### OPEN ENROLLMENT BENEFITS AT A GLANCE

2024





### Prepared for:

Appalachian District Health



# CHANGES FOR THE 01/01/2024 PLAN YEAR

Each year all employees are given the opportunity to review their voluntary insurance benefits and make any necessary changes. Once benefits are selected, they cannot be changed during the year under the Section 125 plan, unless the change is due to a qualifying event such as birth, death, adoption, marriage, divorce, or change in spouse's employment.

This year we are changing our Voluntary Benefits insurance companies. The new companies will be better in both benefits and prices. Steve and Matt Worgan, with Worksite Resources, LLC will be our broker and will be working with you on both enrollments and service.

Here are a few things you should know:

- The new companies replacing your current carriers will be MetLife, TransAmerica, and Clarity. We are adding Legal Insurance, Critical Illness, and Pet Insurance.
- All employees covered under the current plans will not automatically be rolled over this year and will need to sign into Navigator to select the benefits they want.
- The new policies will be offered to all employees and new hires on a guaranteed issue basis during our open enrollment. Those opting not to get them this year can choose to get them later but will have to be insurable and can be declined.



### **BENEFITS AT A GLANCE**



This guide is intended to provide a summary of the benefit programs available to all benefit eligible employees. It is only an overview, to review specific plan brochures and plan documents for full program details, limitations and exclusions please request materials from Steve, Matt, or our office.

### **INSTRUCTIONS**

### <u>Application Instructions</u>

- Login to Employee Navigator
- Select the benefits you desire
- Navigator will be open 10/01/2023 -10/31/2023

### **MetLife Dental**

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services - both in and out of network. The goal is to deliver cost-effective protection for a healthier smile and a healthier you.

Coverage Type:	In-Network % of Negotiated Fee	Out-of-Network % of R&C Fee	
Type A - Preventive	100%	100%	
Type B - Basic Restorative	80%	80%	
Type C - Major Restorative	50%	50%	
Deductible			
Individual/Family	\$50	\$50	
Annual Maximum Benefit (Per Individual)	\$1000	\$1000	
Orthodontia Lifetime Max ( Per Individual)	\$1000 (Child up to 19)	\$1000 (Child up to 19)	

#### Type A - Preventive

Oral Examinations - 1 in 6 months Bitewing X-rays - 1 in 12 months (Adult/Child) Cleanings - 1 in 6 months Topical Fluoride Applications 1 in 12 mons - Up to age 14 Full Mouth X-rays - 1 in 60 months Sealants-1 per tooth in 60 months- up to age 14 **Type B - Basic Restorative** 

Space Maintainers - No limit Amalgam and Composite Fillings - No limit Periodontal Maintenance - 2 in 1 year **Emergency Palliative Treatment** 

#### **Type C - Major Restorative**

Crowns-1 in 60 months Dentures-1 in 10 years Repairs (crowns) Root Canal - 1 in 24 months Periodontal Root Planning - 1 per quadrant in 24 months Periodontal Surgery - 1 in 36 months Fixed Bridges - 1 in 10 years Simple Extractions Surgical Extractions

#### **Monthly Premiums**

Employee Only	\$22.06
Employee + Spouse	\$66.85
Employee + Children	\$88.30
Family	\$133.13

### **MET Vision**

With your Vision Preferred Provider Organization Plan, you can:



·Go to any licensed vision specialist and receive coverage. Just remember your benefit dollars go further when you stay in network.

·Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco® Optical, Walmart, Sam's Club and Visionworks.

Type of Service (Once every 12 months)	High Plan (In Network)	Low Plan (In Network)
<u>Exams</u>	\$10 Copay	\$10 Copay
<u>Eyewear Frame</u>	\$200 Allowance \$220 allowance on featured frames	\$130 Allowance \$150 allowance on featured frames
Standard corrective lenses	\$0 Copay	\$0 Copay
Standard lens enhancements	\$0 Copay	\$0 Copay
Contact fitting & evaluation	Covered in full with max copay of \$60	Covered in full with max copay of \$60
Elective lenses	\$200 Allowance	\$130 Allowance
Necessary lenses	Covered in full after eyewear copay	Covered in full after eyewear copay

<sup>\*</sup>If you choose an out-of-network provider, you will have increased out-of-pocket expenses, pay in full at time of service, and file a claim for reimbursement. Please see Matt or Steve for out-of-network benefits

<u>High Plan Monthly Premiums</u>		<u>Low Plan Monthly Premi</u>	<u>Low Plan Monthly Premiums</u>		
Employee Only	\$12.01	Employee Only	\$7.11		
Employee + Spouse	\$24.01	Employee + Spouse	\$14.23		
Employee + Children	\$20.53	Employee + Children	\$12.07		
Family	\$33.62	Family	\$20.00		

### **Met Life Short Term Disability**

If anyone has ever missed an extended period of time at work you will know that money can get tight at home. Even though an employee is not working that doesn't mean bills don't have to get paid. A disability policy is a way to cover your bills in the even you miss work. The MET Life Short and Long Term Disability policy will pay 60% of your monthly salary up to \$825 a week. As long as your doctor tells you that your unable to work the policy will pay out its benefit.

Coverage amount	60% of salary to maximum \$1500/week
Maximum payment period: Maximum length of time you can receive disability benefits.	24 Weeks
Accident benefits begin: The length of time you must be disabled before benefits begin	Day 15
Illness benefits begin: The length of time you must be disabled before benefits begin	Day 15
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period	We Guarantee Issue \$825 in coverage.
Pre-existing conditions: A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 / 12 for new applicants

#### **Estimated Monthly Premiums**

Short Term Disability (per \$10 covered weekly Benefit)	Annual Income	\$30,000	\$40,000	\$50,000	\$60,000
Less than 30	\$0.81	\$28.04	\$37.38	\$46.73	\$56.08
30-34	\$0.81	\$28.04	\$37.38	\$46.73	\$56.08
35-39	\$0.81	\$28.04	\$37.38	\$46.73	\$56.08
40-44	\$0.95	\$32.82	\$43.75	\$54.69	\$65.63
45-49	\$0.95	\$32.82	\$43.75	\$54.69	\$65.63
50-54	\$1.31	\$45.35	\$60.46	\$75.58	\$90.69
55-59	\$1.31	\$45.35	\$60.46	\$75.58	\$90.69
60-64	\$1.44	\$49.85	\$66.46	\$83.08	\$99.69
65+	\$1.44	\$49.85	\$66.46	\$83.08	\$99.69

### **MET Supplemental Term Life / AD&D**



With MetLife's Supplemental Term Life insurance, your employer gives you the opportunity to buy valuable life insurance coverage for yourself, your spouse and your dependent children -- all at affordable group rates.

	<u>Employee</u>	<u>Spouse</u>	<u>Child</u>	
Life Coverage	Increments of \$10,000	Increments of \$5,000	Flat amount: \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000	
Non Medical Maxium	\$100,000	\$25,000	\$10,000	
Overall Benefit Max	\$500,000	\$100,000	\$10,000	
AD&D Coverage	Yes (benefit is the same as term life coverage)	Yes (benefit is the same as term life coverage)	Yes (benefit is the same as term life coverage)	
AD&D Max	Same as Term life	Same as Term life	Same as Term life	

Employee Age	Mor	nthly Premi	um for Emp	oloyee	Employee Age	M	onthly Pren	nium for Sp	ouse
	\$10,000	\$30,000	\$60,000	\$100,000		\$5,000	\$15,000	\$30,000	\$50,000
Under 30	\$0.83	\$2.49	\$4.98	\$8.30	Under 30	\$0.42	\$1.25	\$2.49	\$4.15
30-34	\$1.14	\$3.42	\$6.84	\$11.40	30-34	\$0.57	\$1.71	\$3.42	\$5.70
35-39	\$1.25	\$3.75	\$7.50	\$12.50	35-39	\$0.63	\$1.88	\$3.75	\$6.25
40-44	\$1.85	\$5.55	\$11.10	\$18.50	40-44	\$0.93	\$2.78	\$5.55	\$9.25
45-49	\$2.95	\$8.85	\$17.70	\$29.50	45-49	\$1.48	\$4.43	\$8.85	\$14.75
50-54	\$4.85	\$14.55	\$29.10	\$48.50	50-54	\$2.43	\$7.28	\$14.55	\$24.25
55-59	\$7.85	\$23.55	\$47.10	\$78.50	55-59	\$3.93	\$11.78	\$23.55	\$39.25
60-64	\$9.75	\$29.25	\$58.50	\$97.50	60-64	\$4.88	\$14.63	\$29.25	\$48.75
65-69	\$14.80	\$44.40	\$88.80	\$148.00	65-69	\$7.40	\$22.20	\$44.40	\$74.00
70+	\$23.70	\$71.10	\$142.20	\$237.00	70+	\$11.85	\$35.55	\$71.10	\$118.50

Dependent Child Coverage Monthly Premium for \$10,000

\$2.55

### **TransAmerica Cancer**



Receiving a cancer diagnosis can be one of life's most frightening events. Unfortunately, statistics show you probably know someone who has been in this situation.

With Cancer insurance from TransAmerica, you can rest a little easier. Our coverage pays you a cash benefit to help with the costs associated with treatments, to pay for daily living expenses – and more importantly – to empower you to seek the care you need.

#### Here's How It Works

You choose the coverage that's right for you and your family. Our Cancer insurance pays cash benefits for cancer and 23 specified diseases to help with the cost of treatments and expenses as they happen. Benefits are paid directly to you unless otherwise assigned. With the cash benefits you can receive from this coverage, you may not need to use the funds from your Health Savings Account (HSA) for cancer or specified disease treatments and expenses.

Benefit Amounts					
Hospital Confinement/Related Benefit	<u>ts</u>	<u> Plan 1</u>	<u> Plan 2</u>		
Continuous Hospital Confinement (dail	ly)	\$100	\$200	Monthly Premiums Plan 1	
Radiation/Chemotherapy/Related Ber	<u>iefits</u>	<u> Plan 1</u>	<u> Plan 2</u>	Employee Only	\$15.32
Radiation/Chemotherapy	Up to	\$5,000	\$10,000	Single Parent Family	\$17.90
for Cancer (every 12 months)				Family	\$28.28
Surgery/Related Benefits		<u> Plan 1</u>	<u> Plan 2</u>	3	•
Surgery	Inpatient	\$2,000	\$3,000	Monthly Premiums Plan 2	
	Outpatient	\$3,000	\$4,500	-	
Additional Rider Benefits		<u> Plan 1</u>	<u> Plan 2</u>	Employee Only	\$22.40
Cancer Initial Diagnosis Level Benefit (	1 time benefit)	\$2,000	\$2,000	Single Parent Family	\$25.69
Fixed Wellness Benefit		\$100	\$100	Family	\$40.75

### **MET Accident**

MetLife Accident Insurance can supplement existing medical coverage and help provide financial support to pay for outof-pocket expenses such as deductibles, co-payments, and non-covered medical services. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose. Accident Insurance provides features that could be valuable to your employees, including:

- Portability through Continued Insurance with Premium Payment which gives employees the ability to keep their existing coverage when their employment status with the employer changes.[1]
- · No coordination with other insurance benefits;
- Employees are paid a lump-sum benefit that they can use as they feel necessary;
- Employees and their families will have access to discounts or services that will provide them actionable tools and resources to help them navigate life's twists and turns

Some of your benefits include:		24 Hour Coverage	
Health Screening Benefit (1 time per cale	endar year)	\$75	
Accidental Death or Dismemberment	Employee	\$25,000	
	Spouse	\$12,500	
	Children	\$5,000	
Broken Bones, fractures, dislocations,	Up to	\$10,000	
burns, lacerations		(Per accident)	
On/Off Job Coverage		Monthly Premiums	
		Employee Only	\$10.71
		Employee + Spouse	\$21.20
		Employee + Children	\$25.45
		Family	\$30.09

### **MET Critical Illness**



MetLife Critical Illness Insurance can supplement existing medical coverage and help provide financial support to pay for out-of-pocket expenses such as mortgage payments, college tuition, hiring household help, or treatment not covered by your medical plan. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose. Critical Illness Insurance provides features that could be valuable to your employees, including:

- Eligibility for portability through the Continued Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.
- No coordination with other insurance benefits;
- Employees are paid a lump-sum benefit that they can use as they feel necessary.
- Employees and their families will have access to discounts or services that will provide them actionable tools and resources to help them navigate life's twists and turns

#### **Covered Conditions**

- Initial Benefit means the benefit that is payable for a covered condition the first time that it occurs while coverage is in effect. The Initial Benefit amount is expressed as a percentage of the elected Benefit Amount.
- Recurrence Benefit means the benefit that is payable for another occurrence of the same covered condition for which MetLife has already paid a benefit. The Recurrence Benefit amount is expressed as a percentage of the Initial Benefit amount.

#### Some of your benefits include:

Health Screening Benefit (1 time per calendar year) Benefits amount options \$50 \$15,000 or 30,000

#### Some of your covered conditions:

Heart attack, stroke, kidney failure, organ transplant

#### Monthly Premium for Employees Who Elect \$15,000 of Coverage

Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Children
<25	\$5.55	\$9.15	\$7.95	\$11.40
25 - 34	\$6.30	\$10.35	\$8.70	\$12.60
35 - 44	\$7.95	\$13.20	\$10.35	\$15.60
45 - 54	\$11.85	\$19.80	\$14.10	\$22.05
55 - 64	\$18.90	\$31.65	\$21.30	\$33.90
65 - 74	\$31.80	\$52.50	\$34.20	\$54.90
75+	\$74.55	\$114.75	\$76.95	\$117.15

#### Monthly Premium for Employees Who Elect \$30,000 of Coverage

Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Children
<25	\$11.10	\$18.30	\$15.90	\$22.80
25 - 34	\$12.60	\$20.70	\$17.40	\$25.20
35 - 44	\$15.90	\$26.40	\$20.70	\$31.20
45 - 54	\$23.70	\$39.60	\$28.20	\$44.10
55 - 64	\$37.80	\$63.30	\$42.60	\$67.80
65 - 74	\$63.60	\$105.00	\$68.40	\$109.80
75+	\$149.10	\$229.50	\$153.90	\$234.30
Rates will increase whe	n a Covered Person reache	s a new age band. Rates a	re subject to change.	•

### **TransElite Life Insurance**

TransElite Life Insurance is a voluntary product available to all full time employees. With TransElite Life Insurance from TransAmerica, you get simplified and straightforward coverage. You decide how much coverage and who to cover. You get guaranteed rates for the life of the policy and a guaranteed death benefit to be paid to your beneficiaries. As the policy builds cash value, you can achieve your financial goals or borrow against it should you need to.

Employee, spouse and children term rider policies are available.

Long term care rider included.

ransamerica Universal ife Insurance Rates UniversalLife10.2022.07.prod,shared,aws.NC.28675.9431.09/01/2023 Ion-Tobacco with Riders: TI, WML, CHR , EXT , RES								
Issue Age	\$25,000 Face Amount		\$50,000 Face Amount		\$75,000 Face Amount			
	Monthly Premium	Guaranteed Cash Value at Age 65	Monthly Premium	Guaranteed Cash Value at Age 65	Monthly Premium	Guaranteed Cash Value at Age 65		
18	N/A*		\$24.25	\$0	\$36.37	\$0		
19	N/A*		\$24.67	\$0	\$37.00	\$0		
20	N/A*		\$25.04	\$0	\$37.56	\$0		
21	\$13.36	\$0	\$26.72	\$0	\$40.07	\$0		
22	\$13.58	\$0	\$27.15	\$0	\$40.72	\$0		
23	\$13.81	\$0	\$27.61	\$0	\$41.42	\$0		
24	\$14.00	\$0	\$28.00	\$0	\$42.00	\$0		
25	\$14.22	\$0	\$28.43	\$0	\$42.65	\$0		
26	\$15.79	\$0	\$31.58	\$0	\$47.37	\$0		
27	\$16.11	\$0	\$32.22	\$0	\$48.32	\$0		
28	\$16.31	\$0	\$32.61	\$0	\$48.91	\$0		
29	\$16.54	\$0	\$33.08	\$0	\$49.62	\$0		
30	\$16.80	\$0	\$33.59	\$0	\$50.39	\$0		
31	\$18.74	\$0	\$37.48	\$0	\$56.22	\$0		
32	\$19.07	\$0	\$38.13	\$0	\$57.19	\$0		
33	\$19.39	\$0	\$38.77	\$0	\$58.15	\$0		
34	\$19.81	\$0	\$39.62	\$0	\$59.43	\$0		
35	\$20.20	\$0	\$40.39	\$0	\$60.59	\$0		
36	\$22.17	\$0	\$44.33	\$0	\$66.50	\$0		
37	\$22.73	\$0	\$45.46	\$0	\$68.19	\$0		
38	\$23.25	\$0	\$46.50	\$0	\$69.74	\$0		
39	\$23.77	\$0	\$47.54	\$0	\$71.30	\$0		
40	\$24.42	\$0	\$48.83	\$0	\$73.24	\$0		
41	\$26.60	\$0	\$53.20	\$0	\$79.80	\$0		
42	\$27.30	\$0	\$54.60	\$0	\$81.90	\$0		
43	\$27.98	\$0	\$55.96	\$0	\$83.94	\$0		
44	\$28.69	\$0	\$57.37	\$0	\$86.05	\$0		
45	\$29.54	\$0	\$59.07	\$0	\$88.60	\$0		
46	\$33.18	\$0	\$66.36	\$0	\$99.54	\$0		
47	\$33.90	\$0	\$67.80	\$0	\$101.69	\$0		
49	\$35.60	\$0	\$71.20	\$0	\$106.80	\$0		
50	\$36.51	\$0	\$73.01	\$0	\$109.52	\$0		
51	\$41.79	\$0	\$83.57	\$0	\$125.35	\$0		
52	\$43.30	\$0	\$86.60	\$0	\$129.90	\$0		
53	\$45.05	\$0	\$90.10	\$0	\$135.15	\$0		
54	\$46.65	\$0	\$93.30	\$0	\$139.95	\$0		
55	\$48.51	\$0	\$97.01	\$0	\$145.52	\$0		
56	\$51.93	\$0	\$103.85	\$0	\$155.78	\$0		
57	\$55.60	\$0	\$111.20	\$0	\$166.80	\$0		
58	\$60.00	\$0	\$120.00	\$0	\$180.00	\$0		
59	\$64.80	\$0	\$129.60	\$0	\$194.39	\$0		
60	\$70.12	\$0	\$140.23	\$0	\$210.35	\$0		
	470.12	70	41-10.23	40	42.0.33	40		

	with Riders: TI, WML, CHR, EXT, RES							
Issue Age	\$25,000 Face Amount		\$50,000 Face Amount		\$75,000 Face Amount			
	Monthly Premium	Guaranteed Cash Value at Age 65	Monthly Premium	Guaranteed Cash Value at Age 65	Monthly Premium	Guaranteed Cash Value at Age 65		
18	\$17.64	\$0	\$35.28	\$0	\$52.91	\$0		
19	\$18.20	\$0	\$36.39	\$0	\$54.58	\$0		
20	\$18.72	\$0	\$37.44	\$0	\$56.16	\$0		
21	\$19.30	\$0	\$38.59	\$0	\$57.88	\$0		
22	\$19.82	\$0	\$39.64	\$0	\$59.46	\$0		
23	\$20.46	\$0	\$40.91	\$0	\$61.36	\$0		
24	\$21.03	\$0	\$42.05	\$0	\$63.08	\$0		
25	\$21.67	\$0	\$43.34	\$0	\$65.01	\$0		
26	\$22.60	\$0	\$45.20	\$0	\$67.79	\$0		
27	\$23.47	\$0	\$46.94	\$0	\$70.40	\$0		
28	\$24.19	\$0	\$48.38	\$0	\$72.57	\$0		
29	\$25.02	\$0	\$50.04	\$0	\$75.05	\$0		
30	\$25.83	\$0	\$51.65	\$0	\$77.47	\$0		
31	\$27.13	\$0	\$54.25	\$0	\$81.38	\$0		
32	\$28.08	\$0	\$56.16	\$0	\$84.24	\$0		
33	\$29.01	\$0	\$58.02	\$0	\$87.03	\$0		
34	\$30.14	\$0	\$60.27	\$0	\$90.40	\$0		
35	\$31.30	\$0	\$62.60	\$0	\$93.90	\$0		
36	\$33.09	\$0	\$66.18	\$0	\$99.27	\$0		
37	\$34.28	\$0	\$68.55	\$0	\$102.83	\$0		
38	\$35.57	\$0	\$71.14	\$0	\$106.70	\$0		
39	\$36.96	\$0	\$73.92	\$0	\$110.87	\$0		
40	\$38.39	\$0	\$76.78	\$0	\$115.17	\$0		
41	\$40.27	\$0	\$80.53	\$0	\$120.79	\$0		
42	\$42.20	\$0	\$84.39	\$0	\$126.59	\$0		
43	\$43.79	\$0	\$87.58	\$0	\$131.37	\$0		
44	\$46.21	\$0	\$92.41	\$0	\$138.61	\$0		
45	\$48.83	\$0	\$97.65	\$0	\$146.47	\$0		
46	\$51.68	\$0	\$103.36	\$0	\$155.04	\$0		
47	\$54.70	\$0	\$109.40	\$0	\$164.09	\$0		
48	\$58.14	\$0	\$116.27	\$0	\$174.40	\$0		
49	\$61.39	\$0	\$122.78	\$0	\$184.16	\$0		
50	\$64.92	\$0	\$129.83	\$0	\$194.75	\$0		
51	\$68.94	\$0	\$137.88	\$0	\$206.81	\$0		
52	\$72.25	\$0	\$144.50	\$0	\$216.74	\$0		
53	\$76.01	\$0	\$152.01	\$0	\$228.02	\$0		
54	\$79.80	\$0	\$159.60	\$0	\$239.40	\$0		
55	\$84.11	\$0	\$168.21	\$0	\$252.32	\$0		

### **Clarity Flexible Spending**

A healthcare FSA lets you use tax-free money to pay for eligible medical expenses. FSA's help members realize significant savings on healthcare cost. Don't think of it as money deducted from your paycheckthink of it as money added to your wallet.

#### **Common Eligible Medical Expenses:**

- Pain relievers
- Doctor visits
- Dental cleaning
- Sleep aids
- Eyeglasses/contacts
- Col/cough medicine
- Chiropractic care
- Insulin testing supplies

#### Some of your Benefits Include

- Access to annual contribution on day 1
- Fast, hassle-free payments and reimbursement
- Pay for your spouse and dependents too
- Dependent care spending account
- Annual tax saving potential of \$610

#### IRS Annual Contribution Limit for 2024

\$3,200

### **U.S. Legal and ID Theft Insurance**



The features listed below are just a small sample of benefits that are covered under the U.S. Legal and ID theft protection plans. Please see Steve or Matt Worgan for a list of all benefits included in these plans.

**Monthly Premiums** 

Family Defender \$21.50 \$12.95 **Identity Defender** Family and Identity Defender \$31.45

<ul> <li>Debt Collection         Defense         </li> <li>Identity Theft Defense</li> <li>Identity Restoration         Services     </li> </ul>		<ul><li>Negotiations with Creditors</li><li>Personal Bankruptcy</li></ul>	<ul><li>Tax AuditRepresentation</li><li>Tax Collection Defense</li></ul>
Home & Real Estate	Purchase/Sale of     Primary Residence     Deeds	<ul><li>Mortgages</li><li>Refinancing</li></ul>	<ul><li>Real Estate Disputes</li><li>Neighbor Disputes</li></ul>
Estate Planning	<ul><li>Codicils</li><li>Complex Wills</li><li>Healthcare Proxies</li><li>Living Wills</li></ul>	<ul> <li>Powers of Attorney (Healthcare, Financial, Childcare, Immigration)</li> </ul>	<ul> <li>Revocable &amp; Irrevocable         Trusts     </li> <li>Simple Wills</li> </ul>
Family & Personal	<ul> <li>Adoption</li> <li>Spousal Support</li> <li>Annulments</li> <li>Paternity Action</li> <li>Child Support/ Custody</li> </ul>	<ul> <li>Immigration Assistance</li> <li>Post-Decree         Enforcement Action     </li> <li>Post-Decree         Modification Action     </li> </ul>	<ul> <li>Pre/Postnuptial Agreement</li> <li>Domestic Violence</li> <li>Elder Law Matters</li> <li>Equitable Distribution of Marital Assets</li> </ul>
• Administrative Hearings • Plaintiff or Defenda		<ul><li>Small Claims</li><li>Name Change</li><li>Civil Injunctions</li></ul>	Landlord/Tenant Matters     as Tenant
Document Prep and Review	- I		<ul><li>Lease Agreement</li><li>Personal Affidavit</li></ul>
Traffic & Other Matters	<ul><li>Moving Traffic Violations</li><li>First Offense DUI</li></ul>	<ul><li>Misdemeanor Defense</li><li>License Suspension</li><li>Habeas Corpus</li></ul>	<ul><li>Juvenile Defense</li><li>Trial Coverage up to \$15,000</li></ul>
Identity Protection Features	Protection (Dark Web)  • Credit Monitoring		<ul> <li>Lost Wallet Recovery</li> <li>\$25k Ransomware Reimbursement</li> <li>\$1 Million Identity Theft Insurance</li> </ul>

### **MET Pet Insurance**



No matter what unpredictable antics your furry family member gets into, your family isn't complete without them. With MetLife Pet Insurance,1 you can feel confident that their health and your wallet are protected if you're faced with an unexpected trip to the vet.

#### Why choose MetLife Pet Insurance:

- Flexible coverage with up to 100% reimbursement2 and freedom to visit any U.S. licensed vet
- Available optional Preventive Care coverage3
- 24/7 access to Telehealth Concierge Servies4
- Access to discounts and offers on pet care4
- MetLife Pet mobile app to submit and track claims and manage your pet's health and wellness

#### **What's Covered**

- accidental injuries
- illnesses
- exam fees
- surgeries
- medications
- ultrasounds
- hospital stays
- x-rays and diagnostic tests

#### Coverage also includes

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

To get a quote or enroll, visit www.metlife.com/getpetquote or call 1-800-GET-MET8.

Or scan the QR code with your smartphone camera to get started.



Enter Company Name to Receive Discounts



## **GET IN TOUCH**

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