

# Call to enroll

December 1 - December 31, 2025

Colonial Life®



MetaSense, Inc. is pleased to make the following benefits available to you. Be sure to apply during the enrollment period. Enrollment instructions are below.

**You have the opportunity to apply for these voluntary benefits:**

- Dental PPO insurance**
- Life insurance**
- Supplemental Disability insurance**
- Accident insurance**
- Cancer insurance**

Benefits of the plans include:

- Benefits are paid directly to you, regardless of any other benefits you may receive.
- You can keep your coverage when you leave or retire.
- Coverage is available for your spouse and dependent children with most plans.

Scan to watch 2-minute video to learn more about your enrollment and available benefits:



SCAN ME



Don't miss this opportunity to make the most of your benefits package.

## SCAN QR CODE

To apply for coverage,  
**SPEAK WITH YOUR  
BENEFITS COUNSELOR**



**Morgan Lade**  
856-242-0292



**PREMIUMS WILL NOT INCREASE ONCE COVERAGE IS ISSUED**

**Individual Accident for NJ**

- On/Off-Job benefits and \$50 Standard Wellbeing Assistance

PLAN	One Insured	Employee/Spouse	Employee/Child(ren)	Family
PREFERRED	\$4.46	\$7.53	\$9.07	\$12.14

**Cancer Assist for NJ**

- Level 2 with \$5,000 initial diagnosis benefit & \$100 health screening benefits

AGES	One Insured	Employee/Spouse	Employee/Child(ren)	Family
17-75	\$6.41	\$20.20	\$6.60	\$10.38

**Individual Dental PPO (8100) for NJ**

NO WAITING PERIODS- Enhanced & Premier NJ plans

	ENHANCED PLAN		PREMIER PLAN		VISION RIDER
Zip codes:	ZONE 2	ZONE 3	ZONE 2	ZONE 3	
Employee Only	\$10.39	\$11.56	\$11.41	\$12.70	\$1.39
Employee/Spouse	\$19.63	\$21.96	\$21.56	\$24.12	\$2.75
Employee/Child(ren)	\$24.62	\$27.67	\$27.04	\$30.39	\$2.90
Family	\$36.45	\$40.98	\$40.04	\$45.02	\$4.54

**PREMIUMS ARE BASED ON HOME ZIP CODE & WILL NOT CHANGE ONCE COVERAGE IS ISSUED**

**ZONE 2 Zip Codes:** 080,081,082,083,084,086

**ZONE 3 Zip Codes:** 070,071,072,073,074,075,076,077,078,079,085,087,088,089

**Policy details**

The policy year maximum benefit per person for this policy is **\$3,000 (ENHANCED PLAN) or \$5,000 (PREMIER PLAN)**

Class A, B and C services apply toward the maximum.

**This policy has a deductible of \$50 per person, per policy year for class B and C services.** Maximum of three for all members on plan.

The coinsurance for this policy is: **ENHANCED PREMIER**

Class	Service type	Plan pays	Plan pays
<b>Class A</b>	Preventive services	100%	100%
<b>Class B</b>	Basic services	80%	90%
<b>Class C</b>	Major services	50%	60%