

Benefits decision guide

2023



You & your benefits

A partnership for good health



welcome

Providing great benefit choices to you and your family is just one of the many ways we support the physical, financial, and emotional well-being of the people who make our company successful — you.

Your benefits

Adams Publishing Group is committed to a comprehensive employee benefit program that helps our employees stay healthy, feel secure and maintain a work/life balance.

Take action

Use this guide to help you better understand your 2023 benefits, so you can make the best choices for yourself and your family. Be sure to enroll by the enrollment deadline to ensure you receive coverage. Open Enrollment will occur

November 1 – November 23.

Who can enroll?

Regular (non-temporary) employees working 30 hours or more per week are considered benefit eligible. You, your legally married spouse, and dependent children up to age 26, are eligible to enroll in benefits.

Effective date of coverage

The benefits you elect during open enrollment (November 1 – November 23) will be effective from January 1, 2023 - December 31, 2023. The next open enrollment period will begin November 2023, for an effective date of January 1, 2024. If you choose to waive any benefit now, your next opportunity to enroll will be for the 2024 benefit year, unless you experience a qualified life event.

How to make changes during the plan year

Unless you have a qualified life event, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified life events include marriage, divorce, birth or adoption of a child, death, or change in spouse's benefits or employment status. Life event enrollments must be completed within 30 days of the event.

Summary Plan Descriptions

Updated copies of the Summary Plan Description for the plans described in this document have been posted to APG's intranet site. You may view these documents by going to ADP Workforce Now and following the path from home page: Resources > Tools/References > APG Healthcare Benefits. If you do not have computer access or if you would prefer a paper copy, please contact Human Resources.

The fine print

This Benefits Summary describes the highlights of APG's benefit package. The information contained in this document is not a contract and is subject to change. It should be understood that explanations in this summary cannot alter, modify or otherwise change the controlling legal document in any way, nor can any right accrue by reason of any inclusion or omission of any statement in this document.

While every effort was taken to accurately report APG's benefits, discrepancies or errors are always possible. In case of discrepancy between the benefits summary and the actual plan document, the actual plan document will prevail.

Questions?



If you have questions, please contact your local Human Resource Representative.



Virtual Benefits Fair

Please do not forget to visit the Adams Publishing Group **virtual benefits fair**! You will find more information on your carrier offerings and benefits.

<https://benefitsfair.online/apg>



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Important reminders

- **You must enter your tobacco usage status during open enrollment.**
- **If you want to keep your current benefits in 2023**, you do not need to do anything except re-enroll in Flexible Spending Accounts (FSAs) and Health Savings Accounts (HSAs), as contributions for these accounts will not carry forward. It is still highly encouraged to review all benefits and elections. ***If you fail to complete the tobacco attestation, you will be charged the higher tobacco-user premium.***
- **New employees: Enroll within 60 days from your date of hire.** If you do not enroll within this timeframe, you will not have benefits coverage, except for plans and programs that are fully paid by APG, such as basic life, short-term disability and long-term disability.
- **Open Enrollment: Enroll before the enrollment deadline.** You must take action during open enrollment to update your tobacco status. Additionally, if you want to participate in any of the following benefits in 2023, you must actively enroll in them during Open Enrollment:
 - Health Care Flexible Spending Account (FSA)
 - Limited Purpose Health Care FSA
 - Dependent Care FSA
 - Health Savings Account (HSA)
 - Legal
 - Pet Insurance
 - ID Theft Protection

Summary of Benefits and Coverage

The Health section of this guide provides an overview of your medical plan options. You can find detailed information about each plan, including a breakdown of costs, in each plan's Summary of Benefits and Coverage (SBC). The SBCs summarize important information about your health coverage options in a standard format to help you compare costs and features across plans

what's changing for 2023

Medical

The \$3,500 HDHP is being replaced by the \$4,000 HDHP.

Here is what you need to know:

- The In-Network deductible is increasing from \$3,500 individual / \$7,000 family to \$4,000 individual / \$8,000 family.
- The Out-of-Network deductible is increasing from \$6,000 individual / \$12,000 family to \$8,000 individual / \$16,000 family.

Are your Dependents Eligible for APG Health Coverage?

At Adams Publishing Group, we value everyone's health and well-being, and strive to provide you and your eligible family members with competitive and affordable health care coverage. An important component of controlling health care costs is ensuring that our roster of eligible employees and dependents is accurate and up-to-date. In the coming months, we will be confirming that all family members enrolled in APG's plans meet our requirements.

Companies across the country regularly verify dependents enrolled in health care plans to ensure that their eligibility information is current. It's been a while since we have verified the dependents enrolled in APG's plans. As we strive to continue to curb rising health care costs, we think now is a good time.

What if One of My Dependents Is Ineligible?

We understand that situations change and that you may have overlooked removing an ineligible dependent from your coverage. If the audit identifies an ineligible dependent on your coverage, he or she will be immediately dropped from APG's coverage. You are not at risk for termination and APG will not collect any premiums paid on behalf of ineligible dependents. Any medical claims paid for that dependent will not be recouped. However, the dependent will *not* be eligible for coverage through COBRA.

Why it matters

Enrollment of ineligible dependents in our health care plans increases cost for both you and Adams Publishing Group. When we cover ineligible dependents, claims are not paid accurately, and it is more difficult to predict claims we might receive in the future. We have designed our plans to make sure coverage is equitable for everyone. APG has a fiduciary responsibility to make sure we follow the eligibility rules we have established.



health

Quality health coverage is one of the most valuable benefits you enjoy as an APG employee. Our benefits program offers plans to help keep you and your family healthy and provide important protection in the event of illness or injury.

Medical

The Company offers medical coverage via Blue Cross Blue Shield, and Express Scripts (ESI) provides the Pharmacy coverage. APG's medical and Rx plans are "self-funded" where APG collects premiums from employees and pays the actual cost of each claim, assuming the financial risk and contracting with Blue Cross Blue Shield and ESI to provide administrative services.

The Blue Cross Blue Shield plans use the BlueCard Preferred Provider Organization (PPO) national network. The in-network component allows you to choose any provider in the BlueCard PPO and provides a higher level of benefits. The out-of-network component of the plan provides you with the ability to see any physician of your choice, but at a greater cost. The company offers two different medical plans; a traditional Copay Plan and a High Deductible Health Plan (HDHP).

2023 medical plan options

- **\$1,500 Deductible Copay Plan.** Providing in-network services with a copay for office visits and prescription drug medications. Other services, such as hospital visits, apply to the plan deductible and coinsurance maximum out of pocket provisions.
- **\$4,000 High Deductible Health Plan,** with a Health Savings Account. Providing in-network services that apply deductible and coinsurance maximum out of pocket provisions, include prescriptions. Enrollment in this plan includes eligibility to contribute to an HSA.
- **Both plans offer 100% coverage for preventive care services.**
- **Both plans offer "Doctor on Demand"** featuring online access to medical care from board certified physicians at lower cost to you.
- **Prescription drug medications are managed by Express Scripts;** a national pharmacy network. Your prescription benefit includes coverage for specialty drug medications if filled by a participating Accredo specialty pharmacy. **There is no coverage for non-network drug suppliers. You will be responsible for the entire cost of the drug.**

If you have any questions or need assistance locating a participating provider or pharmacy near you, please visit www.express-scripts.com.

Premiums

Premiums are automatically deducted from your paycheck on a pre-tax basis, reducing your income tax liability. If you enroll your spouse in the medical plan and he/she has access to qualified medical coverage from his/her employer or another source, premiums are increased by \$300 per month, or \$150 per paycheck. **If your spouse does not have access to other group coverage, you must complete the spousal coverage affidavit form and return to Human Resources for your enrollment to be approved.** The affidavit form is available online in ADP Workforce Now under **Resources > Tools/References > APG Health Benefits**.

Semi-monthly pre-tax premiums	\$1,500 Copay Plan Option	\$4,000 HDHP with HSA
Employee Only	\$244.00	\$74.50
Employee + Spouse	\$514.00	\$167.00
Employee + Child(ren)	\$442.50	\$134.00
Family	\$731.00	\$300.50

If you are a tobacco user, premiums are increased by \$100 month, or \$50 per paycheck. You will need to certify your tobacco usage status when you enroll.

Medical Plan Options - Summary of Benefits

The chart below provides a comparison of key coverage features and costs of APG's 2023 medical plan options. Below is what you pay.

Network – BLUECARD PPO	\$1,500 Deductible Copay Plan IN-NETWORK BENEFIT	\$4,000 Deductible HSA Plan IN-NETWORK BENEFIT
Calendar-year deductible	Medical	Medical
*January 1 through December 31 *All network deductibles accumulate separately	\$1,500 single \$3,500 family	\$4,000 single \$8,000 family
Coinsurance	Deductible then 25% coinsurance	Deductible then 30% coinsurance
Calendar-year Out-of-pocket maximum	Medical and Prescription Combined	Medical and Prescription Combined
*Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum	\$5,000 single \$10,000 family	\$8,000 single \$16,000 family
IN-NETWORK Benefit payment levels		
*Out of Network benefit payment levels are subject to the maximum allowed amount, increased deductible and out of pocket amount	Payment for participating in-network providers as described. Non-network provider services will increase your out of pocket cost.	Payment for participating in-network providers as described. Non-network provider services will increase your out of pocket cost.
Lifetime maximum per person	Unlimited	Unlimited
Dependent child age limit	To age 26 (through the calendar month of the birthday)	To age 26 (through the calendar month of the birthday)
Preventive care (100% covered by plan)		
<ul style="list-style-type: none"> Well-child care to age 6 Prenatal care Preventive medical evaluations 6 and older Cancer screening Preventive hearing and vision exams Immunizations and vaccinations 	0%	0%
Physician services		
<ul style="list-style-type: none"> In-hospital medical visits Surgery and anesthesia Professional lab services Office visits due to illness or injury Office visits with specialists Urgent care (clinic-based) Retail health clinic Professional diagnostic imaging Allergy injections and serum E-visits/Doctor on Demand 	Deductible then 25% coinsurance 0% 0% 0% after \$50 copay 0% after \$75 copay 0% after \$150 copay 0% after \$30 copay 0% 0% 0%	Deductible then 30% coinsurance
Other professional services		
<ul style="list-style-type: none"> Chiropractic manipulation/therapy Home health care Physical therapy, occupational therapy, speech therapy 	0% after \$50 copay Deductible then 25% coinsurance 0% after \$50 copay	Deductible then 30% coinsurance
Inpatient hospital services	Deductible then 25% coinsurance	Deductible then 30% coinsurance
Outpatient hospital services		
<ul style="list-style-type: none"> Facility diagnostic imaging Preadmission tests and exams Facility lab services Chemotherapy and radiation therapy Physical, occupational, and speech therapy Kidney dialysis Non-emergency illness-related visits Urgent care (hospital-based) 	Deductible then 25% coinsurance	Deductible then 30% coinsurance

Network – BLUECARD PPO	\$1,500 Deductible Copay Plan IN-NETWORK BENEFIT	\$4,000 Deductible HSA Plan IN-NETWORK BENEFIT
Emergency care (In and Out-of-Network)		
<ul style="list-style-type: none"> Emergency room Physician charges Ambulance (medically necessary transport to the nearest facility) 	0% after \$500 copay 0% Deductible then 25% coinsurance	Deductible then 30% coinsurance
Medical supplies	Deductible then 25% coinsurance	Deductible then 30% coinsurance
Bariatric surgery (In-Network only)	Deductible then 25% coinsurance	Deductible then 30% coinsurance
Reproductive treatments (In-Network only) <i>*\$8,000 Lifetime medical max + \$3,500 lifetime Rx max</i>	Deductible then 25% coinsurance	Deductible then 30% coinsurance
Behavioral health (mental health and chemical dependency care)		
<ul style="list-style-type: none"> Inpatient care Outpatient care Professional care 	Deductible then 25% coinsurance Deductible then 25% coinsurance 0% after \$50 copay	Deductible then 30% coinsurance
Prescription drugs		
<ul style="list-style-type: none"> Retail (31 day limit) Preferred drug list		
<ul style="list-style-type: none"> Preventive Drug List Tier 1 (typically generic drugs, may include low cost brand drug options) Tier 2 (typically brand drugs, may include high cost generic options) Tier 3 (non-preferred generic and brand drugs) Specialty 	0% \$20 copay \$80 copay \$100 copay 30% to \$300 maximum	0% Deductible then 30% coinsurance Deductible then 30% coinsurance Deductible then 30% coinsurance Deductible then 30% coinsurance
90 day Rx – Retail & Mail Order Pharmacy (90-day limit) Preferred drug list	In-Network only	In-Network only
<ul style="list-style-type: none"> Preventive (see preventive drug list) Tier 1 Tier 2 Tier 3 	100% \$37.50 copay \$100.00 copay \$200.00 copay	0% Deductible then 30% coinsurance Deductible then 30% coinsurance Deductible then 30% coinsurance
Prescription Drug Notes		
Prescription Medications must be dispensed by in-network participating pharmacies. No coverage for medications dispensed by non-network pharmacies		

In order to get the best benefits, you will want to use an in-network provider. Benefit payments are based on the allowed amount and are in addition to your deductible, coinsurance or copays. **If you use out-of-network providers, you are responsible for the difference between the billed charges and the allowed amount for covered services. The deductible and out of pocket amounts are significantly higher for out-of-network covered services and are your responsibility.** This applies to both medical plan options.

New medications come on the market all the time. As a new drug is developed, it takes some time to make sure that it will work in the way it was meant to...and these new drugs can be costly. Express Scripts is always looking for ways to keep costs down for members, while still making sure you get the safest, most effective and reasonably priced drug available. One way we do this is with our step therapy program.

What's an example of step therapy?

Step therapy is trying other medications first before “stepping up” to drugs that cost more. We want to know that less expensive options do not work before your plan will cover the drug. Here’s an example of step therapy:

Prescription Drug – Step Therapy

- The drug list uses a step therapy program
- Certain medication, newly prescribed on 1/1/18 or after may be subject to step therapy.
- Please contact Express Scripts for details

- You try an over-the-counter medication for your allergy, but it doesn’t control your symptoms.
- Your doctor prescribes a prescription drug that still doesn’t give you relief.
- A third medication that is more expensive works well, but requires step therapy.

In this case, your prescription is covered if you have tried the first choice drugs. If you haven’t tried step therapy, the drug may cost you more, or may not be covered at all.

What do I need to do if my prescription requires step therapy?

If your drug needs approval, either you or your pharmacist will need to let your doctor know. They might switch your therapy to another drug that doesn’t require approval from the health plan or your doctor will contact us to start the approval process and tell us the information we need.

To find an in-network provider, or for more information, visit www.express-scripts.com.

This is only a summary of your benefits. Read your plan booklet for more information about what is and is not covered. Services that are not covered include those that are cosmetic, investigative, not medically necessary, covered by worker’s compensation or no-fault insurance. This applies to both medical plan options.



BCBS Health Champion

If you are managing a health condition, remember you don't have to do it alone! You and your family (ages 13+) have access to specialized services offered through your dedicated Health Champion — an experienced nurse that can help you every step of the way so that you feel confident you're making the right decisions.

Get advice whenever you need it

Your Health Champion can help you learn:

- More about a diagnosis for you or your child
- How to prepare for a procedure
- Recovery options after a surgery
- Possible side effects of prescriptions
- Lower cost treatment or medication options

They can also help you with more basic benefit questions like:

- Finding the right doctor
- Scheduling medical services
- Billing and cost inquiries
- Arranging appointments
- Transferring medical records

Your personal Health Champion is just a phone call away, whenever you need it. In fact, your Health Champion may even reach out to you just to make sure you have all the support and guidance you need. For questions, please call 1-866-465-7012.



Health Savings Account (HSA)

What is an HSA?

A health savings account (HSA) is a tax-free account that lets you save and pay for your health care expenses. Think of it as a 401(k) for healthcare – only better. Take advantage of the triple tax benefit. No taxes are taken out of the money you contribute to the HSA, the interest you earn, or the withdrawals that are eligible expenses.

Not only does an HSA help you save for your future, but it also lowers your current taxable income. The HSA funds you don't use will still be there. It's always smart to have a financial safety net to catch you when you need it most. The sooner you start saving with your HSA, the stronger your net will be. So how thick are the fibers of your safety net?

To be eligible for an HSA, you must enroll in the Blue Cross Blue Shield High Deductible Health Plan. Additional requirements:

- You cannot be claimed as a tax dependent by someone else.
- You cannot be enrolled in Medicare.
- You cannot have any other medical coverage that will disqualify the HSA.

How much can I contribute?

Knowing the contribution limits that are set by the IRS each year will help you make the most of your HSA.

- Individual contribution limit 2023: \$3,850
- Family contribution limit 2023: \$7,750
- Catch-up contribution (age 55 or older) 2023: \$1,000

Contributions are deducted from your paycheck and automatically deposited into your Further, powered by HealthEquity HSA.

Monthly administrative fees are deducted from your account balance. Once your account is active, Further powered by HealthEquity will issue a debit card to use to pay for eligible expenses.

- Learn more at <https://www.hellofurther.com/products/health-savings-account-hsa/>
- Access your account online at <https://www.hellofurther.com/>
- Contact Further, powered by HealthEquity Service at 1-800-859-2144.

Dependent Care FSA

The Dependent Care Flexible Spending Account (FSA) plan lets you pay for day care expenses with tax-free money. When you choose to participate, you elect to have money deducted from your paycheck, before it is taxed. It will then be automatically deposited into your Flexible Spending Account with WEX.

Dependent Care Flexible Spending Account (FSA) reimburses dependent day care expenses necessary while you (and your spouse, if you're married) are attending school full-time or working. Typically, these would be day care expenses for children, but you can also use this account to reimburse day care for other dependents, such as spouses, parents, or grandparents, who cannot care for themselves. Your dependent must live in your home at least eight hours a day.

You may only submit FSA claims that you incur while you are participating in the FSA plan. For example, if you stop working at APG and end your FSA participation on June 30, claims for services through that date are eligible, but claims for services beginning July 1 are ineligible.

IRS Rules and Limits

Married individuals who file separate tax returns are limited to a \$2,500 contribution annually. You may contribute up to \$5,000 if you are married and file a joint tax return, provided both you and your spouse each earn more than \$5,000 annually. If both you and your spouse work, you must coordinate your dependent day care enrollments so that the two of you together stay within the \$5,000 annual maximum.

You may only claim dependent care expenses on children age 12 and younger, unless the dependent is disabled and elder care in order for you to remain employed.

Expenses reimbursed from an FSA cannot be claimed as part of the dependent care tax credit on your tax return.

Only expenses actually incurred during the calendar year are eligible for reimbursement. Expenses incurred before or after the eligibility period are not eligible, regardless of when you paid for the expenses. FSAs may not reimburse for future or projected expenses.

If you do not use all the pre-tax dollars in your flexible spending account, you forfeit the amount left over. That's an Internal Revenue Service requirement.

More Information is available at [wexinc.com](https://www.wexinc.com).

Health Care FSA

The Health Care Flexible Spending Account (FSA) plan lets you pay for health care expenses with tax-free money. When you choose to participate, you elect to have money deducted from your paycheck, before it is taxed, and automatically deposited into your Flexible Spending Account with WEX.

APG offers two different Health Care FSA plans, which plan you enroll in is determined by if you are or are not enrolled in APG's High Deductible Health Plan (HDHP).

If you are enrolled or will be enrolling in APG's HDHP, you are only eligible to enroll in the Limited Use Health Care FSA. If you are not enrolled in APG's HDHP and are not covered by any other High Deductible Health Plan, such as a spouses plan, you are eligible to enroll in the Standard (Full-use) Health Care FSA.

Limited Use Health Care FSA

If you are enrolled in a HDHP, you have access to two types of tax-advantaged accounts:

- Health Savings Account (see previous page)
- A limited purpose health care flexible spending account (FSA).

Both accounts reduce your taxable income and give you an opportunity to use your pre-tax dollars for health care costs.

How the accounts work together

All eligible health care expenses – from medical and prescription drug to dental and vision – can be reimbursed from your health savings account. Only after your medical plan deductible has been paid, can you use the limited use health care FSA for eligible medical expenses.

Dental and vision expenses are also eligible under your Health Savings Account, but you cannot claim the same expenses on both accounts.

Standard (full-use) Health Care FSA

If you are not enrolled in a HDHP, and are not covered by any other high deductible health plan, you may enroll in the Standard Health Care FSA.

You may use the standard health care FSA for health care expenses that are not covered by any medical insurance plan. This includes your out-of-pocket expenses related to your medical plan's deductible, coinsurance, or copayment arrangements.

You may request reimbursement for your own eligible expenses as well as your spouse (if you file a joint tax return), and eligible dependents.

A Health FSA debit card will be issued to assist you in paying your out-of-pocket expenses. Save your receipts, as they are required by the IRS and WEX to verify qualified expenses.

IRS Rules and Limits

You may contribute up to \$2,850 per calendar year to a limited purpose health care FSA. The amount you choose to contribute is taken in equal installments from your semi-monthly paycheck on a pre-tax basis.

You may only submit FSA claims that you incur while you are participating in the FSA plan. For example, if you retire or end your employment and end your FSA participation on June 30, claims for services through that date are eligible, but claims for service beginning July 1 are ineligible.

Expenses reimbursed from an FSA cannot be claimed as a medical expense on your tax return.

Only expenses actually incurred during the plan year, Jan. 1, 2023 to Dec. 31, 2023, are eligible for reimbursement. Expenses incurred before or after the eligibility period are not eligible, regardless of when you paid for the expenses. FSAs may not reimburse for future or projected expenses.

If you do not use all the pre-tax dollars in your flexible spending account, up to \$500 may be carried over to the next year. Any amount over this \$500 limit is forfeited; the Company cannot refund it back to you. That is an Internal Revenue Service requirement.

Once you are enrolled in an FSA, IRS guidelines require you to continue your enrollment for the entire plan year. You cannot change your election unless you experience a qualified life event. Contact Human Resources if you have a status change, you must make your new benefit elections within 30 days of the event.

Participation in the Company offered benefit plans is not required for you to contribute to a Flexible Spending Account. You make payroll contributions to your account and the Company pays the administrative fees.

More Information is available at [wexinc.com](https://www.wexinc.com).

flexible spending accounts (FSAs)



Tax-advantaged FSAs are a great way to save money. The money you contribute to these accounts comes out of your paycheck without being taxed, and you withdraw it tax-free when you pay for eligible health care and dependent care expenses.

APG offers you the following FSAs:

Health Care FSA

- Pay for eligible health care expenses, such as plan deductibles, copays, and coinsurance.
- Contribute up to \$2,850 in 2023.

Limited Purpose FSA

Note: If you enroll in the HDHP and have an HSA, you are not eligible to open a Health Care FSA, but you can open a Limited Purpose FSA.

- Use it to pay for dental and vision expenses.
- Contribute up to \$2,850 in 2023.

Dependent Care FSA

- Pay for eligible dependent care expenses, such as day care for a child so you and/or your spouse can work, look for work, or attend school full time.
- Contribute up to \$2,500 in 2023, or \$5,000 if you are married and filing separate tax returns.

Estimate carefully

Keep in mind that FSAs are “use-it-or-lose-it” accounts. You will forfeit any amount above \$500 left in the account at the end of the plan year.

HSA vs. Health Care FSA: What’s the difference?

	HSA	Health Care FSA
Available if you enroll in a...	HDHP	PPO plan
Eligible for company contributions	Yes	No
Change your contribution amount anytime	Yes	No
Access your entire annual contribution amount from the beginning of the plan year	No	Yes
Access only funds that have been deposited	Yes	No
“Use it or lose it” at year-end	No	Yes
Money is always yours to keep	Yes	No

Managing your FSA(s)

When you enroll in a Health Care FSA, you will receive a debit card, which you can use to pay for eligible expenses. Depending on the transaction, you may need to submit receipts or other documentation to WEX.

What’s an eligible expense?

Flexible Spending Account – Plan deductibles, copays, coinsurance, and other health care expenses. To learn more, see IRS Publication 502 at www.irs.gov.

Dependent Care FSA – Child day care, babysitters, home care for dependent elders, and related expenses. To learn more, see IRS Publication 503 at www.irs.gov.

dental and vision benefits



Dental plans

The Company offers employees the option to enroll in one of two dental plans offered by MetLife, featuring the MetLife Dental PPO network of participating dentists. You are not required to use MetLife dentists, for services performed by out-of-network providers submit a claim to the address provided on the back of your dental card.

Our dental plans are designed to encourage you to visit the dentist and help ensure your basic dental needs are met. Access to regular checkups and sound preventive care are key to long-term oral health. Two plan designs options are available for employees, spouse and dependents, including children up to the age of 26.

Benefit Description – In and Out of Network	MetLife	
	High Option	Low Option
Plan Year Deductible – Individual/Family	\$50/\$150	\$50/\$150
Plan Year Maximum Benefit per person	\$1,500	\$1,000
Diagnostic & Preventative Services Exams & Cleanings, X-rays, fluoride treatments & sealants, space maintainers	Covered 100% Deductible does not apply	Covered 90% Deductible does not apply
Basic Services Fillings, Endodontics, Periodontics, Oral Surgery	Deductible then 80% Coinsurance	Deductible then 60% Coinsurance
Major Services Major restorative, Crowns, Inlays and Onlays, Dentures, Bridges	Deductible then 50% Coinsurance	Deductible then 50% Coinsurance
Orthodontics Treatment for the prevention/correction of malocclusion, available for dependent children only, age 8 up to age 19	Deductible then 50% Coinsurance \$1,500 Lifetime Benefit per Child	Deductible then 50% Coinsurance \$1,000 Lifetime Benefit per Child

To find a participating dentist, visit metlife.com/insurance/dental-insurance, click on “find a dentist”, and search by city and state or zip code. To speak to a customer service representative, please call 1-800-942-0854.

Premiums

Premiums are automatically deducted from your paycheck on a pre-tax basis, reducing your income tax liability. Dental coverage is a standalone benefit plan; you can enroll in the dental plan without electing health coverage.

Coverage	Semi-monthly pre-tax premiums	
	High Option	Low Option
Employee Only	\$17.90	\$12.89
Employee + Spouse	\$36.32	\$25.79
Employee + Child(ren)	\$40.04	\$27.64
Family	\$60.60	\$42.00



Use the MetLife mobile app to access ID cards, find a dentist, get estimates for most procedures, and more!

Vision plans



A 100% voluntary vision benefit provided by EyeMed. EyeMed provides employees with access to eye care services through its network of private practice optometrists, ophthalmologists, and retail locations. If you choose a non-network provider, you will receive a lesser benefit and typically pay more out-of-pocket.

Benefit Description	EyeMed Vision Summary	
	In-Network	Out of Network
Annual Eye Exam – One per 12 months	\$10 copay	Up to \$45
Frame – One per 24 months	\$150 allowance, 20% off balance	Up to \$75
Lenses – per pair, One per 12 months <ul style="list-style-type: none"> • Single vision, • Bifocal • Trifocal • Lenticular 	\$10 copay	Up to \$30 Up to \$50 Up to \$65 Up to \$100
Contacts <ul style="list-style-type: none"> • Fit & Follow up exams • Elective • Medically Necessary 	\$40 copay \$150 allowance Covered in full	No benefit Up to \$120 Up to \$210
Standard Polycarbonate	Covered in full for dependent children \$40 adults	<19 years \$32 No Benefit for adults
Scratch Resistant Coating	\$17-\$33	No Benefit
Progressive Lenses	\$65 - \$185 copay	Up to \$50
Anti-reflective Coating	\$75	No Benefit

Visit eyemed.com for more details on your vision benefit and for exclusive savings and promotions for EyeMed members – or contact member services at 1-866-804-0982.

Premiums

Premiums are automatically deducted from your paycheck on a pre-tax basis, reducing your income tax liability.

Coverage	Semi-monthly pre-tax premiums
Employee Only	\$ 3.53
Employee + Spouse	\$ 7.06
Employee + Child(ren)	\$ 7.57
Family	\$ 12.10



financial

APG offers programs to help ensure financial security for you and your family. We also provide access to voluntary benefits designed to help you save money on valuable supplemental insurance coverage.

Basic life insurance

You automatically receive basic life insurance so that you can protect those you love from the unexpected. There is no cost to you for this coverage. You can also choose supplemental coverage.

Company provided

- Flat \$50,000

Employee paid

- **Employee supplemental life** – \$10,000 increments up to \$500,000. Maximum coverage not to exceed 5 times your annual earnings, rounded to the next higher multiple of \$10,000. Initial eligibility, new hire or change from part-time to full-time 30 or more hours, guarantee coverage amount is \$250,000.
- **Spouse/domestic partner supplemental life** – Spouse life insurance is available from \$5,000 to \$250,000, in increments of \$5,000. (Not to exceed 50% of the employee voluntary life insurance). Initial guarantee coverage amount is \$30,000
- **Child supplemental life** – Dependent child life insurance is available in the amount of \$10,000. Guaranteed Issue Amount is \$10,000. Your election will provide life insurance for all eligible dependent children for the same amount of insurance.

Note: Any life coverage enrolled in over the guaranteed issue amount will require Evidence of Insurability (EOI). Guaranteed issue amounts are \$250,000 for you and \$150,000 for your spouse. If you don't enroll in any of APG's life or disability insurance plans when first eligible, you will have to provide EOI to receive coverage at a later date.

Voluntary Life insurance rates

Rates per \$1,000 of coverage (before-tax)		
Age	Employee supplemental life	Spouse/ domestic partner voluntary life
0-24	\$0.050	\$0.050
25-29	\$0.060	\$0.060
30-34	\$0.070	\$0.070
35-39	\$0.090	\$0.090
40-44	\$0.120	\$0.120
45-49	\$0.190	\$0.190
50-54	\$0.310	\$0.310
55-59	\$0.490	\$0.490
60-64	\$0.821	\$0.821
65-69	\$1.241	\$1.241
70-74	\$2.532	\$2.532
75-79	\$5.555	\$5.555
80-99	\$11.230	\$11.230
Child per \$10,000		\$2.22

To calculate Life monthly premium, divide total level of coverage by \$1,000 and multiply by the age rate above. Example: \$100,000 employee life coverage divided by \$1,000 = 100 x \$0.05 (age bracket 18-24) = \$5.00 per month.

Dependent Child life coverage is \$2.22 for \$10,000, regardless of the number of children covered.

To calculate per pay period premium cost, multiply per month premium by 12 months, divided by 24 paychecks. Example: \$5.00 per month x 12 / 24 = \$2.50 per pay period

Disability insurance

The loss of income due to illness or disability can cause serious financial hardship for your family. APG's disability insurance programs work together to replace a portion of your income when you are unable to work. The disability benefits you receive allow you to continue paying your bills and meeting your financial obligations during this difficult time. These disability benefits are company-paid.

Summary of disability benefits

	Short-Term Disability	Long-Term Disability
Who pays	Employer-paid	Employer-paid
Benefit provided	Up to 60% of your weekly salary	Up to 60% of base monthly salary
Maximum benefit payable	\$2,500 per week	\$5,000 per month
Maximum benefit duration	11 weeks	Until you're no longer considered disabled or you reach normal retirement age, whichever comes first
Waiting period	14 days	90 days from the onset of total disability – benefit begins following the end of STD benefit period



additional voluntary benefits



Accidental Death & Dismemberment (AD&D) Insurance

You can purchase additional life insurance from Lincoln Financial Group for yourself, spouse, or dependents. The premium is based on age and amount of coverage purchased. This coverage is optional and paid entirely by the employee. Payment is made via payroll deduction after taxes.

Voluntary Accidental Death & Dismemberment (AD&D) Insurance

You can purchase Accidental Death & Dismemberment insurance from Lincoln Financial Group for yourself, or your family. The premium is based on amount of coverage purchased. This coverage is optional and paid entirely by the employee. Payment is made via payroll deduction after taxes.

Voluntary Employee AD&D and Voluntary Family AD&D

Voluntary AD&D is available from \$10,000 to \$500,000, in increments of \$10,000, not to exceed 10 times employee annual earnings, rounded to the next higher multiple of \$10,000.

Insurance for your Dependents

To elect coverage for a spouse or dependent children, the employee must purchase Voluntary Employee coverage.



Benefit Reduction(s)

As you grow older, the amount of life and AD&D insurance for you, or your spouse, will be reduced according to the following schedule, rounded to the next highest \$100 dollars:

At the Age of:	VOLUNTARY LIFE The original amount of insurance will reduce to	VOLUNTARY AD&D The original amount of insurance will reduce to:
65	65%	--
70	40%	50%
75	20%	--
80	--	25%

Premiums

Voluntary AD&D Insurance Premiums	
AD&D Employee per \$1,000	\$0.035
AD&D Family per \$1,000	\$0.050

To calculate AD&D monthly premium, divide total level of coverage by \$1,000 and multiply by the rate above. Example: \$100,000 AD&D coverage divided by \$1,000 = 100 x \$0.04 = \$4.00 per month.

To calculate per pay period premium cost, multiply per month premium by 12 months, divided by 24 paychecks. Example: \$4.00 per month x 12 / 24 = \$2.00 per pay period.

Evidence of Insurability

If you elect coverage greater than the initial guarantee amount, you will be required to complete an Evidence of Insurability form. Lincoln Financial Group will use this form to determine if you or your spouse qualify for life insurance (whether you are seeking new coverage or additional coverage at open enrollment). No amount of insurance for which evidence of insurability is required will be effective until approved by Lincoln Financial Group.

Accident insurance

Voluntary accident insurance provides a range of fixed, lump-sum treatment driven benefits for accidental injuries. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation or childcare. This plan is offered to APG employees by Voya Financial.

Employees must be insured to cover your eligible dependents. Dependents are your legal spouse, up to age 70, and dependent children up to age 26. Coverage is portable.

Plan Highlights

Below is a brief description of the key features of the Voya Financial plan. **For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance located in Workforce Now under Resources.** The Certificate also provides all requirements necessary to be eligible for benefits.

Monthly Premiums

Contributions are 100% employee paid, post-tax.

Plan Coverage	Low Plan	High Plan
Employee	\$ 5.24	\$ 6.39
Employee & Spouse	\$ 10.48	\$ 12.78
Employee & Child(ren)	\$ 11.24	\$ 13.71
Family	\$ 16.48	\$ 20.10

To calculate per pay period premium cost, multiply per month premium by 12 months, divided by 24 paychecks. Example: \$5.24 per month x 12 / 24 = \$2.62 per pay period.

Schedule of Benefits	Low Plan	High Plan
Ambulance Transportation	\$80 Ground, \$400 Air	\$100 Ground, \$500 Air
Emergency Treatment	\$120	\$150
Initial Physician Office Visit	\$40	\$50
Follow-Up Physician Office Visit	\$40	\$50
Initial Hospital Admission	\$800	\$900
Hospital Confinement per day	\$200, 365 days max	\$225, 365 days max
Critical Care Confinement per day	\$400, 15 days max	\$450, 15 days max
Transportation (3 trip max per accident)	\$240	\$300
Lodging per day (up to 30 days)	\$80	\$100
Medical Equipment	\$40	\$100
Physical Therapy (per treatment, up to 6)	\$20	\$25
Prosthetic Device	\$400 for one, \$800 for two or more	\$500 for one, \$1,000 for two or more
Knee Cartilage (torn, surgical repair)	\$400	\$500
Abdominal or Thoracic Surgery	\$800	\$1,000
Ruptured Disk (surgical repair)	\$320	\$400
Tendon, Ligament, or Rotator Cuff (one, surgical repair)	\$320	\$400
Concussion	\$80	\$100
Eye injury (removal of foreign object)	\$40	\$50
Paralysis (paraplegia)	\$4,000	\$5,000
Paralysis (quadriplegia)	\$8,000	\$10,000
Fractures	Up to \$4,000 surgical repair Up to \$2,000 non-surgical	Up to \$5,000 surgical repair Up to \$2,500 non-surgical
Dislocations	Up to \$3,200 surgical repair Up to \$1,600 non-surgical	Up to \$4,000 surgical repair Up to \$2,000 non-surgical
Partial Dislocations	25% of the non-surgical amount	25% of the non-surgical amount
Burns	Up to \$600 for 2 nd degree Up to \$8,000 for 3 rd degree	Up to \$750 for 2 nd degree Up to \$10,000 for 3 rd degree
Skin Grafts	25% of the burn benefit	25% of the burn benefit
Coma (duration of 14 or more days)	\$4,000	\$5,000

This list is representative of the benefits available, to see a complete list of covered accidents, benefits and eligibility information please see certificate of Insurance.

Hospital Confinement Indemnity Plan

Hospital Confinement Indemnity Insurance pays a daily benefit if you have a covered stay in a hospital, critical care unit or rehabilitation facility. This plan is offered to APG employees through Voya Financial.

Employees must be insured to cover your eligible dependents. Dependents are your legal spouse, up to age 70, and dependent children up to age 26.

Features

- **Guaranteed Issue:** no medical questions or test are required for coverage
- **Flexible:** Use the benefit payments for any purpose
- **Portable:** If you leave your current employer or retire, you can take the policy with you and select from a variety of payment plans

How can I use my benefit?

- Medical expenses, such as deductibles or copays
- Travel, food, and lodging expenses
- Child care
- Everyday expenses like utilities and groceries

Monthly Premiums

Contributions are 100% employee paid, post-tax.

All employees pay the same rate, no matter their age

Plan Coverage	Monthly Rate
Employee	\$13.80
Employee & Spouse	\$ 30.75
Employee & Child(ren)	\$ 22.01
Family	\$ 38.94

To calculate per pay period premium cost, multiply per month premium by 12 months, divided by 24 paychecks. Example: \$13.80 per month x 12 / 24 = \$6.90 per pay period.

Plan Highlights

Below is a brief description of the key features of the Voya Financial plan. **For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance located in Workforce Now under Resources.** The Certificate also provides all requirements necessary to be eligible for benefits.

The plan option is a daily benefit amount of \$100. The benefit amounts paid depend on the type of facility and the number of days of confinement. Any combination of confinement benefits payable will not exceed a total of 30 days during a period of confinement.

Type of Facility	Daily Benefit	Benefit Payment	Days of Confinement
Hospital	\$100	1x the daily benefit amount	Up to 30 days
Critical Care Unit	\$100	2x the daily benefit amount	Up to 15 days
Rehabilitation Facility	\$100	Half the daily benefit amount	Up to 30 days
Initial Confinement Benefit <ul style="list-style-type: none">• Provides an additional payment after confinement in a hospital, CCU, or rehabilitation facility.	\$100	10x the daily benefit amount	No more than one per calendar year for each covered person

Critical Illness Plan

Voluntary critical illness insurance provides a fixed, lump-sum benefit upon diagnosis of a critical illness, which can include heart attack, stroke, paralysis, cancer and more. These benefits are paid directly to the insured and may be used for any reason, from deductible and prescriptions to transportation and child care. This plan is offered to APG employees by Voya Financial.

Eligibility

Employee must be insured to insure eligible dependents. Eligible dependents include your legal spouse, spouse must be under age 70 at date of application. Dependent children up to age 26 are also eligible. Coverage is portable.

Benefit Amount

Employees may elect \$10,000 or \$20,000 of benefit coverage. All amounts are guaranteed issue.

Spouse benefit coverage may be elected as either \$5,000 or \$10,000. All amounts are guaranteed issue.

Child(ren) benefit coverage may be elected as either \$5,000 or \$10,000. All amounts are guaranteed issue.

Benefits reduce at age 70 to 50% for employee and spouse coverage. Restrictions and limitations apply to the benefit plan. Refer to the summary plan description located in Workforce Now for complete details.

Critical Illness Coverage

Enhanced 100% insurance benefit amount for:

- Cancer
- Heart attack
- Stroke
- Coma
- End stage kidney (renal) failure
- Major organ failure
- Permanent paralysis

Partial insurance benefit amount for:

- Coronary artery bypass (25%)
- Cancer in situ (25%)
- Skin cancer (10%)

Exclusions

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance located in Workforce Now. The certificate provides all requirements necessary to be eligible for benefits. The information provided here is a brief description of key features

Premiums

Employee premium rates are based on the employee's age at their last birthday. Spouse age band is based on the employee's age. Use the age bands above to calculate your premium amounts

EMPLOYEE Monthly Critical Illness Insurance Premiums		
Age	Employee Coverage \$10,000 Benefit	Employee Coverage \$20,000 Benefit
Under 25	\$4.70	\$9.40
25-29	\$4.90	\$9.80
30-34	\$5.20	\$10.40
35-39	\$5.90	\$11.80
40-44	\$8.30	\$16.60
45-49	\$11.90	\$23.80
50-54	\$16.80	\$33.60
55-59	\$23.40	\$46.80
60-64	\$29.70	\$59.40
65-69	\$37.20	\$74.40
70+	\$45.00	\$90.00
SPOUSE Monthly Critical Illness Insurance Premiums		
Age	Spouse Coverage \$5,000 Benefit	Spouse Coverage \$10,000 Benefit
Under 25	\$2.45	\$4.90
25-29	\$2.50	\$5.00
30-34	\$2.60	\$5.20
35-39	\$3.00	\$6.00
40-44	\$4.35	\$8.70
45-49	\$6.15	\$12.30
50-54	\$8.85	\$17.70
55-59	\$12.25	\$24.50
60-64	\$15.30	\$30.60
65-69	\$17.80	\$35.60
70+	\$25.65	\$51.30
Child(ren)	\$5,000 Benefit	\$10,000 Benefit
Monthly Premium	\$4.30	\$8.60

To calculate semi-monthly premium cost, multiply per month premium by 12 months, divided by 24 paychecks.

There are also benefits if your child(ren) are diagnosed after the benefit effective date with Down syndrome, cerebral palsy, cystic fibrosis, and congenital birth defects.

Lifetime maximum benefit per category is 100% of insurance amount. The Restoration benefit pays a one-time additional benefit if you experience a second covered illness for a different condition. The Recurrence benefit pays a benefit for the second occurrence of the same covered condition if the recurrence occurs after 12 consecutive months. Wellness (health screening) benefit \$50.

voluntary benefits



FINANCIAL

Pet Insurance

Now more than ever, pets are playing a significant role in our lives and it is important to keep them safe and healthy. Help make sure your furry family members are protected in case of an accident or illness. Coverage ranges from accidental injuries and illnesses, surgeries and hospital stays, to hip dysplasia, chronic conditions like cancer, alternative therapies like acupuncture, and much more.

Plan Highlights

Below is a brief description of the key features of the MetLife plan.

Animals Covered	Cats and Dogs
Network	Any licensed veterinarian in the US
Deductibles	\$0 - \$250
Reimbursement	65%, 70%, 80%, 90, 100%
Maximums	\$1,000 - \$25,000 in \$1,000 increments
Additional Benefits	<ul style="list-style-type: none"> Family Plan: Enroll up to three pets onto the same policy such that they share the same annual limits and coverages on the single policy (limited to pets under the age of 10) Deductible savings (\$25) for policyholders that did not have any claims in the previous 12-month policy year Coverage for prescriptions

Monthly Rates

MetLife offers flexible, customizable pricing. You choose your deductible, reimbursement, and maximum. Rates are based on zip code, breed, species (dog or cat), age and sex. To enroll in Pet Insurance go to www.metlife.com/getpetquote, call 1-800-GET-MET8 or log into MyBenefits portal to enroll online. Payments for the coverage are not payroll deducted, but rather set up as a direct bill between MetLife and enrollee.

Legal Plan

MetLife Legal Plans offers employees convenient and affordable access to a highly qualified network of attorneys for everyday personal legal matters. Once enrolled, employees have access to an attorney as if on retainer.

- In-person or over-the-phone counsel for the most common personal legal matters
- Unlimited access to attorneys for matters covered under the plan

Comprehensive coverage for some of the most frequently needed personal legal matters including:

- Preparation of wills, living wills and trusts
- Purchase, sale and refinancing of a home
- Debt collection and foreclosure defense
- Identity theft defense
- Rental issues
- Civil litigation defense
- Document review and preparation

Plan Coverage	Rate
Per Month	\$21.00



ID Theft

LifeLock with Norton Benefit Premier helps provide peace of mind with comprehensive protection for identity, connected devices, and online privacy with SafeCam. Enhanced features include Home Title Monitoring, Bank Account Takeover Alerts and Three Bureau Credit Monitoring. If a potential identity threat is detected in our network, you are notified via email, text, phone, or mobile app alerts.

Combines leading identity theft protection with device security and protection against online threats to help protect against identity thieves trying to steal personal information from PCs, Macs, and mobile devices. Includes up to 50 GB of Norton Cloud Backup as a preventive measure to data loss due to hard drive failures and ransomware, Parental Controls to help members manage their kids' online time and Password Manager to securely manage passwords and logins.



Plan Option	Monthly Rate
Employee	\$9.99
Employee +	\$18.98

Company Paid Benefits

LifeKeys services

This program provides access to a wide array of services to help you and your loved ones through life's up and downs.

Services include:

- Online will preparation
- GuidanceResources Online for legal, financial, family, and career topics
- Protection against identity theft
- Guidance and support for your beneficiaries

www.GuidanceResources.com or 1-855-891-3684

EmployeeConnect services

You have hopes, dreams, and goals for the future – and nothing should stand in the way of fulfilling them. When you encounter a few bumps along the road, you'll be glad to know the EmployeeConnect programs is on your side. Whether it's a helping hand through tough times, or a bit of professional guidance, we're here for you with the assistance you need to keep moving forward.

The EmployeeConnect services are available to all Company employees with Basic Life coverage and their families. Calls and all counseling services are completely confidential.

Help is available 24/7 – with no out-of-pocket cost – for:

- Depression + Substance Abuse
- Moving and relocation
- Marital or family difficulties or legal and financial matters
- Planning ahead for college, events, or vacation
- Managing stress and anxiety or locating child/elder care
- And more

All information communicated to or collected by EmployeeConnect is **confidential** – they do not communicate with your employer about your situation unless there is a risk of harm to you or others.

EmployeeConnect is provided through your employer. There is **no cost** to you for utilizing EmployeeConnect services. If additional resources are needed, EmployeeConnect will happy to locate appropriate providers in your area.

www.GuidanceResources.com (web ID= Lincoln)

Username: LFGsupport Password: LFGsupport1
or call 1-888-628-4824

TravelConnect services

Travel assistance provides employees with peace of mind when traveling for business or leisure.

Experiencing an emergency while traveling can be especially difficult. Knowing who to call for medical problems, lost travel documents, or evacuation coordination is critical. Take comfort in knowing that TravelConnect travels with you worldwide, offering access to a responsive staff and caring support who can help you with local medical referrals or provide other emergency assistance services in foreign locations.

1-800-527-0218 US Toll-free;

1-410-453-6330 Toll-free Global Emergency Response Center



Benefit Contacts – Save This Page

Medical Plan	Blue Cross Blue Shield — Minnesota www.bluecrossmnonline.com 1-866-465-7012, 7 am to 8 pm CST (Mon-Fri)	
Pharmacy Plan	Express Scripts (ESI) www.express-scripts.com (800) 282-2881, available 24/7	
Doctor on Demand	Doctor on Demand www.DoctorOnDemand.com/bluecrossmn	
Dental and Orthodontics	MetLife www.metlife.com 1-800-942-0854	
Vision	EYEMED www.eyemed.com Customer Service 1-866-804-0982	
Health Savings Account	Further www.hellofurther.com Customer Service 1-800-859-2144	
Flexible Spending Account	WEX https://www.wexinc.com/solutions/benefits/ 866-451-3399 Mon-Fri 6 a.m. to 9 p.m. CST	
Group Term Life, Short Term Disability, Long Term Disability	Lincoln Financial Group www.lfg.com 1-800-423-2765	
Accident, Critical Illness, and Hospital Indemnity Insurances	Voya Financial www.voya.com 1-888-238-4840, 9 am to 6:30 pm EST, Mon-Fri	
EAP (Employee Assistance Program)	Employee Connect www.GuidanceResources.com 1-888-628-4824 (web ID = Lincoln) Username: LFGsupport Password: LFGsupport1	 
Travel Assistance Services	TravelConnect 1-800-527-0218 US Toll-free; 1-410-453-6330 Toll-free Global Emergency Response Center	
Grief Counseling, Financial Services, Legal Support, Comprehensive services	LifeKeys www.GuidanceResources.com 1-855-891-3684	
401(k) APG Rewards Plan	Transamerica Retirement Solutions https://my.trsrretire.com 1-800-755-5801	
Pet Insurance and Legal Plans	MetLife www.metlife.com/getpetquote www.metlife.com/mybenefits 1-800-GET-MET8 (1-800-438-6388)	
ID Theft	Norton LifeLock 1-844-698-8640	

Not sure who to call? Contact your local Human Resources Representative.

enroll

Carefully consider your benefit options and your anticipated needs. Then follow the instructions to enroll yourself and any eligible dependents in health and insurance benefits for 2023. Open Enrollment will be held **November 1 – November 23, 2022.**

How to enroll

Enrollment is made easy with ADP's online enrollment system. You will receive an enrollment email that will include the website link, workforcenow.adp.com. You will use the ADP user name and password you have already established to begin the online enrollment process.

Starting Point: Follow the path **Myself > Benefits > Enrollments**, click **Start** next to the New Hire Enrollment profile.

Step 1. Review Dependents

Dependent information has been pre-loaded from your prior benefit enrollments. If you need to add a new dependent, click on the **ADD DEPENDENT/BENEFICIARY** button, select **Dependent/Beneficiary**, then enter the new dependent's information and, when complete, click Done. A social security number is required to enroll Dependents.

To edit a previously entered dependent, you must select **Myself > Personal Information > Dependents & Beneficiaries**. You can click a dependent's name to view their information.

Step 2. Start your enrollment

Select Walk Me Through My Benefit Options or I Know What I Want to Change.

If you select I Know What I Want to Change, select the benefit offerings you want to see and then click Continue to go to the plans available in the selected areas – select all benefit types you want to enroll in.

Tip: You must go through the plan categories in the order presented either by clicking a plan name on the left (going from top to bottom) or by using the **Forward To** option (top far right of page) to move to the next plan category.



Step 3. Make your enrollment elections

To enroll in a plan, click Enroll in **This Plan** for the appropriate benefit plan. (For more information about the plan, click **More Info**.) Choose a **Coverage Level** for the selected plan. Choose (Enroll) **Dependents** (if applicable).

TIP: The voluntary life insurance plans require you to click the "Enroll in the Plan" button to see the cost for the level of coverage you would like to select. If after reviewing the coverage and cost information and you decide you do not want to enroll – simply hit the Cancel button.

Step 4. Review & Complete

After reviewing all plans and making your elections, click **Review & Complete**. Review your benefit elections. **Important:** Ensure that you have correctly selected the eligible dependents who should be covered under each plan.

Click **Return to Choose Plan** if you want to make changes now, select the **Plan Type**, then **Edit Plan/More Info** — change enrollment information as needed and click **Done**. Click **Finish Later** to make changes later.

Click **Complete Enrollment** to finish your enrollment.

Note: You cannot **Review & Complete** until all plans have been reviewed. All enrollments are reviewed and approved by Human Resources. Following approval, you can view your enrollments in Workforce Now under **Myself > Benefits > Enrollments**.

Once you have completed your online enrollment, print a benefit summary of your plan selections and required payroll premium deduction amounts. You can make corrections to your benefit enrollments in Workforce Now until your enrollment period ends. Compare your benefit statement payroll amounts with your paycheck to be sure the amounts are correct.

Contact your Human Resource Representative if you need assistance, see page one of this benefit summary.



This guide is intended to describe the eligibility requirements, enrollment procedures, plan highlights, and coverage effective dates for the benefits offered by APG. It is not a legal plan document and does not imply a guarantee of employment or continuation of benefits. While this guide is a tool to answer many of your benefit questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. The noted plan changes in this guide may service as a Summary of Material Modifications (SMM) to the SPD. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will prevail.