TOMTREYCO

A LOCKE-GIL ORGANIZATION

# 2027



CELEBRATING 25 YEARS TOMTREYCO A LOCKE-GIL ORGANIZATION





# EMPLOYEE BENEFITS BOOKLET

# WELCOME

## To your employee benefits package

## KEY CONTACT INFORMATION

TOMTREYCO
A LOCKE-GIL ORGANIZATION

aab All Atlantic Benefits


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Office: (305) 809-8211


**Visit our Benefits Website for full plan information and to complete your enrollment**
**www.tomtreycobenefits.com**

## OUR CARRIERS

### HEALTH

WellNet HEALTHCARE
Telephone: (267) 348-3492
www.wellnet.com
Cigna Network • www.cigna.com

### TELEMEDICINE

TELADOC
Telephone: 1-800-TELADOC (835-2362)
www.teladoc.com

### PHARMACY BENEFIT

Express Scripts
By EVERNORTH
Telephone: (800) 282-2881
http://www.express-scripts.com/

### DENTAL | VISION

Mutual of Omaha
Dental Telephone: (800) 927-9197
www.mutualofomaha.com/dental
Vision Telephone: (833) 279-4358
www.mutualofomaha.com/vision

### LIFE | AD&D | DISABILITY

Mutual of Omaha
Telephone: (800) 775-1000
www.mutualofomaha.com

### SUPPLEMENTAL

Mutual of Omaha
Telephone: (800) 775-8805
www.mutualofomaha.com

# OPEN ENROLLMENT

During our annual open enrollment, you are able to make changes to your benefit elections and covered dependents.

## PLAN YEAR

January 1, 2027 - December 31, 2027

## NEW HIRE ENROLLMENTS

First of the month following 60 days of date of hire

## ELIGIBILITY

Full time employees working 30 or more hours per week are eligible to enroll in the benefits outlined in this guide.

## DEPENDENTS

You may be able to enroll eligible dependents in some of our plans. Eligible dependents include:

- Your spouse
- A child under the age of 26 who is your natural child, step child, legally adopted child, or child for whom you have a obtained legal guardianship.
- An unmarried child over the age of 26 who is not able to support themselves due to mental disability, physical disability, mental illness, or developmental disability.
- Many states have extended dependent coverage regardless of student status. Age limitations by plan type will be outlined in this guide as best as possible.

## QUALIFYING EVENTS

We are unable to accept changes to benefit elections outside of the annual open enrollment period unless you have a qualifying event. You must notify Human Resources within 30 days of a qualifying event.

Examples of qualifying events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

**PLEASE NOTE:** The materials contained in this booklet provide a brief summary of the benefits offered and are not contractually binding. For additional and complete information, please refer to all certificates of insurance. In the event of a discrepancy or omission, the carrier policy will be deemed accurate.

# HOW TO ENROLL IN YOUR BENEFITS

Visit our benefits website at **www.tomtreycobenefits.com** for full plan documents and educational videos. When you are ready to enroll, please follow the instructions for one of our **three enrollment options** below.

**1 BY PHONE**
Schedule a phone appointment

**2 EMPLOYEE SELF SERVICE**
Click the "Benefits" tab in ESS

**3 PROLIANT MOBILE APP**
Tap 'HR', then Benefits

## 1 OPTION ONE: ENROLL OVER THE PHONE

When ready, visit **TomTreyco.MyBenefitsAppointment.com** to schedule your appointment or call **(866) 962-4431**.

**Scheduling and appointments are available**
Mon. – Fri., 8:00 am to 7:00 pm EST

*On your phone? Scan the QR code with your camera to get started.*

Scan Me

## ENROLL ONLINE IN BENADMIN

### Welcome to your new benefits enrollment module!

You will be able to use the Benefits Module to make your New Hire and/or Open Enrollment elections, view your current elections, make life event changes, update family and/or beneficiary information, access benefit materials (i.e. plan summary documents or forms), etc. Access BenAdmin using **Option Two** or **Option Three** below.

## 2 OPTION TWO: EMPLOYEE SELF SERVICE PORTAL

- You will be able to access the Benefits Module directly from the Employee Self Service Portal by clicking on the "Benefits" tab. You will not need a separate User ID or password when accessing the module via the Employee Self Service Portal.
- Log in to Employee Self Service at: **https://www.readypayonline.com/Proliant/Login/Login.aspx**

**Note:** BenAdmin will open in a new tab. Please be sure to allow the pop-up or disable the pop-up blocker on your browser if it does not immediately open.

*Click the "My Benefits" tab on the Employee Self Service menu bar:*



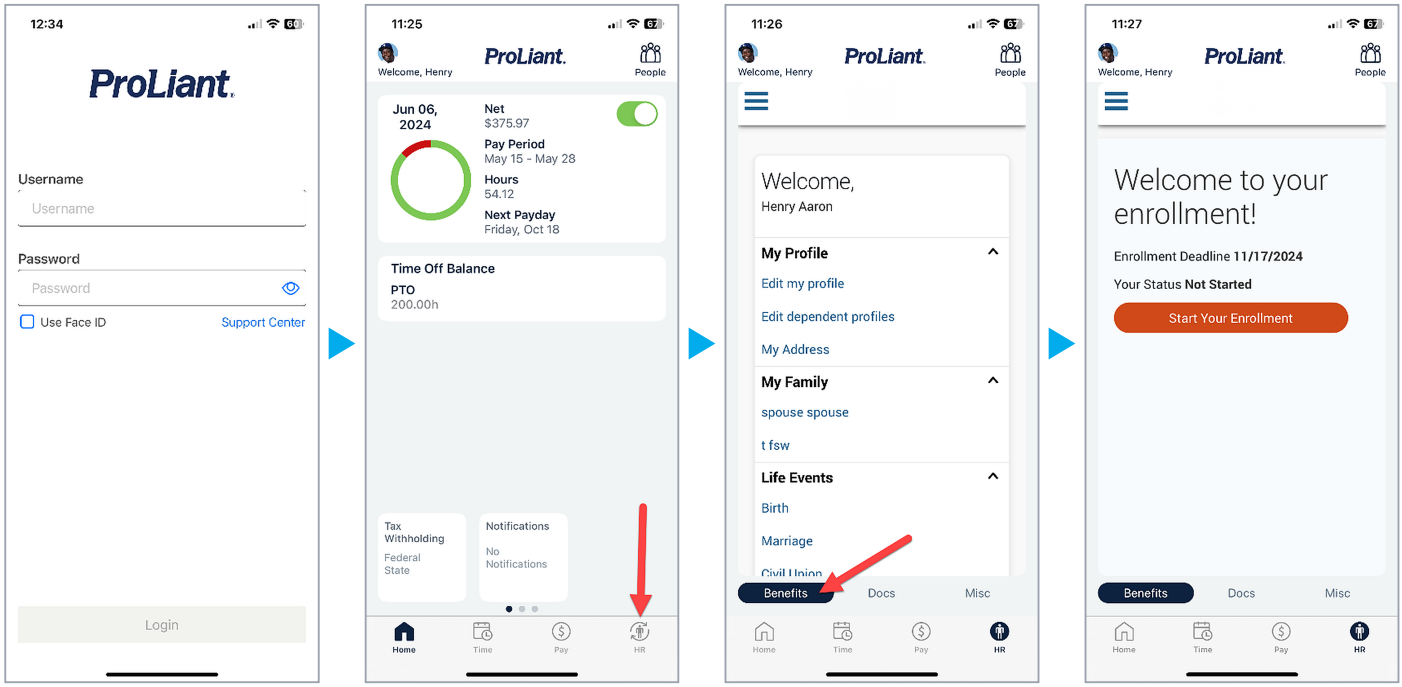

Should you have any questions during your enrollment, please contact EOI at (866) 962-4431

# HOW TO ENROLL IN YOUR BENEFITS

*(continued)*

## 3 OPTION THREE: PROLIANT MOBILE APP

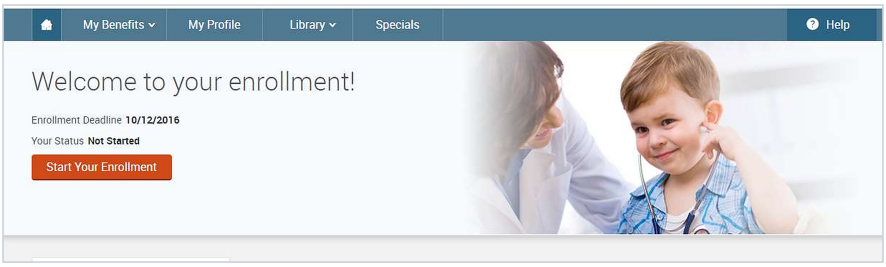
- Download the ProLiant Mobile App from Google Play or the Apple App Store.
- Once logged into the app (same username and password used for Employee Self Service), the main landing screen will display. Tap 'HR' on the bottom menu to access Benefits.




1 Log in | 2 Tap HR | 3 Benefits | 4 Start Enrollment

## MAKING YOUR BENEFIT ELECTIONS

- Once the BenAdmin homepage loads, click on **Start Your Enrollment**. *(If you do not see the button, please contact HR.)*




The enrollment process consists of the following **four (4) steps**:

1 **Employee** Personal Information
2 **Family** Family Information
3 **Enroll**
4 **Confirm**

**You will need to complete each step in its entirety to complete the Enrollment Window.**

Should you have any questions during your enrollment, please contact EOI at (866) 962-4431
Questions about BenAdmin? Please contact your HR Department.

# MEDICAL INSURANCE

WellNet HEALTHCARE

**(267) 348-3492 • www.wellnet.com**

| Plan Name | Base $5,000 Ded |
|---|---|
| Network Access | In Network Only |
| Provider Network | Cigna PPO, Choice Fund PPO |
| **Opportunities For Care** | |
| Preventative Care | Covered 100% |
| Physician | $35 Copay |
| Telemedicine (via Teladoc) | Primary Care & Specialist Visits: $35 Copay<br>Teladoc: Covered 100% |
| Specialist | $35 Copay |
| Convenience Care Clinic | $35 Copay |
| Urgent Care | $100 Copay |
| Emergency Room | 20% After Ded |
| **Diagnostic Services** | |
| Independent Clinical Lab / X-Ray | Free-Standing Facility Lab: Covered 100% / Hospital Lab: 20% After Ded<br>Free-Standing Facility X-Ray: Covered 100% / Hospital X-Ray: 20% After Ded |
| Diagnostic Testing Facility<br>MRI, MRA, CT & PET Scans | Freestanding Facility: $200 Copay<br>Outpatient Facility: 20% After Ded |
| **Outpatient & Inpatient Services** | |
| Outpatient Surgery<br>Ambulatory Surgical Center/Hospital | Office Surgery: $200 Copay; Ambulatory Surgical Center: $600 Copay<br>Outpatient Hospital: 20% After Ded |
| Inpatient Hospital | 20% After Ded |
| Provider Services Inpatient Hospital | 20% After Ded |
| **Pharmacy Benefits** | |
| Prescription | $10 / $50 / $80<br>Specialty: 20% After Ded |
| **Deductible** | |
| **Deductible** | $5,000 / $10,000 |
| Member Co-Insurance | 20% |
| **Maximum Benefits** | |
| Member Out of Pocket Maximum | $6,500 / $11,000 |
| Carrier Lifetime Benefit Maximum | Unlimited |
| Dependent Child/Student Age | Up to Age 26, benefit will terminate at end of the month of Birth Date |

**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

# MEDICAL INSURANCE

WellNet HEALTHCARE

(267) 348-3492 | www.wellnet.com

| Plan Name | PPO $3,500 Ded | |
|---|---|---|
| Network Access | In Network | Out of Network |
| Provider Network | Cigna PPO, Choice Fund PPO | |
| **Opportunities For Care** | | |
| Preventative Care | Covered 100% | 30% After Ded |
| Physician | $25 Copay | 30% After Ded |
| Telemedicine (via Teladoc) | Primary Care & Specialist Visits: $25 Copay<br>Teladoc: Covered 100% | Primary Care & Specialist Visits: 30% After Ded<br>Teladoc: Not Applicable |
| Specialist | $25 Copay | 30% After Ded |
| Convenience Care Clinic | $25 Copay | 30% After Ded |
| Urgent Care | $75 Copay | $75 Copay |
| Emergency Room | $500 Copay | |
| **Diagnostic Services** | | |
| Independent Clinical Lab / X-Ray | Free-Standing Facility Lab: Covered 100%<br>Hospital Lab: 10% After Ded<br>Free-Standing Facility X-Ray: Covered 100%<br>Hospital X-Ray: 10% After Ded | 30% After Ded |
| Diagnostic Testing Facility<br>MRI, MRA, CT & PET Scans | Free-Standing Facility: Covered 100%<br>Hospital: 10% After Ded | 30% After Ded |
| **Outpatient & Inpatient Services** | | |
| Outpatient Surgery<br>Ambulatory Surgical Center/Hospital | Office Surgery: $100 Copay<br>Ambulatory Surgical Center: $300 Copay<br>Outpatient Hospital: 10% After Ded | 30% After Ded |
| Inpatient Hospital | 10% After Ded | 30% After Ded |
| Provider Services Inpatient Hospital | 10% After Ded | 30% After Ded |
| **Pharmacy Benefits** | | |
| Prescription | $10 / $30 / $45<br>Specialty: 10% After Ded | Not Covered |
| **Deductible** | | |
| **Deductible** | $3,500 / $7,000 | $9,000 / $18,000 |
| Member Co-Insurance | 10% | 30% |
| **Maximum Benefits** | | |
| Member Out of Pocket Maximum | $5,500 / $11,000 | $18,000 / $36,000 |
| Carrier Lifetime Benefit Maximum | Unlimited | |
| Dependent Child/Student Age | Up to Age 26, benefit will terminate at end of the month of Birth Date | |

**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

# MEDICAL INSURANCE

WellNet HEALTHCARE

(267) 348-3492 | www.wellnet.com

| Plan Name | PPO $2,000 Ded | |
|---|---|---|
| Network Access | In Network | Out of Network |
| Provider Network | Cigna PPO, Choice Fund PPO | |
| **Opportunities For Care** | | |
| Preventative Care | Covered 100% | 20% After Ded |
| Physician | $15 Copay | 20% After Ded |
| Telemedicine (via Teladoc) | Primary Care & Specialist Visits: $15 Copay<br>Teladoc: Covered 100% | Primary Care & Specialist Visits: 20% After Ded<br>Teladoc: Not Applicable |
| Specialist | $15 Copay | 20% After Ded |
| Convenience Care Clinic | $15 Copay | 20% After Ded |
| Urgent Care | $50 Copay | $50 Copay |
| Emergency Room | $300 Copay | |
| **Diagnostic Services** | | |
| Independent Clinical Lab / X-Ray | Free-Standing Facility Lab: Covered 100%<br>Hospital Lab: 0% After Ded<br>Free-Standing Facility X-Ray: Covered 100%<br>Hospital X-Ray: 0% After Ded | 20% After Ded |
| Diagnostic Testing Facility<br>MRI, MRA, CT & PET Scans | Free-Standing Facility: Covered 100%<br>Hospital: 0% After Ded | 20% After Ded |
| **Outpatient & Inpatient Services** | | |
| Outpatient Surgery<br>Ambulatory Surgical Center/Hospital | Office Surgery: $50 Copay<br>Ambulatory Surgical Center: $150 Copay<br>Outpatient Hospital: 0% After Ded | 20% After Ded |
| Inpatient Hospital | 0% After Ded | 20% After Ded |
| Provider Services Inpatient Hospital | 0% After Ded | 20% After Ded |
| **Pharmacy Benefits** | | |
| Prescription | $10 / $30 / $45<br>Specialty: 0% After Ded | Not Covered |
| **Deductible** | | |
| **Deductible** | $2,000 / $4,000 | $4,500 / $9,000 |
| Member Co-Insurance | 0% | 20% |
| **Maximum Benefits** | | |
| Member Out of Pocket Maximum | $4,500 / $9,000 | $9,000 / $18,000 |
| Carrier Lifetime Benefit Maximum | Unlimited | |
| Dependent Child/Student Age | Up to Age 26, benefit will terminate at end of the month of Birth Date | |

**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

# MEMBER SERVICES

WellNet HEALTHCARE

**(267) 348-3492 | www.wellnet.com**

## Welcome to WellNet Healthcare

Tomtreyco Inc. recently partnered with WellNet Healthcare in the administration of your health care benefits. For more than 25 years, WellNet has delivered an exceptional member experience to our customers and we pride ourselves on being the most innovative healthcare company in the market today.

WellNet Healthcare's objective is to simplify the healthcare experience and provide comfort to you and your family. This is accomplished by allowing you to manage your healthcare needs through the access of the best and most efficient tools, as well as providing an individualized guided experience with the support of our advocacy team.

## Member Portal Access Instructions

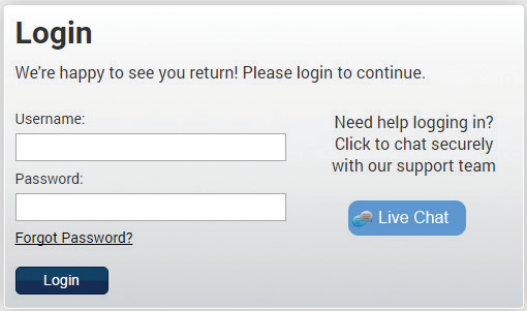
### Registration

1. Visit your Member Portal at **WellNet.com** and click the "Portal Login" button.
2. In the upper right corner of the Member Portal home screen, click the **Register Now** button.

   Register Now
3. Your **ID Number** can be found on your Welcome Letter or WellNet ID Card. If you do not have an ID Number, please contact 267-348-3492 or service@wellnet.com

### Logging In

Once you have registered for the Member Portal, you may use your username and password to log in. The **Login** button is in the upper right corner of the Member Portal home screen.

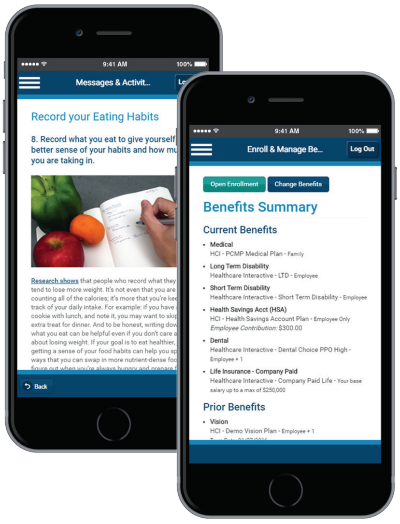



**WellNet.com** > click "Portal Login"
**267-348-3492**



## Stay Connected On the Go!

Look for the **WellNet** mobile app in the iPhone App Store and Google Play Store.




**WellNet**

Use your mobile device to access the same great health plan and wellness features of your Member Portal!

Available on the iPhone App Store | Google play

## Frequently Asked Questions

### How do I access my benefit information?

All benefit information, including description of coverage, claim status, and various forms are available through the member portal or mobile device. Visit www.wellnet.com and click on "Portal Login"

### Where is my ID Card?

Your WellNet ID card will arrive in the mail shortly. You can also download a copy of your ID from the member portal or access through your mobile app.

### How do I locate a provider?

To locate a provider, contact the WellNet Advocacy team. Representatives are available Monday through Friday, 8:30 a.m. to 7:00 p.m. EST. at (267) 348-3492

### Other Questions?

**We are here to help! Contact WellNet Advocacy services for any questions.**

**267-348-3492**
**Advocacy@wellnet.com**

# Reference Sheet

| | |
|---|---|
| **Medical Coverage** | WellNet members' healthcare coverage is provided through:<br>**CIGNA**<br>Call: 267-348-3492 to confirm benefits |
| **Medical Claims Submission** | Claims mail submission:<br>Cigna<br>PO Box 188061<br>Chattanooga, TN. 37422-8061<br><br>Electronic Payor ID#: 62308 |
| **Telemedicine Providers** | Access to telemedicine providers 24/7, visit: www.teladoc.com or call 1-800-TELADOC (835-2362) |
| **Precertification** | Precertification requirements vary by plan. Failure to comply with precertification requirements may result in reduction of benefits.<br>To pre-certify, call: 267-348-3492 |
| **Prescription Coverage** | WellNet members' pharmacy benefit is available through all participating pharmacies within the **Express Scripts (ESI)** network.<br>Call 800-282-2881 to confirm benefits. |
| **Prior Authorizations** | Certain medications require prior authorization before they are filled at a pharmacy. To confirm, call 800-753-2851 |
| **Pharmacy Helpline** | Pharmacists with inquiries should call the pharmacy helpline at 800-922-1557 |
| **Mail Order Pharmacy** | To submit a mail order prescription, call 888-327-9791 |

**To locate a quality provider in your area, contact a WellNet Advocate:**
**267-348-3492 or advocacy@wellnet.com**
**Monday through Friday, 8:30 a.m. to 7:00 p.m. EST.**

# So many reasons **to use Teladoc®**

Teladoc is an **affordable option** for quality medical care - with **access to U.S. board-certified doctors *anytime*** (24 hours, 7 days a week).

Schedule appointments and see your doctor by phone, video or through the mobile app.



Talk to a doctor anytime, anywhere you happen to be



Receive quality care via phone, video or mobile app



Prompt treatment, talk to a doctor in minutes



A network of doctors that can treat every member of the family



Prescriptions sent to a pharmacy of your choice if medically necessary



Teladoc is less expensive than the ER or urgent care

## Get the care you need

Teladoc doctors can treat many medical conditions, including:

- **Cold & flu symptoms**
- **Allergies**
- **Pink Eye**
- **Respiratory infection**
- **Sinus problems**
- **Skin problems**

***And more!***

**With your consent, Teladoc® is happy to provide information about your Teladoc visit to your primary care physician.**

**Talk to a doctor anytime**

Available on the Google Play

Download on the App Store

**teladoc.com**

**1-800-TELADOC (835-2362)**

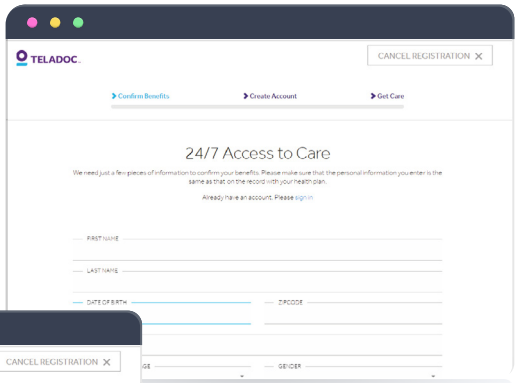
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# Get started with Teladoc®

It's quick and easy to set up your account online. Simply visit the Teladoc® website, click **"Set up account"**, and then follow the instructions below.

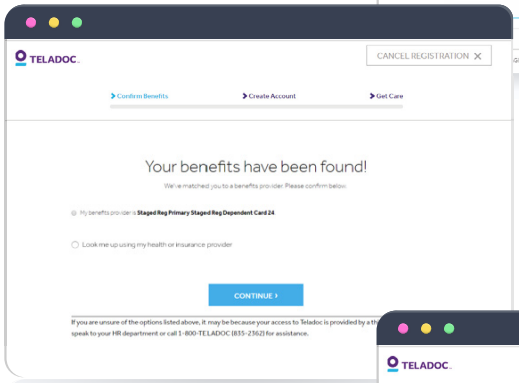
## 1. Confirm benefits

Provide some information about yourself to confirm your eligibility.



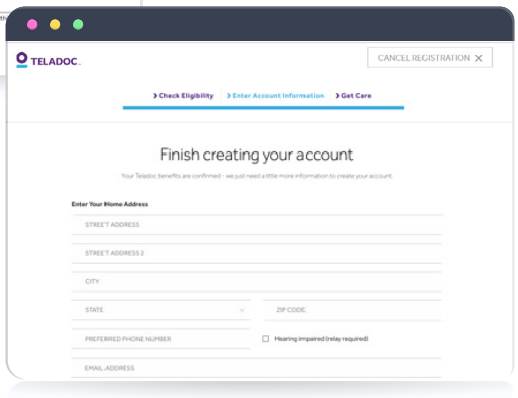

## 2. Benefit confirmation

We'll confirm that we found your benefits. Click "CONTINUE" and finish creating your account.




## 3. Create account

Enter your contact information, username, password, and security questions.




**Talk to a doctor anytime**

teladoc.com

Download the app

Available on the Google Play

Download on the App Store

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# TAKE THE OPPORTUNITY TO TAKE CONTROL OF YOUR PRESCRIPTION PLAN

## TAKE THINGS ONLINE

### Create an account on express-scripts.com or the Express Scripts® mobile app.

Manage your prescription plan anytime and anywhere with an online account.
It's simple and easy to get started.

1. **Visit** express-scripts.com and select Register OR download the Express Scripts mobile app for free from your phone's app store and select Register
2. **Enter the requested information,** including your member ID or Social Security number, and create your user name and password
3. **Click or tap Register Now**

### Once your account is created, you can:

- Check your order status
- View and print Digital ID cards
- Enroll in home delivery
- Refill and renew prescriptions
- Enroll eligible prescriptions in automatic refill
- Find your nearest preferred pharmacy
- Set reminders to take your medication

## TAKE A SHORTER TRIP TO GET YOUR MEDS

### Enroll in home delivery to get your 90-day prescriptions shipped right to your door.

Requesting to get your medications delivered to your home from Express Scripts® Pharmacy is simple and convenient.
First, log in to express-scripts.com (if you haven't already registered, make sure to have your member ID or SSN).

### If you are enrolling a new prescription…

- Contact your doctor and ask them to e-prescribe a 90-day prescription directly to Express Scripts
- OR send a request by selecting "Forms" or "Forms & Cards" from the "Benefits" menu, print a mail order form and follow the mailing instructions
- OR call us at the Member Services number on your card and we'll contact your doctor for you

### If you are enrolling a current prescription…

Transfer retail prescriptions to home delivery by clicking "Add to Cart" for eligible prescriptions and check out.
You can also refill and renew prescriptions.
We'll contact your doctor and take care of the rest.

Check Order Status to track the shipping of your prescriptions. After we receive your prescription from your doctor, you will receive your medication within 7 days.[1]

# TAKE A BREAK FROM BRAND NAMES

## Ask about switching to a generic medication to save money on your prescriptions.

By not looking for the best deal on your prescription drugs, you may end up paying more than you should for your medications.

The easiest—and safest—way to save money on prescriptions is to ask for a generic, which typically costs less because the manufacturer did not have to conduct the initial research or studies that the branded drug did.

## Generics fall into two categories:

**Direct chemical equivalent –** a drug that has the same active ingredient as its brand-name counterpart

**Therapeutic alternative –** a drug that may not be chemically equivalent to the brand, but has the same therapeutic or treatment effect

Direct chemical equivalents are practically identical to the branded drug, while therapeutic alternatives are part of the same family.

## Is there a generic for your medication? You can ask…

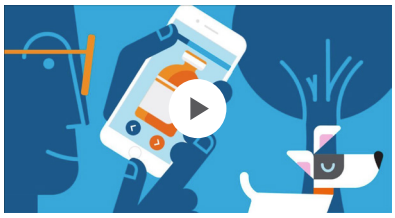
**Your health care provider.** Check with your doctor or nurse if there's a generic for any medication you're prescribed.

**Your pharmacist.** Before getting a prescription filled, refilled or renewed, ask your pharmacist if there's a generic alternative.

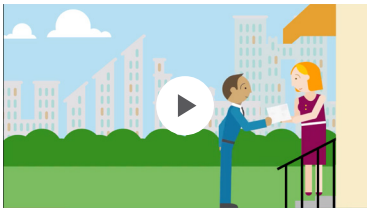
**Express Scripts.** You can review your prescriptions and specific generics savings opportunities at express-scripts.com.

## DID YOU KNOW

**FDA approved generics must adhere to strict guidelines and are the same as a brand-name medication in dosage, safety, effectiveness, strength, stability and quality.**



Watch to learn more about managing your prescription plan online.



Watch to learn just what's so great about home delivery

For additional information on how to take control of your prescription plan or any other questions about your account or coverage, visit **express-scripts.com, download the Express Scripts mobile app** or call the **Member Services number** or call the Member Services number on your Digital ID card.

EXPRESS SCRIPTS®

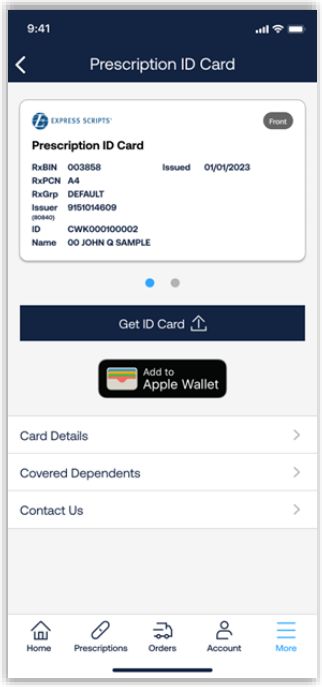
1 Over 85% of members receive their medications within 7 days. Longer delivery times may be due to additional correspondence needed with prescribers, medication availability and/or delivery times from the shipping vendor.

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EXPRESS SCRIPTS®

# Digital and Print ID Cards

You can view your digital prescription ID card on your mobile device using the Express Scripts® mobile app or print your ID card from express-scripts.com.




## VIEW YOUR DIGITAL ID CARD

Log in to the Express Scripts® mobile app.[1] If you have never registered, take a moment to register using your member ID number or Social Security number. Touch and facial recognition ID login are available on some devices.

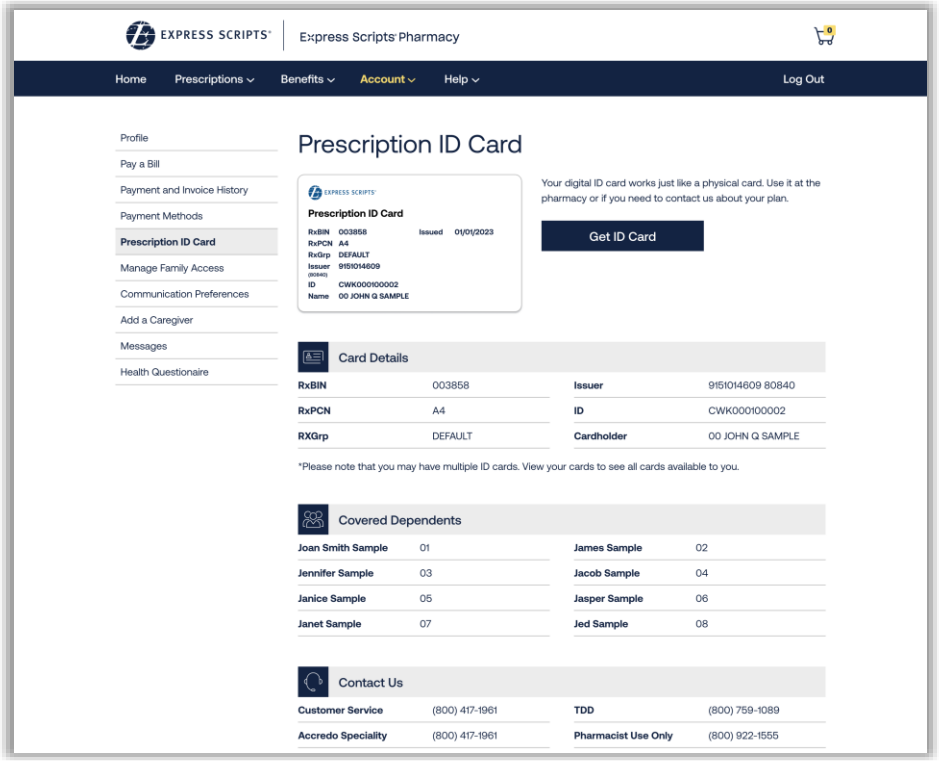
- On the app's home screen, tap **Prescription ID Card**.
- An image of your member ID card will appear.
- Hand your device to the pharmacist. That's it!

**GET THE MOST OUT OF YOUR BENEFIT!**
**REGISTER ONLINE TODAY.**
**SCAN ME TO REGISTER OR LOG IN.**

## PRINT YOUR DIGITAL ID CARD

Log in to express-scripts.com. If you are a first-time visitor, take a moment to register using your member ID number or Social Security number.

- From the home page, select **Prescription ID Card** from the menu under **Account**.
- An image of your prescription ID card will appear and you will have the option to view the front or back of the card.
- You can click **Download Card** to download, save or print by following your printer prompts.




1 The app is compatible with most iPhone®, iPad®, and Android™ mobile devices. Search for "Express Scripts" in your app store and download the app for free.

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CRP2409_12486A & CRP2409_12486B

# DENTAL INSURANCE

Mutual of Omaha

(800) 927-9197 | www.mutalofomaha.com/dental

| Carrier Name | Mutual of Omaha | | | |
|---|---|---|---|---|
| | Low Option | | High Option | |
| | In Network | Out of Network | In Network | Out of Network |
| Network | Mutual of Omaha Preferred Proprietary | | Mutual of Omaha Preferred Proprietary | |
| Individual Deductible | $50 | $50 | $50 | $50 |
| Family Deductible | $150 | $150 | $150 | $150 |
| Wavied for Preventative | Yes | | Yes | |
| Deductible Calendar Year | Calendar Year | | Calendar Year | |
| Annual Maximum | $1,000 | | $2,500 | |
| Preventative - Type 1 | 100% | 100% | 100% | 100% |
| Basic - Type 2 | 50% | 50% | 90% | 90% |
| Major - Type 3 | 50% | 50% | 60% | 60% |
| Ortho - Type 4 | Not Covered | | 50% | |
| Ortho Age Limit | | | Child(ren) Only - Age 26 | |
| Ortho Maximum | | | $1,500 | |
| Endodontics | Major | | Basic | |
| Periodontics - Non-Surgical | Major | | Basic | |
| Periodontics - Surgical | Major | | Basic | |
| Oral Surgery (Simple) | Basic | | Basic | |
| Oral Surgery (Complex) | Major | | Basic | |
| Implants | Major | | Major | |
| Out-of-Network Reimbursement | MAC | | 90th UCR | |
| Maximum Rollover | Not Included | | Not Included | |
| Missing Tooth Exclusion | Not Included | | Not Included | |
| Waiting Periods | None | | None | |
| Dependent Child/Student Age | Up to Age 26, benefit will terminate at end of the calendar year | | | |

**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

DENTAL INSURANCE

# Online Reference Guide for Plan Members



You have a great dental plan — now learn how to make full use of it to ensure proper dental health for you and your family.

## With online access you can:

- View benefits information, eligibility and claims
- Print or view Explanation of Benefits (EOBs)
- Locate a provider, by ZIP code or address
- Access the Dental Wellness Center

## Getting Started

1. Go to **MutualofOmaha.com/dental**
2. Click on the "Access Member Benefit Information" link and select the "Register Now" button. You will enter your Member ID number (located on your member ID card) or the last 4 digits of your Social Security Number and follow the instructions to create your user name and password.

Visit as many times as you need to view or print copies of your coverage information.
***Note:*** *Due to HIPAA a spouse and adult child will have to register separately.*

## Logging On

1. Go to **MutualofOmaha.com/dental**
2. Click on the "Access Member Benefit Information" and enter your username and password
3. Click the "Login" button

## Online Tools

In the Member Web Portal you can access your benefit information, including:

- View your coverage information and eligibility
- Individuals included under your plan
- After you've visited the dentist, use the "Claims" tab to find historical claim data
- View or print your Explanation of Benefits (EOB) from the "Documents" tab

Visit our Dental Wellness Center filled with tools and resources to make informed decisions about your dental health care, including:

- Find a Dentist search and Cost Estimator tools
- Dental Library comprised of articles, videos and definitions
- Ask A Dentist email feature
- Dental Health News, and much more

## Access a Claim Form

If you visit an out-of-network provider, you can download a claim form from the home page.

## Request an ID Card

800-927-9197

Mutually Preferred®

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United of Omaha Life Insurance Company
A Mutual of Omaha Company

450570_0423_United

# VISION INSURANCE

Mutual of Omaha

**(833) 279-4358 | www.mutalofomaha.com/vision**

| | In-Network Copays & Allowances |
|---|---|
| Network | EyeMed Insight |
| Exam Copay | $10 Copay |
| Materials Copay | $10 Copay |
| Frequency - Exam / Lenses / Frames | 12 / 12 / 24 |
| Single Lenses - After Copay/Allowance | Covered in full after copay |
| Bifocal Lenses - After Copay/Allowance | |
| Trifocal Lenses - After Copay/Allowance | |
| Frames - After Copay | $200 allowance |
| Contacts (Elective) | $200 allowance |
| Dependent Child/Student Age | Up to Age 26, benefit will terminate at end of the calendar year |

**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

VISION INSURANCE

# APP GUIDE FOR VISION PLAN MEMBERS



Our vision insurance gives you easy access to quality benefits and a broad network of providers. We'd like to help you manage your plan with even more convenience — from your mobile device.

## With mobile access you can:

- View Benefits Information
- Locate a Provider
- Access ID Card

## Get Started with the App

1. Go to your device's app store and search **"EyeMed Members"**
2. Download the app to your device
3. Click the **"Register"** button
4. Enter your name, date of birth, member ID number (located on your member ID card) or the last four digits of your Social Security Number (if provided by your employer)
5. Follow the instructions for creating your account

## Top Features of the App

- Access your ID card and view benefits information on the go
- View reminders about upcoming eye appointments
- View benefits information

We are here for you

Contact me for more information.

POWERED BY EyeMed

Mutual of Omaha

Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

Vision insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, (800) 769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number G2018MP or state equivalent. Some exclusions and limitations may apply.

609333

# LIFE INSURANCE

Mutual of Omaha

(800) 775-1000 | www.mutualofomaha.com

## VOLUNTARY LIFE & AD&D

### Employee Benefits

Benefit Amount:

- Choice of $10,000 Increments
- Not to exceed 5 times your annual salary
- Maximum Amount $500,000

### Guarantee Issue:

- Up to $200,000 at Initial Enrollment

### Spousal Benefits

Benefit Amount:

- Choice of $5,000 increments
- Employee must elect coverage in order to enroll spouse
- Maximum amount $100,000 not to exceed 100% of employee benefit amount

### Guarantee Issue:

- Up to $50,000 at Initial Enrollment

### Other Benefits Included:

- Living Care/Accelerated Death Benefit
- Waiver of Premium
- Portability
- Conversion

### Your Benefits Will Reduce:

- 50% at age 70

### Child Benefits

- $10,000: 14 days to age 26
- Employee must elect coverage in order to enroll children

### DISCLOSURES

Accidental Death and Dismemberment (AD&D) pays the Principal Sum Amount for the loss of life due to an accident or the loss of 2 or more members such as hand, foot, or eye.
Half the Principal Sum is payable for the loss of one member.
Please refer to the certificate of insurance for full policy details, benefits, and restrictions.
Rate information can be found in your enrollment kit or platform.
Exclusions may apply.

**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

# DISABILITY INSURANCE

Mutual of Omaha

(800) 775-1000 | www.mutualofomaha.com

## VOLUNTARY SHORT TERM DISABILITY

| | |
|---|---|
| Elimination Period | 14th Day Accident and 14th Day Sickness |
| Maximum Weekly Benefit | 50% Of Your Weekly Salary Up to $1,000 |
| Benefit Duration | 11 Weeks |
| Pre-Existing Period | 3 months / 6 months |

## DEFINITIONS AND REQUIREMENTS

Elimination Period: The number of days you must be disabled before benefit payments begin.

Maximum Benefit: The benefit amount you will receive when you are disabled.

Benefit Duration: The maximum period of time that benefits will be paid during a period of disability.

Definition of Disability: Disability means you are unable to perform the main duties of your occupation on a full-time basis due to non-work related injury or sickness. Please see the summary of benefits for more detail.

Eligibility Requirements: You must be a permanent employee regularly scheduled to work at least 30 hours per week, be actively at work on the coverage effective date.

Program Effective Date: The effective date of your coverage will be the first day of the month following the completion of your waiting period. Late entrants are required to complete satisfactory Evidence of Insurability.

**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

# SUPPLEMENTAL INSURANCE

Mutual of Omaha

**(800) 775-8805 | www.mutualofomaha.com**

Financial protection for you and your family! You've spent your entire career creating a happy, stable life. We're here to help you ensure everything you've built isn't put at risk due to an unexpected illness or accident. The following information illustrates highlights of all the plans, please refer to the summaries for a full list of benefits and exclusions.

## Hospital Indemnity

All employees may elect Hospital Indemnity through **Mutual of Omaha**. Below are some coverage highlights.

| PLAN HIGHLIGHTS | HOSPITAL INDEMNITY |
|---|---|
| **Hospital Admission** | Hospital: $1,000 per admission<br>ICU: $2,000 per admission |
| **Hospital Intensive Care Unit (ICU) Daily Confinement**<br>See plan summary for limitations | $400 per day |
| **Hospital Daily Confinement**<br>See plan summary for limitations | $200 per day |
| **Daily Newborn Nursery Care Confinement**<br>(Up to 2 days per policy year) | $75 per day |
| **Health Screening**<br>(1 time per insured per calendar year; up to 6 per family per calendar year) | $50 |
| **Express Benefit**<br>(equal to one daily hospital confinement benefit) | $200 per hospital admission |

## Accident Insurance

All employees may elect Accident Insurance through Mutual of Omaha. Below are some coverage highlights.

| PLAN HIGHLIGHTS | ACCIDENT PLAN |
|---|---|
| **Emergency Care Benefits** | |
| Emergency Care Treatment | $400 |
| Initial Physician Office Visit | $175 |
| Diagnostic Exam | Up to $400 |
| Air Ambulance Transportation | Up to $2,000 |
| X-Ray | $100 |
| **Hospitalization Benefits** | |
| Accident Hospital Admission | $2,000 |
| Accident Hospital Daily Confinement | $400 per day |
| Accident Intensive Care Daily Confinement | $800 per day |
| **Fractures and Dislocations Benefits** | |
| Various | Refer to Plan Summary |
| **Follow-Up Care** | |
| Accident Follow-Up | Refer to Plan Summary |
| **Health Screening Benefit** | $50 |

**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

# SUPPLEMENTAL INSURANCE

Mutual of Omaha

**(800) 775-8805 | www.mutualofomaha.com**

Financial protection for you and your family! You've spent your entire career creating a happy, stable life. We're here to help you ensure everything you've built isn't put at risk due to an unexpected illness or accident. The following information illustrates highlights of all the plans, please refer to the summaries for a full list of benefits and exclusions.

## Critical Illness Insurance

All employees may elect Critical Illness Insurance through Mutual of Omaha. Dependent coverage is contingent on employee enrollment. Below are some coverage highlights. Rates for this coverage are based on your age, and coverage level.

| PLAN HIGHLIGHTS | CRITICAL ILLNESS PLAN |
|---|---|
| **Employee Benefit Amount**<br>Guarantee Issue | **Option of $10,000, $20,000, $30,000 or $40,000** |
| **Spouse Benefit Amount**<br>Guarantee Issue | **Option of $10,000, $20,000, $30,000 or $40,000 (Up to 100% of the employee benefit amount)** |
| **Child(ren) Benefit coverage amount**<br>Guarantee Issue, Benefit Terminates at Age 26 | **50% of the employee benefit amount up to $20,000** |

**Critical Illness Coverage List of Covered Conditions**

| Covered Illness | Initial Occurrence % of Initial Benefit Amount | Recurrence % of Initial Benefit Amount |
|---|---|---|
| Invasive Cancer | 100% | 100% |
| Non-invasive cancer/carcinoma in situ | 25% | 100% |
| Skin Cancer | $500 | $500 with limitations, see plan summary |
| Heart Attack | 100% | 100% |
| Stroke | 100% | 100% |
| Coronary Artery Disease | Minor: 25% \| Major: 50% | 100% |
| Cerebral Palsy | 100% | Not available |
| Major Organ Failure | 100% | 100% |
| End Stage Renal Disease (ESRD) | 100% | Not available |
| Acute Respiratory Distress Syndrome (ARDS) | 25% | 100% |
| Parkinson's Disease | 100% | Not available |
| Multiple Sclerosis (MS) | 100% | Not available |
| Amyotrophic Lateral Sclerosis | 100% | Not available |
| Benign Brain or Spinal Cord Tumor | 100% | 100% |
| Loss of Sight | One Eye: 50% / Both Eyes: 100% | Not available |
| Coma | 100% | 100% |
| Loss of Hearing | 100% | Not available |
| Loss of Speech | 100% | Not available |
| Permanent Paralysis | 100% | Not available |
| Congenital Heart Disease | 100% | 100% |
| Genetic Disorder | 100% | 100% |
| Structural Congenital Defect | 100% | 100% |

**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

EMPLOYEE BENEFITS

# Critical Illness*, Accident and Hospital Indemnity Insurance

*Specified disease insurance in some states



For many Americans, a home, 401(k) plan and college fund make up the majority of their savings. However, these are not sensible sources of cash for medical emergencies. They represent cash saved for the long haul – not for a few months of recovery along the way.

## But wouldn't insurance cover the cost of a medical emergency?

Although your health plan may provide coverage for the medical and hospital expenses, it will not cover 100% of the costs. There are other expenses to consider, such as copays/deductibles, medications, time off work and cost of home modifications — that may quickly deplete your savings.

## United of Omaha Life Insurance Company Can Help

We insure the risk of for covered illnesses, injuries, or hospital admissions or confinements so you don't have to rely on your savings, and help prevent going in debt from an unexpected medical issue. The insurance turns a relatively small expenditure — the premium — into valuable benefits that may help protect you, your family and your savings from the unexpected.

Because benefits are paid directly to you when an an injury or sickness happens, you will have the payout before the bills pile up. You may use the benefits to pay expenses such as:

- Deductibles/copays
- Mortgage payments
- Car and credit card payments
- Travel to treatment locations
- Income replacement
- Out-of-network or experimental medical treatment

Consider the potential costs of care/recovery and the financial shortfalls that could impact your family if an injury or sickness occurs.

Mutual of Omaha

Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Critical illness insurance is known as Specified Disease insurance in CT and NC. This policy provides ACCIDENT, CRITICAL ILLNESS, and HOSPITAL INDEMNITY insurance only. It does NOT provide basic hospital, basic medical or major medical insurance. It is not a Medicare supplement policy. Some exclusions, limitations, and reductions may apply.

All exclusions may not be applicable, or may be adjusted, as required by state regulations for the situs state of the Policyholder. The IRS limits the types of supplemental insurance that an individual who participates in a Health Savings Account (HSA) may have, while still maintaining the tax-exempt status of HSA contributions. The IRS allows additional insurance that provides benefits for "a fixed amount per day (or other period) of hospitalization." Anyone who has or plans to open an HSA, should consult tax and legal advisors to determine which supplemental benefits may be purchased by employees with an HSA.

The information describes some of the features of your group hospital indemnity plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, and limitations. Should there be any discrepancy between the certificate booklet and this document, the certificate booklet will prevail.

Accident insurance, critical illness insurance and hospital indemnity insurance are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, expect in New York. Policy form number for accident and critical illness insurance is 7000GM-U-EZ 2010 or state equivalent (7000GM-U-EZ 2010 NC). Policy form number for hospital indemnity insurance is G2018MP or state equivalent (G2018MP NC).

# WHERE TO GO FOR CARE

Getting care at the best place for your condition could save you money on your out-of-pocket costs. See your primary care physician (PCP) or family doctor first. If seeing your PCP isn't possible, it's important to know your quick care options, especially before heading to an ER.

**Compare quick care options to help keep costs down.**








| | PCP | Virtual Visits | Convenience Care | Urgent Care | Emergency Room |
|---|---|---|---|---|---|
| | Care from the doctor who knows you best | See a doctor whenever, wherever. | Basic Conditions that aren't life threatening | Serious Conditions that aren't life-threatening | Life and Limb-threatening emergencies |
| Average Cost | $160 | less than $49 | $100 | $180 | $2,200 |
| ✔ Indicates the recommended place for care for the following conditions: | | | | | |
| Broken Bones | | | | ✔ | ✔ |
| Chest Pain | | | | | ✔ |
| Cough | ✔ | ✔ | ✔ | | |
| Fever | ✔ | ✔ | ✔ | | |
| Muscle Strain | ✔ | | ✔ | | |
| Pinkeye | ✔ | ✔ | ✔ | | |
| Shortness of Breath | | | | | ✔ |
| Sinus Problems | ✔ | ✔ | ✔ | | |
| Sore Throat | ✔ | ✔ | ✔ | | |
| Sprain | ✔ | | ✔ | ✔ | |
| Urinary Tract Infection | ✔ | ✔ | ✔ | | |

***Call 911 or go to an emergency room (ER) if you have a life-threatening condition***

**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

# WELLNESS

## Knowing your four health numbers is key to a healthier you.




At your annual check-up, ask your doctor for your four health numbers (Blood Pressure, Cholesterol, Blood Sugar and BMI-Body Mass Index).

### Blood Pressure

A telltale sign for possible heart disease, stroke and kidney disease. Understanding your blood pressure numbers is key to controlling high blood pressure. The American Heart Association recommends a normal Blood Pressure range of Systolic mm HG (upper number) Less than 120 and Diastolic mm HG (lower number) Less than 80 (120/80)

### Cholesterol

HDL is good. LDL is bad. Keeping both in check is essential. The American Heart Association (AHA) recommends that all adults age 20 or older have their cholesterol and other traditional risk factors checked every four to six years, and work with their healthcare providers to determine their risk for cardiovascular disease and stroke.

### Blood Sugar

A leading determinant for the onset of diabetes. What is normal blood sugar level? And how can you achieve normal blood sugar? For someone without diabetes, a fasting blood sugar on awakening should be under 100 mg/dl. Before-meal normal sugars are 70-99 mg/dl. "Postprandial" sugars taken two hours after meals should be less than 140 mg/dl.

### Body Mass Index (BMI)

The measure of body fat based on height and weight that applies to adult men and women. In general, BMI is an inexpensive and easy-to-perform method of screening for weight category, for example underweight, normal or healthy weight, overweight, and obesity. There are many calculators online to assist you with obtaining your BMI.

**https//www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html**

## Do you know your financial health numbers?

Knowing them is just as important as knowing your overall health numbers. Your financial health comes down to a series of ratios. here's where you should start:

1. **Credit Score:** Your FICO credit score—a ratio determined by three credit bureaus and based primarily on your track record of paying bills on time - is about far more than just being approved for loans.
2. **Retirement Savings Rate:** There is no single, correct dollar amount to put aside for retirement, which is why most projections rely on percentages. The most important one is how much of your salary should be put aside for retirement, which experts peg at 15%.
3. **Emergency Fund:** The number you need to know: How many months could you survive on your savings? The key is to achieve an overall balance in your finances, with about half your income going towards fixed expenses like rent and utilities, 20% for financial goals like savings, and 30% for day-to-day expenses like groceries and gas, advises Vera Gibbons, personal finance consultant - mint.com.
4. **Net Worth:** People tend to think of this number as their "wealth," says LearnVest's von Tobel, but it's not really about how much you have at any given point. Rather, people should use net worth as a starting point to see how they are doing down the road.



# DISCLOSURES

## Medicare Part D

**This notice officially confirms** the fact that your prescription drug coverage is creditable does not prevent you from enrolling in Medicare Part D if you wish. The open enrollment for Part D is October 15th to December 7th. However, delaying enrollment in Medicare Part D until a future date will not result in higher premium payments as long as you are covered by a creditable prescription drug plan.

As someone who is Medicare eligible, you will be receiving information on the Medicare Part D plans in your area. Premiums will vary depending upon where you live, but are expected to average about $32-$37/Month. If you do decide to enroll, coordination of benefits will be required.

**On Medicare Part D, you can read the "Medicare & You" Hand book which will be mailed to you during October. Visit www. medicare.gov on the web or call 1-800 MEDICARE (633-4227) - TTY users should call 1-877-846-2048**

## Section 125

Under certain circumstances, you may be allowed to make changes to your benefits elections during the plan year, such as additions, deletions and cancellations, depending on whether or not you experience an eligible qualifying event as determined by the Internal Revenue Service (IRS) Code, Section 125. You may change a benefit election upon the occurrence of a valid qualifying event only if the event affects your own, your spouse's or your dependent's coverage eligibility.

**If you experience a qualifying event, you must report the qualifying event to Human Resources Department within 30 days of the event.** Beyond 30 days, additions and deletions will be denied and you may be responsible both legally and financially for any claims and/or expenses incurred as a result of any dependent(s) who continued to be enrolled who no longer meet the entity's eligibility requirements.

If approved, most election changes will be effective on the date of the qualifying event for additions; cancellations will be processed at the end of the month.

Payroll deductions for health, dental, vision and certain supplemental accident insurance premiums, are deducted from your gross income before your income is taxed. The entity's plan is known as a Cafeteria Benefit Plan and is governed by IRS Code, Section 125. This pre-tax benefit means you pay less tax on a per-pay and annual basis. See examples of Qualifying Life Events for allowable enrollment changes as determined by Section 125 of the IRS Code.

## COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 requires that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called 'continuation coverage') at group rates in certain instances where coverage under the plan would otherwise end. An employee, spouse of an employee or a dependent child of an employee covered by the Entity's group health plan has the right to choose this continuation coverage if coverage is lost for any qualified reason. For more information, please speak with Human Resources.

## Medicaid CHIP

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help you pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

aab

**Brought to you by:**




All Atlantic Benefits

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