

Sealco

2023 Employee Benefits Guide

An overview of the wide array of benefits provided by Sealco to help you enjoy increased well-being and financial security.



Prepared by Endeavor Risk Advisors for Sealco



Managers

Intro/Eligibility/Enrollment

As an employee of Sealco, enjoying your work and making valuable contributions to business are equally vital. The health, satisfaction and security of you and your family are important, not only to your well-being, but ultimately, in terms of achieving the goals of our organization.

For the 2023 plan year, Sealco has worked hard to offer a competitive total rewards package that includes valuable and competitive benefits plans. These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, and Sealco is offering an overall benefits package that can be shaped and molded by you to fit your needs.

This benefits booklet is a summary description of your Sealco benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

We hope this benefits booklet, along with our additional communication and decision-making tools, will help you make the best health care choices for you and your family.

Who is Eligible?

If you are a SEALCO full-time employee working 30 hours per week and your eligible dependents (up to age 26 for children) may enroll in the benefits offered.

How to Enroll?

Please complete the enrollment form included in this benefit booklet. You must complete the form even if you are waiving coverage. Once enrolled you cannot make any changes until the next year open enrollment.

When to Enroll?

You are eligible for benefits the first of the month following 60 days of employment or during our open enrollment each year. Each year your deductible and max out of pocket start over January 1st.

How can I make a change outside of open enrollment?

You must have a qualifying event in order to make changes outside of open enrollment. Qualified events include: marriage, legal separation, divorce, birth or adoption of a child, termination of employment or reduction in hours which create a loss of coverage. You must complete changes within 30 days of the event date. Otherwise, you will have to wait until the next open enrollment.

Contact Information



Phone: 972-559-0461
Email: clientservice@endeavorrisk.com
Enrollment Questions: lisa@endeavorrisk.com

Justin Scott, President
John Reece, Practice Manager
Lisa Burkham, Sr. Account Manager

Carrier	Plans	Phone Number	Website
UnitedHealthcare	Medical	877.844.4999	myuhc.com
Dental Select	Dental, Vision	800.999.9789	dentalselect.com
Mutual of Omaha	Life, Disability	800.877-5176	mutualofomaha.com
Flores	FLEX, HSA	800.532.3327	flores247.com
Pet Benefit Solutions	Pet	800.891.2565	www.petbenefits.com



Medical plan info



Annual Deductible

The amount you have to pay each year before the plan starts paying a portion of medical expenses. All family members' expenses that count toward a health plan deductible accumulate together in the aggregate; however, each person also has a limit on their own individual accumulated expenses (the amount varies by plan).



Out-of-Pocket Maximum

This is the total amount you can pay out of pocket each calendar year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible*, copays and coinsurance. *Except for Grandfathered medical plans



Copays and Coinsurance

These expenses are your share of cost paid for covered health care services. Copays are a fixed dollar amount, and are usually due at the time you receive care. Coinsurance is your share of the allowed amount charged for a service, and is generally billed to you after the health insurance company reconciles the bill with the provider.



Plan Types

- PPO – A network of doctors, hospitals and other health care providers
- HDHP - A plan that has higher annual deductibles in exchange for lower premiums

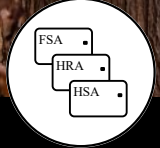
Medical - HSA



Summary of Coverage

	In Network	Out Of Network
Individual Deductible	\$3,500	\$7,500
Family Deductible	\$7,000	\$15,000
Individual Max Out of Pocket	\$5,000	\$10,000
Family Max Out of Pocket	\$10,000	\$20,000
Co-Insurance	80%	50%
Preventive Care	100% no deductible	N/A
Virtual Visit	80% after deductible	N/A
Primary Care Office Visit	80% after deductible	50% after deductible
Specialist Office Visit	80% after deductible	50% after deductible
Urgent Care	80% after deductible	50% after deductible
Emergency Room	80% after deductible	80% after deductible
Inpatient Services	80% after deductible	50% after deductible
Outpatient Services	80% after deductible	50% after deductible
Prescription Drugs	Copays start after deductible met	
Prescription Drugs copays	\$10/\$35/\$70	See SBC

	Per Pay Period Pricing
Employee	\$52.43
Employee & Spouse	\$218.06
Employee & Child(ren)	\$186.90
Employee & Family	\$369.69



Health Savings Account (HSA)

This is how an HSA works:

A health savings account (HSA) is a health care account and savings account in one. The main purpose of this account is to offset the cost of a qualifying high deductible health plan (HDHP) and provide savings for your out-of-pocket eligible health care expenses - those you and your tax dependents may have now, in the future and during your retirement. After you set up your account, it's yours to keep, even if you change jobs.

Who is eligible for HSA:

Anyone who is covered by a High Deductible Health Plan (HDHP), not covered under another medical plan that is not HDHP, not enrolled in a full FLEX plan, not entitled to Medicare, Tri-care or VA benefits, or not eligible to be claimed on another person's tax return.

Contribution Limits for 2023:

Individual: \$3,850

Family: \$7,750

Age 55 or older, you can contribute an additional \$1,000 in "catch-up" contribution

How to enroll in an HSA account:

Please check with HR for an application if you would like to open an HSA account.

At open enrollment - Please elect your contribution amount on the enrollment form.

Medical - PPO



Summary of Coverage

	In Network	Out Of Network
Individual Deductible	\$3,000	\$3,000
Family Deductible	\$6,000	\$6,000
Individual Max Out of Pocket	\$6,350	\$10,500
Family Max Out of Pocket	\$12,700	\$31,500
Co-Insurance	80%	50%
Preventive Care	100% no deductible	N/A
Virtual Visit	\$0 copay	N/A
Primary Care Office Visit	\$30	50% after deductible
Specialist Office Visit	\$55	50% after deductible
Urgent Care	\$75	50% after deductible
Emergency Room	\$200, then 80% after deductible	\$200, then 80% after deductible
Inpatient Services	80% after deductible	50% after deductible
Outpatient Services	80% after deductible	50% after deductible
Prescription Drugs		
Prescription Drugs copays	\$10/\$35/\$70	See SBC

	Per Pay Period Pricing
Employee	\$83.54
Employee & Spouse	\$321.60
Employee & Child(ren)	\$270.87
Employee & Family	\$536.84



Flexible Spending Account (FSA)

This is how an FSA works:

- You set aside money for your FSA from your paycheck before taxes are taken out.
- You then use your pre-tax FSA funds throughout the plan year to pay for eligible health care or dependent care expenses.
- You save money on expenses you're already paying for.

You may also be able to carry over up to \$610 of unused funds to the following year. Refer to your FSA documentation for more details.

What is the maximum you can contribute in 2023:

- Healthcare Flexible Spending \$3,050
- Dependent Care Flexible Spending \$5,000

Health FSA Eligible Expenses

- Medical expenses: copays, coinsurance and deductibles
- Dental expenses: exams, cleanings, X-rays and braces
- Vision expenses: exams, contact lenses, eyeglasses and laser eye surgery
- Professional services: physical therapy, chiropractic and acupuncture
- Prescription drugs and insulin
- Over-the-counter health care items such as bandages, pregnancy test kits and blood pressure monitors

Dependent Care FSA Eligible Expenses

- Care for your child who is under the age of 13
- Before- and after-school care
- Babysitting and nanny expenses
- Day care, nursery school and preschool
- Summer day camp
- Care for a relative who is physically or mentally incapable of self-care and lives in your home



Preventative Care

Wellness and Health Management

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered by Sealco, all covered individuals and family members are **eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.**

Which preventative care services are covered?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliant insurance plans should cover at 100% for in-network providers. Below is a list of common services that are included in the plans offered this year:

- Routine physical exam
- Well baby and child care
- Well women visits
- Immunizations
- Routine bone density test
- Routine breast exam
- Routine gynecological exam
- Screening for Gestational diabetes
- Obesity screening and counseling
- Routine digital rectal exam
- Routine colonoscopy
- Routine colorectal cancer screening
- Routine prostate test
- Routine lab procedures
- Routine mammograms
- Routine pap smear
- Smoking cessation
- Health education/counseling services
- Health counseling for STDs and HIV
- Testing for HPV and HIV
- Screening and counseling for domestic violence



Virtual Visits

When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Now, you don't have to.

A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription*, if needed, that you can pick up at your local pharmacy. And, it's part of your health benefits.

Conditions commonly treated through a virtual visit

Doctors can diagnose and treat a wide range of non-emergency medical conditions, including:

- Bladder infection/
Urinary tract infection
- Diarrhea
- Rash
- Bronchitis
- Fever
- Sinus problems
- Cold/flu
- Migraine/headaches
- Sore throat
- Pink eye
- Stomach ache

Access virtual visits

Log in to **myuhc.com**® and choose from provider sites where you can register for a virtual visit. After registering and requesting a visit you will pay your portion of the service costs according to your medical plan, and then you will enter a virtual waiting room. During your visit you will be able to talk to a doctor about your health concerns, symptoms and treatment options.



To learn more, login to **myuhc.com**

Use virtual visits when:

- Your doctor is not available
- You become ill while traveling
- You are considering visiting a hospital emergency room for a non-emergency health condition

Not good for:

- Anything requiring an exam or test
- Complex or chronic conditions
- Injuries requiring bandaging or sprains/ broken bones

* Prescription services may not be available in all states.

Access to virtual visits and prescription services may not be available in all states or for all groups. Go to myuhc.com for more information about availability of virtual visits and prescription services. Always refer to your plan documents for your specific coverage. Virtual visits are not an insurance product, health care provider or a health plan. Virtual visits are an internet based service provided by contracted UnitedHealthcare providers that allow members to select and interact with independent physicians and other health care providers. It is the member's responsibility to select health care professionals. Care decisions are between the consumer and physician. Virtual visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations. Members have cost share responsibility and all claims are adjudicated according to the terms of the member's benefit plan. Payment for virtual visit services does not cover pharmacy charges; members must pay for prescriptions (if any) separately. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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Dental plan info

Summary of coverage

Dental coverage is similar to regular medical insurance—you pay a premium and then your insurance will cover part or all of the cost for many dental services.

Preventative care

Professional dental care can diagnose or help prevent common dental problems, including toothaches, inflamed gums, tooth decay, bad breath and dry mouth. If conditions like these remain untreated, they can worsen into painful and expensive problems, such as gum disease or even tooth loss.

Diagnostic care

Additionally, dental health professionals are able to spot more serious health issues, including some types of cancer. That makes it even more important to see a dentist regularly.

Great for families

This coverage is also great for families. Since dental work can be very expensive, proactive dental care, such as routine cleanings, can help save children from costly issues as they age.

Specialized treatments

With dental insurance, you're investing in your smile and overall health. Beyond cleanings and routine care, dental coverage may also help pay for more specialized treatments, such as root canals or fillings.

Routine care

Dental coverage allows you to visit a dentist whenever you need to inexpensively receive preventive and diagnostic care.

See everything your plan covers by reviewing the benefits statement and overview. Reach out to HR with any questions.

Voluntary Dental Plan



Summary of Coverage - Dental Select

	In Network	Out Of Network
Maximum Annual Benefit	\$2,000	\$2,000
Annual Deductible Individual	\$50	\$50
Annual Deductible Family	\$150	\$150
Preventive Services - 3 cleanings per year, routine exams, x-rays, fluoride, space maintainers, sealants	100%	100% of R&C
Basic Services - Composite fillings, extractions, endodontics, periodontics	80%	80% of R&C
Major Services - Crowns, bridges, dentures, oral surgery, implant alternate	50%	50% of R&C
Orthodontics - dependent children under 19	50%	50%
Orthodontics Lifetime Maximum	\$2,000	\$2,000
Out of Network contract		90th % of R&C

	Per Pay Period Pricing
Employee	\$19.80
Employee & Spouse	\$40.04
Employee & Child(ren)	\$44.62
Employee & Family	\$67.68



Vision plan info

Summary of coverage

Similar to other forms of insurance, with vision care you pay a premium and the insurance company will cover part or all of your vision costs.

Preventative care

Vision coverage is important because an eye doctor can catch eye issues before they worsen. A visit with your eye doctor can determine whether you need corrective lenses and, if so, the correct prescription. Other eye concerns that will be addressed in an eye exam include checking for conditions or diseases—such as glaucoma and cataracts—which can lead to vision loss.

Coverage

Vision coverage does not usually cover surgeries or experimental vision services. However, vision insurance may help lower the costs of some procedures, such as laser eye surgery, even if it's not 100% covered. This will depend on the plan.

Plans

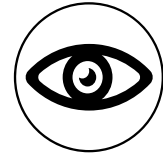
Vision plans typically cover things like eyeglass frames, lenses, contacts and annual eye exams. In most cases, plans have a set dollar amount that they will pay for certain items. For instance, a plan may pay up to \$150 for frames, and anything over that amount is covered by you. Although, your plan specifics may vary.

Diagnostic care

Eye doctors can even help detect some types of cancer, making regular visits even more important.

Review your benefits statement to see everything your vision plan covers. Reach out to HR with any questions.

Vision - EyeMed Network



Summary of Coverage - Dental Select

	In Network	Out Of Network
Exams (Every 12 months)	\$10 Co-pay	Up to \$45
Materials Co-pay	\$25 Co-pay	
Glass Lenses (Every 12 months)	\$25 Co-pay Single, Bifocal, Trifocal & Standard Progressive	Varies
Lens Options: UV coating /Tint/ Standard scratch-resistance/ Standard anti-reflective/ Other add ons services	\$15/\$15/\$15/\$40/\$45	N/A
Frames (Every 12 months)	\$130 allowance, then 20% off of balance	Up to \$45
Contact Lenses (Every 12 months, in lieu of glasses)	\$150 allowance, then 15% off of balance	Up to \$150
Contact Lens Standard fit & follow up	up to \$40	N/A

	Per Pay Period Pricing
Employee	\$4.21
Employee & Spouse	\$6.82
Employee & Child(ren)	\$6.95
Employee & Family	\$10.78



Group Life Insurance

Summary of Coverage

Plan Features	Basic Life - Group
Employee benefit amount	1 times salary, up to \$150,000
AD&D benefit	1 times Life benefit
Accelerated Death Benefit	If you are terminally ill, you may be able to receive a portion of your life insurance benefit as a lump sum.
The following shows how much benefits are reduced at certain ages.	
Age Reductions	Benefit Reduction
Age 65 Age 70	35% 50%

Group life is 100% covered by the employer with the option of employees adding voluntary life.

Life insurance isn’t a fun thing to think about, but, if you have people who depend on you for financial support, then life insurance is really about protecting them in case something happens to you—your designated beneficiary would collect a financial benefit upon your death.

Group life insurance coverage is an employer-sponsored safety net in case the worst happens, with no out-of-pocket costs to you. If you believe you need additional coverage, you may wish to enroll in voluntary life insurance as well.



Voluntary Life Insurance

Summary of Coverage

Plan Features	Basic Life - Voluntary
Employee benefit amount	5 x salary to \$500,000; increments of \$10,000
Guarantee issue - employee	\$150,000
Spouse benefit amount	100% of the employee benefit up to \$500,000
Guarantee issue - spouse	\$50,000
Children benefit amount	\$10,000 maximum benefit increments of \$2,000
Guarantee issue - child	N/A
The following shows how much benefits are reduced at certain ages.	
Age band	Benefit reduction
Age 65 Age70	35% 50%

Employees must fill out an EOI form if they exceed the guaranteed issue amount or if you have waived coverage in the past and now wish to elect. If you want to increase your amount, you must complete EOI as well.

Voluntary life insurance is similar to group life insurance, except it is paid for by you. It can provide additional financial security to your family in case the worst happens.

With voluntary life insurance, you pay a monthly premium and then your beneficiaries receive a guaranteed amount in the event of your death. Plans are typically flexible and allow you to set your contribution and payment amounts, allowing you more control.

While this type of insurance isn’t fun to think about, it can be a vital lifeline for your family.

**EMPLOYEE MONTHLY DEDUCTIONS - VOLUNTARY LIFE
EMPLOYEE / SPOUSE**

AGE	RATES PER \$1,000
15-24	\$0.087
25-29	\$0.087
30-34	\$0.106
35-39	\$0.134
40-44	\$0.197
45-49	\$0.325
50-54	\$0.516
55-59	\$0.904
60-99	\$1.391

**EMPLOYEE MONTHLY DEDUCTIONS - VOLUNTARY LIFE
CHILDREN**

AGE	RATES PER \$1,000
TO AGE 26	\$0.16

**EMPLOYEE MONTHLY DEDUCTIONS - VOLUNTARY AD&D
EMPLOYEE/SPOUSE/CHILDREN**

AGE	RATES PER \$1,000
ALL	\$0.04



Disability Insurance Short-term

Summary of Coverage

Plan Features	Short Term Disability
Employee benefit amount	60% of weekly salary
Maximum benefit amount	Up to \$1,500 per week
Elimination period (Accident)	7 days
Elimination period (Sickness)	7 days
Benefit duration	13 weeks

Disability insurance is coverage that provides you with income protection should you be unable to work due to an injury or illness. With disability coverage, you are compensated for a portion of your lost income.

Short-term disability (STD) coverage begins on the 8th day after the event causing your disability. The coverage allows you to continue to receive pay at a fixed weekly amount or a set percentage of your income.

STD typically lasts for 13 weeks. When STD coverage ends, long-term disability (LTD) coverage typically takes effect.

This is an employer paid benefit.



Disability Insurance Long-term

Summary of Coverage

Plan Features	Long Term Disability
Employee benefit amount	60% of monthly salary
Maximum benefit amount	Up to \$7,500 per month
Elimination period	90 days
Benefit duration	Social Security Normal Retirement Age

Disability insurance is coverage that provides you with income protection should you be unable to work due to an injury or illness. With disability coverage, you are compensated for a portion of your lost income.

Long-term disability (LTD) coverage is a type of disability insurance that pays you a set percentage of your regular income after a specified waiting period. For example, if you’re covered under short-term disability (STD) insurance as well, the LTD insurance would kick in once the STD policy is exhausted, after 13 weeks.

This is an employer paid benefit.



Pet Insurance



Frequently Asked Questions

What is Total Pet?

The Total Pet Plan brings the best brands in pet care together to create a package that covers everything your pets need. Receive benefits from **PetPlus**, **Pet Assure**, **AskVet**, and **ThePetTag** at one low payroll deduct rate.

What does Total Pet cover?

As a Total Pet Plan member, you'll receive:

- PetPlus: Up to 50% off on brand-name prescriptions and products
- Pet Assure: 25% discount on in-house veterinary care at participating vets
- AskVet: 24/7 telehealth access to veterinarians
- ThePetTag: Lost pet recovery ID tags

Which pets can I enroll?

You can enroll any dog and cat in the Total Pet Plan. There are no restrictions due to age, breed or health of your pet. Pet Assure veterinary discounts also cover exotic pets.

How do I access my Total Pet benefits?

Log in to your account at www.petbenefits.com to access all of your plan benefits.

Is this insurance?

No, with the Total Pet Plan you receive instant savings and pet care needs without any paperwork.

Are there any additional fees?

No, your membership cost gives you access to all of your benefits without any additional fees.

Are there usage limitations?

No, all benefits have unlimited usage for the pets enrolled.

What happens to my membership if I'm no longer eligible for benefits?

Members who are no longer payroll deduct eligible or are leaving the company can port coverage at the same group rate within 28 days of termination.

PetPlus



What is PetPlus?

With PetPlus, you receive members-only pricing on all orders from PetCareRx, one of the largest online pet pharmacies. Save up to 50% on everything your cat or dog needs! All orders ship free, and most prescriptions are available for same-day pickup from over 60,000 Caremark pharmacies nationwide.

How do I access my PetPlus account after enrolling?

After you enroll, you will receive instructions via mail and email on how to activate your online account. You can start shopping online as soon as you activate your account.

How do I order medications for delivery?

Shop online using your PetPlus membership at [PetCareRx.com](https://www.petcareRx.com). Search for the medication that you want to purchase and select the dosage. At checkout, select free delivery.

Who dispenses medications ordered online?

PetPlus is not a pharmacy. PetPlus partners with National Association of Boards of Pharmacy (NABP) accredited pharmacies such as CVS, Walgreens, Rite Aid and PetCareRx to fulfill your pet prescriptions. Orders dispensed through online mail-order will be directed to PetCareRx, and those through in-store pickup will be dispensed at the local Caremark network pharmacy of your choice.

How do I pick up my pet's prescription at a pharmacy?

If a medication is eligible for pick-up, it will be listed as eligible on your PetPlus dashboard. Bring both your pet's prescription and your PetPlus card to the pharmacy at which you will be placing your order. Inform the pharmacist that you are picking up a prescription for your pet and have a pet prescription benefits card. They will fulfill your Rx and let you know when it is available for pick-up. You should NOT be charged at the pharmacy for your purchase. Within 2 days of your pick-up, your PetPlus account will be charged for the purchase of the cat or dog medications you ordered.

When do I receive my PetPlus card?

Your PetPlus card is available as soon as you activate your account at [PetPlus.com](https://www.petplus.com). You can either print out your card at home or show it to the pharmacy right from your mobile device.

Pet Assure

**What is Pet Assure?**

Pet Assure is a veterinary discount plan that has been providing pet owners with affordable, high-quality veterinary care since 1995. With Pet Assure, you will save 25% on all in-house medical services at participating veterinarians in all 50 states.

How do I use Pet Assure?

You will receive your Pet Assure membership card in the mail. When you visit a participating veterinarian, present your Pet Assure card at checkout, and the veterinary staff will apply a 25% discount to all in-house medical services. There is no paperwork or forms to fill out. You can use your savings immediately upon enrollment in the program.

What procedures are discounted?

Participating veterinarians discount all in-house medical services. This includes the office visit, vaccinations, surgery, dental cleaning, spay and neuter surgery, x-rays and any other procedures the vet performs. Even procedures related to pre-existing conditions are discounted.

Are there any exclusions?

No, there are absolutely no exclusions. All in-house medical services are covered, including wellness, sick and emergency care. You can enroll any type of pet, regardless of type, breed, age or health.

Can I use this together with pet insurance?

Yes. Pet insurance typically only covers major medical claims and often excludes wellness exams or pre-existing conditions. Pet Assure does not have any exclusions and will save you money on the procedures not covered by pet insurance. The Pet Assure savings is instant and can help you save on veterinary care prior to meeting your insurance deductible and while you wait for insurance reimbursement.

Where can I find a list of participating vets in my area?

You can search for participating practices by visiting www.petassure.com/search. Mention that you're a Pet Assure member when you call to make an appointment.

If a veterinarian you would like to visit does not participate, you can invite them to join by clicking the "Invite to Pet Assure" button.

AskVet



What is AskVet?

AskVet is 24/7 pet telehealth that gives you direct access to a veterinarian via live chat.

Can AskVet replace my primary veterinarian?

No, AskVet does not diagnose or prescribe, and is not intended to be used as a replacement for your primary vet.

Who are the veterinarians at AskVet?

AskVet veterinary telehealth specialists are US-based veterinarians trained to help you make the best decisions for your pet.

What can an AskVet veterinarian help me with?

AskVet offers 24/7 decision support on all of your pet care questions and concerns.

While AskVet cannot provide a diagnosis or prescribe medication, they can help you decide the best course of action or learn more about managing your pet's existing condition.

ThePetTag



What is ThePetTag?

ThePetTag is a lost pet recovery service that provides your pets with a durable ID tag that's directly linked to your contact information.

How does ThePetTag work?

If your pet ever goes missing, the finder can scan your pet's ID tag from their smart phone to access the contact information that you provided.

Pet Benefit Solutions | (800) 891-2565 | info@petbenefits.com | www.petbenefits.com

Total Pet Program covers any pet, regardless of breed, health or age!

One Pet \$11.75/month

Family Plan (2+ Pets) \$18.50/month

Sealco

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