



ALTIQE
CONSULTING

2026 BENEFITS GUIDE

JUL 1, 2026 - JUN 30, 2027



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IMPORTANT CONTACTS

Benefit Portal	
Visit Benefit Portal for all information about your plans	http://tdmoravitsco.benefitsconsulting.us/
Medical Administrator	
Coastal Administrative Services	Member Services Phone: 855-373-8232
	Member Services Email: customerservice@casbenefits.com
	Website / Member portal: https://www.casbenefits.com/
Innovative Care Management - Medical Management (for pre-certification)	800-862-3338
Direct Primary Care	
Direct Med Clinic – Blanco Location (HQ) 1010 NW Loop 410, Ste 100a San Antonio, TX 78213 Monday – Friday: 9am – 5pm	210-886-8031
Direct Med Clinic – Barlite Location SW 7500 Barlite, Suite 310 San Antonio, Texas 78240	https://directmedclinic.com/
Pharmacy	
US-Rx Care	877-200-5533
	Pharmacy search and member portal: https://usrxcare.com/member/
	Mail order prescription: https://www.prescriptionmartpharmacy.com/
Network	
First Health	800-226-5116
	Provider search: https://providerlocator.firsthealth.com/LocateProvider/LocateProviderSearch/
No Cost Prescription Medications	
ScriptSourcing – Free brand name medications	410-902-8811
	Email: save@scriptsourcing.com
	Medication search: https://scriptsourcing.com/med-finder/
Hospital Bill Negotiation Service	
Goodbill	Member Services Phone: 206-759-7344
	Email: members@goodbill.com
	Website / Member portal: https://www.goodbill.com/cas
Health Savings Account (HSA)	
Proficient Benefit Solution	210-659-8100 https://www.proficientbenefits.com/
Health Reimbursement Arrangement (HRA)	
Diversified Administration, Inc.	954-983-9970 (Option 3) https://www.div125.com/
Ancillary Plans	
Guardian – Dental	800-541-7846 Dental Network: DentalGuard Preferred https://www.guardiananytime.com/fpapp/search
Guardian – Vision	877-814-8970 Vision Network – VSP https://www.vsp.com/eye-doctor
Guardian – Basic and Voluntary Life	800-525-4542
Guardian – Voluntary Short Term Disability	800-268-2525
Guardian – Voluntary Long Term Disability	800-538-4583
Guardian – Accident, Cancer, Hospital Indemnity and Critical Illness	800-627-4200
Altique Team	
Allison DePaoli – Lead Consultant	210-617-3086 acdepaoli@altique.com
Kimberly Walker – Account Manager	726-224-8120 kwalker@altique.com
Jane Sye – Analyst	210-441-6666 clientcare@altique.com

WELCOME TO OPEN ENROLLMENT

PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY

T&D Moravits & Company strives to provide you and your family with a comprehensive and valuable benefits package.

We want to make sure you're getting the most out of our benefit, that's why we've put together this Employee Benefits Enrollment Guide.

This enrollment guide will provide an overview of our benefits program, which gives you access to the coverage you need for all types of things life brings your way.

The Company's benefit plans allow you to choose the options that work best for your own needs and your pocketbook.

The key to getting the most from our benefits program is to take an active role in understanding and using the plans so that you get the best value for the money you spend.

Elections you make during open enrollment will become effective on **Jul 1, 2026**.

We have an online enrollment system - **Employee Navigator**. All employees are required to register and make their elections, regardless if you are making any changes to your coverage. See the next page for instructions on how to register with **Employee Navigator**.

If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to HR.

WHO IS ELIGIBLE?

If you're a full-time employee at T&D Moravits & Company, you're eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week.

As a regular, full-time employee, you are eligible for benefits on the **first day** of the month **following 60 days from date of hire**.

DEPENDENT ELIGIBILITY:

You may also cover your eligible dependents, including:

- Your legal spouse (as defined by the federal IRS tax code)
- Your dependent child (up to age 26); A child under the age of 26 who is your natural child, stepchild, legally adopted child, or child for whom you have obtained legal guardianship.
- Disabled Children (over age 26; Unmarried children over the age of 26 who are not able to support themselves due to mental disability, physical disability, mental illness, or developmental disability.)

INITIAL ENROLLMENT

When you first join the Company, you have 60 days to enroll yourself and your dependents for benefits. If you enroll on time, coverage begins the **first day** of the month **following 60 days from date of hire**. If you do not enroll within 60 days of becoming eligible, you will have to wait until the next annual Open Enrollment to enroll in benefits and make changes to coverage.

ANNUAL OPEN ENROLLMENT

During annual Open Enrollment, you may change insurance elections for coverage. This is the **ONLY** time throughout the year that you can make changes without a qualifying event.

HOW TO MAKE CHANGES

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next Open Enrollment period. Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Death of a spouse, child or other qualified dependent
- Change in employment status (i.e., part-time vs. fulltime)
- Medicare eligibility

If a qualifying event does occur, you have **30 days** from the event to update your coverage in Employee Navigator.

ALL employees MUST enroll this year in our online enrollment system, **Employee Navigator**.

NEW USERS

1. Go to www.employeenavigator.com, click "Login" on top right.
2. Click "Register as new user"
3. Complete the "Find your company record" section:
 - a. Company Identifier: **TDMorandCom**
 - b. Date of birth format: MM/DD/YYYY
 - c. Password: Must be at least 6 characters and contain a symbol (#,?, @, etc.) **AND** a number
4. Click "Register"
5. Click "Start"

Verify Your Account

First, let's find your company record

First Name

Last Name

Company Identifier
(provided by HR)

PIN
(Last 4 Digits of SSN / ID)

Birth Date
(mm/dd/yyyy)

[Next >](#)


Hello,

It's time to enroll.
You have 10 days left to complete your elections.

New Hire Enrollment Incomplete [Start](#)

EXISTING USERS

1. Go to www.employeenavigator.com, click "Login" on top right.
2. Enter your Username and Password
3. If you forgot your Username or Password, click "Forgot Username?" or "Forgot Password?"
4. Then enter your email address, you will receive your Username in the email, or the Password Reset email.

 **employee**
NAVIGATOR

Username

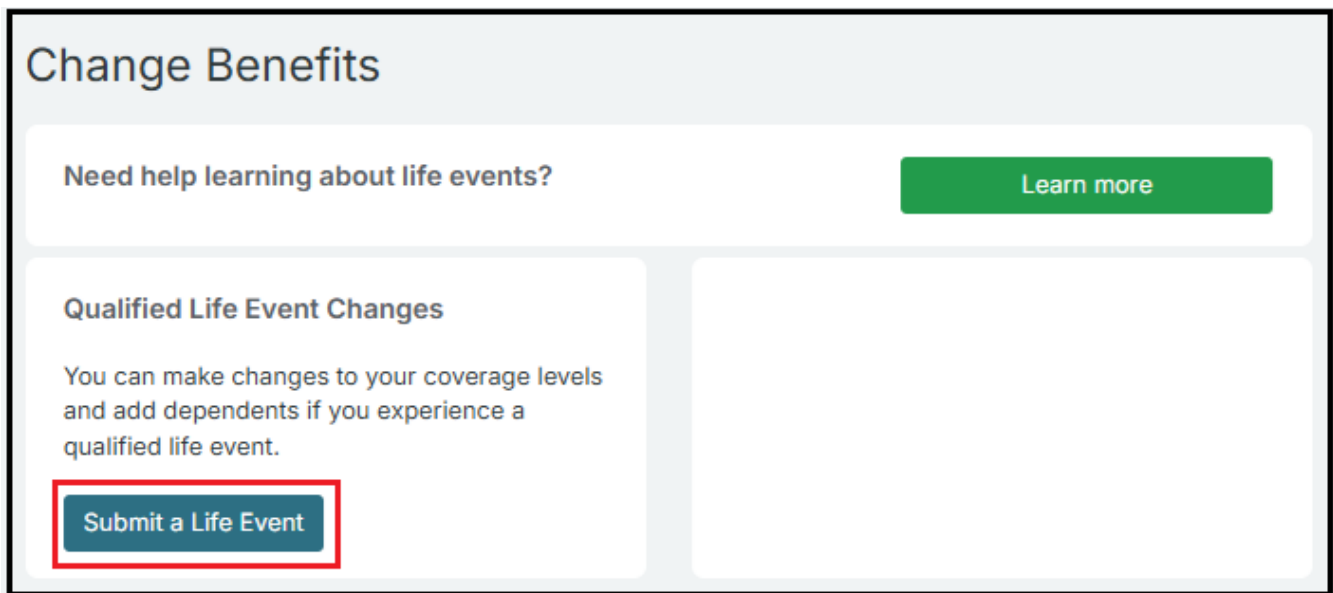
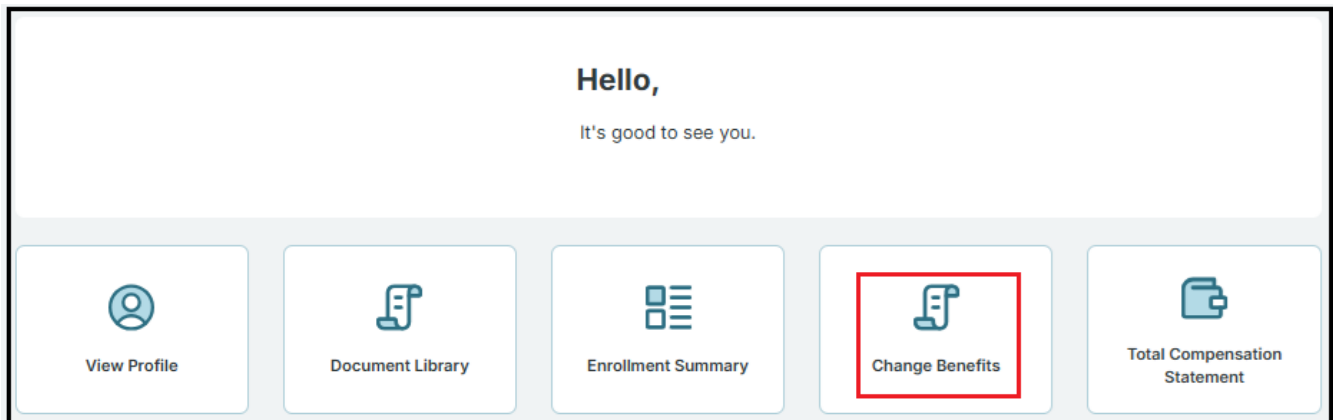
Password

[Login](#)

[Forgot Username?](#) [Forgot Password?](#)

HOW TO MAKE CHANGES IN EMPLOYEE NAVIGATOR (LIFE EVENTS)

1. Login to Employee Navigator: www.employeenavigator.com, click "Login" on top right. (Use the username and password that you have created to login)
2. Click "Change Benefits – Submit a Life Event"



HOW TO MAKE CHANGES IN EMPLOYEE NAVIGATOR (LIFE EVENTS)

3. Select the Life Event from the drop-down list.
4. Follow the instructions on-screen to add or drop coverage
5. Submit paperwork supporting the qualifying event to HR within 30 days of the event date for approval. If paperwork is not submitted within 30 days of the event, changes will not be approved per IRS guidelines, and you will need to wait until the next Open Enrollment.

Let's get started

Select your Life Event

--Select--

Life Events

- Birth or Adoption
- Marriage
- Domestic Partnership
- Divorce or Legal Separation
- Dissolution or Legal Separation of Domestic Partnership
- Spouse Open Enrollment
- Employee or Dependent Loss of Coverage
- Employee or Dependent Gain of Coverage
- Dependent is over eligible age
- Legal Guardianship/Custody
- Death of Dependent

Life Events that require HR to begin

- Court Order/Judgement
- Change in Hours
- Leave of Absence

A **Qualifying Life Event** occurs when you have a major life change that may alter your benefit needs. This opens a limited timeframe, outside of your employer's annual open enrollment period, where you may have the opportunity to enroll in, modify or end benefit coverage for yourself and/or your eligible family members.

You will be able to walk through all your benefits that can be changed based on the event you have selected.

Begin Updates **Cancel**

change. employee or dependents.

Update Plans **Process Correction**

Collapse

MEDICAL PLAN DETAILS

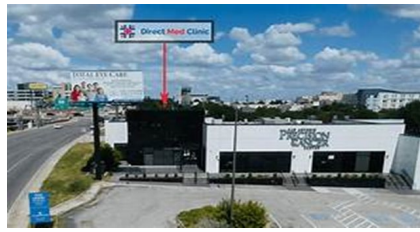
T&D Moravits & Company has made every effort to provide a comprehensive benefits package for its employees.

Please find the benefit summary below.

Benefits	T&D Moravits Health Plan - Direct Primary Care / First Health	
	Tier 1 Direct Primary Care (DPC) DirectMed Clinic or DPC Referred Provider	Tier 2 In-Network (First Health) / Non-Direct Primary Care (Non-DPC - outside of DirectMed Clinic)
Individual Deductible	\$0	\$5,000
Family Deductible	\$0	\$10,000
Individual Max Out of Pocket	\$0	\$5,000
Family Max Out of Pocket	\$0	\$10,000
Preventive Care	\$0	\$0
Primary Care Visit / OB and GYN Visit	\$0	\$50 Copay / visit Deductible does not apply
Specialist Care Visit	\$0	\$75 Copay / visit Deductible does not apply
Diagnostic Test (x-rays, bloodwork)	\$0	100% Covered after Deductible
Imaging (CT/PET scans, MRIs, etc.)	\$0	100% Covered after Deductible
Emergency Room Care	100% Covered after \$5,000 Deductible	100% Covered after Deductible
Inpatient - Physician/surgeon fees	\$0	100% Covered after Deductible
Inpatient - Facility	\$0	100% Covered after Deductible
Outpatient - Physician/surgeon fees	\$0	100% Covered after Deductible
Outpatient - Facility	\$0	100% Covered after Deductible
Urgent Care	\$0 at DirectMed Clinic	\$250 Copay / visit Deductible does not apply
Prescription Drug Benefit		
Tier 1 - Preferred Brands & Generics	\$0	\$15 Copay Deductible does not apply
Tier 2 - Lower Cost Brands & Generics	\$0	\$50 Copay Deductible does not apply
Tier 3 - Non-Preferred Brands & Generics	\$0	\$250 Copay Deductible does not apply
Tier 4 - Specialty	\$0	\$250 Copay Deductible does not apply

***Please refer to the plan documents for full plan details**

DIRECT PRIMARY CARE – DirectMed Clinic (DMC)



HOW IT WORKS

Think of DirectMed like having a doctor in your corner, all the time.

T&D Moravits pays the monthly membership fee (no surprise pricing), and every time you need a visit, whether it's for a cut, checkup, or chronic issue like diabetes or high blood pressure, you go straight in.

No insurance hassle. No bill after the fact.

You get same or next-day access, and **all in-clinic care, labs, stitches, casting, and more are included.**

It's simple, direct, and focused on you.

WHY IT MATTERS

With DirectMed, the expensive middlemen, insurance companies and fee-for-service billing are out of the picture. That puts you in control of your care. **Over 1,100 commonly prescribed medications are included**, and **T&D Moravits covers the cost of labs and imaging**, so you can focus on getting well without worrying about your paycheck.

WHY YOU'LL LOVE IT

DirectMed is all about two things: **keeping you healthy and keeping money in your pocket.** Walk in for that sore throat, twisted ankle, or blood pressure check, get treated on-site, and get back to work, **no waiting, no co-pays.** Need ongoing care for something like asthma or diabetes? Come in as often as you need. Virtual visits are included, too. It's real care, when and where you need it, **perfect for people who work hard with their hands.**

WHAT HAPPENS IF I NEED CARE OUTSIDE DIRECTMED?

As long as a DirectMed provider refers you, **it's covered at 100%**, even prescriptions, labs, imaging, hospital stays, or outpatient procedures.

If you choose to see a provider outside DirectMed (anyone in the First Health Network), you can absolutely do that! You'll just have a standard **office visit and Rx co-pay**, and if you're hospitalized or need a procedure, you'll pay your **deductible and coinsurance** like a traditional plan.

Direct Med Clinic – Your Medical Home: <https://www.youtube.com/watch?v=rFCNRJxRKvU>

Direct Primary Care

Direct Med Clinic – Blanco Location (HQ)

1010 NW Loop 410, Ste 100a
San Antonio, TX 78213

Monday – Friday: 9am – 5pm

210-886-8031

Direct Med Clinic – Barlite Location

SW 7500 Barlite, Suite 310
San Antonio, Texas 78240

<https://directmedclinic.com/>

Congratulations on being an employee of T&D Moravits which has upgraded its benefit plan to include Direct Med Clinic. We want to be your first call for any medical needs, even after-hours. If you are not happy with the high-quality care you receive, I would like to know about it.

Roger Moczygemba MD



**UNLIMITED VISITS
FOR MEMBERS**

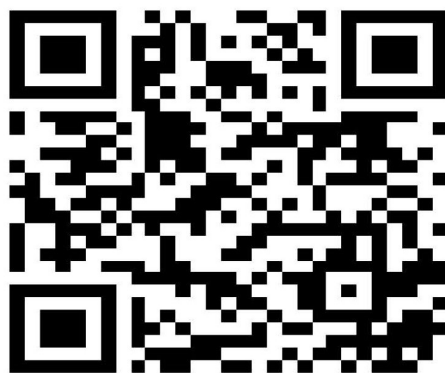
¡VISITAS ILIMITADAS PARA MIEMBROS!

MEMBERSHIP INCLUDES:





- » Free Prescriptions*
- » Annual Check-ups
- » After Hours Access For Urgent Care
- » Physicals
- » Diabetes
- » Hypertension
- » Blood Pressure
- » Cholesterol Management
- » Free Telemedicine & Virtual Visits!

LA MEMBRESÍA INCLUYE:

- » Medicamentos Gratis*
- » Revisión Anual
- » Acceso Fuera del Horario Para Atención de Urgencia
- » Examen Físico
- » Diabetes
- » Hipertensión
- » Presión Arterial
- » Control del Colesterol
- » ¡Telemedicina Gratis y Visitas Virtuales!



Secure Communication

-  Text
-  Send pictures
-  Send video
-  Receive attachments from clinic

Payroll Deduction - Weekly Cost (52 pay-period)

Employee	\$22.50
Employee & Spouse	\$254.77
Employee & Child(ren)	\$152.99
Employee & Family	\$378.83

HOW TO FIND FIRST HEALTH PROVIDERS

Find a Health Care Provider



Through your health plan, you have access to the First Health network of doctors, hospitals, and facilities. First Health is a national PPO network offering you a range of quality choices to help you stay healthy. With this access, you will be guaranteed lower copays and coinsurance when you receive care from an in-network provider versus one that is out-of-network.

Steps to finding a First Health Network provider:

1. Go to [Network selection](#) and select "First Health Network."
2. Select the type of provider you are looking for: physician, hospital, urgent care center, lab and radiology, or all providers.
3. Select Search by ZIP code or Search by state.
4. Click Search now
5. View your results, or refine your search further from the results provided

We have a new member Portal!

Introducing AccessCAS

www.casbenefits.com/AccessCAS

Understanding your benefits and managing a claim shouldn't add stress to your life. You should always have the guidance you need to know how to get the most out of your benefits, and we're here to do just that.

Get the forms and resources you need to quickly and simply manage your healthcare online.

- Download and send your ID card directly to your provider's office
- Check claim status
- View your benefits coverage
- Find a provider

SET UP A NEW ACCOUNT

Your current account at www.casbenefits.com is still active, however CAS is moving all member accounts to the new platform. We are sharing this information with you as we change over.

You will need to set up an account through www.casbenefits.com/AccessCAS to view your latest benefits information.



CAS PORTAL - MOBILE ACCESS

Android:

1. On your device, open Chrome.
2. Go to www.casbenefits.com/AccessCAS
3. Click Access CAS button
4. Sign in

iPhone & iPad

1. On your device, open Safari / Chrome.
2. Go to www.casbenefits.com/AccessCAS
3. Click Access CAS button
4. Sign in
5. Find and tap the Share icon.
6. Find and tap: Add to Home Screen.

Questions?

(855) 373-8232

customerservice@casbenefits.com



MAIL ORDER

US-Rx Care's Mail Order Prescriptions for Non-Specialty Medications are delivered through Prescription Mart, your contracted Mail Order Pharmacy.

Information for Prescribers

Your doctor can:

- E-prescribe directly to: Prescription Mart (NPI: 1821120981)
 - Fax prescriptions to: 409-866-1317
- Note:** The pharmacy can only accept faxed prescriptions received directly from your prescriber's office.

Pharmacy Contact Information

Phone: 800-630-3206

Pharmacy Hours

Monday to Friday	7 am – 6 pm CST
Saturday	7 am – 1 pm CST
Sunday	Closed

Pharmacy Mailing Address

Prescription Mart
P.O. Box 12607
Beaumont, TX 77726

You must register prior to obtaining your medications. There are two ways to register:

1. **Online:** For fastest registration, simply register on-line at www.presmartinc.com.
2. **By mail:** To ensure the pharmacy has all needed information prior to dispensing medication for you, please complete the form located at www.prescriptionmartpharmacy.com/patient-profile-form and mail along with your prescriptions to Prescription Mart.

Prescription Mart will contact you by phone before mailing your medication. They will also verify that the correct medication is being dispensed, confirm your credit card information for billing purposes, and verify your shipping instructions.

If you have general questions about your pharmacy benefit, please contact:

US-Rx Care Member Services
(877) 200-5533



\$0 RX COPAY PROGRAM

Name-brand maintenance & specialty medications



Med-Finder



Scan here to search for your medication & schedule a call
or
Call 410-902-8811

How to Enroll

- 1 Search for Your Medication**
Use the Med-Finder tool or call us directly and ask for a member advocate.
- 2 Submit Your Enrollment Forms**
A member advocate will walk you through the entire enrollment process.
- 3 \$0 COPAYS**
Once enrolled you receive your medication(s) at no cost.



Employees and their dependents pay a **\$0 copay** for their medication(s).



ScriptSourcing saves the health plan money and **lowers premiums** and **deductibles**.



Prescriptions are **shipped directly** to the member.

WWW.SCRIPTSOURCING.COM/MED-FINDER



Save big on your hospital bills.

You get free access to Goodbill as part of your health plan. With Goodbill, you can **save up to 100%** through hospital discounts.



"A fantastic experience. Saved me 25% on my total hospital bill. I will continue to use this service forever!"

Carsen S.
Patient



How it works

- Hospital sends estimate**
We get a preview of your charges to review before they're finalized.
- We contact you for info**
Our member concierge reaches out to screen you for discount eligibility.
- You save money**
If you're eligible, we help you secure discounts of up to 100% off.

Frequently Asked Questions

- How do you save me money?**
Most hospitals are nonprofit and must offer income-based discounts. We screen you for eligibility and help you apply. Even families earning over \$120,000 often qualify.
- How much could I save?**
As much as 100% off your bill. That could amount to hundreds or thousands of dollars for a single visit, especially if you haven't met your out-of-pocket limit for the year. Our service is completely free as part of your health plan.

TIME

USA TODAY

Money

Modern Healthcare

iHeart PODCASTS

USNews



Questions?
Get in touch!

Visit us
goodbill.com/cas

Email us
members@goodbill.com

Call us
(206) 759-7344



HOW IT WORKS

Your HSA funds can be used for qualified medical expenses.

You will be issued a debit card. When you have a medical expense, you can use your debit card to pay. Examples of eligible expenses include doctors' office visits, eye exams, prescription expenses and LASIK surgery. IRS Publication 502 provides a complete list of eligible expenses and can be found on www.irs.gov.

WHO QUALIFIES FOR AN HSA?

Anyone can qualify if you are:

- Under the age of 65.
- Not listed as someone else's dependent for income tax purposes.
- Not receiving Medicare or Social Security benefits.
- Covered by a high-deductible health plan, and NOT covered by another type of health insurance plan, except for separate dental and/or vision insurance, or flexible spending accounts (FSAs) covering only dental and/or vision care.

HSA FUNDING LIMITS

Each year, the IRS places a limit on the maximum amount that can be contributed to HSAs. For 2026, contributions are limited to \$4,400 for an individual and \$8,750 for a family. If you are age 55 or older, you can contribute an additional \$1,000. This includes the company contribution.

MAXIMIZE YOUR SAVINGS

Contributions to an HSA are tax-free (they can be made through payroll deduction on a pre-tax basis).

The money in The HSA account (including interest and investment earnings) grows tax-free. As long as the funds are used to pay for qualified medical expenses, they are spent tax-free.

***Unused funds roll over from year to year and you can take them with you if you leave the company. There is never a risk of losing your HSA investment.**

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

The T&D Moravits – Direct Primary Care (DPC) health plan covers services provided, ordered, or referred by DirectMed clinic at 100%.

The HRA card may only be used for services, providers, and prescriptions that are ordered, prescribed, or referred by the DirectMed clinic. Use of the card for any other purpose is not permitted.

The HRA card has a limit of \$500 per transaction and \$2,000 per year.

Please reach out to Kathy Angel (HR) to obtain your HRA card.

Below are the instructions to create an account with Diversified to activate your card, you may also add the card to your digital wallet (Apple Pay) if you prefer.

- o Go to www.Div125.com
- o Click on the blue **CDH Login** button in the upper right-hand corner
- o Click in the **Existing Users** box, entering the Username and Password following the instructions on the next lines.
- o Your first time username is your first initial, your last name, and the last 4 of your SSN - jsample9999
- o Click the next button, and a password field will appear below where you entered your username
- o Your first time password is your 5-digit zip, your first initial (lowercase), and the last 4 of your SSN - 33333j9999
- o After setting up 3 security questions, you can customize your username and password. Answers are CASE sensitive.

Administrative Services provided by
Diversified Administration, Inc.
6600 Taft Street, Suite 304
Hollywood, Fl. 33024
Phone (954) 983-9970 Option 3
Fax (954) 983-9695
www.Div125.com
E-mail claims to Claims@Div125.com

Scan for the **iPhone**
Diversified App



Scan for the **Android**
Diversified App



Guardian Dental		
Payroll Deduction - Weekly Cost (52 pay-period)		
	Option 1: Buy-Up	Option 2: Base
Employee Only	\$6.52	\$3.61
Employee & Spouse	\$13.23	\$7.33
Employee & Child(ren)	\$17.78	\$11.12
Employee & Family	\$26.23	\$15.99

Your dental coverage

Option 1: BuyUp Plan plan, you'll have access to one of the largest networks of dentists with two reimbursement levels that give you more control over savings. You will always save money with any dentist in Guardian's network and when they belong to a tier in the Tier 1 reimbursement level you will maximize your savings. Reimbursement for covered services received from a non-contracted dentist will be based on a percentile of the prevailing fee data for the dentist's zip code.

Option 2: Base Plan plan, you'll have access to one of the largest networks of dentists with two reimbursement levels that give you more control over savings. You will always save money with any dentist in Guardian's network and when they belong to a tier in the Tier 1 reimbursement level you will maximize your savings. Reimbursement for covered services received from a non-contracted dentist will be based on Guardian's fee schedule.

Your Dental Plan	Option 1: BuyUp Plan		Option 2: Base Plan	
	Tier 1	Tier 2	Tier 1	Tier 2
Your Network is DentalGuard Preferred Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Your Monthly premium	\$28.24		\$15.64	
You and Spouse/Domestic Partner	\$57.33		\$31.75	
You and Child(ren)	\$77.06		\$48.19	
You, Spouse/Domestic Partner and Child(ren)	\$113.66		\$69.30	
Calendar year deductible	<i>Tier 1</i>	<i>Tier 2</i>	<i>Tier 1</i>	<i>Tier 2</i>
Individual	\$50	\$50	\$50	\$50
Family limit	3 per family (applies to all levels)		3 per family (applies to all levels)	
Waived for	Preventive	Preventive	Preventive	Preventive
Charges covered for you (co-insurance)	<i>Tier 1</i>	<i>Tier 2</i>	<i>Tier 1</i>	<i>Tier 2</i>
Preventive Care	100%	100%	100%	100%
Basic Care	80%	80%	80%	80%
Major Care	50%	50%	50%	50%
Orthodontia	50%	50%	50%	50%
Annual Maximum Benefit	\$2000 (applies to all levels)		\$1500 (applies to all levels)	
Maximum Rollover	Yes (applies to all levels)		Yes (applies to all levels)	
Rollover Threshold	\$800		\$700	
Rollover Amount	\$400		\$350	
Rollover Account Limit	\$1500		\$1250	
Lifetime Orthodontia Maximum	\$2000 (applies to all levels)		\$1000 (applies to all levels)	
Dependent Age Limits	26 (applies to all levels)		26 (applies to all levels)	

*Please refer to the plan documents for full plan details

Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.

How maximum rollover works*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.



Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

Plan annual maximum**	Threshold	Maximum rollover amount	Maximum rollover account limit
\$2,000 Maximum claims reimbursement	\$800 Claims amount that determines rollover eligibility	\$400 Additional dollars added to a plan's annual maximum for future years	\$1,500 The limit that cannot be exceeded within the maximum rollover account

Plan annual maximum**	Threshold	Maximum rollover amount	Maximum rollover account limit
\$1,500 Maximum claims reimbursement	\$700 Claims amount that determines rollover eligibility	\$350 Additional dollars added to a plan's annual maximum for future years	\$1,250 The limit that cannot be exceeded within the maximum rollover account

VISION PLAN DETAILS

Guardian Vision	
Payroll Deduction - Weekly Cost (52 pay-period)	
	VSP Choice Network
Employee Only	\$1.70
Employee & Spouse	\$3.22
Employee & Child(ren)	\$3.28
Employee & Family	\$5.19

Your vision coverage

Option 1: Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of VSP's network locations, including one of the largest private practice provider networks, Visionworks and contracted Pearle Vision locations.

Your Vision Plan	Full Feature	
Your Network is	VSP Choice Network	
Your Monthly premium	\$ 7.36	
You and Spouse/Domestic partner	\$ 13.94	
You and Child(ren)	\$ 14.20	
You, Spouse/Domestic partner and Child(ren)	\$ 22.48	
Copay		
Exams Copay	\$ 10	
Materials Copay (waived for elective contact lenses)	\$ 10	
Sample of Covered Services	<i>You pay (after copay if applicable):</i>	
	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$39
Single Vision Lenses	\$0	Amount over \$23
Lined Bifocal Lenses	\$0	Amount over \$37
Lined Trifocal Lenses	\$0	Amount over \$49
Lenticular Lenses	\$0	Amount over \$64
Frames	80% of amount over \$150 ¹	Amount over \$46
Costco, Walmart and Sam's Club Frame Allowance	Amount over \$80	
Contact Lenses (Elective)	Amount over \$150	Amount over \$100
Contact Lenses (Medically Necessary)	\$0	Amount over \$210
Contact Lenses (Evaluation and fitting)	Up to \$60	Not Applicable
Cosmetic Extras	Avg. 20-25% off retail price	No discounts
Glasses (Additional pair of frames and lenses)	20% off retail price**	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts
Service Frequencies		
Exams	Every calendar year	
Lenses (for glasses or contact lenses) ^{‡‡}	Every calendar year	
Frames	Every two calendar years ^{‡‡‡}	
Network discounts (glasses and contact lens professional service)	Limitless within 12 months of exam.	
Dependent Age Limits	26	
To Find a Provider:	Register at VSP.com to find a participating provider.	

VSP

- ^{‡‡}Benefit includes coverage for glasses or contact lenses, not both.
- ** For the discount to apply your purchase must be made within 12 months of the eye exam.

***Please refer to the plan documents for full plan details**

BASIC TERM LIFE AND AD&D PLAN DETAILS

T&D Moravits & Company provides an employer paid term life and accidental death and dismemberment policy for all eligible full-time employees.

You will be required to enter beneficiary information when enrolling on Employee Navigator. You will need to provide the name, relationship to you and date of birth for your beneficiary(ies). You can appoint one or multiple beneficiaries.

Benefits	Guardian Basic Term Life and AD&D
Benefit Amount	Your benefit amount will be displayed in Employee Navigator.
Waiver of Premium	If disabled, insurance will continue until age 65 or no longer disabled.
Portability	Included with Evidence of Insurability
Conversion	Included
Seatbelt/Airbag	Employee: \$10,000/\$15,000
Age Reduction	Age 65 - Reduction 35% Age 70 - Reduction 60% Age 75 - Reduction 80%
Employer Paid	

***Please refer to the plan documents for full plan details**

VOLUNTARY TERM LIFE AND AD&D PLAN DETAILS

T&D Moravits & Company provides you the option to purchase up to 5 times of your annual earnings to a maximum of \$500,000 in additional life and accidental death and dismemberment insurance for yourself, up to \$250,000 for your spouse and \$10,000 for your children.

The premiums are paid through payroll deductions. You will need to appoint a beneficiary for this plan as well; it can be the same person/people as the group term life plan or it can be someone different..

Benefits	Guardian Voluntary Term Life and AD&D
Employee Benefit	Min: \$10,000, Max: \$500,000 in \$10,000 increments (up to 5x Annual Salary)
Employee AD&D	100% of Life benefit to \$500,000
Dependent AD&D	100% of Life Benefit
Spouse Benefit	\$10,000 to \$250,000 in \$10,000 increments, not to exceed 100% of Employee's amount
Child Benefit	\$10,000, not to exceed 100% of Employee's amount
Infant Benefit	\$500
Guarantee Issue	Employee: \$200,000 / Spouse: \$20,000 / Child: \$10,000
Dependent Age Limits	14 days to 26 years (26 if full time student). Infant Age: Birth to 14 days. Spouse terminates at 70.
Accelerated Life	75% of the death benefit, Minimum: \$10,000, Maximum: \$250,000
Waiver of Premium	If disabled, insurance will continue until age 65 or no longer disabled.
Portability	Included, without Evidence of Insurability
Conversion	Included
Seatbelt/Airbag	Employee: \$10,000/\$15,000, Dependent: \$5,000/\$7,500
Age Reduction	Age 65 - Reduction 35% Age 70 - Reduction 60% Age 80 - Reduction 80%
Age Band	Employee/Spouse Monthly Rate Per \$1,000
<30	\$0.111
30-34	\$0.111
35-39	\$0.140
40-44	\$0.231
45-49	\$0.391
50-54	\$0.630
55-59	\$1.091
60-64	\$1.470
65-69	\$2.309
70-74	\$4.784
75+	\$4.784
Employee/Spouse AD&D	\$0.045
Child Rate Per \$1,000	\$0.143
Child AD&D	\$0.045

***Please refer to the plan documents for full plan details**

SHORT TERM DISABILITY PLAN DETAILS

T&D Moravits & Company provides you the option to purchase short term disability insurance and the premiums are paid through payroll deductions.

Benefits	Guardian Voluntary STD
Elimination Period	7 days accident/7 days illness
Weekly Benefit	60% of weekly earnings
Minimum Weekly Benefit	\$25
Maximum Weekly Benefit	Your maximum benefit amount will be displayed in Employee Navigator.
Duration of Benefits	Up to 12 Weeks
Definition of Disability	Own Job
Pre-Existing Condition Limitations	3/12 with 2 week limitation, Continuity of Coverage
Age Band	Monthly Rate Per \$10
<25	\$0.178
25-29	\$0.194
30-34	\$0.297
35-39	\$0.282
40-44	\$0.238
45-49	\$0.253
50-54	\$0.342
55-59	\$0.416
60+	\$0.595

***Please refer to the plan documents for full plan details**

LONG TERM DISABILITY PLAN DETAILS

T&D Moravits & Company provides you the option to purchase long term disability insurance and the premiums are paid through payroll deductions.

Benefits	Guardian Voluntary LTD
Elimination Period	90 days
Monthly Benefit	60% of monthly earnings
Minimum Monthly Benefit	\$100
Maximum Monthly Benefit	Your maximum benefit amount will be displayed in Employee Navigator.
Duration of Benefits	Social Security normal retirement age
Definition of Disability	2 year Own Occupation/Any Occupation thereafter
Pre-Existing Condition Limitations	12 months prior, 12 months after Exclusion, Continuity of Coverage
Age Band	Monthly Rate Per \$100
<25	\$0.087
25-29	\$0.096
30-34	\$0.166
35-39	\$0.236
40-44	\$0.323
45-49	\$0.568
50-54	\$0.856
55-59	\$1.266
60+	\$0.981

***Please refer to the plan documents for full plan details**

ACCIDENT PLAN DETAILS

T&D Moravits & Company provides you the option to purchase accident benefits and the premiums are paid through payroll deductions. Accident insurance is designed to help covered employees meet the out-of-pocket expenses and extra bills that can follow an accidental injury, whether minor or catastrophic.

Guardian Accident			
Payroll Deduction - Weekly Cost (52 pay-period)			
Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
\$4.52	\$6.23	\$6.47	\$8.18

Your accident coverage

	ACCIDENT
COVERAGE - DETAILS	
Your Monthly premium	\$19.60
You and Spouse/Domestic Partner	\$27.01
You and Child(ren)	\$28.02
You, Spouse/Domestic Partner and Child(ren)	\$35.43
Accident Coverage Type	On and Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment.	Included
ACCIDENTAL DEATH AND DISMEMBERMENT	
Benefit Amount(s)	Employee \$20,000 Spouse \$10,000 Child \$5,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500
WELLNESS BENEFIT - Per Year Limit	\$50
Child(ren) Age Limits	Children age birth to 26 years
FEATURES	
Air Ambulance	\$1,000
Ambulance	\$200
Blood/Plasma/Platelets	\$300
Burns (2nd Degree/3rd Degree)	9 sq inches To 18 sq inches: \$0/\$2,000 18 sq inches To 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000
Burns - Skin Graft	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate.	25% increase to child benefits
Chiropractic Visits	\$50/visit, up to 6 visits
Coma	\$10,000

***Please refer to the plan documents for full plan details**

CANCER PLAN DETAILS

T&D Moravits & Company provides you the option to purchase cancer plan and the premiums are paid through payroll deductions.

Guardian Cancer						
Payroll Deduction - Weekly Cost (52 pay-period)						
Age Brackets	15-29	30-39	40-49	50-59	60-64	65+
Employee Only	\$0.70	\$1.20	\$2.59	\$5.88	\$10.72	\$16.82
Employee & Spouse	\$1.67	\$3.21	\$6.98	\$12.92	\$20.81	\$30.39
Employee & Child(ren)	\$0.70	\$1.20	\$2.59	\$5.88	\$10.72	\$16.82
Employee & Family	\$1.67	\$3.21	\$6.98	\$12.92	\$20.81	\$30.39

Your cancer coverage

CANCER

COVERAGE - DETAILS

INITIAL DIAGNOSIS BENEFIT - Paid when you are diagnosed with internal invasive cancer for the first time while insured under this Plan.

Benefit Amount(s)

Employee \$2,500
Spouse \$2,500
Child \$2,500

Benefit Waiting Period - A specified period of time after your effective date during which the Initial Diagnosis benefits will not be payable.

30 Days

CANCER SCREENING

Benefit Amount

\$50; \$50 for Follow-Up screening

RADIATION THERAPY OR CHEMOTHERAPY

Benefit

Schedule amounts up to a \$10,000 benefit year maximum.

Pre-Existing Conditions Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.

3 months prior/ 6 months treatment free/ 12 months after.

Portability: Allows you to take your Cancer coverage with you if you terminate employment. Ported Cancer plan terminates at age 70.

Included

Child(ren) Age Limits

Children age birth to 26 years

FEATURES

Air Ambulance

\$1,500/trip, limit 2 trips per hospital confinement

Ambulance

\$200/trip, limit 2 trips per hospital confinement

Anesthesia

25% of surgery benefit

Anti-Nausea

\$50/day up to \$150 per month

Attending Physician

\$25/day while hospital confined. Limit 75 visits.

Blood/Plasma/Platelets

\$100/day up to \$5,000 per year

Bone Marrow/Stem Cell

Bone Marrow: \$7,500
Stem Cell: \$1,500
50% benefit for 2nd transplant. \$1,000 benefit if a donor

Experimental Treatment

\$100/day up to \$1,000/month

Extended Care Facility/Skilled Nursing care

\$100/day up to 90 days per year

Government or Charity Hospital

\$300 per day in lieu of all other benefits

Home Health Care

\$50/visit up to 30 visits per year

Hormone Therapy

\$25/treatment up to 12 treatments per year

Hospice

\$50/day up to 100 days/lifetime

Hospital Confinement

\$300/day for first 30 days; \$600/day for 31st day thereafter per confinement

ICU Confinement

\$400/day for first 30 days; \$600/day for 31st day thereafter per confinement

Immunotherapy

\$500 per month, \$2500 lifetime max

***Please refer to the plan documents for full plan details**

HOSPITAL INDEMNITY PLAN DETAILS

T&D Moravits & Company provides you the option to purchase hospital indemnity benefits and the premiums are paid through payroll deductions. Hospital indemnity insurance provides financial protection for covered individuals by paying a benefit due to a hospitalization and in some cases, for treatment received for an accident or sickness, even if that treatment occurs outside the hospital.

Guardian Hospital Indemnity			
Payroll Deduction - Weekly Cost (52 pay-period)			
Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
\$3.17	\$8.22	\$5.73	\$10.78

Your hospital indemnity coverage

Hospital Indemnity	
Option I	
Coverage Details	
Your Monthly premium	\$13.72
You and Spouse/Domestic Partner	\$35.60
You and Child(ren)	\$24.84
You, Spouse/Domestic Partner and Child(ren)	\$46.72
Benefits	
Hospital/ICU Admission	\$1,000 per admission, limited to 2 admission(s) per insured.
Hospital/ICU Confinement	\$100/\$200 per day, limited to 15 day(s) per insured per benefit year.
Pre-Existing Conditions Limitation - A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not Applicable
Portability - Allows you to take your Hospital Indemnity coverage with you if you terminate employment.	Included
Child(ren) Age Limits	Children age birth to 26 years

UNDERSTANDING YOUR BENEFITS – HOSPITAL INDEMNITY

Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.

Premium will be waived if you are hospitalized for more than 30 days.

Hospital admission or confinement benefits are not payable for a newborn unless the child is admitted to the Neonatal ICU.

Hospital/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefit.

After initial enrollment, Hospital Indemnity coverage will continue as long as an insured is actively at work.

***Please refer to the plan documents for full plan details**

*NEW FOR 2026 – CRITICAL ILLNESS PLAN DETAILS

T&D Moravits & Company provides you the option to purchase critical illness plan and the premiums are paid through payroll deductions.

Guardian Critical Illness						
Payroll Deduction – Weekly Cost (52 pay-period)						
Employee	<30	30-39	40-49	50-59	60-69	70+
Benefit Amount: \$10,000	\$1.13	\$1.80	\$3.60	\$7.34	\$12.76	\$21.83
Benefit Amount: \$20,000	\$2.26	\$3.60	\$7.20	\$14.68	\$25.52	\$43.66
Spouse	<30	30-39	40-49	50-59	60-69	70+
Benefit Amount: \$5,000	\$0.57	\$0.90	\$1.80	\$3.67	\$6.38	\$10.92
Benefit Amount: \$10,000	\$1.13	\$1.80	\$3.60	\$7.34	\$12.76	\$21.83

Your critical illness coverage

CRITICAL ILLNESS

Benefit Amount(s)

Employee may choose a lump sum benefit of \$10,000 to \$20,000 in \$10,000 increments.

CONDITIONS

Cancer

	1st OCCURRENCE	2nd OCCURRENCE
Invasive Cancer	100%	50%
Carcinoma In Situ	30%	0%
Benign Brain or Spinal Tumor	100%	0%
Skin Cancer	\$250	\$0
BRCA 1 & BRCA 2	30%	Not Covered
Bone Marrow Failure (including Stem Cells)	100%	50%

Lung and Vascular Disorder

	1st OCCURRENCE	2nd OCCURRENCE
Aneurysm	10%	0%
Pulmonary Embolism	30%	0%
Stroke – Moderate	50%	25%
Stroke – Severe	100%	50%
Transient Ischemic Attack (TIA)	10%	0%

Heart Conditions

	1st OCCURRENCE	2nd OCCURRENCE
Coronary Artery Disease	10%	0%
Coronary Artery Disease – bypass needed	50%	0%
Heart Attack	100%	50%
Heart Failure	100%	50%
Pacemaker	10%	0%

Mental Health

	1st OCCURRENCE	2nd OCCURRENCE
Mental Health Disorder – Severe	30%	0%
Post-Traumatic Stress Disorder (PTSD)	30%	0%

Additional Conditions

	1st OCCURRENCE	2nd OCCURRENCE
Kidney Failure	100%	50%
Major Organ Failure	100%	50%

1st OCCURRENCE ONLY

	1st OCCURRENCE ONLY
Addison's Disease	30%
Coma	100%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Permanent Paralysis	100% for 1 or more limbs
Severe Burns	100%

Chronic Disorders

	1st OCCURRENCE ONLY
Crohn's Disease	30%
Epilepsy	10%

CRITICAL ILLNESS PLAN DETAILS

Lupus	30%
Ulcerative Colitis	30%
Neurological Disorders	
Alzheimer's Disease – Early	50%
Alzheimer's Disease – Advanced	100%
ALS (Lou Gehrig's Disease)	100%
Dementia – other causes	100%
Huntington's Disease	30%
Multiple Sclerosis – Early	50%
Multiple Sclerosis – Advanced	100%
Myasthenia Gravis	30%
Parkinson's Disease – Early	50%
Parkinson's Disease – Advanced	100%
Childhood Illnesses and Disorders	
Autism Spectrum Disorder	100%
Cerebral Palsy	100%
Cleft Lip/Cleft Palate	100%
Club Foot	100%
Congenital Heart Defect	100%
Cystic Fibrosis	100%
Diabetes – Type I	100%
Down Syndrome	100%
Hemophilia	100%
Multisystem Inflammatory Disease (MLS)	100%
Muscular Dystrophy	100%
Spina Bifida	100%
Spouse Benefit	May choose a lump sum benefit of \$5,000 to \$10,000 in \$5,000 increments up to 50% of the employee's lump sum benefit.
Child Benefit- children age Birth to 26 years	25% of employee's lump sum benefit
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period or the annual open enrollment period.	We Guarantee Issue up to: \$20,000 For a spouse: \$10,000 For a child: All Amounts
	Health questions are required if the elected amount exceeds the Guarantee Issue.
Portability: Allows you to take your Critical Illness coverage with you if you terminate employment.	Included
Pre-Existing Condition Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not Applicable
Waiver of Premium: If you become disabled due to a covered critical illness that is diagnosed after the employee's effective date, and you remain disabled for 90 days, we will waive the premium due after such 90 days for as long as you remain disabled.	Included
Health Screening Benefit	\$50 Employee, \$50 Spouse, \$50 Child per year limit.
Mental Health Assessment Benefit	\$25 Employee, \$25 Spouse, \$25 Child per year, with a lifetime limit of 5 payments.

***Please refer to the plan documents for full plan details**



GuidanceResources® - Employee Assistance Program

Sometimes life can feel overwhelming. It doesn't have to.

Guardian's Employee Assistance Program provides confidential counseling, expert guidance, and valuable resources to help you handle any of life's challenges, big or small.

How it can help



Confidential emotional support

- Anxiety, depression, stress



Work and lifestyle support

- Child, elder and pet care



Financial resources and legal guidance

- Retirement planning, taxes
- Wills, trusts and estate planning

This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.

Legal/financial assistance and resources services are not available in the state of New York.

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How to access 24/7 live assistance



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1 855 239 0743
TRS: Dial 711



Visit
guidanceresources.com

App: GuidanceNowSM
Organization web ID: Guardian
Note: First-time users will need to register first with the organization web ID: Guardian.

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Secure your wishes with a legally binding will.

EstateGuidance makes drafting a will easy with online tools that walk you through the process in minutes. You can also draft a living will to ensure you get the end-of-life care you desire and a final arrangements document expressing your wishes for your funeral services.

How it can help

			
<p>Complete a customized will:</p>	<p>Have your will printed and sent to you:</p>	<p>Draft a living will:</p>	<p>Draft a final arrangements document:</p>
<p>No cost to you</p>	<p>\$14.99</p>	<p>\$14.99</p>	<p>\$9.99</p>

This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.

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This guide contains a high-level information on plan benefits. It is not intended to be a comprehensive listing of benefits, nor does it contain complete information on plan limits and exclusions. The controlling provisions are provided in specific policies, and this summary does not modify those provisions or benefits in any way. Benefit plan exclusions, limitations, and/or reductions may apply. Each plan is governed by master insurance policies, insurance contracts and plan documents. If there is any difference in this summary, the legal contracts, and policies, the plan documents will govern.