



BENEFITS THAT DRIVE YOU

2026-2027 Employee
Benefits Guide

Non-Union Active



METRO Employees,

Dear METRO Employees,

As we begin a new benefits year, I want to thank you for the dedication, professionalism, and commitment you bring to METRO every day. The essential services we provide to our community would not be possible without your hard work and passion. Supporting you and your families remains a priority, and we are committed to offering a benefits program that promotes your health, financial security, and overall wellbeing.

For the 2026-2027 benefits year, METRO remains focused on providing a comprehensive and competitive benefits program that meets the evolving needs of our workforce. For the past several years, METRO has been able to keep employee premium costs unchanged but increasing healthcare costs across the country means a modest adjustment will be required this year. As a result, medical plan premiums will increase slightly, and depending on the plan you elect, you may also see changes to certain provisions such as deductibles, coinsurance amounts, and prescription drug copays. We encourage you to review this guide carefully and take advantage of the resources available to help you select the coverage that best meets the needs of you and your family.

Your health and wellbeing continue to be at the center of our benefits strategy. In addition to offering comprehensive medical coverage, we provide opportunities to support healthy lifestyles through our wellness initiatives, including discounted medical premiums for eligible participants. Our medical plans continue to cover a broad range of preventive care services at no cost to you, helping employees and their families stay healthy and address potential concerns before they become more serious. We also encourage you to utilize our Employee Assistance Program, which offers confidential counseling, resources, and support whenever you or your loved ones may need it.

We remain grateful for all that you do for METRO and the communities we serve, and we look forward to another year of shared success.

Cordially,



Tom Jasien
Interim President & CEO

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LEARN THE LANGUAGE

Understanding a few key terms can go a long way toward understanding your benefits and choices. Here are a few you'll hear a lot.

Copay

A set dollar amount you pay for covered health care services, usually when you receive the service.

Deductible

What you pay out of pocket for health care services before the plan begins to pay a portion.

Coinsurance

Your share of the costs of covered health care services after you reach the deductible. You pay your percentage and the health plan pays the rest.

Out-of-pocket Maximum

What you have to pay before the plan pays 100% of your covered costs.

Premium

The amount you pay from your regular bi-weekly paycheck or direct debit from your checking account for insurance coverage.

Preventative Care

Exams and screenings to maintain health and prevent disease.

Primary Care Provider

The doctor you go to first when you are not feeling well.

Urgent Care

When you have a minor illness or injury and can't get in to see your doctor, urgent care facilities are faster, cheaper alternatives to the emergency room.

EOB

The Explanation of Benefits (EOB) is a statement from your insurance company sent to you after a health care service is paid by the insurance company. It also reflects the amount you may owe.



LOG ON TO LEARN MORE!

This guide is an overview of some of the benefits available to you and your eligible family members.

For more information and to see additional benefits available to you and your eligible family members, visit

metro.benefitdomain.com

(Password: metro).

If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices about your prescription drug coverage. See separate legal notices for more details.

WHO'S ELIGIBLE?

METRO offers health care benefits to all full-time salaried employees. Benefits are also available to your dependents who meet the following eligibility requirements:

- Legal spouse
- Dependent children up to age 26, including any child for whom you are the legal guardian
- Dependent children of any age who are considered handicapped or disabled by the insurance provider, provided the child is unmarried and continues to meet the definition of a dependent
- Dependent grandchildren whom you have legally adopted, have legal guardianship of or can claim as a dependent on your tax return

METRO will conduct a dependent audit. During this process, employees with enrolled dependents may be asked to verify the eligibility of their covered dependents. If ineligible dependents are enrolled at the time of an audit, employees are subject to corrective action up to and including termination of employment. Adding a dependent as a result of a qualifying event requires documentation to verify eligibility prior to enrollment in the plan.

TIMING OF METRO BENEFITS

For New Employees

If you are a regular, full-time non-union employee working at least 30 hours per week, all benefits coverage begins on the first day of the month following your date of hire.

For Employees Who Are Currently Eligible

The elections you make during open enrollment go into effect October 1, 2026, and last through September 30, 2027. Your health coverage ends at midnight on the last day of the month in which:

- Your employment with METRO ends,
- You transfer to an ineligible status for benefits, and/or
- A dependent becomes ineligible for coverage

MAKING CHANGES AFTER ENROLLMENT

During the year, if you have a qualifying status change, you must complete and submit the Salaried Benefit Change Form (available on the Intranet under Online Forms) to the Benefits Department **within 30 days** of the event. Documentation is required to support the request.

Qualifying events include:

- **Adoption:** Requires court adoption documents and Social Security card
- **Birth of a Child:** Requires birth certificate or hospital birth facts
- **Common-law Marriage:** Requires informal marriage court document and Social Security card
- **Death:** Requires death certificate
- **Divorce:** Requires divorce decree
- **Guardianship:** Requires court guardianship documentation and Social Security card
- **Marriage:** Requires marriage license and Social Security card
- **Other Qualifying Events:** Requires Certificate of Credible Coverage/Medicaid/other required documentation to add or drop a spouse/child

Remember: If any of your dependents become ineligible for coverage under the METRO benefits program (i.e., divorce, death, over-age dependent), you are responsible for discontinuing coverage for the dependent within 30 days.

Your Health Plans



MEDICAL COVERAGE

You have a choice of four health plans. The **KelseyCare** plan lets you choose any Kelsey-Seybold doctor or allied health professional in the Houston area. The High Deductible Health Plan, Basic Plan, and Moderate Plan from **Cigna** let you choose any health care provider in the Cigna Open Access Plus network. Certain providers in this network have earned the Cigna Care Designation (CCD) for better outcomes and more cost-effective care. **When you visit a specialist with CCD, you will pay a lower copay.**

The chart below compares the **in-network** medical benefits for each of the health plan options.

	KELSEYCARE PLAN	HIGH DEDUCTIBLE HEALTH PLAN	BASIC PLAN	MODERATE PLAN
Annual Deductible (Individual/Family)	\$250/\$750	\$2,750/\$5,500	\$1,750/\$5,250	\$1,200/\$3,600
Out-of-Pocket Maximum (Individual/Family)	\$4,000/\$8,000	\$5,000/\$10,000	\$7,000/\$14,000	\$6,000/\$12,000
Coinsurance	20%	25%	25%	20%
METRO HRA Contribution (Individual/Family)	N/A	\$600/\$1,200	N/A	N/A
Preventive Care*	100%	100%	100%	100%
Office Visit (Primary Care/ Specialist)	\$25 copay/\$45 copay	25% after deductible	\$40 copay/ \$60 copay (CCD) \$75 copay (non-CCD)	\$35 copay/ \$50 copay (CCD) \$65 copay (non-CCD)
Telemedicine with MDLive** (Urgent Care Only)	\$10 copay	\$10 copay, after deductible	\$10 copay	\$10 copay
Urgent Care	\$100 copay	25% after deductible	\$60 copay	\$50 copay
Emergency Room (Waived if Admitted)	\$200 copay	25% after deductible	\$200 copay + 25% after deductible	\$200 copay + 20% after deductible
Hospitalization	20%	25% after deductible	25% after deductible	20% after deductible

*Your doctor must code your visit as preventive. If you ask your doctor about other ailments during your appointment, he or she may code your visit as an office visit, which would trigger a copay or payment toward your deductible on the High Deductible Health Plan.

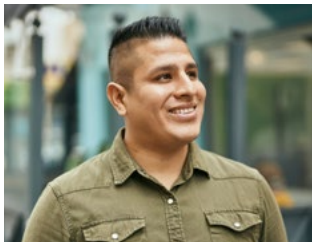
**Refer to your Summary of Benefits and Coverage document to determine the fee for primary, dermatological, and behavioral care through MDLive.

Your Health Plans in Action



MAKE AN INFORMED CHOICE

Below are examples of different health care needs and how the cost will vary between the plan options. Each example assumes employee is tobacco free and has completed all wellness requirements. Keep in mind, your costs may vary depending on your services and the providers you use.



Ryan is a relatively healthy single male. He watches what he eats and gets plenty of exercise. While he doesn't visit the doctor often, he did go twice this year for a sinus infection and 24 hour virus.

RYAN'S EXAMPLE	KELSEY CARE PLAN	HIGH DEDUCTIBLE HEALTH PLAN	BASIC PLAN	MODERATE PLAN
Payroll Deduction (24 pay cycles)	\$1,791.36	\$721.20	\$1,924.08	\$2,548.80
Preventive	\$0	\$0	\$0	\$0
Two Primary Care Visits	\$50	\$200	\$80	\$70
One Generic Prescription	\$10	\$10	\$10	\$10
One Preferred Brand Prescription	\$40	\$230	\$40	\$35
Total Annual Out-of-Pocket Cost	\$100	\$440	\$130	\$115
METRO HRA Contribution*	NA	(\$440)	NA	NA
Total Annual Cost	\$1,891.36	\$721.20	\$2,054.08	\$2,663.80



Jordan is married with two children. Her family has frequent visits to their primary care physician and fills prescriptions for an ear infection and allergies. Also, her daughter breaks her leg, requiring a visit to the ER and multiple visits to a specialist.

JORDAN'S EXAMPLE	KELSEY CARE PLAN	HIGH DEDUCTIBLE HEALTH PLAN	BASIC PLAN	MODERATE PLAN
Payroll Deduction (24 pay cycles)	\$5,732.04	\$4,409.28	\$6,156.84	\$8,156.28
Preventive	\$0	\$0	\$0	\$0
Eight Primary Care Visits	\$200	\$800	\$320	\$280
Six Visits to Specialist	\$270	\$1,500	\$360	\$300
One Emergency Room Visit	\$200	\$2,300	\$1,700	\$1,200
One Year of a Generic Prescription (30-Day Retail)	\$120	\$120	\$120	\$120
One Year of Generic Prescription (90-Day Mail Order)	\$80	\$80	\$80	\$80
One Preferred Brand Prescription	\$40	\$230	\$40	\$35
Total Annual Out-of-Pocket Cost	\$910	\$5,030	\$2,620	\$2,015
METRO HRA Contribution*	NA	(\$1,200)	NA	NA
Total Annual Cost	\$6,642.04	\$8,239.28	\$8,776.84	\$10,171.28

*HRA Contribution applies to out-of-pocket costs and does not apply to payroll deductions.



TELEMEDICINE

Your health plan includes urgent care telemedicine services with 24/7 access to board-certified physicians by video chat or phone for just \$10 per visit. Doctors can diagnose and treat many non-emergency issues such as cold, flu, asthma, allergies, nausea, diarrhea, rash, pink eye, urinary tract infections and more. Cigna's Telehealth Connection (MDLive) is available with all four health plans.

- If you are enrolled in the KelseyCare Plan, register at kelsey-seybold.com/telemedicine or call (713) 442-6565.
- Members can access MDLive at mdliveforcigna.com, call (888) 726-3171, or download the mobile app.
- If you are enrolled in the KelseyCare Plan, you also have the option to conduct an E-visit or Video Visit through MyKelseyOnline or the MyKelsey app.

NOTE: Refer to your Summary of Benefits and Coverage document to determine the fee for primary, dermatological, and behavioral care through MDLive.

PRESCRIPTION DRUG COVERAGE

All four plans include prescription drug coverage through OptumRx. The chart below compares the **in-network** prescription drug benefits for each of the health plan options.

PHARMACY BENEFIT	KELSEYCAR PLAN	HIGH DEDUCTIBLE HEALTH PLAN	BASIC PLAN	MODERATE PLAN
Prescription Drugs (Retail)				
Generic	\$10 copay	25% after deductible	\$10 copay	\$10 copay
Preferred Brand	\$40 copay	25% after deductible	\$40 copay	\$35 copay
Non-Preferred Brand	\$60 copay	25% after deductible	\$60 copay	\$50 copay
Specialty	\$100 copay	25% after deductible	\$100 copay	\$100 copay
Prescription Drugs (Mail)				
Generic	\$20 copay	25% after deductible	\$20 copay	\$20 copay
Preferred Brand	\$80 copay	25% after deductible	\$80 copay	\$70 copay
Non-Preferred Brand	\$120 copay	25% after deductible	\$120 copay	\$100 copay



Broad Retail90

You now have more choices for where you fill prescriptions for maintenance medications. 90-day prescriptions are no longer required to be filled exclusively at Walgreens. Instead, you can choose from Optum Home Delivery or a wide selection of nearby retail pharmacies. To find out where you can fill, sign in to optumrx.com and use the online **Find a Pharmacy** tool.

What's included in the KelseyCare Cigna plan?



Coordinated Care

Ever wish your physicians talked to each other? Kelsey-Seybold physicians are experts on coordination and collaboration. We know that coordinated care is the key to superior care. Your secure medical information is always available to your Kelsey-Seybold physicians through our state-of-the-art electronic medical record.



Access to Premier Hospitals

Kelsey-Seybold physicians coordinate in-hospital care through multiple, world-class, affiliated hospital partners and hospital systems. This includes facilities with Texas Children's Hospital, St. Luke's Health, Memorial Hermann, Houston Methodist, The Woman's Hospital of Texas, and HCA Houston Healthcare.



Complete Access to Care, 24/7

Choose the Kelsey-Seybold physician you want to see at any of our 40+ clinic and campus locations, and make an appointment with no referral required. Contact our 24/7 Contact Center for appointment scheduling. Speak to an expert Kelsey-Seybold nurse whenever you have a concern after hours – just call 713-442-0427. Make appointments for sick care at four locations on Saturdays: Our Memorial Villages Campus at I-10 and Katy Freeway, Fort Bend Campus in Sugar Land, Bay Area Campus in Webster, and North Houston Campus off FM 1960 and Cypress Woods Medical Drive.



On-Demand Virtual Care

For immediate care needs, VideoVisitNOW connects you with the next available Kelsey-Seybold provider, usually in 20 minutes or less. It's available for both adult and pediatric patients (after-hours), and no appointment is necessary. Weekdays: 6 AM – 9 PM, Weekends & Holidays: 10 AM – 9 PM. Prefer to schedule your Virtual Care? Scheduled Video Visits are available for adult primary and specialty care, as well as pediatric care. Weekdays: 8 AM – 5 PM, Weekends & Holidays: 10 AM – 4 PM. For non-emergency care after regular clinic hours, Kelsey-Seybold registered nurses are available anytime — including evenings, weekends, and holidays — to help you get the care you need.



One-Stop Care

Kelsey-Seybold's state-of-the-art care centers are located throughout the Greater Houston area and bring primary care, many specialists, lab and X-ray, and on-site pharmacies together for you. We offer advanced imaging (MRI, CT, PET, digital mammography, bone densitometry) and outpatient surgery on a scheduled basis.



Secure Online Access to Your Physician

Enroll in MyKelseyOnline to securely view your lab results and email your physician's office with questions and follow-ups.

HEALTH REIMBURSEMENT ACCOUNT

If you choose the High Deductible Health Plan, METRO will contribute to your Health Reimbursement Account (HRA). See how an HRA works below:

- **METRO will deposit \$600 or \$1,200** (depending on who you cover) into your HRA.
- The dollars in your HRA can be used to pay for eligible health care expenses – costs that count toward your deductible.
- The HRA does not apply toward dental or vision expenses.
- After the money in your HRA is used up, you pay for your health care expenses up to your annual deductible.
- When you reach your deductible, you and the plan share the costs for covered services.
- Your costs for covered services are limited by an out-of-pocket maximum.
- Bonus: Your HRA dollars roll over from year to year.

FLEXIBLE SPENDING ACCOUNTS

Health Care Flexible Spending Account (FSA) with Carryover

No matter which health plan you choose, you can enroll in the health care FSA through **Flexible Benefit Administrators**. You will receive your FSA debit card in the mail after enrolling. See how the health care FSA works below:

- The FSA plan year begins January 1, 2027 and ends December 31, 2027.
- Set aside pre-tax dollars to pay for eligible medical, pharmacy, dental and vision care expenses.
- You can access the full amount of your account on day one of your plan year, and you can carry over a minimum of \$5 up to the maximum of \$680 from one plan year to the next.
- The maximum you can contribute to your health care FSA is \$3,400.

Dependent Care FSA

No matter which health plan you choose, you can enroll in a dependent care FSA. See how a dependent care FSA works below:

- Set aside pre-tax dollars to pay for eligible dependent care services, such as preschool, summer day camp, before or after school programs, and child or elder care.
- The annual maximum Dependent Care FSA contribution for 2027 is \$7,500 for single individuals and married couples filing jointly, and \$3,750 for married couples filing separately.



STEP 1

Complete a Health assessment

To receive the lowest Wellness rates, you and your covered spouse must take a health assessment online between August 1, 2026 and August 31, 2026, at mycigna.com.

STEP 2

Get annual physical by August 31, 2026

METRO wants you to take care of yourself and your family by getting preventative care and forming a relationship with your doctor. That is why you and your covered spouse are required to get a checkup at least once every 12 months. Covered spouses are only required to get an annual physical.

If you or your spouse have not seen your doctor between September 1, 2025 and August 31, 2026, you will not receive the Wellness rates for the next 12 months.

AND

Get 2 additional preventive health screenings by August 31, 2026

Mammogram, colonoscopy, prostate exam, well-woman exam, vision exam, dental exam, etc.

How to submit Wellness points

- 1 Log on to the METRO Intranet > Departments > **Human Resources**.
- 2 Click **Wellness Program**.
- 3 Click **2026 - 2027 Wellness Points**.
- 4 To submit documentation, select **Add New Item** and then choose your activity.
- 5 Online documentation is optional. To submit, use **Click here to attach a file**, browse for the related document, and click **Attach**.
NOTE: Be sure to attach documentation for each exam separately.
- 6 Click **Save** in the top right of the box to update points.
- 7 Please retain support documents for random audit purposes.

Gym membership discounts are available for certain gyms. Contact the Wellness department at wellness@ridemetro.org for additional information.

SAVE WITH WELLNESS

The METRO Wellness incentive program rewards your commitment with a **discount on your monthly medical rates** and **additional paid time off**. For more information, email wellness@ridemetro.org.

- Complete all three steps to earn discounts on your medical rates.
- Earn 1,000 points between October 1, 2026, and September 20, 2027, to qualify for eight hours of Wellness incentive time off that you can take after October 1, 2027. You must submit supporting documentation for each activity to earn Wellness Points. If no supporting documentation is received, you will not receive points for that activity. See points opportunities below:

ACTIVITY	POINTS
Preventive Health Screenings (mammogram, colonoscopy, prostate exam, well-woman exam, vision exam, dental exam) Up to 4 exams and/or screenings at 50 points per exam	Max 200
Omada Program (diabetes and hypertension management)	100
Telemedicine (register)	150
Annual Weight Loss (reduce 10% of total weight)	25
Volunteer/Charity Work (volunteer on a committee at METRO or charity organization for one year)	50
Charity Walk/Run (5k minimum) at 50 points per event	Max 200
Cigna Healthy Pregnancy, Healthy Babies Program (enroll)	100
Cycling (20 miles minimum, must be an organized METRO cycling club or charity ride)	100
Disease Management (chronic condition management with Cigna coach) at 25 points per session	Max 100
Weight Management Program (four sessions)	75
METRO Health Fair	75
Physical Activity (points per month for activities like cycling, yoga, walking, running, etc) at up to 75 points per month	Max 675
Tobacco Cessation Program (for current tobacco users only)	75
Well-being Seminars (Optum EAP, Methodist, Kelsey, and Airrosti)	25
Team Building Events	25
EAP Counseling Sessions at 50 points per session	Max 200
TalkSpace and/or Sanvello App for mental health (register)	50
Nutrition Counseling at 25 points per session	Max 100
Prudential Pathways Financial Well-being Seminars	25
Calm App (sign up through liveandworkwell.com)	50
Vaccinations and/or Onsite Flu Shots at 25 points per vaccination	Max 75
Physical Therapy at 25 point per session	Max 100

If you've completed an activity not listed that you would like considered for points, submit documentation to the Wellness staff at wellness@ridemetro.org.

MEDICAL SEMI-MONTHLY RATES

Employee rates are withheld from the first two pay periods of each month (24 deductions per year). The rates shown below are the lowest possible rates. To receive those rates, you will need to be tobacco free **and** you and your covered spouse will need to complete steps 1 and 2 of the wellness requirements on page six.

	KELSEYCAR PLAN	HIGH DEDUCTIBLE HEALTH PLAN (HDHP)	BASIC PLAN	MODERATE PLAN
Employee only	\$74.64	\$30.05	\$80.17	\$106.20
Employee + 1	\$147.78	\$113.63	\$158.73	\$210.29
Employee + 1 + Spousal Surcharge*	\$301.13	\$240.33	\$350.90	\$448.34
Employee + 2	\$238.84	\$183.72	\$256.54	\$339.85
Employee + 2 + Spousal Surcharge*	\$392.19	\$310.42	\$448.71	\$557.90

*The spousal surcharge applies if your spouse has medical coverage through his or her employer. If s/he has qualified coverage elsewhere, you will be charged more if you choose to add her/him to your METRO health plan.

CALCULATING YOUR MEDICAL RATES

If You Are a Tobacco User: Add \$25.00 to Your Semi-monthly Medical Rates

Tobacco Use Surcharge

Tobacco use surcharge of \$25 per semi-monthly pay period will apply if one or more persons covered under the employee's health plan uses a tobacco product. The surcharge is a flat \$25 per semi-monthly pay period regardless of how many covered persons use tobacco and will be an addition to the employee's regular employee contribution.

Tobacco use is defined as the use of any tobacco product, including cigarettes, e-cigarettes, cigars, chewing tobacco, snuff, and pipe tobacco, within the last 12 months.

Tobacco Cessation Program

Quit Today is a free, confidential tobacco cessation program that can help you quit on your terms. This personalized benefit provides you with one-on-one support from an experienced and qualified clinical care team. You can complete the program either online or telephonically. Ready to quit? Visit mycigna.com, or call (800) 244-6224 to enroll.

If you or your dependent complete the tobacco cessation program (or satisfy any other alternative standard that has been developed in consultation with your doctor) before the end of the plan year 9/30/27 the surcharge will be eliminated and reimbursed to you (retroactively). If you satisfy an alternative standard, there is no requirement that you stop using tobacco products. If you do not successfully satisfy an alternative standard before the end of the plan year, the surcharge will not be eliminated or reimbursed to you, but you will have another opportunity during the next open enrollment period and plan year to avoid the surcharge. Once you have completed a tobacco cessation program notify METRO's HR at wellness@ridemetro.org to receive your reimbursement.

For example, if you choose Employee only coverage on the KelseyCare plan, are a tobacco user, and you completed your wellness requirement, you will pay \$99.64 (\$74.64 + \$25.00) each semi-monthly pay period for medical coverage.

If You Do Not Complete Wellness Requirements: Add \$17.50 to Your Semi-monthly Medical Rates

You must complete steps 1 and 2 of the wellness requirements on page eight to earn the discounted wellness rate. To calculate your adjusted rate if you fail to complete the requirement, take the rate listed above for the number of people covered and the plan you choose and add \$17.50.

For example, if you choose Employee + 1 coverage on the KelseyCare plan and you and your covered spouse do not complete the wellness requirement, you will pay \$182.78 (\$147.78 + \$17.50 + \$17.50) each semi-monthly pay period for medical coverage.

Your Dental Plan and Rates



METRO's dental plan is provided by **Sun Life**. If you elect Sun Life DHMO, you must select a participating dentist at enrollment, then refer to your Schedule of Benefits to see what's covered and your costs.

	DENTAL DHMO (In-Network Only*)	DENTAL PPO (In- and Out-of-network)
Annual Deductible (Individual/Family)	None	\$50/\$150
Annual Maximum (Per Person)	None	\$2,000
Orthodontic	Schedule of fees**	\$1,000 lifetime maximum
COVERED SERVICES	DENTAL DHMO	DENTAL PPO PLAN PAYS
Preventive Care (Deductible Waived on PPO Plan, Includes Oral Examinations and Cleanings)	Schedule of fees**	100%
Fluoride Treatment (to age 19)	No cost*	100%
Teeth Cleaning	100% (two per year)	100% (three per year)
Basic Dental Services (Extractions, Sealants, Periodontics, Endodontics, i.e. Dentures and Bridges)	Schedule of fees**	80%
Major Dental Services (Crowns, Cast Restorations, Prosthodontics, Implants)	Schedule of fees**	50%
Orthodontic Services (to age 26)	Schedule of fees**	50%

* You must select an in-network dentist when you enroll in the DHMO; **Refer to your description of benefits for copays and limitations.

Employee rates are withheld from the first two pay periods of each month (24 deductions per year).

	SUN LIFE DENTAL DHMO	
	Employee	METRO
Employee only	\$0.87	\$5.35
Employee + 1	\$1.45	\$8.92
Employee + 2	\$2.46	\$15.09

	SUN LIFE DENTAL PPO	
	Employee	METRO
Employee only	\$3.49	\$18.31
Employee + 1	\$5.93	\$31.13
Employee + 2	\$9.07	\$47.62

Select a Dentist Today!

Step 1: Go to sunlife.com/findadentist.

Step 2: Select **DHMO or Prepaid plans** as your plan type.

Step 3: Choose your state and the network for your plan. Your network is: **Prepaid Dental Series 225**.

Step 4: You can search for the closest dentist or a specific one, and then select **search dentists**.

Step 5: Contact SunLife at (800) 442-7742.

Your Vision Plan and Rates



METRO's vision plan through **Ameritas** offers coverage for routine eye exams and assists with the cost of glasses or contact lenses. Employees have the option to choose between an EyeMed Insight or VSP plan. Please refer to the chart below for the costs associated with each vision service. To decide which plan is right for you, first search for your preferred provider or retail location at eyemed.com and vsp.com. Compare the networks and plan summaries to determine which plan better fits your needs. Employee rates are withheld from the first two pay periods of each month (24 deductions per year).

	EYEMED INSIGHT PLAN		VSP PLAN*	
	In Network	Out of Network	In Network	Out of Network
Eye Exam and Materials (Once Every 12 Months)	\$15 copay	\$45 allowance	\$20 copay	\$45 allowance
Lenses (Once Every 12 Months)				
Single Vision	\$15 copay	\$40 allowance	\$20 copay	\$40 allowance
Bifocal	\$15 copay	\$60 allowance	\$20 copay	\$60 allowance
Trifocal	\$15 copay	\$80 allowance	\$20 copay	\$80 allowance
Frames (Once Every 12 Months)	\$150 allowance	\$70 allowance	\$200 allowance	\$70 allowance
Contact Lenses	Elective: \$150 allowance Medically Necessary: covered in full	Elective: \$120 allowance Medically Necessary: \$200 allowance	Elective: \$200 allowance Medically Necessary: covered in full	Elective: \$145 allowance Medically Necessary: \$210 allowance
Laser Vision Correction	\$500 lifetime allowance	\$500 lifetime allowance	\$500 lifetime allowance	\$500 lifetime allowance
Retailers Included				

* VSP Plan: Every 12 months choose one of these options: 1 set of contacts AND 1 pair of glasses OR 2 pairs of glasses OR 2 sets of contacts.

	EYEMED INSIGHT COVERAGE		VSP COVERAGE	
	Employee	METRO	Employee	METRO
Employee only	\$0.39	\$3.01	\$0.60	\$4.62
Employee + 1	\$0.59	\$4.61	\$0.91	\$7.07
Employee + 2	\$0.98	\$7.62	\$1.52	\$11.78

Life Insurance and AD&D



METRO provides basic life and basic accidental death and dismemberment (AD&D) coverage through **Sun Life** to full-time salaried employees **at no cost to you**. You may also add voluntary coverage for yourself and your family for an additional cost. Please be sure to designate a beneficiary.

	LIFE OPTIONS	GUARANTEED ISSUE AMOUNT
BASIC LIFE AND BASIC AD&D (COMPANY PAID)		
Active Employees	Two times your pay*	N/A
Police	Two times your pay* + \$60,000 (basic life only)	N/A
VOLUNTARY LIFE AND AD&D (EMPLOYEE PAID)		
Voluntary Life	\$10,000 - \$500,000	\$150,000
Voluntary Dependent Life (Spouse)	\$10,000 - \$500,000	\$50,000
Voluntary Dependent Life (Child)	\$10,000 (\$500 for infants < six months)	\$10,000
Voluntary AD&D	\$10,000 - \$500,000	\$300,000

*Up to plan maximum. See certificate of coverage for more details.

You can add life insurance for your spouse. Elections for your spouse cannot exceed 100% of the voluntary coverage amount you elect for yourself. It is your responsibility to remove children from coverage once they turn age 26. Spouse voluntary coverage terminates at age 80.

NOTE: You may only be covered once under the METRO benefits plan. For example, if you and spouse both work for METRO, your spouse may NOT elect voluntary life coverage and be covered under your voluntary spouse life plan.



PROTECT YOUR LOVED ONES

It is important to keep your beneficiary information updated to ensure that your life and AD&D benefits are paid out according to your wishes. As a government entity, your rights under the group insurance policy may be subject to your state's community property laws. To learn more and add/update your beneficiary information, download the beneficiary designation form on metro.benefitdomain.com (Password: metro).

The employee basic, voluntary life and AD&D plans also include the following benefits:

- Waiver of premium for total disability
- Accelerated death benefit
- Conversion to an individual plan
- Portability to group term life
- Will preparation services
- Emergency travel assistance through Assist America – download the mobile app to have support while you travel
- Identity theft protection

Rates are based on you and your spouse's ages. Your premium goes up beginning with the pay period when you and/or your spouse move to a new age group.

LIFE INSURANCE CHANGES

After your new hire enrollment period, evidence of insurability (EOI) is required to add or increase coverage to voluntary life insurance plans. The EOI form is available on

metro.benefitdomain.com

Password: metro

NOTE: Your life insurance benefits reduce to 65% of your original coverage amount once you reach age 70, to 45% at age 75, to 30% at age 80 and to 20% at age 85. Spouse coverage ends when your spouse turns age 80.



COLONIAL VOLUNTARY OPTIONS

You can sign up for additional coverage through **Colonial Life Accident and Insurance Company**. Each policy pays \$50 per year if you take one preventive exam.

ACCIDENT

This coverage helps pay for medical expenses, such as emergency room fees, deductibles and copays resulting from a fracture, dislocation or other covered accidental injury that happens off the job. It includes accidental death and dismemberment coverage.

CRITICAL CARE

This coverage provides cash for direct and indirect costs related to a covered critical illness. These include heart attack, stroke, kidney failure, coma, permanent paralysis due to an accident, organ transport, blindness, occupational infectious HIV or Hepatitis B, C or D.

HOSPITAL CONFINEMENT - MEDICAL BRIDGE

This coverage provides cash for a covered hospital confinement and covered outpatient surgery to help offset any gaps between copays and deductibles.

CANCER CARE

This coverage provides cash for direct and indirect costs related to a cancer diagnosis.

WHOLE LIFE

This coverage provides permanent life insurance that offers a death benefit and a savings component. It offers lifetime protection with no health questions required to enroll. Premiums never increase, coverage never decreases, and the policy is portable, maintaining the same rate if you leave or retire. It also builds cash value over time and includes a terminal illness accelerated death benefit for added security.

Disability and Leave Benefits



SHORT-TERM LEAVE OF ABSENCE (STLOA)

All regular, full-time salaried employees are eligible for short-term leave of absence benefits on the first of the month after your hire date. Depending on your years of service to METRO and how long you are unable to work, you can receive a percentage of your base pay for up to 26 weeks. METRO offers (STD) insurance through **Sun Life**.

LENGTH OF SERVICE	100% BASE PAY FOR THE FIRST:	75% BASE PAY FOR THE NEXT:	REMAINING BENEFITS
1 month - 1 year	1 Week	2 Weeks	23 Weeks at 50%*
1 - 2 Years	2 Weeks	4 Weeks	20 Weeks at 50%*
2 - 3 Years	3 Weeks	8 Weeks	15 Weeks at 50%*
3 - 4 Years	4 Weeks	12 Weeks	10 Weeks at 60%*
4 - 5 Years	5 Weeks	16 Weeks	5 Weeks at 60%*
5 Years or More	6 Weeks	20 Weeks	Eligible for Long-Term Disability*

*Other conditions apply. Contact the Wellness Department at wellness@ridemetro.org.



LONG-TERM DISABILITY (LTD)

Long-term disability insurance is available for all full-time salaried employees who have exhausted their short-term leave of absence benefits. Employees must be unable to work for more than 180 days to qualify.

The gross disability benefit is equal to 60% of earnings up to a maximum of \$5,000 per month and not less than \$100 or 10% of an employee's monthly earnings. To report a disabling incident, contact the Benefits Department.

NOTE: A pre-existing condition is an injury, sickness or pregnancy that begins within the three months before your effective coverage date and for which you've received medical care, treatment or services. No disability benefits are payable for a pre-existing condition that results in partial or total disability until you have been covered by the plan for 12 consecutive months. If you are enrolling in disability coverage for the first time, you are subject to the pre-existing condition limitations. Please contact Sun Life at 800-247-6875 for more information concerning FMLA.

PAID LEAVE FOR PRENATAL, PARENTAL, AND INFANT WELLNESS

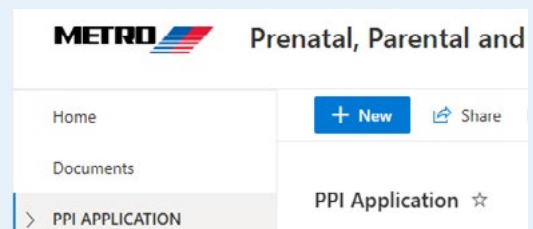
Available to all full-time employees who have been employed for at least six (6) continuous months prior to the initial use of the paid leave for prenatal, parental and/or infant wellness. This policy shall apply equally to any parent regardless of gender.

PRENATAL LEAVE	PARENTAL LEAVE	INFANT WELLNESS LEAVE
Paid prenatal leave is leave available to eligible employees to cover their absences away from work due to prenatal wellness healthcare appointments and/or other absences related to the pregnancy. Paid prenatal leave is in addition to and separate from any other paid leaves. Prenatal leave can be used to cover an employee's absence to attend a prenatal wellness healthcare appointment. A maximum of 24 hours is allotted for paid prenatal wellness healthcare appointments.	Paid parental leave is leave available to eligible employees to cover their absences away from work for the purpose of bonding and caring for a child after the birth or placement of a child with the employee from adoption or foster care. This leave is to be used within the first year after childbirth or placement of a child with the employee from adoption or foster care. A continuous block of 80 hours is allotted for paid parental leave to bond and care for a child after the birth or placement of a child with the employee from adoption or foster care.	Paid infant wellness leave is available to eligible full-time employees to cover their absences away from work following the birth of a child or placement of a child with the employee from adoption or foster care. Paid infant wellness leave is to be used to take an infant to a healthcare provider for well examinations and physicals, immunizations, checkups and prospective health screening/testing of any kind during the infant's first year after birth. A maximum of 24 hours is allotted for paid infant wellness healthcare appointments.

➤ HOW TO SUBMIT A PPI APPLICATION

- 1 Log on to the METRO Sharepoint < Prenatal, Parental, and Infant Wellness (PPI) < **PPI Application**
- 2 Click on **+New** on the PPI dashboard to submit PPI application.
- 3 Complete required fields and attach required documentation.
- 4 Submit PPI Application.

You will receive communication through your preferred email address provided on the application.



Additional Benefits



LEGAL INSURANCE

With legal insurance, you pay a low monthly premium to gain the protection of a trusted, qualified attorney at your side day or night. The lawyers available through **Texas Legal** can help you save money on simple legal costs like wills and estate planning, divorce, traffic tickets, buying a house, and consumer protection. In case of larger, unanticipated legal issues (i.e. identity theft, bankruptcy, criminal defense), you get a board-certified attorney on your side. Apply for legal insurance through texaslegal.org.

PET INSURANCE

Pets are an important and comforting part of a family. And like all parents, pet parents want to provide the highest level of care. Working with **Nationwide**, we offer plans that provide the right protection that meet your pet care needs, including savings for veterinary bills and extended plans for pets with certain conditions. Visit benefits.petinsurance.com/metro or call (877) 738-7874 for more information.

EMPLOYEE CHILD CARE

METRO partners with **TOOTRIS**, an online platform and support team to help you quickly locate, schedule, enroll, and pay for child care. METRO parents have access to online resources and concierge support to help you enroll your children in safe, nurturing, and affordable child care programs when and where you need them. METRO will contribute up to \$200 a month to help cover child care costs.*

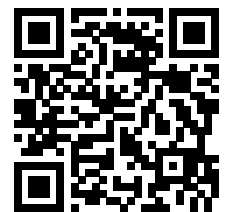
If you need assistance or have any questions, scan the QR code, visit tootris.com or call (713) 581-3624 for more information.

*Charges for registration, late fees or other one-time expenses are excluded.



OPTUM EAP

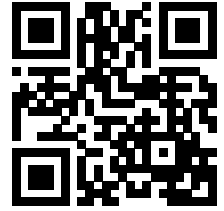
When you're dealing with the pressures of everyday life, it can be easy to simply smile and say, 'I'm fine.' But sometimes, emotions like stress, sadness or even anger can linger. In those moments, Emotional Wellbeing Solutions is here for you. It's a modern and flexible employee assistance program (EAP) that, together with Worklife Services, offers support for everyday life. Call Emotional Wellbeing Solutions 24/7 to talk about what's on your mind and connect with resources that can help. Skip the search when you need childcare, home repairs, eldercare or other resources in your community, and let Worklife Services provide a vetted list. Or find helpful articles, videos and tools online. These services are available at no extra cost to all members of your household, including children living away from home.



To learn more, scan the QR code or visit liveandworkwell.com. To find the right support for you, register with your HealthSafe ID or enter your company access code: ridemetro

BMG MONEY

Metropolitan Transit Authority of Harris County has partnered with BMG Money's LoansAtWork program. Get access to reliable, affordable on-line installment loans to help in times of need, regardless of your credit history. BGM Money provides you with:



- Loans ranging from \$500 - \$5,000
- Payments made through 6 - 24 months of payroll deductions
- Biweekly payments of \$12 - \$122 if repaid over 2 years

Note: Eligible after one year of employment

Visit bmgmoney.com or call (800) 316-8507 for more information.

2027 HOLIDAY SCHEDULE

New Year's Day

Friday, January 1

Independence Day

Monday, July 5

Christmas Day

Friday, December 24

Martin Luther King, Jr. Day

Monday, January 18

Labor Day

Monday, September 6

Employee Days

Three days within each calendar year that are mutually agreed upon by the employee and the supervisor

Memorial Day

Monday, May 31

Thanksgiving Day

Thursday, November 25

Juneteenth

Friday, June 18

Day after Thanksgiving

Friday, November 26

NOTE: Please refer to your employee handbook for holiday pay eligibility. In the interest of accomplishing Authority objectives, management reserves the right to designate and change the holiday schedule to be observed each year.



CONTACTS

BENEFIT	PROVIDER/GROUP #	PHONE	WEBSITE
KelseyCare Plan	Kelsey-Seybold GROUP # 3338991	(713) 442-0006	kelsey-seybold.com
High Deductible, Basic and Moderate Plans	Cigna GROUP # 3338991	(800) 244-6224	cigna.com
Telemedicine	KelseyCare MDLIVE	KelseyCare: (713) 442-6565 MDLIVE: (888) 726-3171	kelsey-seybold.com/telemedicine mdliveforcigna.com
Prescription Drugs	OptumRx GROUP: METRO BIN # 610011	Customer Service: (855) 811-2221 Specialty Pharmacy: (855) 427-4682	optumrx.com specialty.optumrx.com
Vision	Ameritas POLICY # 010-351246	EyeMed Insight: (866) 289-0614 VSP: (800) 877-7195	eyemed.com vsp.com
Dental	Sun Life POLICY # 968785	(800) 442-7742	sunlife.com/us
Flexible Spending Accounts (FSA)	Flexible Benefit Administrators	(800) 437-3539	flex-admin.com
Life Insurance, AD&D and Long-Term Disability	Sun Life Financial GROUP # 900763	(800) 247-6875	sunlife.com/us
Employee Assistance Program	Optum	(866) 248-4094	liveandworkwell.com ACCESS CODE: ridemetro
COBRA	Flexible Benefit Administrators	(800) 437-3539	flex-admin.com
401(a) and 457(b)	Empower Retirement	(800) 701-8255	participant.empower-retirement.com/participant/
Legal Insurance	Texas Legal MASTER POLICY # 2004-100	(800) 252-9346	texaslegal.org
Pet Insurance	Nationwide	(877) 738-7874	benefits.petinsurance.com/metro
METRO Credit Union	Met Tran Federal Credit Union	(713) 861-4780	mettranfcu.org
Voluntary Insurance	Colonial Life and Accident Insurance	(713) 774-6110	coloniallife.com
FMLA and STLOA	Sun Life Financial	(877) 726-3652	sunlife-ams.com
METRO Benefits Website	N/A	(713) 739-4953	metro.benefitdomain.com PASSWORD: metro
Employee Child Care	TOOTRiS	(713) 581-3624	tootris.com
Loan Assistance	BMG Money	(800) 316-8507	bmgmoney.com

THE FINE PRINT

The information contained in this summary should in no way be construed as a promise or guarantee of employment. The company reserves the right to modify, amend, suspend, or terminate any plan at any time for any reason. If there is a conflict between the information in this brochure and the actual plan documents or policies, the documents or policies will always govern. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents available from your Human Resources Office. This Benefits Enrollment Guide highlights recent plan design changes and is intended to fully comply with the requirements under the Employee Retirement Income Security Act ("ERISA") as a Summary of Material Modifications and should be kept with your most recent summary plan description.



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