



Benefits

OPEN ENROLLMENT GUIDE

NOVEMBER 10TH – 21ST, 2025



We know one size doesn't fit all, so that's why ARCO makes sure that you have an array of benefit options so you can choose those that suit you and your family best.

Open enrollment is the time to review these options and pick the ones that match your needs for the upcoming year. Take the time to review these benefit options closely so that you can rest easy knowing that you have the plan that's right for you.

What happens if I don't enroll during annual enrollment?

If you don't enroll during open enrollment, then all of your current insurance elections except for Flexible Spending Accounts (FSA) will carry over to 2026 and rates will be adjusted accordingly. You will have to wait until next year's open enrollment or until you have a qualifying life event to change your coverage.

For New Hires: Insurance is effective the first of the month following the date of hire. If you are eligible for insurance coverage, it takes effect the first month following the date of hire. If you don't actively enroll within 30 days from your date of hire, you will have only basic company-paid life insurance and disability coverage. You will have to wait until the next Annual Enrollment period or a qualified life event to select benefits coverage for you or any eligible dependents.

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MAKING ENROLLMENT CHANGES

Open Enrollment for 2026 benefits takes place November 10 - November 21, 2025. During this time, you will have the opportunity to elect, change, or waive benefits for the 2026 plan year. Any benefits you elect are effective January 1 - December 31, 2026.

For the plan year 2026, associates will have the ability to renew their benefits elections through passive enrollment. This means that for those associates who do not wish to make any changes to their current elections, all your current benefit elections will roll forward (except for Flexible Spending Accounts - associates need to choose to enroll in Flexible Spending Accounts each year).

Elections are made in the My Benefits Portal through UKG. Access instructions can be found [here](#).

1. The first step is to log in to UKG. Contact technology@arco1.com if you need assistance logging in.
2. To launch open enrollment, click the “menu” tab at the top left-hand corner of the screen, hover over the myself tab, and click on My Benefits.
3. Once inside the My Benefits Portal, you will want to navigate to your open enrollment event, select your desired coverage, and be sure to click approve on the review page. If you do not receive a confirmation page, then your elections have not been submitted.
4. Please reach out to benefits@arco1.com if you have any questions or click [here](#) for more detailed instructions.

WHAT DO YOU NEED TO KNOW?

- All coverages roll to 2026 except for your FSA accounts, which must be elected each year.
- In an effort to control the rising healthcare costs and premiums, we have made a few plan design changes. We haven't made a medical plan design change since 2016 and are still proud that we have lower than benchmark copays, deductibles, and out of pocket maximums. The changes helped us achieve a 3% premium increase instead of the market average of 10%.
- New Medical ID cards will be issued, and you will need to log into www.umar.com to activate.
- Maven will continue to offer support in the areas of family planning and menopause; however, the infertility coverage will move into the medical plan. Requests for adoption and surrogacy reimbursement can be submitted to benefits@arco1.com. The benefit for infertility, adoption, and surrogacy will continue to be 50% to a lifetime maximum of \$20,000.
- There will be a one-time evidence of insurability waiver for anyone wishing to increase their voluntary associate life coverage by \$50,000 up to the guaranteed issue limit of \$100,000 or their voluntary spouse life coverage by \$10,000 up to the guaranteed issue limit of \$20,000.
- As a reminder, VSP does not send out vision insurance cards.
- 2026 FSA limits
 - Medical FSA: \$3,400 per year
 - Commuter/Parking FSA: \$340 per month
 - Dependent Care: \$7,500 per year
- 2026 HSA limits
 - HSA Individual Limit: \$4,400 per year
 - HSA Family Limit: \$8,750 per year
 - HSA Catch Up (55+): \$1,000 per year

INSURANCE TERMS 101

PREMIUM

The amount you pay to be covered by the insurance.

COPAY

A fixed amount (\$25, for example) you pay for a covered health care services after you've paid your deductible.

DEDUCTIBLE

A amount you pay for covered health care services before your insurance plan starts to pay.

Note that in the HDHP, the deductible is non-embedded. This means each family member does not have their own deductible. The full family deductible must be met.

COINSURANCE

The percentage of costs of a covered health service paid by the plan (85%, for example) after you've paid your deductible.

OUT-OF-POCKET MAXIMUM

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance for in-network care and services, your health plan pays 100% of the costs of covered benefits.

Note that in the HDHP, the out-of-pocket maximum is non-embedded. This means each family member does not have their own out-of-pocket maximum. The full family out-of-pocket maximum must be met.

PREFERRED PROVIDER ORGANIZATION (PPO)

You pay more to purchase and less to use.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

You pay less to purchase and more to use. You can contribute to a health savings account (HSA).

MEDICAL INSURANCE

UMR

www.umar.com | (800) 826-9781

Preferred Provider Organization (PPO)

	Monthly	Bi-Weekly	Weekly
Associate Only	\$185.16	\$85.46	\$42.73
Associate + Spouse	\$388.88	\$179.48	\$89.74
Associate + Children	\$362.93	\$167.51	\$83.75
Family	\$601.65	\$277.68	\$138.84
General Plan Info	In-Network	Out-of-Network	
Lifetime Maximum	Unlimited		
Deductible			
Individual	\$750	\$2,000	
Family	\$1,500	\$4,000	
Coinsurance	85%	70%	
Out-of-Pocket Maximum			
Individual	\$3,000	\$5,000	
Family	\$6,000	\$10,000	
	Includes the deductible		
Physician Office Visits			
Primary Care	\$25 copay	70% after deductible	
Specialist	\$50 copay	70% after deductible	
Preventive Care			
	100% no copay or deductible	70% after deductible	
Emergency Room			
	\$250 copay	\$250 copay	
In-Network Prescription Drug Benefits	Retail (31 day supply)	Mail (90 day supply)	
Tier 1	\$10 copay	\$25 copay	
Tier 2	\$35 copay	\$87.50 copay	
Tier 3	\$60 copay	\$150 copay	
Tier 4	20% to \$200 copay	N/A	

MEDICAL INSURANCE

UMR

www.umar.com | (800) 826-9781

High Deductible Health Plan (HDHP)

	Monthly	Bi-Weekly	Weekly
Associate Only	\$79.24	\$36.57	\$18.29
Associate + Spouse	\$166.42	\$76.81	\$38.40
Associate + Children	\$155.31	\$71.68	\$35.84
Family	\$257.47	\$118.83	\$59.42
General Plan Info	In-Network	Out-of-Network	
Lifetime Maximum	Unlimited		
Deductible			
Individual	\$2,500	\$5,000	
Family	\$5,000	\$10,000	
Coinsurance	85%	60%	
Out-of-Pocket Maximum			
Individual	\$4,400	\$10,000	
Family	\$8,750	\$20,000	
	Includes the deductible		
Physician Office Visits			
Primary Care	85% after deductible	60% after deductible	
Specialist	85% after deductible	60% after deductible	
Preventive Care			
	100% no deductible	60% after deductible	
Emergency Room			
	85% after deductible	60% after deductible	
In-Network Prescription Drug Benefits	Retail (31 day supply)	Mail (90 day supply)	
Tier 1	\$10 copay after deductible	\$25 copay after deductible	
Tier 2	\$35 copay after deductible	\$87.50 copay after deductible	
Tier 3	\$60 copay after deductible	\$150 copay after deductible	
Tier 4	20% to \$200 after deductible	N/A	

VIRTUAL HEALTH

TELADOC

www.teladoc.com | (800) 835-2362

Teladoc is UMR's preferred telemedicine provider, offering services for Dermatology, Licensed Therapy Visits, Psychiatric Visits, and can be used for the following types of General Medicine conditions:

- Colds and flu
- Allergies
- Bronchitis
- Recurring Prescription refill
- Pink eye
- Upper respiratory infections
- Pediatric care
- Non-Emergency medical assistance
- And more

HINGE HEALTH

www.umar.com | (855) 902-2777

Pain relief, plain and simple

Hinge Health is a virtual physical therapy program centered around you, your life, and your needs with combined expert clinical care and advanced technology to help you move beyond pain, avoid unnecessary surgeries, and reduce opioid use. No matter where you have pain, Hinge Health has you covered.

- Neck & Upper Back
- Elbow, Forearms, Wrists, & Hands
- Pelvic Region
- Thighs & Knees
- Shins & Calves
- Ankles & Feet

GET EXPERT CARE FROM HEAD TO TOE

Following a virtual evaluation, Hinge Health will offer a personalized program designed to help reduce your pain. Throughout the program, you will have access to a dedicated care team including a physical therapist and a health coach. You can connect with your care team via text, email, phone call, or video chat, making it easy to stay in touch and get the support you need. The program is available through the Hinge Health app, which allows you to access exercise therapy anytime, anywhere. Exercises are designed to take about 15 minutes or less, making it easy to fit into your busy schedule.

Teladoc and Hinge Health incur no cost to associates enrolled in ARCO's medical insurance.

MEDICARE ASSISTANCE

ALLSUP

AllsupMedicare.com | (800) 271-1173

Learn more about Medicare and get a personalized plan analysis completed for free by a Medicare expert!

FEATURES

- What Medicare is and how it works
- Medicare enrollment periods and timelines
- When you must enroll and when you can defer
- Types of Medicare plans
- Medicare Advantage vs. Medigap plans available in your area
- What Medicare costs
- Important factors when considering Medicare

For ARCO associates and spouses enrolled in ARCO medical plans who are approaching Medicare eligibility (turning 65) or already Medicare eligible, this can be an important time to take a closer look at your health insurance options. Medicare can offer valuable benefits with important personal savings for you. Allsup will help review Medicare plans and compare them to your current health plan options from ARCO for free.

DENTAL INSURANCE

DELTA DENTAL

www.deltadentalmo.com | (800) 335-8266

*Premier dentists do not balance bill

Premiums	Monthly	Low	High	Bi-Weekly	Low	High	Weekly	Low	High
Associate Only		\$7.59	\$19.39		\$3.50	\$8.95		\$1.75	\$4.47
Associate + Spouse		\$15.17	\$38.76		\$7.00	\$17.89		\$3.50	\$8.94
Associate + Children		\$19.27	\$51.61		\$8.89	\$23.82		\$4.45	\$11.91
Family		\$25.94	\$68.61		\$11.97	\$31.67		\$5.99	\$15.83
Deductible	PPO/In-Network	Low	High	Premiere/Out-of-Network	Low	High			
Individual		\$50	\$0		\$50	\$0			
Family		\$150	\$0		\$150	\$0			
Calendar Year Maximum									
		\$1,000	\$2,000		\$1,000	\$2,000			
Coinsurance									
Preventative		100%	100%		100%	100%			
Basic		90%	100%		80%	80%			
Major		60%	60%		50%	50%			
Orthodontia									
Deductible		\$0	\$0		\$0	\$0			
Coinsurance		50%	50%		50%	50%			
Lifetime Maximum		\$1,000	\$2,000		\$1,000	\$2,000			
Benefits applied to		Children Under 19	Adults & Children		Children Under 19	Adults & Children			
Visits & Exams									
Visit for Oral Examination		100%	100%		100%	100%			
Prophylaxis (including scaling & polishing)		100%	100%		100%	100%			
Fluoride (dependent children under age 19)		100%	100%		80%	80%			
Sealants (dependent children under age 19)		90%	100%		80%	80%			
X-Rays									
Bitewing X-rays		100%	100%		100%	100%			
Full mouth X-rays (every 36 months)		100%	100%		100%	100%			
Endodontics									
		90%	100%		80%	80%			
Minor Restorations				12 months					
Amalgam (silver) fillings		90%	100%		80%	80%			
Composite fillings (anterior teeth only)		90%	100%		80%	80%			
Periodontics									
Incision & drainage of abscess		90%	100%		80%	80%			
Composite fillings (anterior teeth only)		90%	100%		80%	80%			
Prosthodontics/Major Restorations									
Crowns		60%	60%		50%	50%			
Full & partial dentures		60%	60%		50%	50%			

VISION INSURANCE

VSP

www.vsp.com | (800) 877-7195

	Monthly	Bi-Weekly	Weekly
Associate Only	\$2.04	\$0.94	\$0.47
Associate + Spouse	\$3.27	\$1.51	\$0.75
Associate + Children	\$3.34	\$1.54	\$0.77
Family	\$5.38	\$2.48	\$1.24
General Plan Info	In-Network	Out-of-Network	
Exam	\$10 copay	Up to \$50	
Materials	\$25 copay	See below	
Lenses			
Single	\$25 copay	Up to \$50	
Bifocal	\$25 copay	Up to \$75	
Trifocal	\$25 copay	Up to \$100	
Lenticular	\$25 copay	Up to \$125	
Frames			
	Up to \$200 allowance	Up to \$70	
Contacts (elective, in lieu of glasses)			
	Up to \$200 allowance	Up to \$105	
Frequency			
Exam	12 months	12 months	
Lenses	12 months	12 months	
Contacts (in lieu of glasses)	12 months	12 months	
Frames	12 months	12 months	

HEALTH SAVINGS ACCOUNT (HSA)

OPTUM

www.optumbank.com | (866) 799-2655

WHAT IS AN HSA?

A Health Savings Account (HSA) is a personal bank account you can use to pay for your family’s healthcare costs. If you enroll in the HDHP medical plan, you may set up an HSA account and elect to contribute funds from your paycheck, which you can use to pay medical costs tax-free.

WHY SHOULD I PARTICIPATE?

There are many tax advantages of an HSA. Your HDHP premium cost is lower than average health plans. You can add the money you save on premiums to your HSA and automatically start a healthcare savings.

AN HSA IS MORE THAN A BANK ACCOUNT

You don’t pay taxes on the money you save, spend, or earn. The money in your account always rolls over and always belongs to you, even if you change jobs, health plans, or retire. You can use your HSA savings for qualified expenses for your spouse and tax dependents, even if they are not covered on your plan. Finally, it is a tool to plan for retirement. You can invest funds now and use your “nest egg “ later in life and make changes throughout the year.

HOW DOES IT WORK?

As an associate, you agree to set aside a portion of your pre-tax salary in an account, and that money is deducted from your paycheck over the course of the year. The HSA lets you pay for IRS-approved healthcare expenses with pre-tax dollars. For example, cash that you spend on deductibles and other out-of-pocket healthcare expenses can be paid out of the HSA.

NOTE: You must be enrolled in the High Deductible Healthcare Plan (HDHP). You cannot have a Health Savings Account (HSA) and a Healthcare Flexible Spending Account (FSA). Your spouse cannot have a Healthcare (FSA) through his/her own employer if you are enrolled in the HSA.

Coverage Level	Yearly
Individual	\$4,400
Family Coverage	\$8,750
Age 55 or older?	Associates age 55 or older are eligible to contribute an additional \$1,000 catch-up contribution on top of these annual limits.

FLEXIBLE SPENDING ACCOUNT (FSA)

SURENCY

www.surency.com | (866) 818-8805

We offer a tax-friendly Flexible Spending Account (FSA) program through Surency.

WHY SHOULD I PARTICIPATE?

FSAs provide you with an important tax advantage that can help you pay healthcare and dependent care expenses on a pre-tax basis. By anticipating your family's healthcare and dependent care costs for next year, you can actually lower your taxable income.

HOW DOES THE PLAN WORK?

Essentially, the Internal Revenue Service set up FSAs as a means to provide a tax break to associates. As an associate, you agree to set aside a portion of your pre-tax salary in an account, and that money is deducted from your paycheck over the course of a year. The amount you contribute to the FSA is not subject to Social Security (FICA), federal, state, or local income taxes- effectively adjusting your annual taxable salary. The taxes you pay each paycheck and collectively each year can be reduced significantly, depending on your tax bracket. And, as a result of the personal tax savings you realize, your spendable income will increase.

HEALTHCARE REIMBURSEMENT FSA

The Healthcare Reimbursement FSA lets you pay for certain IRS approved medical care expenses not covered by your insurance plan with pre-tax dollars. For example, cash that you now spend on deductibles, co-payments, or other out-of-pocket medical expenses can instead be placed in the Healthcare Reimbursement FSA pre-tax to pay for these expenses. The maximum contribution to the Healthcare FSA in 2026 is \$3,400.

DEPENDENT CARE FSA

The Dependent Care FSA lets you use pre-tax dollars toward qualified dependent care. The maximum amount you could contribute to the Dependent Care FSA in 2026 is \$7,500 (\$3,750 if married and filing separately) per calendar year.

COMMUTER AND PARKING FSA

The commuter FSA allowed you to put up to \$340 per month aside, in 2026, pretax to use on eligible commuter expenses such as bus, ferry, monorail, streetcar, subway, train, and carpooling through Via, UberPool, and Lyft Line. The parking FSA allows you to put up to \$340 per month aside pretax to use for parking at or near public transportation or at or near your work.

ACCIDENT INSURANCE

RELIANCE STANDARD

mybenefits.reliancematrix.com/arco | (800) 351-7500

Accident Insurance is designed to help families plan for unexpected healthcare costs and take away some of the uncertainty and financial insecurity associated with them. The tax-free benefit resulting from non-work-related injuries or accidents covers more than 150 events in 5 categories: injuries, medical services and treatment, wellness visits, and hospitalization.

FEATURES

- **Guaranteed issue:** No medical questions or tests are required for coverage.
- **Flexible:** You can use the benefit payments for any purpose you like.
- **Payroll deductions:** Premiums are paid through convenient payroll deductions.
- **Portable:** If you leave your current employer or retire, you can take your coverage with you.

THINGS TO KNOW

- You can purchase coverage for yourself, your spouse, and dependent children up to age 26.
- The accident must occur after you are enrolled in the coverage.
- The plan pays a lump sum benefit depending on the type of injuries you sustain.
- **Wellness Benefit** – the plan provides a wellness benefit that pays out \$100 per year for completing a health screening test such as a pap test, serum cholesterol test, mammography, colonoscopy, stress test, etc. You, your spouse, and dependent children (if enrolled) are each eligible for \$100 per year. Maximum \$400 per family per year.

Please see the [Accident Insurance Handout](#) for the full list of coverage, plan details, and exclusions.

Monthly Rates			
Associate	Associate + Spouse	Associate + Children	Family
\$13.99	\$23.50	\$28.75	\$38.50

CRITICAL ILLNESS INSURANCE

RELIANCE STANDARD

mybenefits.reliancematrix.com/arco | (800) 351-7500

Critical Illness coverage pays you a lump sum if you are diagnosed with one of the following:

- Alzheimer’s Disease
- Carcinoma In Situ
- Coronary Disease
- Life Threatening Cancer
- Loss of Sight
- Major Organ Failure
- Multiple Sclerosis
- Occupational HIV
- Parkinson’s Disease
- Severe Brain Damage
- Benign Brain Tumor
- Coma
- Heart Attack
- Loss of Hearing
- Loss of Speech
- Motor Neuron Disease (ALS)
- Occupational Hepatitis
- Paralysis
- Ruptured Cerebral, Carotid or Aortic Aneurysm
- Stroke

[Click here](#) to see the full list of coverage, plan details, and exclusions.

[Click here](#) to see the cost of Critical Illness Insurance.

FEATURES

- Guaranteed Issue: No medical questions or tests are required prior to enrolling.
- Flexible: You receive a check for the payout and can use the money on whatever you want.
- Payroll Deductions: Premiums are paid through payroll deductions.
- Portable: If you leave ARCO or retire, you can take your coverage with you.

THINGS TO KNOW

- Wellness Benefit - the plan provides a wellness benefit that pays out \$100 per year for completing a health screening test such as a pap test, serum cholesterol test, mammography, colonoscopy, stress test, etc. You, your spouse, and dependent children (if enrolled) are each eligible for \$100 per year. Maximum \$400 per family per year.

HOSPITAL INDEMNITY INSURANCE

RELIANCE STANDARD

mybenefits.reliancematrix.com/arco | (800) 351-7500

Hospital Indemnity insurance is a type of supplemental health insurance that can help you pay for costs associated with a hospital stay. Benefits are non-taxable and paid directly to you following a hospitalization that meets the criteria.

FEATURES

- **Guaranteed Issue:** No medical questions or tests are required prior to enrolling.
- **Flexible:** You receive a check for the payout and can use the money on whatever you want.
- **Payroll Deductions:** Premiums are paid through payroll deductions.
- **Portable:** If you leave ARCO or retire, you can take your coverage with you.
- **Hospital Confinement benefit begins on day one**

Please see the [Hospital Indemnity Handout](#) for plan details and benefits.

BENEFITS

Hospital Admission Benefits			
Hospital Admission or ICU (3 daily benefits per each coverage year)			\$1,500
Hospital Admission: Nursery Care (1 daily benefit per coverage			\$1,000
Hospital Confinement Benefits			
Hospital Confinement (180 daily benefits per coverage year)			\$200
Hospital Confinement: ICU (30 daily benefits per coverage year)			\$400
Hospital Confinement: Nursery Care (10 daily benefits) per coverage year)			\$100
Monthly Rates			
Associate	Associate + Spouse	Associate + Children	Family
\$19.95	\$49.88	\$34.29	\$64.18

LIFE AND AD&D

RELIANCE STANDARD

mybenefits.reliancematrix.com/arco | (800) 351-7500

ARCO PROVIDED LIFE AND AD&D

ARCO provides all full-time active associates who are eligible for insurance with basic term life and a matching accidental death & dismemberment (AD&D) benefit of 1 ½ times salary up to \$250,000. This benefit is administered by Reliance Standard. Eligible associates are automatically enrolled. ARCO adds the GTL premium to the associate’s earnings and then deducts the amount from them so that the net result is the tax on the premium. This makes the GTL benefit tax-free to the beneficiary when received. *Please note that Life and AD&D benefits are reduced after the age of 65.*

SUPPLEMENTAL TERM LIFE INSURANCE

Active associates can elect additional group term life insurance for themselves, their spouses, and their children. Associates will be able to elect in \$10,000 increments, up to \$500,000.
For your spouse, you can elect an amount in \$10,000 increments up to \$500,000.
Finally, you can choose coverage for your children up to age 26 in \$2,500 increments up to \$10,000 (no medical questions will be required). Please note that there is a maximum issue amount of \$1,000 for children from birth to six months.

EVIDENCE OF INSURABILITY REQUIREMENTS

If you are not in your newly eligible period or wish to elect more than the guaranteed issue, you will need to complete an evidence of insurability (EOI) form. This applies if you wish to increase your current election. Reliance Standard will then approve or deny the election based on the results from the EOI. There will be a one-time evidence of insurability waiver for anyone wishing to increase their voluntary associate life coverage by \$50,000 up to the guaranteed issue limit or their voluntary spouse life coverage by \$10,000 up to the guaranteed issue limit.

[Click here for the EOI Application](#)
[Click here for the Rate Sheet](#)

GUARANTEED ISSUE AMOUNT
(Initial Eligibility Period Only)

Associate:

Under age 60: \$100,000
Age 60 but under age 70: \$10,000
Age 70 or older: none

Spouse:

Under age 60: \$20,000
Age 60 or older: none

GUARANTEED ISSUE is subject to underwriting rules and is not available in all circumstances. Please note that Voluntary Life benefits are reduced after the age of 65.

PET DISCOUNT PLANS

PET BENEFIT SOLUTIONS

www.petbenefits.com | (888) 789-7387

There are two pet discount plans available through Pet Benefit Solutions, the **Pet Assure Plan** and **Pet Plus Plan**. Read below to learn about each plan. [Click here](#) for additional information.

	Pet Assure	Pet Plus
One Pet:	\$8.00 per month	\$3.75 per month
Multiple Pets:	\$11.00 per month	\$7.50 per month

PET ASSURE PLAN

WHAT IS PET ASSURE?

Pet Assure is a veterinary discount plan for all types of pets. Thousands of participating veterinarians nationwide honor the Pet Assure discount card. Enter your zip code [here](#) to find a participating veterinarian in your area.

WHAT WILL THE VETERINARY PRACTICE DISCOUNT WHEN I SHOW THEM MY PET ASSURE CARD?

Participating Pet Assure veterinary practices will give you a 25% discount on ALL medical care provided in the office by the veterinary staff. This includes:

- Wellness Visits
- Allergy Treatments
- Emergency Care
- Spays & Neuters
- Sick Visits
- Cancer Care
- Hospitalization
- Tumor Removal
- Dental Cleanings
- Ultrasound
- Surgical Procedures
- Dental Exams and X-Rays
- Diabetes Management
- Routine Care & Vaccines

WHAT ARE THE EXCLUSIONS?

Non-medical services such as routine grooming and boarding, outsourced services such as blood work sent to a lab or an outside specialist, mileage fees, and products you take home such as medications and food are not discounted.

Please note: You cannot combine the discount with other discounts or service packages.

PET PLUS PLAN

WHAT IS PET PLUS?

PetPlus is a prescription savings plan for dogs and cats. Members receive wholesale pricing on products they are already buying for their pets. Pet Plus is not insurance. It’s instant savings without any paperwork.

WHAT’S COVERED UNDER PET PLUS?

Fleas & Tick, RX Medications, Heartworm, Supplements, and RX Food.

EMPLOYEE ASSISTANCE PROGRAM

SUPPORTLINC

www.supportlinc.com | 1 (888) 881-5462 | Group code = ARCO

We offer an **EMPLOYEE ASSISTANCE PROGRAM (EAP)** through our service provider, SupportLinc. You and your immediate family can receive confidential short-term counseling of up to eight sessions per presenting personal and/or work concerns annually at no cost to you. The EAP provides the following services to help you balance work and home life:

- | | | |
|-------------------------------------|---|------------------------|
| • Managing stress and change | • Identifying school college resources | • Parenting issues |
| • Work performance issues | • Family and relationship concerns | • Depression and grief |
| • Health and wellness issues | • Lifestyle weight management | • Legal concerns |
| • Emotional and personal conflicts | • Budgeting and debt management | • Substance abuse |
| • Care management for aging parents | • Locating child and elder care resources | • Retirement issues |

EAP COSTS

There is no charge for services covered under your EAP benefit. Should your consultant recommend a referral to a specialist or longer-term care provider, the referral is made to quality providers with your best interests in mind. Please make sure referrals are in-network for your insurance.

Contact SupportLinc to speak to a representative with any questions you have or to make an appointment.

HEALTH ADVOCATE

www.HealthAdvocate.com/arco | (866) 695-8622 | Organization = ARCO Advocate

HEALTH ADVOCATE is a tool ARCO provides to you at no cost that can help you and your family:

- Find the right doctors, hospitals, and other healthcare providers; expedite appointments
- Explain complex medical conditions; research and locate the latest treatments
- Coordinate care and schedule follow-up visits; facilitate second opinions; transfer X-rays and medical records
- Arrange specialized treatments and tests; answer questions about results, treatment options, and prescribed medications
- Clarify benefits; help facilitate access to appropriate care
- Clarify Medicare Parts A, B, D, and supplemental plans
- Locate eldercare services that fall outside traditional healthcare coverage