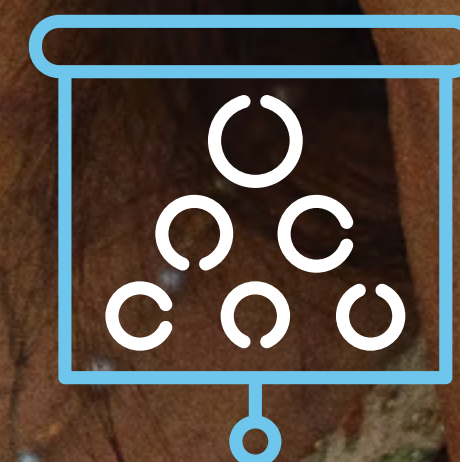


# 2024 BENEFITS GUIDE

**Open Enrollment is  
February 14 - 28, 2024.**



Look inside for details about changes, all of your benefit options, and how to enroll.



# FOCUSED ON BENEFITS

Welcome to the 2024 Open Enrollment period for eligible MyEyeDr. associates and doctors.

Our annual Benefits **Open Enrollment period begins on February 14 and ends on February 28**. Now is the perfect time to explore our benefit offerings and learn about how they can best meet your needs.

At MyEyeDr., our vision is to be the leader in patient experience for vision health and wellness, fulfilling our purpose of helping our patients lead their best lives. We know that achieving that vision begins with helping you live your best life through programs that support your wellbeing. One of the ways we support your overall health and wellness is by providing a comprehensive benefits package including medical, dental, vision, Short-Term Disability, Life Insurance, and mental health support, as well as voluntary benefits such as critical illness, hospital indemnity, accident, and pet insurance.

We're excited about several enhancements in 2024 and beyond, thanks to your feedback.

First, we're updating our benefit plan year beginning January 1, 2025. Our current benefit plan year is April 1 – March 31. We've heard from you that this creates confusion regarding annual maximums and presents challenges when comparing household benefit options. To make this change in 2025, the 2024 benefit plan year will be a short plan year: April 1 – December 31, 2024. Due to the short plan year, **we're decreasing deductibles and out-of-pocket maximums** temporarily through December in recognition that a shorter plan year may impact your plan utilization and out-of-pocket spending. In addition to these reductions, as in past years, MyEyeDr. will cover a large portion of the medical plan cost increase and only pass along a moderate increase to employees.

Second, we're thrilled to demonstrate our commitment to your mental and emotional health by improving our Employee Assistance Program (EAP) benefits through ComPsych. This year, we've enhanced the program to provide six **free counseling** sessions with master's level counselors. We've also added free **wellness coaching** for a variety of mental and physical health solutions, therapist and provider appointment scheduling assistance, and a new app that offers computerized cognitive behavioral health therapy.

Third, we have a new partner to support your emotional and physical health goals in 2024. We're excited to offer **discounted membership to Gympass** – a benefit that gives you all-in-one access to a network of gyms, trainers, classes, and apps such as Calm and Headspace. We'll also be offering quarterly wellness events including another step challenge.

Please be sure to take this opportunity to review our benefit offerings and take advantage of the programs that best support you and your family.

We're so proud of the work that you do to prioritize care for your patients and for your own health and wellbeing. Thank you for all that you do.

All the best for a healthy 2024.

# WHAT'S NEW

**We believe that before helping patients live their best lives, you must first live yours. By prioritizing care for you and your family through our comprehensive benefit options, we support your health and wellness so that you can see, look, and feel your best.**

While there are only a few changes to our benefits for 2024, we're adjusting how your benefits coverage will work during the calendar year. Read on for more information about this change.

This guide summarizes the key features of MyEyeDr.'s benefit plans. Please refer to the plan documents for exact terms and conditions of coverage. If any conflict arises between this guide and the official plan documents, the terms of the actual plan documents or other applicable documents will govern in all cases. MyEyeDr. and its affiliated entities reserve the right to change, modify, or terminate the benefit plans at any time. This guide isn't a contract for purposes of employment or payment of benefits.

## Benefit Plan Year Changes

In the past, our plan year for our benefits coverage has been different than the calendar year. Your new benefits have started on April 1 and ended on March 31. Many of you have shared that this approach makes it hard for you to choose between your spouse/domestic partner's benefits and MyEyeDr. benefits. With your feedback in mind, we've decided to move to a calendar year for our benefits coverage.

To make that happen, we need one short plan year. **So, the benefits you elect during 2024 Open Enrollment will be effective April 1, 2024, to December 31, 2024.** In the fall of 2024, we'll hold another Open Enrollment for you to choose your benefits for January 1, 2025, to December 31, 2025.

## HOW THE SHORT PLAN YEAR AFFECTS YOUR BENEFITS

- **Medical:** We're lowering the deductibles and out-of-pocket maximums for the BlueChoice Advantage medical plans temporarily during the short plan year.
- **Health Savings Account (HSA):** MyEyeDr. contributes to your HSA per pay period: \$20.83 per pay period for employee-only coverage and \$41.67 per pay period if you're covering others. This will not change. However, since the plan year is short, the MyEyeDr. contribution will be \$375 for employee-only coverage and \$750 if you're covering others April 1 - December 31, 2024.

While the IRS contribution maximum is not impacted by the short plan year, you'll need to consider any contributions you make to your account between January and March 2024 when calculating your contribution amount for April 1 through December 31, 2024. You can learn about fixing over-contributions and avoiding associated penalties by contacting Further at **1-866-758-6119**.

- **Flexible Spending Accounts (FSAs):** The annual Health Care Flexible Spending Account (HCFSA) and Limited-Purpose Flexible Spending Account (LPFSA) contribution maximums of \$3,200 will be prorated as a result of the short plan year.
  - **HCFSA and LPFSA:** The annual contribution maximum for each of these accounts will be reduced to \$2,400. (The prorated contribution limit does not affect your carryover limit for these FSAs.) Also, the time period during which you can incur reimbursable expenses will be reduced from 12 to nine months, and funds will need to be used by December 31, 2024.
  - **Dependent Care Flexible Spending Account (DCFSA):** The annual contribution maximum for the DCFSA will be prorated and reduced from \$5,000 to \$3,750.
  - To help you determine how much money to put aside during the short plan year, use this [FSA calculator](#).

# WHAT'S NEW (cont'd)

Find out what else is changing for 2024.

## Medical Plan Changes

Due to the short plan year, we're lowering the deductibles and out-of-pocket maximums for our BlueChoice medical plans. The plan names are also changing. See details in the chart below.

	<b>BlueChoice Advantage HDHP I</b> <small>(formerly CDH I \$3,000)</small>	<b>BlueChoice Advantage HDHP II</b> <small>(formerly CDH II \$1,750)</small>	<b>BlueChoice Advantage PPO</b> <small>(formerly PPO \$1,500)</small>
<b>ANNUAL DEDUCTIBLE</b>	<b>\$2,800 individual</b> <b>\$5,600 family</b>	<b>\$1,600 individual</b> <b>\$3,200 family</b>	<b>\$1,300 individual</b> <b>\$2,600 family</b>
<b>ANNUAL OUT-OF-POCKET MAXIMUM</b>	<b>\$5,500 individual</b> <b>\$11,000 family</b>	<b>\$4,500 individual</b> <b>\$9,000 family</b>	<b>\$3,500 individual</b> <b>\$7,000 family</b>

## Discounts on Wellness Apps and Gyms

We're introducing Gympass, which offers memberships that provide:

- Discounts at popular gyms and studios.
- Free access to select apps that can help you relax, relieve stress, eat better, and more.
- On-demand activities, like live-streaming classes.

Learn more about [Gympass](#).

## Medical Plan Contribution Increases

Rising healthcare costs mean you'll pay a bit more from each paycheck for your medical coverage. MyEyeDr. will still cover the majority of the cost.

## 401(k) Plan Changes

In accordance with the IRS, the maximum contribution limit for the 401(k) Plan is increasing from \$22,500 to \$23,000. If you're age 50 or older, you can contribute an additional \$7,500 as a catch-up contribution per calendar year.

If you're a highly compensated employee (as defined by the IRS, someone who earns a minimum of \$150,000), you can contribute up to the annual maximum, and MyEyeDr. will match your contribution dollar for dollar up to 1%.

## Employee Assistance Program (EAP) Enhancements

Beginning next year, you'll have access to:

- Six free counseling sessions per topic, per year, instead of five.
- Wellbeing coaching from ComPsych behavioral change specialists, with up to five sessions of 1:1 telephonic support to develop coping skills and resiliency.
- Computerized Cognitive Behavioral Therapy (CCBT), offered through the Koa Foundations app, featuring self-guided, interactive resources to support common health issues like depression, anxiety, and sleep challenges (find instructions for how to download the app at [GuidanceResources](#); use web ID **myeydr**).
- New digital intake and online scheduling support from ComPsych that makes it easy to book with your preferred therapist.

## Increases to Health Savings Account (HSA) and Flexible Spending Account (FSA) Maximums

The IRS has increased the amount you can save in certain tax-advantaged accounts in 2024.

- **HSA:** You may contribute up to \$3,775 for employee-only coverage and \$7,550 for family coverage starting in the new plan year (\$4,150 and \$8,300 inclusive of MyEyeDr.'s contribution). The HSA maximum established by the IRS is a calendar year maximum and is therefore not impacted by the short plan year.
- **Health Care FSA (HCFSA) or Limited-Purpose FSA (LPFSA):** The maximum contribution limit for these FSAs is increasing to \$3,200, but the prorated amount you can contribute for the short plan year is \$2,400.



### Enroll on the Go

Enroll anywhere by downloading the Dayforce app at the [App Store](#) or [Google Play](#). Use your Dayforce login credentials and the company ID "MyEyeDr".

# YOUR OPEN ENROLLMENT TO-DO LIST: 2024



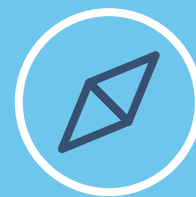
## Get all the details.

Review this guide and visit the [Open Enrollment MyEyeShare site](#), your one-stop shop to view benefit details and helpful resources. Or, go to the [CareFirst MyEyeDr. site](#) to view information without requiring a login.



## Review your coverage and dependents.

Visit [Dayforce](#) to review the coverage you have now and the family members enrolled in MyEyeDr. benefits.



## Find help.

For questions about the medical and dental plans, call the CareFirst Assistance line dedicated to MyEyeDr. associates at **1-833-824-8642** or visit [carefirst.com/myeyedr](https://www.carefirst.com/myeyedr).

If you need help enrolling, submit a [myHelpDesk ticket](#) or contact Shared Services at [hr@myeyedr.com](mailto:hr@myeyedr.com).



## Enroll: February 14 - 28, 2024.

When you're ready to enroll, log into [Dayforce](#) and look for the enrollment notice in your Dayforce message center, or click "Benefits." Or, download the Dayforce app and use your login credentials and the company ID "MyEyeDr".

## ACTION REQUIRED: 2024 COVERAGE CHANGES

Key changes to our programs mean that you must take action to ensure you have the benefits you need to meet your needs and those of your family. Go to [Dayforce](#) to review your benefits and confirm, waive, or make changes. If you do not take action:

- Your current medical coverage will automatically roll over. If you don't want medical coverage, you must go into Dayforce and waive coverage. This also applies to your spouse/domestic partner and/or dependents if they are currently enrolled in medical coverage.
- You won't be able to contribute to Flexible Spending Accounts (FSAs) and/or additional action will be required for Health Savings Account (HSA) enrollment.
- You won't be able to make changes to your benefits until the next Open Enrollment period, unless you have a Qualified Life Event, such as marriage, divorce, or birth or adoption of a child.

# ELIGIBILITY

**In general, if you're a full-time associate or doctor regularly scheduled to work at least 30 hours per week, you're eligible for the benefits in this guide.\***

You can enroll your spouse/domestic partner,\*\* your and/or your spouse's/domestic partner's children under age 26, as well as children of any age if they have a physical or mental disability that makes them dependent on your support. You will need to provide documentation — such as a marriage or birth certificate — to verify dependent eligibility.

\*Part-time optometrists (doctors) are eligible for certain benefits, including medical, Employee Assistance Program (EAP), and 401(k) benefits. Eligible part-time doctors must be regularly scheduled to work eight to 29 hours per week and pay the full cost of the medical plan.

\*\*Separate rates; pre-tax, post-tax, and imputed income apply for domestic partners and the children of domestic partners.



## COVERAGE

Coverage elected during Open Enrollment begins April 1, 2024, and ends December 31, 2024. If you enroll in benefits requiring EOI, you'll need to submit all paperwork and be approved before benefits and payroll deductions begin.

Coverage for new hires and newly eligible associates will begin on the first of the month following 30 days of employment. Elections must be made within 30 days of hire or a benefit eligibility status change.



# MEDICAL

## We have three medical plans to choose from.

The plan options are two high-deductible plans and a traditional PPO plan: BlueChoice Advantage HDHP I, BlueChoice Advantage HDHP II, and BlueChoice Advantage PPO. All plans use the CareFirst BlueChoice Advantage network. The differences in the plans include the cost of care, plan deductibles, and out-of-pocket maximums.\*



**In general, the plans cover the same services, including 100%-paid eligible in-network preventive care. No matter which plan you choose, you'll always save money when you use in-network providers. All plan options include pharmacy benefits.**



## Key Differences

How and what you pay for care differs depending on the type of plan you choose:

- With the high-deductible plan options — **BlueChoice Advantage HDHP I and BlueChoice Advantage HDHP II** — you meet an annual deductible before the plan pays benefits for medical care and prescriptions (excluding eligible in-network preventive care).
- Under the **BlueChoice Advantage PPO**, you pay a fixed amount (copay) for doctor's visits and prescriptions. After you meet the deductible, you pay your share with copays or coinsurance for medical care. (The deductible doesn't apply to prescriptions.)

For all plans, if you meet the out-of-pocket maximum, the plan pays 100% of eligible expenses for the rest of the year.


See how the plans compare on [page 8](#).

\*Our plan names have changed. BlueChoice Advantage HDHP I was formerly BlueChoice CDH I \$3,000; BlueChoice Advantage HDHP II was formerly BlueChoice CDH II \$1,750; and BlueChoice Advantage PPO was formerly BlueChoice PPO \$1,500.

# MEDICAL PLAN OPTIONS

Here's how MyEyeDr. medical plans work for in-network coverage. See [page 10](#) for your bi-weekly medical contributions.



	BlueChoice ADVANTAGE HDHP I*	BlueChoice ADVANTAGE HDHP II*	BlueChoice ADVANTAGE PPO
<b>CONTRIBUTIONS</b>	\$	\$\$	\$\$\$
<b>ANNUAL DEDUCTIBLE*</b> In-network	\$2,800 individual \$5,600 family	\$1,600 individual \$3,200 family	\$1,300 individual \$2,600 family
<b>ANNUAL OUT-OF-POCKET MAXIMUM</b> In-network	\$5,500 individual \$11,000 family	\$4,500 individual \$9,000 family	\$3,500 individual \$7,000 family**
<b>PREVENTIVE CARE</b> (100% covered)	\$0	\$0	\$0
<b>VISITS</b> (% coinsurance after deductible or copay dependent on plan)			
Primary Care Physician (PCP) Office Visits	30%	30%	\$30 copay
Virtual Visits	30%	30%	\$20 copay
Urgent Care Visits	30%	30%	\$60 copay
Emergency Room Visits	30%	30%	\$500 copay
<b>PRESCRIPTION DRUGS</b> (See <a href="#">page 9</a> for details)		Except for certain preventive drugs, you pay the full cost until you meet the deductible.	You pay a copay based on drug tier.
<b>TYPE OF FUNDING ACCOUNT</b>	HSA	HSA	FSA
<b>HOW YOUR ACCOUNT IS FUNDED</b>			
<b>MyEyeDr. Health Savings Account (HSA) Contribution***</b> 	\$375 individual \$750 family	\$375 individual \$750 family	N/A
Your Optional HSA (for HDHP Plans) or HCFSAs (for PPO Plan) Contribution	\$3,775 individual \$7,550 family	\$3,775 individual \$7,550 family	HCFSAs: \$240 - \$2,400***

\*For the BlueChoice Advantage HDHP I and HDHP II plans, if you choose employee + spouse, child, or family coverage, the family deductible must be met before the coinsurance applies. The family out-of-pocket maximum must be met before the plan starts to pay in full, even if an individual has satisfied their own individual out-of-pocket maximum.

\*\* For the PPO plan only: If a family member meets the individual out-of-pocket maximum, the plan will start to pay benefits for that family member — even if the family deductible hasn't been met. Once the family deductible is met, the plan will pay benefits for all covered family members.

\*\*\*This amount is prorated due to the short plan year.

# PRESCRIPTION DRUGS

Prescription drugs are integrated into each of our medical plans.

Preventive drugs are covered at 100% in-network. [View a list of covered preventive drugs.](#)

If you take a maintenance medication (i.e., have an ongoing prescription), you'll save money by ordering a 90-day supply through the mail-order program.



## What You Pay

What you pay depends on the plan you elect, the type of medication, and where you fill your prescription. The costs shown below apply to both in- and out-of-network prescription drugs.

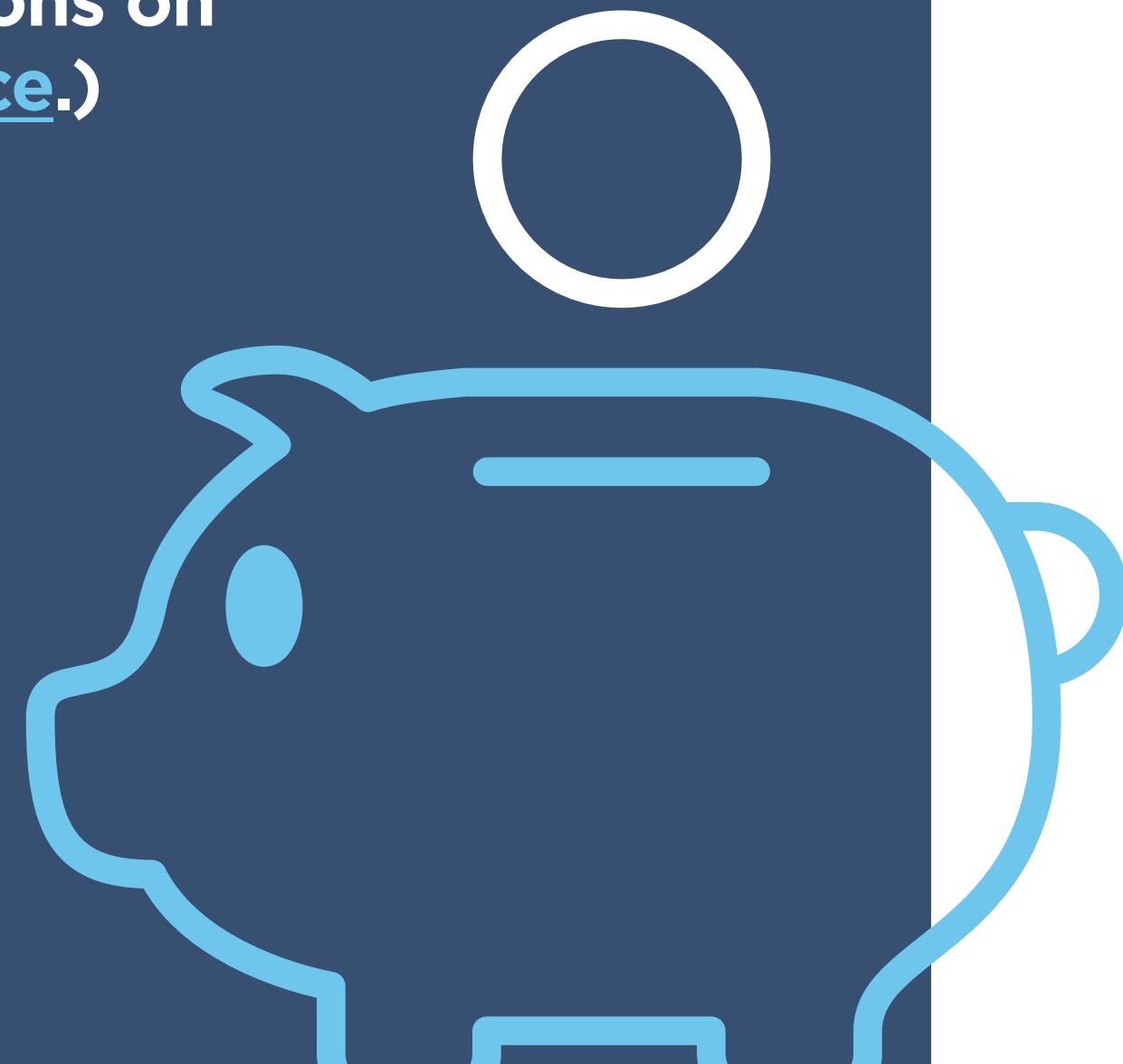
	BlueChoice ADVANTAGE HDHP I	BlueChoice ADVANTAGE HDHP II	BlueChoice ADVANTAGE PPO
<b>ANNUAL DEDUCTIBLE</b>	Subject to medical deductible	Subject to medical deductible	Deductible does not apply
<b>RETAIL (30-DAY SUPPLY)</b> (% coinsurance after deductible or copay dependent on plan)			
Generic	30%	30%	\$15 copay
Brand	30%	30%	\$35 copay
Non-Formulary	30%	30%	\$60 copay
<b>MAIL ORDER (90-DAY SUPPLY)</b> (% coinsurance after deductible or copay dependent on plan)			
Generic	30%	30%	\$30 copay
Brand	30%	30%	\$70 copay
Non-Formulary	30%	30%	\$120 copay



**LEARN MORE**  
about [how to save on prescription drugs.](#)

# 2024 MEDICAL CONTRIBUTIONS

You and MyEyeDr. share the cost of medical coverage. See what you pay per paycheck for coverage. (Costs are for full-time associates and doctors. If you're a part-time doctor, you can access your medical contributions on the [MyEyeShare site](#) or [Dayforce](#).)



	BlueChoice ADVANTAGE HDHP I	BlueChoice ADVANTAGE HDHP II	BlueChoice ADVANTAGE PPO
EMPLOYEE ONLY	\$50.97	\$71.42	\$115.34
EMPLOYEE + SPOUSE*	\$259.99	\$307.84	\$398.67
EMPLOYEE + CHILD(REN)*	\$96.16	\$131.84	\$230.45
EMPLOYEE + FAMILY*	\$356.27	\$422.89	\$594.86

\*Contributions are reflected as totals, per pay period. If you cover a domestic partner and/or your domestic partner's children, the portion of your contribution that is attributed to your own coverage is pre-tax, and the portion attributed to your domestic partner/domestic partner's children is post-tax. Visit the [MyEyeShare site](#) to view the specific amounts.

**IMPORTANT:** MyEyeDr. encourages you to learn about your own health by participating in the Wellbeing Premium Incentive. The Wellbeing Premium Incentive requires you and your covered spouse/domestic partner to complete an annual health screening and record your results in the [CareFirst WellBeing portal](#). If you and/or your spouse/domestic partner do not complete an annual health screening and record your results in the [CareFirst WellBeing portal](#) by October 1, 2024, you'll pay an additional \$50 per month for Employee Only or Employee + Children tiers or \$100 for Employee + Spouse or Employee + Family tiers until the next plan year. Learn more about how this works on [page 11](#).

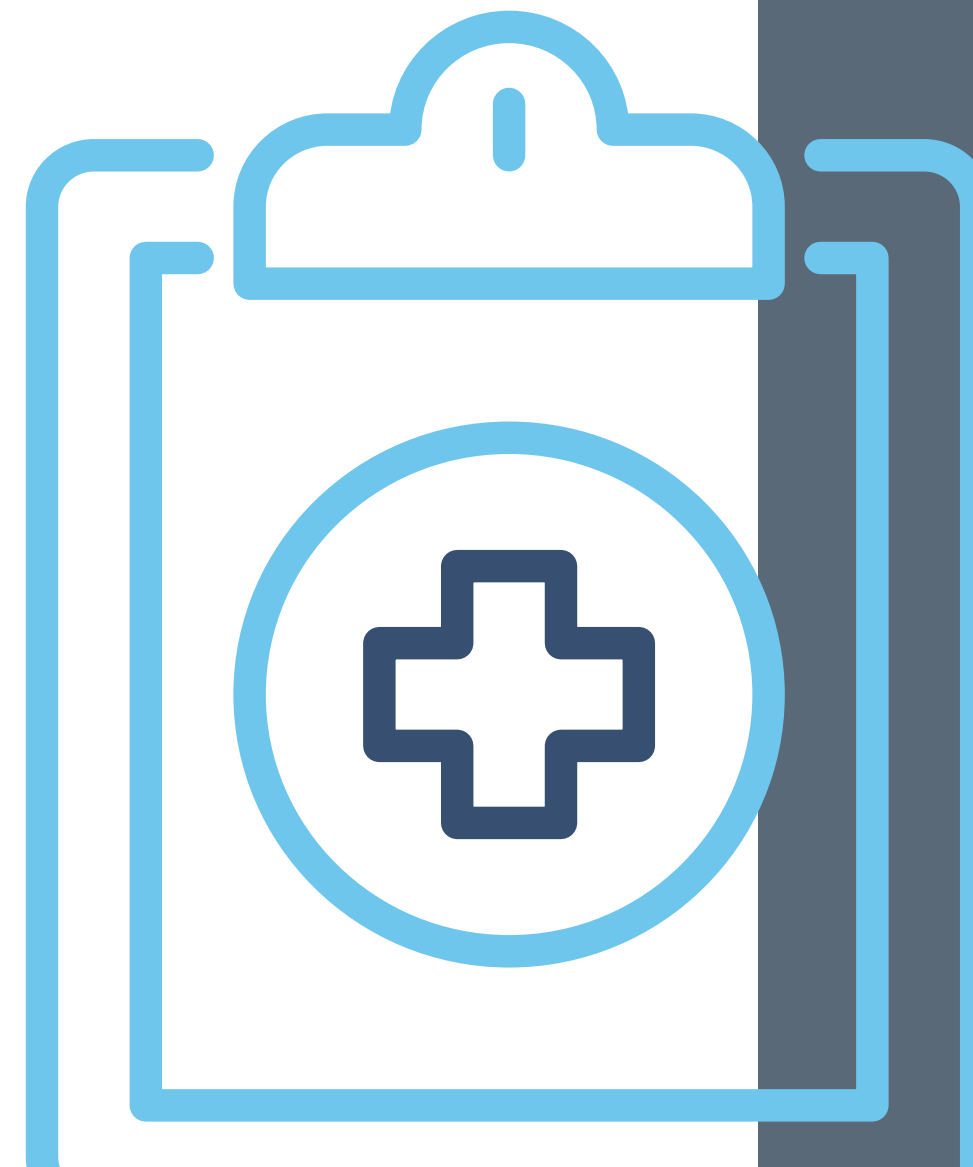
# WELLBEING PREMIUM INCENTIVE

**Helping you live your best life is a top priority, and we encourage you to take action to get (and stay) healthy.**

As part of this commitment to your wellbeing, you'll save on bi-weekly contributions if you complete a health screening (often referred to as a biometric screening) and record your results in the [CareFirst WellBeing portal](#).

## How to Save on Your Medical Contributions

If you enroll in a MyEyeDr. medical plan option and complete a health screening and record your results in the [CareFirst WellBeing portal](#) by October 1, 2024, your contributions will be those reflected on [page 10](#). If you and/or your spouse/domestic partner do not complete the health screening by this date, you'll pay an additional \$50 per month for Employee Only or Employee + Children tiers or \$100 for Employee + Spouse or Employee + Family tiers — in addition to your contributions — until the next plan year begins on January 1, 2025.



## TAKE ACTION

To avoid paying higher premiums, complete the following actions between April 1 and October 1, 2024:

1

### REGISTER.

Create your [CareFirst account](#). Then, complete your CareFirst wellness portal registration and your HIPAA/GINA consent via CareFirst WellBeing.

2

### COMPLETE YOUR HEALTH SCREENING.

- Complete an annual preventive care visit with your primary care provider and have them complete your health screening results form. (If you have completed a health screening since January 1, 2024, you may submit those results.)

OR

- Complete your annual preventive screening at an eligible CVS MinuteClinic and have them complete the applicable form.

3

### RECORD YOUR RESULTS.

When you've completed your screening, record your results in the [CareFirst WellBeing portal](#).

For more details, visit the [Open Enrollment MyEyeShare site](#).

KNOW BEFORE YOU GO:

# YOUR MONEY, YOUR HEALTH, YOUR DECISION

**Your primary care provider (PCP) is the best place to go for quality, consistent medical care. Having a doctor who knows your health history makes it easier to get the care you need when you have a medical issue.**

But your PCP may not be available when you need care. Know your options so you can get the right care at the right time — and at the right cost, since what you pay for healthcare services varies depending on where you go.

Review the chart to learn where to get care based on your symptoms and general hours of operation. To learn about associated costs, call the member services phone number on your ID card or log in to your [CareFirst MyAccount](#).

Your Care Options	Cost	Needs or Symptoms (Such As)	24/7	Rx	Virtual Care	In-Person Care
<b><a href="#">CLOSEKNIT VIRTUAL CARE</a></b> 24/7 primary and urgent care* for more than 100 conditions — online or through an easy-to-use app *Primary care available to members and dependents ages 18+; urgent care available to members and dependents ages 2+	\$	<ul style="list-style-type: none"> <li>Cough, cold, and flu</li> <li>Urgent care needs</li> <li>Illness while traveling</li> <li>Therapy</li> <li>Psychiatry, lactation, and nutrition services</li> <li>Medication questions</li> <li>Insurance or coverage questions</li> <li>In-the-moment consultation</li> </ul>	Yes	Yes	Yes	No
<b>24-HOUR NURSE ADVICE LINE</b> Call <b>1-800-535-9700</b> for general questions about health issues or where to go for care	Free	<ul style="list-style-type: none"> <li>Cough, cold, and flu</li> <li>Rashes</li> <li>Medication questions</li> </ul>	Yes	No	Yes	No
<b>PCP VISIT</b> Discuss diagnosis, treatment of illness, chronic conditions, routine check-ups	\$	<ul style="list-style-type: none"> <li>Routine physical</li> <li>Diabetic care</li> <li>Cough, cold, flu, allergies</li> <li>Bronchitis</li> </ul>	No	Yes	Yes	Yes
<b>CONVENIENCE CARE</b> (e.g., CVS MinuteClinic or Walgreens Healthcare Clinic) Health screenings, vaccinations, minor illness, or injury	\$\$	<ul style="list-style-type: none"> <li>Cough and cold</li> <li>Pink eye</li> <li>Ear pain</li> <li>Flu shot</li> </ul>	No	Yes	No	Yes
<b>URGENT CARE</b> Non-life-threatening illness or injury requiring immediate care	\$\$\$	<ul style="list-style-type: none"> <li>Sprains</li> <li>Cut requiring stitches</li> <li>Minor burns</li> <li>Sore throat</li> </ul>	No	Yes	No	Yes
<b>EMERGENCY ROOM</b> Life-threatening illness or injury	\$\$\$\$	<ul style="list-style-type: none"> <li>Chest pain</li> <li>Difficulty breathing</li> <li>Uncontrolled bleeding</li> <li>Major burns</li> </ul>	Yes	Yes	No	Yes

# HEALTH SAVINGS ACCOUNT (HSA)

The BlueChoice Advantage HDHP I and BlueChoice Advantage HDHP II medical plan options come with an HSA, a tax-free savings account\* to help you pay and/or save for eligible medical, dental, vision, and prescription drug expenses with pre-tax dollars.

The HSA, administered by Further, is yours to keep — even if you retire or leave MyEyeDr. It's your choice whether to use your HSA for near-term or long-term eligible expenses — even into retirement.



\*You must meet certain IRS eligibility requirements to contribute to an HSA. Tax advantages described above are for federal income tax purposes only. State income tax treatment of contributions and earnings may vary.

## Who's Eligible

You can participate in an HSA if you're enrolled in the BlueChoice Advantage HDHP I or BlueChoice Advantage HDHP II medical plan. You can't participate in an HSA if:

- You're covered under any other medical plan that's not a high-deductible plan, including Medicare or TRICARE.
- Any of your eligible dependents has a Health Care Flexible Spending Account (FSA).
- You're a dependent on anyone else's tax return.

## How It Works

You and MyEyeDr. can contribute to your HSA, up to the annual IRS limits. You can change your contribution at any time during the year at the [CareFirst site](#). You don't have to contribute to receive contributions from MyEyeDr.

### 2024 HSA Contribution Limits\*\*

Individual	\$4,150
Family	\$8,300
Catch-Up Contribution (Age 55+)	\$1,000

\*\*Includes contribution from MyEyeDr.

## GET MONEY FROM MYEYEDR.!

MyEyeDr. will contribute pre-tax dollars to your HSA based on your coverage tier. These are prorated amounts due to the short plan year (April 1 - December 31, 2024).

### Employer HSA Contribution

Individual	\$375
Family	\$750

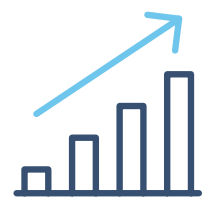
# HSA TRIPLE-TAX SAVINGS

Here's how you save with an HSA:\*



## Add

Money goes in on a pre-tax basis through paycheck contributions. Plus, you save even more with the contribution from MyEyeDr.!



## Grow

The money in your account earns interest, and the investment earnings are tax-free, too.



## Spend

Money is withdrawn tax-free when used for eligible healthcare expenses.

\*HSAs are not taxed at the federal income level when used for eligible expenses. While most states recognize HSA funds as tax-free, there are some exceptions. Please consult a tax advisor regarding your state's specific rules.



## HSA AND LIMITED-PURPOSE HEALTH CARE FSA

If you're enrolled in an HSA medical option, you can contribute to a Limited-Purpose FSA (LPFSA) to use for eligible dental and vision expenses. You may only use your LPFSA for medical expenses once you meet your medical plan's deductible. The LPFSA is in addition to your HSA, and "use-it-or-lose-it" rules apply. Learn more on [page 15](#).



# FLEXIBLE SPENDING ACCOUNTS (FSAs)

With WEX, our FSA vendor, you'll enjoy the added convenience of fast payments, a dynamic mobile app, and expert customer service!

We offer three different types of FSAs to help you save on eligible healthcare and dependent care expenses by using pre-tax dollars. The type of healthcare FSA you can elect depends on your medical plan; however, the Dependent Care FSA is available to you regardless of your medical plan election.

You can pay for expenses using your debit card or submit expenses online for reimbursement. The IRS may ask you to verify that an expense was eligible, so be sure to keep your receipts.



	Health Care FSA	Limited-Purpose FSA	Dependent Care FSA
<b>ELIGIBLE MEDICAL PLANS</b>	BlueChoice Advantage PPO, or if you waive medical plan coverage	BlueChoice Advantage HDHP I or BlueChoice Advantage HDHP II	All medical plans or if you waive medical plan coverage
<b>HOW MUCH YOU CAN CONTRIBUTE*</b>	<b>\$240 - \$2,400</b>	<b>\$240 - \$2,400</b>	<b>\$240 - \$3,750</b> (up to \$1,875 — prorated for short plan year — if you're married and filing separately)
<b>WHAT YOU CAN USE THE MONEY FOR</b>	Eligible medical expenses such as copays, coinsurance, deductibles, prescription drug costs, and dental and vision expenses <a href="#">View a list of eligible expenses.</a>	Eligible dental and vision expenses; eligible medical expenses after deductible is met	Elder care and child care expenses** (for children under age 13), such as day care and nursery school, while you and your spouse work, look for work, or go to school full-time <a href="#">View a list of eligible expenses.</a>
<b>WHEN FUNDS ARE DEPOSITED</b>	Beginning of the plan year and with each pay period	Beginning of the plan year and with each pay period	Each pay period
<b>UNUSED MONEY</b>	Funds must be used by December 31, 2024. You can carry over up to \$500 of unused funds from one plan year to the next.		Funds not used prior to December 31, 2024, are not eligible for rollover, so consider your contributions carefully.

\*The maximum contribution for the FSAs has been reduced due to the short plan year.

\*\*If you use the DCFSAs for child care expenses, you can't use the same expenses to claim the child tax credit.

**IMPORTANT:** FSAs are subject to non-discrimination testing. The test results will vary each year, and we cannot advise prior to signing up for these plans if you will or will not be considered a highly compensated employee. (This depends entirely on the salaries of others who enroll.) If the plan fails non-discrimination testing, and you are considered a highly compensated employee, some or all of your FSA contributions may become taxable to you.

# DENTAL

You have a choice of two plans. Here's what you'll pay:



	BlueDental EPO (in-network only)*	BlueDental Plus PPO
<b>DIAGNOSTIC AND PREVENTIVE CARE</b> (after deductible)	\$0	\$0
<b>ANNUAL DEDUCTIBLE</b>		
In-Network	<b>\$25</b> individual <b>\$75</b> family	<b>\$50</b> individual <b>\$150</b> family
Out-of-Network	Not covered	<b>\$50</b> individual <b>\$150</b> family
<b>OUT-OF-POCKET COSTS</b>	More predictable costs — you pay copays according to a patient charge schedule.	You pay a portion of costs after you reach the deductible.
<b>MAXIMUM BENEFIT</b>		
Annual In-Network Basic and Major Services	<b>\$2,000</b>	<b>\$1,000</b>
Annual Out-of-Network Basic and Major Services	Not covered	<b>\$500</b>
Lifetime Orthodontia Maximum Benefit	<b>\$2,000</b>	<b>\$1,500**</b>
<b>BI-WEEKLY CONTRIBUTIONS</b>		
Employee Only	<b>\$6.11</b>	<b>\$10.31</b>
Employee + Spouse/Domestic Partner	<b>\$12.84</b>	<b>\$21.64</b>
Employee + Child(ren)	<b>\$11.51</b>	<b>\$19.40</b>
Employee + Family	<b>\$16.87</b>	<b>\$28.44</b>

\*You must use a CareFirst in-network provider. You can find in-network providers [here](#).

\*\*Orthodontia is only covered for dependents up to age 19 on BlueDental Plus PPO.



**Early detection** of vision conditions, like diabetic retinopathy, leads to more effective treatment.

# VISION

**At MyEyeDr., providing exceptional eye care for our patients is our job. The eye health of our associates, doctors, and their families is equally important.**

Our vision plan, **MyVisionCare**, gives you and your family access to affordable eye exams and materials at MyEyeDr. locations.

New hires are eligible to receive one free pair of eyewear\* on or after the first of the month following 30 days from their hire date.\*\* All other associates and doctors receive a free comprehensive exam and/or contact lens exam, as well as an annual allowance of \$125 toward eyeglasses (limited to one pair) or \$150 toward contact lenses (limited to one for the plan year). The exam and allowance renew annually on your anniversary date. Immediate family members also receive one free comprehensive eye exam a year and are eligible to use the employee price list.

See the [MyVisionCare Guide](#) on [MyEyeShare](#) for details.

\*Refer to the MyVisionCare guide to see which materials are included.

\*\*The offer of one free pair of eyewear must be redeemed prior to the new hire's six-month anniversary.



## DISCOUNTS AND GIFT PURCHASES

You and your family members (spouse/domestic partner, children, stepchildren, parents, stepparents, grandparents, and in-laws) are eligible for discounts on glasses, contact lenses, and add-ons. You can also purchase exams and materials as gifts for friends and family members.

## SCHEDULING EXAMS

Associates, doctors, and their families must schedule exams outside of peak times (i.e., no appointments during restricted periods like back-to-school season [July 15 – August 20], December, evenings, or weekends). If you have questions, contact the General Manager or District Manager.

# LIFE AND AD&D

## MyEyeDr. provides basic coverage for Life Insurance and Accidental Death & Dismemberment (AD&D) Insurance through our administrator, MetLife.

Life Insurance pays a benefit in the event of your death. AD&D Insurance provides a benefit to you or your beneficiaries in the event of certain accidental losses or death.

For certain levels of coverage, you or your spouse/domestic partner may be asked to provide Evidence of Insurability (EOI), or proof of good health. You can complete the EOI process at the link in your Dayforce Benefits Enrollment. You are automatically enrolled in basic coverage at no cost to you, and you can purchase additional voluntary coverage for you, your spouse/domestic partner, and your children.

### ► BASIC LIFE AND AD&D PAID BY MYEYEDR.

MyEyeDr. provides Basic Life and AD&D Insurance equal to 1x your annual salary, up to \$50,000.

### ► VOLUNTARY LIFE AND AD&D

If you would like to increase your coverage, you can buy Voluntary Life and AD&D coverage for you and your family.

## VOLUNTARY LIFE AND AD&D INSURANCE

	Benefit Amount	Maximum	Guaranteed Issue Amount*
<b>EMPLOYEE</b>	Increments of <b>\$10,000</b>	Up to <b>\$500,000</b>	<b>\$150,000</b>
<b>SPOUSE/DOMESTIC PARTNER</b> (under age 65)	Increments of <b>\$5,000</b>	Up to <b>\$100,000</b>	<b>\$25,000</b>
<b>CHILD(REN)</b> (under age 19)	Increments of <b>\$1,000</b>	Up to <b>\$10,000</b>	<b>\$10,000</b>

\*Guaranteed issue means that you may be able to purchase coverage up to this amount without medical exams or health questions. Guaranteed issue is only applicable to new hires at the time of new hire enrollment.

**IMPORTANT:** You must have employee Voluntary Life and AD&D Insurance to purchase Voluntary Life and AD&D Insurance for your spouse/domestic partner and/or children. Spouse/domestic partner coverage can't exceed your coverage amount.

# DISABILITY

**MyEyeDr. offers employer-paid Short-Term Disability (STD) and voluntary, employee-paid Long-Term Disability (LTD) coverage to help protect you and your family if you become disabled and are unable to work because of a non-work-related illness or accident.**

To qualify, you must meet the definition of disability. The Americans with Disabilities Act (ADA) defines disability as having a physical or mental impairment that substantially limits a major life activity.



## How It Works



### ▶ SHORT-TERM DISABILITY

**Pays a portion of your salary for up to 26 weeks**

- 60% of your weekly earnings, up to \$1,000 per week.
- Benefits begin after a seven-day waiting period and are paid weekly.\*

\*There is a probationary six-month waiting period beginning on your date of hire before the STD benefit will be available to you.



### ▶ LONG-TERM DISABILITY

**Pays a portion of your salary for a period of time, which depends on your age at the time you become disabled**

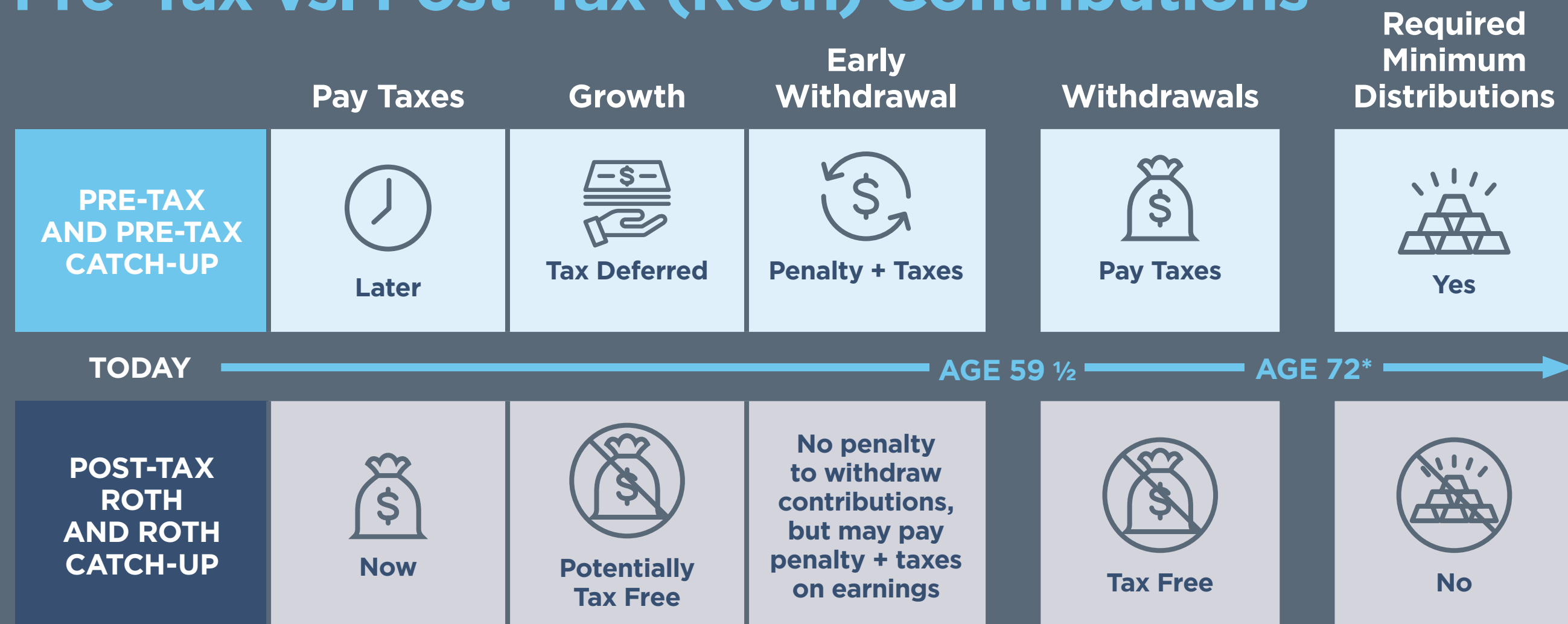
- 60% of your base gross salary, up to \$10,000 a month.
- Benefits begin when STD ends (if enrolled) and are paid monthly.

# 401(k) PLAN

Whether you're just getting started or getting ready to retire, Open Enrollment is a great time to make sure you're maximizing your retirement plan.

It's important to save for your future at every stage of life. Planning is that much easier with MyEyeDr.'s matching contributions and pre- and post-tax options. Review the information on this page to learn about eligibility, IRS contribution limits, and more.

## Pre-Tax vs. Post-Tax (Roth) Contributions



\*Or age 70½ for employees who turned 70½ before January 1, 2020.

## Who's Eligible

Full-time associates and doctors are immediately eligible for the 401(k) Plan. Part-time associates and doctors must work 1,000 hours in a calendar year to become eligible. To participate in the Plan, enroll anytime on the [Principal website](#).

**MyEyeDr. helps you save for retirement by matching your contributions dollar for dollar up to 3%, and then 50 cents on the dollar for the next 2%.**

Your Contribution	MyEyeDr. Match	MyEyeDr. Max Total Up to 4%
\$1	\$1	Up to 3%
\$1	\$0.50	Additional 1%

You can contribute up to the IRS maximum of \$23,000 in 2024.

If you're a highly compensated employee — as defined by the IRS as someone who earns at least \$150,000 a year — you can contribute up to \$23,000, and MyEyeDr. will match your contribution dollar for dollar up to 1%.

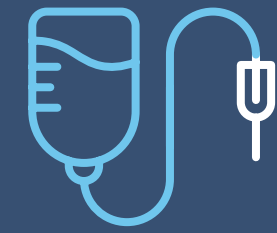
If you're age 50 or older, you can contribute an additional \$7,500 as a catch-up contribution per calendar year.

You may change your contributions on the [Principal website](#) at any time, but note that changes are subject to payroll deadlines. Catch-up elections are separate from regular elections and are also managed through the Principal website.

# PROTECTION BENEFITS

**You can't plan for the unexpected — but you can be prepared. We're offering these protection benefits to provide additional support when you need it.**

For details, visit the [Open Enrollment MyEyeShare site](#).



## Critical Illness Insurance

Critical Illness Insurance provides you and your family with additional financial protection for expenses associated with an unexpected covered critical illness — so you can focus on getting better. The insurance covers conditions like heart attack, stroke, and cancer. You can choose \$10,000 or \$20,000 of coverage.



## Hospital Indemnity Insurance

With Hospital Indemnity Insurance, you receive a lump sum if you're hospitalized as a result of a covered injury or illness. You can use the money however you'd like — it can help you pay expenses related to child care, travel, and other out-of-pocket expenses. The amount you receive varies based on the reason and length of your visit.



## Accident Insurance

Accident Insurance pays cash when you suffer from a covered accident. It can help you pay for expenses such as rehabilitation, transportation, child care, travel, and other out-of-pocket expenses. We offer two levels of coverage to choose from.



## Identity Theft Protection

You can purchase identity theft and fraud protection through NortonLifeLock.



## Legal Services

This plan can help with a wide range of legal services, including estate planning, real estate, and more.



## Pet Insurance

Keep dogs and cats healthy with pet insurance, which helps offset the cost of routine care, as well as treatment for injuries or illnesses.

# WELLBEING

**OneTeam Wellbeing — that’s our motto that drives our commitment to keeping each other healthy. Learn how CareFirst rewards and resources support this commitment to helping you live your best life. You must be enrolled in a MyEyeDr. CareFirst medical plan to use these programs and earn rewards.**

## CareFirst Blue Rewards

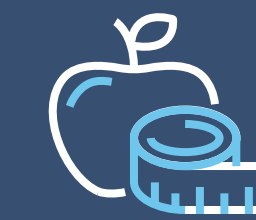
By completing the following activities, you earn rewards that you can use toward paying your out-of-pocket costs or eligible healthcare expenses. Upon completing one or more of these activities, you’ll receive a CareFirst Blue Rewards Visa incentive card with your rewards on it to pay for eligible healthcare expenses.

Earn \$50	Earn \$100	Earn \$25
<b>Consent to receive wellness emails and take the RealAge test.</b>	<b>Complete health screening.</b> <i>The health screening is required to avoid the wellness premium. (See <a href="#">page 11</a> for details.)</i>	<b>Retake the RealAge test.</b>
Complete a simple questionnaire to help determine the physical age of your body compared to your calendar age. <i>Must complete within 180 days of your effective date</i>	Visit your PCP or a CVS MinuteClinic to complete your health screening. <i>Must complete within 180 days of your effective date</i>	Earn an additional reward when you retake the RealAge test six months after your initial test. <i>Must complete before end of benefit period</i>



## CAREFIRST WELLBEING PROGRAMS

Specialized programs can help you take healthy steps toward:



### LOSING WEIGHT

**Eat Right Now** offers a 22-week module-based program with access to a personal coach, plus tools and resources, including Noom.



### QUITTING SMOKING

The 21-day **Craving to Quit** program focuses on using mindfulness to curb cravings.



### REACHING WELLNESS GOALS

Achieve your goals with **health coaching.**



### SAVING MONEY

Find great wellbeing discounts with **[Blue 365](#).**

# GYMPASS

**Gympass is a fitness and wellbeing benefit that gives you access to gyms, trainers, on-demand classes, apps, and more under one low-cost membership. Membership includes:**

- Gyms, boutique studios, and fitness clubs — such as Crunch, SoulCycle, Barry's, and LA Fitness — across the country.
- Top-rated apps (think Headspace and Calm) that support sleep, women's health, nutrition, and financial wellness.

## Who's Eligible

You and your dependents are eligible for Gympass. You don't need to be enrolled in a MyEyeDr. medical plan to use it.

## What It Costs

You pay \$6.99 per month for the first level of membership (you can opt in to other levels for an additional fee) for access to apps and discounts on gyms.

## How It Works

To sign up, [visit the Gympass website](#) or download the app on your smartphone and use your MyEyeDr. Employee ID to create an account.



# MENTAL HEALTH AND EMOTIONAL WELLBEING

If you enroll in any of our CareFirst medical plans, you will have access to the following resources to take care of your mental health and emotional wellbeing.



## 7 Cups

[7 Cups](#) is a free behavioral health digital resource that allows you to talk to trained volunteers via chat when you need someone to listen. If you need additional support, they can refer you to in-network, licensed therapists. 7 Cups can also connect you with other members for group support on particular issues. Find more information online in your [CareFirst MyAccount](#).

## CloseKnit

Access in-network mental and behavioral healthcare services at a reduced cost through [CloseKnit](#), a virtual primary care practice. Available 24/7 year-round, CloseKnit also offers preventive and urgent care — and more — to meet your specific needs and provide a whole health experience. Find more information online in your [CareFirst MyAccount](#).

## CareFirst Network of Behavioral Health Providers

CareFirst can help you find an in-network provider, schedule an appointment, or locate community resources and support programs. (You can also browse for a provider in your [CareFirst MyAccount](#).) If you'd like help, or if someone you know is in crisis, dial **988** or contact the CareFirst support line at **1-800-245-7013**.

## NOT ENROLLED IN A CAREFIRST MEDICAL PLAN? THE EMPLOYEE ASSISTANCE PROGRAM (EAP) CAN HELP.

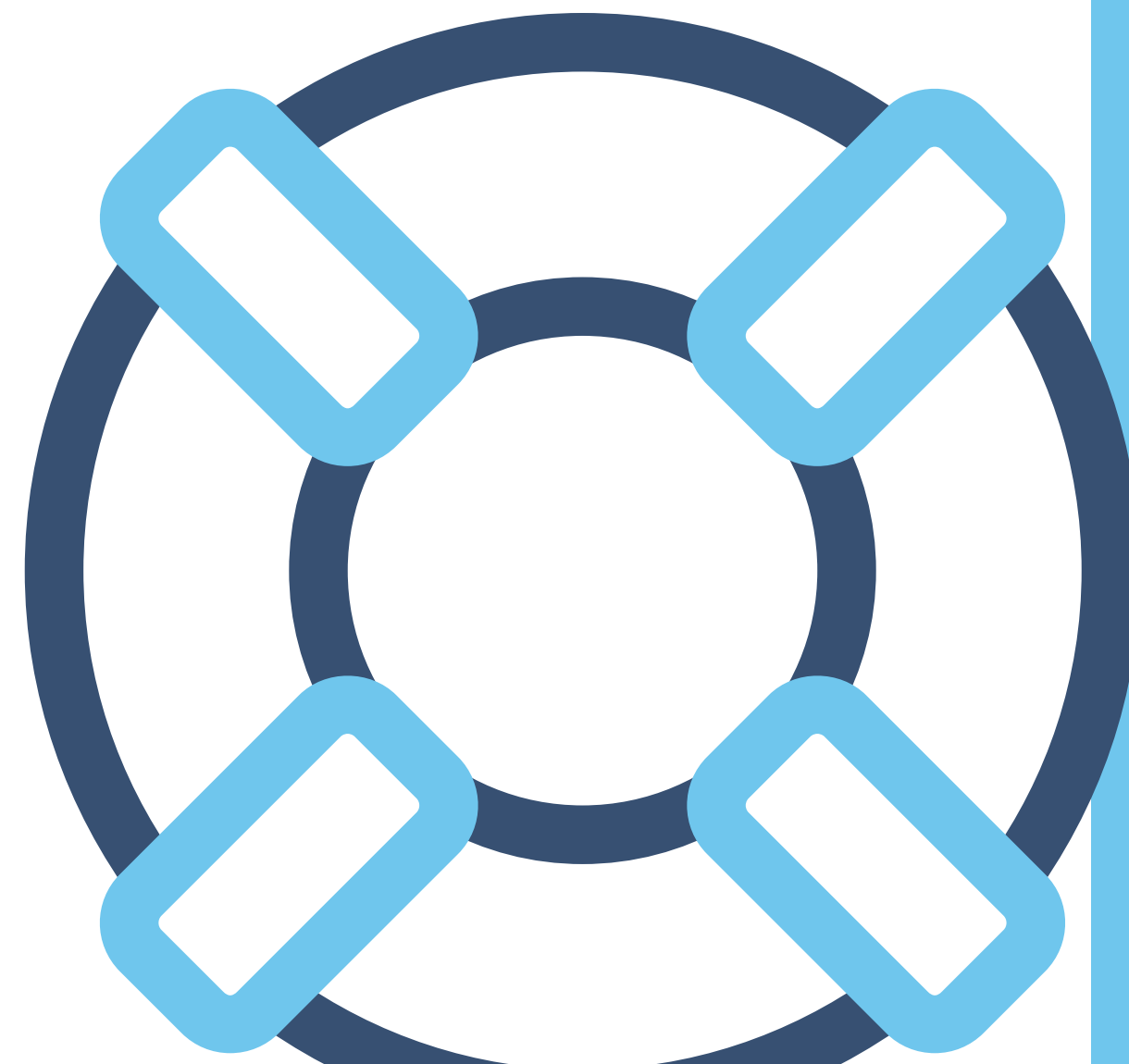
You don't have to be enrolled in a MyEyeDr. CareFirst medical plan to use the EAP wellbeing resources. The EAP offers free, short-term confidential counseling sessions, tools for boosting your mood and energy, and more. See [page 25](#) for more information.

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

The EAP offers 24/7, confidential, free support for everyday challenges, as well as more serious issues.



Visit [GuidanceResources](#) (use web ID **myeyedr**) to access resources, or call **1-844-393-4979** when you need help.



## Who's Eligible

You and your family members are eligible for the EAP. You don't need to be enrolled in a MyEyeDr. medical plan to use the program.

## How It Works

You can access confidential counseling via phone, video, text, or chat to get help with:

- **Depression, anxiety, grief, and stress;**
- **Family and parenting issues;**
- **Child and elder care;**
- **Financial problems;**
- **Substance abuse;**
- **Legal matters;**
- **Moving and relocation;**
- **And work-related issues.**

## NEW IN 2024

Beginning this year, you'll have access to:

- Six free counseling sessions per topic, per year, instead of five.
- Wellbeing coaching from ComPsych behavioral change specialists, with up to five sessions of 1:1 telephonic support to develop coping skills and resiliency.
- Computerized Cognitive Behavioral Therapy (CCBT), offered through the Koa Foundations app, featuring self-guided, interactive resources to support common health issues like depression, anxiety, and sleep challenges (find instructions for how to download the app at [GuidanceResources](#); use web ID **myeyedr**).
- New digital intake and online scheduling support from ComPsych that makes it easy to book with your preferred therapist.

# KEY TERMS

Get familiar with some key terms you'll see throughout this guide.



## ▶ COINSURANCE

The percentage you pay (up to an annual out-of-pocket maximum) for certain covered healthcare services after you meet your deductible. The plan pays the rest.

## ▶ CONTRIBUTIONS

The amount that is deducted from your paycheck on a bi-weekly basis to pay for coverage.

## ▶ COPAY

A fixed amount you pay for a covered healthcare service. Copays do not apply toward the deductible.

## ▶ DEDUCTIBLE

A fixed-dollar amount you pay out of pocket for certain healthcare services before the plan begins to pay. (The deductible does not apply to all services; some services, such as in-network preventive care, are covered at 100% with no deductible.) Separate in- and out-of-network deductibles apply. Deductibles are reset every plan year.

## ▶ EVIDENCE OF INSURABILITY (EOI)

EOI is a history of a person's current and past health events. EOI verifies whether a person meets the definition of good health determined by insurance company standards.

## ▶ EXPLANATION OF BENEFITS (EOB)

An EOB statement provides details about a health insurance claim that has been processed. It explains what portion was paid to the healthcare provider; it also tells you what portion of the payment, if any, is your responsibility. It is not a bill.

## ▶ FLEXIBLE SPENDING ACCOUNT (FSA)

An FSA is a tax-free account you put money into to pay for certain eligible out-of-pocket healthcare and/or day care expenses.

## ▶ HEALTH SAVINGS ACCOUNT (HSA)

An HSA is an account that you and MyEyeDr. can contribute money to that helps pay for eligible expenses (e.g., to help you meet your deductible or pay for other out-of-pocket costs) or save for future healthcare expenses for you and your tax dependents.

## ▶ IN NETWORK

In network refers to care from providers who have an agreement with the insurance company to provide care at a lower cost.

## ▶ OUT OF NETWORK

Out of network refers to care from providers who don't have an agreement with the insurance company and can charge you a larger percentage of the cost or the full cost of care.

## ▶ OUT-OF-POCKET MAXIMUM (OOPM)

The most you will pay out of pocket for covered medical services for the plan year. Once you reach this maximum, the plan pays 100% of your covered medical expenses for the balance of the plan year. Separate in- and out-of-network OOPMs apply.

# RESOURCES

Here are some resources to help you enroll and manage your benefits year-round.



## CareFirst

Need help understanding your medical and dental options? Get pre-enrollment support at [carefirst.com/myeyedr/](https://carefirst.com/myeyedr/) or call **1-833-824-8642**.



## Human Resources

Have additional questions? Submit a [myHelpDesk ticket](#) to HR.



## MyEyeShare Site

Visit the [Open Enrollment MyEyeShare site](#) to access Summaries of Benefits and Coverage (SBCs), legal notices, benefits presentations, and more.



## MyAdvocate

Contact MyAdvocate to get help with your most complicated questions and challenges related to your medical plan. Experts are available 24/7 at **1-833-968-1775**. Visit [myadvocateservices.com](https://myadvocateservices.com) for more information.

**Legally Required Notices:** There are a number of important benefit-related notices that are available on [MyEyeShare](#) under MyBenefits and on the [CareFirst MyEyeDr. website](#). You may request physical copies of these notices by contacting [mybenefits@myeyedr.com](mailto:mybenefits@myeyedr.com) or writing to Attention: Human Resources, Capital Vision Services, 8614 Westwood Center Drive, 9th Floor, Vienna, VA 22182.

# CONTACTS

**Medical**  
**CAREFIRST**  
 ☎ 1-833-824-8642  
 🌐 [carefirst.com/myeyedr](https://carefirst.com/myeyedr)

**Dental**  
**CAREFIRST**  
 ☎ 1-866-891-2802  
 🌐 [carefirst.com/myeyedr](https://carefirst.com/myeyedr)

**Health Savings Account**  
**CAREFIRST/FURTHER**  
 ☎ 1-833-824-8642  
 🌐 [carefirst.com/myaccount](https://carefirst.com/myaccount)

**Life and AD&D**  
**METLIFE**  
 ☎ 1-800-638-6420  
 🌐 [mybenefits.metlife.com](https://mybenefits.metlife.com)

**Critical Illness, Accident, and Hospital Indemnity Insurance**  
**METLIFE**  
 ☎ 1-800-438-6388  
 🌐 [metlife.com/insurance/accident-health/](https://metlife.com/insurance/accident-health/)

**Prescription Drugs (Assoc.)**  
**RX BENEFITS**  
 ☎ 1-800-334-8134  
 ✉ [customercare@rxbenefits.com](mailto:customercare@rxbenefits.com)

**24-Hour Nurse Advice Line**  
**CAREFIRST**  
 ☎ 1-800-535-9700

**COBRA/LOA Billing**  
**WEX**  
 ☎ 1-866-451-3399  
 🌐 [cobralogin.wexhealth.com](https://cobralogin.wexhealth.com)  
 Ask a question:  
 ✉ [cobraadmin@wexhealth.com](mailto:cobraadmin@wexhealth.com)  
 Submit a form:  
 ✉ [cobraforms@wexhealth.com](mailto:cobraforms@wexhealth.com)

**Disability**  
**METLIFE**  
 ☎ 1-888-426-3152  
 🌐 [mybenefits.metlife.com](https://mybenefits.metlife.com)

**HR/Benefits Department**  
 🌐 [myHelpDesk](https://myHelpDesk)  
 🌐 [myeyedr.sharepoint.com/sites/MyBenefits](https://myeyedr.sharepoint.com/sites/MyBenefits)

**Prescription Drugs (Drs.)**  
**CVS CAREMARK**  
 ☎ 1-800-241-3371

**FSAs**  
**WEX**  
 ☎ 1-866-451-3399  
 🌐 [benefitslogin.wexhealth.com](https://benefitslogin.wexhealth.com)  
 Ask a question:  
 ✉ [customerservice@wexhealth.com](mailto:customerservice@wexhealth.com)  
 Submit a form:  
 ✉ [forms@wexhealth.com](mailto:forms@wexhealth.com)

**EAP**  
**COMPSYCH**  
 ☎ 1-844-393-4979  
 🌐 [guidanceresources.com](https://guidanceresources.com)

**401(k)**  
**PRINCIPAL FINANCIAL GROUP**  
 ☎ 1-800-547-7754  
 🌐 [principal.com](https://principal.com)

**Wellbeing**  
**GYMPASS**  
 🌐 [gympass.com/sign-up/company-search/](https://gympass.com/sign-up/company-search/)

**Virtual Visits**  
**CLOSEKNIT**  
 🌐 [portal.closeknit.com](https://portal.closeknit.com)

**Legal Services**  
**METLIFE LEGAL**  
 ☎ 1-800-821-6400  
 🌐 [metlife.com/insurance/legal-plans/](https://metlife.com/insurance/legal-plans/)

**Identity Theft Protection**  
**NORTONLIFELOCK**  
 ☎ 1-800-607-9174  
 🌐 [nortonlifelock.com/us/en/](https://nortonlifelock.com/us/en/)

**Pet Insurance**  
**PETS BEST**  
 ☎ 1-888-984-8700  
 🌐 [petsbest.com/MYEYEDRPETS](https://petsbest.com/MYEYEDRPETS)