



Job Corps Employees
(Hourly/Non Exempt Employees)

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, with this notable exception:

- **If you do not participate in your enrollment, you will be automatically enrolled into the First Medical group medical plan**

You may waive medical coverage, however you may only do so if you provide proof of other coverage, such as other group coverage or Tri-Care.

- **Medicare, Short term medical plans, and COBRA from another employer are NOT eligible other coverage**

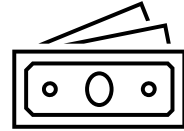
During the enrollment process, if you choose to waive medical coverage, you must upload your proof of other coverage

- **If you do not upload your proof of other coverage by the end of your enrollment period you will be re-enrolled back into the medical plan**

Open Enrollment begins Monday November 17th and runs through Monday December 3rd, 2025.

FRINGE BENEFIT DOLLARS

Fringe Dollars & Payroll Deductions — SCA Employees



- Fringe dollars help pay for your insurance benefits.
- Payroll benefit deductions are calculated based on your initial contract and the fringe dollars you earn.
- If you don't earn enough fringe dollars, the extra cost will be deducted from your paycheck.
- Fringe dollars are for benefits—not extra pay.
- You can only waive medical coverage with proof of other insurance.
- Questions? Contact HR.

NEW EMPLOYEE WEBSITE

Your NEW Benefits Website Is Here!

Introducing a BRAND-NEW Benefits Website for employees:

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

MetLife — Life & Disability Insurance

MetLife — Employee Assistance Program

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

MEDICAL INSURANCE - FIRST MEDICAL PR

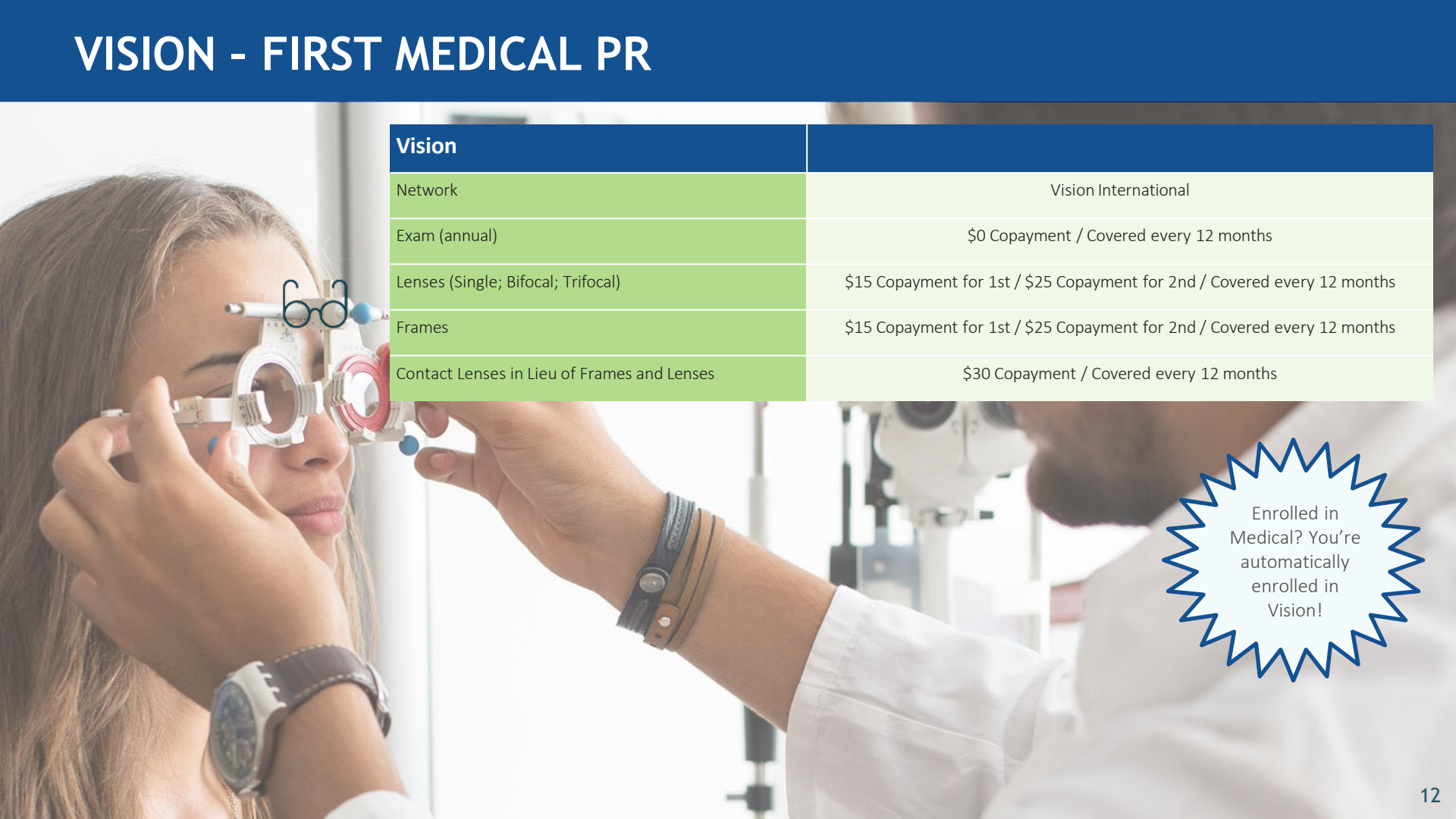
MEDICAL		
Benefit Provision	In-Network	Out-of-Network
Individual Deductible	\$100	Covered through reimbursement at the FMHP contracted rate with another provider of the same specialty, minus the applicable copay.
Family Deductible	\$300	
Out of Pocket Maximum (Individual/Family)	\$6,350 / \$12,700	
Office 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	

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



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

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



MetLife'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 **888-319-7819** to speak with a counselor (Video & Phone) or visit www.metlifeeap.lifeworks.com and enter
USER ID: Metlifeeap/PW: eap

LIFE INSURANCE AND AD&D

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

MetLife Basic and Supplemental Life Insurance

Basic Coverage

- Company paid
- \$25,000

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 lesser of 5x's salary or \$100,000
- 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 \$5,000 increments up to \$100,000 or 50% of your coverage, whichever is less
- EOI is not required unless electing amounts above \$25,000
- 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 \$10,000
- 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.



VOLUNTARY SHORT-TERM DISABILITY



7-day benefit elimination period.



Plan pays a benefit up to 60% of base weekly earnings. Benefit Maximum is \$1,000 per week.



After the elimination period, the benefits can continue up to 12 weeks.

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

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.



VOLUNTARY LONG-TERM DISABILITY



Plan pays up to 60% of your salary to a max of \$4,000 per month.



90-day elimination waiting period.



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

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

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
2. Referral Code: BUNZZT
3. Complete Registration

Start saving today!

Questions?

Call 1-866-664-4621 or email 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.