

2025

Employee Benefits Overview



Principals

meyers | nave

Welcome to your 2025 benefits. Our benefits program provides you with the best in coverage that is simple and easy to use. We offer programs that protect your health, your money, your family, and help you find balance between your concerns at work and at home. We also know the value of understanding your coverage so you know how to get care, when you need it, at the lowest cost. With the information and tools in this guide and related resources, we hope to help you be well today and work toward a healthy and secure future.

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Here's some important information you should know

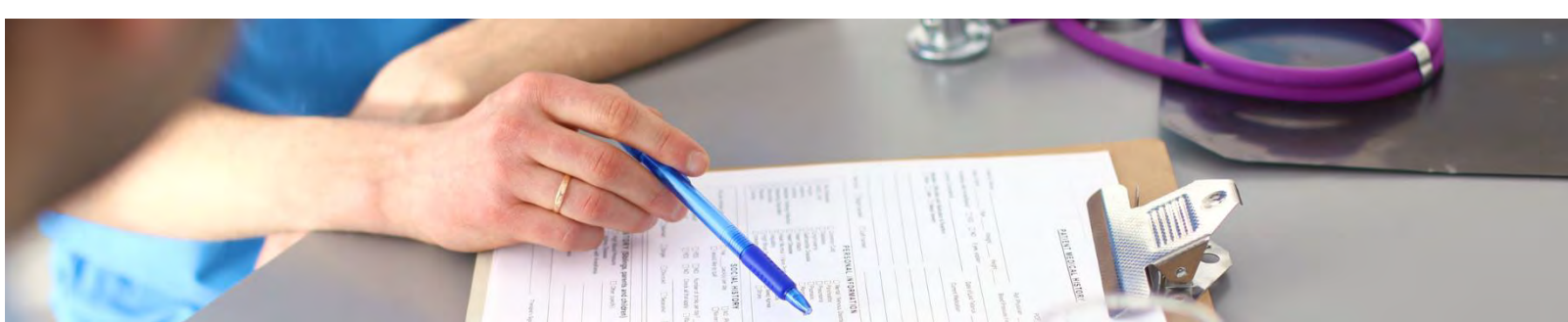
MEDICARE PART D NOTICE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Annual Notices on the [My MN Benfeits](#) website for more details.

This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

A list of plan contacts is included at the back of this guide.

The benefits in this summary are effective
01/01/2025 through 12/31/2025



Who is eligible for benefits?

EMPLOYEES

You are eligible for benefits if you are a full-time employee working 30 or more hours per week.

IMPORTANT: Employees with variable hours and seasonal schedules may be considered eligible if they work on average 30 hours a week or 130 hours a month. Meyers Nave measures hours worked based on the number of hours you work each month as required by the Affordable Care Act (ACA). Refer to Determining Eligibility later in this guide for details.

ELIGIBLE DEPENDENTS

- Legally married spouse or domestic partner (including same-sex spouse)
- Natural, adopted, or step children up to age 26
- Tax dependents over age 26 who are disabled and dependent on you for support
- Children named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law

Family members such as parents, grandparents and siblings who are not your tax dependents as described above are not eligible for coverage. In addition, an employee of Meyers Nave cannot be covered as both an employee and a dependent of another employee (for example, a spouse).

WHEN YOU CAN ENROLL

You can enroll in benefits as a new hire or during the annual open enrollment period. New hire coverage begins on your date of hire as long as you enroll within 30 days of becoming eligible. If you miss the enrollment deadline, you'll need to wait until the next open enrollment (the one time each year that you can make changes to your benefits for any reason).

CHANGING YOUR BENEFITS

Outside of open enrollment, you may be able to add or remove dependents or change benefit options if you have a major life event and submit your change within 30 days. Eligible events include:

- change in legal marital status
- change in number of dependents or dependent eligibility status
- change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- change in residence that affects access to network providers
- change in your health coverage or your spouse's coverage due to your spouse's employment
- change in an individual's eligibility for Medicare or Medicaid
- court order requiring coverage for your child
- "special enrollment" event under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

Which plan is right for you?

Meyers Nave offers different medical plans for different needs and budgets. Here are some considerations when selecting the right medical plan for you and your family:

HDHP

High Deductible Health Plan

- Aetna HDHP - HSA Compatible PPO
- Kaiser HDHP – HSA Compatible HMO

Consider a High Deductible Health Plan (HDHP) if:

- You want to be able to see any provider, even a specialist, without a referral
- You are willing to pay more to see out-of-network providers
- You want tax-free savings on your healthcare costs
- You want to build a savings account for future healthcare costs for you and your eligible family members
- You want another way to add to your retirement savings

PPO

Preferred Provider Option

- Aetna PPO

Consider a PPO (Preferred Provider Organization) if:

- You want to be able to see any provider, even a specialist, without a referral
- You are willing to pay more to see out-of-network providers

HMO

Health Maintenance Organization

- Aetna HMO
- Kaiser HMO

Consider an HMO (Health Maintenance Organization):

- You want lower, predictable out-of-pocket costs
- You like having one doctor to manage your care
- You are happy with the selection of network providers
- You don't see any doctors that are out-of-network
- You want convenient access to Kaiser facilities

The easy way to get benefit info

GET My MN Benefits
On the web:
mymnbenefits.site

[My MN Benefits](#) gives you all your benefits information in one place—at home, at work or on the go

You can bank online, book a vacation online, and read the news online. Why should your benefits information be any different?

[My MN Benefits](#) is a website that gives you access to the benefits information you need when you need it.

Benefits	See benefit details and costs—for all plans you're eligible for, such as healthcare, disability, life insurance, and more
Search	Can't find it? Just search the site
Articles & Video Library	Have 2 minutes? Increase your benefits IQ with short explainer articles and videos
Financial Wellness	Want to understand your finances better? Learn how in the Digital Financial Wellness Center, powered by Prudential
Glossary	HDHP? EOB? Coinsurance? Get the definitions in plain English
Documents	Important benefit plan notices ("the fine print")
Contacts	Find HR, benefits, and carrier contacts
Get Help	Need help? Reach helpful resources

Medical

Medical coverage provides you with benefits that help keep you healthy like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition.

Meyers Nave gives you a choice between two medical plans through Kaiser Permanente and three plans through Aetna.

	Kaiser HMO	Aetna HMO	Aetna Open Access PPO	
	In-Network	In-Network	In-Network	Out-Of-Network
Annual Deductible	None	None	\$500 per individual, up to \$1,000 per family	\$1,500 per individual, up to \$3,000 per family
Annual Out-of-Pocket Max	\$1,500 per individual, up to \$3,000 per family	\$2,000 per individual, up to \$4,000 per family	\$3,000 per individual, up to \$6,000 per family	\$6,000 per individual, up to \$12,000 per family
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited
Office Visit				
Primary Provider	\$20 copay	\$15 copay	\$20 copay	You pay 40% after deductible
Specialist	\$20 copay	\$30 copay	\$25 copay	You pay 40% after deductible
Preventive Services	No charge	No charge	No charge	You pay 40% after deductible
Chiropractic Care	Not covered	\$15 copay (coverage limited to 20 visits per calendar year)	\$25 copay (coverage limited to 20 visits per calendar year; combined with out-of-network)	You pay 40% after deductible (coverage limited to 20 visits per calendar year; combined with in-network)
Lab and X-ray	No charge	No charge	You pay 20% after deductible	You pay 40% after deductible
Inpatient Hospitalization	\$500 copay per admission	\$250 copay per admission	You pay 20% after deductible	You pay 40% after deductible
Outpatient Surgery	\$20 copay per procedure	\$100 copay	You pay 20% after deductible	You pay 40% after deductible
Emergency Room	\$50 copay	\$150 copay (waived if admitted)	You pay 20% + \$250 copay (waived if admitted)	You pay 20% + \$250 copay (waived if admitted)

Medical, continued

Here is an overview of our other medical plans, a high deductible plan offered through Kaiser Permanente and a high deductible plan offered through Aetna.

	Kaiser HDHP	Aetna Open Access HDHP	
	In-Network	In-Network	Out-Of-Network
Annual Deductible	Individual: \$3,300 Family: \$3,300 for individuals, \$6,600 for family	Individual: \$1,650 Family: \$3,300 for individuals, \$3,300 for family	Individual: \$3,300 Family: \$3,300 for individuals, \$6,600 for family
Annual Out-of-Pocket Max	Individual: \$3,300 Family: \$3,300 for individuals, \$6,600 for family	Individual: \$3,300 Family: \$3,300 for individuals, \$6,600 for family	Individual: \$8,000 Family: \$8,000 for individuals, \$16,000 for family
Lifetime Max	Unlimited	Unlimited	Unlimited
Office Visit			
Primary Provider	No charge after deductible	You pay 20% after deductible	You pay 40% after deductible
Specialist	No charge after deductible	You pay 20% after deductible	You pay 40% after deductible
Preventive Services	No charge	No charge	You pay 40% after deductible
Chiropractic Care	Not covered	You pay 20% after deductible (coverage limited to 20 visits per calendar year; combined with out-of-network)	You pay 40% after deductible (coverage limited to 20 visits per calendar year; combined with in-network)
Lab and X-ray	No charge after deductible	You pay 20% after deductible	You pay 40% after deductible
Inpatient Hospitalization	No charge after deductible	You pay 20% after deductible	You pay 40% after deductible
Outpatient Surgery	No charge after deductible	You pay 20% after deductible	You pay 40% after deductible
Emergency Room	No charge after deductible	You pay 20% after deductible	You pay 20% after deductible

Prescription Drugs

Prescription drug coverage provides a benefit that is important to your overall health, whether you need a prescription for a short-term health issue like bronchitis or an ongoing condition like high blood pressure.

If you enroll in medical coverage, you will automatically receive coverage for prescription drugs. Here are the prescription drug plans that are offered with our Kaiser HMO, Aetna HMO and PPO plans.

	Kaiser HMO	Aetna HMO	Aetna Open Access PPO	
	In-Network	In-Network	In-Network	Out-Of-Network
Pharmacy				
Generic	\$10 copay	\$10 copay	\$10 copay	Not covered
Preferred Brand	\$25 copay	\$30 copay	\$30 copay	Not covered
Non-preferred Brand	\$25 copay	\$50 copay	\$50 copay	Not covered
Supply Limit	100 days	30 days	30 days	N/A
Mail Order				
Generic	\$10 copay	\$20 copay	\$20 copay	Not covered
Preferred Brand	\$25 copay	\$60 copay	\$60 copay	Not covered
Non-preferred Brand	\$25 copay	\$100 copay	\$100 copay	Not covered
Supply Limit	100 days	90 days	90 days	N/A

Prescription Drugs, continued

Here are the prescription drug plans that are offered with our Kaiser HDHP and Aetna HDHP plan.

	Kaiser HDHP	Aetna Open Access HDHP	
	In-Network	In-Network	Out-Of-Network
Prescription Drug Deductible	Subject to medical deductible	Subject to medical deductible	
Pharmacy			
Generic	No charge after deductible	\$10 copay after deductible	Not covered
Preferred Brand	No charge after deductible	\$30 copay after deductible	Not covered
Non-preferred Brand	No charge after deductible	\$50 copay after deductible	Not covered
Supply Limit	100 days	30 days	N/A
Mail Order			
Generic	No charge after deductible	\$20 copay after deductible	Not covered
Preferred Brand	No charge after deductible	\$60 copay after deductible	Not covered
Non-preferred Brand	No charge after deductible	\$100 copay after deductible	Not covered
Supply Limit	100 days	90 days	N/A

Vision

Routine vision exams are important, not only for correcting vision but because they can detect other serious health conditions.

We offer you a vision plan through Vision Service Plan.



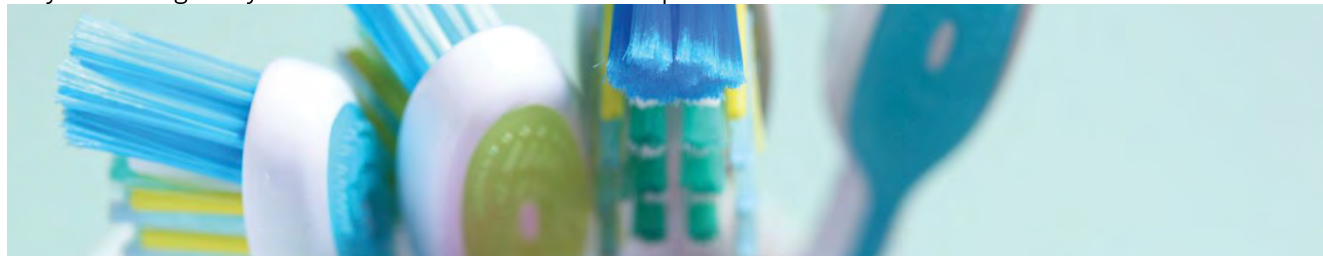
VSP Vision

	In-Network	Out-Of-Network
Examination		
Benefit	\$20 copay	Reimbursement amounts apply
Frequency	12 months	12 months
Materials	\$20 copay	Allowance applies (see exact amounts below)
Eyeglass Lenses		
Single Vision Lens	No charge after applicable copay	Reimbursed up to \$30 allowance
Bifocal Lens	No charge after applicable copay	Reimbursed up to \$50 allowance
Trifocal Lens	No charge after applicable copay	Reimbursed up to \$65 allowance
Frequency	12 months	12 months
Frames		
Benefit	Coverage limited to \$130 plan allowance	Reimbursed up to \$70
Frequency	24 months	24 months
Contacts (Elective)		
Benefit	Coverage limited to \$130 in lieu of glasses and frames	Reimbursed up to \$105 allowance
Frequency	12 months	12 months

Dental

Regular visits to your dentists can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease.

Meyers Nave gives you a choice between two dental plans.



MetLife Dental HMO		MetLife Dental PPO	
	In-Network	In-Network	Out-Of-Network
Calendar Year Deductible	None	\$50 per individual, up to \$150 per family	\$50 per individual, up to \$150 per family
Annual Plan Maximum	Unlimited	\$2,500 (combined with out-of-network)	\$2,500 (combined with in-network)
Diagnostic and Preventive	No charge	No charge (coverage limited to every 6 months)	No charge (coverage limited to every 6 months)
Basic Services			
Fillings	Various Copays Apply	You pay 10% after deductible	You pay 20% after deductible
Root Canals	Various Copays Apply	You pay 10% after deductible	You pay 20% after deductible
Periodontics	Various Copays Apply	You pay 10% after deductible	You pay 20% after deductible
Major Services	Various Copays Apply	You pay 40% after deductible	You pay 50% after deductible
Orthodontic Services			
Orthodontia	\$725-\$1,450 (additional \$250 for retention)	You pay 50% after deductible	You pay 50% after deductible
Lifetime Maximum	Unlimited	\$2,000 (combined with out-of-network)	\$2,000 (combined with in-network)

Life Insurance

If you have loved ones who depend on your income for support, having life and accidental death insurance can help protect your family's financial security.

LIFE AND AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident. The cost of coverage is paid in full by Meyers Nave. Coverage is provided by Reliance Standard.

Basic Life Amount	1x annual salary up to \$500,000
Basic AD&D Amount	1x annual salary up to \$500,000

Beneficiary Reminder: Make sure that you name a beneficiary for your life insurance benefit. If you are married, many states require your spouse be named as the beneficiary, unless they sign a waiver.



VOLUNTARY TERM LIFE INSURANCE

Term Life insurance can help provide extra security. Term Life is the most popular form of life insurance because it is inexpensive, even in large amounts, and is fairly easy to obtain. Premiums for term Life insurance are only guaranteed for the term of the policy.

You can buy Term Life coverage for yourself, your spouse, and your children. You can purchase coverage for yourself in \$10,000 increments up to the lesser of \$500,000 or 5x your annual salary. For spouses, you can buy coverage in \$5,000 increments up to \$100,000. For children, you can buy up to \$10,000 in coverage. Qualification for coverage may be subject to underwriting qualifications.

If you leave Meyers Nave, you can keep the coverage if you arrange to pay premiums to the insurance company directly. Reliance Standard provides coverage for this program.

Evidence of Insurability: If you select a coverage amount above the Guarantee Issue limit, you must submit an Evidence of Insurability form with additional information about your health in order for the insurance company to approve your coverage. Guarantee issue limits apply to newly hired employees only. If you enroll in coverage outside of your initial eligibility window, the full elected amount will be subject to evidence of insurability.

Employee Guarantee Issue Limit	\$150,000
Spouse Guarantee Issue Limit	\$25,000
Child(ren) Guarantee Issue Limit	\$10,000 (No health information required)

Disability Insurance

If you become disabled and cannot work, your financial security may be at risk. Protecting your income stream can provide peace of mind to you and your family.



SHORT-TERM DISABILITY INSURANCE

Short-Term Disability coverage pays a benefit if you temporarily can't work because of an injury, illness, or maternity leave. Benefits may be reduced by income from other income sources such as paid time off. Your doctor and the insurance company will work together to determine how long benefits are payable, based on your condition. Coverage is provided by Reliance Standard.

Weekly Benefit Amount	Plan pays 66.6%
Maximum Weekly Benefit	\$4,000
Benefits Begin After:	
Accident	90 days of disability
Sickness	90 days of disability
Maximum Payment Period*	13 weeks

* Maximum payment period is based on the first day you are disabled, not when benefits begin.

LONG-TERM DISABILITY INSURANCE

Long-Term Disability coverage pays a percentage of your income if you can't work because an injury or illness prevents you from performing any of your job functions over a long time. It's important to know that benefits are reduced by income from other benefits you might receive while disabled, like workers' compensation and Social Security.

If you qualify, long-term disability benefits begin after short-term disability benefits end. Coverage is provided by Reliance Standard.

Monthly Benefit Amount	Plan pays 66.6%
Maximum Monthly Benefit	\$12,500
Benefits Begin After:	
Accident	180 days of disability
Sickness	180 days of disability
Maximum Payment Period*	Social Security normal retirement age

*The age at which the disability begins may affect the duration of the benefits.

Health Savings Account (HSA)

Please note: If you participate in the Ultimate Health Supplemental Medical Reimbursement plan, you are ineligible to contribute towards a Health Savings Account.

Do you want to save money on taxes? A Health Savings Account is a tax-advantaged, portable (you own it!) savings account that is offered if you enroll in the Kaiser HDHP or Aetna HDHP Plan.

You contribute pre-tax money to your account to save for out-of-pocket healthcare expenses. Plus, any money that you don't spend grows year after year and can be used in the future, even after you retire. Wells Fargo administers this program.

ACCOUNT CONTRIBUTIONS

You Contribute*	
Employee	\$4,300 less employer contribution (2025 Federal limit)
Employee + Family	\$8,550 less employer contribution (2025 Federal limit)

***Contribution limits:** The IRS has set limits on the total amount you can contribute to a Health Savings Account each calendar year and contributions made by your employer count. In 2025, the limit is \$4,300 for an individual and \$8,550 for a family. If you're over 55, the IRS allows you to contribute an additional \$1,000—this is called a Catch-Up Contribution.

USING YOUR MONEY

You can use the money in your account to pay for qualified medical expenses not paid by your high deductible health plan (HDHP). For a full list of those expenses, go to [irs.gov](https://www.irs.gov). In general, your HSA can be used for these expenses without penalty:

- Medically necessary expenses not covered by your health plan including deductibles and coinsurance
- Dental care services
- Vision care services
- Prescription drugs
- Over-the-counter (OTC) medications prescribed by your doctor
- Certain medical equipment

Make sure to keep records of your receipts and any OTC prescriptions. You will need them to prove you spent the money on qualified expenses if you are audited by the IRS.

ELIGIBILITY

You are not eligible to open or contribute to an HSA account if you are:

- Covered by a non-high deductible health plan
- Enrolled in a regular healthcare flexible spending account (you or your spouse count)
- Covered under Medicare or Medicaid
- Claimed as a dependent on someone else's tax return

SETTING UP YOUR HSA

You will need to open an HSA account. Paperwork to set up the account will be provided to you.

Flexible Spending Account (FSA)

You can set aside money from your pay, pre-tax, and use it for medical, dental, and vision expenses any time during the plan year. You can use the account for yourself, your spouse, your children under age 27 as of the end of the tax year, and your legal tax dependents. You don't have to enroll in one of our medical plans to participate in the healthcare FSA. Please estimate carefully. If you set aside more than you need and don't spend it by the deadline, you may forfeit some or all of your remaining account balance. See the table on the next page for more details.

If you or your spouse participate in an HSA-compatible plan, you are eligible for the Limited Purpose FSA which you can use for dental and vision expenses only (not medical).

IMPORTANT CONSIDERATIONS

- Expenses must be incurred between 01/01/25 and 03/15/26 and submitted for reimbursement no later than 04/15/26.
- Elections cannot be changed during the plan year unless you have a qualified change in family status (and the election change must be consistent with the event).
- Unused dollars will be lost at the end of the plan year, so it is very important to plan carefully before making your election.
- FSA funds can only be used for you, your spouse, and your tax dependents.
- You can obtain reimbursement for eligible expenses incurred by your spouse or tax dependent children, even if they are not covered on the Meyers Nave health plan.
- You cannot obtain reimbursement for eligible expenses for a domestic partner or their children, unless they qualify as your tax dependents (Important: questions about the tax status of your dependents should be addressed with your tax advisor).
- Keep your receipts. In most cases, you'll need to provide proof that your expenses were considered eligible for IRS purposes.

HEALTHCARE FSA ACCOUNT

This plan allows you to pay for eligible out-of-pocket healthcare expenses with pre-tax dollars. Eligible expenses include medical, dental, or vision costs including plan deductibles, copays, coinsurance, and other non-covered healthcare costs for you and your tax dependents. You may access your entire annual election from the first day of the plan year and you can set aside up to \$3,300 per year. If you are enrolled in the Kaiser HDHP or Aetna HDHP plan, you can participate in the Limited Purpose Healthcare FSA which covers out-of-pocket vision and dental expenses ONLY.

DEPENDENT CARE FSA ACCOUNT

This plan allows you to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible expenses may include daycare centers, in-home child care, and before or after school care for your dependent children under age 13. Other individuals may qualify if they are considered your tax dependent and are incapable of self-care. You can only access these funds after being placed into your dependent care FSA account and expenses have been incurred.

All caregivers must have a tax ID or Social Security number. This information must be included on your federal tax return. If you use the dependent care reimbursement account, the IRS will not allow you to claim a dependent care credit for reimbursed expenses. Consult your tax advisor to determine whether you should enroll in this plan. You can set aside up to \$5,000 per household for eligible dependent care expenses for the year.

Other Programs

Here are some other valuable programs:

ULTIMATE HEALTH SUPPLEMENTAL MEDICAL REIMBURSEMENT INSURANCE – ARMADACARE

The Ultimate Health program provides medical reimbursement insurance intended to supplement your primary medical coverage. Certain expenses incurred by you and your eligible dependents are qualified for reimbursement:

Medical Reimbursement Insurance	
Per Occurrence Limit	\$5,000 for those enrolled in an HMO, HDHP or PPO
Eligible Expenses	Unreimbursed medical, dental, and vision care expenses not covered by your health plans.
Examples of Eligible Expenses	Deductibles, coinsurance, copayments for office visits and prescription drugs, eye care materials, chiropractic care.

TRANSPORTATION SAVINGS ACCOUNT

A Transportation Savings Account lets you set aside money—before it's taxed—through payroll deductions to help pay for your commuting expenses. Monies in this account can be used in future months or plan years. If you leave Meyers Nave, any unused account balance will be lost. Benefit Resource, Inc. administers this program.

Once an election is made it will self-renew each month. You can start, stop, or change your election at any time.

Here are the maximum amounts you can set aside in 2025*:

Parking Expense Account	Up to \$325 per month
Transportation Expense Account	Up to \$325 per month

*These amounts are evaluated annually by the IRS and are subject to change.

PET INSURANCE

Pet insurance prevents you from needing to weigh your pet's health against your bank account. With Wishbone Pet Insurance, you get:

- 90% reimbursement on accidents and illnesses
- A \$250 annual deductible
- Fast claims processing
- Visit any licensed veterinarian

Plus, choose one of two optional routine care add-ons to maximize your savings on pet care. The rate is based on age and breed of your pet as well as your home zip code. Wishbone Pet Insurance is administered by Pet Benefit Solutions.



EMPLOYEE ASSISTANCE PROGRAM

There are times when everyone needs a little help or advice. The confidential Employee Assistance Program (EAP) through Claremont Insurance Services can help you with things like stress, anxiety, depression, chemical dependency, relationship issues, legal issues, parenting questions, financial counseling, and dependent care resources. Best of all, the cost is paid by Meyers Nave.

Help is available 24/7, 365 days a year by telephone at 1-800-834-3773. Other resources are available online at claremonteap.com.

In-person counseling may also be available, depending on the type of help you need. The program allows you and your family/household members up to 8 visits (per incident per year).

Additional benefits are available through your medical plan. Review your medical benefit summary for more information.

RETIREMENT SAVINGS PLAN

In addition to benefits that provide security for today, Meyers Nave helps you plan for your future with a 401(k) plan that allows you to save tax-deferred dollars toward your retirement. Your contributions are automatically deducted from your paycheck on a pretax basis, so you save money in two ways: you put away money for your future, and you pay less in current taxes. You decide how to invest your account among several fund options offered by the plan.

Maximum Annual Contributions*	100% of earnings up to \$23,000 or \$30,500 if you are 50+
Employer Match**	At its discretion, the Firm may make contributions to the Plan based on market conditions and an employee's deferral participation level. Please speak with the Chief Financial Officer to discuss 401(k)/Profit Sharing options.

**Limits are indexed annually.*

***Please see Summary Plan Description for details on when you vest in the Firm's contributions to employee accounts.*

If you leave Meyers Nave, you will generally want to transfer (roll-over) your money into another qualified retirement plan. Work with the plan administrator when making your roll-over so that you don't accidentally owe taxes and penalties.

Please refer to the Summary Plan Description for further details.

Cost of Coverage

Meyers Nave pays the full cost of your life, AD&D, vision, short-term disability, and employee assistance program coverage. You share in the cost of your medical and dental coverages and a spouse/domestic partner's vision coverage. You pay for medical, dental and vision coverages on a pre-tax basis. Since your contributions are subtracted from your gross pay before federal, state, and Social Security taxes are withheld, you pay less in taxes. Because this tax advantage reduces your reported taxable wages, your Social Security benefits could be slightly reduced when you become eligible to receive them.

Domestic partner contributions are regulated by the IRS. Contributions you make for domestic partner coverage must be made on a post-tax basis. Similarly, Meyers Nave's contribution towards the cost of benefits for your domestic partner and their dependents is taxable income to you. If your domestic partnership is registered with the Secretary of the State of California, your imputed income will be exempt from California state tax.

MEDICAL MONTHLY COST

Aetna HMO	Firm Cost	Your Cost
Employee Only	\$926.56	\$148.00
Employee + Spouse	\$1,623.48	\$848.00
Employee + Children	\$1,184.76	\$642.00
Employee + Family	\$1,928.22	\$1,188.00
Kaiser HMO	Firm Cost	Your Cost
Employee Only	\$777.94	\$148.00
Employee + Spouse	\$1,189.06	\$848.00
Employee + Children	\$1,209.87	\$642.00
Employee + Family	\$1,589.81	\$1,188.00
Aetna PPO	Firm Cost	Your Cost
Employee Only	\$998.43	\$256.00
Employee + Spouse	\$1,794.17	\$1,091.00
Employee + Children	\$1,286.53	\$846.00
Employee + Family	\$2,139.83	\$1,498.00

Aetna HDHP	Firm Cost	Your Cost
Employee Only	\$1,099.20	\$0.00
Employee + Spouse	\$2,067.14	\$461.00
Employee + Children	\$1,543.62	\$325.00
Employee + Family	\$2,502.65	\$685.00
Kaiser HDHP	Firm Cost	Your Cost
Employee Only	\$755.59	\$0.00
Employee + Spouse	\$1,201.31	\$461.00
Employee + Children	\$1,186.19	\$325.00
Employee + Family	\$1,581.78	\$685.00

Listed below is the monthly cost for dental and vision coverage.

DENTAL MONTHLY COST

Dental HMO	Firm Cost	Your Cost
Employee Only	\$10.04	\$7.00
Employee + Spouse	\$17.36	\$15.00
Employee + Children	\$19.06	\$15.00
Employee + Family	\$26.55	\$22.00

Dental PPO	Firm Cost	Your Cost
Employee Only	\$38.60	\$26.00
Employee + Spouse	\$73.47	\$56.00
Employee + Children	\$77.83	\$54.00
Employee + Family	\$120.18	\$89.00

VISION MONTHLY COST

	Firm Cost	Your Cost
Employee Only	\$7.22	\$0.00
Employee + Spouse	\$7.22	\$4.00
Employee + Family	\$9.80	\$8.00

Need help?



Get help with your benefits however you feel most comfortable. You have many different ways to get answers to your questions and assistance with coverage and claims issues. Use the resources on the following pages freely!

GET TO KNOW YOUR BENEFITS PORTAL

[My MN Benefits](#) gives you 24/7 access to general benefits information and benefit-related documents and forms.

Website: <https://mymnbenefits.site/>

SAY HELLO TO YOUR USI BENEFIT RESOURCE CENTER

Are you getting married and not sure how and when to add your new spouse to your plan? Is your stepchild eligible for your healthcare plan? Do you need help understanding the difference between an HSA and an FSA? A Benefit Specialist can help answer these questions and more.

BRC Specialists are trained benefit experts who can help you understand and use your healthcare and other coverage. Contact the BRC for issues such as:

- General benefit questions
- Eligibility and coverage
- Finding a network provider
- Health care claim or billing issues, when warranted
- Coverage changes due to life events (marriage, new child, divorce, etc.)

Benefit Resource Center (BRC)

Email: BRCCA@usi.com

Phone: (888) 336-7463

Hours: Monday – Friday, 8 am to 5 pm PST

CLAIMS ASSISTANCE

If you need claims assistance, you'll need to complete a HIPAA Authorization Form to grant your BRC Specialist permission to work with your insurer and/or healthcare provider(s) to resolve your claims issues. Permission is granted on a limited time basis to only the individuals listed on the form. The form is revocable at any time. Your BRC Specialist will provide the form to you when needed.

MAKE FRIENDS WITH MOBILE APPS

Stay informed while you're on the go! Many of your benefit plans offer apps that provide personalized information about your benefits coverage and individual usage.

Visit the plan's website for app information or search on the Apple Store or Google Play.

For Assistance

If you need to reach our plan providers, here is their contact information:

Plan Type	Provider	Phone Number	Website	Policy/Group #
Medical	Aetna HMO	(800) 445-5299	www.aetna.com	181774
	Aetna PPO/HDHP	(877) 204-9186	www.aetna.com	181774
	Kaiser HMO/HDHP	(800) 464-4000	www.kp.org	18191
Dental	MetLife	(800) 942-0854	www.metlife.com/dental	TS05655036
Vision	VSP	(800) 877-7195	www.vsp.com	12248773
Life Insurance	Reliance Standard	(800) 351-7500	www.reliancestandard.com	GL 165297
Disability Insurance	Reliance Standard	(800) 351-7500	www.reliancestandard.com	LTD133574 STD169256
Flexible Spending Accounts	BASIC Pacific	(800) 574-5448	www.basiconline.com	N/A
Commuter Benefits	Benefit Resource	(800) 473-9595	www.benefitresource.com	Company code: meyersnave
Wishbone Pet Insurance	Pet Benefit Solutions	(800) 891-2565	www.wishboneinsurance.com	Group ID: 6490
Employee Assistance Program	Claremont	(800) 834-3773	www.claremonteap.com	GHP1160-14720

Key Terms

MEDICAL/GENERAL TERMS

Allowable Charge - The most that an in-network provider can charge you for an office visit or service.

Balance Billing - Non-network providers are allowed to charge you more than the plan's allowable charge. This is called Balance Billing.

Coinsurance - The cost share between you and the insurance company. Coinsurance is always a percentage totaling 100%. For example, if the plan pays 70%, you are responsible for paying the remaining 30% of the cost.

Copay - The fee you pay to a provider at the time of service.

Deductible - The amount you have to pay out-of-pocket for expenses before the insurance company will cover any benefit costs for the year (except for preventive care and other services where the deductible is waived).

Explanation of Benefits (EOB) - The statement you receive from the insurance carrier that explains how much the provider billed, how much the plan paid (if any) and how much you owe (if any). In general, you should not pay a bill from your provider until you have received and reviewed your EOB (except for copays).

Family Deductible - The maximum dollar amount any one family will pay out in individual deductibles in a year. IMPORTANT: If you enroll for family coverage on the Aetna HDHP plan, one or more family members will need to meet the deductible.

Individual Deductible - The dollar amount a member must pay each year before the plan will pay benefits for covered services. Important: If you enroll for family coverage on the Aetna HDHP plan, the individual deductible does not apply.

In-Network - Services received from providers (doctors, hospitals, etc.) who are a part of your health plan's network. In-network services generally cost you less than out-of-network services.

Out-of-Network - Services received from providers (doctors, hospitals, etc.) who are not a part of your health plan's network. Out-of-network services generally cost you more than in-network services. With some plans, such as HMOs and EPOs, out-of-network services are not covered.

Out-of-Pocket - Healthcare costs you pay using your own money, whether from your bank account, credit card, Health Reimbursement Account (HRA), Health Savings Account (HSA) or Flexible Spending Account (FSA).

Out-of-Pocket Maximum - The most you would pay out-of-pocket for covered services in a year. Once you reach your out-of-pocket maximum, the plan covers 100% of eligible expenses.

Preventive Care - A routine exam, usually yearly, that may include a physical exam, immunizations and tests for certain health conditions.

PRESCRIPTION DRUG TERMS

Brand Name Drug - A drug sold under its trademarked name. A generic version of the drug may be available.

Generic Drug - A drug that has the same active ingredients as a brand name drug, but is sold under a different name. Generics only become available after the patent expires on a brand name drug. For example, Tylenol is a brand name pain reliever commonly sold under its generic name, Acetaminophen.

Dispense as Written (DAW) - A prescription that does not allow for substitution of an equivalent generic or similar brand drug.

Maintenance Medications - Medications taken on a regular basis for an ongoing condition such as high cholesterol, high blood pressure, asthma, etc. Oral contraceptives are also considered a maintenance medication.

Non-Preferred Brand Drug - A brand name drug for which alternatives are available from either the

plan's preferred brand drug or generic drug list. There is generally a higher copayment for a non-preferred brand drug.

Preferred Brand Drug - A brand name drug that the plan has selected for its preferred drug list. Preferred drugs are generally chosen based on a combination of clinical effectiveness and cost.

Specialty Pharmacy - Provides special drugs for complex conditions such as multiple sclerosis, cancer and HIV/AIDS.

Step Therapy - The practice of starting to treat a medical condition with the most cost effective and safest drug therapy and progressing to other more costly or risky therapy, only if necessary.

DENTAL TERMS

Basic Services - Generally include coverage for fillings and oral surgery.

Diagnostic and Preventive Services - Generally include routine cleanings, oral exams, x-rays, sealants and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

Endodontics - Commonly known as root canal therapy.

Implants - An artificial tooth root that is surgically placed into your jaw to hold a replacement tooth or bridge. Many dental plans do not cover implants.

Major Services - Generally include restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Orthodontia - Some dental plans offer Orthodontia services for children (and sometimes adults too) to treat alignment of the teeth. Orthodontia services are typically limited to a lifetime maximum.

Periodontics - Diagnosis and treatment of gum disease.

Pre-Treatment Estimate - An estimate of how much the plan will pay for treatment. A pre-treatment estimate is not a guarantee of payment.

Important Plan Notices and Documents

CURRENT HEALTH PLAN NOTICES

Notices must be provided to plan participants on an annual basis and are available on the Firm's Benefits Center Website and include:

- [Medicare Part D Notice](#)
Describes options to access prescription drug coverage for Medicare eligible individuals.
- [Women's Health and Cancer Rights Act](#)
Describes benefits available to those that will or have undergone a mastectomy.
- [Newborns' and Mothers' Health Protection Act](#)
Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery.
- [HIPAA Notice of Special Enrollment Rights](#)
Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment.

CURRENT PLAN DOCUMENTS

Important documents for our health plan and retirement plan are available:

Summary Plan Descriptions (SPDs)

A Summary Plan Description, or SPD, is the legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries. The following Summary Plan descriptions is available:

- Meyers Nave Group Health and Welfare Plan.

Summary of Benefits and Coverage (SBCs)

A Summary of Benefits and Coverage (SBC) is a document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. The following SBCs are available:

- Aetna HMO, PPO, and HDHP plan
- Kaiser HMO and HDHP

Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact Human Resources.

Statement of Material Modifications

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the Meyers Nave Group Health and Welfare Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

Determining Eligibility

The information below explains in detail how your eligibility for healthcare coverage is determined, in accordance with the rules of the Affordable Care Act (ACA).

MONTHLY MEASUREMENT METHOD

You and your dependents are eligible for the plan if you are a full-time employee. A full-time employee is generally an employee who works on average 130 hours per month, as defined by the ACA. Hours that count toward full-time status include each hour for which an employee is paid or entitled to payment for the performance of duties for the employer, and each hour for which an employee is paid or entitled to payment for a period of time during which no duties are performed due to vacation, holiday, illness, incapacity (including disability), layoff, jury duty, military duty, or leave of absence.

ACA full-time status can affect or determine major medical benefits eligibility but is not a guarantee of benefits eligibility. Meyers Nave uses the monthly measurement method to determine whether an employee meets this eligibility threshold.

[illegible]

