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NEWLY ELIGIBLE

# BENEFITS ENROLLMENT

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## IMPORTANT ENROLLMENT INFORMATION INSIDE

Associates must enroll within 30 days of hire date. For more information, contact People Services at [People.Services@nbly.com](mailto:People.Services@nbly.com)



# WELCOME TO YOUR 2025 BENEFITS ENROLLMENT

You will complete your 2025 new hire enrollment within Workday. Once you are logged into the system, you will go to your Workday inbox and find your benefit event task awaiting completion. Learn more about your benefits by visiting [myneighborlybenefits.com](https://myneighborlybenefits.com).

**Note: This brochure provides an overview of some (not all) of the benefits available to you and your dependents as a full-time Associate.**

## ENROLL WITHIN 30 DAYS OF HIRE

### Day of Hire

- First Day of Enrollment

### First 30 Days

- Make Your Benefit Elections

### Day 31

- Elections No Longer Allowed

- 1 Review your 2025 plan options and details online [myneighborlybenefits.com](https://myneighborlybenefits.com).
- 2 Navigate to your personal inbox within **Workday**. You will see a benefit event task waiting for completion.  
Make your benefit plan elections, enroll your dependents, and submit your selections. A benefit statement will auto generate upon completion. Check your Workday inbox for additional tasks that need action. You must complete **ALL** benefit task in your inbox for your enrollment to be complete.
- 3

**IMPORTANT:** Benefits will go into effect on the first of the month, following 30 days of employment.

### DENTAL PLAN

MetLife		IN-NETWORK	OUT-OF-NETWORK*
<b>Deductible</b> – Individual/Family		\$50/\$150	\$50/\$150
<b>Annual Maximum</b> (per person)		\$1,500	\$1,500
<b>Co-insurance</b>	Preventive	\$0	\$0
	Basic	20%	20%
	Major	50%	50%
	Orthodontia	50%	50%
	Lifetime Ortho. Max.	\$1,250 per person	\$1,250 per person

\*Out-of-Network services are limited to MetLife's 90% usual and customary reimbursement (UCR) and you could be billed for the difference.

### 2025 DENTAL PLAN RATES (BI-WEEKLY DEDUCTIONS)

<b>Associate</b>	\$13.11
<b>Associate + Spouse</b>	\$26.62
<b>Associate + Child(ren)</b>	\$36.22
<b>Family</b>	\$53.27

### VISION PLAN

MetLife	IN-NETWORK	OUT-OF-NETWORK
<b>Eye Exam</b>	\$0	Up to \$45
<b>Single Lenses</b>	\$0	Up to \$30
<b>Bifocal Lenses</b>	\$0	Up to \$50
<b>Trifocal Lenses</b>	\$0	Up to \$65
<b>Frames</b>	Up to \$120	Up to \$55
<b>Necessary Contact Lenses</b>	\$0	Up to \$210
<b>Elective Contact Lenses</b>	Up to \$120	Up to \$105


Service frequency is one every 12 months

### 2025 VISION PLAN RATES (BI-WEEKLY DEDUCTIONS)

<b>Associate</b>	\$3.12
<b>Associate + Spouse</b>	\$6.26
<b>Associate + Child(ren)</b>	\$5.30
<b>Family</b>	\$8.74

This brochure contains summary information about your benefit plans. If there is a discrepancy between this document and the Plan Documents on [myneighborlybenefits.com](https://myneighborlybenefits.com), the Plan Documents will prevail.

## MEDICAL PLAN CHOICES

	BCBS PPO PLAN		BCBS HSA PLAN	
 BlueCross BlueShield of Texas	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Annual Deductible</b> Individual/Family (Embedded)	\$1,500/\$3,000	\$3,000/\$6,000	\$4,000/\$8,000	\$8,000/\$16,000
<b>Annual Out-of-Pocket Maximum</b> Individual/Family	\$6,250/\$12,500	\$12,000/\$24,000	\$4,000/\$8,000	\$12,000/\$24,000
<b>Preventive Care</b>	\$0	Deductible then 40%	\$0	Deductible then 30%
<b>Regular Office Visit</b>	\$25 copay	Deductible then 40%	Deductible then 0%	Deductible then 30%
<b>Specialist Office Visit</b>	\$70 copay	Deductible then 40%	Deductible then 0%	Deductible then 30%
<b>Urgent Care</b>	\$70 copay	Deductible then 40%	Deductible then 0%	Deductible then 30%
<b>Emergency Room</b>	\$350 copay		Deductible then 0%	
<b>Outpatient Surgery</b>	Deductible then 0%	Deductible then 40%	Deductible then 0%	Deductible then 30%
<b>Hospital/Inpatient Surgery</b>	Deductible then 0%	Deductible then 40%	Deductible then 0%	Deductible then 30%
<b>Prescription Drugs – Express Scripts</b>	\$15/\$30/\$60/\$120	Not Covered	Deductible then 0%	Not Covered
	\$37.50/\$75/\$150/\$300	Not Covered	Deductible then 0%	Not Covered

CHOOSE YOUR MEDICAL PLAN RATE		BCBS PPO PLAN	BCBS HSA PLAN
<b>2025 Medical Plan Rates</b> Bi-Weekly Payroll Deductions*  (Tobacco user rates increase by \$40 monthly for all tiers of coverage)	<b>Associate</b>	\$67.01	\$32.74
	<b>Associate + Spouse</b>	\$238.26	\$172.03
	<b>Associate + Child(ren)</b>	\$216.60	\$156.39
	<b>Family</b>	\$365.45	\$248.34
<b>Neighborly® HSA Contribution</b> (prorated bi-weekly)	<b>Single</b>	Ineligible	\$1,000 annually (\$38.46 bi-weekly)
	<b>Family</b>	Ineligible	\$2,000 annually (\$76.92 bi-weekly)



## MEDICAL PLAN SPOUSE/DOMESTIC PARTNER ELIGIBILITY

**A working spouse/domestic partner who is eligible for medical coverage through his or her own employer is NOT eligible for medical coverage through Neighborly®.** Your spouse/domestic partner is eligible for coverage if he/she is any of the following: Not employed; Self-employed; Employed by Neighborly®; or Employed but not eligible for medical plan coverage through their employer. Legal spouses/domestic partners (regardless of employment status) are eligible for dental, vision, and supplemental voluntary benefits.


# MEDICAL



## ANCILLARY BENEFITS

	ACCIDENT PLAN	BI-WEEKLY PAYROLL DEDUCTION	
	Associate	\$3.60	
	Associate + Spouse	\$7.11	
	Associate + Child(ren)	\$8.56	
	Family	\$10.10	
<p>The plans offered through MetLife help offset out-of-pocket costs Associates incur with hospital stays, injuries, and certain illness regardless of which medical plan you select. Plan details are available on <a href="https://myneighborlybenefits.com">myneighborlybenefits.com</a></p>	CRITICAL ILLNESS PLAN	MONTHLY DEDUCTION PER \$10,000 OF ASSOCIATE/SPOUSE COVERAGE	
		NON-TOBACCO USER	TOBACCO USER
	Under age 35	\$4.10	\$4.40
	Ages 35-44	\$7.10	\$8.50
	Ages 45-54	\$15.90	\$23.90
	Ages 55-64	\$32.20	\$57.70
	Ages 65+	\$57.10	\$114.00
	Child Coverage	Included in Associate Election	
	<h2>SUPPLEMENTAL LIFE INSURANCE AND DISABILITY</h2> <p>Visit <a href="https://myneighborlybenefits.com">myneighborlybenefits.com</a> for more information.</p>		


## 401(K) RETIREMENT

	You are eligible to start contributions into the Neighborly® 401(k) plan when you reach 60 days of employment. You can register your online account with Empower after your first paycheck with Neighborly – registration instructions can be found on <a href="https://myneighborlybenefits.com">myneighborlybenefits.com</a> . Call Empower Retirement at 800-338-4015 for investment assistance or log on to <a href="https://www.empowermyretirement.com">www.empowermyretirement.com</a> to use their online resources and educational tools.
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## DISCIPLINED INVESTORS

	<p>Looking for guidance on investments, finances, or retirement planning?</p> <p>As a participant in the Neighborly 401(k) plan, you have access to personalized support from our 401(k) fiduciary—completely free of charge. Disciplined Investors are available to meet at your convenience to help you make informed financial decisions.</p> <p>To schedule a one-on-one session, contact:</p> <ul style="list-style-type: none"><li>• Russell Livesay – <a href="mailto:rl@dinvestors.com">rl@dinvestors.com</a>   254-755-8622</li><li>• Sabrina Moore – <a href="mailto:sabrina@dinvestors.com">sabrina@dinvestors.com</a>   254-754-9102</li></ul>
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## FINANCIAL WELLNESS

	<p>Your Money Line is a financial wellness program which offers tailored access to a variety of resources such as financial education, personalized financial coaching, budgeting tools, assistance with student loans, and retirement planning. Your Money Line is a <b>100% company paid benefit</b> (Currently, Your Money Line is being offered as a pilot program for Corporate Associates only).</p> <p>More Information can be found on <a href="https://myneighborlybenefits.com">myneighborlybenefits.com</a>.</p>
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