



Metro

Metro Employee Benefits Guide



2021

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benefitshelp@oregonmetro.gov





Welcome!

As part of the Metro family, you play a vital role in serving the people of the greater Portland region. The benefits in this guide are part of your overall compensation package. Here you'll find all the things you need to know about your benefits as a Metro employee. From health insurance, vacation leave and wellness resources to help with managing debt, buying a house and planning for retirement, Metro makes sure you have the support you need through the different stages of life.

Let us know how we can help.

A handwritten signature in black ink that reads "Julio Garcia". The signature is fluid and cursive, with a prominent initial "J" and a clear "Garcia" ending in a flourish.

Julio Garcia,
Metro Human Resources Director



Important dates to know

Benefits start	Benefits start on the first day of employment
Open Enrollment	Each November. You can make changes to your medical, dental and vision benefits. They will be effective January 1.
Medical, Dental, and Vision renewal	January 1. Each year, unless you make changes, your current health options will carry over into the next calendar year.
Enroll or make changes to your 401(k) and/or 457 plans	Any time

Have questions?

We're here to help you understand your benefits and answer any questions you might have. Contact us at benefitshelp@oregonmetro.gov or call 503-797-1588.

Make the most of your benefits

Your benefits at a glance

Review medical, dental and vision coverage

What coverage do you need for you and your dependents? Is your current plan still working for you?

- Medical Plan
- Dental Plan
- Vision Plan

Explore the Employee Assistance Program (EAP)

Metro's EAP is free to you as an employee and your dependents. It provides you support and assistance for a wide range of issues.

- Financial coaching
- Free counseling sessions
- Home-ownership programs and much more.

Consider voluntary insurance coverage

Be prepared for life's unplanned events. Voluntary benefit coverage plans such as Short Term Disability can give you another layer of financial protection to help with expenses that may not be covered by your medical plan.

- Short Term Disability
- Accident death and dismemberment (AD & D) insurance
- Life insurance
- Critical Illness or Accidental Injury

Enroll or re-enroll in a spending account

You can save money on taxes by enrolling in a spending account. You will need to re-enroll each year.

- Healthcare Flexible Spending Account
- Dependent Care Flexible Spending Account
- Health Savings Account (required if enrolled in a High Deductible Health Plan)

Review your savings and retirements plans.

Is it time to increase your contributions? Are your beneficiaries up to date on all your plans?

- 401K and 457 deferred compensation savings and investments
- PERS pension and Individual Account Program (IAP)

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Questions about your benefits?

To learn about your specific benefits, you can refer to your collective bargaining agreement on the Metro website or contact us at benefitshelp@oregonmetro.gov

Who's covered under your insurance?

- Your spouse or domestic partner. To enroll your domestic partner or spouse, you'll need to provide a marriage license or an affidavit confirming your domestic partnership. Benefits coverage for your domestic partner or your domestic partner's children may be taxable.
- Dependent children until they reach the end of the month in which they turn 26.
- Dependent children of domestic partner until they reach the end of the month which they turn 26.

Opting out of health benefits

Under a number of employment contracts and collective bargaining agreements you can opt out of employer-paid health insurance if you have other group health coverage. If you wish to opt out, you will receive a cash reimbursement of \$150 per month (this is prorated if you work less than full time).

When can you opt out?

You can opt out of health benefits when you are first hired. After you're enrolled, you can only opt out during open enrollment periods or if you experience a qualifying life event such as loss of employment or divorce. Please complete the following forms:

- [Medical, Dental, Vision Enrollment/Change Form](#).
Select the "Opt Out" option.
- [Opt Out Waiver Form](#)

Coverage levels

If you're a benefits eligible employee, the amount that you pay for health insurance depends on the health plan you choose and the number of people that you cover. There are four levels to choose from:

- Employee only
- Employee and spouse or domestic partner*
- Employee and child or children up to age 26
- Employee and family

**To enroll your domestic partner or spouse, you'll need to provide a marriage license or an affidavit confirming your domestic partnership. Benefits coverage for your domestic partner or your domestic partner's children may be taxable. To learn more, review the guidelines outlined on the domestic partner affidavit.*

How are benefits paid for?

Cost of coverage

You and Metro share in the cost of your health benefits. Your health care contributions are deducted from your paycheck twice a month on a pretax basis. This means that the money used to pay for these benefits is taken from your pay before social security, federal, state and local taxes are withheld.

About your benefits

In this guide, you'll find an overview of health, vacation and financial benefits that help you take care of yourself and your family.

Let's start with eligibility

Who's eligible for Metro benefits? It's complicated. Metro services span parks and nature, land and transportation, garbage and recycling, and arts and events. This means there are all kinds of jobs across Metro locations, including Metro's parks, the Oregon Zoo, the Oregon Convention Center, Portland's Centers for the Arts and Portland Expo Center. Some of these jobs are regular full-time positions, others are seasonal or temporary and are called variable hour jobs.

Full time, budgeted positions

Employees in full time, budgeted positions are eligible for all the health and welfare benefits outlined in this handbook. Benefits for eligible employees become effective the first day of employment.

Variable hour positions

Many of the jobs supporting events at venues or summer programs at the parks and zoo, as well as internships fall into the category of variable hour employees. Variable positions offer flexibility and opportunities to grow. Variable employees have full access to Metro's employee assistance program but are not

eligible for health and welfare benefits. Some variable hour employees may be eligible for benefits under the Affordable Care Act.

Still not sure what you're eligible for?

If you still have questions about your eligibility, you can refer to your collective bargaining agreement. Metro works in partnership with five labor unions (listed below) associated with different professions and trades. The unions negotiate collective bargaining agreements with Metro management. If you belong to a union, please contact your union representative to make sure you have the right information for you.

- AFSCME American Federation of State, County and Municipal Employees
- IATSE International Alliance of Theatrical Stage Employees
- ILWU International Longshore and Warehouse Union
- IUOE International Union of Operating Engineers
- LIUNA Laborers International Union of North America

Need to make changes to your benefits after your initial enrollment?

You can ...	When?
Begin or change your 401(k) and 457 plan choices	Any time during the year
Begin or change your dependent care election if you have chosen the dependent care flexible spending account (this is different from the health flexible spending account)	Any time during the year
Change your benefit choices and health flexible spending account plans	During open enrollment only If you experience a qualifying event

What's a qualifying event?

A qualifying event means something has happened in your life that allows you to change your benefits outside of open enrollment. Here are some examples of qualifying events:

- marriage or domestic partner registration
- divorce, legal separation or annulment
- birth or adoption of an eligible child
- change in your or your spouse's health coverage due to your spouse's employment
- change in your child's eligibility for benefits

Make sure to notify Human Resources about a qualifying event within 30 days at benefitshelp@oregonmetro.gov. Proof of qualifying event is required.



Which health plans are right for you?

Metro cares about your health and wellbeing – and that of your loved ones. As an eligible employee, you have access to comprehensive health insurance options including medical, dental and vision insurance.

You can choose from four Kaiser Permanente medical plans

Standard plans

Health Maintenance Organization (HMO) | Option 1

This is the most traditional of the four plans. Your benefits include:

- preventive care services at no cost
- a personal doctor for routine medical care
- simple copays for most covered services, including office visits.

If you or anyone in your family has a history of illness or a chronic medical condition, and don't want the risk of unexpected out-of-pocket expenses, this may be the right plan for you.

Why choose this plan?

It makes life pretty simple:

- No paperwork to fill out
- Simple co-pays to help manage your out-of-pocket costs
- Low deductible that only applies to certain types of care
- Online features that let you manage most of your care around the clock.

Added Choice Point of Service (POS) | Option 2

The Kaiser HMO plan limits who you can see for services. For as little as \$25 per month (per covered family member), the Added Choice Plan enables you to get treatment from physicians and hospitals outside of Kaiser. The Added Choice POS plan empowers you to make the best health care choice for you – wherever you are, and whenever you need care. Your benefits include:

- three tiers to choose from based on your health care needs and budget: select provider, preferred provider organization (PPO) provider, and non-participating provider
- the ability to choose and change providers across the 3 tiers
- a choice of in-network providers that will give you a higher level of benefits with lower out-of-pocket expenses.

Why choose this plan?

This plan gives you lots of choices:

- A wide choice of providers and care
- The freedom to get care from any provider you choose based on your needs.

Keep in mind

If you choose the traditional or **High-Deductible Health Maintenance Organization plan (HMO) plans**, your care is directed by your selected Kaiser Permanente doctor and all of your non-emergency care is provided by Kaiser Permanente hospitals and doctors.

If you choose an **Added Choice Point of Service plan** you can select and change providers across the three tiers. Selecting in-network providers means you will have a higher level of benefits and lower out-of-pocket expenses.

High deductible plans

HMO High Deductible Health Plan (HDHP) with Health Savings Account (HSA) | Option 3

This plan has great benefits and the added feature of a Health Savings Account (HSA). Your benefits include:

- preventive care services at no cost
- a personal doctor for routine medical care
- copays or coinsurance for most covered services after you meet your deductible
- an out-of-pocket maximum that limits how much you'll spend on most services each year
- no additional coinsurance needed after the annual out-of-pocket maximum is met
- a pretax Health Savings Account (HSA) to help cover the high deductible costs
- online features that let you manage most of your care around the clock.

Please refer to page 13 for a more detailed explanation of this plan and why it might be right for you.

Why choose this plan?

This plan could be a good fit if:

- you and your family members are generally in good health
- you don't go to the doctor very often
- you have a good idea of how much you generally spend on medical bills in a year.

Added Choice Point of Service High Deductible Health Plan (HDHP) with Health Savings Account (HSA) | Option 4

This is the most comprehensive of all the plans. It has all the benefits of the Added Choice POS plan combined with the High Deductible Plan with HSA (please see above).

Why choose this plan?

It makes life pretty simple:

- a wide choice of providers and care
- the added benefit of an Health Savings Account which will help you cover the deductible and save towards any unforeseen medical expenses.

Questions about Added Choice Point of Service ?

1-866-616-0047

The Added Choice line is staffed with specially trained Member Services representatives available 8 a.m. to 6 p.m. Monday through Friday.

Kaiser offers a multidisciplinary clinic committed to providing equitable, compassionate, and high-quality care for transgender and nonbinary members. The gender pathways clinic is a welcoming, safe environment for members of all ages and is available to you no matter which plan you choose.

Gender Pathways Clinic at Kaiser Permanente

Gender pathways clinic services:

- Information and referrals
- Education and preparation for transition-related care

Medical services:

- Primary care
- Hormones
- Pubertal suppressants

Surgical services:

- Top/chest surgery
- Vaginoplasty (in partnership with OHSU)
- Orchiectomy
- Hysterectomy

- Oophorectomy
- Metoidioplasty (in partnership with OHSU)
- Phalloplasty (in partnership with OHSU)

Other gender-affirming services:

- Mental health counseling
- Hair removal
- Voice training

Is the High Deductible Health Plan with a Health Savings Account right for you? Let's dig a little deeper.

Kaiser HMO High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

Don't let its long name put you off. This plan offers you and your family great care for less and has the added benefit of helping you save money with the Health Savings Account (HSA).

How is the High Deductible Health Plan (HDHP) with HSA different from the traditional Health Maintenance Organization (HMO) plan?

The traditional plan has a higher monthly premium, a smaller deductible, and fixed copays and coinsurance. This means you pay less out of your pocket for copays but more each month for your premium. The High Deductible Health Plan has a lower monthly premium with a higher deductible. What does this mean? With the High Deductible Health Plan, you'll pay more out-of-pocket if you have medical expenses (until you meet the deductible), but you can use your Health Savings Account to cover those costs. And you'll save each month by paying less for your premium.

What's a Health Savings Account?

A Health Savings Account is an account you can use if you are enrolled in the High Deductible Health Plan to save and pay for qualified medical expenses now and invest for the long term. This plan is portable and all the funds in your account belong to you if you leave or retire from Metro.

How contributions work

Contributions to your Health Savings Account may be made by you and Metro.

- Metro contributes \$1,500 for individuals and \$3,000 if you're enrolling as employees plus dependent(s) per enrollment period.
- Metro contributes the full amount of the High Deductible Health Plan deductible, per employee or family per employee or family enrollment when you first enroll, and then each year you stay in the high deductible plan.

Eligibility requirements

In order to be eligible for a Health Savings Account you must be:

- covered by a qualified HDHP
- not covered by other health insurance (with a limited number of exceptions)
- not enrolled in Medicare
- not enrolled in Tricare Coverage
- not claimed as a dependent on someone else's tax return
- not currently enrolled in a Healthcare Flexible Spending Account (FSA) or a General Purpose Health Reimbursement Account (HRA).

- You will not receive more than the above stated Health Savings Account contribution during an enrollment period.
- All Metro employees who enroll in the high deductible plan receive the same Health Savings Account contribution, per employee or family enrollment. The amount is based on tier of enrollment regardless of your hours worked as long as you are still eligible.
- If you are enrolled in the High Deductible Health Plan and experience a qualifying event that changes your deductible for the plan, Metro's contribution to the plan will also change to the corresponding contribution at the same time.

Can I use my HSA dollars for non-medical expenses?

You can withdraw from your HSA at any time, for any reason. But it's only tax-free if you use it for qualified health expenses. If you use it for anything else, the money you withdraw is taxable income. You will also have to pay a 20% tax penalty unless you're 65 or older, disabled or deceased.

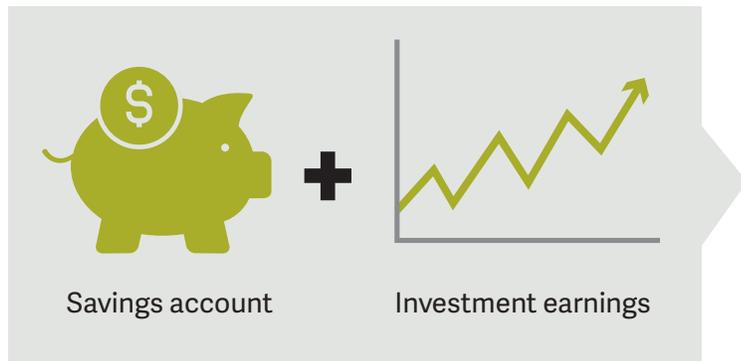
Want to learn more about high deductible plans?

High deductible plans and Health Savings Accounts can be a great deal, and there are things to consider. For example, it can be hard to know how to accurately budget for your annual medical costs.

For help figuring out if this is a good option for you, contact the benefits help team at benefitshelp@oregonmetro.gov

Your Health Savings Account at a glance

Your HSA



pays for



You build savings



Any money you don't spend is rolled over and continues to earn interest.

Unlike Flexible Spending Accounts you don't have to "use it or lose it."

It's portable. You own the account and keep it when you change jobs.

You are in control of when you withdraw, what you spend and what you save.

When you retire, you can use your savings to pay for your insurance premiums.

At age 65, you can take distributions as ordinary income with no penalty.

Individual account
annual savings limit
\$3,600

Family account
annual savings limit
\$7,200

Metro contributes the full amount of your deductible: \$1,500 for individuals and \$3,000 for families.

Triple tax benefits

- 1 Contributions are tax deductible **100%**
- 2 The account grows tax free
- 3 Account funds used for qualified medical expenses are tax free



HSAs are FDIC insured. That means you can't lose money because of market changes.



Dental

Metro gives you the choice of two dental plans regardless of the medical plan you choose.

Your dental health matters

Dental health is an important part of your overall wellness. Regular visits to the dentist can keep cavities from starting and help avoid expensive treatment. [Dental insurance](#) helps you pay for the cost of your dental care.

When issues come up, your dental insurance will help cover a portion of the treatment cost, so you don't have to pay the full bill yourself. This combination of preventive services covered at 100% and lower out-of-pocket costs makes dental insurance a valuable benefit.

1. Kaiser Dental Plan

The [Kaiser Dental](#) plan offers quality care at a low cost.

What's covered:

- After a \$10 copay, preventive and diagnostic care such as cleanings and exams
- 50% of children's orthodontic costs; max of \$1,000.

Things to note:

- There is no annual deductible
- You can only see dentists at Kaiser Permanente dental offices serving Portland, Vancouver, Longview and Salem.

2. The MODA Premier Dental Plan

This plan gives you the ability to choose from dentists within the MODA network.

What's covered:

- 100% of routine preventive and diagnostic care such as cleanings and exams
- 80% of basic procedures such as fillings, root canals and tooth extractions
- 50% of major procedures such as dentures and implants
- \$1,500 for adult and child orthodontia.

Things to note:

- There's a \$50 annual deductible (\$150 for a family). Twice-yearly exams and cleanings are not subject to deductible
- If you choose a dentist outside of the network, you'll be responsible for costs that exceed MODA's provider fees
- After meeting the plan year deductible, you pay co-insurance for non-preventive eligible services up to a plan year benefit maximum of \$2,000.

To get the most of your plan and to access MyModa, go to: modahealth.com/members



Vision

Metro offers vision care insurance through VSP Vision. As a VSP member, you have access to affordable eye care and quality eyewear, all at low out-of-pocket costs.

What's covered:

- After a \$15 co-pay, exams and glasses with a VSP provider
- 100% of single vision lenses, lined bifocal, lined trifocal: paid in full (every calendar year)
- Frames every 24 months, up to \$170, plus 20% discount for amount over allowance. There are hundreds of great frames to choose from. Visit [vsp.com](https://www.vsp.com) to find a Premier Program location near you or go to [eyeconic.com](https://www.eyeconic.com)[®], VSP's online eyewear store.

It's easy to use your VSP benefits

Once your plan is effective, review your benefit information and you can get started:

- Create an account at [vsp.com](https://www.vsp.com)
- Find an eye doctor who's right for you at [vsp.com](https://www.vsp.com) or call 800-877-7195
- Make an appointment
- At your appointment, tell them you have VSP. There's no ID card necessary.

If you're using a VSP provider, there are no claim forms to complete.

Did you know?

You can choose to get care and frames from a non-VSP provider or retail chain – but it will cost you more.

Contact VSP at:

800-877-7195 or visit their website at: [vsp.com](https://www.vsp.com)



Flexible Spending Account

Did you know you can set aside pretax dollars to pay for health and dependent care expenses?

Metro sponsors a flexible spending account program which allows you to have a portion of your salary set aside before tax and put in either a:

- **Healthcare Flexible Spending Account (FSA)** to pay for your eligible healthcare or
- **Dependent Care Flexible Spending Account (FSA)** to pay for eligible dependent care expenses.

How do Flexible Spending Accounts work?

The **Healthcare Flexible Spending Account** lets you to set aside pretax dollars to cover the cost of a wide variety of medical expenses.

Here are some of the things you can spend your Healthcare FSA dollars on:

Acupuncture, reading glasses, prescription glasses, contacts, dental expenses such as orthodontic services, crowns, deductibles, disability expenses including seeing eye dogs, and wheelchairs. A complete list of eligible expenses and exceptions is available on the Eflex website.

The **Dependent Care Flexible Spending Account** lets you use your pretax dollars to pay for eligible expenses related to caring for your child, disabled spouse, elderly parent, or other dependent who is physically or mentally incapable of self-care, so you (or your spouse) can work, look for work, or attend school full time.

What expenses are eligible?

Your dependent care expenses must be work or school-related:

- to allow you or your spouse to work
- to allow your spouse is to look for work
- to allow you or your spouse to attend school full time
- if you or your spouse is physically unable to care for your children.

What expenses are not eligible?

Medical or Dental expenses for your dependent are not eligible for reimbursement under the Dependent Care FSA.

Your dependent care expenses cannot be more than \$5,000 during a calendar year. If you are married but filing taxes separately, the limit is \$2,500. This amount may be less if you or your spouse's earned income is less than \$5,000.

For more information about how the flexible spending accounts work and details on usage restrictions and eligibility requirements visit the Eflex website:

- [FSA Participant Guide](#)
- [Health FSA Eligible Expenses](#)
- [Dependent Care FSA Qualifications](#)
- [Dependent Care FSA vs. Tax Credit](#)

When can you start or make changes to an Flexible Spending Account?

During open enrollment you can choose to set aside:

- Up to \$2,750 of your salary into a Health FSA and/or
- Up to \$5,000 to a Dependent Care FSA (\$5,000 per household or \$2,500 if you are married and file separate income tax return).

You generally cannot change your Health Flexible Spending Account elections during the plan year unless you request a change within 30 days of a qualified dependent or employment status change.

Use it or lose it

The IRS allows participants to carryover up to \$550 of unused health FSA funds into the following plan year. Any unused funds over the \$550 left in your flexible spending account at the end of the Plan Year go to your employer.

Make sure to monitor your EFLEX account balances before the end of the Plan Year to ensure they are used up. Schedule medical or dental care visits, refill prescriptions, purchase eligible over-the-counter supplies, etc.

Manage your account and submit claims online at: employee.eflexgroup.com

How is a Flexible Spending Account (FSA) different from a Health Savings Account (HSA)?

It can be easy to confuse these two types of savings accounts. Both plans let you use pretax earnings to cover eligible medical expenses. Here's a quick comparison breakout:

Health Savings Account

- Uses pretax dollars
- Covers eligible health care costs
- Can only be used with a high deductible account
- You own the account
- You keep the account when you change jobs
- Can be invested and used to cover medical expenses when you retire

Flexible Spending Account

- Uses pretax dollars
- Covers eligible health care costs and dependent care costs
- Cannot be used if you have an HSA
- Metro owns the account
- The account expires at the end of the year or if you change jobs – you use it or lose it



Work/Life Balance

Vacation, holidays and sick leave

Metro wants to make sure employees have the opportunity to enjoy time off, celebrate important moments, and take care of themselves and their loved ones when they're sick.

In addition to vacations and sick leave, Metro provides Oregon Sick Child Leave, pregnancy and maternity leave, parental leave, bereavement, family medical leave, paid workers compensation and ADA accommodation.

Take advantage of your paid vacation and holidays.

You've earned them!

Vacation leave

It's important to take the time you need to rest and recharge. When we are able to step back and make time for fun and recreation, our happiness and wellbeing improve and so does our job satisfaction. Everyone wins.

Metro's generous vacation leave starts at 3 weeks and goes up to almost 5 weeks per year after 12 years of service.

Who's eligible?

Represented employees

If you're a represented employee, you can refer to your collective bargaining agreement to find out what vacation leave you're eligible for.

Non-represented employees

Non-represented regular and limited duration employees who work 20 hours per week can accrue up to 275 hours (approximately 6.8 weeks) of vacation leave according to the following schedule:

What holidays does Metro observe?

New Year's Day
 Martin Luther King Jr. Day
 Presidents Day
 Memorial Day
 Juneteenth
 The fourth of July
 Labor Day
 Veterans Day
 Thanksgiving
 Day after Thanksgiving
 Christmas

Level	Total Years of Continuous Service	Accrual Rate per hour paid	*Equivalent Annual Hours for Full-time Employees working 2080 hours per year
Level 1	Date of hire through completion of 3rd year	.0577 hours	120 hours
Level 2	4th year through completion of 7th year	.0692 hours	144 hours
Level 3	8th year through completion of 11th year	.0808 hours	168 hours
Level 4	12th year or more	.0923 hours	192 hours

* Part time eligible employees accrue vacation leave under the above hourly accrual rate for hours paid.

Sick leave

We all need time to rest when we're sick or to care for sick loved ones. Taking your sick leave helps keep yourself and others healthy.

How to know what you're eligible for

Represented employees: If you're a represented employee, you can refer to your collective bargaining agreement to find out what sick leave you're eligible for.

Non-represented employees: Non-represented variable hour and temporary employees accrue and use paid sick leave based on their hours paid.

How do you accrue sick leave?

Non-represented variable hour and temporary employees accrue paid sick leave at a rate of .05 hours for every hour paid. This means you can accrue and use up to a maximum of forty hours of sick leave annually.

When can you start using sick leave?

You're eligible to use earned sick leave as soon as you have earned it.

What does sick leave cover?

You can use sick leave:

- for mental or physical illness, injury or health condition, medical care, diagnosis and treatment, or preventive medical care of a mental or physical illness, injury or health condition, for yourself or for a qualifying family member.
- when leave is for a purpose specified by Family Medical Leave or Oregon Family Leave.
- to address domestic violence, harassment, sexual assault, or stalking in accordance with state law and Metro's Domestic Violence, Sexual Assault, Criminal Harassment and Stalking Protections Policy.
- in the event of a public health emergency, which includes closure of the school or place of care of an employee's child, or by order of a public official due to a public health emergency.

Family Medical Leave Act and Oregon Family Leave Act benefits

State and federal leave laws mean you can take time to care for yourself and your family when you need it without putting your job at risk. Below are some of the ways you can do that:

Parental Leave

Caring for the newest addition to your family is easier with protected parental leave. Metro provides eight weeks of paid leave for Metro employees welcoming a child to their family, whether it's through birth, adoption or fostering. Parental Leave can be taken any time within the year after the birth or placement. Parental Leave can also be used to handle legal procedures leading up to and during adoption.

Who's eligible?

All regular, probationary, limited duration, variable hour and temporary employees, who have worked a minimum of 180 days, are eligible.

How does Parental Leave work with regular vacation and sick leave?

Paid Parental Leave is a separate bank of paid hours. You don't have to use vacation, sick and personal leave before using parental leave. FMLA and OFLA provide 12 weeks of unpaid parental leave. Most people use Metro's eight weeks of paid leave first, then use their sick and vacation leave to cover the remaining four weeks.

Did you know?

You don't have to use all eight weeks of Parental Leave all at once. You can break it up however you like so you can make sure you're there for those important moments.

Questions?

Want to know more about parental leave?

- Call 503-797-1570
- Email benefitshelp@oregonmetro.gov
- MetroNet search: "parental paid leave"

Sick child leave

It's a fact – kids get sick. It's understandable that as parents, you'll sometimes need to stay home and take care of them. You can take leave to care for your kids due to a non-serious health condition like a cold, the flu, or sickness that doesn't require them going to the hospital. Metro may ask you for a doctor's note after the fourth time you take leave.

Serious health condition leave

If you or an immediate family member you are caring for has a serious health condition, you can take leave on a continuous or intermittent basis.

Military family leave

Military service members, veterans, and their families have protected leave rights. These include:

- caregiver leave for a military service member dealing with a serious illness or injury incurred or aggravated in the line of covered active duty.
- exigency leave to help with needs resulting from a family member's active duty military service, such as making financial, legal or child or elder care arrangements.

Please contact Human Resources if you have any questions related to military service, military leave, or veteran status.

Bereavement leave

When you lose someone you love, you need time to grieve and be with those closest to you. Bereavement leave gives you the chance to take time away to do just that, and to make necessary arrangements related to the death and/or to attend the funeral or alternative ceremony.

Who's eligible?

Represented employees: If you are represented by a union, your bereavement leave benefits are decided by your collective bargaining agreement and the Oregon Family Leave Act (OFLA).

Unrepresented employees: If you are a non-represented benefits-eligible employee, Metro covers up to three days paid bereavement and funeral leave. In the case of the death of a family member, you can use your accrued sick or vacation leave to cover an additional seven days.

If you need more time you can take up to two weeks leave a year without pay per loss of a loved one.

What is exigency leave?

This is 12 work weeks of unpaid, job-protected leave in a 12-month period to make arrangements when a family member is deployed.

Do you need bereavement leave now?

A Metro benefits specialist can help.

If you have lost someone, please send an email to benefitshelp@oregonmetro.gov telling us how you are related to the person who died, the date you learned of the death and your potential dates of absence. A benefits specialist will verify your eligibility for Oregon Family Leave and determine what bereavement leave is available to you under your union's collective bargaining agreement.

To support you and your family during this tough time, Metro's Cascade Centers Employee Assistance Program provides free counseling sessions. Contact Cascade Centers and identify yourself as a Metro employee, or as a family member of a Metro employee, and one of their master's level counselors can offer immediate help or schedule an appointment for you.

Cascade Centers EAP

Call 800-433-2320

Text 503-850-7721

Email info@casadecenters.com

Questions?

To request leave or learn more about your leave benefits, policies and responsibilities contact Human Resources or your union representative.

Call 503-797-1570

Email benefitshelp@oregonmetro.gov

Life happens – we've got you.

Let's face it. Life can be tough sometimes. Trying to pay off debts, maintain personal relationships, plan for your future – all while keeping your cool and staying healthy – can feel like a lot. Everyone needs support, and it's okay to ask for help.

Cascade Centers Employee Assistance Program (EAP)

Metro has contracted with Cascade Centers to offer a free and confidential employee assistance program that addresses a wide range of personal concerns helping to reduce life stress, save you time and help improve quality of life for you and your family.

It's not just for times of crisis. Cascade Centers is committed to your continuous, overall wellbeing – the program includes personal wellness, face-to-face counseling, legal consultations, financial coaching and even

identifying resources for things like childcare and elder care.

Whether you're feeling stressed and need someone to talk to or you're looking for financial guidance as you search for a new home, a single call is all it takes to get you on the right track. Simply identify yourself as a Metro employee, or as a family member of a Metro employee, and one of their master's level counselors can offer immediate help or schedule an appointment for you.

Want help deciding which service would be most useful to you?

Take Cascade Centers Life Pilot assessment to find out.

Just answer a few quick questions and the Life Pilot will suggest services for you. Log on at cascadecenters.com or call 800-433-2320 today to access your free and confidential services.

Who's eligible?

- All employees
- Family members/dependents eligible for benefits (family members can contact Cascade Centers directly. They will need to provide the employee's name, job title, and birth date.)
- Domestic partners
- Dependents up to 26 years old.

Easy ways to connect to support

You can get in touch with support professionals in a number of ways, depending on what feels right for you.

- Text support
- Online scheduling
- Live chat
- Video support
- Phone counseling
- A.I. Well-being support
- Phone app.

All of Cascade Centers points of access to the EAP are secure and confidential.

Call 800-433-2320

Text 503-850-7721

Email info@cascadecenters.com

Support at your fingertips



Where to start

- Give Cascade Centers EAP a call
- A master's level counselor will answer the phone
- Let them know you're an employee (or family member)
- Get help making an appointment or get connected with the resources you need.



Counseling Support

- Free and confidential
- Personal consultation with an EAP professional.
- Up to five counseling sessions per incident, per year
- Help with marital or work conflict, depression/anxiety, relationship problems, stress management and more
- Referrals to community resources.



Tele-help anytime, anywhere

- Private online counseling
- Text, phone and video
- Online scheduling.



Health Insurance Portability and Accountability Act (HIPAA)

HIPAA compliant to protect privacy of medical records and personal health information.



Work/family/support

- Childcare and eldercare
- Resources found based on family’s specifications
- Resource retrieval: Cascade Centers will do the research and report the resources.



Legal support

- Consultation and online tools
- Help putting together a simple will.



Tax preparation services

- No fee to have a consultation and ask tax-related questions
- Staff available to prepare a personal income tax return at a discounted rate
- Do it yourself tax preparation with 15% federal filing discount on online tax filing services
- Access at mysecureadvantage.com/tax-prep.



Identity theft services

- Consultation and guidance for victims of ID theft
- Prevention tips
- Information about how to restore your identity.



Financial coaching

- Building savings
- Reducing debt
- Improving credit
- Mortgage
- Budgeting and much more.



Home Ownership Program

- Assistance and discounts for selling, buying, and refinancing a home
- On average, this service has been able to save employees \$2,000-\$6,000 of their out-of-pocket expenses.



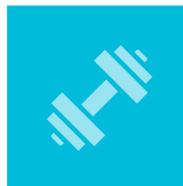
Life coaching

- Life transition
- Communication style
- New parent support
- Work/life balance.



Pet parent resources

- Concierge support
- Pet insurance discounts
- Bereavement support
- New pet parent resources.



Gym membership discounts

- Exclusive membership discounts to gyms, fitness centers and studios
- Additional discounts on weight loss and healthy eating programs for the whole family.



Browse the EAP Member Site

- Self-assessments
- Articles
- Videos
- Quizzes
- Courses
- Webinars
- Legal and Tax forms
- FAQs.



WholeLife Directions lifestyle guide

- Start with 5 minutes
- Take a confidential survey to support you in leading a healthier lifestyle
- Confidential Self-Use programs
- Relaxation and mindfulness tools, videos and engaging evidence-based content based on your unique needs
- Search: Wholelife Directions.

Have any questions?

If you have any questions or if you would like additional information, please contact Cascade Centers EAP.

Call 800-433-2320

Text 503-850-7721

cascadecenters.com

Make time for the fun things in life

Metro is committed to your full health – and that means enjoying time and the beautiful Oregon outdoors with your loved ones. Metro employees have access to lots of resources, services and perks that make life more fun. Be sure to take advantage of them.



Tickets at Work

As an employee of Metro you have access to this complimentary perk that gives you 20 to 60% off on movies, hotels, shows, concerts, sporting events and more. As seasons change, Ticket at Work offer deals that are relevant to current events. To sign up go ticketsatwork.com and become a member. Under the company code, enter OMGAFUN.



Oregon Zoo admission and discounts

Treat your family to a fun-filled day of exploring at the zoo. Metro employees and their eligible family members can receive free admission to the Oregon Zoo and discounts on certain goods and services. Please review the Zoo Admission and Discount Policy for Metro Employees to learn more.



Oxbow and Blue Lake admission

Metro employees are eligible for free admission to Oxbow Regional Park and Blue Lake Regional Park. Enjoy family picnics, boating, fishing and swimming at these beautiful locations. Please review the Oxbow and Blue Lake Admission Policy for Metro Employees to learn more.



Lloyd Athletic Club – health club membership discount

Metro employees are eligible for discounts on the monthly membership rates. Learn more at lloydathleticclub.com



Kaiser Alternative Care

To help you achieve total health in mind, body, and spirit, Metro’s Kaiser health plans include an alternative care benefit. Depending on your plan, acupuncture, chiropractic, naturopathic, and/or massage therapy may be covered. See your Benefit Summary and Evidence of Coverage for details and choose your alternative care provider at chpgroup.com



Wellness options and discounts

Metro supports your wellness through yoga classes and healthy reward discounts, nutrition programs and much more.

Find resources to support financial wellness

Metro is committed to supporting your financial health. That’s why Metro employees have access to resources that can set you up for longterm financial wellness. From home-buying programs to budget and credit resources, to credit union memberships, there’s support for you and those your love.

by being an employee at Metro you’re qualified to receive \$1,195 off of your closing costs! The Caliber team will guide you through the home loan process every step of the way. caliberhomeloans.com



Credit union eligibility

Employment at Metro qualifies you as an eligible member of Advantis and OnPoint Credit Unions. You’re eligible for account memberships and various product offerings. In addition, both credit unions host periodic financial wellness workshops for Metro employees.

advantiscu.org
onpointcu.com

HomeStreet Bank

Metro, in partnership with HomeStreet Bank, offers an Employee Assisted Housing Program. This program has a variety of resources to assist you in the home purchasing process.

Benefits of the program include:

- free home buying seminars
- budget and credit resources
- special loan programs
- access to down payment assistance
- significant savings on closing costs.

For more information about the home ownership program, contact HomeStreet Bank at 503-227-3956 or toll free at 888-408-0066 or visit homestreet.com/Metro



Home Ownership Program

Caliber Home Loans

Caliber Home Loans partners with Metro as a preferred Mortgage Loan Officer. Just

Planning ahead for the ones you love

Life insurance can be there when the ones who depend on you need it most. You can choose to buy optional low cost life and accident insurance through Metro to plan ahead for life's unexpected events.

Life and AD&D insurance

Metro offers basic employee life and accidental death and dismemberment (AD&D) insurance through Cigna.

How it works:

- Basic life and AD&D insurance equals 1.5 times your annual base salary up to a maximum of \$50,000
- Insurance coverage is reduced to 65 percent at age 70, to 50 percent at age 75, and to 35 percent at age 80
- Metro also provides dependent coverage of \$1,000 for your spouse, domestic partner and dependent children up to age 26.

What is Evidence of Insurability?

When you apply for supplemental life insurance coverage, you may be asked to provide information about your general health to the insurance company. In some cases, you will be asked to take a basic physical exam. This is called evidence of insurability. If it is needed, you will be given the appropriate form. Please return this form to our life insurance provider so they can approve it. Once it's approved, your insurance will become effective.

Supplemental Life Insurance

You can choose to buy supplemental life insurance for yourself, your spouse, domestic partner and/or your eligible children.

How it works:

- It is available for you or your family in increments of \$10,000 up to a maximum of \$500,000 or up to five times your annual salary (whichever is less)
- You are guaranteed coverage without the need to answer any medical questions if you purchase up to a maximum of \$180,000 in supplemental life insurance during new hire enrollment. Purchasing the minimal level during new hire enrollment gives you the option to increase your guaranteed coverage up to the maximum during future open enrollment periods.
- For insurance above \$180,000 you will need to show evidence of insurability
- You can add or make a change to your supplemental life insurance during open enrollment
- The monthly cost of your supplemental coverage is based upon your age and the amount of coverage selected.

Spouse/Domestic Partner Supplemental Life insurance

You can buy life insurance for your spouse or domestic partner.

How it works:

- For initial enrollment, you can get guarantee issue up to \$25,000. You can buy it in \$5,000 increments up to a maximum of \$25,000 – as long as it isn't more than your own supplemental life coverage.
- If you choose more than \$25,000 of coverage for your spouse or domestic partner, you will be asked to complete an evidence of insurability form.

- The monthly cost of your spouse or domestic partner's supplemental coverage is based upon their age and the amount of coverage selected

Child Supplemental Life Insurance

There's supplemental life insurance for your children too.

How it works:

- Child supplemental life insurance is available for a benefit amount of \$10,000
- Children are eligible for coverage until the age of 26
- The monthly cost of coverage is \$1.50 for \$10,000 of coverage, no matter how many eligible children are covered
- You can elect this option if you have also chosen supplemental life insurance for yourself.

Supplemental Accidental Death and Dismemberment (AD&D) Insurance

Additional AD&D insurance is also provided through Cigna – with some limits. Please see the plan documents for details.

How it works:

- Supplemental AD&D is available in \$10,000 increments, up to \$500,000.
- The monthly cost for employee only is \$0.028 per \$1,000.
- The monthly cost for a spouse or domestic partner is \$0.028 per \$1,000.

What is a beneficiary designation?

Your life insurance beneficiary is the person you choose to receive life and AD&D benefits in the event of your death. Please fill out and return a beneficiary form to the Human Resources in order to ensure that the insurance company knows who should receive the benefits.

Voluntary short term disability

Metro provides employees with employee-paid short term disability (STD) benefits insured by Cigna.

How it works:

- If you become disabled due to an off-the-job illness or injury and you meet the plan's definition of disability, you are eligible to apply for a weekly short term disability benefit
- You will receive equal to 60% of your pre-disability weekly salary to a maximum of \$1,000 per week (this amount may be reduced due to other sources of income.)
- This benefit begins after 14 days of disability and continues as long as you are disabled according to the plan's definition of disability or until you reach the maximum benefit period, whichever occurs first
- You may not be eligible for benefits if you have received treatment for a condition within the past 3 months until you have been covered under the plan for 6 months
- If you choose this benefit, payments will be made through after-tax paycheck deductions.

Long term disability

Metro provides long term disability insurance through Cigna, at no cost to you.

How it works:

- If you become disabled due to a non-work injury and you meet the plan's definition of disability, you are eligible to apply for long term disability.
- You will receive a monthly amount equal to 66 2/3% of your monthly salary, up to a maximum of \$5,000 per month (this amount may be reduced due to other sources of income.)
- This benefit lasts as long as you are disabled or until you qualify for Social Security.
- You must show a loss of income of 20 percent or more for at least 90 days in order to qualify for this benefit.

Supplemental Life Insurance rates

Age	Cost per \$10,000	Age	Cost per \$10,000
15-24	\$0.70	50-54	\$4.61
25-29	\$0.70	55-59	\$7.82
30-34	\$1.04	60-64	\$9.51
35-39	\$1.22	65-69	\$14.69
40-44	\$1.70	70-74	\$22.60
45-49	\$2.64	75+	\$34.85

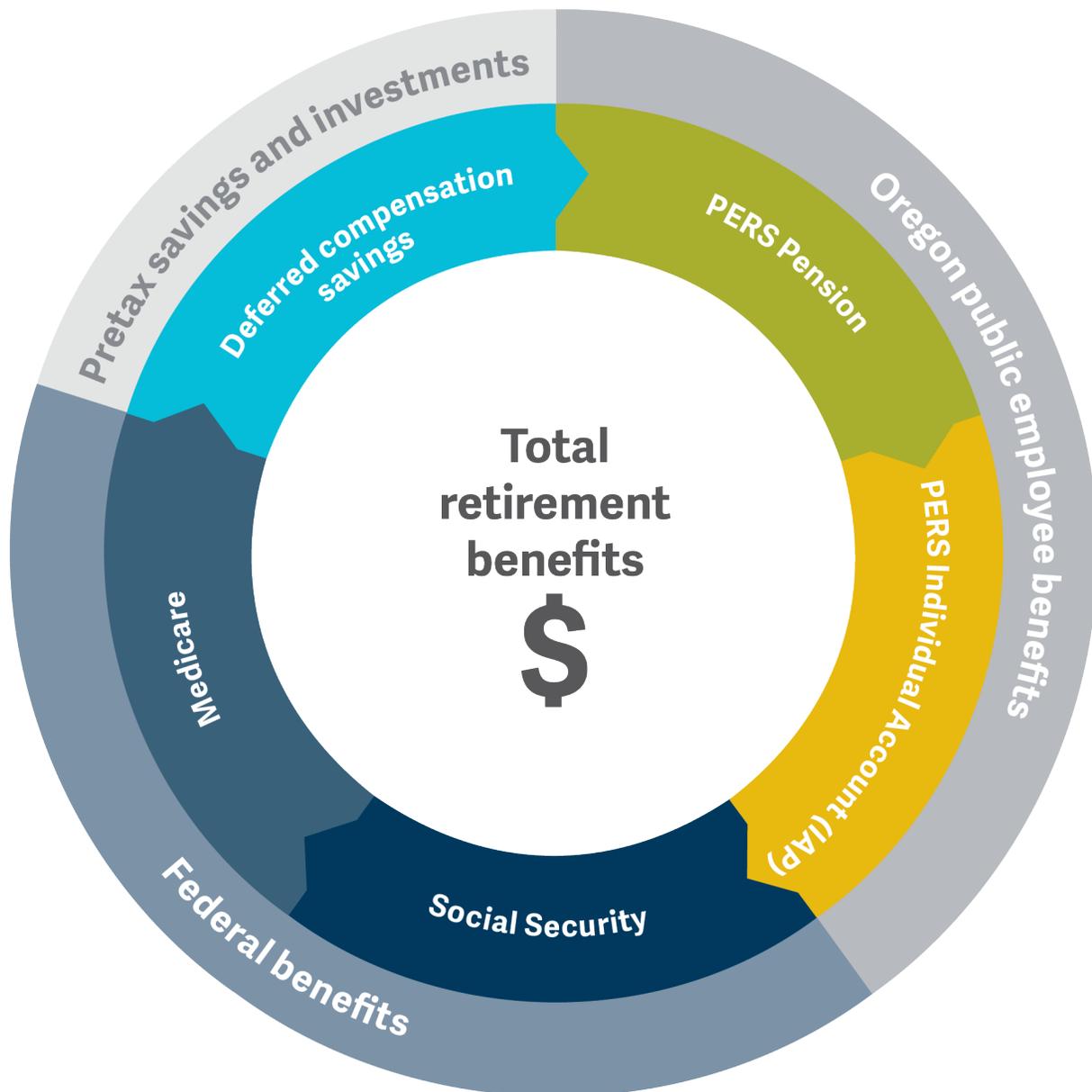
Life happens fast. Are you ready for retirement?

Whether your dreams are modest or grand, the freedom to pursue them requires financial security.

A successful retirement means different things to different people. Some people are ready to travel and pursue hobbies and recreation, others want to get involved in their communities or spend more time with people they love.

Social Security benefits are an important source of retirement income but they are usually not enough to comfortably live on

during retirement. As an eligible Metro employee you are able to participate in the Oregon Public Employees Retirement System (PERS). PERS provides steady retirement income and a solid foundation for a secure retirement. Metro also offers optional deferred compensation plans that let you save and invest pretax earnings that can go a long way in helping you meet your retirement goals.



Need a financial coach?

Financial coaching that includes retirement planning is available at no cost through Metro's Cascade Centers Employee Assistance Program.

Call 800-433-2320

Text 503-850-7721

Email info@cascadecenters.com

Understanding your Oregon public service retirement benefits

PERS provides steady retirement income that you can't outlive so you can focus on the people and activities you love.

Who's eligible?

You don't have to apply to participate in the PERS retirement program. Eligibility and contributions are tracked and administered automatically by the payroll department.

You are eligible for PERS benefits if you have worked for 6 full months and if you work 600 or more total service hours in a calendar year.

PERS benefits are broken into three tiers. The tiers are based on your date of hire. They also reflect any changes in law about the benefit levels and requirements.

What tier are you in?

- If you were hired before Dec. 31, 1995, you are a PERS Tier 1 member.

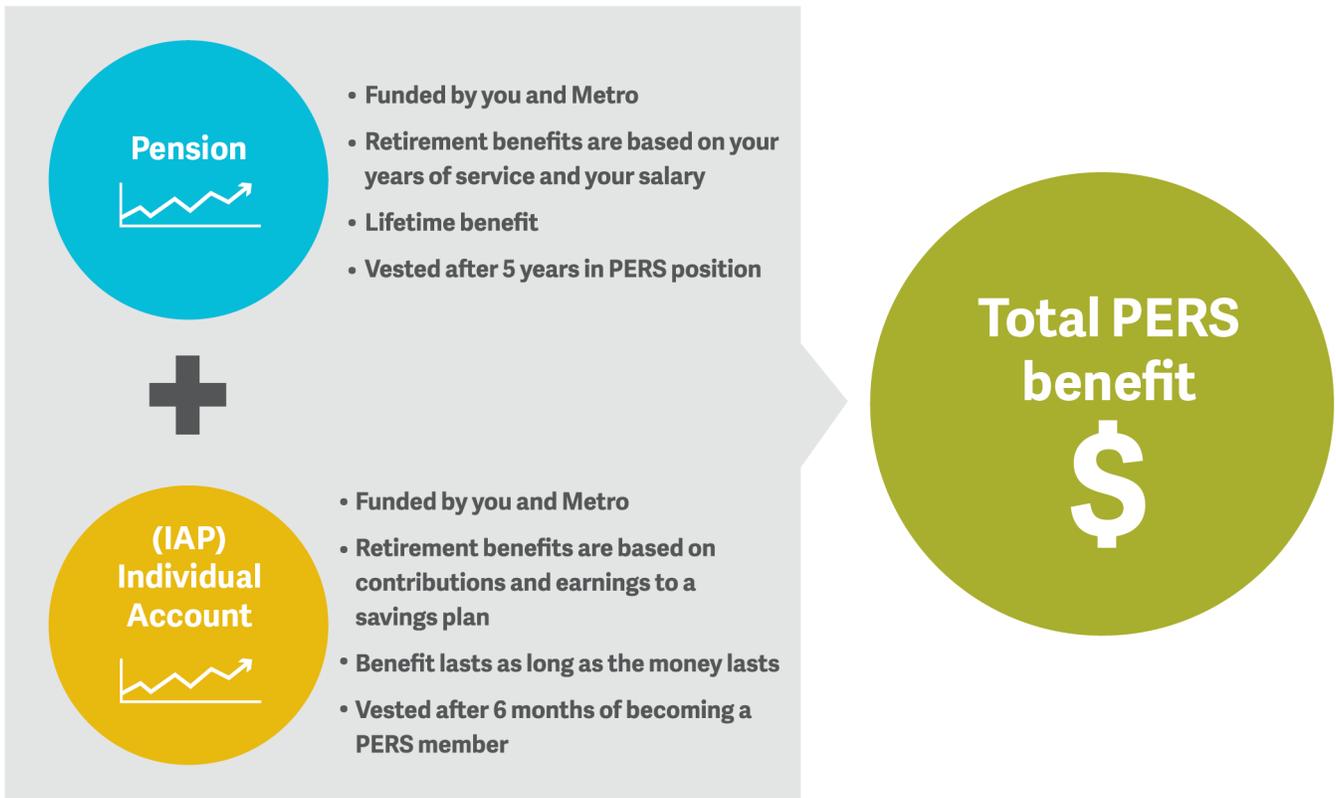
- If you were hired after Jan. 1, 1996 but before Aug. 29, 2003, you are a PERS Tier 2 member.
- If you were hired on or after August 29, 2003, you are a part of the Oregon Public Service Retirement Plan (OPSRP).

How do the benefits work?

Your PERS pension

The PERS pension is an employer-funded retirement benefit. Metro makes contributions. The funds are invested, and the earnings on the investments generate income for you when you retire. When you retire, the pension pays you a specified amount of money for the rest of your life (or you can choose to take the benefit as a lump sum). The amount you are paid is defined by a formula based on your number of years of service in the pension system, and wage or salary level.

PERS comparison chart				
	Tier one	Tier two	OPSRP pension	IAP
Retirement age	58 (or 30 years of service)	60 (or 30 years of service)	65 (58 with 30 years of service)	55
Early retirement	55	55	55	55
Earnings	Guaranteed assumed rate; currently 8% annually	No guarantee; market returns	N/A; no member account	No guarantee; market returns



The first step is getting vested

Vesting is the transfer of pension rights to your personal ownership including your share of the pension fund's earnings. To vest in your pension, you must do one of two things:

1. Work for five years in a PERS-qualifying position for at least 600 hours per year. The years do not need to be consecutive, but you cannot have a gap in qualifying employment of more than five years.
2. Work in a qualifying position on or after reaching normal retirement age.

Being vested means that you cannot lose your right to your pension benefit unless you withdraw from the overall program.

How much will I have in retirement?

The PERS plan bases the benefit on your final average salary. In general, this salary figure is calculated as either the average of your highest salaries from three consecutive years or one third of your total salary in the last 36 months of employment.

The PERS formula varies slightly depending on your service type. Most Metro employees are in general service.

General service formula

Your formula: 1.5% × years of total retirement credit × final average salary

Example:

- Final average salary: \$45,000
- Retirement credit: 30 years
Convert 1.5% for ease of multiplication:
 $1.5\% \div 100\% = 0.015$
- $0.015 \times 30 \times \$45,000 = \$20,250$ per year
- $\$20,250 \div 12 \text{ months} = \$1,687.50$ per month in pension income

This example is based on a Single Life Option. Learn about the various retirement options you will have, including beneficiary options, in the OPSRP Pre-Retirement Guide.

Social Security

Your Social Security benefits are determined by a complex formula based on the 35 years of highest earnings over your lifetime, when the earnings occurred, your birth date, and your age at the time payments begin.

Starting benefits before your full retirement age (65 to 67, depending on your year of birth) will reduce the amount of each Social Security payment, although you will get more of them. Waiting until after your full retirement age, up to age 70, will increase your benefit amount. If married, you should also coordinate benefits with your spouse.

To estimate your retirement benefits, visit the Social Security Administration's website at ssa.gov/myaccount. Not all public employees qualify for Social Security retirement benefits. If you received earnings not covered by Social Security, your estimated benefit may be lower, visit ssa.gov/benefits

(Source ICMA-RC brochures)

Medicare

Medicare is the federal insurance health program for people age 65 and older. There are important initial and ongoing decisions to make about benefits. Be sure to consider the costs and options as you think through your retirement plan. Health care is one of the biggest expenses in retirement.

medicare.gov or 1-800-medicare

Your Individual Account

The pension is supplemented with an Individual Account Program (IAP) defined contribution plan. You and/or Metro make a mandatory contribution to the account, the account is invested and grows over time based on investment returns, and you end up with a pot of money that is yours at retirement.

How does the individual account work?

You begin making contributions to your IAP account as soon as you officially become a PERS member which is usually after six months of employment. You are vested in your IAP account from its inception.

Your IAP is built with contributions that amount to 6% of your salary. (If you earn more than \$2,500 per month you contribute 5.25%.)

If you're a new hire you make the entire contribution. If you're a current PERS employee, you or Metro make the contribution depending on your collective bargaining agreement or when you began employment with Metro. Part of your contribution is used to fund the pension plan (2.5% for Tier 1 and 2 and .75% for OPSRP members).

Your IAP account contributions are invested in a Target-Date Fund (TDF) based on your age. This is intended to reduce investment risk and volatility. You have the option to change the fund your account is invested in to better match your risk tolerance and savings goals. You can change your target date fund once per year and during the annual Member Choice window, September 1-30.

At retirement, you can take your IAP account funds in a lump sum, roll over, or in a series of installments. You can use the IAP Disbursement Forecaster to estimate your IAP distribution at retirement.

Need more help understanding your PERS retirement benefits?

Sign up for PERS education sessions, which offer you a chance to learn more about OPSRP and ask PERS educators general questions.

Contact Member Services representatives, who can answer specific questions relating to your OPSRP membership.

Sign up for PERS Tier 1 and 2 or OPSRP non-retired member news in GovDelivery to receive email or text.

Don't forget to fill out your PERS beneficiary form.

To find a form or to learn more about PERS benefits, contact PERS at 503-598-7377 or visit oregon.gov/PERS

Understanding your retirement savings options

Take care of your future self with pretax saving and investment plans

Voluntary deferred compensation plans

Deferred compensation plans are created to supplement your retirement income. While your pension and Social Security will provide a strong foundation, they are not likely to be enough to ensure a secure financial future. Deferred compensation retirement investments through a 401K or 457 plan can make up the difference.

Unlike Social Security and PERS, deferred compensation plans are tax-advantaged retirement accounts that you control directly. You choose whether or not to participate. You are in charge of how much you contribute and you decide how you invest your savings based on your goals and risk tolerance. They also have the advantage of being moveable. If you leave Metro you can roll your savings into an IRA or other retirement account.

With pretax contributions, money that would otherwise be taxed immediately is invested and all taxes, including on earnings, are deferred until the money is withdrawn.

Metro offers two deferred compensation retirements savings plan – a 401(k) and a 457. You can contribute into one or both plans. Both plans are administered through ICMA-RC.

ICMA-RC 401(k) plan

401(k) plans are typically offered to private sector employees. Metro offered this plan before public sector plans were available and was able to keep this benefit. The 401(k) plan is offers:

- A traditional pretax contribution election
- A Roth 401(k) plan after-tax election option.

ICMA-RC 457 plan

Metro's 457 plan offers:

- A traditional pretax contribution election
- A Roth 457 plan after-tax election option.

For each calendar year employees under age 50 may defer up to \$19,500 into their 401(k) and/or 457 plans; employees age 50 and older may defer an additional \$6,500 per calendar year. Employees who meet the pre-retirement catch-up limit may defer \$39,000 per calendar year. You decide how to invest your contributions based on your goals and risk tolerance and determine which ICMA-RC funds you want to invest in.

You may enroll or change your 401(k) and 457 plan elections at any time by enrolling online. After you're enrolled, ICMA-RC Retirement Plans Specialists can help you create your goals, enroll in Metro's plan and manage your saving and investing strategy over time. Give them a call at 800-669-7400 [ICMARC.org](https://www.icmarc.org)

Have any questions?

If you would like to enroll, please contact HR Benefits. After you're enrolled, Tim Oster, Retirement Specialist, can help you get started. Call 866-822-3641

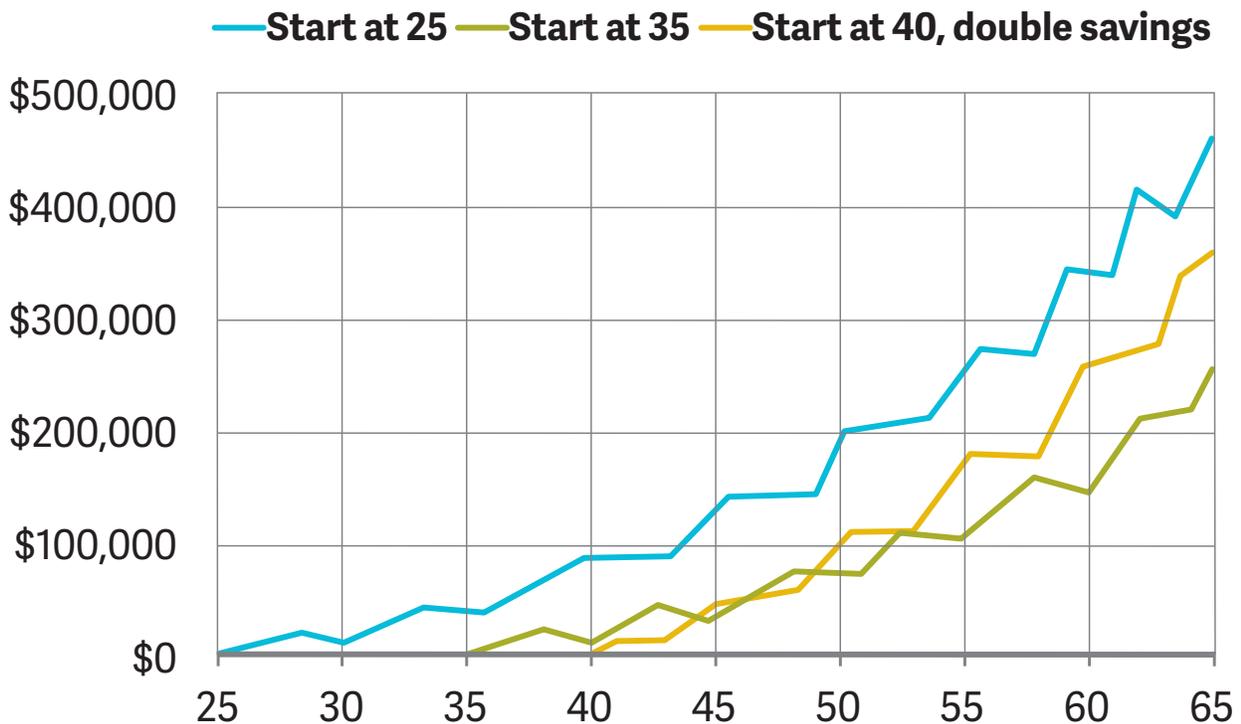
[ICMARC.org](https://www.icmarc.org)

Getting started early will pay later

Saving money can be a challenge in your 20s and 30s when you're focused on establishing your career and family. You can start small. Savings add up and investing them in a deferred compensation plan pretax can make an easy but significant contribution to your future retirement security and independence.

Pro tip

One easy way to save without feeling a pinch is to invest some or all of your annual wage increase.



Contact info at a glance

<p>Kaiser Medical Medical group number 1543 503-813-2000 kp.org</p>	<p>Tim Oster, Retirement Specialist ICMA-RC 1-866-822-3641 ICMARC.org 401(k) Plan 106953, 457 Plan 307037</p>
<p>Kaiser Pharmacy Administration 503-261-7900 Kaiser Mail Order Pharmacy 1-800-548-9809, option 4</p>	<p>TASC (flexible spending accounts and health savings account) 1-877-933-3539 eflexgroup.com</p>
<p>Added Choice Med Impact Pharmacy 1-800-788-2949 Added Choice Prior Authorization 503-813-1031</p>	<p>Advantis Credit Union 503-785-2528 advantiscu.org</p>
<p>Kaiser Dental Dental group number 1543-043 503-813-2000 kaiserpermanentedentalnw.org</p>	<p>OnPoint Community Credit Union 503-546-5000 onpointcu.com</p>
<p>MODA Dental Group number 10001772 503-265-5680 modahealth.com</p>	<p>Cascade Centers EAP Call 800-433-2320 Text 503-850-7721 Email info@cascadecenters.com</p>
<p>Vision Service Plan (VSP) Group number 3107884 1-800-877-7195 vsp.com</p>	<p>Home Street Bank Home Ownership Program 503-227-3956 homestreet.com/Metro</p>
<p>PERS Metro employer number 2594 503-598-7377 oregon.gov/PERS</p>	<p>Cigna Group Life Insurance Policy FLX 968162 Group AD&D Insurance Policy OK 969639 Voluntary STD Policy VDT 962459 Group LTD Policy LK 965538 1-800-732-1603 cigna.com</p>
<p>Alternative Care - CHP Group (self-referred) 1-800-449-9479 chpgroup.com</p>	<p>Lloyd Athletic Club 503-287-4594 lloydathleticclub.com</p>
	<p>Caliber Home Loans Mortgage Loan Officer 503-327-5302 caliberhomeloans.com</p>

Detailed health and insurance plan summaries



Summary of Medical Benefits

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232

Member Services: 1-800-813-2000

**HMO: Health Management Organization
Oregon DED PLAN B 500/20/20%/3000**

1/1/2021 - 12/31/2021

Metro

Group Number: 1543-073

Calendar year is the time period (Year) in which dollar, day, and visit limits, Deductibles and Out-of-Pocket Maximums accumulate.

Deductible	
Self-only Deductible per Year (for a Family of one Member)	\$150
Individual Family Member Deductible per Year (for each Member in a Family of two or more Members)	\$150
Family Deductible per Year (for an entire Family)	\$450
Out-of-Pocket Maximum *	
Self-only Out-of-Pocket Maximum per Year (for a Family of one Member)	\$1,150
Individual Family Member Out-of-Pocket Maximum per Year (for each Member in a Family of two or more Members)	\$1,150
Family Out-of-Pocket Maximum per Year (for an entire Family)	\$3,450
Office visits	
You pay	
Routine preventive physical exam	\$0
Telehealth (phone/video)	\$0
Primary Care	\$10
Specialty Care	\$20
Urgent Care	\$30
Tests (outpatient)	
You pay	
Preventive Tests	\$0
Laboratory	\$10 per department visit
X-ray, imaging, and special diagnostic procedures	\$10 per department visit
CT, MRI, PET scans	\$100 per department visit
Medications (outpatient)	
You pay	
Prescription drugs (up to a 30 day supply)	\$15 generic / \$30 preferred brand
Mail Order Prescription drugs (up to a 90 day supply)	\$30 generic / \$60 preferred brand
Administered medications, including injections (all outpatient settings)	10% Coinsurance after Deductible
Nurse treatment room visits to receive injections	\$10
Maternity Care	
You pay	
Scheduled prenatal care visits and postpartum visits	\$0
Laboratory	\$10 per department visit
X-ray, imaging, and special diagnostic procedures	\$10 per department visit
Inpatient Hospital Services	10% Coinsurance after Deductible

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Hospital Services	You pay
Ambulance Services (per transport)	10% Coinsurance after Deductible
Emergency services	10% Coinsurance after Deductible
Inpatient Hospital Services	10% Coinsurance after Deductible
Outpatient Services (other)	You pay
Outpatient surgery visit	10% Coinsurance after Deductible
Chemotherapy/radiation therapy visit	\$20 after Deductible
Durable medical equipment	10% Coinsurance after Deductible
Physical, speech, and occupational therapies (20 visits per therapy per Year)	\$20
Skilled Nursing Facility Services	You pay
Inpatient skilled nursing Services (up to 100 days per Year)	10% Coinsurance after Deductible
Chemical Dependency Services	You pay
Outpatient Services	\$10 per visit
Inpatient hospital & residential Services	10% Coinsurance after Deductible
Mental Health Services	You pay
Outpatient Services	\$10 per visit
Inpatient hospital & residential Services	10% Coinsurance after Deductible
Alternative Care (self referred)	You pay
Benefit Maximum per Year (all Covered Services combined)	\$1,500
Acupuncture Services	\$10 per visit
Chiropractic Services	\$10 per visit
Massage Therapy (up to 12 visits per Year)	\$25 per visit
Naturopathic Medicine	\$10 per visit
Vision Services	You pay
Routine eye exam (Covered until the end of the month in which Member turns 19 years of age.)	\$10
Vision hardware and optical Services (Covered until the end of the month in which Member turns 19 years of age.)	Not Covered
Routine eye exam (For members 19 years and older.)	\$10
Vision hardware and optical Services (For members 19 years and older.)	Not Covered

*Refer to your Evidence of Coverage (EOC) for benefits that may not apply to Out-of-Pocket Maximum.

Plan is subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the Evidence of Coverage (EOC). Sample EOCs are available upon request or you may go to <http://www.kp.org/plandocuments>

Questions? Call Member Services (M-F, 8 am-6 pm) or visit **kp.org** Portland area: 503-813-2000
All other areas: 1-800-813-2000 TTY.711. Language Interpretation Services, all areas 1-800-324-8010

This is not a contract. This condensed summary of benefits does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. For more details on benefit coverage, claims review, and adjudication procedures, please see your EOC or call Member Services. In the case of a conflict between this summary and the EOC, the EOC will prevail.

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Summary of Medical Benefits

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232

Added Choice Contact Center: 1-866-616-0047

Added Choice
Oregon POS DED PLAN DB 250/20/10%/2000
Metro

1/1/2021 - 12/31/2021

Group Number: 1543-076

	Tier 1 Select Providers	Tier 2 PPO Providers	Tier 3 Non-Participating Providers *
Calendar year is the time period (Year) in which dollar, day, and visit limits, Deductibles and Out-of-Pocket Maximums accumulate.			
Deductible			
The amounts you pay for covered Services subject to the Deductible in Tier 1 and Tier 2 cross accumulate. This means that the amounts you pay for covered Services in Tier 1 also count toward the Deductible in Tier 2, and do not count toward the Deductible in Tier 3. The amounts you pay for covered Services subject to the Deductible in Tier 3 only count toward the Deductible in Tier 3.			
Self-only Deductible per Year (for a Family of one Member)	\$250	\$500	\$750
Individual Family Member Deductible per Year (for each Member in a Family of two or more Members)	\$250	\$500	\$750
Family Deductible per Year (for an entire Family)	\$750	\$1,500	\$2,250
Out-of-Pocket Maximum **			
Self-only Out-of-Pocket Maximum per Year (for a Family of one Member)	\$1,250	\$2,500	\$3,500
Individual Family Member Out-of-Pocket Maximum per Year (for each Member in a Family of two or more Members)	\$1,250	\$2,500	\$3,500
Family Out-of-Pocket Maximum per Year (for an entire Family)	\$3,750	\$7,500	\$10,500
Office visits		You pay	
Routine preventive physical exam	\$0	\$0	35% Coinsurance after Deductible
Telehealth (phone/video)	\$0	\$0	35% Coinsurance after Deductible
Primary Care	\$20	\$30	35% Coinsurance after Deductible
Specialty Care	\$30	\$40	35% Coinsurance after Deductible
Urgent Care	\$40	\$50	35% Coinsurance after Deductible
Tests (outpatient)		You pay	
Preventive Tests	\$0	\$0	35% Coinsurance after Deductible

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Added Choice Point of Service (POS) | Option 2 continued



	Tier 1 Select Providers	Tier 2 PPO Providers	Tier 3 Non-Participating Providers *
Laboratory	\$20 per department visit	\$30 per department visit	35% Coinsurance after Deductible
X-ray, imaging, and special diagnostic procedures	\$20 per department visit	\$30 per department visit	35% Coinsurance after Deductible
CT, MRI, PET scans	\$100 per department visit	20% Coinsurance after Deductible	35% Coinsurance after Deductible
Medications (outpatient)		You pay	
Prescription drugs (up to a 30 day supply)	\$15 generic / \$30 preferred brand	At MedImpact Pharmacy \$20 generic/\$40 preferred brand/\$60 non-preferred brand	
Mail Order Prescription drugs (up to a 90 day supply)	\$30 generic / \$60 preferred brand	MedImpact Mail-Order call CVS Caremark 1-800-237-2767	
Administered medications, including injections (all outpatient settings)	10% Coinsurance after Deductible	20% Coinsurance after Deductible	35% Coinsurance after Deductible
Nurse treatment room visits to receive injections	\$10	\$30	35% Coinsurance after Deductible
Maternity Care		You pay	
Scheduled prenatal care visits and postpartum visit	\$0	\$0	35% Coinsurance after Deductible
Laboratory	\$20 per department visit	\$30 per department visit	35% Coinsurance after Deductible
X-ray, imaging, and special diagnostic procedures	\$20 per department visit	\$30 per department visit	35% Coinsurance after Deductible
Inpatient Hospital Services	10% Coinsurance after Deductible	20% Coinsurance after Deductible	35% Coinsurance after Deductible
Hospital Services		You pay	
Ambulance Services (per transport)	10% Coinsurance after Deductible		
Emergency services	\$200 after Deductible (Waived if admitted)		
Inpatient Hospital Services	10% Coinsurance after Deductible	20% Coinsurance after Deductible	35% Coinsurance after Deductible
Outpatient Services (other)		You pay	
Outpatient surgery visit	10% Coinsurance after Deductible	20% Coinsurance after Deductible	35% Coinsurance after Deductible
Chemotherapy/radiation therapy visit	\$30 after Deductible	20% Coinsurance after Deductible	35% Coinsurance after Deductible
Durable medical equipment	20% Coinsurance after Deductible	30% Coinsurance after Deductible	35% Coinsurance after Deductible
Physical, speech, and occupational therapies (20 visits per therapy per Year)	\$30	20% Coinsurance after Deductible	35% Coinsurance after Deductible
Skilled Nursing Facility Services		You pay	
Inpatient skilled nursing Services (up to 100 days per Year)	\$0 after Deductible	20% Coinsurance after Deductible	35% Coinsurance after Deductible
Chemical Dependency Services		You pay	

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Added Choice Point of Service (POS) | Option 2 continued



	Tier 1 Select Providers	Tier 2 PPO Providers	Tier 3 Non-Participating Providers *
Outpatient Services	\$20 per visit	\$30 per visit	35% Coinsurance after Deductible
Inpatient hospital & residential Services	10% Coinsurance after Deductible	20% Coinsurance after Deductible	35% Coinsurance after Deductible
Mental Health Services		You pay	
Outpatient Services	\$20 per visit	\$30 per visit	35% Coinsurance after Deductible
Inpatient hospital & residential Services	10% Coinsurance after Deductible	20% Coinsurance after Deductible	35% Coinsurance after Deductible
Alternative Care (self-referred) ***		You pay	
Benefit Maximum per Year (all Covered Services combined)	\$1,500		
Acupuncture Services	\$25 per visit	\$25 per visit	\$25 per visit
Chiropractic Services	\$25 per visit	\$25 per visit	\$25 per visit
Massage Therapy (up to 12 visits per Year)	\$25 per visit	\$25 per visit	\$25 per visit
Naturopathic Medicine	\$25 per visit	\$25 per visit	\$25 per visit
Vision Services		You pay	
Routine eye exam (Covered until the end of the month in which Member turns 19 years of age.)	\$20	\$30	35% Coinsurance after Deductible
Vision hardware and optical Services (Covered until the end of the month in which Member turns 19 years of age.)	Not Covered		Not covered
Routine eye exam (For members 19 years and older.)	\$20	\$30	35% Coinsurance after Deductible
Vision hardware and optical Services (For members 19 years and older.)	Not Covered		

* Tier 3 may be subject to balance billing.

** Refer to your Evidence of Coverage (EOC) for benefits that may not apply to Out-of-Pocket Maximum.

***Refer to your Evidence of Coverage (EOC) for any applicable visits limits for self referred Alternative Care services.

Plan is subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the Evidence of Coverage (EOC). Sample EOCs are available upon request or you may go to <http://www.kp.org/plandocuments>

Questions? Call Member Services (M-F, 8 am-6 pm) or visit kp.org Portland area: 503-813-2000

All other areas: 1-800-813-2000 TTY.711. Language Interpretation Services, all areas 1-800-324-8010

This is not a contract. This condensed summary of benefits does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. For more details on benefit coverage, claims review, and adjudication procedures, please see your EOC or call Member Services. In the case of a conflict between this summary and the EOC, the EOC will prevail.

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Summary of Medical Benefits

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232

Member Services: 1-800-813-2000

HMO High Deductible Plan
Oregon HDHP Plan \$3,000/20%/
Metro

1/1/2021 - 12/31/2021

Group Number: 1543-055

Calendar year is the time period (Year) in which dollar, day, and visit limits, Deductibles and Out-of-Pocket Maximums accumulate.

Deductible	
Self-only Deductible per Year (for a Family of one Member)	\$1,500
Individual Family Member Deductible per Year (for each Member in a Family of two or more Members)	\$3,000
Family Deductible per Year (for an entire Family)	\$3,000
Out-of-Pocket Maximum *	
Self-only Out-of-Pocket Maximum per Year (for a Family of one Member)	\$3,500
Individual Family Member Out-of-Pocket Maximum per Year (for each Member in a Family of two or more Members)	\$6,850
Family Out-of-Pocket Maximum per Year (for an entire Family)	\$6,850
Office visits	
You pay	
Routine preventive physical exam	\$0
Telehealth (phone/video)	\$0 after Deductible
Primary Care	20% Coinsurance after Deductible
Specialty Care	20% Coinsurance after Deductible
Urgent Care	20% Coinsurance after Deductible
Tests (outpatient)	
You pay	
Preventive Tests	\$0
Laboratory	20% Coinsurance after Deductible
X-ray, imaging, and special diagnostic procedures	20% Coinsurance after Deductible
CT, MRI, PET scans	20% Coinsurance after Deductible
Medications (outpatient)	
You pay	
Prescription drugs (up to a 30 day supply)	After Deductible: \$15 generic / \$30 preferred brand
Mail Order Prescription drugs (up to a 90 day supply)	After Deductible: \$30 generic / \$60 preferred brand
Administered medications, including injections (all outpatient settings)	20% Coinsurance after Deductible
Nurse treatment room visits to receive injections	\$10 after Deductible
Maternity Care	
You pay	
Scheduled prenatal care visits and postpartum visits	\$0
Laboratory	20% Coinsurance after Deductible
X-ray, imaging, and special diagnostic procedures	20% Coinsurance after Deductible
Inpatient Hospital Services	20% Coinsurance after Deductible

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342MMC-14/7-14

HMO High Deductible Health Plan (HDHP) with Health Savings Account (HSA) | Option 3 continued



Hospital Services	You pay
Ambulance Services (per transport)	20% Coinsurance after Deductible
Emergency services	20% Coinsurance after Deductible
Inpatient Hospital Services	20% Coinsurance after Deductible
Outpatient Services (other)	You pay
Outpatient surgery visit	20% Coinsurance after Deductible
Chemotherapy/radiation therapy visit	20% Coinsurance after Deductible
Durable medical equipment	20% Coinsurance after Deductible
Physical, speech, and occupational therapies (20 visits per therapy per Year)	20% Coinsurance after Deductible
Skilled Nursing Facility Services	You pay
Inpatient skilled nursing Services (up to 100 days per Year)	20% Coinsurance after Deductible
Chemical Dependency Services	You pay
Outpatient Services	20% Coinsurance after Deductible
Inpatient hospital & residential Services	20% Coinsurance after Deductible
Mental Health Services	You pay
Outpatient Services	20% Coinsurance after Deductible
Inpatient hospital & residential Services	20% Coinsurance after Deductible
Alternative Care (self referred) **	You pay
Benefit Maximum per Year (all Covered Services combined)	\$1,500
Acupuncture Services	\$10 after Deductible per visit
Chiropractic Services	\$10 after Deductible per visit
Massage Therapy (up to 12 visits per Year)	\$25 after Deductible per visit
Naturopathic Medicine	\$10 after Deductible per visit
Vision Services	You pay
Routine eye exam (Covered until the end of the month in which Member turns 19 years of age.)	20% Coinsurance after Deductible
Vision hardware and optical Services (Covered until the end of the month in which Member turns 19 years of age.)	Not Covered
Routine eye exam (For members 19 years and older.)	20% Coinsurance after Deductible
Vision hardware and optical Services (For members 19 years and older.)	Not Covered

*Refer to your Evidence of Coverage (EOC) for benefits that may not apply to Out-of-Pocket Maximum.

** Refer to your Evidence of Coverage (EOC) for any applicable visits limits for self referred Alternative Care services.

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342MMC-14/7-14

Added Choice Point of Service High Deductible Health Plan (HDHP) with Health Savings Account (HSA) | Option 4



Summary of Medical Benefits

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232

Added Choice Contact Center: 1-866-616-0047

**Added Choice High Deductible Plan
Oregon POS HDHP AA 1500/10%/2500
Metro**

1/1/2021 - 12/31/2021

Group Number: 1543-067

	Tier 1 Select Providers	Tier 2 PPO Providers	Tier 3 Non-Participating Providers *
Calendar year is the time period (Year) in which dollar, day, and visit limits, Deductibles and Out-of-Pocket Maximums accumulate.			
Deductible			
The amounts you pay for covered Services subject to the Deductible in Tier 1 and Tier 2 cross accumulate. This means that the amounts you pay for covered Services in Tier 1 also count toward the Deductible in Tier 2, and do not count toward the Deductible in Tier 3. The amounts you pay for covered Services subject to the Deductible in Tier 3 only count toward the Deductible in Tier 3.			
Self-only Deductible per Year (for a Family of one Member)	\$1,500	\$1,500	\$3,000
Individual Family Member Deductible per Year (for each Member in a Family of two or more Members)	\$3,000	\$3,000	\$6,000
Family Deductible per Year (for an entire Family)	\$3,000	\$3,000	\$6,000
Out-of-Pocket Maximum **			
Self-only Out-of-Pocket Maximum per Year (for a Family of one Member)	\$3,000	\$3,000	\$9,000
Individual Family Member Out-of-Pocket Maximum per Year (for each Member in a Family of two or more Members)	\$6,000	\$6,000	\$9,000
Family Out-of-Pocket Maximum per Year (for an entire Family)	\$6,000	\$6,000	\$18,000
Office visits		You pay	
Routine preventive physical exam	\$0	\$0	50% Coinsurance after Deductible
Telehealth (phone/video)	\$0 after Deductible	\$0 after Deductible	30% Coinsurance after Deductible
Primary Care	\$20 after Deductible	\$30 after Deductible	50% Coinsurance after Deductible
Specialty Care	\$20 after Deductible	\$30 after Deductible	50% Coinsurance after Deductible
Urgent Care	10% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Tests (outpatient)		You pay	
Preventive Tests	\$0	\$0	50% Coinsurance after Deductible

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342MMC-14/7-14

Added Choice Point of Service High Deductible Health Plan (HDHP) with Health Savings Account (HSA) | Option 4 continued



	Tier 1 Select Providers	Tier 2 PPO Providers	Tier 3 Non-Participating Providers *
Laboratory	10% Coinsurance after Deductible	20% Coinsurance after Deductible	40% Coinsurance after Deductible
X-ray, imaging, and special diagnostic procedures	10% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
CT, MRI, PET scans	10% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Medications (outpatient)			
	You pay		
Prescription drugs (up to a 30 day supply)	After Deductible: \$15 generic / \$30 preferred brand	At MedImpact Pharmacy After Deductible: \$20 generic/\$40 preferred brand/\$60 non-preferred brand	
Mail Order Prescription drugs (up to a 90 day supply)	After Deductible: \$30 generic / \$60 preferred brand	MedImpact Mail-Order call CVS Caremark 1-800-237-2767	
Administered medications, including injections (all outpatient settings)	10% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Nurse treatment room visits to receive injections	\$10 after Deductible	\$15 after Deductible	50% Coinsurance after Deductible
Maternity Care			
	You pay		
Scheduled prenatal care visits and postpartum visit	\$0	\$0	50% Coinsurance after Deductible
Laboratory	10% Coinsurance after Deductible	20% Coinsurance after Deductible	40% Coinsurance after Deductible
X-ray, imaging, and special diagnostic procedures	10% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Inpatient Hospital Services	10% Coinsurance after Deductible	20% Coinsurance after Deductible	30% Coinsurance after Deductible
Hospital Services			
	You pay		
Ambulance Services (per transport)	10% Coinsurance after Deductible		
Emergency services	10% Coinsurance after Deductible		
Inpatient Hospital Services	10% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Services (other)			
	You pay		
Outpatient surgery visit	10% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Chemotherapy/radiation therapy visit	\$20 after Deductible	\$30 after Deductible	50% Coinsurance after Deductible
Durable medical equipment	10% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Physical, speech, and occupational therapies (20 visits per therapy per Year)	\$20 after Deductible	\$30 after Deductible	50% Coinsurance after Deductible
Skilled Nursing Facility Services			
	You pay		
Inpatient skilled nursing Services (up to 100 days per Year)	10% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Chemical Dependency Services			
	You pay		

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342MMC-14/7-14

Added Choice Point of Service High Deductible Health Plan (HDHP) with Health Savings Account (HSA) | Option 4 continued



	Tier 1 Select Providers	Tier 2 PPO Providers	Tier 3 Non-Participating Providers *
Outpatient Services	\$20 after Deductible per visit	\$30 after Deductible per visit	50% Coinsurance after Deductible
Inpatient hospital & residential Services	10% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Mental Health Services		You pay	
Outpatient Services	\$20 per visit after Deductible	\$30 after Deductible	50% Coinsurance after Deductible
Inpatient hospital & residential Services	10% Coinsurance after Deductible	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Alternative Care (self-referred) ***		You pay	
Benefit Maximum per Year (all Covered Services combined)	\$1,500		
Acupuncture Services	\$25 after Deductible per visit	\$25 after Deductible per visit	\$25 after Deductible per visit
Chiropractic Services	\$25 after Deductible per visit	\$25 after Deductible per visit	\$25 after Deductible per visit
Massage Therapy (up to 12 visits per Year)	\$25 after Deductible per visit	\$25 after Deductible per visit	\$25 after Deductible
Naturopathic Medicine	\$25 after Deductible per visit	\$25 after Deductible per visit	\$25 after Deductible per visit
Vision Services		You pay	
Routine eye exam (Covered until the end of the month in which Member turns 19 years of age.)	\$20 after Deductible	\$30 after Deductible	50% Coinsurance after Deductible
Vision hardware and optical Services (Covered until the end of the month in which Member turns 19 years of age.)	Not Covered		Not covered
Routine eye exam (For members 19 years and older.)	\$20 after Deductible	\$30 after Deductible	50% Coinsurance after Deductible
Vision hardware and optical Services (For members 19 years and older.)	Not Covered		

* Tier 3 may be subject to balance billing.

** Refer to your Evidence of Coverage (EOC) for benefits that may not apply to Out-of-Pocket Maximum.

***Refer to your Evidence of Coverage (EOC) for any applicable visits limits for self referred Alternative Care services.

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All other areas: 1-800-813-2000 TTY.711. Language Interpretation Services, all areas 1-800-324-8010

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342MMC-14/7-14

Metro health insurance premium rates

Premium rates per month | Effective January 1, 2021

Beginning December 2020, paycheck deductions for insurance premiums will be pre-paid the month prior to coverage. For example, deductions for January 2021 will be deducted beginning the Dec. 4, 2020 paycheck.

Health Maintenance Organization (HMO)	Full-time Employees (0.80 FTE and above)			Part-time Employees, 0.75 FTE or below			Part-time Employees, 0.50 FTE or below			Affordable Care Act (ACA): Variable hour employees, 0.80 FTE		
	Metro	Employee	Total	Metro	Employee	Total	Metro	Employee	Total	Metro	Employee	Total
Employee Only	629.06	54.70	683.76	471.79	211.97	683.76	314.53	369.23	683.76	503.25	180.51	683.76
Employee and Spouse	1,258.11	109.40	1,367.51	943.58	423.93	1,367.51	629.05	738.46	1,367.51	1,006.49	361.02	1,367.51
Employee and Child(ren)	1,132.30	98.46	1,230.76	849.22	381.54	1,230.76	566.15	664.61	1,230.76	905.84	324.92	1,230.76
Employee and Family	1,635.55	142.22	1,777.77	1,226.66	551.11	1,777.77	817.77	960.00	1,777.77	1,308.44	469.33	1,777.77
HMO High Deductible	Metro	Employee	Total	Metro	Employee	Total	Metro	Employee	Total	Metro	Employee	Total
Employee Only	420.41	36.56	456.97	315.31	141.66	456.97	210.21	246.76	456.97	336.33	120.64	456.97
Employee and Spouse	840.83	73.12	913.95	630.63	283.32	913.95	420.42	493.53	913.95	672.67	241.28	913.95
Employee and Child(ren)	756.75	65.80	822.55	567.56	254.99	822.55	378.37	444.18	822.55	605.40	217.15	822.55
Employee and Family	1,093.08	95.05	1188.13	819.81	368.32	1188.13	546.54	641.59	1188.13	874.46	313.67	1188.13
Added Choice	Metro	Employee	Total	Metro	Employee	Total	Metro	Employee	Total	Metro	Employee	Total
Employee Only	867.31	75.42	942.73	650.48	292.25	942.73	433.66	509.07	942.73	693.85	248.88	942.73
Employee and Spouse	1,734.62	150.84	1885.46	1,300.97	584.49	1885.46	867.31	1,018.15	1885.46	1,387.70	497.76	1885.46
Employee and Child(ren)	1,561.16	135.75	1696.91	1,170.87	526.04	1696.91	780.58	916.33	1696.91	1,248.93	447.98	1696.91
Employee and Family	2,255.00	196.09	2451.09	1,691.25	759.84	2451.09	1,127.50	1,323.59	2451.09	1,804.00	647.09	2451.09
Added Choice High Deductible	Metro	Employee	Total	Metro	Employee	Total	Metro	Employee	Total	Metro	Employee	Total
Employee Only	610.93	53.12	664.05	458.19	205.86	664.05	305.46	358.59	664.05	488.74	175.31	664.05
Employee and Spouse	1,221.85	106.25	1328.1	916.39	411.71	1328.1	610.93	717.17	1328.1	977.48	350.62	1328.1
Employee and Child(ren)	1,099.67	95.62	1195.29	824.75	370.54	1195.29	549.83	645.46	1195.29	879.73	315.56	1195.29
Employee and Family	1,588.35	138.12	1726.47	1,191.26	535.21	1726.47	794.18	932.29	1726.47	1,270.68	455.79	1726.47



Summary of Dental Benefits

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232

Membership Services: 1-800-813-2000

Oregon R049

1/1/2021 - 12/31/2021

Metro

Group Number: 1543-043

Benefit Maximum per Calendar Year	None
	You pay
Dental Office Visit Charge – Per visit	\$10
Deductible (Per Calendar Year; applies to all services unless otherwise indicated)	
For one Member	\$0
For an entire Family	\$0
Preventive and Diagnostic Services (Not subject to or counted toward the Deductible)	
Oral exam	\$0
X-rays	\$0
Teeth cleaning	\$0
Fluoride	\$0
Minor Restoration Services	
Routine fillings	\$0
Plastic and steel crowns	\$0
Simple extractions	\$0
Oral Surgery Services	
Surgical tooth extractions	20% Coinsurance
Periodontics	
Treatment of gum disease	20% Coinsurance
Scaling and root planing	20% Coinsurance
Endodontics	
Root canal therapy	20% Coinsurance
Major Restoration Services	
Gold or porcelain crowns	20% Coinsurance
Bridges	20% Coinsurance
Removable Prosthetic Services	
Full upper and lower dentures	20% Coinsurance
Partial dentures	20% Coinsurance
Relines	20% Coinsurance
Rebases	20% Coinsurance
Nitrous oxide (Not subject to or counted toward the Deductible)	
Adults and children age 13 years and older	\$25
Children age 12 years and younger	\$0

ORLGDental0120





<p>Orthodontics</p>	<p>Members age 17 years and younger: 50% of Charges up to Lifetime Benefit Maximum of \$1,000, and 100% of Charges thereafter. Members age 18 years and older: No Coverage.</p>
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Questions? Call Member Services (M-F, 8 am-6 pm) or visit kp.org Portland area: 503-813-2000
 All other areas: 1-800-813-2000 TTY.711. Language Interpretation Services, all areas 1-800-324-8010

This is not a contract. This benefit summary does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. For more details on benefit coverage, claims review, and adjudication procedures, please see your EOC or call Member Services. In the case of a conflict between this summary and the EOC, the EOC will prevail.

ORLGDental0120



343MMC-14/7-14

2021 Delta Dental Premier Plan Benefit Summary



Delta Dental of Oregon & Alaska

METRO

Group ID: 10001772

Calendar year costs	
Calendar year maximum, per member (Class 2 and Class 3)	\$2,000
Calendar year deductible, per member	\$50
Calendar year maximum deductible, per family	\$150
Class 1* (Services do not apply to the calendar year max)	
Periodic examinations / X-rays	100%
Prophylaxis (cleanings) / periodontal maintenance	100%
Sealants	100%
Topical application of fluoride	100%
Class 2 - A	
Restorative fillings	100%
Space maintainers	100%
Oral surgery (extractions & certain minor surgical procedures)	100%
Endodontics (treatment of teeth with diseased or damaged nerves)	100%
Periodontics (treatment of diseases of the gums and supporting structures of the teeth)	100%
Class 2 - B	
Crowns and other cast restorations	80%
Bridges (construction or repair of fixed bridges)	80%
Class 3	
Implants	50%
Dentures (construction or repair of partial and complete dentures)	50%
Orthodontics	
Adult & Child orthodontic services	50% up to \$1,500 lifetime maximum

* Deductible waived for Class 1 and Orthodontic services.

This is a benefit summary only. For a more detailed description of benefits, refer to your member handbook.

How to use this dental plan

When you visit your dental provider, tell him or her you are a Delta Dental member.

When the member visits:

Delta Dental Premier Dentist:

Members are held harmless from balance billing (will not be billed for the difference between the dentist's billed charge and the Delta Dental negotiated fee).

Non Participating Dentists:

Members may be held liable for the difference between the dentist's billed charge and the non-participating allowable.

Limitations

If a more expensive treatment than is functionally adequate is performed, Delta Dental Plan of Oregon will pay the applicable percentage of the maximum plan allowance for the least costly treatment.

Preventive (Class 1 services)

- **Diagnostic** Routine or comprehensive examinations or consultations covered twice per year. Supplementary bitewing x-rays are covered once per year. Complete series x-rays or a panoramic film are covered once in any 5-year period.
- **Preventive** Prophylaxis (cleaning) or periodontal maintenance is covered twice per year. Additional periodontal maintenance is covered for members with periodontal disease, up to a total of 2 additional periodontal maintenances per year. Topical application of fluoride is covered twice per year for members until age 19. For members age 19 and older, topical application of fluoride is covered twice per year if there is a recent history of periodontal surgery or high risk of decay due to medical disease or chemotherapy or similar type of treatment. Sealant benefits are limited to the unrestored, occlusal surfaces of permanent molars. Benefits will be limited to one sealant, per tooth, during any 5-year period except for evidence of clinical failure.

Basic (Class 2-A services)

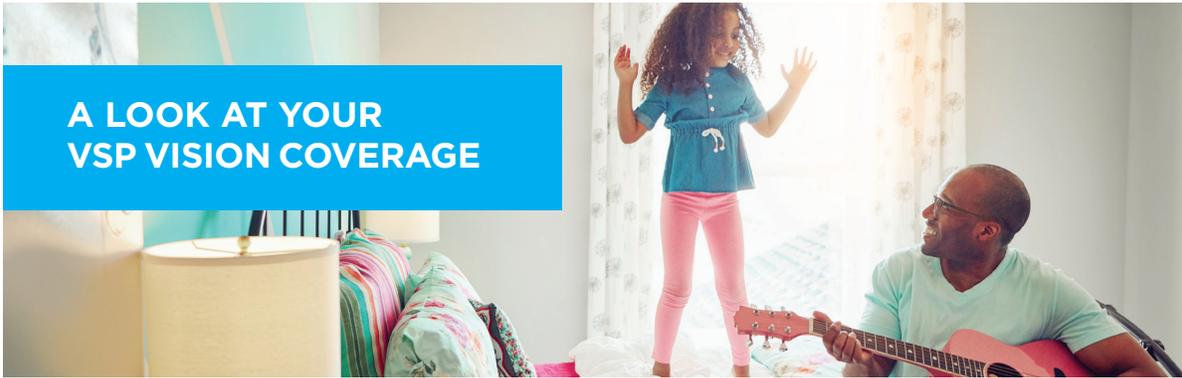
- **Oral Surgery** Limited to extractions and other minor surgical procedures.
- **Restorative** Amalgam and composite fillings are covered for all teeth. A separate charge for general anesthesia and/or IV sedation is not covered when used for non-surgical procedures.
- **Periodontic** Scaling and root planing is limited to once per quadrant in any 2-year period.

Major (Class 2-B & Class 3 services)

- **Implants** and implant removal are limited to once per lifetime per tooth space. A crown over an implant is covered once per lifetime of the implant.
- **Restorative** Cast restorations (including pontics) are covered once in a seven (7) year period on any tooth.
- **Prosthetic** A bridge or denture (full or partial, including alternate benefits) will be covered once in a seven (7) year period only if the tooth, tooth site, or teeth involved have not received a cast restoration benefit in the past seven (7) years. Specialized or personalized prosthetics are limited to the cost of standard devices.
- **Occlusal Guard** (night guard) covered at 100% once in a five year period, up to \$150 maximum. Over-the-counter night guards are excluded.
- **Athletic mouth guard** covered at 50%, once in any 12-month period for members age 15 and under and once in any 24-month period age 16 and over. Over-the-counter athletic mouth guards are excluded.

Exclusions

- Services covered under worker's compensation or employer's liability laws and services covered by any federal, state, county, municipality or other governmental agency, except Medicaid.
- Services with respect to congenital (hereditary) or developmental (following birth) malformations or cosmetic reasons; including, but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis and disturbance of the temporomandibular joint.
- Services for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth except for occlusal guards.
- Services started prior to the date the individual became eligible for services under the program.
- Hypnosis, prescribed drugs, premedications or analgesia (e.g. nitrous oxide) or any other euphoric drugs.
- Hospital costs or any additional fees charged by the dentist because the patient is hospitalized.
- General anesthesia and/or IV sedation except when administered by a dentist in conjunction with covered oral surgery in his or her office.
- Plaque control and oral hygiene or dietary instructions.
- Experimental procedures.
- Missed or broken appointments.
- Precision attachments.
- Services for cosmetic reasons.
- Claims submitted more than 12 months after the date of service are not covered.
- All other services or supplies, not specifically covered.



**A LOOK AT YOUR
VSP VISION COVERAGE**

**SEE HEALTHY AND LIVE HAPPY
WITH HELP FROM METRO AND VSP.**

As a VSP® member, you get personalized care from a VSP network doctor at low out-of-pocket costs.



VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.



QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

**USING YOUR BENEFIT IS
EASY!**

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

GET YOUR PERFECT PAIR

EXTRA \$20 + **UP TO 40%**
TO SPEND ON **FEATURED FRAME BRANDS*** | **SAVINGS ON LENS ENHANCEMENTS**

bebe CALVIN KLEIN COLE HAAN FLEXON
LACOSTE NINE WEST

SEE MORE BRANDS AT [VSP.COM/OFFERS](https://vsp.com/offers)

Contact us: **800.877.7195** or vsp.com

YOUR VSP VISION BENEFITS SUMMARY

METRO and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Signature

EFFECTIVE DATE:

01/01/2021



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$15 for exam and glasses	Every calendar year
PRESCRIPTION GLASSES			
FRAME	<ul style="list-style-type: none"> \$170 allowance for a wide selection of frames \$190 allowance for featured frame brands 20% savings on the amount over your allowance \$95 Walmart®/Sam's Club®/Costco® frame allowance 	Combined with exam	Every other calendar year
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Combined with exam	Every calendar year
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements 	\$0 \$80 - \$90 \$120 - \$160	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$170 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
PRIMARY EYECARESM	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 \$20 per exam	As needed
COMPUTER VISIONCARE (EMPLOYEE-ONLY COVERAGE)			
COMPUTER VISION EXAM	<ul style="list-style-type: none"> Evaluates your needs related to computer use 	\$10 for exam and glasses	Every calendar year
FRAME	<ul style="list-style-type: none"> \$90 allowance for a wide selection of frames \$110 allowance for featured frame brands 20% savings on the amount over your allowance 	Combined with exam	Every other calendar year
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal, and occupational lenses 	Combined with exam	Every calendar year
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Log in to vsp.com to find an in-network provider based on your plan type.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

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Metro dental insurance premium rates

Premium rates per month | Effective January 1, 2021

Beginning December 2020, paycheck deductions for insurance premiums will be pre-paid the month prior to coverage. For example, deductions for January 2021 will be deducted beginning the Dec. 4, 2020 paycheck.

	Full-time Employees (0.80 FTE and above)			Part-time Employees, 0.75 FTE or below			Part-time Employees, 0.50 FTE or below			Affordable Care Act (ACA): Variable hour employees, 0.80 FTE		
	Metro	Employee	Total	Metro	Employee	Total	Metro	Employee	Total	Metro	Employee	Total
Kaiser Dental												
Employee Only	61.64	5.36	67.00	46.23	20.77	67.00	30.82	36.18	67.00	49.31	17.69	67.00
Employee and Spouse	123.22	10.72	133.94	92.42	41.52	133.94	61.61	72.33	133.94	98.58	35.36	133.94
Employee and Child(ren)	110.93	9.65	120.58	83.20	37.38	120.58	55.47	65.11	120.58	88.75	31.83	120.58
Employee and Family	184.87	16.08	200.95	138.66	62.29	200.95	92.44	108.51	200.95	147.90	53.05	200.95
MODA Dental												
Employee Only	65.31	5.68	70.99	48.98	22.01	70.99	32.66	38.33	70.99	52.25	18.74	70.99
Employee and Spouse	129.40	11.25	140.65	97.05	43.60	140.65	64.70	75.95	140.65	103.52	37.13	140.65
Employee and Child(ren)	132.54	11.53	144.07	99.41	44.66	144.07	66.27	77.80	144.07	106.04	38.03	144.07
Employee and Family	201.77	17.54	219.31	151.32	67.99	219.31	100.88	118.43	219.31	161.41	57.90	219.31
Vision Service Plan												
Employee Only	7.02	0.61	7.63	5.26	2.37	7.63	3.51	4.12	7.63	5.62	2.01	7.63
Employee and Spouse	11.23	0.98	12.21	8.42	3.79	12.21	5.62	6.59	12.21	8.99	3.22	12.21
Employee and Child(ren)	11.44	1.00	12.44	8.58	3.86	12.44	5.72	6.72	12.44	9.16	3.28	12.44
Employee and Family	18.46	1.61	20.07	13.85	6.22	20.07	9.23	10.84	20.07	14.77	5.30	20.07



Offered by Life Insurance Company of North America, a Cigna company

Employee-Paid ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

SUMMARY OF BENEFITS

Prepared for: METRO

If you pass away or are seriously injured as a result of a covered accident or injury, you or your beneficiaries will receive a set amount to help pay for unexpected expenses, or help your loved ones pay for future expenses after you're gone.

Who Can Elect Coverage?:

You: All active, full-time and part-time Employees of the Employer regularly working a minimum of 20 hours per week in the United States, who are citizens or permanent resident aliens of the United States.

You will be eligible for coverage on the date of hire.

Your Spouse*: Is eligible as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to 26, as long as you apply for and are approved for coverage yourself.

*Domestic Partner is defined in the Group Policy. For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Additional information is available from your Benefit Services Representative.

Available Coverage:

	Benefit Amount	Maximum
Employee	Units of \$10,000	Lesser of 5 Times Salary or \$500,000
Spouse	Units of \$5,000	\$500,000 not to exceed 100% of the employee's benefit
Children	\$10,000	\$10,000

Benefit Details:

If, within 365 days of a Covered Accident, bodily injuries result in:	We'll pay this % of the Benefit Amount:
Loss of life; Total paralysis of both upper and lower limbs; Loss of two or more hands or feet; Loss of sight in both eyes; or Loss of speech and hearing (both ears)	100%
Total paralysis of both lower limbs or both upper limbs	75%
Total paralysis of upper and lower limbs on one side of the body; Loss of one hand, one foot, sight in one eye, speech, or hearing in both ears; or Severance and Reattachment of one hand or foot	50%
Total paralysis of one upper or one lower limb; Loss of all four fingers of the same hand; or Loss of thumb and index finger of the same hand	25%
Loss of all toes of the same foot	20%

For Comas – You will receive 1% of the full benefit amount each month, for up to a maximum of 11 months, if you or an insured family member are in a coma for 30 days or more as a result of a Covered Accident. If the covered person is still in a coma after 11 months, or dies, the full benefit amount will be paid.

Additional Features:

For Wearing a Seatbelt – You will receive an additional 10% benefit but not more than \$5,000 if the covered person dies in a covered automobile accident and law enforcement-certified to be wearing a seatbelt or approved child restraint.

For Exposure & Disappearance – Benefits are payable if you or an insured family member suffer a covered loss due to unavoidable exposure to the elements as a result of a Covered Accident. If you or an insured family member's body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which you or an insured family member were riding, on a trip otherwise covered, it will be presumed that you sustained loss of life as a result of a Covered Accident.

For Rehabilitation – If you or an insured family member incur rehabilitative expenses within 2 years of the date of a Covered Accident, we will pay an additional 5% of the benefit amount, subject to a maximum of \$10,000 for each Covered Accident.

For a Loss Resulting from a Common Carrier – If you or an insured family member suffer a covered loss while riding as a passenger in, or being struck by, a common carrier, we will pay an additional 100% of the benefit amount, to a maximum of \$500,000.

Accidental death and dismemberment Insurance continued

Additional Features — continued

Conversion – If group accident coverage ends (except due to nonpayment of premium), your employment is terminated, membership in an eligible class is terminated, or insurance coverage is reduced based on attained age, you can convert to an individual non-term policy. To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Dependents may convert their coverage as well if applicable. Premiums may change at this time, and terms of coverage will be subject to change. You can also convert to an individual policy of up to \$10,000 if you have been insured for at least 3 years and the policy is terminated or amended, provided coverage is not replaced and you are not covered under a different conversion policy issued by Life Insurance Company of North America. Refer to your certificate for details.

Important Definitions and Policy Provisions:

When your coverage begins – Coverage begins on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form if applicable, or the date you authorize any necessary payroll deductions if applicable. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage, if applicable, will not begin for any dependent who on the effective date is hospital or home confined; receiving chemotherapy or radiation treatment; or disabled and under the care of a physician.

When your coverage ends – Coverage ends on the earliest of the date you or your dependents, if applicable, are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. (Under certain circumstances, your coverage may be continued if you stop working. Be sure to read the Continuation of Insurance provisions in your Certificate.)

Benefit Reductions, Exclusions and Limitations

Benefit Reduction Schedule: If you are still employed, your benefits will reduce to 65% at age 70, 50% at age 75 and 35% at age 80. Your premiums will also reduce to match your benefits. Spouse reductions are based on employee age.

Exclusions – Self-inflicted injuries or suicide while sane or insane • commission or attempt to commit a felony or an assault • any act of war, declared or undeclared • any active participation in a riot, insurrection or terrorist act • bungee jumping • parachuting • skydiving • parasailing • hang-gliding • sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food • voluntarily using any drug, narcotic, poison, gas or fumes except one prescribed by a licensed physician and taken as prescribed • operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it • a Covered Accident that occurs while the covered person is engaged in the activities of active duty service in the military, navy or air force of any country or international organization (this does not include Reserve or National Guard training, unless it extends beyond 31 days) • traveling in an aircraft that is owned, leased or controlled by the sponsoring organization or any of its subsidiaries or affiliates • air travel, except as a passenger on a regularly scheduled commercial airline or in an aircraft being used by the Air Mobility Command or its foreign equivalent • flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface being flown by the covered person or in which the covered person is a member of the crew.

Limitations – For multiple covered losses, benefits are paid for the single largest benefit available. For loss of life, the benefit amount shown will be reduced by the amount of any dismemberment benefits that were previously paid or payable.

THIS POLICY PROVIDES LIMITED ACCIDENT-ONLY COVERAGE. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. IT DOES NOT COVER LOSSES CAUSED BY SICKNESS. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE OR MAJOR MEDICAL HEALTH INSURANCE.

Terms and conditions of coverage for Accidental Death and Dismemberment insurance are set forth in Group Policy No. OK 969639. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, eligible injuries, their respective payments and policy exclusions and limitations are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192

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Offered by Life Insurance Company of North America, a Cigna company

**Employee-Paid
ACCIDENTAL INJURY INSURANCE**

SUMMARY OF BENEFITS

Prepared for: METRO
Non-WA Residents

Accidental Injury coverage provides a benefit according to the schedule below when a Covered Person suffers Covered Injuries or undergoes a broad range of medical treatments or care resulting from a Covered Accident. See State Variations (marked by *) below.

Who Can Elect Coverage:

You: All active, full-time and part-time Employees of the Employer regularly working a minimum of 20 hours per week in the United States, who are citizens or permanent resident aliens of the United States, excluding residents of Washington. You will be eligible for coverage immediately.

Your Spouse/Domestic Partner: Up to age 70, as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to 26, as long as you apply for and are approved for coverage yourself.

Available Coverage: This Accidental Injury plan provides off the job only coverage.

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred and are paid on a per day basis unless otherwise specified. Benefits are only payable when all policy terms and conditions are met. Please read all the information in this summary to understand terms, conditions, state variations, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

Initial & Emergency Care	Plan 1	Plan 2
Emergency Care Treatment	\$100	\$200
Physician Office Visit	\$50	\$100
Diagnostic Exam (x-ray or lab)	\$10	\$50
Ground or Water Ambulance/Air Ambulance	\$300/\$1,200	\$400/\$1,600
Hospitalization Benefits	Plan 1	Plan 2
Hospital Admission	\$500	\$1,000
Hospital Stay	\$100	\$200
Intensive Care Unit Stay	\$200	\$400
Fractures and Dislocations	Plan 1	Plan 2
Per covered surgically-repaired fracture	\$100-\$4,000	\$200-\$8,000
Per covered non-surgically-repaired fracture	\$50-\$2,000	\$100-\$4,000
Chip Fracture (percent of fracture benefit)	25%	25%
Per covered surgically-repaired dislocation	\$100-\$4,000	\$200-\$6,000
Per covered non-surgically-repaired dislocation	\$50-\$2,000	\$100-\$3,000
Follow-Up Care	Plan 1	Plan 2
Follow-up Physician Office Visit	\$50	\$75
Follow-up Physical Therapy Visit	\$25	\$50

NOTE: This insurance is NOT a substitute for comprehensive or major medical insurance coverage.

Accidental injury Insurance continued

Available Coverage — continued

Enhanced Accident Benefits	Plan 1	Plan 2
Examples:		
Small Lacerations (Less than or equal to 6 inches long and requires 2 or more sutures)	\$50	\$100
Large Lacerations (more than 6 inches long and requires 2 or more sutures)	\$400	\$600
Concussion	\$100	\$150
Coma (lasting 7 days with no response)	\$5,000	\$10,000
<i>Additional Accidental Injury benefits included - See certificate for details, including limitations & exclusions.</i>		

Portability Feature: You, your spouse, and child(ren) can continue 100% of your coverage at the time your coverage ends. You must be under the age of 70 in order to continue your coverage. Rates may change and all coverage ends at age 100. Applies to United States Citizens and Permanent Resident Aliens residing in the United States.

Semi Monthly Cost of Coverage:

Tier	Plan 1	Plan 2
Employee	\$2.69	\$5.22
Employee and spouse	\$4.59	\$8.93
Employee and child(ren)	\$4.67	\$9.08
Family	\$6.30	\$12.27

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.

Important Definitions and Policy Provisions:

Coverage Type: Benefits are paid when a Covered Injury results, directly and independently of all other causes, from a Covered Accident.

Covered Accident: A sudden, unforeseeable, external event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and occurs while the Covered Person is insured under this Policy; is not contributed to by disease, sickness, mental or bodily infirmity; and is not otherwise excluded under the terms of this Policy.

Covered Injury: Any bodily harm that results directly and independently of all other causes from a Covered Accident.

Covered Person: An eligible person who is enrolled for coverage under this Policy.

Covered Loss: A loss that is the result, directly and independently of other causes, from a Covered Accident suffered by the Covered Person within the applicable time period described in the Policy.

Hospital: An institution that is licensed as a hospital pursuant to applicable law; primarily and continuously engaged in providing medical care and treatment to sick and injured persons; managed under the supervision of a staff of medical doctors; provides 24-hour nursing services by or under the supervision of a graduate registered Nurse (R.N.); and has medical, diagnostic and treatment facilities with major surgical facilities on its premises, or available to it on a prearranged basis, and charges for its services. The term Hospital does not include a clinic, facility, or unit of a Hospital for: rehabilitation, convalescent, custodial, educational, or nursing care; the aged, treatment of drug or alcohol addiction.

When your coverage begins: Coverage begins on the later of the program's effective date, the date you become eligible, or the first of the month following the date your completed enrollment form is received unless otherwise agreed upon by Cigna. Your coverage will not begin unless you are actively at work on the effective date. Coverage for all Covered Persons will not begin on the effective date if hospital, facility or home confined, disabled or receiving disability benefits or unable to perform activities of daily living.

When your coverage ends: Coverage ends on the earliest of the date you and your dependents are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. For your dependent, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. (Under certain circumstances, your coverage may be continued. Be sure to read the provisions in your Certificate.)

30 Day Right To Examine Certificate: If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

Benefit Conditions and Limitations: This document provides only the highlights. All claims for a covered loss must meet specific Benefit Conditions and Limitations and are otherwise subject to all other terms set forth in the group policy.

Common Exclusions:* In addition to any benefit specific exclusions, no payments will be made for losses which directly or indirectly, is caused by or results from: • intentionally self-inflicted injury, including suicide or any attempted suicide; • committing an assault or felony; • bungee jumping; parachuting; skydiving; parasailing; hang-glider; • declared or undeclared war or act of war; • aircraft or air travel, except as a commercial passenger or Aircraft used by the Air Mobility Command (unless owned, leased or controlled by policy holder/subscriber); • sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment, except bacterial infection from an accidental external cut or wound or accidental ingestion of contaminated food; • activities of active military duty, except Reserve or National Guard active duty training lasting 31 days or less; • operating any vehicle under the influence of alcohol or any drug, narcotic or other intoxicant; • voluntary use of drugs, unless taken as prescribed and under direction of a physician; • services or treatment rendered by a physician, nurse or any other person who is: employed by the subscriber, living with or immediate family of the Covered Person, or providing alternative medical treatments; and • injuries that occur during the course of any employment for pay, benefit or profit. Actual policy terms may vary depending on your plan design and location.

Specific Benefit Exclusions & Limitations:*

Emergency Care Treatment: Treatment must occur within 30 days of the Covered Accident. **Limits:** payable once per Covered Accident, per Covered Person. **Excludes:** treatment provided by an immediate family member, clinic, or doctor's office. **Physician Office Visit:** Must be diagnosed and treated by a physician within 90 days of the Covered Accident. **Limits:** payable once per Covered Accident, per Covered Person; not payable if a Covered Person is eligible to receive a benefit under Emergency Treatment. **Excludes:** routine health examinations or immunizations for Covered Persons Age 60 and older, visits for mental or nervous disorders, and visits by a surgeon while confined to a Hospital. **Diagnostic Exam:** payable once per Covered Accident, per Covered Person. Treatment must occur within 90 days of the Covered Accident. **Ground or Water Ambulance/Air Ambulance:** Services must be provided from the scene of the Covered Accident or within 90 days of Covered Accident. **Limits:** payable once per Covered Accident, per Covered Person; only one benefit will be paid ground or water/air, whichever is greater. **Hospital Admission:** Inpatient admission must occur within 90 days of the Covered Accident due to such accident. **Limits:** payable once per Covered Accident. **Excludes:** treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Accident.

Hospital Stay per day: Must be admitted for at least 23 hours or admitted inpatient and confined within 90 days of the Covered Accident. **Limits:** 365 days per Covered Accident; 1 stay per accident; not payable for hospital re-admission for same Covered Accident; if eligible for Hospital Stay Benefit and Initial Intensive Care Unit Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater; Stays within 90 days for the same or a related Covered Accident are considered one Stay. **Intensive Care Unit Stay per day:** Must be admitted for at least 23 hours or admitted inpatient and confined within 90 days of the Covered Accident. **Limits:** 365 days per Covered Accident; not payable for hospital re-admission for same Covered Accident; if eligible for Hospital Stay Benefit and Initial Intensive Care Unit Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater; Stays within 90 days for the same or a related Covered Accident are considered one Stay. **Fracture/Dislocation:** If more than one fracture, only one benefit will be paid, whichever is the greater amount. Chip fracture not paid in addition to closed fracture. **Limits:** Both fractures and dislocations are limited to 1 per accident. Must be diagnosed and treated by a physician within 90 days of the Covered Accident.

Follow-up Physician Office Visit: **Limits:** 10 follow up visit(s) for each Covered Person per Covered Accident for follow up physician office visits. Must be examined, treated or prescribed by physician. Examination or treatment must be provided within 90 days and treatment must be completed within 365 days of the Covered Accident. **Follow-up Physical Therapy Visit:** **Limits:** 10 follow up visit(s) for each Covered Person per Covered Accident for follow up physical therapy visits. Must be examined, treated or prescribed by physician. Examination or treatment must be provided within 90 days and treatment must be completed within 365 days of the Covered Accident. **Large Lacerations:** Treatment by Physician must be received within 90 days of the Covered Accident. **Limits:** payable 1 time per Covered Person, Per Covered Accident; Multiple lacerations pay a maximum of 2 times the benefit. **Concussion:** Must be diagnosed by a physician within 90 days of the Covered Accident. **Limits:** payable 1 times per Covered Accident. **Coma:** **Limits:** payable 1 times per Covered Accident. Must be unconscious for 7 days or more with no response to external stimuli and requiring artificial respiratory or life support. **Excludes:** medically induced coma.

*State Variations

Spouse definition includes civil union partners in New Hampshire and Vermont. **Specific Benefit Exclusions and Limitations** The timeframe to obtain services following a covered accident is extended in SD and WA. **Common Exclusions** may vary for residents of MN, SC, SD, and WA. **Hospital/ICU Stay** requires a 31 day minimum for Idaho residents. See your Certificate for detail. **Portability** in VT is referred to as Continuation due to loss of eligibility. VT residents are not subject to the age limit to continue coverage.

THIS POLICY PAYS LIMITED BENEFITS ONLY. IT DOES NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE AND IS NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT A MEDICAID OR MEDICARE SUPPLEMENT POLICY.

Series 1.1

Terms and conditions of coverage for Accidental Injury insurance are set forth in Group Policy No. AI 960651. This is not intended as a complete description of the insurance coverage offered. Please see your Plan Sponsor to obtain a copy of the Policy. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability, costs, benefits, riders, covered conditions and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form GAI-00-1000.00. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192

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Offered by Life Insurance Company of North America, a Cigna company

**Employee-Paid
SHORT-TERM DISABILITY INSURANCE**

SUMMARY OF BENEFITS

Prepared for: Metro

Disability insurance pays a portion of your salary if you're unable to work due to a covered disability. When reviewing this coverage, consider how long you can personally go without receiving a paycheck.

Who Can Elect Coverage?:

You: All active, full-time and part-time Employees of the Employer regularly working a minimum of 20 hours per week in the United States, who are citizens or permanent resident aliens of the United States.

You will be eligible for coverage on the date of hire.

Available Coverage:

Gross Weekly Benefit ¹	Maximum Gross Weekly Benefit	Benefit Waiting Period	Maximum Benefit Period
60% of your weekly covered earnings	\$1,000	14 Days for accident 14 Days for sickness	13 Weeks for accident 13 Weeks for sickness

Employee's Monthly Cost of Coverage:

Monthly Rate Per \$10 of Weekly Benefit = \$0.490

Actual per pay period premiums may differ slightly due to rounding.

Rates may be subject to change in the future.

How to Calculate Your Per-Pay Period (24 per year) Cost:

- Step 1:** Divide your annual salary by 52 to calculate your weekly earnings.
- Step 2:** Multiply this amount by the benefit percentage defined above in the Available Coverage section. For example, 60% would be .60. Now, you have your gross weekly benefit.
- Step 3:** Find the above Monthly rate. Multiply this rate by your gross weekly benefit, or the maximum gross weekly benefit, whichever is less.
- Step 4:** Divide the total by 10. The result is your Monthly cost.
- Step 5:** Multiply your Monthly cost by 12.
- Step 6:** Divide by 24. The result is your **Per-Pay Period (24 per year) Cost**.

Important Definitions and Policy Provisions:

Disability - "Disability" or "Disabled" means if solely because of a covered injury or sickness, you are unable to perform the material duties of your regular job and you are unable to earn 80% or more of your covered earnings from working in your regular job. We will require proof of earnings and continued disability.

Covered Earnings - "Covered Earnings" means your wages or salary, not including overtime pay, bonuses, commissions, and other extra compensation.

When Benefits Begin - You must be continuously Disabled for 14 Days for an accident and 14 Days for a sickness before benefits will be paid for a covered Disability.

How Long Benefits Last - Once you qualify for benefits under this plan, the maximum number of weekly Disability benefits is 13 Weeks for an accident and 13 Weeks for a sickness. Disability benefits will end sooner if you no longer qualify for benefits.

When Coverage Takes Effect - Your coverage takes effect on the plan or policy effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions, whichever is the latest date. If you're not actively at work on the date your coverage would otherwise take effect, your coverage will take effect on the date you return to work. If you have to submit evidence of good health, your coverage takes effect on the date we agree, in writing, to cover you.

Benefit Reductions, Conditions, Limitations and Exclusions:

Short term disability insurance continued

Effects of Other Income Benefits - This plan is structured to prevent your total benefits and post-disability earnings from equaling or exceeding pre-disability earnings. Therefore, we reduce this plan's benefits by an amount equal to any Social Security retirement and/or disability benefits payable to you, your dependents, or a qualified third party on behalf of you or your dependents. Your disability benefits will not be reduced by any Social Security disability benefits you are not receiving as long as you cooperate fully in efforts to obtain them and agree to repay any overpayment when and if you do receive them. Disability benefits will be reduced by amounts received through other government programs, sick pay, employer funded retirement benefits, workers' compensation, franchise/group insurance, auto no-fault, and damages for wage loss. For details, see your Certificate of Insurance.

Pre-existing Condition Limitation - Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures), during the 3 months just prior to the most recent effective date of insurance. Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for at least 12 months after your most recent effective date of insurance.

Termination of Disability Benefits - Your benefits will terminate when your Disability ceases, when your benefit duration period is exceeded, you earn more than your allowable Covered Earnings, or the date you refuse to participate in rehabilitation services.

Exclusions - This plan does not pay benefits for a Disability which results, directly or indirectly, from any of the following:

- Suicide, attempted suicide, or intentionally self-inflicted injury while sane or insane.
- war or any act of war, whether or not declared.
- active participation in a riot;
- commission of a felony;
- the revocation, restriction or non-renewal of an Employee's license, permit or certification necessary to perform the duties of his or her occupation unless due solely to Injury or Sickness otherwise covered by the Policy.
- any cosmetic surgery or surgical procedure that is not Medically Necessary.
- an Injury or Sickness for which the Employee is entitled to benefits from Workers' Compensation or occupational disease law.
- an Injury or Sickness that is work related.

In addition, the plan does not pay disability benefits any period of Disability during which you are incarcerated in a penal or corrections institution.

1. Your benefit amount will be reduced by any amounts payable to you by any of the sources listed under the "Effects of Other Income Benefits" section.
2. Costs are subject to change.

Terms and conditions of coverage for Short Term Disability insurance are set forth in Group Policy No. VDT 962459. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192.

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Offered by Life Insurance Company of North America, a Cigna company

Employee-Paid
CRITICAL ILLNESS INSURANCE

SUMMARY OF BENEFITS

Prepared for: METRO
Non-WA Residents

Critical Illness insurance provides a benefit when a Covered Person is diagnosed with a covered Critical Illness after coverage is in effect. See *State Variations (marked by *) below.*

Who Can Elect Coverage:

You: All active, full-time and part-time Employees of the Employer regularly working a minimum of 20 hours per week in the United States, who are citizens or permanent resident aliens of the United States, excluding residents of Washington.

You will be eligible for coverage immediately.

Your Spouse/Domestic Partner: Up to age 70, as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to 26, as long as you apply for and are approved for coverage yourself.

Available Coverage:

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred. Benefits are only payable when all policy terms and conditions are met. Please read all the information in this summary to understand terms, conditions, state variations, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

	Benefit Amount	Guaranteed Issue Amount
Employee	\$5,000, \$10,000, \$20,000	Up to \$20,000
Spouse	50% of employee amount	Up to \$10,000
Children	25% of employee amount	All guaranteed issue

See "Guaranteed Issue" section below for more information.

Covered Critical Illnesses and Events		Benefit Amount %
Cancer	Uncontrolled/abnormal growth or spread of invasive malignant cells.	100%
Heart Attack	Includes two of the following that cause permanent loss of heart contraction function: 1) Chest pains. 2) EKG changes 3) Biochemical markers of heart tissue death.	100%
Stroke	Cerebrovascular event—for instance, cerebral hemorrhage—confirmed by neuroimaging with neurological deficits lasting 96 hours or more.	100%
Kidney Failure	Chronic, irreversible function of both kidneys. Requires hemo—or peritoneal dialysis.	100%
Major Organ Failure	Includes: liver, lung, pancreas, kidney, or heart. Happens on first hospitalized day for surgery.	100%
Amyotrophic Lateral Sclerosis	(Also known as Lou Gehrig's Disease) Motor neuron disease resulting in muscular weakness and atrophy.	100%
Paralysis	Complete, permanent loss of use of two or more limbs due to a disease.	100%
Blindness	Irreversible sight reduction in both eyes; Best corrected single eye visual acuity less than 20/200 (E-Chart) or 6/60 (Metric) or with visual field reduction (both eyes) to 20 degrees or less.	100%
Coronary Artery Disease (Surgery)	Heart disease/angina requiring coronary artery bypass surgery, as indicated by angiographic test results.	25%*
Carcinoma in Situ	Non-invasive malignant tumor.	25%*

* If covered person received the 25% benefit, the remaining 75% benefit will be available for a diagnosis of another covered condition.

These are summarized definitions only. To be eligible for coverage, the covered Critical Illness or event must meet the definitions and other terms and conditions set forth in the group policy.

Critical illness insurance continued

Additional Benefits

Additional Critical Illness Benefit

An additional full Benefit Amount for the diagnosis of a subsequent and different covered Critical Illness. Payable after a 6 month separation period from diagnosis of 1st covered Critical Illness.* If less than 100% of the Additional Critical Illness Benefit is paid for a covered Critical Illness, the remaining benefit amount is available for payment of a subsequent and different covered Critical Illness.

Portability Feature: You, your spouse, and child(ren) can continue 100% of your coverage at the time your coverage ends. You must be under the age of 70 in order to continue your coverage. Rates may change and all coverage ends at age 100. Applies to United States Citizens and Permanent Resident Aliens residing in the United States.

Semi-Monthly Cost of Coverage:

Benefit Amount: \$5,000

Age	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$1.47	\$1.59	\$1.69	\$1.88	\$1.51	\$1.64	\$1.74	\$1.93
25 to 29	\$1.56	\$1.78	\$1.83	\$2.18	\$1.61	\$1.83	\$1.88	\$2.23
30 to 34	\$1.80	\$2.24	\$2.17	\$2.85	\$1.85	\$2.28	\$2.22	\$2.89
35 to 39	\$2.14	\$3.04	\$2.74	\$4.15	\$2.19	\$3.09	\$2.79	\$4.20
40 to 44	\$2.52	\$3.86	\$3.34	\$5.45	\$2.57	\$3.91	\$3.39	\$5.49
45 to 49	\$3.27	\$5.56	\$4.53	\$8.14	\$3.32	\$5.60	\$4.58	\$8.19
50 to 54	\$4.36	\$7.67	\$6.25	\$11.44	\$4.41	\$7.72	\$6.30	\$11.49
55 to 59	\$5.82	\$10.27	\$8.46	\$15.45	\$5.87	\$10.32	\$8.51	\$15.49
60 to 64	\$7.48	\$12.87	\$10.98	\$19.40	\$7.52	\$12.91	\$11.03	\$19.45
65 to 69	\$8.82	\$14.52	\$13.26	\$22.24	\$8.87	\$14.57	\$13.31	\$22.29
70 to 74	\$11.72	\$19.03	\$18.17	\$29.36	\$11.77	\$19.08	\$18.22	\$29.40
75 to 79	\$17.77	\$23.81	\$24.91	\$35.56	\$17.82	\$23.85	\$24.95	\$35.60
80 to 84	\$18.88	\$27.32	\$29.04	\$42.37	\$18.93	\$27.37	\$29.09	\$42.42
85 to 89	\$26.19	\$31.80	\$40.54	\$49.38	\$26.24	\$31.85	\$40.58	\$49.43
90 to 94	\$26.19	\$31.80	\$40.54	\$49.38	\$26.24	\$31.85	\$40.58	\$49.43
95+	\$26.19	\$31.80	\$40.54	\$49.38	\$26.24	\$31.85	\$40.58	\$49.43

Benefit Amount: \$10,000

Age	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$2.93	\$3.17	\$3.38	\$3.77	\$3.03	\$3.27	\$3.47	\$3.86
25 to 29	\$3.12	\$3.56	\$3.66	\$4.36	\$3.21	\$3.66	\$3.75	\$4.46
30 to 34	\$3.60	\$4.47	\$4.34	\$5.69	\$3.69	\$4.57	\$4.44	\$5.79
35 to 39	\$4.28	\$6.09	\$5.48	\$8.30	\$4.38	\$6.18	\$5.57	\$8.40
40 to 44	\$5.04	\$7.72	\$6.68	\$10.89	\$5.13	\$7.81	\$6.77	\$10.99
45 to 49	\$6.54	\$11.11	\$9.07	\$16.29	\$6.63	\$11.21	\$9.16	\$16.38
50 to 54	\$8.73	\$15.34	\$12.49	\$22.89	\$8.82	\$15.43	\$12.59	\$22.98
55 to 59	\$11.64	\$20.55	\$16.91	\$30.89	\$11.73	\$20.64	\$17.01	\$30.99
60 to 64	\$14.95	\$25.73	\$21.96	\$38.80	\$15.05	\$25.83	\$22.06	\$38.90
65 to 69	\$17.64	\$29.04	\$26.52	\$44.48	\$17.73	\$29.13	\$26.62	\$44.58
70 to 74	\$23.44	\$38.06	\$36.33	\$58.71	\$23.54	\$38.15	\$36.43	\$58.81
75 to 79	\$35.54	\$47.61	\$49.81	\$71.11	\$35.63	\$47.71	\$49.91	\$71.21
80 to 84	\$37.76	\$54.64	\$58.09	\$84.75	\$37.86	\$54.74	\$58.18	\$84.84
85 to 89	\$52.38	\$63.60	\$81.07	\$98.76	\$52.48	\$63.70	\$81.17	\$98.85
90 to 94	\$52.38	\$63.60	\$81.07	\$98.76	\$52.48	\$63.70	\$81.17	\$98.85
95+	\$52.38	\$63.60	\$81.07	\$98.76	\$52.48	\$63.70	\$81.17	\$98.85

Critical illness insurance continued

Benefit Amount: \$20,000

Age	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$5.86	\$6.35	\$6.75	\$7.53	\$6.05	\$6.54	\$6.94	\$7.73
25 to 29	\$6.23	\$7.13	\$7.32	\$8.72	\$6.43	\$7.32	\$7.51	\$8.92
30 to 34	\$7.19	\$8.94	\$8.69	\$11.39	\$7.39	\$9.13	\$8.88	\$11.58
35 to 39	\$8.57	\$12.17	\$10.96	\$16.61	\$8.76	\$12.36	\$11.15	\$16.80
40 to 44	\$10.07	\$15.43	\$13.35	\$21.78	\$10.27	\$15.63	\$13.54	\$21.98
45 to 49	\$13.08	\$22.23	\$18.13	\$32.57	\$13.27	\$22.42	\$18.32	\$32.76
50 to 54	\$17.46	\$30.68	\$24.99	\$45.77	\$17.65	\$30.87	\$25.18	\$45.96
55 to 59	\$23.27	\$41.09	\$33.83	\$61.79	\$23.46	\$41.29	\$34.02	\$61.98
60 to 64	\$29.90	\$51.46	\$43.92	\$77.61	\$30.10	\$51.66	\$44.12	\$77.80
65 to 69	\$35.27	\$58.07	\$53.05	\$88.96	\$35.46	\$58.27	\$53.24	\$89.15
70 to 74	\$46.88	\$76.11	\$72.67	\$117.42	\$47.07	\$76.30	\$72.86	\$117.62
75 to 79	\$71.07	\$95.22	\$99.62	\$142.22	\$71.27	\$95.42	\$99.82	\$142.41
80 to 84	\$75.52	\$109.28	\$116.17	\$169.50	\$75.72	\$109.47	\$116.37	\$169.69
85 to 89	\$104.77	\$127.20	\$162.14	\$197.52	\$104.96	\$127.39	\$162.34	\$197.71
90 to 94	\$104.77	\$127.20	\$162.14	\$197.52	\$104.96	\$127.39	\$162.34	\$197.71
95+	\$104.77	\$127.20	\$162.14	\$197.52	\$104.96	\$127.39	\$162.34	\$197.71

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.

The policy's rate structure is based on attained age, which means the premium can increase due to the increase in your age.

Important Policy Provisions and Definitions:

Covered Person: An eligible person who is enrolled for coverage under the Policy.

Covered Loss: A loss that is specified in the Policy in the Schedule of Benefits section and suffered by the Covered Person within the applicable time period described in the Policy.

When your coverage begins: Coverage begins on the later of the program's effective date, the date you become eligible, the date we or your employer receive your completed enrollment form, the date you authorize any necessary payroll deductions, or if evidence of insurability is required, after we have approved you (or your dependent) for coverage in writing. Your coverage will not begin unless you are actively at work on the effective date. Coverage for all Covered Persons will not begin on the effective date if the Covered Person is confined to a hospital, facility or at home, disabled or receiving disability benefits or unable to perform activities of daily living.

When your coverage ends: Coverage ends on the earliest of the date you and your dependents are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. For your dependent, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. (Under certain circumstances, your coverage may be continued. Be sure to read the provisions in your Certificate about when coverage may continue.)

30 Day Right To Examine Certificate: If a Covered Person is not satisfied with the Certificate of Insurance for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

Benefit Reductions, Common Exclusions and Limitations:

Benefit Limits: No more than 100% of the Benefit Amount will ever be paid per Covered Person (unless Additional Critical Illness Benefit or Recurrence coverage is also provided).

Pre-Existing Condition Limitation:* In addition to any benefit-specific limitations, we will not pay benefits for a covered Critical Illness caused or contributed to by, or resulting from, a Pre-existing Condition. The term "Pre-existing Condition" means any sickness or injury for which an Covered Person received medical treatment, advice, care or services including diagnostic measures, took prescribed drugs or medicines or for which a reasonable person would have consulted a Physician within 12 months before the Covered Person's most recent effective date of insurance, and the most recent effective date of any added or increased amount of insurance.

The Pre-Existing Condition Limitation will apply to any added benefits or increases in benefits. This Limitation will not apply to a covered Critical Illness for which the date of diagnosis occurs after the Covered Person is insured under this Policy for at least 12 months after the Covered Person's most recent effective date of insurance, and effective date of any added or increased amount of insurance.

Common Exclusions: In addition to any benefit-specific exclusions, benefits will not be paid for any covered Critical Illness that is caused directly or indirectly, in whole or in part by any of the following: • intentionally self-inflicted Injury, suicide or any attempt thereof while sane or insane; • commission or attempt to commit a felony or an assault; • declared or undeclared war or act of war; • a covered Critical Illness that results from active duty service in the military, naval or air force of any country or international organization (upon our receipt of proof of service, we will refund any premium paid for this time; Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days); • voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage; • operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant ("Under the influence of alcohol", for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Loss occurred).

Critical illness insurance continued

Specific Benefit Exclusions and Limitations:

The date of diagnosis must occur while coverage is in force and the condition definition must be satisfied.

- **Cancer:** Excludes: skin cancers, unless metastatic disease develops or recurrence or metastasis of previously diagnosed cancers if Covered Person prior to being diagnosed while coverage is in force, has not gone 60 months of being treatment free.
- **Stroke:** Excludes: TIAs, brain injury from trauma/hypoxia/anoxia or hypotension, or eye and ear diseases/disorders.
- **Major Organ Failure:** Limit: one benefit for multi-organ transplants.
- **Coronary Artery Disease (Surgery):** Excludes: angioplasty, stent implants, or related procedures. Limit: paid once per lifetime per Covered Person.
- **Carcinoma in Situ:** Excludes: skin cancers (basal/squamous cell carcinoma or melanoma / melanoma in situ). Limit: paid once per lifetime per Covered Person.
- **Additional Critical Illness Benefit:** Limit: No more than one Benefit Amount and one Additional Benefit Amount will ever be paid per Covered Person; benefits for Coronary Artery Disease and Carcinoma in Situ are limited to once per lifetime per Covered Person. Unless otherwise stated, no benefits will be paid for a Covered Critical Illness that occurs during the Separation Period.

Guaranteed Issue:

If you are a new hire you are not required to provide proof of good health if you enroll during your employer's eligibility waiting period and you choose an amount of coverage up to and including the Guaranteed Issue Amount. If you apply for an amount of coverage greater than the Guaranteed Issue Amount, coverage in excess of the Guaranteed Issue Amount will not be issued until the insurance company approves acceptable proof of good health. Guaranteed Issue coverage may be available at other specified periods of time. Your employer will notify you when these periods of time are available. Pre-existing condition limitations may apply. Your Spouse must be age 18 or older to apply if evidence of insurability is required.

*State Variations

Spouse definition includes civil union partners in New Hampshire and Vermont. **Portability** in VT is referred to as Continuation due to loss of eligibility. VT residents are not subject to the age limit to continue coverage. **Pre-existing Condition Limitation** differs in FL and SC. **Exclusions** may vary for residents of MN, SC, SD and WA.

THIS POLICY PAYS LIMITED BENEFITS ONLY. IT DOES NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE AND IS NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT A MEDICAID OR MEDICARE SUPPLEMENT POLICY.

Series 1.1/1.2

Terms and conditions of coverage for Critical Illness insurance are set forth in Group Policy No. CI 960641. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Please see your Plan Sponsor to obtain a copy of the Policy. If there are any differences between this summary and the Group Policy, the information in the Group Policy takes precedence. Product availability, costs, benefits, riders, covered conditions and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form GCI-00-1000. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192.

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Offered by Life Insurance Company of North America, a Cigna company

Employee-Paid
TERM LIFE INSURANCE

SUMMARY OF BENEFITS

Prepared for: METRO

Term Life insurance can help protect your loved ones' financial health if you are no longer there to support them.

Who Is Eligible For Coverage?:

You: All active, full-time and part-time Employees of the Employer regularly working a minimum of 20 hours per week in the United States, who are citizens or permanent resident aliens of the United States.

You will be eligible for coverage on the date of hire.

Your Spouse*: Is eligible as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to 26, as long as you apply for and are approved for coverage yourself.

*Domestic Partner is defined in the Group Policy. For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Additional information is available from your Benefit Services Representative.

Available Coverage:

	Benefit Amount	Maximum	Guaranteed Issue Amount
Employee	Units of \$10,000	Lesser of 5 times salary or \$500,000	\$180,000
Spouse	Units of \$5,000	\$500,000 not to exceed 100% of the employees benefit	\$25,000
Children	\$10,000	\$10,000; under 6 Months old \$2,000	All amounts

Guaranteed Issue means that you may be able to purchase coverage without medical exams or health questions. See "Guaranteed Issue" below for more information.

Additional Features:

Extended Death Benefit with Waiver of Premium – The extended death benefit continues your coverage without payment of premium, before you're eligible to qualify for Waiver of Premium, if you are continuously Disabled for 9 months prior to age 60. "Disabled" means, because of injury or sickness, you are unable to perform all the material duties of your regular occupation, or you are receiving disability benefits under a program sponsored by your Employer. Regular Occupation means the occupation you routinely performed at the time your Disability began. We/the insurance company will consider the duties of your occupations as those that are normally performed in the general labor market in the national economy. If you qualify for this benefit and have insured your spouse or children, the insurance company will also extend their coverage if applicable.

Waiver of Premium – If you become Disabled prior to age 60, and you remain Disabled continuously for a 9 month period and thereafter, you won't need to pay premiums for your life insurance coverage, provided we/the Insurance Company determine(s) you are Disabled. "Disabled" for this coverage means, because of injury or sickness, you are unable to perform the material duties of your regular occupation, or are receiving disability benefits under a program sponsored by your employer, for the first 12 months after your Disability began. Thereafter, you must be unable to perform the material duties of any occupation that you are or may reasonably become qualified based on your education, training or experience. If you qualify for this coverage and have insured your spouse or children, the insurance company will also waive their premium if applicable.

Accelerated Death Benefit – Terminal Illness – if two unaffiliated doctors diagnose you or your spouse as terminally ill while the coverage is active, with a life expectancy of 12 months or less, the benefit for Terminal Illness provides up to:

Employee: 100% of your Term Life Insurance coverage amount or \$250,000, whichever is less.

Spouse: 100% of your Term Life Insurance coverage amount or \$250,000, whichever is less.

Portability – If your employment is terminated, you can continue your life insurance on a direct-bill basis. Coverage may also be continued for your spouse/children. Premiums will increase at this time. Coverage can be continued to age 70, unless the insurance company terminates portability for all insured persons. Refer to your certificate for details.

Conversion – To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends.

Term life insurance continued

Employee's Semi-Monthly Cost of Coverage:

Age	Employee Cost Per \$10,000 Unit	Spouse Cost Per \$5,000 Unit	Age	Employee Cost Per \$10,000 Unit	Spouse Cost Per \$5,000 Unit
0-19	\$0.350	\$0.175	60-64	\$4.755	\$2.378
20-24	\$0.350	\$0.175	65-69	\$7.350	\$3.675
25-29	\$0.350	\$0.175	70-74	\$11.300	\$5.650
30-34	\$0.520	\$0.260	75-79	\$17.450	\$8.725
35-39	\$0.610	\$0.305	80-84	\$17.450	\$8.725
40-44	\$0.850	\$0.425	85-89	\$17.450	\$8.725
45-49	\$1.320	\$0.660	90-94	\$17.450	\$8.725
50-54	\$2.305	\$1.153	95-99	\$17.450	\$8.725
55-59	\$3.910	\$1.955			

Child Cost Per \$1,000 = \$0.069

Actual per pay period premiums may differ slightly due to rounding. The rates above reflect the total cost. Rates vary by age and may be subject to change in the future. Benefits will reduce based on age (see Benefits Reduction Schedule for details).

How to Calculate Your Semi-Monthly Cost:

Step 1: Use the chart above to find your **Semi-Monthly** rate based on your age as of your effective date.

Step 2: Multiply this rate by your desired coverage amount, in units. Reference the table above to find the appropriate unit amounts for employee and/or dependents.

Step 3: The result is the **Semi-Monthly** cost.

Important Definitions and Policy Provisions:

When Your Coverage Begins and Ends – Coverage becomes effective on the later of the program's effective date, the date you become eligible, the date your enrollment elections are received if applicable, or the date you authorize any necessary payroll deductions if applicable. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage, if applicable, will not begin for any spouse or child who on the effective date is an inpatient in a facility or is home confined and under the care of a physician. Coverage will end on the earliest of the date you are eligible for coverage under a plan intended to replace this coverage, you or your dependents if applicable, are no longer eligible, the group policy is no longer in force, or required premiums are not paid.

Benefit Reductions, Exclusions and Limitations:

Benefit Reduction Schedule – If you are still employed, your benefits will reduce to 65% at age 70, 50% at age 75 and 35% at age 80.

Exclusions – Voluntary life insurance will not be paid if you commit suicide, while sane or insane, within the first two years of coverage.

Limitations – The Accelerated Death Benefit is payable only once. Using this benefit reduces the life insurance death benefit. The amount payable under the Accelerated Death Benefit may be reduced by the amount of other benefits already paid to the insured under the policy. See your certificate for details. Benefits will be extended without premium payment until the earlier of the date you are no longer disabled, or the date you fail to qualify for Waiver of Premium or fail to provide proof of Disability. **Waiver of Premium** – After premiums have been waived for 12 months, they will be waived for future periods of 12 months if you remain Disabled. This benefit will remain active until Social Security Normal Retirement Age subject to proof of continuing disability each year.

Guaranteed Issue:

If you are a new hire and you apply within 31 days after you are eligible to elect coverage for yourself, you are entitled to choose any coverage offered up to the Guaranteed Issue Amount, without providing proof of good health. If you apply for an amount of coverage greater than the Guaranteed Issue Amount, coverage in excess of the Guaranteed Issue Amount will not be issued until the insurance company approves acceptable proof of good health. If you apply for coverage for yourself more than 31 days from the date you become eligible to elect coverage under this plan, the Guaranteed Issue Amount will not apply, unless Guaranteed Issue has been approved by your employer for a specific period of time. Coverage will not be issued until the insurance company approves acceptable proof of good health.

These are summarized definitions only. To be eligible for coverage, the covered illness or event must meet the definitions and other terms and conditions set forth in the group policy.

THIS POLICY PROVIDES LIMITED COVERAGE. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE OR MAJOR MEDICAL HEALTH INSURANCE. THIS COVERAGE DOES NOT SATISFY THE INDIVIDUAL MANDATE OF THE AFFORDABLE CARE ACT BECAUSE THE COVERAGE DOES NOT MEET THE REQUIREMENTS OF MINIMUM ESSENTIAL COVERAGE.

Terms and conditions of coverage for Term Life insurance are set forth in Group Policy No. FLX 968162. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, eligible conditions, their respective payments and policy exclusions and limitations are contained in the Policy. Please see your Plan Sponsor to obtain a copy of the Policy. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability, costs, benefits, riders, covered conditions and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192.

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Offered by Life Insurance Company of North America, a Cigna company

**Employee-Paid
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

SUMMARY OF BENEFITS

Prepared for: METRO

If you pass away or are seriously injured as a result of a covered accident or injury, you or your beneficiaries will receive a set amount to help pay for unexpected expenses, or help your loved ones pay for future expenses after you're gone.

Who Can Elect Coverage?:

You: All active, full-time and part-time Employees of the Employer regularly working a minimum of 20 hours per week in the United States, who are citizens or permanent resident aliens of the United States.
You will be eligible for coverage on the date of hire.

Your Spouse*: Is eligible as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to 26, as long as you apply for and are approved for coverage yourself.

*Domestic Partner is defined in the Group Policy. For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Additional information is available from your Benefit Services Representative.

Available Coverage:

	Benefit Amount	Maximum
Employee	Units of \$10,000	Lesser of 5 Times Salary or \$500,000
Spouse	Units of \$5,000	\$500,000 not to exceed 100% of the employee's benefit
Children	\$10,000	\$10,000

Benefit Details:

If, within 365 days of a Covered Accident, bodily injuries result in:	We'll pay this % of the Benefit Amount:
Loss of life; Total paralysis of both upper and lower limbs; Loss of two or more hands or feet; Loss of sight in both eyes; or Loss of speech and hearing (both ears)	100%
Total paralysis of both lower limbs or both upper limbs	75%
Total paralysis of upper and lower limbs on one side of the body; Loss of one hand, one foot, sight in one eye, speech, or hearing in both ears; or Severance and Reattachment of one hand or foot	50%
Total paralysis of one upper or one lower limb; Loss of all four fingers of the same hand; or Loss of thumb and index finger of the same hand	25%
Loss of all toes of the same foot	20%

For Comas – You will receive 1% of the full benefit amount each month, for up to a maximum of 11 months, if you or an insured family member are in a coma for 30 days or more as a result of a Covered Accident. If the covered person is still in a coma after 11 months, or dies, the full benefit amount will be paid.

Additional Features:

For Wearing a Seatbelt – You will receive an additional 10% benefit but not more than \$5,000 if the covered person dies in a covered automobile accident and law enforcement-certified to be wearing a seatbelt or approved child restraint.

For Exposure & Disappearance – Benefits are payable if you or an insured family member suffer a covered loss due to unavoidable exposure to the elements as a result of a Covered Accident. If you or an insured family member's body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which you or an insured family member were riding, on a trip otherwise covered, it will be presumed that you sustained loss of life as a result of a Covered Accident.

For Rehabilitation – If you or an insured family member incur rehabilitative expenses within 2 years of the date of a Covered Accident, we will pay an additional 5% of the benefit amount, subject to a maximum of \$10,000 for each Covered Accident.

For a Loss Resulting from a Common Carrier – If you or an insured family member suffer a covered loss while riding as a passenger in, or being struck by, a common carrier, we will pay an additional 100% of the benefit amount, to a maximum of \$500,000.

Additional Features — continued

Conversion – If group accident coverage ends (except due to nonpayment of premium), your employment is terminated, membership in an eligible class is terminated, or insurance coverage is reduced based on attained age, you can convert to an individual non-term policy. To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Dependents may convert their coverage as well if applicable. Premiums may change at this time, and terms of coverage will be subject to change. You can also convert to an individual policy of up to \$10,000 if you have been insured for at least 3 years and the policy is terminated or amended, provided coverage is not replaced and you are not covered under a different conversion policy issued by Life Insurance Company of North America. Refer to your certificate for details.

Your Bi-Weekly Cost of Coverage:

Employee Cost Per \$1,000 = \$0.013 Spouse Cost Per \$1,000 = \$0.013

Child's Cost Per \$1,000 = \$0.013

Actual per pay period premiums may differ slightly due to rounding. Benefits will reduce on age (see Benefits Reduction Schedule for details).

Rates may be subject to change in the future.

How to Calculate Your Bi-Weekly Cost of Coverage:

Step 1: Find the above Bi-Weekly rate.

Step 2: Multiply this rate by your desired coverage amount, in units. Reference the information above to find the appropriate unit amounts for employee and/or dependents.

Step 3: The result is the Bi-Weekly cost.

Important Definitions and Policy Provisions:

When your coverage begins – Coverage begins on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form if applicable, or the date you authorize any necessary payroll deductions if applicable. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage, if applicable, will not begin for any dependent who on the effective date is hospital or home confined; receiving chemotherapy or radiation treatment; or disabled and under the care of a physician.

When your coverage ends – Coverage ends on the earliest of the date you or your dependents, if applicable, are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. (Under certain circumstances, your coverage may be continued if you stop working. Be sure to read the Continuation of Insurance provisions in your Certificate.)

Benefit Reductions, Exclusions and Limitations

Benefit Reduction Schedule: If you are still employed, your benefits will reduce to 65% at age 70, 50% at age 75 and 35% at age 80. Your premiums will also reduce to match your benefits. Spouse reductions are based on employee age.

Exclusions – Self-inflicted injuries or suicide while sane or insane • commission or attempt to commit a felony or an assault • any act of war, declared or undeclared • any active participation in a riot, insurrection or terrorist act • bungee jumping • parachuting • skydiving • parasailing • hang-gliding • sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food • voluntarily using any drug, narcotic, poison, gas or fumes except one prescribed by a licensed physician and taken as prescribed • operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it • a Covered Accident that occurs while the covered person is engaged in the activities of active duty service in the military, navy or air force of any country or international organization (this does not include Reserve or National Guard training, unless it extends beyond 31 days) • traveling in an aircraft that is owned, leased or controlled by the sponsoring organization or any of its subsidiaries or affiliates • air travel, except as a passenger on a regularly scheduled commercial airline or in an aircraft being used by the Air Mobility Command or its foreign equivalent • flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface being flown by the covered person or in which the covered person is a member of the crew.

Limitations – For multiple covered losses, benefits are paid for the single largest benefit available. For loss of life, the benefit amount shown will be reduced by the amount of any dismemberment benefits that were previously paid or payable.

THIS POLICY PROVIDES LIMITED ACCIDENT-ONLY COVERAGE. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. IT DOES NOT COVER LOSSES CAUSED BY SICKNESS. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE OR MAJOR MEDICAL HEALTH INSURANCE.

Terms and conditions of coverage for Accidental Death and Dismemberment insurance are set forth in Group Policy No. OK 969639. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, eligible injuries, their respective payments and policy exclusions and limitations are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192

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Important Definitions and Policy Provisions — continued

When your coverage begins: Coverage begins on the later of the program's effective date, the date you become eligible, or the first of the month following the date your completed enrollment form is received unless otherwise agreed upon by Cigna. Your coverage will not begin unless you are actively at work on the effective date. Coverage for all Covered Persons will not begin on the effective date if hospital, facility or home confined, disabled or receiving disability benefits or unable to perform activities of daily living.

When your coverage ends: Coverage ends on the earliest of the date you and your dependents are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. For your dependent, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. (Under certain circumstances, your coverage may be continued. Be sure to read the provisions in your Certificate.)

30 Day Right To Examine Certificate: If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

Benefit Conditions and Limitations: This document provides only the highlights. All claims for a covered loss must meet specific Benefit Conditions and Limitations and are otherwise subject to all other terms set forth in the group policy.

Common Exclusions:* In addition to any benefit specific exclusions, no payments will be made for losses which directly or indirectly, is caused by or results from: • intentionally self-inflicted injury, including suicide or any attempted suicide; • committing an assault or felony; • bungee jumping; parachuting; skydiving; parasailing; hang-gliding; • declared or undeclared war or act of war; • aircraft or air travel, except as a commercial passenger or Aircraft used by the Air Mobility Command (unless owned, leased or controlled by policy holder/subscriber); • sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment, except bacterial infection from an accidental external cut or wound or accidental ingestion of contaminated food; • activities of active military duty, except Reserve or National Guard active duty training lasting 31 days or less; • services or treatment rendered by a physician, nurse or any other person who is: employed by the subscriber, living with or immediate family of the Covered Person, or providing alternative medical treatments; and • injuries that occur during the course of any employment for pay, benefit or profit. Actual policy terms may vary depending on your plan design and location.

Specific Benefit Exclusions & Limitations:*

Emergency Care Treatment: Treatment must occur within 30 days of the Covered Accident. **Limits:** payable once per Covered Accident, per Covered Person. **Excludes:** treatment provided by an immediate family member, clinic, or doctor's office. **Physician Office Visit:** Must be diagnosed and treated by a physician within 365 days of the Covered Accident. **Limits:** payable once per Covered Accident, per Covered Person; not payable if a Covered Person is eligible to receive a benefit under Emergency Treatment. **Excludes:** routine health examinations or immunizations for Covered Persons Age 60 and older, visits for Mental or Nervous Disorders, and visits by a surgeon while confined to a Hospital. **Diagnostic Exam:** payable once per Covered Accident, per Covered Person. Treatment must occur within 365 days of the Covered Accident. **Ground Ambulance or Water/Air Ambulance:** Services must be provided from the scene of the Covered Accident or within 365 days of Covered Accident. **Limits:** payable once per Covered Accident, per Covered Person; only one benefit will be paid ground or water/air, whichever is greater. **Hospital Admission:** Inpatient admission must occur within 365 days of the Covered Accident due to such accident. **Limits:** payable once per Covered Accident. **Excludes:** treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Accident.

Hospital Stay per day: Must be admitted for at least 23 hours or admitted inpatient and confined within 365 days of the Covered Accident. **Limits:** 365 days per Covered Accident; 1 stay per accident; not payable for hospital re-admission for same Covered Accident; if eligible for Hospital Stay Benefit and Initial Intensive Care Unit Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater; Stays within 365 days for the same or a related Covered Accident are considered one Stay. **Intensive Care Unit Stay per day:** Must be admitted for at least 23 hours or admitted inpatient and confined within 365 days of the Covered Accident. **Limits:** 365 days per Covered Accident; not payable for hospital re-admission for same Covered Accident; if eligible for Hospital Stay Benefit and Initial Intensive Care Unit Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater; Stays within 365 days for the same or a related Covered Accident are considered one Stay. **Fracture/Dislocation:** If more than one fracture, only one benefit will be paid, whichever is the greater amount. Chip fracture not paid in addition to closed fracture. **Limits:** Both fractures and dislocations are limited to 1 per accident. Must be diagnosed and treated by a physician within 365 days of the Covered Accident.

Follow-up Physician Office Visit: **Limits:** 10 follow up visit(s) for each Covered Person per Covered Accident for follow up physician office visits. Must be examined, treated or prescribed by physician. Examination or treatment must be provided within 90 days and treatment must be completed within 365 days of the Covered Accident. **Follow-up Physical Therapy Visit:** **Limits:** 10 follow up visit(s) for each Covered Person per Covered Accident for follow up physical therapy visits. Must be examined, treated or prescribed by physician. Examination or treatment must be provided within 90 days and treatment must be completed within 365 days of the Covered Accident. **Large Lacerations:** Treatment by physician must be received within 365 days of the Covered Accident. **Limits:** payable 1 time per Covered Person, Per Covered Accident; Multiple lacerations pay a maximum of 2 times the benefit. **Concussion:** Must be diagnosed by a physician within 365 days of the Covered Accident. **Limits:** payable 1 time per Covered Accident. **Coma:** **Limits:** payable 1 times per Covered Accident. Must be unconscious for 7 days or more with no response to external stimuli and requiring artificial respiratory or life support. **Excludes:** medically induced coma.

*State Variations

Spouse definition includes civil union partners in New Hampshire and Vermont. **Specific Benefit Exclusions and Limitations** The timeframe to obtain services following a covered accident is extended in SD and WA. **Common Exclusions** may vary for residents of MN, SC, SD, and WA. **Hospital/ICU Stay** requires a 31 day minimum for Idaho residents. See your Certificate for detail. **Portability** in VT is referred to as Continuation due to loss of eligibility. VT residents are not subject to the age limit to continue coverage.

WA residents | Accidental death and dismemberment continued

THIS POLICY PAYS LIMITED BENEFITS ONLY. IT DOES NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE AND IS NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT A MEDICAID OR MEDICARE SUPPLEMENT POLICY.

Series 1.1

Terms and conditions of coverage for Accidental Injury insurance are set forth in Group Policy No. AI 960651. This is not intended as a complete description of the insurance coverage offered. Please see your Plan Sponsor to obtain a copy of the Policy. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability, costs, benefits, riders, covered conditions and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form GAI-00-1000.00. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192

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 1601 Chestnut Street, Philadelphia, Pennsylvania 19192-2235

IMPORTANT INFORMATION ABOUT THE COVERAGE YOU ARE BEING OFFERED

Save this statement! It may be important to you in the future. The Washington State Insurance Commissioner requires that we give you the following information about fixed payment benefits. This coverage is not comprehensive health care insurance and will not cover the cost of most hospital and other medical services.

Your Benefit Summary provides a very brief description of the important features of the coverage being considered. It is not an insurance contract and only the actual policy provisions will control. The policy itself will include in detail the rights and obligations of both the master policyholder and Life Insurance Company of North America.

This coverage is designed to pay you a fixed dollar amount regardless of the amount that the provider charges. Payments are not based on a percentage of the provider's charge and are paid in addition to any other health plan coverage you may have.

CAUTION: If you are also covered under a High Deductible Health Plan (HDHP) and are contributing to a Health Savings Account (HSA), you should check with your tax advisor or benefit advisor prior to purchasing this coverage to be sure that you will continue to be eligible to contribute to the HSA if this coverage is purchased. Please refer to your Benefit Summary for more information, including a listing of the policy exclusions, limitations, and reductions that may affect benefits payable under the Critical Illness Insurance plan.

WDN – 00-1000.01WA

**Employee-Paid
 CRITICAL ILLNESS INSURANCE**

SUMMARY OF BENEFITS

Prepared for: METRO
 WA Residents

Critical Illness insurance provides a benefit when a Covered Person is diagnosed with a covered Critical Illness after coverage is in effect. See *State Variations (marked by *) below.*

Who Can Elect Coverage:

You: All active, full-time and part-time Employees of the Employer regularly working a minimum of 20 hours per week in the United States, who are citizens or permanent resident aliens of the United States and residing in the state of Washington. You will be eligible for coverage immediately.

Your Spouse/Domestic Partner: Up to age 70, as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to 26, as long as you apply for and are approved for coverage yourself.

Available Coverage:

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred. Benefits are only payable when all policy terms and conditions are met. Please read all the information in this summary to understand terms, conditions, state variations, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

	Benefit Amount	Guaranteed Issue Amount
Employee	\$5,000, \$10,000, \$20,000	Up to \$20,000
Spouse	50% of employee amount	Up to \$10,000
Children	25% of employee amount	All guaranteed issue

See "Guaranteed Issue" section below for more information.

Covered Critical Illnesses and Events		Benefit Amount %
Cancer	Uncontrolled/abnormal growth or spread of invasive malignant cells.	100%

WA residents | Critical illness insurance continued

Covered Critical Illnesses and Events		Benefit Amount %
Heart Attack	Includes two of the following that cause permanent loss of heart contraction function: 1) Chest pains. 2) EKG changes 3) Biochemical markers of heart tissue death.	100%
Stroke	Cerebrovascular event—for instance, cerebral hemorrhage—confirmed by neuroimaging with neurological deficits lasting 96 hours or more.	100%
Kidney Failure	Chronic, irreversible function of both kidneys. Requires hemo—or peritoneal dialysis.	100%
Major Organ Failure	Includes: liver, lung, pancreas, kidney, or heart. Happens on first hospitalized day for surgery.	100%
Amyotrophic Lateral Sclerosis	(Also known as Lou Gehrig's Disease) Motor neuron disease resulting in muscular weakness and atrophy.	100%
Paralysis	Complete, permanent loss of use of two or more limbs due to a disease.	100%
Blindness	Irreversible sight reduction in both eyes; Best corrected single eye visual acuity less than 20/200 (E-Chart) or 6/60 (Metric) or with visual field reduction (both eyes) to 20 degrees or less.	100%
Coronary Artery Disease (Surgery)	Heart disease/angina requiring coronary artery bypass surgery, as indicated by angiographic test results.	25%*
Carcinoma in Situ	Non-invasive malignant tumor.	25%*

* If covered person received the 25% benefit, the remaining 75% benefit will be available for a diagnosis of another covered condition.

These are summarized definitions only. To be eligible for coverage, the covered Critical Illness or event must meet the definitions and other terms and conditions set forth in the group policy.

Additional Benefits

Additional Critical Illness Benefit	An additional full Benefit Amount for the diagnosis of a subsequent and different covered Critical Illness. Payable after a 6 month separation period from diagnosis of 1st covered Critical Illness.* If less than 100% of the Additional Critical Illness Benefit is paid for a covered Critical Illness, the remaining benefit amount is available for payment of a subsequent and different covered Critical Illness.
Recurrence Benefit	Provides an additional benefit equal to 100% of the benefit amount and percentage for the diagnosis of a subsequent and same covered condition that has received a benefit payout from a previous diagnosis, after a 12 month separation period from previous diagnosis.

Portability Feature: You, your spouse, and child(ren) can continue 100% of your coverage at the time your coverage ends. You must be under the age of 70 in order to continue your coverage. Rates may change and all coverage ends at age 100. Applies to United States Citizens and Permanent Resident Aliens residing in the United States.

WA residents | Critical illness insurance continued

(EE) (EE+SP) (EE+CH) (EE+F)								
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$1.59	\$1.72	\$1.83	\$2.04	\$1.64	\$1.78	\$1.89	\$2.09
25 to 29	\$1.69	\$1.93	\$1.98	\$2.36	\$1.74	\$1.98	\$2.04	\$2.42
30 to 34	\$1.95	\$2.43	\$2.35	\$3.09	\$2.00	\$2.47	\$2.41	\$3.13
35 to 39	\$2.32	\$3.29	\$2.97	\$4.50	\$2.37	\$3.35	\$3.02	\$4.55
40 to 44	\$2.73	\$4.18	\$3.62	\$5.90	\$2.78	\$4.24	\$3.67	\$5.95
45 to 49	\$3.54	\$6.02	\$4.91	\$8.82	\$3.60	\$6.07	\$4.96	\$8.87
50 to 54	\$4.72	\$8.31	\$6.77	\$12.39	\$4.78	\$8.36	\$6.83	\$12.45
55 to 59	\$6.31	\$11.13	\$9.17	\$16.74	\$6.36	\$11.18	\$9.22	\$16.78
60 to 64	\$8.10	\$13.94	\$11.90	\$21.02	\$8.15	\$13.99	\$11.95	\$21.07
65 to 69	\$9.56	\$15.73	\$14.37	\$24.09	\$9.61	\$15.78	\$14.42	\$24.15
70 to 74	\$12.70	\$20.62	\$19.68	\$31.81	\$12.75	\$20.67	\$19.74	\$31.85
75 to 79	\$19.25	\$25.79	\$26.99	\$38.52	\$19.31	\$25.84	\$27.03	\$38.57
80 to 84	\$20.45	\$29.60	\$31.46	\$45.90	\$20.51	\$29.65	\$31.51	\$45.96
85 to 89	\$28.37	\$34.45	\$43.92	\$53.50	\$28.43	\$34.50	\$43.96	\$53.55
90 to 94	\$28.37	\$34.45	\$43.92	\$53.50	\$28.43	\$34.50	\$43.96	\$53.55
95+	\$28.37	\$34.45	\$43.92	\$53.50	\$28.43	\$34.50	\$43.96	\$53.55

Benefit Amount: \$10,000

Employee Employee + Spouse Employee + Children Employee + Family (EE) (EE+SP) (EE+CH) (EE+F)								
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$3.17	\$3.43	\$3.66	\$4.08	\$3.28	\$3.54	\$3.76	\$4.18
25 to 29	\$3.38	\$3.86	\$3.97	\$4.72	\$3.48	\$3.97	\$4.06	\$4.83
30 to 34	\$3.90	\$4.84	\$4.70	\$6.16	\$4.00	\$4.95	\$4.81	\$6.27
35 to 39	\$4.64	\$6.60	\$5.94	\$8.99	\$4.75	\$6.70	\$6.03	\$9.10
40 to 44	\$5.46	\$8.36	\$7.24	\$11.80	\$5.56	\$8.46	\$7.33	\$11.91
45 to 49	\$7.09	\$12.04	\$9.83	\$17.65	\$7.18	\$12.14	\$9.92	\$17.75
50 to 54	\$9.46	\$16.62	\$13.53	\$24.80	\$9.56	\$16.72	\$13.64	\$24.90
55 to 59	\$12.61	\$22.26	\$18.32	\$33.46	\$12.71	\$22.36	\$18.43	\$33.57
60 to 64	\$16.20	\$27.87	\$23.79	\$42.03	\$16.30	\$27.98	\$23.90	\$42.14
65 to 69	\$19.11	\$31.46	\$28.73	\$48.19	\$19.21	\$31.56	\$28.84	\$48.30
70 to 74	\$25.39	\$41.23	\$39.36	\$63.60	\$25.50	\$41.33	\$39.47	\$63.71
75 to 79	\$38.50	\$51.58	\$53.96	\$77.04	\$38.60	\$51.69	\$54.07	\$77.14
80 to 84	\$40.91	\$59.19	\$62.93	\$91.81	\$41.02	\$59.30	\$63.03	\$91.91
85 to 89	\$56.75	\$68.90	\$87.83	\$106.99	\$56.85	\$69.01	\$87.93	\$107.09
90 to 94	\$56.75	\$68.90	\$87.83	\$106.99	\$56.85	\$69.01	\$87.93	\$107.09
95+	\$56.75	\$68.90	\$87.83	\$106.99	\$56.85	\$69.01	\$87.93	\$107.09

Benefit Amount: \$20,000

Employee Employee + Spouse Employee + Children Employee + Family (EE) (EE+SP) (EE+CH) (EE+F)								
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$6.35	\$6.88	\$7.31	\$8.16	\$6.55	\$7.09	\$7.52	\$8.37
25 to 29	\$6.75	\$7.72	\$7.93	\$9.45	\$6.97	\$7.93	\$8.14	\$9.66
30 to 34	\$7.79	\$9.69	\$9.41	\$12.34	\$8.01	\$9.89	\$9.62	\$12.55
35 to 39	\$9.28	\$13.18	\$11.87	\$17.99	\$9.49	\$13.39	\$12.08	\$18.20
40 to 44	\$10.91	\$16.72	\$14.46	\$23.60	\$11.13	\$16.93	\$14.67	\$23.81
45 to 49	\$14.17	\$24.08	\$19.64	\$35.28	\$14.38	\$24.29	\$19.85	\$35.49
50 to 54	\$18.92	\$33.24	\$27.07	\$49.58	\$19.12	\$33.44	\$27.28	\$49.79
55 to 59	\$25.21	\$44.51	\$36.65	\$66.94	\$25.42	\$44.73	\$36.86	\$67.15
60 to 64	\$32.39	\$55.75	\$47.58	\$84.08	\$32.61	\$55.97	\$47.80	\$84.28
65 to 69	\$38.21	\$62.91	\$57.47	\$96.37	\$38.42	\$63.13	\$57.68	\$96.58
70 to 74	\$50.79	\$82.45	\$78.73	\$127.21	\$50.99	\$82.66	\$78.93	\$127.42
75 to 79	\$76.99	\$103.16	\$107.92	\$154.07	\$77.21	\$103.37	\$108.14	\$154.28
80 to 84	\$81.81	\$118.39	\$125.85	\$183.63	\$82.03	\$118.59	\$126.07	\$183.83
85 to 89	\$113.50	\$137.80	\$175.65	\$213.98	\$113.71	\$138.01	\$175.87	\$214.19
90 to 94	\$113.50	\$137.80	\$175.65	\$213.98	\$113.71	\$138.01	\$175.87	\$214.19
<25	\$6.35	\$6.88	\$7.31	\$8.16	\$6.55	\$7.09	\$7.52	\$8.37

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.

The policy's rate structure is based on attained age, which means the premium can increase due to the increase in your age.

Important Policy Provisions and Definitions:

Covered Person: An eligible person who is enrolled for coverage under the Policy.

Covered Loss: A loss that is specified in the Policy in the Schedule of Benefits section and suffered by the Covered Person within the applicable time period described in the Policy.

Important Policy Provisions and Definitions — continued

When your coverage begins: Coverage begins on the later of the program's effective date, the date you become eligible, the date we or your employer receive your completed enrollment form, the date you authorize any necessary payroll deductions, or if evidence of insurability is required, after we have approved you (or your dependent) for coverage in writing. Your coverage will not begin unless you are actively at work on the effective date. Coverage for all Covered Persons will not begin on the effective date if the Covered Person is confined to a hospital, facility or at home, disabled or receiving disability benefits or unable to perform activities of daily living.

When your coverage ends: Coverage ends on the earliest of the date you and your dependents are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. For your dependent, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. (Under certain circumstances, your coverage may be continued. Be sure to read the provisions in your Certificate about when coverage may continue.)

30 Day Right To Examine Certificate: If a Covered Person is not satisfied with the Certificate of Insurance for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

Benefit Reductions, Common Exclusions and Limitations:

Benefit Limits: No more than 100% of the Benefit Amount will ever be paid per Covered Person (unless Additional Critical Illness Benefit or Recurrence coverage is also provided).

Pre-Existing Condition Limitation:* In addition to any benefit-specific limitations, we will not pay benefits for a covered Critical Illness caused or contributed to by, or resulting from, a Pre-existing Condition. The term "Pre-existing Condition" means any sickness or injury for which an Covered Person received medical treatment, advice, care or services including diagnostic measures, took prescribed drugs or medicines or for which a reasonable person would have consulted a Physician within 12 months before the Covered Person's most recent effective date of insurance, and the most recent effective date of any added or increased amount of insurance.

The Pre-Existing Condition Limitation will apply to any added benefits or increases in benefits. This Limitation will not apply to a covered Critical Illness for which the date of diagnosis occurs after the Covered Person is insured under this Policy for at least 12 months after the Covered Person's most recent effective date of insurance, and effective date of any added or increased amount of insurance.

Exclusions: In addition to any benefit-specific exclusions, benefits will not be paid for any covered Critical Illness that is caused directly or indirectly, in whole or in part by any of the following: • intentionally self-inflicted Injury, suicide or any attempt thereof while sane or insane; • commission or attempt to commit a felony or an assault; • declared or undeclared war or act of war; • a covered Critical Illness that results from active duty service in the military, naval or air force of any country or international organization (upon our receipt of proof of service, we will refund any premium paid for this time; Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days). *Actual policy terms may vary depending on your plan design and location.*

Specific Benefit Exclusions and Limitations:

The date of diagnosis must occur while coverage is in force and the condition definition must be satisfied.

- **Cancer:** *Excludes:* skin cancers, unless metastatic disease develops or recurrence or metastasis of previously diagnosed cancers if Covered Person prior to being diagnosed while coverage is in force, has not gone 60 months of being treatment free.
- **Stroke:** *Excludes:* TIAs, brain injury from trauma/hypoxia/anoxia or hypotension, or eye and ear diseases/disorders.
- **Major Organ Failure:** *Limit:* one benefit for multi-organ transplants.
- **Coronary Artery Disease (Surgery):** *Excludes:* angioplasty, stent implants, or related procedures. *Limit:* paid once per lifetime per Covered Person.
- **Carcinoma in Situ:** *Excludes:* skin cancers (basal/squamous cell carcinoma or melanoma / melanoma in situ). *Limit:* paid once per lifetime per Covered Person.
- **Additional Critical Illness Benefit:** *Limit:* No more than one Benefit Amount and one Additional Benefit Amount will ever be paid per Covered Person; benefits for Coronary Artery Disease and Carcinoma in Situ are limited to once per lifetime per Covered Person. Unless otherwise stated, no benefits will be paid for a Covered Critical Illness that occurs during the Separation Period.
- **Recurrence Benefit:** *Excludes:* Cancer, Carcinoma in Situ, and Coronary Artery Disease. Recurrence Benefit is only payable if the Covered Person has not received treatment during the 12 month period between the two diagnoses. As used here, "treatment" does not include medications and follow-up visits to the Covered Person's Physician.

Guaranteed Issue:

If you are a new hire you are not required to provide proof of good health if you enroll during your employer's eligibility waiting period and you choose an amount of coverage up to and including the Guaranteed Issue Amount. If you apply for an amount of coverage greater than the Guaranteed Issue Amount, coverage in excess of the Guaranteed Issue Amount will not be issued until the insurance company approves acceptable proof of good health. Guaranteed Issue coverage may be available at other specified periods of time. Your employer will notify you when these periods of time are available. Pre-existing condition limitations may apply. Your Spouse must be age 18 or older to apply if evidence of insurability is required.

*State Variations

Spouse definition includes civil union partners in New Hampshire and Vermont. **Portability** in VT is referred to as Continuation due to loss of eligibility. VT residents are not subject to the age limit to continue coverage. **Pre-existing Condition Limitation** differs in FL and SC. **Exclusions** may vary for residents of MN, SC, SD and WA.

THIS POLICY PAYS LIMITED BENEFITS ONLY. IT DOES NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE AND IS NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT A MEDICAID OR MEDICARE SUPPLEMENT POLICY.

Series 1.1/1.2

Terms and conditions of coverage for Critical Illness insurance are set forth in Group Policy No. CI 960641. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Please see your Plan Sponsor to obtain a copy of the Policy. If there are any differences between this summary and the Group Policy, the information in the Group Policy takes precedence. Product availability, costs, benefits, riders, covered conditions and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form GCI-00-1000. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192.

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Metro supplemental insurance rates

Voluntary term life insurance (Employee paid)

Premium rates per month | Effective January 1, 2021

Calculating term life insurance deductions

Using the chart to the right, follow the steps below to calculate your per paycheck premium deduction for voluntary term life insurance.

1. Select your age as of Jan. 1, 2020
2. Multiple the rate by desired coverage amount per 10,000 units (Employee), or 5,000 (Spouse).

Example

A 45-year old employee wants \$100,000 in life insurance coverage.

\$100,000 = 10 units of \$10,000
45-year old cost: 1.32

1.32 x 10 = \$13.20 per paycheck deduction

Age	Employee cost \$10,000 unit	Spouse cost \$5,000 unit
0-19	0.350	0.175
20-24	0.350	0.175
25-29	0.350	0.175
30-34	0.520	0.260
35-39	0.610	0.305
40-44	0.850	0.425
45-49	1.320	0.660
50-54	2.305	1.153
55-59	3.910	1.955
60-64	4.755	2.378
65-69	7.350	3.675
70-74	11.300	5.650
75-79	17.450	8.725

Supplemental accidental death and dismemberment (Employee paid)

Premium rates per paycheck | Effective January 1, 2021

Calculating supplemental accidental death and dismemberment deductions

Using the chart to the right, follow the steps below to calculate your per paycheck premium deduction for accidental death and dismemberment.

Multiple the rate (0.0141) by desired coverage amount per 10,000 units (Employee or Child) or 5,000 (Spouse).

Example

An employee wants \$50,000 in life insurance coverage.

Employee: \$50,000 = 50 units of \$1,000
0.0141 x 50 = \$0.71 per paycheck deduction, employee

	Cost	Per unit of coverage
	0.0141	1,000
	Benefit amounts	Maximum coverage
Employee	Units of \$10,000	Lesser of 5 times salary or \$500,000
Spouse	Units of \$5,000	\$500,000 not to exceed 100% of benefit
Child	Units of \$10,000	\$10,000

Beginning December 2020, paycheck deductions for insurance premiums will be pre-paid the month prior to coverage. For example, deductions for January 2021 will be deducted beginning the Dec. 4, 2020 paycheck.

Metro supplemental insurance rates

Short term disability insurance (Employee paid)

Premium rates per month | Effective January 1, 2021

Calculating short term disability insurance deductions

Short term disability pays a portion of your salary if you are unable to work due to a covered disability. Maximum benefit under short term disability is \$1,000 per week.

Step 1: Calculate weekly benefit

1. Divide annual salary by 52.
2. Multiply that number by 60%

Example: Weekly benefit for \$45,000 annual salary

$$\$45,000 \div 52 = \$865.38$$

$$\$865.38 \times 0.60 = \$519.23 \text{ per week short term disability benefit}$$

Step 2: Calculate premium deduction

1. Multiple weekly benefit by 0.049
2. Divide that number by 2

Example: Monthly premium deduction for \$64,000 annual salary

$$\$519.23 \times 0.049 = \$25.44$$

$$\$25.44 \div 2 = \$12.72$$

Accidental injury (Employee paid)

Premium rates per paycheck | Effective January 1, 2021

	Plan 1	Plan 2
Employee Only	2.91	5.66
Employee and Spouse	4.97	9.67
Employee and Child(ren)	5.06	9.84
Employee and Family	6.83	13.29

Beginning December 2020, paycheck deductions for insurance premiums will be pre-paid the month prior to coverage. For example, deductions for January 2021 will be deducted beginning the Dec. 4, 2020 paycheck.

Metro supplemental insurance rates

Critical illness insurance (Employee paid)

Premium rates per paycheck | Effective January 1, 2021

Benefit Amount: \$5,000

Age	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$1.59	\$1.72	\$1.83	\$2.04	\$1.64	\$1.77	\$1.88	\$2.09
25 to 29	\$1.69	\$1.93	\$1.98	\$2.36	\$1.74	\$1.98	\$2.03	\$2.42
30 to 34	\$1.95	\$2.42	\$2.35	\$3.08	\$2.00	\$2.47	\$2.41	\$3.14
35 to 39	\$2.32	\$3.30	\$2.97	\$4.50	\$2.37	\$3.35	\$3.02	\$4.55
40 to 44	\$2.73	\$4.18	\$3.62	\$5.90	\$2.78	\$4.23	\$3.67	\$5.95
45 to 49	\$3.54	\$6.02	\$4.91	\$8.82	\$3.59	\$6.07	\$4.96	\$8.87
50 to 54	\$4.73	\$8.31	\$6.77	\$12.40	\$4.78	\$8.36	\$6.82	\$12.45
55 to 59	\$6.30	\$11.13	\$9.16	\$16.73	\$6.35	\$11.18	\$9.21	\$16.79
60 to 64	\$8.10	\$13.94	\$11.90	\$21.02	\$8.15	\$13.99	\$11.95	\$21.07
65 to 69	\$9.55	\$15.73	\$14.37	\$24.09	\$9.60	\$15.78	\$14.42	\$24.15
70 to 74	\$12.70	\$20.61	\$19.68	\$31.80	\$12.75	\$20.67	\$19.73	\$31.85
75 to 79	\$19.25	\$25.79	\$26.98	\$38.52	\$19.30	\$25.84	\$27.03	\$38.57

Benefit Amount: \$20,000

Age	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$6.35	\$6.88	\$7.31	\$8.16	\$6.56	\$7.09	\$7.52	\$8.37
25 to 29	\$6.75	\$7.72	\$7.92	\$9.45	\$6.96	\$7.93	\$8.13	\$9.66
30 to 34	\$7.79	\$9.69	\$9.41	\$12.33	\$8.00	\$9.90	\$9.62	\$12.54
35 to 39	\$9.28	\$13.18	\$11.87	\$17.99	\$9.49	\$13.39	\$12.08	\$18.20
40 to 44	\$10.91	\$16.72	\$14.46	\$23.60	\$11.12	\$16.93	\$14.67	\$23.81
45 to 49	\$14.17	\$24.08	\$19.64	\$35.29	\$14.37	\$24.29	\$19.85	\$35.49
50 to 54	\$18.91	\$33.23	\$27.07	\$49.59	\$19.12	\$33.44	\$27.28	\$49.79
55 to 59	\$25.21	\$44.52	\$36.65	\$66.94	\$25.42	\$44.73	\$36.86	\$67.14
60 to 64	\$32.40	\$55.75	\$47.58	\$84.07	\$32.60	\$55.96	\$47.79	\$84.28
65 to 69	\$38.21	\$62.91	\$57.47	\$96.37	\$38.42	\$63.12	\$57.68	\$96.58
70 to 74	\$50.79	\$82.45	\$78.73	\$127.21	\$51.00	\$82.66	\$78.93	\$127.42

Benefit Amount: \$10,000

Age	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$3.17	\$3.44	\$3.66	\$4.08	\$3.28	\$3.54	\$3.76	\$4.19
25 to 29	\$3.38	\$3.86	\$3.96	\$4.73	\$3.48	\$3.97	\$4.07	\$4.83
30 to 34	\$3.90	\$4.84	\$4.71	\$6.17	\$4.00	\$4.95	\$4.81	\$6.27
35 to 39	\$4.64	\$6.59	\$5.93	\$8.99	\$4.75	\$6.70	\$6.04	\$9.10
40 to 44	\$5.46	\$8.36	\$7.23	\$11.80	\$5.56	\$8.46	\$7.34	\$11.90
45 to 49	\$7.08	\$12.04	\$9.82	\$17.64	\$7.19	\$12.14	\$9.93	\$17.75
50 to 54	\$9.46	\$16.62	\$13.54	\$24.79	\$9.56	\$16.72	\$13.64	\$24.90
55 to 59	\$12.61	\$22.26	\$18.32	\$33.47	\$12.71	\$22.36	\$18.43	\$33.57
60 to 64	\$16.20	\$27.88	\$23.79	\$42.04	\$16.30	\$27.98	\$23.90	\$42.14

Beginning December 2020, paycheck deductions for insurance premiums will be pre-paid the month prior to coverage. For example, deductions for January 2021 will be deducted beginning the Dec. 4, 2020 paycheck.

This handbook is a guide to help you understand the range of benefits available to you as a Metro employee. Information included in this guide, such as PERS rules, policies, plans and offerings are subject to change. For the latest information, please use links to source references or reach out to benefits.help@oregonmetro.gov

Dedicated to shaping a better future for greater Portland

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Cover photo: DEI Leadership Development and Training Coordinator, Nyla Moore enjoys play time in the park with her family.

Photo credit: Cristle Jose



Arts and events
Garbage and recycling
Land and transportation
Oregon Zoo
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