

**2026**  
**EQUUS PUERTO RICO**  
**EMPLOYEE**  
**BENEFITS**  
**OVERVIEW PRESENTATION**

### 1. SELECT YOUR MEDICAL PLAN

- OPTION 1: FIRST MEDICAL PR

When can I enroll?

#### **AS A NEW EMPLOYEE**

During your  
new-hire meeting

#### **DURING ANNUAL ENROLLMENT**

Effective  
January 1

#### **IF YOU EXPERIENCE A QUALIFYING LIFE EVENT**

Notify us within  
30 days

# ENROLLMENT

## Annual Open Enrollment for Plan Year 2026

- This is an ACTIVE ENROLLMENT – You must take action during Open Enrollment to make benefit elections for the 2026 plan year, beginning January 1, 2026
- If you do not make benefit elections during this Open Enrollment period, you will not have benefits as of January 1, 2026
- **Open Enrollment begins Monday November 17<sup>th</sup> and runs through Wednesday December 3<sup>rd</sup>, 2025.**

# NEW EMPLOYEE WEBSITE

## Your NEW Benefits Website Is Here!

Introducing a BRAND-NEW Benefits Website for employees:

[ross.learn-benefits.com](https://ross.learn-benefits.com)



- An easy-to-use platform where you can access all the information you may need about your benefits.
- Just **select your employee group** from the top menu to get started!
- Learn about all the benefits you're eligible for including medical, dental, vision, life and AD&D, disability and more.
- Locate your benefits guide, Open Enrollment presentations and other resources to help you better understand your benefits.

# QUICK HIGHLIGHTS - ENROLLMENT

- Enroll on-line at: <https://apm.cbizenroll.com>
- Or you may call the Employee Benefits Call Center at **800-390-1224** if you prefer to enroll verbally with a call center representative, or if you need assistance with logging on to the enrollment website.
- Hours of operation: Monday – Friday; 9 am – 7 pm EST

# ELIGIBILITY

- All full-time employees, as defined by your employer's measurement period, per ACA guidelines
- Your legal spouse or same or opposite gender domestic partner
- Your dependent child(ren)
  - Up to age 26 (through age 25)
  - If disabled, no age limit applies
  - Domestic Partner's children up to age 26, if Domestic Partner enrolled in the same coverage

# IMPORTANT RESOURCES

## PARTNERS

**First Medical** — Medical Insurance

**First Medical** — Dental Insurance

**First Medical** — Vision

**NY Life** — Life & Disability Insurance

**ComPsych** — Employee Assistance Program

**MetLife Legal Plans** — Legal & Identity Theft

**VOYA** — Accident, Critical Illness & Hospital Confinement

## WHERE TO GO TO LEARN MORE:

### MEDICAL PLANS



[Primary Care vs. Urgent Care vs. ER - Spanish](#)



[Primary Care vs. Urgent Care vs. ER - English](#)

### INSURANCE 101



[Benefits Key Terms Explained - Spanish](#)



[Benefits Key Terms Explained - English](#)



[How To Read An EOB - Spanish](#)



[How To Read An EOB - English](#)



[What Is A Qualifying Event? - Spanish](#)



[What Is A Qualifying Event? - English](#)

# BENEFIT HIGHLIGHTS



## Benefit Highlights

- **ACTIVE ENROLLMENT**
- Medical and Vision plan option through **First Medical**. When you enroll in the **Medical Plan**, you'll be **automatically enrolled in Vision Coverage**. Vision coverage is included and cannot be waived separately.
- Dental plans through **First Medical**. Dental coverage is **optional**—you may choose to add it if you wish. However, you **must** be enrolled in the Medical Plan to be eligible for Dental Coverage.
- Life, Short-Term and Long-Term Disability Insurances
- Accident, Critical Illness and Hospital Indemnity Insurances
- Legal and Identity Theft Restoration Services Plan



# MEDICAL INSURANCE - FIRST MEDICAL PR

MEDICAL		
Benefit Provision	In-Network	Out-of-Network
Individual Deductible	\$100	Covered through reimbursement at the FMHP contracted rate with another provider of the same specialty, minus the applicable copay.
Family Deductible	\$300	
Out of Pocket Maximum (Individual/Family)	\$6,350 / \$12,700	
Office Visit Primary Care Physician	\$10 copay	
Office Visit Specialist	\$15 copay	
Preventive Care	100%	
Urgent Care	\$50 copay	
Emergency Room Care	\$50 copay	
Diagnostic Tests (X-Rays, blood work, etc.)	65% after Deductible	
Imaging (CT/PET Scans, MRIs)	65% after Deductible	Covered only if the specialty is not available in the FMHP provider network.
Prescription Drug		
Rx Retail: Non-preferred Generic	10% minimum \$10	Only covered at the pharmacies in the United States that are international, such as Walgreens, Wal-Mart, or CVS and in the community pharmacies.
Rx Retail: Preferred Brand	20% minimum \$15	
Rx Retail: Non-preferred Brand	30% minimum \$20	
Rx Specialty: Preferred/Non-preferred	40% coinsurance	

# MEDICAL & VISION EMPLOYEE CONTRIBUTIONS - FIRST MEDICAL PR

MEDICAL AND VISION RATES	
Enrollment Tier	Per Pay Period (26)
Employee Only	\$0.00
Employee + Spouse or Domestic Partner	\$35.80
Employee + Family	\$42.91

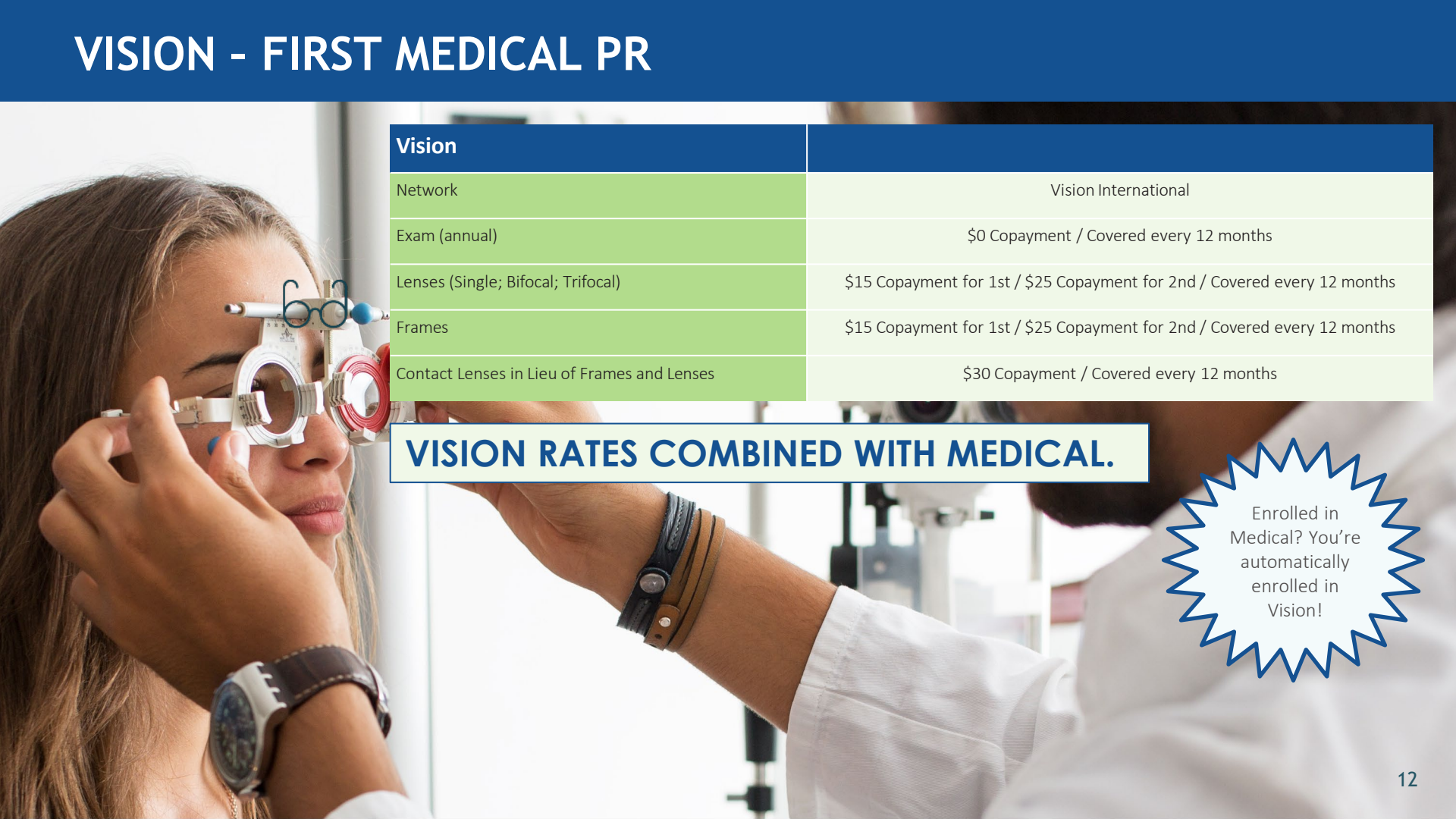
# DENTAL - FIRST MEDICAL PR

Dental	
Annual Maximum Benefit	\$500
Deductible (Individual/Family)	None
Preventive Services (exams, cleanings, fluoride, maintenance)	Pediatric 100% / Adults 20% of contracted rates
Basic (Minor Restorative) Services	Covered at 80% / Employee 20% of contracted rates
Major Restorative Services	Covered at 50% / Employee 50% of contracted rates
Orthodontia	Not Covered

Enrollment Tier	EE Per Paycheck (26)
Employee Only	\$3.63
Employee + Spouse or Domestic Partner	\$6.05
Employee + Family	\$10.94



# VISION - FIRST MEDICAL PR



Vision	
Network	Vision International
Exam (annual)	\$0 Copayment / Covered every 12 months
Lenses (Single; Bifocal; Trifocal)	\$15 Copayment for 1st / \$25 Copayment for 2nd / Covered every 12 months
Frames	\$15 Copayment for 1st / \$25 Copayment for 2nd / Covered every 12 months
Contact Lenses in Lieu of Frames and Lenses	\$30 Copayment / Covered every 12 months

**VISION RATES COMBINED WITH MEDICAL.**

Enrolled in  
Medical? You're  
automatically  
enrolled in  
Vision!

# OTHER BENEFITS - VOYA

- ✓ Supplemental Accident Insurance - provides a lump-sum benefit payment, based upon the type of accident, for emergency services, fractures, dislocations, lacerations, hospitalization and follow-up care
- ✓ Supplemental Critical illness - provides a lump-sum benefit payment, in increments of \$10,000, or \$20,000 or \$30,000, following the diagnosis of a covered illness or condition, such as heart attack, cancer, stroke, artery bypass or organ transplant
- ✓ Supplemental Hospital Confinement Insurance - provides a \$100 daily fixed amount benefit payout for eligible hospital confinements

These benefits:

- Compliment your core medical coverage
- May be elected even if not enrolled in a medical plan
- Benefit payments are made directly to you, to spend as you need





ComPsych's Employee Assistance Program offers support for handling life's demands

- Marital or family issues
- Grief and Loss
- Personal legal questions
- Financial worries
- Childcare or elder care issues
- Health and medical concerns



- Free to all employees and eligible dependents!
- Maximum of five sessions per issue/per year/per family member
- Call **877-776-0099** to speak with a counselor anytime; 24/7, or visit [www.guidanceresources.com](https://www.guidanceresources.com) and enter WEB ID: **APMNA**



# LIFE INSURANCE AND AD&D

During this Open Enrollment period you may elect up to the guaranteed issue amount with no EOI requirement

## ***New Life Basic and Supplemental Life Insurance***

### Basic Coverage

- Company paid
- One times base annual salary to a maximum of \$100,000

### ***Supplemental Coverage***

#### For yourself:

- Optional, employee paid
- Coverage available in increments of \$10,000 up to 5x's annual salary to maximum of \$500,000, whichever is less
- Evidence of Insurability (EOI; proof of good health) is not required unless electing amounts above the Guaranteed Issue amount of \$50,000
- If you apply for coverage after your initial eligibility period, all amounts of coverage are subject to EOI

#### For your Spouse/Domestic Partner:

- Optional, employee paid
- Coverage available in \$10,000 increments up to \$250,000 or 100% of your coverage, whichever is less
- EOI is not required unless electing amounts above the Guaranteed Issue amount of \$30,000
- If you apply for coverage after your initial eligibility period, all amounts of spousal coverage are subject to EOI

#### For your Child(ren):

- Optional, employee paid
- Coverage available in \$5,000 increments up to \$20,000
- No Evidence of Insurability required during your initial eligibility period

#### **Regardless of EOI/GI provisions:**

- You are not eligible for supplemental life coverage if not actively at work at the time of enrollment.
- Your spouse/domestic partner/child(ren) are not eligible for supplemental life coverage if home or hospital confined or disabled at the time of enrollment.



## SHORT-TERM DISABILITY



7-day benefit elimination period.



Plan pays a benefit up to 60% of base weekly earnings. Benefit Maximum is \$4,000 per week.



After the elimination period, the benefits can continue up to 25 weeks.

If you reside in a state that requires employer paid temporary disability and/or paid family leave, you will be automatically enrolled in the coverage by your employer. To understand your potential state benefits and how they work in conjunction with the Short-Term Disability plan, contact your Human Resources representative.





## LONG-TERM DISABILITY



Plan pays up to 60% of your salary to a max of \$15,000 per month.



180-day elimination waiting period.



Pays up to age Social Security Normal Retirement Age (SSNRA), with own occupation period of 24 months.

There is a 3/12 pre-existing condition provision.

# METLIFE LEGAL & IDENTITY THEFT RESTORATION SERVICES

The plan provides telephonic and office consultations and corresponding legal services with a national network of Hyatt Legal attorneys for an unlimited number of covered legal matters, such as:

- Will, Living Will and Trust Preparation
- Identity Theft Protection Services
- Purchase, Sale & Refinancing of Primary Residence
- Debt Collection Defense
- Personal Bankruptcy
- Civil Litigation Defense, including Administrative Hearings & Incompetency Defense
- Prenuptial Agreement
- Adoption (Contested and Uncontested)
- Review of Personal Legal Documents
- Tax Audits
- Restoration of Driving Privilege & Traffic Ticket Defense (NO DUI)

Pre-existing legal matters are not covered

Eligible dependents are covered to include your spouse or domestic partner & dependent children up to age 26

# EMPLOYEE PERKS PROGRAM



Enjoy discounts, rewards and perks on thousands of brands you love in a variety of categories. You can access these perks anytime during the year.

**It's as easy as 1, 2, 3!**

1. Go to: [rossperks.benefithub.com](https://rossperks.benefithub.com)
2. Referral Code: BUNZZT
3. Complete Registration

Start saving today!

Questions?

Call 1-866-664-4621 or email [customercare@benefithub.com](mailto:customercare@benefithub.com)

## AUTOMOBILES

- Car Buying
- Service & Parts
- Car/Truck Rental

## ELECTRONICS

- Cell Phones
- Computers & Tablets
- Appliances
- TV & Home Theater

## EVENTS

- Concerts
- Movie Theaters
- Sports
- Theme Parks

## FOOD & DINING

- Restaurants
- Shopping

## HEALTH & WELLNESS

- Gym Memberships
- Weight Loss

## INSURANCE

- Identity Theft Protection
- Pet Insurance
- Home & Auto Insurance
- Credible (Student Loan Refinancing)

## TRAVEL

- Air
- Hotels
- Vacation Packages
- Car Rental

# THANK YOU!



*While every effort has been made to ensure the accuracy of the information presented, in the event of any discrepancy your actual coverage and benefits will be determined by the legal plan documents and the contracts that govern these plans.*