

WEBINAR SERIES

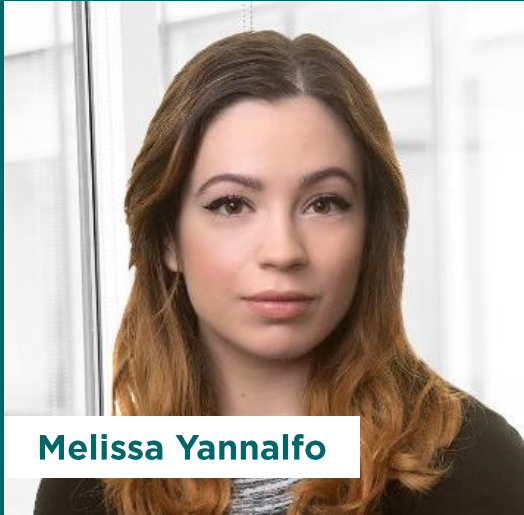
Vaccine Mandate and What to Know, Open Enrollment News, and Much More

September 22, 2021



PrestigePEO Webinar

Today's Presenters



Melissa Yannalfo

Melissa Yannalfo, Client Success Specialist - Host/Presenter

Melissa Yannalfo is the Client Success Specialist at PrestigePEO. Melissa has an extensive background in account management with a focus on Human Resources and has a dedicated focus on the client experience through a holistic approach to the PEO Service Model. Melissa has been with Prestige for 3 years.



Kathleen Sullivan

Kathleen Sullivan, Associate Director of Benefits - Presenter

Kathleen Sullivan is the Associate Director of Employee Benefits at PrestigePEO. Kathleen has spent over 25 years in the employee benefits arena and has been with PrestigePEO for the past six years. She currently oversees a strong team of dedicated specialists who work to support, educate, and advocate for PrestigePEO clients and their employees.

Today's Agenda

- New York State Health & Essential Rights Act (HERO act)
- Path out of the Pandemic
- Terminology
- Medical Plan Types and Network Access

Webinar Forum

All participants are muted.

Please type questions in the side navigation panel and we will try to address most questions during today's session.

Today's presentation will be posted on our website under Resources/ThePrestigePerspective

An aerial photograph of a city skyline, featuring numerous skyscrapers and buildings. The image is partially covered by a large, semi-transparent teal shape that extends from the top right towards the center. A smaller, semi-transparent orange shape is positioned on the left side, overlapping the teal one. The text 'HERO Act' is centered within the orange shape.

HERO Act

New York State Health & Essential Rights Act (HERO Act)

- Airborne Infectious Disease Exposure Prevention Plan
- 9/4 – posted & communicated to all staff
- Governor Kathy Hochul announces COVID-19 is designated as a highly contagious infectious disease
- Prevention plans are to be implemented as of 9/6
- These plans must adhere to safety measures
- Anti-retaliation protections



A group of six diverse young adults (three women and three men) are smiling and standing together in a bright, modern indoor setting. The image is overlaid with large, semi-transparent geometric shapes: a teal triangle on the right and an orange triangle on the left. The text "Path out of the Pandemic" is centered in white.

Path out of the Pandemic

Path of the Pandemic Plan

President Biden's COVID-19 Action Plan directs the Department of Labor's Occupational Safety and Health Administration (OSHA) to issue an Emergency Temporary Standard (ETS).

The following is expected to be required:

- All employers with 100+ employees must ensure they are either; fully vaccinated or tested weekly to show a negative COVID-19 test result
- Federal workers and contractors that do business with the federal government must be fully vaccinated
- Healthcare workers at Medicare and Medicaid participating facilities must be fully vaccinated
- OSHA to require covered employers to provide PTO for employees to fulfill requirements

The ETS is currently expected to be provided within the next three to four weeks. PrestigePEO will continue to monitor updates as we await official guidance from OSHA and will advise as information becomes available.

A background image of a business meeting with four people (three men and one woman) gathered around a table with a laptop and documents. The image is overlaid with a teal-colored geometric shape on the right and top, and an orange-colored geometric shape on the left. The word "Terminology" is centered in white text within the orange shape.

Terminology

Terminology

This presentation will provide you, as the client contact, with an overview of medical plans and medical plan terminology to assist you with plan decisions for your employees. This overview will convey information to share with employees on plan changes to the medical plans, dental plan differences, vision plan information as well as short/long term disability.

Our foundation begins at understanding what the medical plan terminology means.

Co-Pay	Deductible	Co-Insurance	Maximum Out-of-Pocket
A fixed amount (for example \$25) you pay for a covered health care service usually when you receive the service. The amount can vary by the type of covered health care service.	An amount you could owe during a coverage period (usually one year) for covered health care before your plan begins to pay.	Your share of the costs of a covered health care service, calculated as a percentage (for example 20%) of the allowed amount for the service.	The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit, the plan will usually pay 100% of the allowed amount.



Network Access

Understanding Network Access

- **EPO or HMO** – Refers to plans where employees are covered when they see participating providers. These plans offer coverage to a specific network of doctors, hospitals, pharmacies, and other health care facilities (for example labs and diagnostic centers)
- **POS and PPO** – Refers to plans where employees are covered at both participating providers and non-participating providers. These plans give an employee the option to be treated by providers that are not in the network usually subject to a deductible first and then covered at a co-insurance percentage.





Medical Plan Types

Traditional and Cost-Sharing plans vs. High Deductible plans

	Plan 03 Oxford Freedom EPO NY		Plan 04 Oxford Freedom Direct PPO NY		Plan 08 Oxford Freedom HDHP EPO NY	
Type	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual Deductible	N/A	N/A	\$500	\$1,000	\$2,850	N/A
Family Deductible	N/A	N/A	\$1,000	\$2,000	\$5,700	N/A
Co-Insurance Percent	N/A	N/A	10%	30%	N/A	N/A
Individual Maximum OOP	\$2,500	N/A	\$2,000	\$3,500	\$6,350	N/A
Family Maximum OOP	\$5,000	N/A	\$4,000	\$7,000	\$12,700	N/A
Referral Required	No	N/A	No	N/A	No	N/A
Out-of-Network Reimbursement	N/A	N/A	N/A	70% UCR	N/A	N/A
Preventative Care						
Physical Exams (Adult)	\$0	N/A	\$0	In Network Only	\$0	N/A
Routine Pediatric Care	\$0	N/A	\$0	Ded & Co-Ins	\$0	N/A
Pediatric Immunization	\$0	N/A	\$0	Ded & Co-Ins	\$0	N/A
Outpatient Care						
Office Visits	\$30/\$50	N/A	\$25/\$40	Ded & Co-Ins	Ded then \$30/\$50	N/A
Urgent Care	\$50	N/A	\$40	Ded & Co-Ins	Ded then \$50	N/A
Surgery	\$250	N/A	Ded & Co-Ins	Ded & Co-Ins	Ded then \$300	N/A
Laboratory Services	Freestanding Facility - No Charge	N/A	Freestanding Facility - No Charge	In-Network Benefit Only	Freestanding Facility - No Charge after Deductible	N/A
Diagnostic Services - X-Rays	Freestanding Facility - No Charge	N/A	Freestanding Facility Deductible & Co-Insurance	Freestanding Facility Deductible & Co-Insurance	Freestanding Facility - No Charge After Deductible	N/A
MRI, MRA, PET, Ultrasound	\$0	N/A	Ded & Co-Ins	Ded & Co-Ins	Deductible & Co-insurance	N/A
Hospital Care						
Physician/Surgeon	\$0	N/A	Ded & Co-Ins	Ded & Co-Ins	Ded	N/A
Semi-Private Room	\$500 copay	N/A	Ded & Co-Ins	Ded & Co-Ins	Ded then \$300 day/\$1,500yr	N/A
Drugs & Medication	\$0	N/A	Ded & Co-Ins	Ded & Co-Ins	Ded	N/A
Pre-Admission Review	Yes	No	Yes	Yes	Yes	No
Emergency Care						
Emergency Room	\$300 (Waived if Admitted)	N/A	\$300 (Waived if Admitted)	\$300 (Waived if Admitted)	Ded then \$200 per visit (waived if admitted)	N/A
Prescriptions						
Co-Pays	\$15 Tier 1 Drugs/\$35 Tier 2 Drugs/\$75 Tier 3 Drugs	N/A	\$15 Tier 1 Drugs/\$35 Tier 2 Drugs/\$75 Tier 3 Drugs	In-Network Benefit Only	\$15 Tier 1 Drugs/\$35 Tier 2 Drugs/\$75 Tier 3 Drugs	N/A
Deductible	\$100 Deductible Tier 2 & 3 Drugs	N/A	\$100 Deductible Tier 2 & 3 Drugs	In-Network Benefit Only	After Plan Deductible	N/A
Mental Health Care						
Out-Patient	\$50 per visit	N/A	\$40 per visit	Ded & Co-Ins	Ded then \$50	N/A
In-Patient	\$500 copay	N/A	Ded & Co-Ins	Ded & Co-Ins	Ded then \$300 day/\$1,500yr	N/A
Substance Abuse						
Out-Patient	\$50 per visit	N/A	\$40 per visit	Ded & Co-Ins	Ded then \$50	N/A
Chiropractic						
	\$50 per visit	N/A	\$40 per visit	Ded & Co-Ins	Ded then \$50	N/A
Home Health Care						
Out-Patient Visits	\$50 per visit	N/A	Ded & Co-Ins	Ded & Co-Ins	Ded then \$50	N/A
Maximum Visits	40 visits per cal year	N/A	40 visits per cal year	40 visits per cal year	40 visits per cal year	N/A
Lifetime Maximum	Unlimited		Unlimited		Unlimited	

Plan 03 Oxford Freedom EPO NY

Type	In-Network	Out-of-Network
Individual Deductible	N/A	N/A
Family Deductible	N/A	N/A
Co-Insurance Percent	N/A	N/A
Individual Maximum OOP	\$2,500	N/A
Family Maximum OOP	\$5,000	N/A
Referral Required	No	N/A
Out-of-Network Reimbursement	N/A	N/A
Preventative Care		
Physical Exams (Adult)	\$0	N/A
Routine Pediatric Care	\$0	N/A
Pediatric Immunization	\$0	N/A
Outpatient Care		
Office Visits	\$30/\$50	N/A
Urgent Care	\$50	N/A
Surgery	\$250	N/A
Laboratory Services	Freestanding \$0 / Hospital 20% Co-Ins	N/A
Diagnostic Services - X-Rays	Freestanding \$0 / Hospital 20% Co-Ins	N/A
MRI, MRA, PET, Ultrasound	Freestanding \$0 / Hospital 20% Co-Ins	N/A
Hospital Care		
Physician/Surgeon	\$0	N/A
Semi-Private Room	\$500 copay	N/A
Drugs & Medication	\$0	N/A
Pre-Admission Review	Yes	No
Emergency Care		
Emergency Room	\$300 (Waived if Admitted)	N/A
Prescriptions		
Co-Pays	\$15 Tier 1 Drugs/\$35 Tier 2 Drugs/\$75 Tier 3 Drugs	N/A
Deductible	\$100 Deductible Tier 2 & 3 Drugs	N/A
Mental Health Care		
Out-Patient	\$50 per visit	N/A
In-Patient	\$500 copay	N/A
Substance Abuse		
Out-Patient	\$30 per visit	N/A
Chiropractic		
	\$50 per visit	N/A
Home Health Care		
Out-Patient Visits	\$50 per visit	N/A
Maximum Visits	40 visits per cal year	N/A
Lifetime Maximum	Unlimited	

Plan 04 Oxford Freedom Direct PPO NY

Type	In-Network	Out-of-Network
Individual Deductible	\$500	\$1,000
Family Deductible	\$1,000	\$2,000
Co-Insurance Percent	10%	30%
Individual Maximum OOP	\$2,000	\$3,500
Family Maximum OOP	\$4,000	\$7,000
Referral Required	No	N/A
Out-of-Network Reimbursement	N/A	70% UCR
Preventative Care		
Physical Exams (Adult)	\$0	In Network Only
Routine Pediatric Care	\$0	Ded & Co-Ins
Pediatric Immunization	\$0	Ded & Co-Ins
Outpatient Care		
Office Visits	\$25/\$40	Ded & Co-Ins
Urgent Care	\$40	Ded & Co-Ins
Surgery	Ded & Co-Ins	Ded & Co-Ins
Laboratory Services	Freestanding \$0 / Hospital 20% Co-Ins	In-Network Benefit Only
Diagnostic Services - X-Rays	Freestanding \$0 / Hospital 20% Co-Ins	Freestanding Facility Deductible & Co-Insurance
MRI, MRA, PET, Ultrasound	Freestanding Ded & 10% Co-Ins / Hospital Ded & 30% Co-Ins	Ded & Co-Ins
Hospital Care		
Physician/Surgeon	Ded & Co-Ins	Ded & Co-Ins
Semi-Private Room	Ded & Co-Ins	Ded & Co-Ins
Drugs & Medication	Ded & Co-Ins	Ded & Co-Ins
Pre-Admission Review	Yes	Yes
Emergency Care		
Emergency Room	\$300 (Waived if Admitted)	\$300 (Waived if Admitted)
Prescriptions		
Co-Pays	\$15 Tier 1 Drugs/\$35 Tier 2 Drugs/\$75 Tier 3 Drugs	In-Network Benefit Only
Deductible	\$100 Deductible Tier 2 & 3 Drugs	In-Network Benefit Only
Mental Health Care		
Out-Patient	\$40 per visit	Ded & Co-Ins
In-Patient	Ded & Co-Ins	Ded & Co-Ins
Substance Abuse		
Out-Patient	\$40 per visit	Ded & Co-Ins
Chiropractic		
	\$40 per visit	Ded & Co-Ins
Home Health Care		
Out-Patient Visits	Ded & Co-Ins	Ded & Co-Ins
Maximum Visits	40 visits per cal year	40 visits per cal year
Lifetime Maximum	Unlimited	

Plan 08 Oxford Freedom HDHP EPO NY

Type	In-Network	Out-of-Network
Individual Deductible	\$2,850	N/A
Family Deductible	\$5,700	N/A
Co-Insurance Percent	N/A	N/A
Individual Maximum OOP	\$6,350	N/A
Family Maximum OOP	\$12,700	N/A
Referral Required	No	N/A
Out-of-Network Reimbursement	N/A	N/A
Preventative Care		
Physical Exams (Adult)	\$0	N/A
Routine Pediatric Care	\$0	N/A
Pediatric Immunization	\$0	N/A
Outpatient Care		
Office Visits	Ded then \$30/\$50	N/A
Urgent Care	Ded then \$50	N/A
Surgery	Ded then \$300	N/A
Laboratory Services	Freestanding Ded then \$0 / Hospital Ded then 20% Co-Ins	N/A
Diagnostic Services - X-Rays	Freestanding Ded then \$0 / Hospital Ded then 20% Co-Ins	N/A
MRI, MRA, PET, Ultrasound	Freestanding Ded then \$0 / Hospital Ded then 20% Co-Ins	N/A
Hospital Care		
Physician/Surgeon	Ded	N/A
Semi-Private Room	Ded then \$300 day/\$1,500yr	N/A
Drugs & Medication	Ded	N/A
Pre-Admission Review	Yes	No
Emergency Care		
Emergency Room	Ded then \$200 per visit (waived if admitted)	N/A
Prescriptions		
Co-Pays	\$15 Tier 1 Drugs/\$35 Tier 2 Drugs/\$75 Tier 3 Drugs	N/A
Deductible	After Plan Deductible	N/A
Mental Health Care		
Out-Patient	Ded then \$50	N/A
In-Patient	Ded then \$300 day/\$1,500yr	N/A
Substance Abuse		
Out-Patient	Ded then \$50	N/A
Chiropractic		
	Ded then \$50	N/A
Home Health Care		
Out-Patient Visits	Ded then \$50	N/A
Maximum Visits	40 visits per cal year	N/A
Lifetime Maximum	Unlimited	

Full list of plan changes for our Oxford plan suite



- Effective 11/1/2021, Oxford NY plans will have a change to the termination rules for dependent children aging off their parent's coverage. Going forward all dependents will age off at the end of the month in which they turn 30.
- New cards are going to all insureds again this year. NY requires specific information to appear on the cards and as a result all new cards will be sent in the mail. ID numbers are not changing so insured employees can continue to use their old card until the new one is received.
- NEW- A Peloton membership is now offered by Oxford. The Peloton program is in addition to the Sweat Equity gym reimbursement plan that comes with an employee's Oxford coverage. These programs and more can be found on our open enrollment portal under our wellness programs prestigepeo.com/oe2021/wellness-programs

Plan Changes to Note

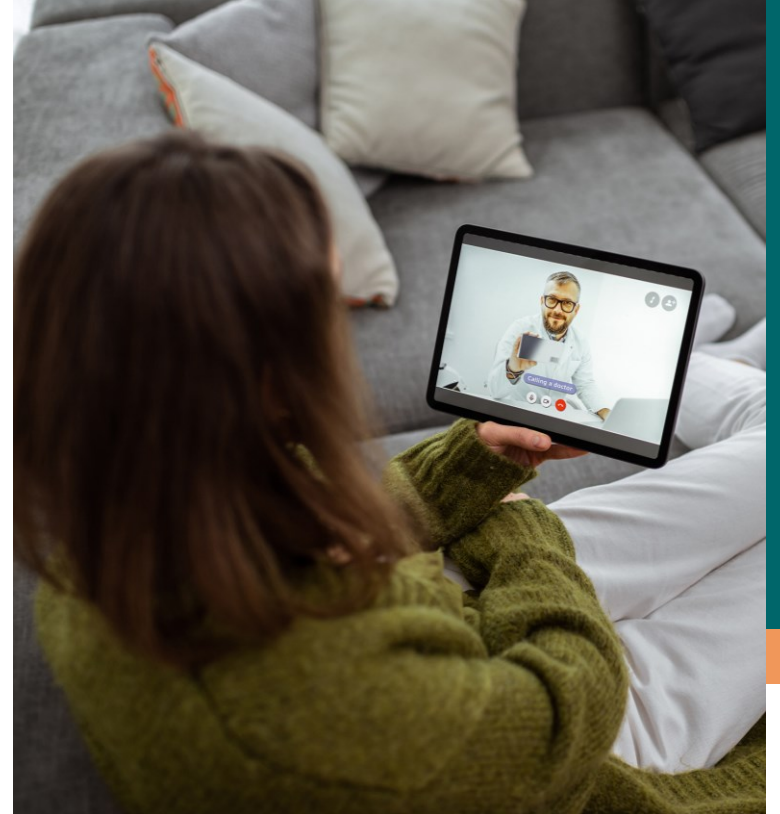
Finally, there are plan changes to note:

Oxford NY plan 1-9 and 15-18

- Substance Use Disorder Service's Outpatient Care will now be covered at the primary care physician level co-pay as opposed to the specialist co-pay level.
- Oxford has implemented Place of Service Tiering on lab services and minor and major diagnostic services.
 - On the above plans; Oxford NY plan 1-9 and 15-18, the cost of lab services will continue to be no co-pay at free standing facilities but will change to 20% co-insurance for lab services done in the hospital setting.
 - For diagnostic services, there will be a 20% co-insurance on plans that had none before and 20% increase for plans that already had co-insurance for diagnostics done in the hospital setting. This will apply to high deductible Plan 7, Plan 8, and Plan 17 after the deductibles are met.

All Oxford NY Plans

- Virtual Visits will be covered at no charge for all plans. Please note, for high deductible Plan 7, Plan 8, Plan 11, Plan 14, and Plan 17, there will be no charge for virtual visits after the deductible is met.



UHC National Plans



- For All UHC National plans the allowed amount for services provided from out-of-network providers will be determined based on 100% of Medicare.
- UHC has implemented Place of Service Tiering on lab services and minor and major diagnostic services. On all plans, the cost of lab services will continue to be no co-pay at free standing facilities but will change to 20% co-insurance for lab services done in the hospital setting. For diagnostic services, there will be a 20% co-insurance on plans that had none before and 20% increase for plans that already had co-insurance for diagnostics done in the hospital setting. On plan 8 and Plan 9, Major Diagnostic services will have a \$400 co-pay at free standing facilities and hospital settings.

Emblem Plans

Positive News from Emblem.

- Effective 11/1/2021, Plans 1-4 will be part of the Bridge Program. The Bridge program is made up of five of Emblem's networks giving the insured employee access to the largest offering of in-network health care professionals and hospitals.
- The five networks are:
 1. HIP Prime
 2. GHI National
 3. Qualcare NJ
 4. Connecticare
 5. First Health
- New member ID cards will be mailed to all insureds on plans 1-4 and they will see "Bridge" appearing next to "Network" on the face of the card.



Metlife Dental Plans

	Metlife Dental Enhanced (100/80/50) 90% UCR		Metlife Dental Premium (100/80/50) 80% UCR		Metlife Dental Standard (100/60/40) MAC		Metlife Dental DHMO	
Type	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual Deductible	\$50	\$50	\$50	\$50	\$100	\$100		
Family Deductible	\$150	\$150	\$150	\$150	\$300	\$300		
Deductive Waived for Preventative	Yes	Yes	Yes	Yes	Yes	Yes		
Out of Network Reimbursement								
Preventive Services								
Oral Evaluations	100%	100%	100%	100%	100%	100%	See Schedule	See Schedule
X-Rays	100%	100%	100%	100%	100%	100%	See Schedule	See Schedule
Routine Cleaning	100%	100%	100%	100%	100%	100%	See Schedule	See Schedule
Sealants								
Basic Services								
Simple Surgical Extractions	80%	80%	80%	80%	60%	60%	See Schedule	See Schedule
Composite and Amalgam Restoration	80%	80%	80%	80%	60%	60%	See Schedule	See Schedule
Major Services								
Crowns	50%	50%	50%	50%	40%	40%	See Schedule	See Schedule
Full and Partial Dentures	50%	50%	50%	50%	40%	40%	See Schedule	See Schedule
Stainless Steel Crowns								
Fixed Bridges	50%	50%	50%	50%	40%	40%	See Schedule	See Schedule
Periodontics, Endodontics	80%	80%	50%	50%	40%	40%	See Schedule	See Schedule
Orthodontia								
	50%	50%	50%	50%	50% Benefit	50% Benefit	In-Network Discount Available	In-Network Discount Available
	\$1000 Lifetime Max		\$1000 Lifetime Max		\$1000 Lifetime Max			
Annual Maximum Benefit								
	\$5000 Per Member		\$2000 per Member		\$1000 per Member		None	
	<u>Monthly Cost</u>		<u>Monthly Cost</u>		<u>Monthly Cost</u>		<u>Monthly Cost</u>	
MetLife	Single		Single		Single		Single	
MetLife	Couple		Couple		Couple		Couple	
	Single Parent		Single Parent		Single Parent		Single Parent	
	Family		Family		Family		Family	

Please Note: Information above is for illustration purposes. Refer to the Summary Plan Description for full details and plan provisions. For detailed summaries contact your Benefit Specialist.

MetLife Enhanced Plan: Endodontics & Periodontics will be reimbursed as a Basic Service (80%)

MetLife Standard Plan: Non MetLife providers are reimbursed at Metlife contracted level.

Vision and Voluntary Life

UHC Vision Funded		
Type	In-Network	Out-of-Network
Vision Exam		
Physical Exams (Adult)	\$10 Co-Pay	Up to \$40
Materials		
Eyeglass Lenses/Frames/Contact Lenses	\$25 Co-Pay	See Scheduled Allowance
Frequencies (Based on Last Day of Service)		
Exam	Once every 12 months	Once every 12 months
Lens	Once every 12 months	Once every 12 months
Frame	Once every 24 months	Once every 24 months
Pair of Lenses (For Eyewear)		
Standard Single Vision Lens	\$25 Co-Pay	Up to \$40
Standard Lined Bifocal Lens	\$25 Co-Pay	Up to \$60
Standard Lined Trifocal Lens	\$25 Co-Pay	Up to \$80
Standard Lenticular Lens	\$25 Co-Pay	Up to \$80
Frames - Retail Frame Allowance		
	Up to \$130 then 30% discount on the overage	Up to \$45
Contact Lenses (In Lieu of Eyeglasses)		
	Up to 4 boxes of contact lenses, plus fitting/evaluation fees (after applicable co-pay)	
Non-Selection Contact Lenses		
	Up to \$125	Up to \$125
Necessary Contact Lenses (Medical Necessity)		
	\$25 Co-Pay	Up to \$210
	Monthly Cost - Funded 100% Employer Paid	
UHC Vision	Single	
UHC Vision	Couple	
	Single Parent	
	Family	

Please Note: Information above is for illustration purposes. Refer to the Summary Plan Description for full details and plan provisions.
For detailed summaries contact your Benefit Specialist.

MetLife Short Term Disability Plans

MetLife - Short Term Disability Plans

11/1/2019 - 10/31/2020



Type	STD Plan 1	STD Plan 2	STD Plan 3	STD Plan 4
Employer Contribution	100%	100%	100%	100%
	-	-	-	-
Eligibility	----- All Active FT Employees (30 hrs. per week minimum) -----			
Weekly Benefit*	50% of pre-disability earnings	50% of pre-disability earnings	50% of pre-disability earnings	50% of pre-disability earnings
Maximum Weekly Benefit	\$1,000	\$1,500	\$2,000	\$2,500
Elimination/Duration	7/7/26	7/7/26	7/7/26	7/7/26
Benefit Duration	Max. of 26 weeks	Max. of 26 weeks	Max. of 26 weeks	Max. of 26 weeks

Premiums are underwritten based on industry and demographics *Other sources of income will offset the benefit amount (i.e.) salary continuation, PTO; medicare, state mandated benefits.
Employees enrolled in state mandated benefits must apply first, then MetLife.

MetLife Long Term Disability Plans

MetLife - Long Term Disability Plans

11/1/2019 - 10/31/2020



Type	LTD Plan 1	LTD Plan 2	LTD Plan 3	LTD Plan 4	LTD Plan 5	LTD Plan 6	LTD Plan 7	LTD Plan 8
Employer Contribution	100%	100%	100%	100%	100%	100%	100%	100%
	-	-	-	-	-	-	-	-
Eligibility	----- All Active FT Employees (30 hrs. per week minimum) -----							
	-	-	-	-	-	-	-	-
Benefit Percentage	60% of Salary	60% of Salary	60% of Salary	60% of Salary	50% of Salary	50% of Salary	60% of Salary	60% of Salary
Monthly Maximum Benefit*	\$10,000	\$10,000	\$10,000	\$10,000	\$2,000	\$2,000	\$15,000	\$15,000
Monthly Minimum Benefit	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Elimination Period	180 days	180 days	90 days	90 days	90 days	90 days	180 days	90 days
Own Occ Period	Own Occ to 65	Own Occ to 65	Own Occ to 65	Own Occ to 65	2 years	2 years	Own Occ to 65	Own Occ to 65
Benefit Duration	RBD/SSNRA	Lesser of RBD/ 5 years	RBD/SSNRA	Lesser of RBD/ 5 years	RBD/SSNRA	Lesser of RBD/ 5 years	RBD/SSNRA	RBD/SSNRA
	Reducing Benefit Duration / Normal SS Retirement Age	Reducing Benefit Duration of 5 Years Max.	Reducing Benefit Duration / Normal SS Retirement Age	Reducing Benefit Duration of 5 Years Max.	Reducing Benefit Duration / Normal SS Retirement Age	Reducing Benefit Duration of 5 Years Max.	Reducing Benefit Duration / Normal SS Retirement Age	Reducing Benefit Duration / Normal SS Retirement Age

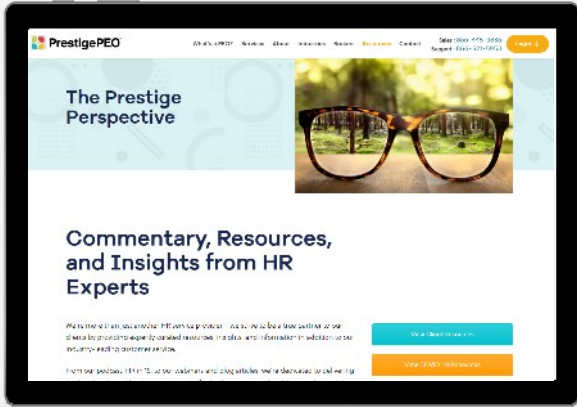
Premiums are underwritten based on industry and demographics *Other sources of income will offset the benefit amount (i.e.) salary continuation, PTO; medicare, state mandated benefits.
Employees enrolled in state mandated benefits must apply first, then MetLife.

Open Enrollment Contact Options

As we kickoff this years open enrollment season, we have several ways for you and your teams to stay informed and reach out to us with any questions

- Visit the Open Enrollment website at www.prestigepeo.com/openenrollment/
- Reach out to your [benefit specialist](#) via the [mobile app](#), email or direct dial
- Contact our [benefits team](#) at **833-PEO-BEN1**
- Contact our [benefits team](#) at **OEQuestions@PrestigePEO.com**

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podcast episode found on your
favorite podcast app or at
"HRin15.com"



Reach out to your support teams –
HR and Compliance, Employee
Benefits, and Payroll directly from our
PrestigeGO mobile app



We Are Here For You



Human Resources, Employee Benefits, and Payroll Simplified

You started your business because you had a great idea. We started our business to handle the rest.