

**Meals Direct, LLC**  
**Salary Non-disclosure Agreement**

I, \_\_\_\_\_ agree not to disclose the details of my earnings and the content of the agreed and/or signed employment to any fellow employee or staff member of Meals Direct, LLC throughout the duration of my employment with Meals Direct, LLC.

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Management Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CARRIER CONTACT INFORMATION

### BlueCross BlueShield - Medical

Group # 292339  
www.bcbsok.com  
(800) 942-5837

### MetLife - Dental, Vision, Basic Life

Group # 5394482  
www.metlife.com  
(800) 638-5000

### Summit - Group Benefits

Mandi Plummer  
mplummer@yoursummit.com  
(918) 280-7718  
www.yoursummit.com

## VISION INSURANCE BENEFITS

### MetLife Choice

Network: VSP Choice

### In-Network

<b>Eye Exam</b>	\$10
<b>Materials</b>	
Prescription Glasses	
Single Vision,	
Lined Bifocal, and	
Lined Trifocal Lenses	\$25
Progressive Lenses	\$55
Contacts	Up to \$60
<b>Frames</b>	\$130 Allowance
	20% off balance
<b>Contacts Lenses</b>	
Elective	In lieu off frame/lenses:
	\$130 Allowance
Medically Necessary	\$25 copay;
	covered in full
<b>Coverage:</b>	
Exam	Every 12 months
Lenses	Every 12 months
Frames	Every 24 months
Contacts	Every 12 months

*\*\*Additional Discounts & Savings Included with your plan, See Plan Summary documents for complete details.*

### Cost Per Pay Period

Employee	\$3.96
Employee + Spouse	\$7.94
Employee + Child(ren)	\$6.72
Family	\$11.08

## ELIGIBILITY

- ◆ All employees are eligible for benefits First of the Month following 60 Days of employment.
- ◆ Insurance is available to Full Time employees. FT is defined as employees working at least thirty (30) hours per week.
- ◆ You must enroll in the benefit plans when you are first eligible, or if you have a Qualifying Event. Otherwise you will not be able to enroll until open enrollment.
- ◆ "Qualifying Events" include the following changes in family status: *Marriage, Divorce, Death, Birth, Adoption, Job Change.*
- ◆ Enrollment and any change in family status must be done within thirty days of the date of the Qualifying Event.

## LIFE/AD&D COVERAGE

### MetLife

**Life and AD&D** - Flat \$20,000 Term Life Policy. Benefit reduces by 35% at age 65 and 50% of original amount @ 70.

*\*Employer pays 100% of premium.*

*\*GI (Guarantee Issue) is the guaranteed amount to be issued without a health Statement. See certificate for details on effective date of coverage's, limitations and exclusions.*

## DENTAL INSURANCE BENEFITS

### MetLife

Networks: PPO

### **Calendar Year Deductible**

Individual	\$ 50
Family	\$ 150

### **Coinurance**

Preventative - Class I	100%
Basic - Class II	80%
Major - Class III	50%

<b>Calendar Maximum</b>	\$1,000
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*Eligible dependent children covered up to age 26.  
Preventive services do not reduce your max benefit.*

### Cost Per Pay Period

Employee	\$15.77
Employee + Spouse	\$29.97
Employee + Child(ren)	\$33.14
Family	\$50.56

# Crossroads Counseling and Consultation, Inc.

## Employee Benefit Plans

**January 1, 2022 ~  
December 31, 2022**

Presented by



www.yoursummit.com

**This Benefits Tri-Fold is only a Summary,  
not a guarantee of benefits.**

792 x 612 pts