2027 OPEN ENROLLMENT

Your Benefits. Made Clear.

St. Moritz Group Benefit Plan Offerings
January 1, 2027 through December 31, 2027



HOW TO ENROLL?

Review your options, compare costs and enroll through the St. Moritz ADP portal at **www.workforcenow.adp.com**. For enrollment help, call **Benefit Simply at 1-888-744-0037**, Monday through Friday, 9:00 a.m. to 5:00 p.m. ET.

Eligibility at a Glance

Coverage	Eligibility / Effective Date
Medical	Employees working at least 30 hours per week
Most voluntary benefits	Employees working at least 20 hours per week
New hires	Coverage begins the first of the month after 59 days from hire date

What's Changing for 2027

NEW EFFECTIVE JANUARY 1, 2027:

- Apex Tres Premier $1,000
- Medical moves to Apex MEC (Tres Health)
- Dental carrier will be United Concordia; Vision carrier changes to Highmark/BCBS
- NEW Guardian Hospital Indemnity Plan

Some states, including California, Massachusetts, New Jersey, Rhode Island, Washington D.C. and Vermont, may impose a tax on residents who do not maintain health coverage, subject to limited exceptions.



2027 Benefit Plan Overview

St. Moritz Group | January 1, 2027 through December 31, 2027

Use this page as a quick reference to the benefits available for 2027. Review the detailed plan pages and full benefit summaries before enrolling.

NEW Medical + Pharmacy | Apex MVP or MEC

ACA Compliant Apex Tres Premier $1,000 Minimum Value Plan (MVP) or Apex Minimum Essential Coverage (MEC) plan options cover ACA preventive care at 100% in network, plus limited copay physician visits, Cigna Rx and free 24/7 multilingual MDLive telemedicine and behavioral health. Optional Globe Life GLI pays fixed hospital, surgery and ER benefits.

NEW Dental | United Concordia

The Elite Plus plan covers preventive, basic and major services, plus dependent child orthodontia. Members may use any licensed dentist, but in-network care generally lowers out-of-pocket costs.

NEW Vision | Highmark / Davis Vision

Includes an annual eye exam and allowances for lenses, frames or contact lenses. In-network and out-of-network benefits are available, with the greatest value generally available through Davis Vision providers.

Accident + Critical Illness | Guardian

Accident coverage pays scheduled cash benefits for covered injuries. Critical illness coverage pays a lump-sum benefit after diagnosis of a covered condition. Benefits are paid directly to the insured and may be used for medical or household expenses.

NEW Hospital Indemnity | Guardian

Provides fixed cash benefits for covered hospital admissions and confinement. Benefits are paid directly to the insured. This supplemental limited-benefit coverage does not replace major medical insurance.

Life + AD&D | Guardian

St. Moritz provides employer-paid coverage, and employees may elect additional voluntary life coverage for themselves, a spouse and eligible children. Evidence of Insurability may apply.

Short-Term + Long-Term Disability | OneAmerica

Disability coverage may replace part of an employee's income during a covered illness or injury. Short-Term Disability supports temporary absences, while Long-Term Disability supports longer periods away from work.

Legal + Identity Protection | Legal Club

Two voluntary Family Protection Plan options provide legal assistance and identity-protection resources. Review the detailed section for covered services, limitations and monthly costs.

Teladoc Telemedicine | Virtual Care

Provides employees and eligible dependents with 24/7 access to a doctor by phone or video for common, non-emergency health needs. There is no additional cost for dependent coverage. Access through the MyBenefitsWork app, www.mybenefitswork.com/login or 1-800-800-7616.

Enrollment: www.workforcenow.adp.com | Benefit Simply: 1-888-744-0037

Monday-Friday, 9:00 a.m.-5:00 p.m. ET | www.stmoritzbenefits.org

This page is a summary only. Official plan documents and certificates govern benefits, eligibility, limits and exclusions.

Apex Tres Premier $1,000 Medical Plan

Plan benefits and network | Premier $1,000 RBP | Effective January 1, 2027

Effective January 1, 2027, St. Moritz offers the Apex Tres Premier $1,000 medical plan (Premier $1,000 RBP). Most services carry a fixed copay with the deductible waived. For services shown with coinsurance, you pay 30% after the deductible is met. Use the table below to compare cost-sharing and plan limits by service.

MVP Apex Tres Premier $1,000 – ACA compliant medical -

Employees will contribute 10.22% of their earnings toward the cost of Employee Only coverage – **Employees will see an estimated cost during the ADP enrollment process. Actual cost will vary** based on paycheck earnings so cost may change from pay to pay. In 2027, the maximum per pay deduction will be capped at $257.32. This plan is guaranteed to be ACA compliant. No employees will be eligible for a subsidy on the healthcare exchange.

Network | PHCS & RBP

Network: **PHCS & RBP**. Services marked * are subject to reference-based pricing (RBP); ** requires a preferred vendor. Telemedicine through **MDLive** at no cost.

Deductible (Ind/Fam)

$1,000 / $2,000

Applies to coinsurance services

Max Out-of-Pocket (Ind/Fam)

$9,100 / $18,200

Individual / family

Benefits & services	Cost-sharing Premier $1,000 RBP	Limit Plan limits
Physician Services		
Routine well care	NO COST. Deductible waived.	Unlimited
Primary care office visit (in-person & virtual)	$25. Deductible waived.	Unlimited
Specialist visit (in-person & virtual)	$50. Deductible waived.	Unlimited
Other services, physician's office[1]	$50. Deductible waived.	See benefit
Telemedicine services w/MDLive	NO COST. Deductible waived.	Unlimited
Diagnostic Services		
Diagnostic testing (radiology)	$0** / $50. Deductible waived.	Unlimited
Diagnostic testing (lab)	30% coinsurance, after deductible is met.*	Unlimited
Diagnostic testing (advanced imaging)	$0** / $350. Deductible waived.	Unlimited
Emergency Services		
Emergency services	$750. Deductible waived.*	1 visit
Ambulance services	$500. Deductible waived.*	1 trip
Urgent care	$75. Deductible waived.	Unlimited
Inpatient & Outpatient Services		
Inpatient services	30% coinsurance, after deductible is met.*	7 days
Inpatient professional services	30% coinsurance, after deductible is met.*	See above
Inpatient surgery	Included in the inpatient services copay.*	2 surgeries
Outpatient services or surgery (non-hospital based)	$350. Deductible waived.	2 services/surgeries
Outpatient services or surgery (hospital based)	30% coinsurance, after deductible is met.*	1 service/surgery
Therapy Services		
Applied behavioral analysis	$75. Deductible waived.	10 visits
Cardiac rehabilitation	Not covered	Not covered
Chiropractic care	$75. Deductible waived.	10 visits
Occupational, physical & speech therapy	$75. Deductible waived.	10 visits combined
Other Medical Services		
Diabetic supplies	$35. Deductible waived.	Unlimited
Durable medical equipment (DME)	$400. Deductible waived.	Unlimited
Home health care	$50. Deductible waived.	15 visits
Sleep studies (home)	$300. Deductible waived.	Unlimited
Prescription Drugs (co-pay per drug; retail shown, 30-day supply; mail order available)		
Preventive drugs	$0. Deductible waived.	—
Tier 1 drugs	$10. Deductible waived.	—
Tier 2 drugs	Not covered	—
Tier 3 drugs	Not covered	—

*Subject to reference-based pricing. **Requires preferred vendor. Exclusions apply; see the **Premier $1,000 RBP Schedule of Benefits (SOB)** for details.
[1] Services and the office visit count as a single visit toward the office visit limits. Prescription drug coverage follows the **2026 Tier 1 Prescription Drug List**; copays are per drug.

See the full benefit summary for complete plan details, limitations and exclusions.

Apex MEC Medical + Pharmacy Benefits

Two Minimum Essential Coverage (MEC) plan designs effective January 1, 2027

Effective January 1, 2027, St. Moritz offers two Apex MEC plan designs. Both cover ACA-required preventive care at 100% in network, limited copay physician visits and diagnostic testing, Cigna Rx prescription benefits and free, unlimited MDLive telemedicine and behavioral health. MEC Plus Advantage & Globe Life GLI adds fixed-dollar Group Limited Indemnity benefits and Group Term Life.

MEC Plus Advantage | PHCS Network

Offered by Apex-MEC, LLC and administered by Tres Health. Uses the PHCS nationwide network of more than 900,000 providers. MEC services are only free when delivered by a network provider, so confirm participation first at **www.multiplan.com**.

Globe Life Group Limited Indemnity (GLI)

Pays a fixed benefit amount for a set number of days per year for hospital stays, surgery/anesthesia, ER visits and ambulance, plus Group Term Life. Underwritten by Globe Life. GLI plans are not ACA compliant and do not satisfy any ACA penalties.

Key benefit	MEC Plus Advantage Apex MEC | Tres Health	MEC Plus Advantage & Globe Life GLI[1] Apex MEC + Globe Life GLI
Preventive / wellness care*	Covered at 100%	Covered at 100%
MDLive telemedicine 24/7 (multilingual)[2]	FREE & Unlimited	FREE & Unlimited
MDLive behavioral health (multilingual)[2]	FREE & Unlimited	FREE & Unlimited
PHCS nationwide network	PHCS Specific Services	PHCS Limited Benefit Plan
Primary care physician visits	$20 copay - 3 visits PCY	$20 copay - 3 visits PCY
Specialist office visits	$50 copay - 3 visits PCY	$50 copay - 3 visits PCY
Urgent care	$50 copay - 3 visits PCY	$50 copay - 3 visits PCY
Diagnostic x-ray and lab	$50 copay - 5 tests in offices PCY	$50 copay - 5 tests in offices PCY
CT scan / MRI (outpatient only)	$200 copay - 1 CT scan or 1 MRI PCY	$200 copay - 1 CT scan or 1 MRI PCY
Cigna Rx[2]: Generic / Tier 1 medications	$0 copay / 10% co-insurance	$0 copay / 10% co-insurance
GLI hospital confinement (23+ hours)	Not included	$1,250 per day - 31 days PPY
GLI hospital intensive care unit	Not included	$1,500 per day - 10 days PPY
GLI hospital admission	Not included	$2,750 per day - 2 days PPY
GLI inpatient / outpatient major surgery	Not included	$1,000 per day - 2 days PPY (each)
GLI outpatient minor surgery / anesthesia	Not included	$300 per day - 1 day PPY (each)
GLI emergency room: sickness / injury	Not included	$50 / $400 per day - 2 days PPY
GLI ambulance: ground / air	Not included	$100 / $500 per day - 1 day PPY
Group Term Life[3]: EE $10,000 / spouse $5,000 / child(ren) $2,500	Not included	Included

*MEC benefits cover applicable ACA-required preventive health services at 100% when delivered by an in-network provider at a non-hospital based facility, following USPSTF, ACIP and HRSA recommendations.

The Apex-MEC plans are ACA compliant; they are offered by Apex-MEC, LLC and administered by Tres Health. **Globe Life does not underwrite the Apex-MEC plans or the non-insurance benefits.** PCY: Per Calendar Year; PPY: Per Plan Year.

[1] GLI plans are not ACA compliant and do not satisfy any ACA penalties. [2] Non-insurance benefits are included with Apex-MEC plans. [3] Benefits are reduced by 50% on or after an insured's 70th birthday.

Group Limited Indemnity and Group Term Life insurance are underwritten by Globe Life And Accident Insurance Company, 7677 Henneman Way, McKinney, TX 75070. This is a limited benefit policy. Coverage is not available in all states.

Questions? Contact Tres Health at **www.tres.health** or **888-341-5606**.

See the full benefit summary for complete plan details, limitations and exclusions.

Apex MEC Programs and Member Resources

GET CONNECTED

One ID card covers all benefits. It is mailed to your home and available in the Tres Health app and at **member.tres.health**. Call Tres Health first with eligibility, benefit and claim questions: **888-341-5606**.

Using Your Free MEC Preventive Visit

Locate a PHCS network provider, confirm the provider participates in the MEC program when you make your appointment, request all preventive services you need at that visit and present your ID card. MEC services are only free when delivered by a network provider.

Finding a PHCS Provider

Visit **www.multiplan.com**, click “Find a Provider” and choose PHCS Specific Services (MEC Plus Advantage) or PHCS Limited Benefit Plan (MEC Plus Advantage & GLI).

Pre-Certification

Prior authorization is required for all inpatient hospitalizations and all surgeries outside the physician’s office. Call MedWatch at **800-432-8421** at least 7 to 10 days before treatment, or within 48 hours of an emergency admission.

Filing a Claim

Network providers file MEC claims. For GLI claims, assign benefits to your provider or submit an itemized bill to the address on your ID card or **GlobeClaims@loomisco.com** (no claim form required).



Your resources, all in one place

Keep this page handy. It lists your Apex MEC tools and programs and how to reach them.

Tres Health App + Portal

View your digital ID card and plan details. Visit **member.tres.health** or download the Tres Health app.

MDLive 24/7 Telemedicine

Free & unlimited, multilingual virtual care. Call **888-812-3712** or visit the member portal.

MDLive Behavioral Health

Licensed therapists and board-certified psychiatrists. **mdlive.com/treshealth** or **888-863-5292**.

Cigna Rx Pharmacy

$0 generic copay; Tier 1 10% co-insurance. Visit **mycigna.com** or call **800-325-1404**.

MedWatch Member Advocacy

Help with providers, bills and pre-certification. **800-432-8421** or **urmedwatch.com**.

Member Service

Eligibility, benefit or claim questions? Call Tres Health at **888-341-5606**.

***See the full benefit summary for complete plan details, limitations, and exclusions.**

Apex MEC

United Concordia Dental Plan

Effective January 1, 2027, dental coverage is provided through **United Concordia Dental** using the **Elite Plus** network. Visit **www.UnitedConcordia.com** to find a participating dentist or review plan resources. Member service: **1-800-332-0366**.

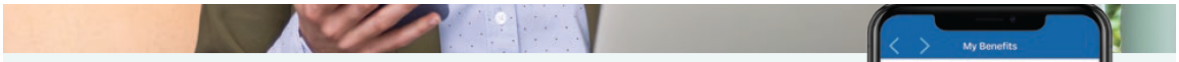
Benefit	In-Network	Non-Network
Class I: diagnostic and preventive	100%	100%
Class II: basic services	90%	90%
Class III: major services	60%	60%
Dependent child orthodontia to age 19	50%	50%
Individual / family deductible	$50 / $150	$50 / $150
Annual program maximum	$1,000 per person	$1,000 per person
Lifetime orthodontic maximum	$1,000 per person	$1,000 per person
Reimbursement basis	Elite Plus	90th percentile

ANNUAL MAXIMUM ROLLOVER

Eligible members may roll over **$300** of unused annual benefit dollars to the next plan year, up to **$1,200 per person**. To qualify, the member must receive an exam, use less than 50% of the annual maximum, and be enrolled at least 100 days before the plan year ends.

Deductible note: The $50 individual / $150 family deductible excludes Class I preventive services and orthodontia. Non-network dentists may balance bill the difference between United Concordia's allowance and the dentist's fee. Official plan documents control.

Questions? Contact United Concordia at **1-800-332-0366** or Benefit Simply at **1-888-744-0037**.

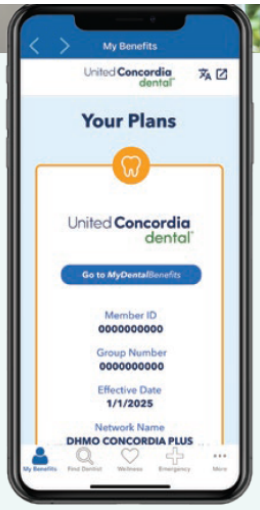


MyDentalBenefits makes it easy to:

- See what your plan covers and how much we'll pay.
- Estimate your costs before getting dental care.
- Check the status of dental claims.
- Find in-network dentists near you.
- Submit a dental claim if you've seen an out-of-network dentist.
- Chat live or upgrade to a phone call with customer service.
- Print extra ID cards.
- Rate your oral health with the My Dental Assessment quiz.

To create an account:

- Go to **UnitedConcordia.com/GetMDB**.
- Enter your member ID number and your birthdate. You can also use the policyholder's Social Security number instead of your member ID number.
- Create a username and password to log in.



Get the United Concordia app in the Apple App Store or on Google Play.

Download on the App Store | GET IT ON Google Play

United Concordia dental®

***See the full benefit summary for complete plan details, limitations, and exclusions.**

Highmark Vision Plan

Highmark Vision uses the Davis Vision network and includes both in- and out-of-network benefits. Find a provider at **www.highmark.com/BCBS** by selecting Find a vision care provider.

Benefit	In-Network
Routine eye exam	$10 copay every 12 months
Spectacle lenses	$25 copay every 12 months
Frame	$150 retail allowance every 12 months
Visionworks frame allowance	Up to $200
Davis Vision collection frames	Fashion, Designer and Premier levels included
Elective contact lenses	$150 allowance every 12 months
Contact lens evaluation / fitting	Included for standard lenses; up to $60 for specialty lenses
Out-of-network exam reimbursement	Up to $40
Out-of-network frame reimbursement	Up to $45
Out-of-network elective contacts	Up to $125

VISION NETWORK

The plan provides access to Davis Vision providers, Visionworks locations and participating online retailers. Confirm network participation before purchasing glasses or contacts.

With your Highmark Vision plan, you get:

- Coverage for eye exams, eyeglass lenses and frames, or contact lenses instead of eyeglasses.
- A 24/7 toll-free line for up-to-date plan info, network provider list, and claims status.
- Over 190,000 access points, like optometrists, ophthalmologists, and retailers like Visionworks®.

Benefits that save you time and money:

- **Mail order contact lens replacement**. Call **1-855-589-7911** or visit **davisvision.com/shop-online** with your prescription and get a free starter kit with your first order.
- **Up to 40 – 50% off the cost of traditional LASIK** at over 1,000 nationwide network providers.
- **Extra $50 frame benefit** when you shop at a Visionworks store.*

To use your frame benefit:

- Choose from Davis Vision® Collection frames in your vision care office, most of which are covered in full or require just a small copay.
- Apply the program allowance toward a network provider's own frames. (If the frames cost more than your allowance, you'll be responsible for the balance.)
- **Glasses.com**, **warbyparker.com**, and **befitting.com** are now full, in-network online retailers where you can apply your full allowance. You will pay the same fixed out-of-pocket amounts for lens options that you would pay an independent eye care professional.



***See the full benefit summary for complete plan details, limitations, and exclusions.**

HIGHMARK.

Voluntary Term Life and AD&D

Guardian coverage is available for employees, spouses and children. Rates are age-based and increase at age bands beginning at ages 30, 35, 40 and 45.

Covered person	Minimum	Guarantee issue*	Maximum
Employee	$10,000	$250,000	$500,000 in $10,000 increments
Spouse	$5,000	$50,000	$250,000 in $5,000 increments, not over 100% of employee benefit
Child	$5,000	$10,000	$5,000 or $10,000, not over 10% of employee benefit

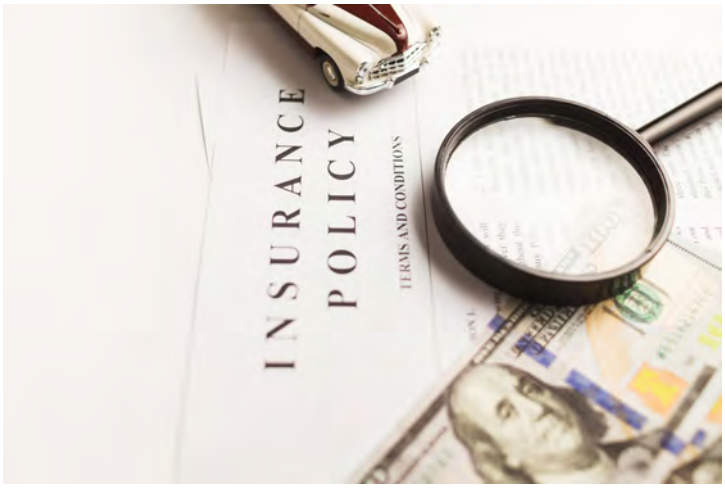
*Guaranteed issue is available to new hires only and is subject to plan reductions. Amounts over guaranteed issue require Evidence of Insurability. Employees who previously declined coverage and enroll for 2026 are subject to Evidence of Insurability.

IMPORTANT: NAME A BENEFICIARY

Review and update beneficiary information so benefits are distributed according to your wishes.

Will Preparation

Guardian offers WillPrep services to employees enrolled in accident, critical illness or term life coverage. Visit **willprep.uprisehealth.com**; username: **WillPrep**; password: **GLIC09**. Phone support: **1-877-433-6789**.



For Employees – Helpful Benefits Information Available 24/7

Members and dependents can access helpful, secure information about their Guardian benefits:

- Review benefits and update information[1]
- Check the status of a claim or Evidence of Insurability application
- View and print ID cards
- Submit a Short-Term Disability claim online
- Receive e-mails when a claim has been processed and a response is available online[2]
- Use the Find-A-Provider app to locate a provider anytime. Download the app to an Android or iPhone smart phone.
- Visit www.guardiananytime.com

Guardian®

***See the full benefit summary for complete plan details, limitations, and exclusions.**

Guardian Supplemental Health Benefits

Guardian supplemental benefits pay cash directly to the insured after a covered event. Benefits may be used for deductibles, copays, transportation, childcare or other expenses. These plans do not replace medical insurance and are subject to policy limits and exclusions.

Accident Coverage

Monthly premium	Advantage	Premier
Employee	$19.00	$26.81
Employee + spouse	$30.26	$42.46
Employee + child(ren)	$30.66	$42.31
Family	$41.92	$57.96

Pays scheduled benefits for covered on- and off-job accidents. Includes portability, a 20% organized-sports increase for child benefits and a $50 annual wellness benefit per insured person.

Critical Illness Coverage

Covered person	Minimum	Increment	Maximum
Employee	$10,000	$10,000	$30,000
Spouse	$5,000	$5,000	$15,000, not over 50% of employee amount
Child	25% of employee amount	Included with employee coverage	Per covered child

Pays a lump-sum cash benefit after diagnosis of a covered condition such as cancer, heart attack, heart failure, stroke, organ failure, kidney failure or certain infectious diseases.

Hospital Indemnity Coverage

Monthly cost	
Employee	$29.28
Employee + spouse	$61.92
Employee + child(ren)	$49.08
Family	$81.72

Key benefit	Payment
Hospital / ICU admission	$2,500 per admission; up to 2 per year
Hospital / ICU confinement	$300 per day; up to 31 days per year
Emergency room / urgent care	$100 / $50; up to 1 day per year
Rehabilitation facility	$200 per day; up to 10 days per year
Office visits	$50 per day; up to 3 days per insured
Diagnostic tests	$100; up to 1 day per year
Prescription drugs	$10 per day; up to 5 days per insured

GUARDIAN HOSPITAL INDEMNITY

Covers sickness and injury, including normal pregnancy without a nine-month limitation. Benefits are paid directly to the insured and coverage may be portable before age 70. Hospital admission requires at least a 20-hour stay. Rehabilitation confinement must immediately follow hospital confinement. Visit **www.guardianantytime.com** for benefits, claims and plan information.

Guardian Hospital Indemnity provides limited-benefit hospital insurance only, not basic or major medical insurance. Admission and confinement benefits may not be payable on the same day. State variations, exclusions and limitations apply. Official Guardian policy and certificate documents control.

Guardian®

***See the full benefit summary for complete plan details, limitations, and exclusions.**

Income Protection and Additional Benefits

Short-Term Disability | OneAmerica

- 7-day elimination period with 12 weeks of benefits
- 14-day elimination period with 11 weeks of benefits
- 30-day elimination period with 9 weeks of benefits

Long-Term Disability | OneAmerica

- Benefit duration from two years to age 70, whichever comes first
- Alternative duration from five years to Social Security full retirement age

Teladoc Telemedicine Discount Card

Provides 24/7 access to a doctor by phone or video for employees and dependents, with no additional cost for dependent coverage. Pharmacy discounts may range from 10% to 85%. Download the MyBenefitsWork app, visit **www.mybenefitswork.com/login**, or call **1-800-800-7616**.

Legal Club Family Protection Plans

Employees may choose one of two Legal Club options. Both use convenient payroll deduction, have no waiting periods or pre-existing-condition limitations, and include eligible dependents under Legal Club's dependent definition.

Plan feature	Classic + SDLP	PLUS + SDLP
Monthly employee cost	$16	$22
Free and discounted legal care	Included	Included
Online legal forms	Included	Included
Self-Defense Legal Plan support	Nationwide, 24-hour support	Nationwide, 24-hour support
Tax preparation and advice	Free federal and state return	Free federal and state return
Preventative identity monitoring	Included	Included
Fully managed restoration	Included	Included
Lost / stolen credit card assistance	Included	Included
Identity theft insurance	$1,000,000	$1,000,000
Credit monitoring	Not included	3-bureau monitoring
Privacy software	Keylogging Defense System	Data Vault, secure email, VPN and password manager
Additional monitoring	Not included	Bank account takeover, sex offender and social media monitoring
Other support	Financial education, credit counseling and LifeEvents counseling	Email alerts

LEGAL CLUB ENROLLMENT

Choose either the **Family Protection Plan Classic + Self-Defense Legal Plan for $16 per month** or the **Family Protection Plan PLUS + Self-Defense Legal Plan for $22 per month**. Limit one plan per household. Visit **legalclub.com** for complete benefits, terms and conditions.

***See the full benefit summary for complete plan details, limitations, and exclusions.**

BENEFIT CONTACTS & ENROLLMENT

Carrier / Program	Coverage	Contact
Tres Health / Apex MEC	Medical	888-341-5606
United Concordia	Dental	800-332-0366
Highmark / Davis	Vision	800-999-5431
Guardian	Life + AD&D	800-525-4542
Guardian	Accident, CI + HI	800-541-7846
OneAmerica	STD + LTD	855-517-6365
Teladoc	Virtual care	800-800-7616
Legal Club	Legal + identity	800-305-6816 legalclub.com

Benefit Simply Concierge

For Benefit questions, claims support, eligibility issues, replacement cards or enrollment help:

1-888-744-0037
Monday-Friday, 9 a.m.-5 p.m. ET

This guide is a summary only. Official plan documents, policies and certificates govern benefits, limits, exclusions and restrictions.



Enroll Through the St. Moritz ADP Portal

ENROLLMENT SITE

www.workforcenow.adp.com

A valid email address is required.

1. Visit www.workforcenow.adp.com.
2. Select “New user? Get started.”
3. Choose “Find Me” or enter the case-sensitive registration code emailed to you.
4. Enter your information and select St. Moritz Security Services, Inc. This applies to Security and Building Services employees.
5. Verify your identity using the code ADP sends by email or text.
6. Create your username, password and security questions.

NEED HELP ENROLLING?

Benefit Simply: 1-888-744-0037

Monday-Friday, 9 a.m.-5 p.m. ET

ANNUAL COMPLIANCE NOTICES

Scan the QR code to review the 2027 annual compliance notices. You may also select the link below to open the notices online.

Click here

Scan to review annual compliance notices

Benefit website: www.stmoritzbenefits.org

CONFIDENTIAL: Intended for eligible St. Moritz Group employees and dependents.