A Guide to Your Benefits

2026

If you are covered by a Collective Bargaining Agreement, some benefits in this guide may not apply to you. Please review your CBA for details of the plans available. Also contact your local union to see if other benefits may be available directly through them.

MTM offers a comprehensive suite of benefits to promote health and financial security for you and your family. This booklet provides you with a summary of your benefits. Please review it carefully so you can choose the coverage that's right for you.

All bi-weekly contributions for each plan can be found on the Rate Sheet in the Benefits Learning Site in Workday.

Benefits Basics

As an MTM employee, you are eligible for benefits if you are scheduled to work at least 40 hours per week (30 hours per week for medical benefits).

Salaried employees are eligible for all benefits except 401k on date of hire. Hourly employees are eligible for all benefits on the 1st day of the month following 2 months of service. 401k benefits are eligible for all employees on the 1st day of the month following 2 months of service.

You may enroll your eligible dependents for coverage once you are eligible. Your eligible dependents include:

- Your legally married spouse
- Your children up to age 26, (biological, adopted, step, those under your legal guardianship).
- Disabled children may be covered after age 26 with appropriate documentation.

Qualified Life Events - Generally, you may change your benefit elections only during the annual enrollment period. However, you may change your benefit elections during the year if you experience a qualified life event, including:

- Change in marital status
- Birth/Adoption of a child
- Death of your spouse or dependent child
- Change in employment status of employee, spouse, or dependent child
- Qualification by the Plan Administrator of a child support order for medical coverage
- Entitlement to Medicare or Medicaid

You must request the change in Workday within 30 days of the qualified life event and provide proof of the event. If you do not complete the benefit event in Workday within 30 days of the qualified event, you must wait until the next annual enrollment period to make changes (unless you experience a subsequent qualified life event).

Benefits will be effective the 1st of the month following completion of the enrollment, except for birth/adoption which will be effective the date of the birth/adoption.

Dependent Verification

If you are enrolling a dependent in a health plan, you must submit dependent proof as follows:

For Legal Spouse:

- Marriage Certificate

For Children:

- Biological Child: Birth Certificate
- Adopted Child: Birth Certificate or Adoption Certificate or Placement Agreement
- Stepchild: Birth Certificate **AND** the spouse document
- Guardianship: Birth Certificate **AND** court order document of guardianship
- Disabled Child: Documentation listed above **AND** documentation required per the Health Plan.

Cost of Your Benefits

The Company pays the full cost of many of your benefits; you share the cost for others. You pay the full cost for any voluntary benefits you elect.

Benefit	Tax Treatment	Who Pays
Medical & Dental	Pretax	The Company & You
Vision	Pretax	You
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	Payout is generally non-taxable	The Company
Voluntary Life Insurance for Employee, Spouse, and Children through Aflac	After-tax	You
Voluntary Insurance (Allstate and ID Protection plans, Hyatt Legal plan, MetLife Pet Insurance)	After-tax	You
Short Term Disability	Payout is taxable	The Company
Long Term Disability	After-tax	You
Flexible Spending Accounts	Pretax	You
Health Savings Account	Pretax	The Company & You
401(k) Retirement Savings Plan	Pretax or After-tax (Roth)	The Company & You
Employee Assistance Plan	n/a	The Company

Medical Coverage

	HDHP w/HSA	Basic EPO	Select EPO
	In-Network Only*	In-Network Only*	In-Network Only*
Annual Company contribution to HSA (Individual/family) (Deposited at $9.62 or $19.23/pay period.)	$250 / $500	Not applicable	
Annual Wellness Credit available to earn	$500		
Annual deductible (Individual/family) (Excludes copays)	$3,500/$7,000	$2,500/$5,000	$1,250/$2,500
Annual Out-of-pocket maximum (Individual/family) (Includes deductible & copays)	$7,000/$14,000	$5,000/$10,000	$2,000/$4,000
Lifetime maximum	Unlimited		
Preventive care (deductible waived)	100% paid by plan		
Primary physician office visit	You pay 30% after deductible	$25 copay	
Specialist office visit	You pay 30% after deductible	$50 copay	
Condition Management Programs Livongo Hypertension Management Hinge Health UMR Ongoing Care Real Appeal Color Health Cancer Support Oshi Digestive Health	100% paid by plan		
First Stop Health (Telemedicine) Enhanced Primary Care Whole Person Mental Health Urgent Care	100% paid by plan		
Inpatient and Outpatient hospital services	You pay 30% after deductible	You pay 30% after deductible	You pay 20% after deductible
Urgent care	You pay 30% after deductible	$35 copay	
Emergency Room	You pay 30% after deductible	You pay a $250 copay plus then 30% after your deductible	You pay a $250 copay plus then 20% after your deductible
Retail prescription drugs (30-day supply) ▪ Generic ▪ Brand preferred ▪ Brand non-preferred	You pay 30% after deductible	$20 copay $40 copay $80 copay	
Mail order prescription drugs (90-day supply) ▪ Generic ▪ Brand preferred ▪ Brand non-preferred	You pay 30% after deductible	$50 copay $100 copay $200 copay	
Note that a Tobacco surcharge of $46.15 will be added to your bi-weekly premium if you use tobacco products as outlined in the Benefit Guide.			

*Medical benefits are provided through UMR. Coverage under the plan is available when seeking care from in-network providers only, except for care at an Urgent Care or Emergency Room. If you seek care from an out-of-network provider other than from an Urgent Care or Emergency Room, you are responsible for 100% of all charges. To find an in-network provider in your area, log on to UMR.com.

Pharmacy benefits are provided through Express Scripts. To review plan details and price a medication, click on this link.

If you live in Hawaii, your medical plan is through United Healthcare. Please refer to the separate UHC packet in the Benefit Learning Site in Workday.

New for 2026!

- **Color Health: Virtual Cancer Screening.** We're excited to offer access to Color Health's Virtual Cancer Clinic, designed to make cancer screening simple, fast, and effective. ***Color Health is now available to you as a 100% covered benefit through MTM.*** Take charge of your health with easy access to expert care—right from home.

  What You Get:
  - At-home screening kits for common cancers, including cervical cancer, colorectal cancer, and prostate cancer
  - Genetic testing for high-risk individuals
  - 24/7 access to licensed doctors and care advocates
  - Faster diagnosis and care coordination
  - Backed by the American Cancer Society

  Why It Works:
  - Easy access to screenings from home – no need to travel or take time off
  - Faster results and follow-up care so you're not left waiting
  - Expert support from doctors, genetic counselors, and care advocates
  - Works with your current doctor to keep care connected
  - Clear guidance on what screenings you need and when
  - Whole-person care that looks at your medical, genetic, and emotional health
  - Early detection saves money and improves long-term health

- **Oshi Health: Personalized Digestive Care at Your Fingertips.** Struggling with digestive issues like IBS, GERD, or Crohn's Disease? Oshi Health is now available to you as a ***100% covered benefit through MTM***. This virtual care program connects you with a team of digestive health specialists to help you find lasting relief and get back to feeling your best—quickly, conveniently, and from the comfort of home.

  What You Get:
  - Multidisciplinary care team: medical, dietary, and gut-brain specialists
  - Next-day appointments, including evenings and weekends
  - Virtual visits from your phone or desktop
  - Licensed to diagnose, prescribe, and order lab tests
  - Can coordinate with your existing GI provider
  - 24/7 emergency support line

  Conditions Treated:
  - IBS, GERD, Crohn's Disease, Ulcerative Colitis, SIBO, and undiagnosed GI symptoms

  Why It Works:
  - Personalized care plans based on your symptoms and goals
  - Unlimited virtual visits and in-app messaging
  - 98% patient satisfaction and faster access to care than traditional GI clinics

- **UMR Ongoing Condition CARE Program: Free Support for Managing Chronic Conditions.** The UMR OCC program is a no-cost benefit designed to help employees and their covered family members manage chronic health conditions more effectively. Whether you're dealing with diabetes, high blood pressure, asthma, heart disease, or other long-term conditions, this program offers personalized support to improve your health and quality of life.

  What You Get:
  - One-on-one support from a dedicated CARE nurse
  - Access to the CARE app for tracking health metrics and communicating with your nurse
  - Coordination with your existing healthcare provider
  - Real-time alerts for critical health changes (e.g., low blood sugar, high blood pressure)
  - Option for you to purchase Bluetooth health devices (e.g., blood pressure monitor, glucose meter) to connect to your program

  Why It Works:
  - Helps you stay on top of your condition with expert guidance
  - Identifies and addresses gaps in care early
  - Can help prevent ER visits and hospitalizations
  - Empowers you to take control of your health with easy-to-use tools
  - This program is here to support your journey to better health—at no cost to you.

- **2026 HSA Employer Contribution Update.** Starting in 2026, MTM will continue to contribute to your Health Savings Account (HSA)—but instead of receiving the full amount at the beginning of the year, contributions will now be made each pay period.

  Here's what to expect:
  - Employee-only coverage: You'll receive $9.62 per paycheck, totaling $250 for the year
  - All other coverage tiers: You'll receive $19.23 per paycheck, totaling $500 for the year

  Good to know:
  - If you have eligible medical expenses at any time during 2026, you can submit those claims for reimbursement **once the funds have been deposited into your HSA account**—even if the expense occurred earlier in the year.

Please review these important key points when choosing a medical plan:

- **Choose the plan that fits your needs.** Utilize the PLANselect Tool that is in the Benefit Learning Site portal under the section 'Understanding Your Medical Plan Options'. This tool allows you to enter in your unique medical needs then provides you with a score per plan that is the best match. Of course, you can always select any plan option; this is just a tool to help you decide.

- **Understand how the HDHP plan works *BEFORE* enrolling.** Read more about the HDHP plan in this Benefit Guide.

- **Find an in-network provider.** Out-of-network services are NOT covered by any plan, except for emergency and urgent care services. If you choose to receive care from a non-network provider, you will be responsible for 100% of the charges billed. To find a provider, log on to UMR.com, select the United Healthcare Choice Plus network, or if in the Madison, WI area, select the Options network. For pharmacy benefits log on to Express-Scripts.com to find a local in-network pharmacy.

- **Use First Stop Health virtual care for Urgent Care, Primary Care and Mental Health Care.** If you are enrolled in the Basic or Select EPO or the HDHP through MTM, use First Stop Health services. It's convenient and very easy to use. You, your covered family members, and even non-covered family members (up to 10 maximum) can use this service! Log into your First Stop Health account to add your family to the service. More information on First Stop Health can be found in this guide.

HDHP w/HSA

The HDHP w/HSA is a different approach to how you pay for your healthcare expenses and save for your future. It's what is commonly referred to as a High-Deductible Health Plan and it puts you in charge of how your health care dollars are spent. This plan meets the federal IRS requirements that allow you to enroll in a tax-advantaged HSA.

The Health Plan

Like the EPO plans, the HDHP has deductibles, co-insurance, and an out-of-pocket maximum to protect you in the event you have significant medical expenses during the year.

There are a few key features to consider:

- For services to be considered and covered under the plan, you must seek care from in-network providers. To find an in-network medical provider, go to UMR.com.
- In-network preventive care services are covered at 100% without having to meet the deductible - meaning you do not pay for this type of service (as defined by the plan). Preventive medications and approved vaccinations are also covered at 100%.
- For all other services, you are responsible for paying the full cost of care (medical and prescription) until you reach the plan's deductible*. You are then responsible for a portion of the cost of care (your co-insurance), until you reach the plan's out-of-pocket maximum*.

**Note: The HDHP w/HSA has a combined medical and prescription deductible meaning you are responsible for paying the full cost of medical care and non-preventive prescriptions up to the deductible before co-insurance applies. The out-of-pocket maximum is also a combined limit.*

Deductible

The deductible is the amount of money that must first be met before the plan begins covering non-preventive services in the plan. The plan has what is defined as an embedded deductible. This means that there are two deductible amounts within one plan: single and family. The single deductible is embedded in the family deductible, so no one family member can contribute more than the single amount toward the family deductible. The most that any individual will pay toward their in-network deductible is $3,500. The most that will be paid toward the in-network family deductible is $7,000.

Out-of-Pocket Maximum – This is the maximum amount you will pay each plan year for in-network services. Once you have met this amount, the plan will pay 100% of covered charges for the remainder of the year. All allowed out-of-pocket expenses accumulate toward the annual out-of-pocket maximum.

- If you are enrolled in employee only coverage, the most you will pay out-of-pocket during the year for in-network care is $7,000.
- If you are enrolled in employee plus spouse, child(ren) or family coverage, the most you will pay out-of-pocket for your combined family is $14,000, capped at $7,000 per person.

Co-Insurance – *This is the percentage that you and the company share after you have met your deductible.*

- Once you have met your deductible, the plan will begin paying qualified in-network charges at 70%; you are responsible for 30%.
- Out-of-network services are not covered by the plan and are your responsibility, except for emergency care and urgent care.

Prescription Drugs

- If you are enrolled in the HDHP w/HSA, you must first meet your deductible before prescription drugs are covered, except for approved preventive care prescriptions and vaccinations.

Shop Wisely

For you to be in charge of your healthcare costs, both UMR and Express Scripts, our pharmacy provider, have created tools to assist you when deciding where to receive care and prescriptions.

- To compare health related expenses, log into UMR's site and click on the Health Cost Estimator link.
- For prescription drugs, download the Express Scripts mobile app and select Price a Medication.

Health Savings Account

When you are covered by a high-deductible health plan like the HDHP w/HSA plan, you are eligible to participate in a Health Savings Account (HSA)*. An HSA is an investment tool that helps you save for health care expenses, including deductibles and co-insurance. Contributions to your HSA account are pretax, and any interest earned on the account is tax-free.

In 2026, you may contribute up to $4,400 if you are enrolled in employee-only coverage and $8,750 if you are covering yourself and any family members. If you are 55 or older, you may contribute an additional $1,000 to your account. Contributions in your HSA roll over year to year and accumulate if not used. You may use the funds to pay for any qualified health care expenses once the account is open.

You may pay the bills directly from the HSA by using your HSA debit card or you can reimburse yourself from your HSA for payments you make. Payments and withdrawals made from your HSA to cover qualified health care expenses are tax-free.

*Am I eligible to enroll in an HSA?

To be eligible, you must meet a few criteria:

- Must be covered by a qualified high-deductible health plan (HDHP)
- Cannot be enrolled in Medicare or TRICARE
- Cannot be claimed as a dependent on someone else's tax return
- Cannot be covered by another plan that is not an HSA-qualified health plan (with some exceptions including-vision coverage, dental coverage, accident and disability coverage, and employee assistance programs.)

NOTE: If you are not eligible for an HSA based on the above criteria but still would like to enroll in the HDHP w/HSA, please contact the MTM Benefits Department to discuss your options.

Withdrawals

- Qualified medical expenses include anything from a doctor's office visit to dental and vision care and prescription medications. For a list of qualified expenses, consult IRS Publication 502, "Health Savings Accounts and Other Tax-favored Health Plans", available at www.IRS.gov
- You also can use HSA funds to pay for COBRA and long-term care insurance premiums, though your active premiums for the health plan are not reimbursable
- Withdrawals for non-qualified expenses are taxable, carry a 20% penalty, and must be added back to gross income, which is subject to income taxes

How do I access my funds?

- Direct Payments: When you use the HSA Card, your expenses are automatically paid from your HSA.
- Pay yourself back: Pay for eligible expenses with cash, check or your personal credit card, then withdraw funds from your HSA to reimburse yourself.

NOTE: HSA plan participants cannot participant in a Healthcare Flexible Spending Account. If you were in the 2025 Healthcare FSA plan and have a balance on 12/31/25, those funds will roll into the Limited Healthcare FSA plan. See page 14 for further details.

MTM Contribution to your HSA

As a participant in the HDHP w/HSA, MTM will make bi-weekly contribution to your HSA account based on your level of enrollment in the plan:

Enrollment Tier	Annual MTM Contribution*	Per Pay-Period
Employee Only	$250	$9.62
Employee & Spouse Employee & Children Family	$500	$19.23

Note: The Annual MTM Contribution above is the maximum available during the plan year if you enroll effective 1/1/26. Deposits will be made into your HSA account on a payroll-by-payroll basis as indicated above in the 'Per Pay-Period' column.

Health Without Barriers

Just as its MTM's vision to provide Communities without Barriers for the members we serve, we also want to partner with you, our employees, to achieve your optimal health goals. ***Health Without Barriers*** empowers you to achieve your personal wellness goals through a new and innovative solution to improve your health, one step at a time. The program focuses on breaking down barriers that prevent you from achieving optimal wellness and includes various aspects of your life including physical fitness, nutrition, stress management, mental health, and social connections.

The 2026 Wellness program, ***Health Without Barriers*** is available to you, your spouse, and dependent children 18 and older as long as you are all enrolled in one of the MTM medical plans administered by UMR. And while your dependents can participate in the program, their progress will not earn any incentives, except of course better health! Each participant will be able to tailor a program that fits their individual needs to help achieve their personal wellness goals.

Available in the program are activities such as:

- Challenges, both company wide as well as personal challenges set by you.
- Health risk assessments, understand the current state of your health and take the results with you on your next physician visit.
- 30-day Personal Wellness Journey, set your own 30-day habit-forming activities you would like to focus on.
- Annual physical tracker, keep track of your visits with your physician.
- On-demand fitness classes through WellBeats, take virtual classes including fitness, nutrition, and mindfulness classes, you choose what fits your lifestyle.
- Hundreds of short courses through 'University' that focus on your well-being.
- And many more features!

By engaging in the program and completing the annual program requirements, you'll earn $500 in gift cards, to spend as you see fit!

More information regarding the wellness program, ***Health Without Barriers***, can be found in the Benefit Learning Site in Workday. (Company code to enroll in WellRight is MTM.)

This program is not available to you if you are covered by a Collective Bargaining Agreement.

First Stop Health

As an enrolled member of any of the MTM medical plans, the HDHP w/HSA, or the Basic or Select EPO plan, you and your family members have access to a physician 24 / 7 / 365 from the convenience of your home, work, or even if you are on-the-go! You will have access to a board-certified physician at ***no cost*** to you! Included in the program are services for:

- Preventive care visits
- Urgent care visits
- Chronic care management
- Mental healthcare

Call First Stop Health and speak with a physician within minutes. When appropriate, you may also be prescribed medications to get you back on the road to recovery.

Condition Management Programs

As a participant in one of the UMR administered medical plans, you and your covered family members can enroll in any of the available Condition Management Programs described below. All programs are free of charge.

Hypertension Management through Livongo

Livongo for Hypertension helps make living with high blood pressure easier by providing you with a connected monitor, a mobile app that gives personalized feedback, and one-on-one coaching.

Who can join: As a member of one of MTM's medical plans, you and your covered family members with high blood pressure can enroll in the program at no cost to you.

Here's what you get when you join Livongo:

- **A Free Connected Blood Pressure Monitor:** The monitor automatically sends your readings to our easy-to-use app. No waiting necessary!
- **Coaching When You Need It Most:** Our Livongo coaches provide answers to your questions, support on your weight loss journey, and advice on improving your health.
- **Safety and Security:** Your information is safe with Livongo. View and access your records anytime on the app. Share it with your doctors when and if you want to.

If you are a candidate for the Livongo Hypertension program, additional information will be sent to you in the mail directly from Livongo. You can also log on to Ready.Livongo.com/MTM-INC/register or call 800-945-4355 to learn more.

While this program is voluntary, we strongly encourage you and your covered family members over the age of 18 with hypertension to participate to not only improve your health, but to help control health costs for you and MTM.

Hinge Health for Chronic Joint Pain and Pelvic Health

MTM is continuing our partnership with Hinge Health to help you conquer back, knee, hip, shoulder, and joint pain, recover from injuries, prepare for surgery, address pelvic health, or stay healthy and pain free. Best of all, Hinge Health's programs are provided at no cost to you and your eligible dependents age 18 and older enrolled in a UMR medical plan through MTM.

Hinge Health provides all the tools you need to get moving again from the comfort of your home. Here are some of the ways your treatment plan could be tailored to you:

- Get a personal care team, including a physical therapist and health coach
- Schedule as many personal physical therapy sessions as you need
- Receive wearable sensors that give live feedback on your form in the app

Experiencing pelvic health issues? Learn about the Women's Pelvic Health Program. Get safe, effective care at home. For pelvic pain, bowel and bladder control, and pelvic strengthening during pregnancy, postpartum menopause and beyond.

If you don't have pain and are just looking to stay healthy, you can sign up for their free app. Recommended exercises will be tailored to you based on your job and lifestyle. **Visit hingehealth.com/MTM to learn more and apply today.**

For questions, you can call Hinge Health at (855) 902-2777 or send an email to hello@hingehealth.com.

Condition Management Programs (contd.)

Ongoing Condition CARE

Begin living your best life

Managing an ongoing condition takes patience and a gentle approach to caring for yourself

Get expert resources and personal support for managing the challenges of living with:

- Amyotrophic lateral sclerosis (ALS), multiple sclerosis (MS), myasthenia gravis (MG) or rheumatoid arthritis (RA)
- Hypertension, heart failure or coronary artery disease
- Asthma or chronic obstructive pulmonary disease (COPD)
- Depression or anxiety
- Human immunodeficiency virus (HIV/AIDS), hepatitis C or sickle cell anemia
- Ulcerative colitis or Crohn's disease
- Breast, prostate, colorectal or lung cancers
- Diabetes (types 1 or 2)
- Chronic kidney disease

Get started!

Sign in to **umr.com** and from the **Health center** dropdown, select **Ongoing Condition CARE** and choose **Enroll Now**, or scan the QR code.

You can also call toll-free at **866-575-2540**.

CARE
A UMR Solution

Condition Management Programs (contd.)

Real Appeal

WEIGHT MANAGEMENT SUPPORT

Get Support to Build Healthier Habits

Now's a great time to start taking small steps for lasting change, with Real Appeal.® This online weight management program offered by our company can help you create a healthier lifestyle.

More Support for More Confidence

Real Appeal supports you every step of the way. It's available to you and eligible family members at no additional cost as part of your benefits.

Supportive Coaching and Sessions
Get personalized guidance from a coach, who leads collaborative weekly group sessions.

Making Behavior Change Possible
Together, we'll address topics like emotional eating, mindset and motivation, and more.

Resources to Stay Motivated
Your Success Kit gives you access to online fitness classes, scales, a portion plate and more.

Here's what you need to register:

Your calendar
Choose a weekly online session day and time that work for you.

Your shipping address
You'll receive your Success Kit after attending your first online session.

Your health insurance
Have your health insurance ID card handy when enrolling.

Get started now at enroll.realappeal.com or scan the QR code.

Not on our health plan yet? Sign up for Real Appeal once your benefits are active.

Have your health insurance ID card handy when enrolling.

Real Appeal is offered at no additional cost to members as part of their medical benefits plan, subject to eligibility requirements. The Real Appeal program is educational in nature and is not a substitute for medical advice.

Condition Management Programs (contd.)

color | American Cancer Society

Claim my free benefit → Sign In

MTM | Health

Stay ahead of cancer

With Color, you get the cancer screenings you need, at-home or in-person, as well as support from a broad team of experts.

Get started →

This benefit is available to you, your spouse and dependent children age 18+ who are enrolled in one of the MTM medical plans administered by UMR.

New for the 2026 Plan Year: Color Health

Cancer has affected us all. Whether you're looking to understand your cancer risk, currently in treatment, having had cancer in the past, or are caring for a loved one with cancer, your Color benefit provides personalized support.

At-home screenings for certain cancers (colorectal, cervical, and prostate cancers)
At-home genetic testing for high-risk individuals
Color Health can schedule in-person, in-network screening on your behalf
In-treatment and survivorship support

Visit color.com/mtm to take a 5-minute assessment for Color to help understand your screening needs.

Being there for others starts with a simple choice: Get screened.

Cancer is common. 2 out of every 5 Americans will get cancer.[1]

Early detection can save your life. Catching cancer early can more than triple survival rates.[2]

Cancers in people younger than 50 are on the rise. 48% of people are not up to date on their cancer screening.[3]

Condition Management Programs (contd.)

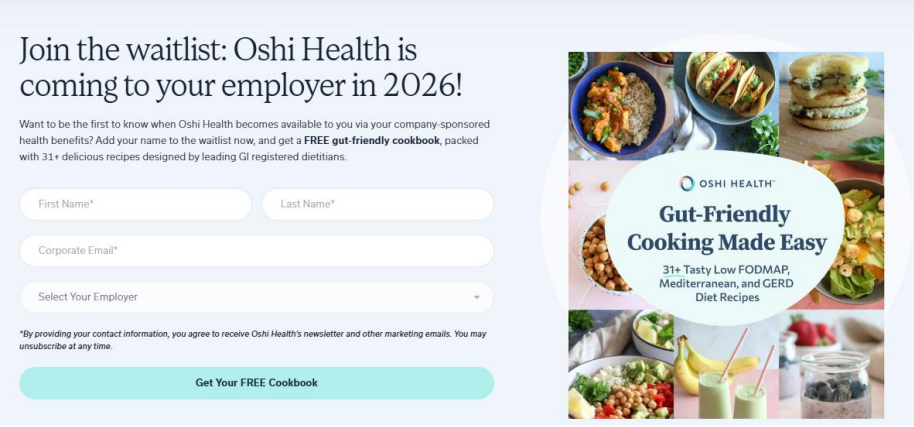
OSHI HEALTH

Are you struggling with bloating, stomach pain, or unexplained digestive symptoms?

Did you know that 1 in 4 adults struggle with gastrointestinal (GI) issues? If you're one of them, you're not alone—and you don't have to live with bothersome symptoms any longer! Starting on January 1, 2026, Oshi Health, virtual GI care is available to you at no additional cost.* Oshi's teams of GI specialists address the root cause of symptoms for clinically-proven relief. And with next-day and weekend virtual visits, it's easy to get care when you need it.

Visit oshihealth.com/MTM to get started

**Oshi Health GI provider visits, including unlimited dietary and behavioral health support services, are available to adult members (18+) enrolled in MTM sponsored medical plan at no additional cost.*



Dental Coverage

The Dental plan is provided through Delta Dental of Missouri. When enrolling in the plan, you have access to both the PPO network and the Premier network. Your coverage is based on the network in which your dental provider participates.

- ***MaxAdvantage*** **–** The services that are included in MaxAdvantage and do not count toward your plan year maximum benefit amount are:
  - ✓ Routine and comprehensive dental exams, as well as periodontal exams
  - ✓ X-rays, including complete series, periapical, intraoral, extraoral, bitewings, and panoramic films
  - ✓ Cleanings, including perio-maintenance cleaning
  - ✓ Fluoride and fluoride varnishes

Here is an example of the MaxAdvantage benefit with a member receiving 2 Exams, X-rays and 2 cleanings totaling $300.

	Without MaxAdvantage	With MaxAdvantage
Annual Benefit Maximum	$1,500	$1,500
Charge for services	$300	$300
The Plan pays	$300	$300
The Member pays	$0	$0
Annual Benefits Remaining	***$1,200***	***$1,500***

Plan Provision	PPO Network	Premier Network	Non-Participating Dentist*
Annual deductible (Individual/family)	$50/$150	$50/$150	$50/$150
Annual maximum per person	$1,500	$1,500	$1,000
Diagnostic and preventive care: Includes cleanings, fluoride treatments, sealants, and x-rays	100%, no deductible	100%, no deductible	100%, no deductible
Basic services: Includes fillings, periodontics, scaling and root planning, and oral surgery	90% after deductible	80% after deductible	80% after deductible
Major services: Includes crowns, bridges, implants, and full and partial dentures	60% after deductible	50% after deductible	50% after deductible
Orthodontia (Children only up to age 19)	50% after deductible $1,500 lifetime maximum	50% after deductible $1,500 lifetime maximum	50% after deductible $1,500 lifetime maximum

*The non-participating dental percentages reflected is the amount that is covered up to the Delta maximum plan allowance. Charges above this allowance are your responsibility to pay.

Vision Coverage

The vision plan is provided to you from Vision Service Plan (VSP). The plan covers routine eye exams and pays for all or a portion of the cost of glasses or contact lenses.

VSP coverage is greater if you stay within the VSP network of providers. The VSP network includes over 100,000 in-network choices including independent doctors, retail options including Visionworks, Walmart, Sam's Club, Pearl Vision and Costco Optical. The network also includes an online retail clinic through Eyeconic. To search for a participating VSP provider, log on to VSP.com. If you choose a non-participating provider, benefits will include a reimbursement up to the amounts shown below in Open Access. When possible, stay within the network to provide the greatest benefit.

****New for 2026*****

- Polycarbonate (impact-resistent) lenses are now covered in the cost of your prescription glasses.
- VSP Lightcare is added which provides a $175 allowance for non-prescription sunglasses or blue light filtering glasses in lieu of prescription glasses or contact lenses at a low $10 copay.

Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through Medical Transportation Management, Inc..

Provider Network:
VSP Choice
Effective Date:
01/01/2026

vsp vision care

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP DOCTOR			
WELLVISION EXAM	• Focuses on your eyes and overall wellness • Routine retinal screening	$10 Up to $39	Every calendar year
ESSENTIAL MEDICAL EYE CARE	• Retinal imaging for members with diabetes covered-in-full • Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. • Coordination with your medical coverage may apply. Ask your VSP network doctor for details.	$20 per exam	Available as needed
PRESCRIPTION GLASSES		**$10**	See frame and lenses
FRAME[1]	• $195 Featured Frame Brands allowance • $175 frame allowance • 20% savings on the amount over your allowance • $175 Walmart/Sam's Club frame allowance • $95 Costco frame allowance	Included in Prescription Glasses	Every calendar year
LENSES	• Single vision, lined bifocal, and lined trifocal lenses	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Impact-resistant lenses • Scratch-resistant coating • Average savings of 30% on other lens enhancements	$0 $50 $50 $0 $0	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	• $175 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to $60	Every calendar year
VSP LIGHTCARE[**,*]	• $175 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts	$10	Every calendar year
ADDITIONAL SAVINGS	**Glasses and Sunglasses** • Discover all current eyewear offers and savings at **vsp.com/offers**. • 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.		
	Laser Vision Correction • Average of 15% off the regular price; discounts available at contracted facilities.		
	Exclusive Member Extras for VSP Members • Contact lens rebates, lens satisfaction guarantees, and more offers at **vsp.com/offers**. • Save up to 60% on digital hearing aids with TruHearing®. Visit **vsp.com/offers/special-offers/hearing-aids** for details. • Enjoy everyday savings on health, wellness, and more with VSP Simple Values.		

GET MORE AT PREFERRED IN-NETWORK LOCATIONS

With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to **vsp.com** to find an in-network doctor.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) are designed to save you money on your taxes. They work in a similar way to a savings account. Each pay period, funds are deducted from your pay on a pretax basis and are deposited to your Health Care and/or Dependent Care FSA. You then use your funds to pay for eligible health care or dependent care expenses.

Account Type	Eligible Expenses	Annual Contribution Limits	Benefit
Healthcare FSA (only available to non-HSA Participants)	Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over the counter medications)	Minimum contribution is $100. Maximum contribution is $3,300* per year	Saves on eligible expenses not covered by insurance; reduces your taxable income. Annual pledge front loaded and available.
Limited Healthcare FSA (for HSA Participants)	Eligible for employees enrolling in the HDHP w/HSA plan that maximizes contributions into the HSA. Also eligible for HDHP participants where there is a prior year rollover balance from the Healthcare FSA plan. Reimbursements from the plan are limited to dental and vision expenses only.	Minimum contribution is $100. Maximum contribution is $3,300* per year. Balances from the prior year's Healthcare FSA plan, up to $660*, will be rolled into this plan.	Allows you to elect the HDHP w/HSA plan for 2026 and not be disqualified by having a remaining balance in the Healthcare FSA plan.
Dependent Care FSA	Dependent care expenses (such as day care, after school programs, or elder care programs) so you and your spouse can work or attend school full-time.	Maximum contribution is $7,500* per year ($3,750* if married and filing separate tax returns)	Reduces your taxable income. Funds are deposited on a per paycheck per basis.

*Projected - Maximum contributions are determined annually by the IRS. If final limits are different than above, the IRS limits will apply.

The Advantages of an FSA

With an FSA, the money you contribute is never taxed—not when you put it in the account, not when you are reimbursed with the funds from the account, and not when you file your income tax return at the end of the year.

- Your FSA elections will be in effect from January 1 through December 31.
- You must re-enroll each year in FSA plans.
- Claims must be submitted within 90 days of the end of the year.
- You may enroll in either of the FSA plans even if you do not elect the MTM medical plan. HDHP enrollees only qualify for the Limited Healthcare FSA.

The **Health Care FSA** plan allows a $660* carry over of unused contributions into the following year. Plan wisely as balances above $660* are forfeited. The **Dependent Care FSA** plan does not carry-over, so plan wisely. The **Limited Healthcare FSA** plan is only available to employees enrolled in the HDHP w/HSA. Plan allows $660* carry over of unused contributions into next year.

*Projected - Maximum contributions are determined annually by the IRS. If final limits are different than above, the IRS limits will apply.

Save on your Taxes	With FSA	Without FSA
Your taxable income	$50,000	$50,000
Pretax contribution to Health Care and Dependent Care FSA	$2,000	$0
Taxable Income	$48,000	$50,000
Federal and Social Security taxes*	$11,701	$12,355
After-tax dollars spent on eligible expenses	$0	$2,000
Spendable income after expenses	$36,299	$35,645
Tax savings with the Medical and Dependent Care FSA	**$654**	

This is an example only and may not reflect your actual experience. It assumes a 25% federal income tax rate marginal rate and a 7.7% FICA marginal rate. State and local taxes vary and are not included in this example. However, you will also save on any state and local taxes as well.

Life and Accidental Death & Dismemberment (AD&D) Insurance

Life insurance is an important part of your financial security, especially if others depend on you for support. Accidental Death & Dismemberment (AD&D) insurance is designed to provide a benefit in the event of accidental death or dismemberment.

The Company provides Basic Life and AD&D Insurance to all eligible employees, at no cost to you. This benefit includes:

- One times your annual base earnings, rounded up to the next $1,000 increment up to a maximum benefit of $250,000
- You are automatically enrolled in this plan on your eligibility date

Voluntary Life Insurance

You may purchase additional life insurance for yourself, your spouse, and your dependent children through convenient payroll deductions.

Enrollment in the plan in your first 30 days of eligibility will guarantee your coverage up to the plan's guaranteed issue amount. Enrolling after this time will require approval through the evidence of insurability (EOI) process.

Plan maximums:

- For you – 5 times your salary, in $10,000 increments, maximum of $300,000 (guarantee issue $100,000)
- For your spouse – $5,000 increments, maximum of $150,000 (guarantee issue $50,000)
- For your children - $10,000 age 6 months to 26 years. $250 age 14 days to 6 months

The cost of coverage for yourself and your spouse is based on your age on January 1st each year and your coverage amount.

Each policy can be purchased independent of each other.

More details can be found in the Benefit Learning Site in Workday.

Disability Insurance

The goal of the Disability Insurance Plans is to provide you with income replacement should you become disabled and unable to work due to a non-work-related illness or injury.

The STD plan is paid for by MTM while the LTD plan is paid for by you.

Short-Term Disability (STD):

- Covers 66.67% of your weekly pre-disability earnings — up to a $2,000 weekly maximum
- Benefits begin on the fifteenth day after injury or illness and continue to the earlier of recovery or 11 total weeks of benefits are paid

Long-Term Disability (LTD):

- Covers 60% of your monthly pre-disability earnings — up to a $10,000 monthly maximum
- Benefits begin after ninety days of disability or illness and continue to the earlier of recovery or age 65 or Social Security Normal Retirement.

Employee Assistance Program (EAP) & Work-Life Services

Your Employee Assistance Program (EAP) is here to support you, with confidential access to professional counselors to assess your needs, provide a listening ear, and connect you with the appropriate trained specialists and community resources.

- Your EAP can help you with a wide variety of life challenges and concerns, including relationships, family interactions, work concerns, or any other personal issues.
- Available 24 hours a day, seven days a week, at no additional cost to you. Should you need care or consultation beyond the services provided directly by your EAP, LifeWorks' counselors will work to locate services that are covered under your insurance plan and/or fit your budgetary requirements.

TELUS Health

844-246-7674
Login.LifeWorks.com
Or download the mobile app
User Name: MTM
Password: eap

Bereavement Loss Support

empathy. | Aflac.

In addition to bereavement leave, MTM provides complimentary access to Empathy Loss Support, available to employees insured under Aflac Group Life, Absence, and Disability Solutions, and their beneficiaries. This holistic solution helps employees and their families manage the practical and emotional challenges that come with the loss of a loved one.

Through Empathy, you and up to 10 family members can receive:

- 1:1 support from a dedicated Care Team, available on demand
- Step-by-step assistance with funeral planning, estate matters, probate, and benefits
- Guidance and resources for grief and returning to work
- Tools to organize tasks, manage family responsibilities, and find emotional support

Accessing Empathy Loss Support: You can register for your free account at join.empathy.com/aflac-loss-support or by calling (720) 707-2413.

LifeVault

As part of MTM's commitment to support you and your family, we provide complimentary access to Aflac LifeVault, Powered by Empathy, a digital estate planning and legacy tool. LifeVault helps you create, organize, and securely store important legal documents so your family's future is protected.

With Aflac LifeVault, you can:

- Create documents such as wills, powers of attorney, and advance healthcare directives
- Store and manage these securely in one place
- Share controlled access with loved ones, advisors, or legal professionals
- Learn about legacy planning through built-in educational resources

Getting Started:

1. Visit join.empathy.com/aflac-lifevault
2. Create an account using your work or personal email
3. Begin your estate planning at your own pace

This service is available at no cost to employees insured under Aflac Group Life, Absence, and Disability Solutions.

Group Voluntary Insurance Policies

Allstate provides you the opportunity to enroll in three voluntary insurance policies, which pay you a lump sum benefit should you be diagnosed with a critical illness, have an accident or are admitted to a hospital. Below is a summary. More information, including the cost of the programs, can be found in the Allstate brochures available in the Benefit Learning Site in Workday.

Critical Illness

You can't predict the future, but you can plan for it. Group Voluntary Critical Illness Insurance can help give you the power to take control of your health when faced with a covered critical illness. This insurance pays benefits that can be used for non-medical expenses that health insurance might not cover. The cash benefit is in the form of a lump sum payment, which is paid to the employee after a covered diagnosis. Covered diagnosis includes heart attack, stroke, end stage renal failure, major organ transplant, and coronary Artery bypass surgery.

Group Voluntary Accident

Even when you live well, accidents happen. Treatment can be vital to recovery, but it can also be expensive. And if an accident happens, the financial worries that come along with it can grow quickly. Most major medical insurance plans only pay a portion of the bills. This coverage pays you cash benefits that correspond with hospital confinement. The cash benefits can be used to help pay for deductibles, treatment, house payments, and more.

Hospital Indemnity

The Allstate Hospital Indemnity insurance pays a cash benefit for hospital confinements. This benefit is payable directly to you and can keep you from withdrawing money from your personal bank account or your Health Savings Account (HSA) for hospital-related expenses. It is increasingly important to not only protect your finances if faced with an unexpected illness, but also to empower yourself to seek the necessary treatment.

The supplemental health coverage is provided by limited benefit insurance. *The policies have exclusions and limitations, may have reductions of benefits at specific ages, and may not be available for sale in all states. The policies are underwritten by American Heritage Life Insurance Company (Home Office: Jacksonville, FL). For costs and complete details contact your Allstate Benefits Representative. Allstate Benefits is the marketing name for American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation.*

Disclosure: Allstate is a for-profit insurance company. As such, Allstate collects premiums and pays benefits from premiums collected. In general, insurance policies such as these provided by Allstate pay on average 50% of premiums collected in claims payments.

Allstate Identity Protection Pro+ Cyber

Sharing data is a fact of life, but with convenience comes risk. Many know they need to do something to protect their online security and privacy, but don't know where to start. Allstate Identity Protection Pro+ Cyber delivers the most advanced identity and privacy protection. Pro+ Cyber safeguards members' data and enrolled devices so they can live their online life more freely. You can enroll up to 5 devices-or up to 20 with a family plan-to be protected. Unique tools and proactive monitoring help you see, manage, and protect your personal data. Monitor your identity, credit, financial transactions, social media, and more — all in one place. If fraud occurs, Allstate Identity Protection includes reimbursement for up to $1 million of many out-of-pocket expenses, lost wages, and legal fees related to identity theft. Enrollment in the plan can be done at any time throughout the year.

Allstate Identity Protection Pro+ Cyber includes these features, plus much more.

Read the linked brochure to learn all the features of the program and live your life more secure.

Whole Life Complete through AllState

A group life insurance policy that includes an **accelerated death benefit for long-term care**—providing added peace of mind for you and your loved ones. And you have the special opportunity to elect life insurance with a **guaranteed rate lock for the life of your coverage.**

FINANCIAL PROTECTION

For you, your spouse, and your children

At Allstate Benefits, we're all about protecting our customers from life's uncertainties. And let's face it — there are a lot of them.

Planning financial security

A group life insurance policy is one of the greatest gifts you can give, but being prepared doesn't stop there. Injury or illness can result in costly long-term care expenses that can quickly deplete the funds you've built for retirement. And you never know what other financial emergencies life may bring. Being protected means being prepared for the unexpected.

We have you covered in more ways than one

With Group Whole Life Complete (Group Whole Life Insurance with Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits Rider), **you can protect your finances and your family in three different ways with one life insurance product.**

1. Traditional whole life insurance, which pays a cash benefit to your beneficiaries when you die
2. Access to the death benefit to help pay for any necessary long-term care
3. Accumulated cash value, which can be accessed when it's needed

Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits Rider

Realities of Expenses

You know long-term care is expensive, but there are many types of long-term care and a wide range of associated expenses. **The most common type of long-term care is provided by a professional health aide in your own home, at a cost of about $20 per hour.**[4] Benefits provided by the rider can help cover those costs – and in most cases, at a much lower premium than traditional stand-alone long-term care insurance.

Advantages of Coverage

- Rates are based on your age at the coverage effective date and are guaranteed not to change
- No separate evidence of insurability required for the rider
- Can be issued to employees and spouses up to age 70
- Coverage is portable, meaning you can keep it after you retire or leave your employer

No matter what path life takes you on, Group Whole Life Complete can help make the journey a little easier.

[Click here to get more information about the Allstate Whole Life Complete program.]

**Enroll during the program's annual open enrollment period each August for a 9/1 effective date or within 30 days of a Qualified Life Event (QLE) with no underwriting approval needed. Enrollment at any other time requires underwriting approval before coverage is effective.*

MetLife Legal Plans

Powerful legal protection on your side

Quality legal assistance can be pricey. And it can be hard to know where to turn to find an attorney you trust. For a monthly fee, you can have a team of top attorneys ready to help you take care of life's planned and unplanned legal events.

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

Reduce the out-of-pocket cost of legal services with MetLife Legal Plans.

How it works

Our service is tailored to your needs. With network attorneys available in person, by phone or by email and online tools to do-it-yourself — we make it easy to get legal help. And, you will always have a choice in which attorney to use. You can choose one from our network of prequalified attorneys or use an attorney outside of our network and be reimbursed some of the cost.[1]

Best of all, you have unlimited access to our attorneys for all legal matters covered under the plan. For a monthly fee conveniently paid through payroll deduction, an expert is on your side if you need them.

When you need help with a personal legal matter, MetLife Legal Plans is there for you to help make it a little easier.

How to use the plan

1. Find an attorney

Create an account at **members.legalplans.com** to see your coverages and select an attorney for your legal matter. Or, give us a call at **800-821-6400** for assistance.

2. Make an appointment

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

3. That's it!

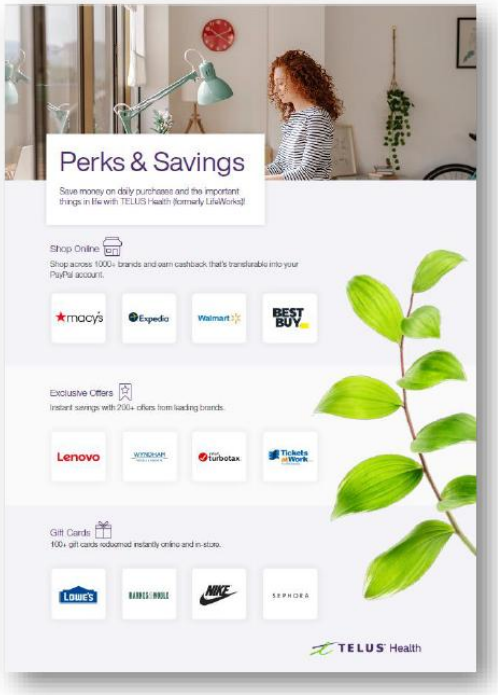
There are no copays, deductibles or claim forms when you use a network attorney for a covered matter.

1. The Participant will be reimbursed according to the set fee schedule, the lesser of the maximum reimbursement amount or the attorney's actual charge. You will be responsible to pay the difference, if any, between the plan's payment and the non-plan attorney's charge for services. MetLife Legal Plans is not responsible for legal work performed by out-of-network attorneys.

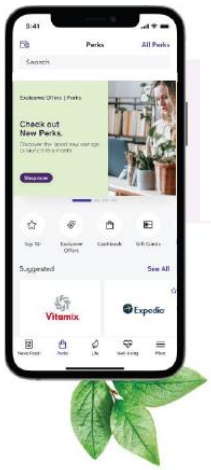
MetLife | Legal Plans

MTM Employee Perks

Save on thousands of retailers and brands through the Perks program as part of our EAP with Telus Health. Create your personal account and start saving today!



Download the app or visit the website



First time users:
User Name: MTM
Password: eap

Then create your account by entering your email and password

Pre-Tax Commuter Benefits

Commuting to and from work each day can be expensive. The commuter benefit program offered by MTM will help you save money on your commuting costs along with the convenience of home delivery of your orders.

The benefit offers you pre-tax dollars (subject to monthly limits determined by the IRS) to pay for your commuting expenses, and you can reduce your commuting costs up to 40%. This program allows you to purchase a variety of products to use when commuting, and the best part is, you can elect to have your order recur each month and receive confirmations by email.

Types of commuter expenses covered:

- Bus, ferry, train, trolley tickets and passes
- Parking expenses, (meters, garages, lots)
- Vanpool fees (including uberPOOL, Via, and Lyft Line)

inspira™ FINANCIAL

Read more about the program in the Benefit Learning Site in Workday!

Find the Individual Medicare Plan for You with Via Benefits

Via Benefits Insurance Services is your personal benefit advisor. With intuitive digital tools and friendly customer support, Via Benefits provides assistance in finding, comparing, and enrolling in an individual Medicare plan that fits your needs, covers your prescription drugs, and works within your budget. Our service is provided at no cost to you.

Your Personal Medicare Resource

Via Benefits is a free resource that offers you a state- of-the-art Medicare marketplace with a wide variety of individual plans from the nation's leading health insurers. The marketplace has Medicare Supplement Insurance (Medigap), Medicare Advantage, and Part D Prescription Drug plans. We also have dental, and vision plans for those who want them.

To help you decide which plan or plans are right for you, a certified and licensed benefit advisor will assist and advise you. Helping you research options based on your unique needs, our benefit advisors go through a rigorous training, certification, and licensing process before they talk to you. Many of our benefit advisors are on Medicare themselves and bring firsthand experience with comparing and enrolling in plans.

What to expect when working with Via Benefits:

- Personalized, step-by-step guidance
- Unbiased, objective support
- Efficient, accurate enrollment
- Support after you enroll

Via Benefits Medicare Marketplace

Working with Via Benefits, you not only have access to benefit advisors, you also have access to our online Medicare marketplace. The marketplace is rich with information and easy-to-use online tools that help you evaluate and understand the plans available to you. You can use our online tools to:

- See quotes for all Medicare product types (Medicare Advantage, Medicare Supplement, and Part D Prescription Drug Plans)
- See quotes for dental and vision products
- Estimate your out-of-pocket expenses for your current medications
- Compare plans side-by-side, so you can see how they stack up against each other
- Should you have any questions, feel free to reach out to a licensed Via Benefits Advisor.

Call us today – we are ready to help!

1-844-222-2994 (TTY: 711)

Monday - Friday, 7:00 a.m. until 8:00 p.m. CST

MTM 401(k) Profit Sharing Plan

The MTM 401(k) Profit Sharing Plan offers a convenient way to save for your future through payroll deductions.

Eligibility

You are eligible to participate in the plan as of the first day of the month following 2 months of service with the Company.

You may roll over funds from another qualified plan into the MTM plan immediately.

Employee Contributions

You can elect your contributions to the plan on a pretax or after-tax basis — up to the IRS annual limit. If you are 50 years of age or older, (or if you will reach age 50 by the end of the year), you may make a catch-up contribution in addition to the normal IRS annual limit.

Employer Matching Contributions

MTM will match 100% of your contributions on the first 3% you contribute into the plan and 50% on the next 2% you contribute for a maximum match of 4%.

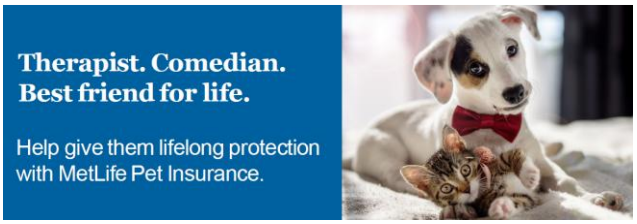
Vesting

Vesting refers to your right of ownership to the money in your account. MTM's plan is what is known as a Safe Harbor plan which means you are immediately vested in all contributions and earnings as soon as they are deposited into your account.

Pet Insurance through MetLife

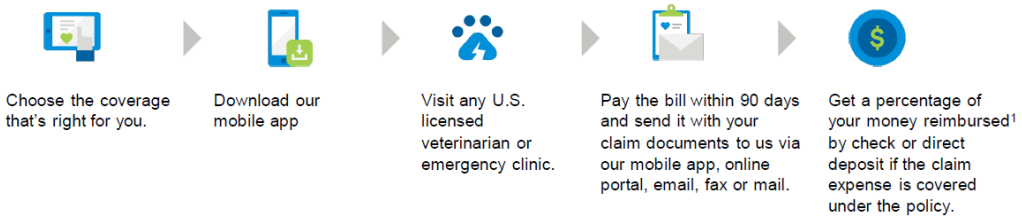
Protect your furry family members with discounted pet insurance coverage. A MetLife Pet Insurance plan helps cover the cost when unexpected accidents or illnesses occur, so nothing gets in the way of caring for your pet when they need it most.

With MetLife Pet Insurance, you can get:



- Flexible insurance plans that can cover the entire pet family with no breed exclusions
- Freedom to visit any U.S. veterinarian and reimbursement up to 90% of the cost of services
- Family plans covering multiple cats and dogs on one policy – a benefit exclusive to MetLife Pet
- 24/7 access to Telehealth Concierge Services for immediate assistance
- Discounts up to 30% and additional offers on pet care where available
- Optional Preventive Care coverage
- Coverage of previously covered pre-existing conditions when switching providers

How does MetLife Pet Insurance work?



Get a quote or enroll today
Visit www.metlife.com/getpetquote (Enter ***Medical Transportation Management, Inc.*** on Employer or Group section)
Call 1.800.GET-MET8
Scan the QR Code

Inside Rx Pets – Free Service for All Employees - If you are a pet parent, you know nothing can replace the love of our furry family members. However, just like humans, health care costs for pets can be expensive. Especially if you are dealing with expenses for prescriptions treating chronic conditions such as diabetes, anxiety, arthritis, or heart disease, it can be a real burden to your budget.

But help is on the way – MTM has partnered with Inside Rx [SM] Pets, a prescription savings program to provide pet parents discounts on brand and generic human medications prescribed for pets at 40,000 participating retail pharmacies.

It's easy to get started:

1. Click the URL below to download your Inside Rx Pets card.
2. Once you have your card, use the online calculator to see how much you can save on your pet's prescription medications or take your card to a participating pharmacy along with your pet's prescription from the veterinarian.
3. Enjoy the savings at a participating pharmacy when paying for your pet's medication.

That's it! For more information, visit https://insiderx.com/pets.

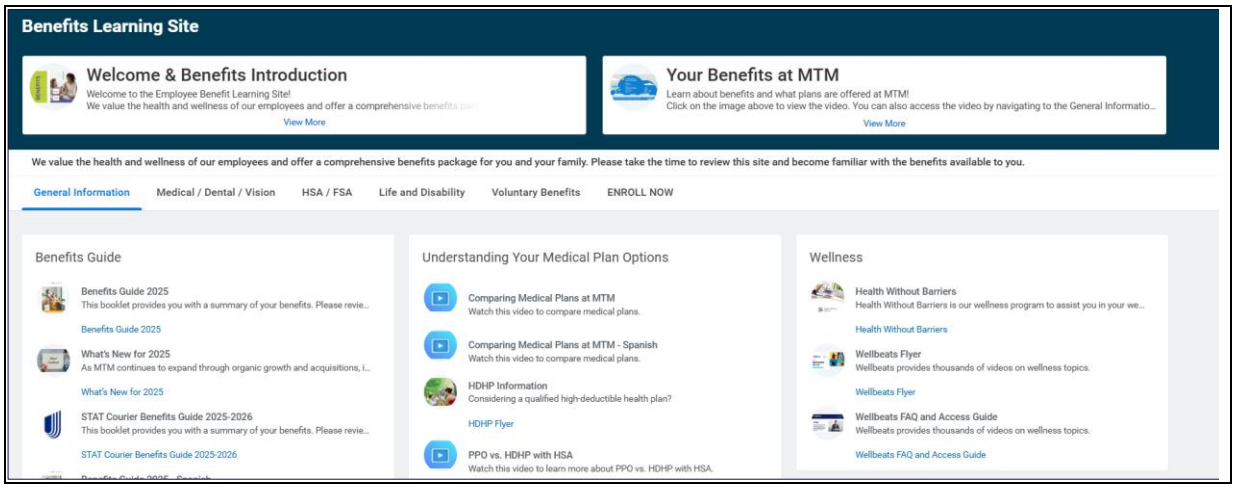
Contact Information

Plan	Provider	Phone Number	Website & Information
Medical Plan Nurseline Care Management	UMR	800-826-9781 877-950-5083 866-494-4502	www.umr.com *Group #* 76-411009
Telemedicine	First Stop Health	888-691-7867	www.fshealth.com *Account #* 2749238
Condition Management Programs: Hinge Health (Musculoskeletal Pain) Livongo (Hypertension Management) Real Appeal Ongoing Condition Care Oshi Digestive Health Color Health Cancer Screening & Care	 Hinge Health Livongo UMR UMR Oshi Digestive Color	 855-902-2777 800-945-4355 844-924-7325 866-575-2540 646-876-8455 844-352-6567	 hello@hingehealth.com teladochealth.com/livongo/hypertension?regcode=MTM-INC www.enroll.realappeal.com www.umr.com www.Oshihealth.com/MTM www.color.com/MTM email: support@color.com
Wellness Program	WellRight		support@wellright.com mtm.wellright.com (Company Code: MTM)
Pharmacy Plan	Express Scripts Rx Savings Solutions	866-544-7945 800-268-4476 800-877-8973 (TTY)	www.express-scripts.com *Group #* MTRMGMT *RXBIN #* 003858 ***Formulary and Pharmacy Link:*** www.express-scripts.com/medicaltransportationmanagement https://rxss.com/ RxSS Single Sign-on Link
Dental Plan	Delta Dental of Missouri	800-335-8266	www.deltadentalmo.com *Group #* MTM - MO20881000 MTM Transit - MO2083000
Vision Plan	Vision Service Plan	800-877-7195	www.vsp.com *Group #* 30068737
Health Savings Account (HSA) **Flexible Spending Accounts (FSA)**	Inspira Financial	844-729-3539 (TTY:711)	inspirafinancial.com/individual/login *Company Code #* 147202
Life & AD&D Insurance **Voluntary Life Insurance** **Short-Term & Long-Term Disability**	Aflac	800-206-8826	mygrouplifedisability.aflac.com *Policy #* GDL0000008
Critical Illness **Hospital Indemnity** **Group Accident** **Group Whole Life Complete**	Allstate	800-521-3535 866-701-7439* (*during Open Enrollment) 866-709-3901	www.allstatebenefits.com/mybenefits *Group #* G1924
Allstate Identity Protection Pro+ Cyber	Allstate	800-789-2720	www.allstateidentityprotection.com
Employee Assistance Program (EAP) & Work-Life Services	TELUS Health	844-246-7674 800-772-0997 (TTY)	www.Login.lifeworks.com *Username:* MTM *Password:* eap
Empathy: Bereavement Services LifeVault	Empathy through Aflac	720-707-2413	join.empathy.com/aflac-loss-support join.empathy.com/aflac-lifevault
401(k) Profit Sharing Plan	John Hancock	800-294-3575	Myplan.johnhancock.com Plan # ME4302
Financial Wellness	TELUS Health	844-246-7674 800-772-0997 (TTY)	www.Login.lifeworks.com (search for 'Financial') *Username:* MTM *Password:* eap
Legal Plan **Pet Insurance**	MetLife	1-800-821-6400 1-800-GET-MET8	www.legalplans.com *Access Code:* Legal www.metlife.com/getpetquote
MTM Employee Perks	TELUS Health		*Register & Login:* https://mtm.lifeworks.com/
Commuter Benefits	Inspira Financial	844-729-3539 (TTY:711)	inspirafinancial.com/individual/login *Monthly cut-off date:* the 10th
Pet Medication Discount Program	InsideRx Pets	800-722-8979	https://insiderx.com/pets *Email:* questions@insiderx.com
Benefits questions **& Workday enrollment issues**		888-828-1316	*Log a ticket in Workday Help:* *https://www.myworkday.com/mtminc/wdhelp/helpcenter*

Benefits Learning Site

As a reminder, the Benefits Learning Site in Workday is your go-to resource for all benefits information.

You can access the site by logging into Workday, clicking on the 'View All Apps', then clicking on the 'Benefits Learning Site' option. The site can be accessed through your computer or your mobile device, as long as you have downloaded the Workday mobile app.



About the Guide: This benefit summary provides selected highlights of the MTM employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the Company. All benefit plans are governed by master policies, contracts, and plan documents. Any discrepancies between information provided through this summary and the actual terms of the policies, contracts, and plan documents are governed by the terms of these policies, contracts, and plan documents. MTM reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The Plan Administrator has the authority to make these changes.