2027 BENEFIT HIGHLIGHTS

Dental – United Concordia | **Vision** – Highmark--Davis Vision | **Teladoc Plan** - BOST

Accident - Guardian | **Critical Illness** - Guardian | **Term Life** - Guardian

Hospital Indemnity - Guardian | **Short/Long Term Disability** - One America | **ID Theft/Legal Care**-Legal Club

ID Theft and Legal Care by Legal Club

Plan includes **FREE** & discounted **Legal Care**, **Right to Bear Association Membership** (not available in NJ, NY, or WA), **FREE Tax Preparation** and Advice, plus **Identity Theft** prevention & restoration **including $1,000,000 of ID Theft insurance** and **FREE** dependent coverage! PLUS, plan includes Credit Bureau Monitoring for Equifax, Experian, and Trans Union.

Website: *www.legalclub.com* **Member Services:** 1.800.305.6816

	Classic Plan	PLUS Plan
***Monthly**	$16.00	$22.00

Dental PPO (with Orthodontics)** by Highmark-- United Concordia

Diagnostic and preventative services include exams, cleanings, fluoride, space maintainers, fillings, sealants, brush biopsy, and radiographs. See dental policy schedule for services that qualify as preventive, basic, and major. Basic services include emergency palliative treatment, periodontal maintenance, simple extractions, and minor restorative services. Major services include periodontics (other than periodontal maintenance), major restorative services, prosthodontics services, as well as re-aligns and repairs, endodontics, and complex oral surgery. **Lifetime orthodontic benefit of $1,000.00 applies to children up to 19 only. Digital Card available at UnitedConcordia.com/GetMDB

Contract Year Max is $1000**	
Deductible	$50 ($150 max per family)
Preventative	100%
Basic	90%
Major	60%

*Monthly	
Employee Only	$21.44
Employee + Spouse	$38.24
Employee + Child(ren)	$40.00
Employee + Family	$58.60

Vision Insurance by Highmark -- Davis Vision

- Vision coverage for exams, frames, lenses, contacts
- Exam Copay - $10 (every 12 months)
- Prescription Glasses Copay - $25
- Frames – up to $150 Allowance (every 12 months)
- Lenses – Included (every 12 months)
- Contacts – up to $150 Allowance (every 12 months)
- Digital Card available at myhighmark.com or Highmark App.

*Monthly	
Employee Only	$7.28
Employee + Spouse	$12.52
Employee + Child(ren)	$12.84
Employee + Family	$18.32

Disability: Voluntary Short Term (VSTD) and **Voluntary Long-Term Disability (VLTD)** by One America

- Protect your income from accidents (off the job) and illnesses when you miss work
- **Short Term Disability plan options:**
  - 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 plan options:**
  - Benefit duration from 2 years to age 70 (whichever comes first)
  - Benefit Duration 5 Years to Social Security or full retirement age (SSFRA)

VSTD (30-day plan) & VLTD (2 yr. to age 70 plan) Sample Monthly Costs*		
60% Benefit Amount	**VSTD (Based on $36,000) Salary**	**VLTD (Based on $36,000 Salary)**
Employee (20-Year-Old)	$9.00	$10.80
Employee (40-Year-Old)	$9.90	$37.50

Teladoc Telemedicine Discount Card by BOST**: A Lifeline to Health Care**

Provides 24/7 access to a doctor via phone or video for consultations and diagnoses for you and your dependents. Saves time, money, and lowers the need for lengthy and hassled visits to the emergency room. Pharmacy discounts ranging from 10% to 85%. Additional tools include Online Wellness, Medical Health Advisor, Medical Bill Saver, and Nurse line.

APP: MyBenefitsWork **Website:** *www.mybenefitswork.com/login* **Member Services:** 1.800.800.7616.

	Employee	Employee & Family
***Monthly**	$22.75	$22.75

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Term Life Insurance - Guardian

Term Life including Accidental Death and Dismemberment. Coverage is guaranteed to issue up to $250,000 for the employee, $50,000 for spouse, and $10,000 for children (age 14 weeks to 26 years). Rates increase every 5 years. Coverage is portable when employee or dependents are no longer eligible. *EOI required outside of special enrollment periods or after New Hire enrollment.*

Example: $100,000 Life + AD & D Benefit		
Employee	***Monthly**	**$50k Spouse / $10k**
25 Years	$13.40	$6.70 / $2.07
50 Years	$54.60	$27.30 / $2.07

Accident ON & OFF Job with Wellness - Guardian

No underwriting required. Wellness Benefit includes coverage for screenings & procedures such as well visits, immunizations, mammography, colonoscopy, pap smear, PSA, serum cholesterol test, completion of smoking cessation and weight reduction programs and many more. Register to view policies or file claims online at **www.guardiananytime.com.**

Advantage Plan Sample Rate	*Monthly
Employee	$19.00
EE & Spouse	$30.26
EE & Child(ren)	$30.66
Family	$41.92

Critical Illness with Cancer and Infectious Disease** Rider - Guardian

Guardian's Critical Illness Product provides the ability for an insured to receive a lump sum benefit payment upon first and second diagnosis of any qualified Critical Illness or Infectious Disease listed under covered conditions. Benefits are paid directly to the insured when they need it most. Expenditure for claim proceeds is not limited to covering medical expenses, funds may be used by the insured for things such as childcare, transportation, and to fill in gaps in their medical plan, like co-pays and deductibles. Wellness Benefit pays when insured completes certain screenings. Benefits paid even if medical insurance pays 100% of the cost. Portability allows the employee to take the coverage with them after employment has ended. ****Infectious Disease Rider benefit effective 10/1/2021 and not before that date.**

Employee Benefit Amount & Monthly Premium*						
Age	**<30**	**30-39**	**40-49**	**50-59**	**60-69**	**70+**
$10,000	$7.10	$9.50	$17.10	$30.80	$47.10	$90.60
$20,000	$12.50	$17.30	$32.50	$59.90	$92.50	$179.50
$30,000	$17.90	$25.10	$47.90	$89.00	$137.90	$268.40

Spouse Benefit Amount & Monthly Premium*						
Age	**<30**	**30-39**	**40-49**	**50-59**	**60-69**	**70+**
$5,000	$3.61	$4.81	$8.61	$15.46	$23.61	$45.36
$10,000	$6.31	$8.71	$16.31	$30.01	$46.31	$89.81
$15,000	$9.01	$12.61	$24.01	$44.56	$69.01	$134.26

Premiums listed are for Issue Age and will not increase due to an insured's age. Child cost is included with employee election.

Underwriting Requirements	Employee <70	Spouse <70	Child	Employee 70+	Spouse 70+
Guarantee Issue	$250,000	$50,000	$10,000	Health questions required	Health questions required

Hospital Indemnity – Guardian *NEW for 2027*

Guardian's Hospital Indemnity benefit pays preset amounts for covered sickness and injury services such as Hospital Admission, Hospital Confinement, ER or Urgent Care treatment, Prescription Drugs, Office Visits, Diagnostic Tests, and Rehabilitation Facility Confinement. Funds may be used by the insured for childcare, transportation, and to fill in gaps in their medical plan, like co-pays and deductibles. Claims may be filed online at **www.guardiananytime.com**

Monthly Rates	Employee	Employee + Spouse	Employee + Children	Employee + Family
	$29.28	$61.92	$49.08	$81.72

Enrollments are processed via the St. Moritz ADP portal or on the ADP WFN mobile app. Register today:

If you have not already registered on the St. Moritz ADP Employee Self-Service portal, follow the steps below *Note: This system requires a valid email address.*

1. Visit www.workforcenow.adp.com
2. Click: New user? Get started
3. Choose to create your account by selecting FIND ME or use your exclusive Registration Code emailed to you by ADP. *(Please note that this is case specific and must be entered exactly as written.)*
4. Enter your personal information, email, or mobile number on the "**Let's get started**" screen to set up an account with St. Moritz Security Services, Inc. (This applies to both St. Moritz Security AND St. Moritz Building Services employees.)
5. Complete the **Identify Yourself** section with your Name, Last 4 digits of your SSN, and birth date.
6. Follow the on-screen instructions to set up your unique and secure Username, Password, and Security Questions.

TROUBLE REGISTERING? Send your name and email address to: *hr@stmoritzgroup.com*
(For example: Name: John Doe, Email: jdoe@gmail.com)

For assistance call our benefits concierge service, **Benefit** Simply at: 1-724-567-3887 or 1-888-744-0037 (M-F 9am-5pm EST) *See

brochures, flyers, and policy contracts for full details. Final rates may fluctuate a few cents on your paycheck. The Benefit Highlights is not an official outline of coverage. See the policy from the insurance provider for the most accurate representation of your benefit plans. St. Moritz is not liable in any way for any inaccurate information contained within. If BAC coverage is selected, a payroll deduction will either be taken out a month in advance of the effective date or based on payroll timing, twice in one pay period following the effective date. If you miss a payroll deduction, your next deduction will be increased to bring your account current. *All rates are shown using total monthly cost and payroll deduction amounts will vary depending on pay frequency. Employees must average 20 hours/week to maintain benefit enrollments. **Visit the Forms Library within ADP for additional information regarding plans, policies, and filing claims.**

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