Black Pearl Educational Services, LLC

BLACK RIVER PUBLIC SCHOOL

EMPLOYEE BENEFIT GUIDE

July 1, 2026 - June 30, 2027

WELCOME TO OPEN ENROLLMENT!

We appreciate your role in the success of our organization!



NOW IS YOUR OPPORTUNITY TO ENROLL OR MAKE CHANGES

Please submit you plan elections through Navigator by June 10th, 2026.

Thank you!

Contact Information

Feel free to contact your carriers at any time throughout the year.

Benefit	Insurance Carrier	Phone #	Website
Medical Insurance	Priority Health	800.446.5674	www.priorityhealth.com
Dental Insurance	MetLife	800.638.5433	www.metlife.com
Vision Insurance	MetLife	800.638.5433	www.metlife.com
Life Insurance	MetLife	800.638.5433	www.metlife.com
Long Term Disability	MetLife	800.638.5433	www.metlife.com
Short Term Disability	Self-Funded	See HR Department	
FLEXible Spending	B.A.S.I.C.	800.444.1922 x1	www.bascionline.com
Employee Connect *(Employee Assist/Counseling Program & more)*	MetLife	800.638.5433	www.metlife.com
Critical Illness Insurance	MetLife	800.638.5433	www.metlife.com
Hospital Insurance	MetLife	800.638.5433	www.metlife.com
Accident Insurance	MetLife	800.638.5433	www.metlife.com

Benefit Admin System		
Navigator - Benefit Profiles	Customer service/ Tech support	616.524.4990

LEAVE REMINDER: If during the year you have a need to apply for an **FMLA leave** or **Disability leave**, be sure to contact your Benefits Team at Weadock & Associates, to get processing started.

First notify your supervisor

BENEFIT CHANGES: Any changes to benefits throughout the year, **MUST be made within 30 days of the qualifying event (marriage, divorce, birth, death, loss of coverage, etc.)** Changes attempted outside of this timeframe will not be permitted and will have to wait until the annual open enrollment period.



Benefits Agency

Weadock & Associates LLC
A Multiple Line Insurance Agency
We Ask. We Listen. We Act.

Website
www.weadockandassociates.com
Phone
800.860.6343 616.464.0760
Fax
616.464.0764
Emails

Andrew Polak dpolak@weadockandassociates.com
Angela Goei agoei@weadockandassociates.com

We're here to assist you whether it's regarding an escalated claim issue or a general benefit question. Our team is ready to help!

8 Easy steps to employee enrollment.

employee NAVIGATOR

1. **Let's begin your new hire enrollment!**

Log in to **employeenavigator.com*** per the instructions you have received from your HR administrator or other...

2. Click **Start**.

New Hire Enrollment [Start]

Then click [Begin Enrollment]

3. You will need to verify and enter some personal information for you and your dependents — Click [Get Started] then complete all required fields.

Verify all information is correct — Click **Save & Continue** when you are ready to proceed to the next section.

4. Add your dependents and their information.

5. If requested, provide any emergency contacts, employment documents, Medicare status, previous/current coverage and/or health information.

6. Take a moment to compare and view details of your available benefits.

To select your prefered choice, click [Select] or [Don't Want This Benefit?] to decline the benefit — Click **Save & Continue** when you are ready to proceed to the next benefit.

7. Finally, you will be shown a summary of your elected benefits and the total cost to you per pay period.

When you have reviewed and approve the enrollment summary, sign to complete your enrollment.

Sign to Complete Enrollment [Click to Sign]

Elections will be finalized only after you sign and authorize your elections.

8. If you have any questions about your enrollment or would like to make changes, please contact HR.

*We recommend using either Google Chrome or Firefox as your browser for the optimal experience.

© 2024 Employee Navigator

employeenavigator.com | 301-583-5180 | sales@employeenavigator.com

Monthly Defined Contribution

After reviewing numerous scenarios for maintaining quality benefits at low cost to employees, Black Pearl has chosen the following Defined Contribution method.

What is a Defined Contribution?

A Defined Contribution is an employer established contribution to cover most or all of your medical plan premium. In many cases, there is money remaining for you to spend and apply to your Dental, Vision, Critical Illness, Accident and/or your FLEX account contributions. If you choose an H.S.A. Medical plan, you can use remaining dollars to contribute toward your H.S.A. account.

DEFINED MONTHLY CONTRIBUTION		
	HMO	HSA
Single	$610.00	$555.00
Double	$1,335.00	$1,225.00
Family	$1,650.00	$1,530.00

1st: Choose your Medical Plan

2nd: Spend the balance of your leftover Defined Contribution dollars as you wish to best meet your family's needs.

Priority Health			MONTHLY DEFINED CONTRIBUTION	MONTHLY COST/SAVINGS	ANNUAL COST/SAVINGS	Percent available to Fund H.S.A. deductible
Medical Plans	Deductibles	Monthly Premium				
WMP HMO 3500 70% Copay Aligned Plan						
Single	$3,500.00	$645.14	$610.00	($35.14)	($421.68)	n/a
Double	$7,000.00	$1,419.31	$1,335.00	($84.31)	($1,011.72)	n/a
Family	$7,000.00	$1,774.13	$1,650.00	($124.13)	($1,489.56)	n/a
WMP HMO HSA 2500 70%						
Single	$2,500.00	$487.23	$555.00	$67.77	$813.24	33%
Double	$5,000.00	$1,071.91	$1,225.00	$153.09	$1,837.08	37%
Family	$5,000.00	$1,339.88	$1,530.00	$190.12	$2,281.44	46%
WMP HMO HSA 4500 70%						
Single	$4,500.00	$422.43	$555.00	$132.57	$1,590.84	35%
Double	$9,000.00	$929.35	$1,225.00	$295.65	$3,547.80	39%
Family	$9,000.00	$1,161.68	$1,530.00	$368.32	$4,419.84	49%

These figures assume you choose to deposit the full amount of excess DC, after medical premium, into your H.S.A. account.

This piece is for illustrative purposes only. Only the policy can provide the actual terms of coverage.

Medical Benefits

After a thorough review of medical options for this year, Black Pearl has chosen to stay with Priority Health, with modified plan designs and continue offering a Defined Contribution.

Choose 1 of 3 different Medical Plan Options

HSA Limits

2026	2027
Single $4,400	$4,600
Family $8,750	$8,950



Plan Changes are Highlighted

Benefits			WMP HMO 3500 70% Copay Aligned	WMP HMO HSA 2500 70% Traditional	WMP HMO HSA 4500 70% Traditional
			In Network Tier 1	In Network Tier 1	In Network Tier 1
Deductible		Individual	$3,500	$2,500	$4,500
		Family	$7,000	$5,000	$9,000
Coinsurance			70%	70%	70%
Coinsurance Max		Individual	$2,000	n/a	n/a
		Family	$4,000	n/a	n/a
Out of Pocket Max		Individual	$9,200	$8,300	$8,300
(includes ded, coins & copays)		Family	$18,400	$16,600	$16,600
Preventative Care Services (Limits Apply)			100%	100%	100%
Prescription	Tier 1		$10	$10 after ded	$10 after ded
	Tier 2		$40	$40 after ded	$40 after ded
	Tier 3		$80	$80 after ded	$80 after ded
	Tier 4		20% to $100	20% to $100 after ded	20% to $100 after ded
	Tier 5		20% to $200	20% to $200 after ded	20% to $200 after ded
Office Visits			$35	30% after ded	30% after ded
Virtual 24/7 Visits			Covered	$45 copay	$45 copay
Specialist Visits			$50	30% after ded	30% after ded
Urgent Care Visits			$75	30% after ded	30% after ded
Rehab Services	Chiro & Osteo		$25	30% after ded	30% after ded
	PT, OT, ST		$25	30% after ded	30% after ded
Advanced Imaging			$150	30% after ded	30% after ded
Diagnostic Tests & Xrays			30% after ded	30% after ded	30% after ded
Durable Medical Equipment			50% after ded	50% after ded	50% after ded
Hospital Services			30% after ded	30% after ded	30% after ded
Emergency Room Copay			$150	30% after ded	30% after ded
Ambulance Coverage			$150	30% after ded	30% after ded
			Diabetic Supplies Rider!		

This piece is for illustrative purposes only. Only the policy can provide the actual terms of coverage.

PriorityHealth
THINK SMART. LIVE SMART.

West MI Partners tiered network plan

Our West MI Partners plan offers one of our lowest monthly premiums and gives you access to care at some of the nation's top hospital systems. Because this is a tiered network plan, you'll pay different deductibles and out-of-pocket costs for the same services performed by different tiers of providers.

It's to your advantage to receive care through a Tier 1 provider. Tier 1 providers offer high-quality care at a lower cost. Care outside of Tier 1, offers similar quality, but at a higher cost*.

Tier 1 providers

Our Tier 1 health systems meet our rigorous quality standards and share our commitment to care management and coordination, which is proven to optimize health, eliminate avoidable costs and ensure the best care. Tier 1 providers include:

- Spectrum Health and providers with admitting privileges to these facilities
- Metro Health and providers with admitting privileges to these facilities
- Holland Hospital and providers with admitting privileges to these facilities
- Bronson Healthcare and providers with admitting privileges to these facilities
- All ancillary facilities in the Priority Health network. Examples include:
  - Orthopedic Associates of Michigan
  - Mary Free Bed Rehabilitation Hospital
  - Pine Rest Christian Mental Health Services
  - Forest View Hospital
- Physical therapists, social workers and skilled nursing facilities without a health-system affiliation
- All in-network pharmacies

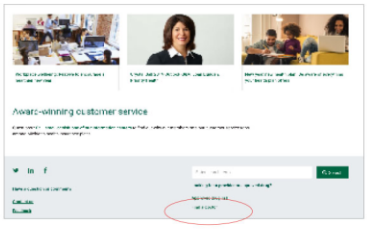


Your member ID card indicates that you have a West MI Partners plan.

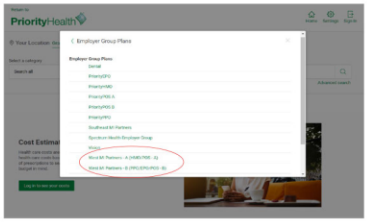
continued >

Choosing Tier 1 providers

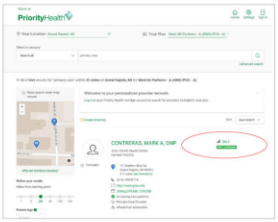
1 Visit *priorityhealth.com* and select Find A Doctor at the bottom of the home page.



2 Click **All Plans, Employer Group plans**, then choose your West MI Partners plan type (A or B).



3 Search by the name of your provider or office. Identify Tier 1 providers specified on the right side of the results page.



Managing your West MI Partners health plan

- Register your Priority Health member account at ***member.priorityhealth.com***. You'll need your contract number, located on your member ID card. For information on the go, download the Priority Health mobile app from the App Store or Google Play.
- If you have a primary care physician (PCP), verify if they are a Tier 1 provider through our Find a Doctor tool using the instructions above. If they aren't identified as a Tier 1, you'll pay higher deductibles and out-of-pocket costs.
- If you don't have a PCP, a Tier 1 provider will be auto-assigned to you.
- You don't need to get a referral to see a specialist or any Tier 2 provider.
- Remember, you'll pay less for Tier 1 providers, but you always have the choice to go to providers in other tiers, you'll just pay more. The Find a Doctor tool identifies in-network providers by tier.

If you have any questions about your plan, call the number on the back of your member ID card. Our locally-based customer service center is open six days a week, and can help you with any questions.

Through your member account you'll be able to:

- See what your deductible balance is and track it throughout the year
- View your virtual insurance card information
- Schedule virtual visits for 24/7 care
- Access the Find a Doctor tool and other resources

*Emergency services are always covered at the Tier 1 benefit level.

Priority Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia en su idioma. Consulte al número de Servicio al Cliente que está en la parte de atrás de su tarjeta de identificación de miembro. (TTY: 711).
ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. يرجى الاتصال برقم خدمة العملاء على الجانب الخلفي من بطاقة عضويتك الشخصية. (رقم هاتف الصم والبكم:711).

©2019 Priority Health PH848 9148D3 05/19

Dental Benefits

After a thorough review of dental options for this year, Black Pearl has chosen to change carriers to MetLife with a modified plan design.

Your dental network is MetLife PDP Plus. To check for IN NETWORK dentists near you, please visit
https://providers.online.metlife.com/findDentist?searchType=findDentistMetLife

MetLife

		100/100/60 Plan	
		In Network	Out of Netwk
Deductible	Individual	$50 annually	
	Family	Up to 3X individual	
Annual Benefit Maximum			
	Individual	Up to $1,000	
	Family	Up to $1,000 per person	
Preventive Services (no deductible applied)		Deductible Waived	
	Oral Exams	100% 2/yr	100% of R & C
	Routine Cleanings	100% 2/yr	100% of R & C
	X-Rays - Bitewings	100%	100% of R & C
	X-Rays - Full mouth	100%	100% of R & C
	Fluoride Treatments for children	100% (under age 14)	100% of R & C
	Sealants for children	100% (under age 14)	100% of R & C
	Space Maintainers	100%	100% of R & C
Basic & Restorative Services			
	Fillings	100%	100% of R & C
	Endodontics - Root Canals	100%	100% of R & C
	Periodontics	100%	100% of R & C
	Simple Extractions	100%	100% of R & C
	Oral Surgery	100%	100% of R & C
Major Services		No waiting period	
	Crowns, Inlays, Onlays	60%	60% of R & C
	Dentures & Bridges	60%	60% of R & C
	Implants	60%	60% of R & C
Orthodontics	Appliances & Services	50%	50% of R & C
(for children)	Lifetime Maximum	$1,000 / child	

YOUR MONTHLY PREMIUM	
Single	$35.02
Double	$66.22
Family	$126.30

This piece is for illustrative purposes only. Only the policy can provide the actual terms of coverage.

Vision Benefits

After a thorough review of vision options for this year, Black Pearl has chosen to change to MetLife (VSP) for vision with the same plan design.

			12/12/24 Vision Plan
			In-Network
Exam Copays	(every 12 months)		$10 copay
Materials Copay			$25 copay
Lenses	(every 12 months)		Single, bifocal, trifocal or lenticular - Covered after materials copay
Frames	**(every 24 months)**		$150 allowance / 20% balance over allowance / $70 allowance at Costco® and Walmart®
Lens Enhancements	(every 12 months)		Multiple enhancememtns covered at varying copays Avg. savings 20-25%
Contact Lenses (every 12 months)		Elective	Up to $60 (fitting exam) / $150 allowance
*Instead of Glasses		Medically Necessary	Covered after materials copay
Laser Vision Care			15% off regular price, 5% off promo price at contracted facilities
Network			VSP

YOUR MONTHLY PREMIUM	
	MONTHLY PREMIUM
Employee	$6.30
EE + Spouse	$12.63
EE + Children	$13.51
Family	$21.59

How do I locate an in-network VSP doctor?

You will have access to the largest national network of private-practice eye care doctors in the industry through Vision Service Plan (VSP). There are three ways to find an in-network doctor:

1. Visit vsp.com and select the Choice network.

2. Call VSP at 800-877-7195.

3. Download our mobile app, Benefit Tools, and search for a doctor near you.

This piece is for illustrative purposes only. Only the policy can provide the actual terms of coverage.

Voluntary Critical Illness Benefits

Black Pearl has chosen to move Worksite Benefits to MetLife this year.

MetLife Benefits Plan Year July 1, 2026 - June 30, 2027		
BENEFIT LEVELS		
Employee	**Spouse**	**Child (ren)**
$10,000-$20,000	**$5,000-$10,000**	**$5,000-$10,000**

Please see the benefit summary in Navigator for a list of covered conditions.

YOUR MONTHLY PREMIUM

EMPLOYEE & SPOUSE RATES per $1,000	
Issue Age	
Less than 25 years old	$0.20
25-29	$0.28
30-34	$0.39
35-39	$0.59
40-44	$0.83
45-49	$1.14
50-54	$1.51
55-59	$2.11
60-64	$3.02
65-69	$4.45
70-74	$6.96
75+	$10.25
Child(ren)	Included in employee rate, up to 50% of employee benefit

This piece is for illustrative purposes only. Only the policy can provide the actual terms of coverage.

Voluntary Accident Benefits

Black Pearl has chosen to move Worksite Benefits to MetLife this year.

MetLife Benefits Plan Year July 1, 2026 - June 30, 2027		
Monthly Premium	**High Plan**	**Low Plan**
Employee	$9.09	$6.21
Employee & Spouse	$17.87	$12.26
Employee & Child(ren)	$21.47	$14.79
Family	$25.33	$17.43

Accident Insurance

Benefits that may help cover costs regardless of what may or may not be covered by your medical plan.

Accident Insurance Benefits

With MetLife Accident Insurance , you'll have a choice of two plans (called the "Low Plan" and the "High Plan") that provide payments regardless of any other insurance payments you may receive[1]. Here are just some of the covered events/services[2].

This plan provides protection 24 hours a day—while on or off the job.

Benefit Type	Low Plan Benefits	High Plan Benefits
Accidental Injury Benefits		
Fracture Benefit*	$100 – $8,000 depending on the fracture and type of repair	$200 – $10,000 depending on the fracture and type of repair
Dislocation Benefit*	$100 – $8,000 depending on the dislocation and type of repair	$200 – $10,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	$75 – $10,000 depending on the degree of the burn and the percentage of burnt skin	$100 – $15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	$250	$500
Coma Benefit	$7,500	$10,000
Laceration Benefit	$50 – $400 depending on the length of the cut and type of repair	$75 – $700 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: $200 Filling: $25 Extraction: $100	Crown: $300 Filling: $50 Extraction: $150
Eye Injury Benefit	$300	$400
Accident - Medical Services & Treatment Benefits		
Ambulance Benefit	Ground: $300 Air: $1,000	Ground: $400 Air: $1,250
Emergency Care Benefit	$75 – $150 depending on location of care	$100 – $200 depending on location of care
Non-Emergency Initial Care Benefit	$75	$100
Physician Follow-Up Visit Benefit	$75	$100
Therapy Services Benefit (including physical therapy)	$35	$50
Medical Testing Benefit	$150	$200
Medical Appliance Benefit	$75 – $750 depending on the appliance	$150 – $1,000 depending on the appliance
Transportation Benefit	$300	$400
Pain Management Benefit (for epidural anesthesia)	$75	$100
Prosthetic Device Benefit	One device: $750	One device: $1,000

MetLife

ADF# AI664.14

Accident Insurance

	More than one device: $1,500	More than one device: $2,000
Modification Benefit	$1,000	$1,500
Blood/Plasma/Platelets Benefit	$400	$500
Surgical Repair Benefit	$150 – $1,500 depending on the type of surgery	$200 – $2,000 depending on the type of surgery
Exploratory Surgery Benefit	$150	$200
Other Outpatient Surgery Benefit	$300	$400
Hospital Benefits		
Admission Benefit	$1,000 for the day of admission	$1,500 for the day of admission
ICU Supplemental Admission Benefit	$1,000 for the day of admission	$1,500 for the day of admission
Confinement Benefit (paid for up to 15 days per accident)	$200 per day	$300 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per accident)	$200 per day	$300 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident)	$150 per day	$200 per day
Accidental Death Benefit		
Accidental Death Benefit*	$25,000 $75,000 for accidental death on common carrier	$50,000 $150,000 for accidental death on common carrier
Accidental Dismemberment, Functional Loss & Paralysis Benefits		
Dismemberment/Functional Loss	$750 – $20,000 depending on the injury	$1,000 – $40,000 depending on the injury
Paralysis	$10,000 – $20,000 depending on the number of limbs	$20,000 – $40,000 depending on the number of limbs
Other Benefits		
Lodging Benefit* - for a companion of a covered person who is hospitalized	$100 per day	$200 per day

Organized Sports Activity Injury Benefit Rider
This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

*** Notes Regarding Certain Benefits**

- **Fracture and Dislocation benefits –** Chip fractures may be paid at a reduced percentage of the Fracture Benefit and partial dislocations may be paid at a reduced percentage of the Dislocation Benefit. show less
- **Hospital Benefits –** "Hospital" does not include certain facilities such as nursing homes, convalescent care or extended care facilities. Please consult your certificate for details.
- The Admission Benefit is not payable for Emergency Room treatment or outpatient treatment. The payment of the admission benefit requires a Confinement. Hospital Confinement requires the assignment to a bed as a resident inpatient in a Hospital (including an Intensive Care Unit of a Hospital) on the advice of a Physician or confinement in an observation area within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician. Please consult your certificate for details.
- **Common Carrier Benefit -** Common Carrier refers to airplanes, trains, buses, trolleys, subways and boats. Certain conditions apply.
- **Lodging Benefit –** The lodging benefit is not available in all states. It provides a benefit for a companion accompanying a covered insured while hospitalized, provided that lodging is at least a certain number of miles from the insured's primary residence as defined in the certificate. show less
- **Health Screening Benefit/Accident Prevention Screening Benefit –** The Health Screening Benefit may not be available in all states. In some states, the benefit is referred to as the Accident Prevention Screening Benefit. show less
- **Organized Sports Activity Injury Benefit Rider –** The rider is not available in all states. Proof of registration in an Organized Sports Activity in which an Accident occurred is required at time of claim. See your certificate for details.

101661534037 3[exp0428][All States and][All Territories]© 2026 MetLife Services and Solutions, LLC

Voluntary Hospital Benefits

Black Pearl has chosen to move Worksite Benefits to MetLife this year.

MetLife Benefits Plan Year July 1, 2026 - June 30, 2027	
Monthly Premium	**Hospital Insurance**
Employee	$17.55
Employee & Spouse	$31.93
Employee & Child(ren)	$30.48
Family	$44.86

Hospital Indemnity Insurance

Coverage to help with unexpected expenses, such as hospitalization expenses that may not be covered under your medical plan.

Hospital Indemnity Insurance Benefits

With MetLife's Hospital Indemnity Insurance, you'll have a choice of a plan which provide benefit payments for covered events regardless of any other insurance payments you may receive . Here are just some of the covered benefits/services[B], when an accident or illness puts you in the hospital.[A]

Covered Benefits

Please contact MetLife for detailed definitions and state variations of covered benefits. [C]

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Benefit Amounts
Hospital Benefits			
Admission Benefit	4 time(s) per calendar year[1]	Admission[2]	$1,000
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	$1,000
Confinement Benefit	31 days per confinement[3] ICU Supplemental Confinement will pay an additional benefit for 31 of those days	Confinement[4]	$100
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	$100
Confinement Benefit for Newborn Nursery Care	3 day(s) per confinement	Confinement Benefit for Newborn Nursery Care[5]	$100
Inpatient Rehabilitation Benefit	15 days per calendar year	Inpatient Rehabilitation (For Injury or Sickness)	$100
Observation Unit Benefit	1 time(s) per calendar year	Observation Unit Benefit	$100
Other Benefits			
Health Screening Benefit[7]	1 time(s) per calendar year per covered person	Health Screening	$50

[1] If a covered person is readmitted within 90 days for the same or related sickness/injury for which we paid an Admission Benefit, an additional Admission Benefit is not payable.
[2] The admission Benefit for residents of ID will be increased to $1,250 for plan design(s) Low because some benefits in this plan design are not available. See the Schedule of benefits in the ID certificate.
[3] If a covered person is confined again within 90 days for the same or related sickness/injury, we will treat the subsequent confinement as a continuation of the previous confinement.
[4] If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.
[5] Payable for the period of newborn confinement for a newborn child who is not sick or injured.
[7] In certain states, the Health Screening Benefit is provided by MetLife Consumer Services as a separate service and is not part of the insurance coverage. This does not impact the Health Screening Benefit's availability, cost, or the way in which the service is accessed. The covered health screenings are: Routine health check-up exam (annual physical exam), biopsies for cancer, blood chemistry panel, blood test to determine total cholesterol, blood test to determine triglycerides, bone marrow testing, breast MRI, breast ultrasound, breast sonogram, cancer antigen 15-3 blood test

© 2025 MetLife Services and Solutions, LLC

Group Life, Short Term & Long Term Disability

Black Pearl Education Services pays 100% of the premiums for Group Life AD&D, Group Short Term Disability and Group Long Term Disability.

Black Pearl has chosen to change to MetLife for the current Group Life AD&D and LTD plans. Black Pearl will continue to Self-Fund the Short Term Disability Benefit as it does currently.



Group Life & AD&D	MetLife
Benefit Amount	**$50,000 Life AD&D**
Additional Benefits	
Accelerated Death Benefit	Included
Conversion Option	Included
Seatbelt/Airbag Benefit	Included
Age Reduction Schedule	35% at 65; 60% at 70; 75% at age 75

Group Short Term Disability	Self Funded through Black Pearl
Benefits Detail	***See HR Department***
	Up to 15 days at full pay
	Up to another 45 days at 80% of pay
	Up to the total number of days that have been earned

Group Long Term Disability	MetLife
Benefits Detail	
Maximum Monthly Benefit	Up to $5,000 per month
Maximum Benefit Duration	SSNRA
Benefit Amount	60% of monthly earnings
Own Occupation Period	24 months
Elimination Period	90 days

Your Cost :	**$0**

This piece is for illustrative purposes only. Only the policy can provide the actual terms of coverage.

Voluntary Life

Black Pearl has chosen to change to MetLife for Voluntary Life coverage.

VOLUNTARY LIFE AD&D	
Employee Coverage	$10,000 increments up to 5x annual salary
Guarantee Issue Amount	**$100,000**
Min / Max Coverage	$10,000 Minimum to $500,000 Maximum
Age Reduction	35% at 65; 60% at 70; 75% at 75
Portability	Yes
Waiver of Premium	Yes
Accelerated Death Benefit	Yes
Conversion	Yes
Spouse Coverage	$5,000 increments up to 50% of employee's benefit amount
Guarantee Issue Amount	**$50,000**
Min / Max Coverage	$5,000 Minimum to $50,000 Maximum
Age Reduction	35% at employee's age 65; terminates at employee's age 70
Eligibility	Only available if employee is insured for voluntary life
Dependent Children Coverage	Age 14 days - 6 months $250; 6 months - age 19 (to age 25 if FT Student) $10,000

YOUR MONTHLY PREMIUM	Rates per $1,000 of volume
Less than 25 years old	$0.100
25-29	$0.100
30-34	$0.100
35-39	$0.120
40-44	$0.200
45-49	$0.320
50-54	$0.520
55-59	$0.800
60-64	$1.230
65-69	$2.190
70-74	$3.500
Child(ren)	$0.45 per $1,000
AD&D	Included

NOTE: Spouse Rates are based on the employee's age

This piece is for illustrative purposes only. Only the policy can provide the actual terms of coverage.

FLEXible Spending Account

Black Pearl provides you with an opportunity to pay for out-of-pocket expenses with pre-tax dollars through a Flexible Spending Account. You must enroll/re-enroll in the plan to participate each plan year. You can save approximately 25% of each dollar spent on the following types of expenses when you participate in an FSA.

Your plan year runs from July 1, 2026 through June 30, 2027

You need to make new elections at this open enrollment time for the this plan year.

NOW IS THE TIME TO SPEND DOWN YOUR BALANCES IN YOUR CURRENT FLEX ACCOUNT.
You have an opportunity to rollover $680 into your next plan year's balance.
NOTE: Only up to $680 of your balance can rollover into your next plan year balance.

>Medical Expenses
>Dental Expenses
>Vision Expenses
>Dependent Care Expenses

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means you don't pay federal income tax, Social Security taxes, or state and local income taxes on the portion of your paycheck you contribute to your FSA

The following example shows how you can save money with an FSA account.

Bob and Jane's combined gross income is $30,000. They have 2 children and file their income taxes jointly. Since Bob and Jane expect to spend $2,000 over the amount their dental insurance will cover and $3,000 for day care next plan year, they decide to direct a total of $5,000 into their FSAs.

	Without FSAs	With FSAs
Estimated Gross income:	$30,000	$30,000
FSA contributions:	$0	($5,000)
Gross income:	$30,000	$25,000
Estimated taxes		
Federal	($2,550)*	($1,776)*
State	($900)**	($750)**
FICA	($2,295)	($1,913)
After-tax earnings:	$24,255	$20,314
Medical & Dependent Care expenses:	($5,000)	$0
Remaining spendable income:	$19,255	$20,561
Spendable income increase:		$1,306

**Assumes standard deductions and 4 exemptions*

***Varies, assume 3 percent*

The example above is for illustrative purposes only. Every situation varies and we recommend that you consult a tax advisor for all tax advice.

DISCLAIMER

Every effort was made to create a benefits guide that would address the most-asked employee questions. This is certainly not a complete description of your benefits. Be sure to consult the details provided by the carriers, your carrier certificates or perhaps calling the carriers directly, if you have more specific questions related to your individual needs.

GLOSSARY OF TERMS

Coinsurance – Your share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. The plan pays any remaining percentage of the cost until the out-of-pocket maximum is met. Coinsurance percentages will be different between in-network and non-network services.

Copays – A fixed amount you pay for a covered health care service. Copays can apply to office visits, urgent care, or emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any preventive services.

Deductible – The amount of money you pay before service are covered. Services subject to the deductible will not be covered until it has been fully met. It does not apply to any preventive services as required under the Affordable Care Act.

Network Provider - A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider's normal fees for services.

Out-of-Pocket Maximum – The most you will pay during a set period of time before your health insurance begins to pay 100% of the allowed amount. The deductible, coinsurance, and co-pays are included in the out-of-pocket maximum.

Preauthorization – A process by your health insurer or plan to determine if any service, treatment plan, prescription drug, or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval, or precertification.

Prescription Drugs – Each plan offers its own unique prescription drug program. Specific copays apply to each tier and a medical plan can have one to five separate tiers. The retail pharmacy benefit offers a 30-day supply. Mail Order prescriptions provide up to a 90-day supply. Sometimes the deductible must be satisfied before copays are applied.

Preventive Services – Preventive services must be covered 100% without a deductible, coinsurance, or copayments. There is a federal list of approved preventive services. If there was a previous diagnosis, this service may not be considered preventive.

UCR (Usual, Customary and Reasonable) – The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.