Take your pet to the vet



Pay the bill



Send your claim and bill to us via our online portal, email, fax or mail



Receive reimbursement²

Why Choose MetLife?

- **Flexible product offerings** with straightforward pricing and options, and customizable limits and deductible savings³
- **Easy enrollment and hassle-free claims** experience with most claims processed within 10 days⁴.
- **Coverage for dogs and cats** of all ages and breeds⁵
- **Group discount⁶, a waived one-time enrollment fee⁷** and the ease of payroll deduction

We've got you covered!

If your furry family members already have a pre-existing condition⁸ already covered by Nationwide, **do not worry – they will still be covered when you switch to pet insurance offered by MetLife¹!**

What's covered⁹?

- Accidental injuries
- illnesses
- exam fees
- surgeries
- medications
- ultrasounds
- hospital stays
- x-rays and other diagnostics

Coverage⁹ also includes

- hip dysplasia
- hereditary conditions
- congenital conditions
- chronic conditions
- alternative therapies
- holistic care
- and much more!



Enroll directly with MetLife

Web: <https://mybenefits.metlife.com>

Phone: 1-800-GET-MET8

Ways to submit claims

Email: Pet_Submit_Claim@metlife.com

Fax: 877-281-3348

Upload to: My Pets Online Account

To learn more, click on the link below:

<https://www.metlife.com/engage-peo/pet-insurance/>



Why is having quality Auto and Home insurance so important? Because you need to protect your possessions, but you don't need to pay too much or settle for coverage that's less than the best. Auto and home insurance should meet your specific needs.

That's why insurance from MetLife Auto & Home[®] is designed so that you're not surprised by coverage gaps or unexpected costs.

MetLife's Auto AdvantageSM features go beyond basic liability and collision coverage to offer you more complete coverage and benefits, including:

- Convenient payment options
- Replacement costs for Total Loss^{1,2}
- Replacement costs for Special Parts²
- 24/7/365 claim service
- Enhanced rental car damage coverage³
- Deductible Savings Benefit³
- Identity Theft Protection Services
- Towing/roadside assistance
- Windshield repair without a deductible

Even if you change jobs, retire, or your employment status changes, your coverage doesn't have to end. You can keep your MetLife Auto & Home insurance policy, as long as you pay the premiums due.

**For questions, please call MetLife at:
1-800-GET-MET8 (1-800-438-6388)**

Provide code: "DFT"

MetLife Home*

Our homeowners' products offer uncommon protection called Coverage A Plus, which is an optional benefit with any Standard or Platinum Homeowners Policy.

This coverage is designed so that in the event of a loss, your home would be fully replaced without you incurring extra costs.

Additional benefits include:

- Maximum coverage equal to the replacement cost at the time the repair is made.
- Materials of "like kind and quality" for rebuilding your house.
- An insurance benefit amount that meets the current construction costs to rebuild it — even if costs exceed your dwelling limit, which is currently a unique benefit in the Homeowners Insurance industry.

* Home Insurance is not part of MetLife Auto & Home's benefit offering in MA & FL.

¹ Does not apply to leased, substitute, or non-owned autos. Applies within the first 12 months you own or the first 15,000 miles you drive a new auto, whichever comes first.

² See policy for restrictions. Subject to deductible. Not available in all states, such as NC.

³ Not available in all states. In New York, drivers must pay a state required minimum deductible before using this benefit.

⁴ Average annual savings based on our 2016 countrywide research of new call center customers' annual average savings in 2015.

⁵ Available in most states to those who qualify.

⁶ Before using the MetLife Mobile app, you must register at www.metlife.com/mybenefits from a computer. Registration cannot be done from your mobile device.

Give your pets the care they deserve at a price you can afford.



Veterinary Discount Plan



Prescription Discount Plan

You can enroll in Pet Assure, PETplus or both.

Pet Assure *Veterinary Discount Plan*

Pet Assure is America's Veterinary Discount Plan. As an alternative or addition to pet insurance, Pet Assure helps pet owners like you save on veterinary care. Pet Assure members save 25% at participating veterinarians on in-house medical services. All pets are eligible. There are no exclusions on breed, age, or pre-existing and hereditary conditions.

Save On:

- Office Visits
- Vaccinations
- Dental Procedures
- Emergency Visits and
- More!

Includes a 24/7 Lost Pet Recovery Service!

For a list of participating veterinarians, go to petbenefits.com/search

PETplus *Prescription Savings Plan*

With PETplus, you will receive members-only pricing on prescriptions and everything else your pet needs. It's easy to shop at your members-only pricing at www.petcarerx.com. Get free shipping on all online orders, and same-day pickup is available for most prescriptions at any Caremark pharmacy nationwide, including Walgreens, Target, CVS, and other local pharmacies.

Save On:

- Prescriptions
- Flea & Tick
- Products
- Dietary Foods
- Heartworm Preventatives

Includes a 24/7 Pet Help Line powered by whiskerDocs veterinary experts!

Visit Pet Assure | petbenefits.com/land/engagepeo

Email: customercare@petbenefits.com | (800) 891-2565

Build Lasting Memories with Family and Friends

What is Working Advantage?

Having fun, getting away, and saving money are important for your well-being.

This cost-free benefit provides you access to thousands of exclusive travel and entertainment discounts, so you can make the most of your time away from work.

Company Code: **315804315**

How Do I Become a Member?

- Visit workingadvantage.com and click *Become a Member*.
- Use your company code or work email to create an account.

Not by a computer? Use your phone camera or QR scanning app to access the site:



Movie Buffs - Travel Bugs - Thrill Seekers - Entertainment Enthusiasts - Sports Fanatics!
There's something for everyone with savings on:

Hotels
Theme Parks
Concerts
Sporting Events
Movie Tickets



Rental Cars
Gift Cards
Broadway Shows
Vegas Shows
& More!



Retail
Restaurants
Spas
Sightseeing
Tours
Activities



Life Just got Easier With...

THE WORK NUMBER

The Work Number® from Equifax securely and instantly provides automated income and employment verifications...to keep your life moving!



Buying a home
or refinancing?



Renting a
property?



Buying a vehicle?



Applying for
a loan or credit?



Qualifying for
government benefits?

The Work Number can streamline the employment and income verification process. When asked for proof of your employment or income, please follow these two simple steps:

Step 1

Provide your:
Employer code – **18073** – EngagePEO
and Social Security Number

Step 2

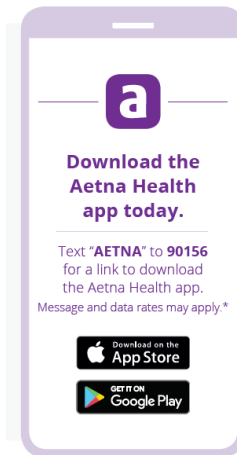
Direct the verifier to:
www.theworknumber.com

For additional information, please visit: <http://theworknumber.com/Employees>

PLAN SPONSOR: ENGAGE PEO

Aetna Medical

Please use the Aetna Member Services phone number & group number (GRP) found on your Aetna ID card. ID cards will be mailed to you by Aetna and are also available online at Aetna.com or through the Aetna Health App



Aetna.com

Aetna Prescription Drugs (888) 792-3862
Rx Bin# 610502 PCN# 670000

Kaiser Permanente

(800) 464-4000 English (800) 788-0616 Spanish

Kp.org

TeleDoc (855) 835-2362

teladoc.com/aetna

Health Advocate (877) 233-8205

healthadvocate.com/members

PayFlex FSA, Commuter, HSA (844) 729-3539

payflex.com

MetLife Group Number: Engage PEO 227795
Main: 1-800-438-6388 (GET-MET8)
Dental - DHMO (800) 880-1800 PPO (800) 942-0854
Vision (855) 638-3931 (MET-EYE1)
Life Insurance (800) 638-6420
Disability claims (800) 300-4296
Accident, Critical Illness, Hospital (866) 626-3705
Pet Insurance (800) GET-MET8
Home and Auto (800) 438-6388 (Code DFT)

mybenefits.metlife.com

LegalShield/IDShield (800) 654-7757

legalshield.com/info/engagepeo

PetAssure/PETplus Discount Programs
(800) 891-2565

petbenefits.com/land/engagepeo

Medicare Transition Services (833) 343-1132

www.medicaretransitionservices.com/engage-peo
http://www.medicaretransitionservices.com/engage-peo

Working Advantage (800) 565-3712

workingadvantage.com
(Company Code: 315804315)

QUESTIONS? Call the Engage Benefits Department at (888) 780-8807 or
Email: Benefits@EngagePEO.com