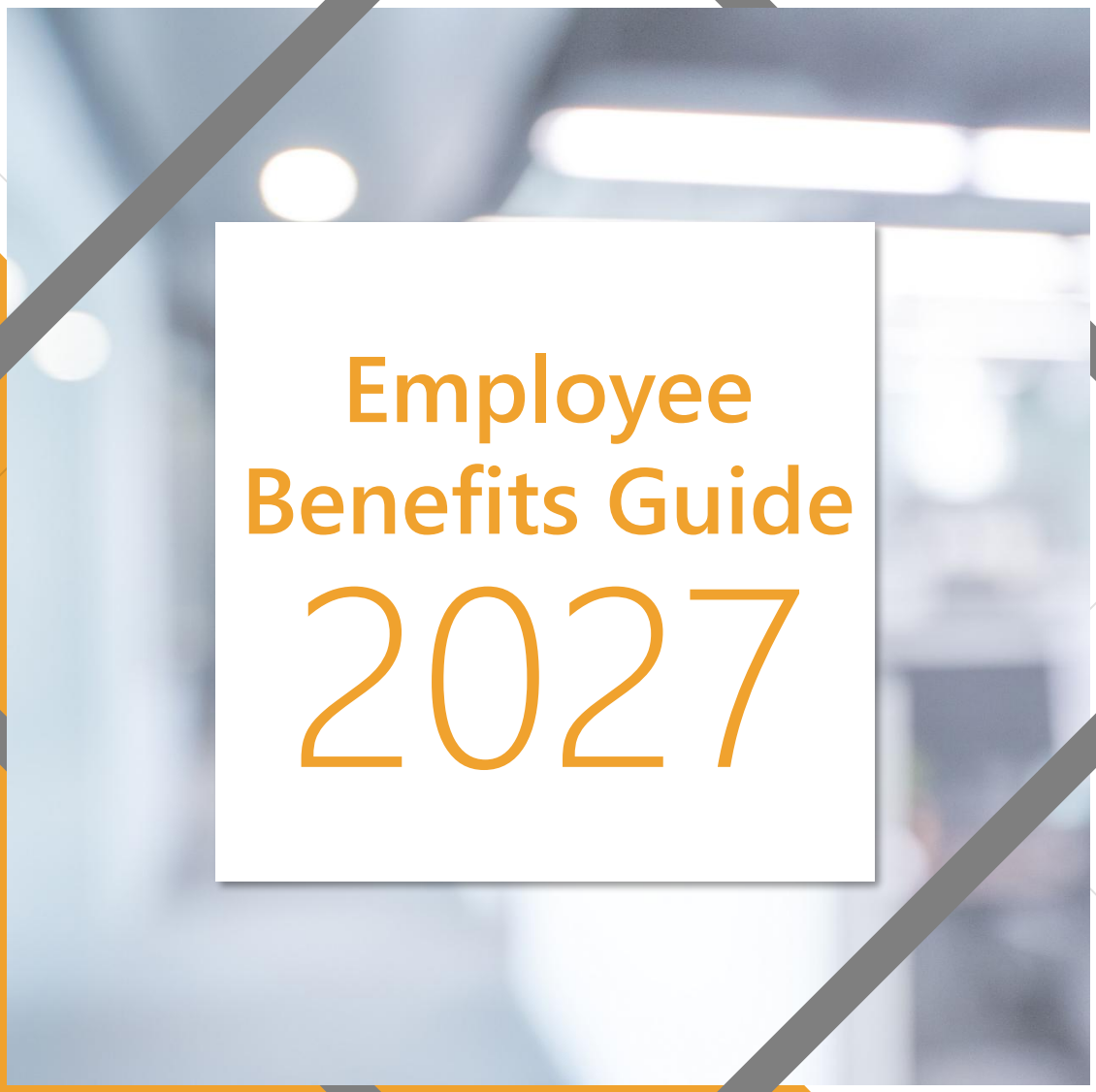
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Employee Benefits Guide 2027

Open Enrollment: Oct 30th – Nov 12th, 2026

Plan Year: Jan 1st – Dec 31st , 2027

You may request paper copies of all notices, free of charge, upon request to the Inotiv Benefits Department, at usbenefits@inotiv.com .



What you need to know for 2027

KEY CHANGES AT A GLANCE

1 New Carrier

Effective Jan. 1, 2027, The Standard becomes the carrier for Basic Life & AD&D, Additional Life, Voluntary AD&D, Short Term Disability, Long Term Disability, Accident and Critical Illness.

2 New Medical Resource

Employees and dependents age 18+ enrolled in an Inotiv medical plan can access virtual physical therapy at no additional cost. No copays. No office visits.

3 2027 Premium and Plan Design Changes

Medical, dental, and vision premiums will increase for 2027. Please review contribution amounts before enrolling. The Traditional PPO plan has copay and deductible changes, and all medical plans have higher out-of-pocket maximums.

4 Additional Life Insurance

SPECIAL 2027 OPPORTUNITY

Employees and spouses may elect or increase coverage up to Guaranteed Issue ($240,000 employee/$50,000 spouse) without Evidence Of Insurability (EOI). Amounts above these limits require EOI and approval by The Standard.

DON'T MISS THESE OPEN ENROLLMENT ACTIONS

- **HSA/FSA elections** must be re-elected for 2027.
- To receive the **HSA employer contribution,** select the HSA benefit even if your own contribution is $0.
- **Adding a dependent?** Upload dependent verification documents (birth certificates, marriage license) into Workday before you submit your elections.
- **Most other elections** will roll over unless you make a change. **Please Note:** You will need to make your **Critical Illness** coverage election this year as it will not roll over from 2026.

OPEN ENROLLMENT • OCT 30 – NOV 12, 2026 **BENEFITS EFFECTIVE • JAN 1, 2027**

Plan details and legal notices: benefits.inotiv.com

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Eligibility & Making Changes

2027 PLAN YEAR DETAILS

Eligibility

All full-time employees working 30 or more hours per week are eligible for the benefits program. **For new hires, benefits are effective on the 1st of the month following your hire date.**

- You may insure yourself, your legal spouse and eligible children under the benefit program.
- Children are eligible to remain on all benefits to age 26. Benefits will end at the end of the month following their 26th birthday.
- Your children of any age are also eligible if you support them, and they are incapable of self-support due to disability. Documentation is required.

Proof of Dependent Eligibility

As required by our insurance contracts, you may be required to provide proof of eligibility for your dependents. If your dependent becomes ineligible for coverage during the year, you must contact your plan administrator within 30 days.

Making Benefit Changes After Open Enrollment

Your medical, dental, and vision contributions are deducted on a pre-tax basis under a Section 125 Plan. Pre-tax benefits can **ONLY** be changed during annual open enrollment or within 30 days of the effective date of a qualifying event such as:

- •Marriage
- •Divorce
- •Legal Separation
- •Birth or adoption of a child
- •Change in a child's dependent status
- •Death of a Spouse, child, or other qualified dependent
- •Commencement or termination of adoption
- •Change in your spouse's benefits or employment status

Last Day of Benefits

Upon full-time separation of service, medical, dental, and vision benefits will end at the end of the month of your last day of employment. All other benefits end on your last day of employment.

Compliance

The offered plans meet essential and affordable guidelines in compliance with the Affordable Care Act. All Federal and State required Plan Notices can be found on our website, https://benefits.inotiv.com. You may also request a printed copy of all Notices, free of charge, upon request.

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Overview of Benefit Contributions

Contributions Effective January 1, 2027, per Pay Period

Cigna Medical Premiums

Coverage Level	Traditional Plan	HDHP 3500	HDHP 4500
Employee Only	$86.78	$71.38	$55.72
Employee + Spouse	$220.88	$176.51	$141.02
Employee + Child(ren)	$184.24	$147.24	$116.27
Family	$292.30	$233.53	$184.90

Delta Dental Premiums

Coverage Level	Standard Low Plan	Premier High Plan
Employee Only	$13.47	$19.72
Employee + Spouse	$28.62	$41.92
Employee + Child(ren)	$29.20	$39.54
Family	$44.70	$61.92

VSP Vision Premiums

Coverage Level	26 Biweekly Pay Periods
Employee Only	$5.40
Employee + Spouse	$10.79
Employee + Child(ren)	$11.55
Family	$12.64

Life/AD&D/Short & Long-Term Disability

Coverage Level	26 Biweekly Pay Periods
Basic Life/AD&D (1x salary)	**No cost to eligible employee**
Short-Term Disability	**No cost to eligible employee**
Long-Term Disability	**No cost to eligible employee**
Voluntary Life/AD&D	Employee pays 100% of cost
Critical Illness/Accident	Employee pays 100% of cost

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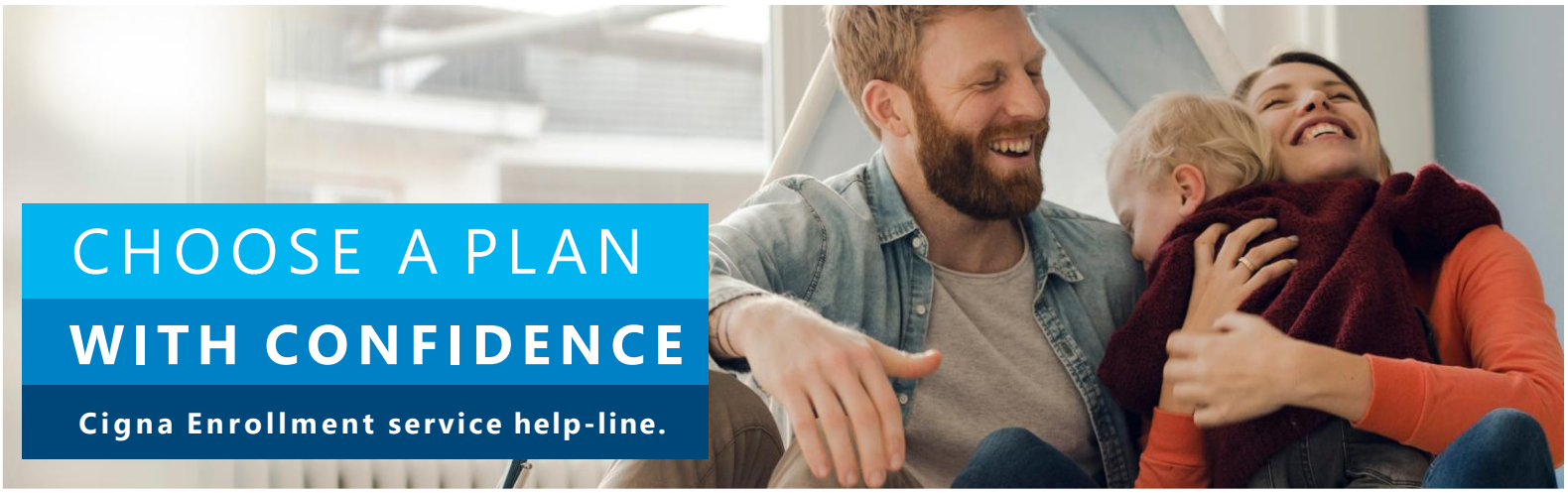
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2027 Medical Benefit Overview

	Traditional Plan	HDHP 3500 (HSA)	HDHP 4500 (HSA)
	All plan information provided below is for IN-Network Providers.		
Deductible	Embedded	Embedded	Embedded
Single	$2,000	$3,500	$4,500
Family	$4,000	$7,000	$9,000
Coinsurance	20%	20%	20%
Out-of-Pocket Maximum	Embedded	Embedded	Embedded
Single	$6,000	$6,000	$7,000
Family	$12,000	$12,000	$14,000
Preventive Care	100% Coverage	100% Coverage	100% Coverage
Physician Office Visit	$25 Copay	20% after deductible	20% after deductible
Specialist Office Visit	$50 Copay	20% after deductible	20% after deductible
Virtual Care - MDLIVE	$25 Copay	20% after deductible	20% after deductible
Virtual Specialist Visit	$40 Copay	20% after deductible	20% after deductible
Urgent Care Centers	$60 Copay	20% after deductible	20% after deductible
ER Services	$400 Copay	20% after deductible	20% after deductible
Hospital Services	20% after deductible	20% after deductible	20% after deductible
Out-Patient Services	20% after deductible	20% after deductible	20% after deductible
Maternity Services	20% after deductible	20% after deductible	20% after deductible
Lab and Radiology	20% after deductible	20% after deductible	20% after deductible
	Preventive RX - Free		
	Retail Pharmacy		
Generic	$10 Copay	20% after deductible	20% after deductible
Preferred	$60 Copay	20% after deductible	20% after deductible
Non-Preferred	$100 Copay	20% after deductible	20% after deductible
Non-Preferred	40% to $400 Copay	20% after deductible	20% after deductible
	Mail Order Pharmacy		
Generic	$25 Copay	20% after deductible	20% after deductible
Preferred	$150 Copay	20% after deductible	20% after deductible
Non-Preferred	$250 Copay	20% after deductible	20% after deductible
Specialty Rx	40% to $400 Copay	20% after deductible	20% after deductible

***Embedded Deductible** — Each family member has an individual deductible within the overall family deductible. Meaning if an individual in the family reaches his or her deductible before the family deductible is reached, that person will start paying coinsurance.

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CHOOSE A PLAN WITH CONFIDENCE

Cigna Enrollment service help-line.

We understand how confusing and overwhelming it can be to review your health plan options. And we want to help by providing the resources you need to make a decision with confidence.

That's why **Cigna Enrollment Period help-line is available to you now**.

Call a representative during your enrollment period to get personalized, useful guidance.

Your personal guide will help you:

- Easily understand the basics of health coverage.
- Identify the types of health plans available to you.
- Check if your doctors are in-network to help you avoid unnecessary costs.
- Get answers to any other questions you may have about the plans or provider networks available to you.

The best part is, during the enrollment period, your personal guide is just a call away.

This service is limited to providing information only. Enrollment cannot be completed through this line. Please contact your employer for enrollment instructions.

Don't wait until the last minute to enroll.

Call **800.564.7642** to speak with a Cigna representative today.

Together, all the way.®

After enrollment, the support continues for Cigna customers.
Cigna health services will be there to guide you through the complexities of the health care system and help you avoid costly missteps. Our goal is a simpler health care journey for you and your family.

Cigna health services provides personalized assistance to help you:

- Resolve health care issues.
- Save time and money.
- Get the most out of your plan.
- Find hospitals and health care providers in your plan's network.
- Get cost estimates and avoid surprise expenses
- Understand your bills.

Access Cigna One Guide – after enrollment – in the way that's most convenient for you:

myCigna.com or the myCigna® app | Live chat | Phone

Cigna®

Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, see your plan documents.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc. (CHC-TN), and Cigna HealthCare of Texas, Inc. Policy forms: OK - HP-APP-1 et al., OR - HP-POL38 02-13, TN - HP-POL43/HC-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are used for illustrative purposes only.
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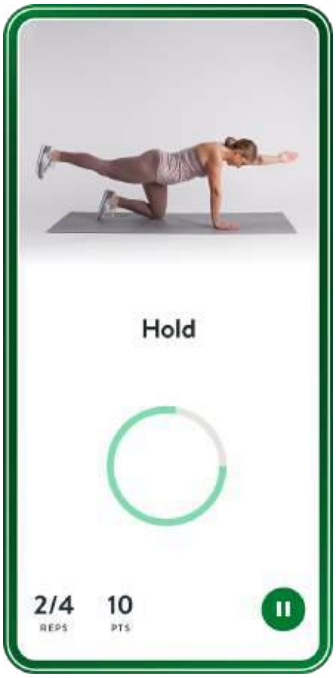


Hinge Health™

Ready, set, enroll!

Annual enrollment is almost here.

Join Hinge Health for exercise therapy without leaving home. No copays. No office visits. Reduce your back and joint pain in just 15 minutes a day. Best of all, there's no additional cost to you — **your Hinge Health program is covered by your employer.**



Join Hinge Health to:

- Overcome pain or limited movement
- Recover from a recent or past injury
- Keep your joints healthy and pain free

Enrollment opens soon!

Scan the QR code to learn more!
hinge.health/resources
Questions? Call (855) 902-2777

Employees and eligible dependents must be 18+ and enrolled in a medical plan through their employer.

Hinge Health está disponible en español
Alivia los dolores articulares y musculares y previene las lesiones con tus beneficios de salud gratuitos. Únete ahora.

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2027 HSA



A Health Savings Account (HSA) is a consumer-oriented, tax-advantaged savings account that is always combined with a High-Deductible Health Plan (HDHP). It is an interest-accruing account, like an Individual Retirement Account (IRA), which provides financial control over how you spend your health care dollars and can be used to pay for your out-of-pocket medical expenses. HSA earnings grow tax-deferred and qualified withdrawals are tax-free without "use it or lose it" provisions found with a Flexible Spending Account (FSA). Money not used in your Health Savings Account can be rolled over to the following year. HSA funds can be used for all qualified medical expenses, including medical services, as well as eyeglasses, dental procedures, prescription drug coverage and over-the-counter medications provided you submit a prescription from your provider. *See IRS Publication 969 for more information and a listing of Qualified Eligible Expenses at www.irs.gov.*

Employer Annual HSA Contributions

If you enroll in the HDHP plan for January 1, 2027, Inotiv contributes to your HSA based on the tier of coverage you are enrolled in. **The annual amount is contributed on a per pay basis**.

In order to get the employer contribution to the HSA, you must ***Select*** the HSA benefit plan even if you choose to contribute zero dollars yourself. If you choose ***Waive***, you will not get the employer contribution

To contribute to an HSA account, you cannot be enrolled in Medicare, Medicaid or Tricare.

Employer Annual HSA Contributions	
Employee Only	$500
Employee+1 or more Dependents	$1000

IRS 2027 Maximum Contributions – includes both employee and employer contributions

	2027 IRS Max Contributions	IRS Age 55 "Catch-up"
Employee	$4,500	$1,000
Family	$9,000	$1,000

If You Will Be Turning 65

Active employees turning 65 have the option to accept or decline enrollment in Medicare, including Medicare Part A.

- Employees who accept enrollment in any part of Medicare are no longer eligible to make or receive contributions to an HSA.
- If you elect Medicare at age 65, your maximum HSA contribution for the year you elect will be prorated by the number of months you were not enrolled in Medicare.
- Employees who decline enrollment may continue to make and receive contributions to an HSA.
- Qualified distributions remain tax free regardless of your eligibility to contribute.
- Non-qualified distributions are taxable but no longer carry a 20% penalty after age 65.
- Medicare Part(s) A, B, D and Medicare HMO premiums may be paid or reimbursed with tax-free HSA dollars. You cannot use your HSA to pay for Medigap premiums.

Lively allows you to choose investment options. This is comparable to how you can manage your 401k retirement savings today.

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Flexible Spending Accounts (FSA)

Lively

Inotiv has chosen to sponsor Flexible Spending accounts, or "FSA's" as part of your insurance benefits. An FSA is an IRS-approved method of paying for your 'out-of-pocket' expenses for health, dental, vision, qualified over-the-counter, and dependent care expenses with pre-tax dollars.

You have three plan options for 2027:

1 **Healthcare Flexible Spending Account:** If you enroll in the Traditional Plan, you may elect this plan.

Annual Maximum Benefit	$3,400
FSA Debit Card	Included
Carryover	None

2 **Limited Purpose Flexible Spending Account:** Also, an FSA but is limited to paying **for qualified dental and vision care costs only**.
Only HSA enrollees may elect this FSA plan.

Annual Maximum Benefit	$3,400
FSA Debit Card	Included
Carryover	None

FSA Reminders:

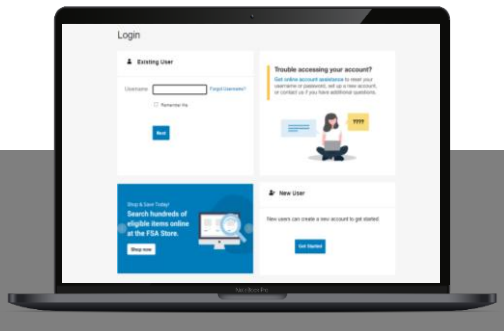
- FSA dollars remaining in your healthcare, limited purpose and dependent care account at the end of the plan year are forfeited.
- Claims must be submitted to the plan in a timely manner or FSA dollars will be forfeited.
- If you separate from the company, you have 90 days from separation to file for reimbursement.

Lively is your FSA administrator. You have 24/7 access to your flexible sending accounts.

3 **Dependent Care Expense Account:** Available to all employees regardless of other benefit plan elections.

Annual Maximum Benefit	
Married, filing jointly	$7,500
Single, or married filing separate	$3,750

A Dependent Care FSA (DCFSA) is **a pre-tax benefit account used to pay for eligible dependent care services, such as preschool, summer day camp, before or after school programs, and child or adult daycare**. It's a smart, simple way to save money while taking care of your loved ones so that you can continue to work.



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Dental & Vision Benefit Summary

Delta Dental

	Standard Low Plan	Premier High Plan
Annual Deductible		
Individual	$25	$25
Family	$75	$75
Annual Plan Maximum	$1,500	$2,000
Orthodontia Lifetime Maximum	N/A	$1,500
Plan Coinsurance Levels		
Preventive	100%	100%
Basic Services	50%	80%
Major Services	25%	50%
Orthodontia (Child or Adult)	N/A	50%

Provider Directory: www.deltadentalin.com

DELTA DENTAL®

Delta Dental has three levels of benefit coverage available; you can choose from any of these networks.

PPO Coverage - Offers significant discounts; no balance billing; acceptance of processing policies; and 108,000 dentist locations.

Premier Coverage - Negotiated fees; no balance billing; acceptance of processing policies; and 186,000 dentist locations.

Non-Participating Coverage - Balance billing and does not offer discounts.

VSP Vision

VSP Choice Network	
Routine Eye Exam - (once every 12 months)	
$10 copay	
Materials - (once every 24 months)	
$25 Copay $150-$200 allowance then 20% off any remaining balance	
Standard Plastic Lenses - (once every 12 months)	
Single vision (1 pair) Bifocal lenses (1 pair) Trifocal lenses (1 pair)	$25 copay $25 copay $25 copay
Contact Lenses - (once every 12 months in lieu of glasses)	
Elective Non-Elective	$150 allowance Covered in full
Lens Enhancements (Progressive, Anti-Glare, Scratch Resistant)	
$0	
Provider Directory: www.VSP.com	

vsp vision care

Members can visit vsp.com to find VSP in-network doctor, discover special offers and savings, and find the eye care and eyewear information they need.

When members create an account on vsp.com, they can:

- View personalized benefit information .
- Print a member ID card, if they prefer to have one.
- Customize their email preferences.

Utilize the Premier Program to maximize your savings.

vsp PREMIER PROGRAM
Premier Offers

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Life & AD&D Benefits

Three separate coverages — each with its own purpose and election.

BASIC LIFE & AD&D INSURANCE

EMPLOYER-PAID

ELIGIBLE EMPLOYEES	EMPLOYEE BENEFIT	MAXIMUM BENEFIT	AGE REDUCTION
All Full-Time Employees	**1x Annual Salary**	**$250,000**	At age 70: coverage reduces to 65% At age 75: coverage reduces to 50%

Automatically provided to eligible employees. Review and update your beneficiary designation.

ADDITIONAL LIFE INSURANCE

EMPLOYEE-PAID

EMPLOYEE

$10,000 increments

Max: lesser of 5x salary or $500,000

Guaranteed Issue: $240,000

SPOUSE

$5,000 increments

Max: lesser of 100% of employee benefit or $250,000

Guaranteed Issue: $50,000

CHILD(REN)

$10,000 benefit

One premium charge covers all children

No medical underwriting for child coverage

★

SPECIAL 2027 OPEN ENROLLMENT OPPORTUNITY

Employees and spouses may elect or increase Additional Life up to the Guaranteed Issue amount **without Evidence of Insurability (EOI).** Amounts above Guaranteed Issue require EOI and approval by The Standard.

Additional Life rates are age-based and will display in the enrollment system as you view coverage levels.

VOLUNTARY AD&D INSURANCE

EMPLOYEE-PAID

SEPARATE ELECTION FROM ADDITIONAL LIFE • ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE • NO EOI REQUIRED

EMPLOYEE	SPOUSE	CHILD(REN)
$10,000 increments Max: lesser of 5x salary or $500,000	$5,000 increments Max: lesser of 100% of employee benefit or $250,000	$10,000 benefit One premium charge covers all children

For complete terms, limitations and exclusions, refer to The Standard benefit summaries and plan documents.

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Short-Term & Long-Term Disability

Employer-paid income protection when a covered disability keeps you from working.

100% EMPLOYER-PAID • NO ENROLLMENT REQUIRED

Coverage effective January 1, 2027
through The Standard

SHORT-TERM DISABILITY (STD)

WEEKLY BENEFIT

Helps replace a portion of your weekly income during a covered short-term disability.

BENEFIT	MAXIMUM	WAITING PERIOD	MAXIMUM PERIOD
60% of weekly predisability earnings	$3,000/week Minimum: $25	7 days Accident or illness	90 days

Covered disability may include illness, injury, or pregnancy when the policy definition is met. Benefits are reduced by applicable deductible income.

LONG-TERM DISABILITY (LTD)

MONTHLY BENEFIT

Helps replace a portion of your monthly income if a covered disability continues beyond the LTD waiting period.

BENEFIT	MAXIMUM	WAITING PERIOD	MAXIMUM PERIOD
60% of first $12,500 of monthly predisability earnings	$7,500/month Minimum: $100	90 days	Varies by age of when disability begins.

Definition of disability: **own occupation** for the first 24 months of LTD benefits; after that, an **any occupation** definition applies. Maximum benefit duration varies by age when disability begins.

For complete terms, limitations and exclusions, refer to The Standard benefit summaries and plan documents.

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Cigna EAP
FOR EMPLOYEES & FAMILIES

Cigna's EAP can connect you with a range of services, including emotional support, financial assistance, home/life support, and legal assistance.[1]

- Connect over the phone or through live chat and receive a referral to licensed clinicians and consultants.
- Provides up to **three** sessions to connect with licensed clinicians in our EAP network per person, per issue, per year.
- Meet with counselors virtually on your phone, tablet or home computer.
- Live, on-demand EAP webcasts.
- 100% confidential.
- Available to anyone in your household.
- No additional cost to you.

1. Employee assistance program services are in addition to, not instead of, your health plan benefits. These services are separate from your health plan benefits and do not provide reimbursement for financial losses. Customers are required to pay the entire discounted charge for any discounted legal and/or financial services. Legal consultations related to employment matters are excluded. Additional restrictions may apply. Program availability may vary by plan type and location and are not available where prohibited by law.

(877) 622-4327

How can CIGNA EAP help?

- Marriage
- Divorce or Separation
- Grief
- Stress
- Financial Worries
- Alcohol/Drug Problems
- Child/Adolescent Issues
- Communication Problems

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Nationwide®

Pet insurance



Pet-loving employees can fetch the best health coverage for their pets with My Pet Protection Choice℠, available only through workplace benefit programs. Nationwide offers two ready-made employee plans, plus the ability to customize a coverage plan for individual pets and their specific care needs.[1]

Pet protection when it matters most - Nationwide's per insurance plans cover:



My Pet Protection Choice	Accident & Illness	Accident, Illness & Wellness	Customizable
Annual Deductible Options	$250	$250	$100 to $500
Reimbursement Level	80%	80%	50%, 70%, or 80%

Nationwide is On Your Side...and Your Pet's side too!

- Employees may elect from two pet protection plans through Nationwide.
- If you enroll by the 15th of the month, the effective date will be the 1st of the next month.
- Enroll your pet when they are healthy.
- Exotic pets can be enrolled, except horses and livestock.
- Plan includes 24/7 vet helpline.
- **Remember**: You can use any vet, anywhere! No networks, no pre-approvals, and you receive preferred pricing as an Inotiv employee.

What's the difference between accident, illness and wellness coverage?

Accident coverage: Support for unexpected injuries

Illness coverage: Support for when pet gets sick

Wellness coverage: Support for proactive care

Enroll online ANYTIME at https://benefits.petinsurance.com/inotiv or call: 877-738-7874

1Starting on 9/1/23 new members can select the My Pet Protection® Wellness500 coverage option, with the earliest effective date of 10/1/23 and forward. Existing members can add My Pet Protection® Wellness500 during their respective renewal period only.

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Legal Services

Legal Services

Smart. Simple. Affordable.®
Hyatt Legal Plans
A MetLife Company

Money Matters
- Identity theft
- Negotiating with creditors
- Tax audit representation
- Financial planning workshops[1]

Home and Real Estate
- Sale, purchase, or refinancing of a primary or vacation home
- Property tax assessment
- Foreclosure

Vehicle and Driving
- Defense of traffic tickets[2]
- License suspension due to DUI
- Repossession

Estate Planning Documents
- Simple or complex wills
- Living wills
- Revocable or irrevocable trusts

Civil Lawsuits
- Civil litigation defense
- Small claims assistance
- Pet liabilities

Family and Personal
- Adoption
- Prenuptial agreement
- Personal property issues

Elder Care Issues[3]
- Medicare
- Nursing home agreements
- Powers of attorney

Additional Services
- Law Firm E-Panel®
- Self-help documents

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Critical Illness & Accident Insurance

TheStandard®

Critical Illness Insurance	
Covered Conditions	Heart attack, Stroke, Major Organ Failure, Invasive Cancer, Paralysis, Coma
Employee Benefit Amounts	Benefit amounts range from $10,000 to $40,000 in $10,000 increments
Spouse Benefit Amounts	Same as employee; cannot exceed 100% of the employee amount.
Child Benefit Amount	$5,000 to $20,000 in increments of $5,000; cannot exceed 50% of employee amount

Accident Insurance	
Covered Conditions	Broken Leg, Sprain, Concussion, Multiple fractures and/or dislocations, Accidental Death
Employee Benefit Amounts	Benefit amounts range from $50- $100,000 depending on the accident
Spouse Benefit Amounts	Benefit amounts range from $50- $100,000 depending on the accident
Child Benefit Amount	Benefit amounts range from $50- $100,000 depending on the accident

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Contact Information

Important Contact Information:

Please utilize the website resources for provider information, pharmacy information, and general claims information.

The Customer Service phone numbers can assist you with benefits and specific claims questions.



Additional education pieces and resources are available. Talk to your HR team for more information.

Inotiv Benefits Department Contacts

Email us at usbenefits@inotiv.com or

Visit https://benefits.inotiv.com for additional information

01 Cigna Medical

www.myCigna.com

During Open Enrollment: (800) 564-7642

MDLIVE 24/7 Virtual Care (800) 726-3171

02 Delta Dental

www.deltadentalin.com

(800) 524-0149

03 VSP Vision

www.VSP.com

(800) 877-7195

04 Cigna EAP

www.mycigna.com

(877) 622-4327

Employer ID: Inotiv

05 Nationwide Pet Insurance

PetsNationwide.com

877-738-7874

Enroll online:
https://benefits.petinsurance.com/inotiv

06 The Standard

www.standard.com

(800) 368-2859

This booklet provides only a summary of your benefits. All services described within are subject to the definitions, limitations, and exclusions set forth in each insurance carrier or provider's contract.