medical facilities of america

care beyond compare™

2025-2026

EMPLOYEE BENEFITS BOOKLET

MARYLAND NON-UNION

Welcome to your employee benefits

At Medical Facilities of America, the greatest asset is our staff. MFA values each and every employee and the efforts the staff put in – day in and day out – to every resident and client! MFA has partnered with Gutman Insurance to bring you the individualized attention you deserve to review your benefits, and to add Voluntary/Supplemental Insurances to the already top-tier health insurances offered. This is another way to reward your efforts, and we are pleased to offer you these valuable employee benefits for your security and well-being.

Pleasenote: WhileVoluntary Benefits are employee paid, most are offered as Guaranteed Issue and at a discounted premium for the staff, some only available through this partnership!

Please review the information in this booklet to learn about the plans being offered and determine what coverage is best for you! Should you have any questions, please don't hesitate to speak to one of the Benefit Counselors at any time! (804) 991-5444

This Benefit Handbook gives you information about the benefits Medical Facilities of America currently offers. It is a supplement to the Employment Guide and will be updated as benefits are enhanced and/or changed. In reviewing your benefits, please note the plan year and be certain that you have the most recent copy of this guide. Not all benefits listed in this guide are available to all MFA employees. Although information is provided for each benefit, this guide is not a substitute for a full explanation of these plans. Your Human Resources Manager or the Regional Human Resources Manager can answer specific questions you have regarding your benefits. You may review plan descriptions and other documents required by law for certain plans. Please see your Human Resources Manager or contact Brian Patten and Associates if you wish to review any of these documents. Where there is a discrepancy between the plan documents and this guide, the plan documents control. Medical Facilities of America, in its sole discretion, reserves the right to change, alter, or discontinue the benefits listed herein as business conditions warrant, and as otherwise allowed by law. There is not contractual entitlement to these benefits and neither the Benefits Guide nor any other policy or procedure of Medical Facilities of America creates a contract of employment for any specified duration.

To determine your eligibility for benefits, you must know your employment classification. Your supervisor, Human Resources Director or Administrator can give this information to you. Definitions of employment classifications are in the Employment Guide.

If you change your regular work hours, your classification may change and affect your eligibility for certain benefits.

Benefits Overview

Who you can cover

When making your health, dental and vision selections, you may choose from among the following levels of coverage:

- Employee Only
- Employee & Spouse
- Employee & Child(ren)*
- Employee & Family (includes spouse and children)*

"*Dependents may be enrolled in any plan in which you are also enrolled. Your spouse is eligible if he or she meets the legal definition of 'spouse' under federal law for federal tax filing purposes, with documentation.

*Eligible children includes natural children, legally adopted children, stepchildren and children who are in the waiting period before adoption. Children eligible for medical, dental and life insurance coverage until the end of the month in which they turn 26. Your child does not have to meet IRS definitions of a dependent to be eligible for medical or dental benefits, but they must meet IRS definitions for flexible spending account benefits."

When you can make changes

During the open enrollment period, you may enroll, drop or make changes for yourself or your eligible dependents, for the plan year June 1, 2025 through May 31, 2026.

Enrolling or making changes outside of the open enrollment period

Since your premiums are deducted on a pre-tax basis, federal law limits your ability to change your elections outside of open enrollment. Changes are allowed only if there is a "qualifying event" and the change requested is consistent with the event. If you experience a change in status, you must notify Human Resources and provide documentation within 30 days of the change to update your benefits selections and receive a premium refund, if applicable. You may be asked to present documentation such as a birth, marriage or death certificates, or a divorce decree.

- Changes in employee's legal marital status
- Birth or adoption (or placement for adoption) of a child
- Death of a covered dependent
- Loss or gain of eligibility for group insurance coverage for you or a covered dependent
- (coverage must not be a student or individual policy)
- Judgment, Decree or Order
- Change in spouse's employment status
- Change in health insurance eligibility due to a relocation of residence or work place (i.e. new hires)
- Dependent satisfies or ceases to satisfy eligibility requirements
- Change in spouse's employment status
- Change in health insurance eligibility due to a relocation of residence or work place (i.e. new hires)
- Dependent satisfies or ceases to satisfy eligibility requirements

NOTE: If you do not make changes within 30 days of the "qualifying event", you must wait until the following open enrollment period to make changes (or next QLE).

This guide is only intended to offer an outline of benefits. All details and contract obligations of plans are stated in the group contract/insurance documents, including any disclosures (whether regarding "grandfathering" of plans or others) required by the new health reform law, the Patient Protection and Affordable Care Act (PPACA). In the event of a conflict between this guide and the group contract/insurance documents, the group contract/insurance documents will prevail, unless dictated in Handbook otherwise. Please contact Human Resources for further info.

Benefits Overview

	FULL-TIME	PART-TIME	CASUAL	PRN
Medical	✓	⊘	⊘	⊘
Dental & Vision	✓	✓	⊘	⊘
Voluntary Benefits	✓	✓	⊘	⊘
Flexible Spending Accounts ("FSA")	✓	⊘	⊘	⊘
401(k)	✓	✓	✓	✓

Medical Insurance through American Plan Administrators

Our medical plan is considered an "Open Access Plan" – This means it isn't limited by networks or groups. You can see a doctor anywhere in the USA.

Daily Pay

Daily Pay allows hourly employees to take money from their paycheck early. Be sure to review the attached Daily Pay form for more details. All hourly employees only are eligible to use the Daily pay. They can sign as soon as day one for this program.

When do Benefits Start?

Everyone is eligible for 401k no matter the status. They are eligible to enroll on the 1st of the month following 30 days of employment.

After 60 days of FT/PT employment the employee is eligible to enroll in the benefits that are offered to them.

After the 90th day of full-time employment the medical coverage, if elected, would be effective for use and the 1st of the month following the 90th day the dental, vision, and voluntary benefits if elected are effective for use.

Holiday Pay

ELIGIBILITY: NONEXEMPT FULL-TIME AND PART-TIME EMPLOYEES ONLY

The Facility recognizes six (6) holidays each year for full-time employees from 12am to 11:59pm: New Year's, Memorial Day, July 4th, Labor Day, Thanksgiving & Christmas Day

Non-Exempt Employees:

Holidays Worked: "Holiday Worked" applies to all Full Time, Part Time and Per Diem employees. Employee will be paid time and one half {1.Sx current rate) for all hours worked during the recognized Holiday shifts. All Full-Time employees must work 50% of annual recognized Holidays.

Holiday Premium: "Holiday Premium" refers to when a FT employee is regularly scheduled to work the day of the holiday, and it is one of the 50% of off holidays, they will receive Holiday Premium at straight pay. If a FT employee is not regularly scheduled to work on a holiday, employee does not receive Holiday Premium. If a FT employee is scheduled to work on the holiday and calls out, for any reason, they do not get Holiday premium.

Part Time: PT employees, if not regularly scheduled to work on the holiday, will not get Holiday Premium. If Part Time employees are regularly scheduled to work on the holiday, and request off, they will be given Holiday Premium of half a shift at straight pay. If a PT employee is scheduled to work on the holiday and calls out, for any reason, they do not get Holiday premium.

Per Diems: Per diem employees are not eligible for Holiday Premium. If absent on the schedule shift before or the scheduled shift after the holiday for any reason, employee will not get Holiday Premium.

Exempt Employees:

Exempt employees are off on all Holidays and will be paid straight pay for all Holidays. If a Holiday falls on a weekend, Exempt employees may take off the Friday before the Holiday or the Monday after the Holiday. Exempt employees are eligible to take off on the Holiday upon start of employment.

MD Earned Sick & Safe Leave

Employees will accrue sick and safe leave at the rate of one hour for every thirty hours worked up to a maximum of 64 hours a year.

An employee is allowed to use earned sick and safe leave under the following conditions:
- To care for or treat the employee's mental or physical illness, injury, or condition;
-To obtain preventative medical care for the employee or the employee's family member
- To care for a family member with a mental or physical illness, injury, or condition;
- For maternity or paternity leave; or
-The absence from work is necessary due to domestic violence, sexual assault, or stalking committed against the employee or the employee's family member and the leave is being used: (1) to obtain medical or mental health attention; (2) to obtain services from a victim services organization; (3) for legal services or proceedings; or (4) because the employee has temporarily relocated as a result of the domestic violence, sexual assault, or stalking.

A family member includes a spouse, child, parent, grandparent, grandchild, or sibling.
Employees are permitted to use earned sick and safe leave in increments in certain amounts established by their employer. Employees are required to give notice of the need to use earned sick and safe leave when it is foreseeable. An employer may deny leave in certain circumstances.

Employees can roll over up to 40 hours each year and cannot accrue more than 67 hours at any given time. Any unused sick and safe leave will not be paid out upon separation/termination of employment. If leave is foreseeable employees should give at least 7 days in advance.

MARYLAND VOTING LEAVE

Maryland law requires employers to permit employees to take two (2) hours of paid leave to vote, provided that the employee does not have two (2) hours of continuous off-duty time while the polls are open. At least one-week advance notice is required to seek voting leave. Any employee who is approved for voting leave will have to show proof they voted.

Jury & Witness Duty Leave

All Employees

Employees who are called to serve on jury duty, will be excused from work to serve. Employees who are summoned or subpoenaed by a court of law to be a witness or are required to attend a hearing by the court, with the exception of criminal defendants, will be excused from work to fulfill their obligation.

A full-time employee may choose to, but is not required to, use Paid Time Off while serving on jury duty or if summoned or subpoenaed by a court of law. Employees must make arrangements and provide a copy of the summons or subpoena to their supervisor as soon as they receive it. Employees are encouraged, but are not required, to return to work if excused from jury duty during regular work hours.

Bereavement Pay

ELIGIBILITY: FULL-TIME EMPLOYEES ONLY

Full-time employees may be temporarily excused from work for up to three (3) scheduled workdays (maximum twenty-four (24) hours) within one (1) week of the death of a family member. Approved bereavement leave is paid time that is separate from PTO.

Family members are defined as:

- grandmother
- grandfather
- mother or step-mother
- father or step-father
- mother-in-law
- father-in-law
- sister or step-sister
- brother or step-brother
- spouse
- child or step-child
- grandchild

In the event of the death of relatives not listed above, employees may be excused from work without pay, or may request PTO

MFA Healthcare - MARYLAND NON-UNION

BENEFITS PLAN PRE-TAX ELECTION FORM PER A PAY PERIOD - Bi-weekly

Plan Year 6/1/2025-5/31/2026

	Medical PHCS		
	Base Plan	Advantage Plan	Value Plan
	PCP/Specialist Ded. & Co-Ins. IN Ded. $4500/9000 Co-Ins. 30% MOOP $7000/14000 RX Ded. & Co-Ins.	PCP/Specialist Ded. & Co-Ins. IN Ded. $3500/ 7000 Co-Ins. 20% MOOP $5500/11000 RX 15/40/65	PCP - $25 /Specialist -$50 IN Ded. $1500/ 3000 Co-Ins. 10% MOOP $5000/10000 RX 15/40/65
Employee Only	❑ $42.95	❑ $53.25	❑ $116.92
Employee Spouse	❑ $242.77	❑ $251.73	❑ $385.65
Employee Child	❑ $138.10	❑ $147.44	❑ $253.29
Employee Children	❑ $138.10	❑ $147.44	❑ $253.29
Family	❑ $331.15	❑ $332.93	❑ $501.43

	Dental	Vision
	Delta Dental	VSP - Pro Benefits
	Ded. $50/$150 Co-Ins. Prevent. 100%/ Basic 80% / major 50% Annual Max $1500 Ortho: 50% Co-Ins. Child only $1000 life max	Exam $10 Lenses (single, Bifocal & Trifocal): $25 copay Frames: $130 Allowance; 20% on exceeding balance
Employee Only	❑ $14.15	❑ $2.76
Employee Spouse	❑ $33.55	❑ $6.25
Employee Child	❑ $31.81	❑ $5.39
Employee Children	❑ $31.81	❑ $5.39
Family	❑ $50.53	❑ $8.73

PHCS Practitioner & Ancillary Only

elap services

American Plan ADMINISTRATORS

MFA Healthcare

June 1, 2025 – May 31, 2026

PLAN TYPE	Base MFAB	Advantage*** MFAA	Value MFAV
Financial			
Deductible: **Plan Year** Individual / Family	$4500/9000	$3500/7000	$1500/3000
Coinsurance	70/30%	80/20%	90/10%
Maximum Annual Out-of-Pocket (Catastrophic Limit): Individual/Family	$7000/14000	$5500/11000	$5000/10000
Covered Expenses	What You Pay	What You Pay	What You Pay
Medical			
Preventive:			
WellCare Services –Adult (one per year) **	Covered at 100%	Covered at 100%	Covered at 100%
Well Care Services Baby and Child up to age 19 (Includes: Routine physical examination, laboratory tests, vision & hearing Screening, and routine immunizations) **	Covered at 100%	Covered at 100%	Covered at 100%
Preventive Mammography and Pap Smear Screening**	Covered at 100%	Covered at 100%	Covered at 100%
Preventive Prostate Screening**	Covered at 100%	Covered at 100%	Covered at 100%
Home, Office, and I/P hospital physician visits	Deductible & Coinsurance	Deductible & Coinsurance	$25 copay
Prenatal and post-natal care	Deductible & Coinsurance	Deductible & Coinsurance	$25 copay
Specialist office visits	Deductible & Coinsurance	Deductible & Coinsurance	$50 copay
Surgery, Procedures and Anesthesia in an Office setting	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Allergy Care	Deductible & Coinsurance *Maximum of 20 visits per calendar year*	Deductible & Coinsurance *Maximum of 20 visits per calendar year*	$50 copay *Maximum of 20 visits per calendar year*
Chiropractic Care	Deductible & Coinsurance *Maximum of 20 visits per calendar year*	Deductible & Coinsurance *Maximum of 20 visits per calendar year*	Deductible & Coinsurance *Maximum of 20 visits per calendar year*
Physical Therapy, Osteopathic Manipulation, Occupational Therapy (Benefits are covered only at freestanding P/T Center. P/T performed at an Outpatient hospital is not covered.)	Deductible & Coinsurance *Max 30 combined visits per Calendar year*	Deductible & Coinsurance *Max 30 combined visits per Calendar year*	Deductible & Coinsurance *Max 30 combined visits per Calendar year*
Speech Therapy	Deductible & Coinsurance *Max 15 visits per Calendar year*	Deductible & Coinsurance *Max 15 visits per Calendar year*	Deductible & Coinsurance *Max 15 visits per Calendar year*
Lab & Radiology			
High Tech Radiology (e.g. CT scan, MRI)	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
X-rays	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Diagnostic Lab Tests	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Coverage			
Emergency Room Treatment	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room Treatment for Non-Emergency Injury or Illness	Not Covered	Not Covered	Not Covered
ER professional charges	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care	Deductible & Coinsurance	Deductible & Coinsurance	$75 copay

HRA INCLUDED THIS PLAN ONLY!

Inpatient Services			
*Semi-private room and Board, Intensive Care & Coronary Units	Deductible & Coinsurance *Base coverage 60 days single Hospital confinement*	Deductible & Coinsurance *Base coverage 60 days single Hospital confinement*	Deductible & Coinsurance *Base coverage 60 days single Hospital confinement*
Maternity	Deductible & Coinsurance *Base coverage 60 days single Hospital confinement*	Deductible & Coinsurance *Base coverage 60 days single Hospital confinement*	Deductible & Coinsurance *Base coverage 60 days single Hospital confinement*
Routine Nursery Care	Deductible & Coinsurance *Base coverage 60 days single Hospital confinement*	Deductible & Coinsurance *Base coverage 60 days single Hospital confinement*	Deductible & Coinsurance *Base coverage 60 days single Hospital confinement*
*Skilled Nursing Facility Care	Deductible & Coinsurance *Limited to 30 days per calendar year*	Deductible & Coinsurance *Limited to 30 days per calendar year*	Deductible & Coinsurance *Limited to 30 days per calendar year*
*Hospice Care	Deductible & Coinsurance *Maximum of 60 days per calendar year*	Deductible & Coinsurance *Maximum of 60 days per calendar year*	Deductible & Coinsurance *Maximum of 60 days per calendar year*
*Inpatient Admission for Medical Rehabilitation (i.e. Physical Therapy, Physical Medicine and Rehabilitation)	Deductible & Coinsurance *Maximum 30 days per Calendar year* *Benefits for I/P Rehab require coordination with the benefits administrator*	Deductible & Coinsurance *Maximum 30 days per Calendar year* *Benefits for I/P Rehab require coordination with the benefits administrator*	Deductible & Coinsurance *Maximum 30 days per Calendar year* *Benefits for I/P Rehab require coordination with the benefits administrator*
Outpatient Services			
Pre- Admission Testing	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
*Ambulatory Surgery	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
*Outpatient Dialysis	Deductible & Coinsurance *Maximum of 78 visits per calendar year*	Deductible & Coinsurance *Maximum of 78 visits per calendar year*	Deductible & Coinsurance *Maximum of 78 visits per calendar year*
*Home Health Care Services	Deductible & Coinsurance *Maximum of 60 visits per calendar year*	Deductible & Coinsurance *Maximum of 60 visits per calendar year*	Deductible & Coinsurance *Maximum of 60 visits per calendar year*
Other Services			
Durable Medical Equipment *Precertification is required when the amount is greater than $1,000*	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
*Home Infusion Therapy	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
*Chemotherapy & Radiation *Benefits are covered only at a freestanding treatment Center or doctor offices when available. Services provided at an outpatient hospital when a freestanding treatment center is available, will be paid according to our out-of-network fee schedule*	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Mental Health & Chemical Dependency			
*Inpatient Mental Health	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Mental Health	Deductible & Coinsurance	Deductible & Coinsurance	$50 Copay
*Inpatient Chemical Dependency Treatment			
Detoxification	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Rehabilitation	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Chemical Dependency	Deductible & Coinsurance	Deductible & Coinsurance	$50 Copay

Prescription Drugs / Generic & Mail Order Mandatory						
Retail – 30 Day supply; Mail Order - 90-day supply **Plan Year Deductible**	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order
Generic	Deductible & Coinsurance		$15 copay	$30 copay	$15 copay	$30 copay
Preferred Brand	Deductible & Coinsurance		$40 copay	$100 copay	$40 copay	$100 copay
Non-Preferred Brand	Deductible & Coinsurance		$65 copay	$162.50 copay	$65 copay	$162.50 copay
Specialty Drugs	Not Covered		Not Covered		Not Covered	

*** The services require prior authorization.**
****Includes preventive screenings as required by the United States Preventive Services Task Force (USPSTF)**
*****up to $500 on a single/up to $1000 all other tiers will be covered before meeting your deductible**

- **PHCS network is utilized for Medical and ancillary (Lab/radiology services etc.) Claims. To locate an in-network provider visit www.Multiplan.com/phcspracanc.**
- **Providers outside of the PHCS network will be processed in accordance with "Referenced Based Pricing (RBP) and reimbursed at the in-network benefit level.**
- **Hospital charges are processed in accordance with "Referenced Based Pricing (RBP). You may utilize a hospital of your choice and it will be processed at the in-network benefit level. Should you receive a balance bill from a hospital you should submit the bill within 30 days of receipt to Imagine360: email to bb@elapservices.com, Fax to 1-888-560-2447, or you may contact imagine360 at 1-800-977-7381.**
- **For Pharmacy benefit information contact ProAct RX at 1-877-635-9545. More information about prescription drug coverage is available at www.proactrx.com.**

THIS OUTLINE IS FOR ILLISTRATION PURPOSES ONLY.

General Exclusions:

You are not covered for physical exams for employment, insurance, school, premarital requirement or summer camp (unless substituted for a normal well visit/physical exam); prescription drugs prescribed for a non-covered service; dental services; hearing aid appliances; routine foot care; cosmetic or reconstructive surgery, unless medically necessary; custodial services; weight reduction programs and Bariatric surgery for any reason; marriage counseling; long term psychiatric treatment; Infertility treatment; Autism (NY Autism Mandate); Medical Care When Traveling outside the U.S.; Private-Duty Nursing or Specialty Medications.
Refer to your Summary Plan Description for a more complete listing of all benefits, limitations, and exclusions.

♦This is a brief summary of benefits created from a sales quote presentation. Finalized benefits will take precedence over any benefit information presented in this outline.
♦All services are administered by American Plan Administrators.

How to prepare for a doctor, lab or hospital appointment

01 Call your healthcare provider

Notify them that you have coverage with American Plan Administrators. Explain to your provider you have PHCS for your physician and lab network but if they are not participating with the network, behind that you have an Open Access Plan that will price and pay the doctor, lab and facility claims at the in-network benefit level. You can go to any medical provider in the US without restriction. PHCS is not the only coverage you have just the 1st level.

02 Have them call the number on the back of the card (888-624-6300) if:

- They say they don't accept your insurance
- They say you are out of network
- They state you will have to pay out of pocket upfront more than your regular copay

APA will confirm your eligibility of benefits and notify them that our APA plan does cover out of network providers the same as in network providers.

03 Remember:

- If you still experience issues with the provider's, please contact APA yourself to explain the issue or contact your HR Manager for additional information.
- You are only responsible for your Co-pay and out of pocket expense based on your explanation benefits document your plan sends to you.
- Do not set up a payment plan, register as a self-pay patient or pay out of pocket beyond your copay at the time of the service. If the provider (doctor, lab or hospital) is trying to get you to do any of this, please call APA at 888-624-6300 and explain what is happening.
- Always make sure the provider calls APA (your benefits contact) to verify benefits and eligibility. If they refuse to do so, please call APA and request APA call the facility proactively.

If you need guidance or have any questions, please call your Client Relationship Manager, Seth Abraham at 610-547-0870 or email at Sabraham@elapservices.com.

Check out the American Plan Administrators Portal

VISOVA (apatpa.com)

https://online.apatpa.com/index.php?r=site/login

Allows you view claims, explanation of benefits, replace cards, etc.

Member will select the Member login icon from the website landing page.

Select Create Member Account at the bottom of the page

Complete all required fields / Group # is 32175

PROACT PHARMACY BENEFIT MANAGEMENT | Your Fully Integrated Pharmacy Benefit Manager

PROACT PHARMACY SERVICES

Mail Order Medication

Great for maintenance Medications (medications taken daily)

Step One:

Ask your provider to send a new prescription

for 90-day supply to ProAct (**Fax – 315-287-3330**)

Step Two:

Confirm the mailing address and payment for the prescriptions by calling ProAct (**866-287-9885**) or visiting their website to create a portal

Tel: 866-287-9885
Fax: 315-287-3330
Web: www.ProActPharmacyServices.com
Email: MailOrder@ProActPharmacyServices.com
Mail: 1226 US Highway 11
Gouverneur, New York 13642

If you have any additional question, please contact the customer service at 866-287-9885.

PROACT PLUS

Your company's prescription benefits — enhanced!

ProActPLUS is a 100% concierge, member-centric program. Enrollment has already been taken care of and the change should not cause members much disruption. Here's what you need to know about our three-tiered suite of services to keep your employees on the right path.

SPECIALTY PHARMACY

Specialty medications are not covered under any plans. If you have any questions, please reach out to your HRD

COPAY ASSISTANCE

Intended to provide valuable savings on brand-name medications, with zero disruption or engagement by the member.

INTERNATIONAL PHARMACY

FDA equivalent approved medications are provided to members at no cost through our international mail order pharmacy partner.

HERE'S WHAT YOU SHOULD KNOW:

- Specialty medications are not covered under any plans. If you have any questions, please reach out to your HRD
- If a member is informed of a copay amount that appears significantly higher than previously experienced or anticipated, please have them contact a ProActPLUS Case Coordinator at (877) 635-9545 or ProActPLUS@proactrx.com.
- If a member is identified to be on a medication that can be sourced internationally at no cost to them, a ProActPLUS Case Coordinator will reach out to them.
- For members actively enrolled in the international mail order program who experience any issues, please have them contact a ProActPLUS Case Coordinator at (877) 635-9545 or ProActPLUS@proactrx.com.

PROACT
PHARMACY BENEFIT MANAGEMENT

Experience the ELAP Difference

Welcome to ELAP Services — Your health plan's partner for fairness and affordability

While you focus on getting better, ELAP focuses on the bills.

Healthcare is complex and oftentimes expensive. You can rely on ELAP Services (ELAP) to do a thorough review of claims so you don't overpay for healthcare.

We do the hard work, so you can stop worrying about costs and have peace of mind that what you are paying is fair. We help with bills from:

- ✓ Hospital Care
- ✓ Outpatient Procedures
- ✓ Doctor Visits
- ✓ Check-ups

We examine every bill line-by-line to make sure they do not exceed your plan's allowable limits and that there are no errors. If you are overcharged, we let your health plan know to adjust the provider's payment. That's when you need to be on the lookout for a balance bill. If you receive one, send it to ELAP right away.

Finding care that works for you

Gain the most value from your benefits by finding providers who work well with your health plan. We can help you compare providers based on location, quality scores and cost.

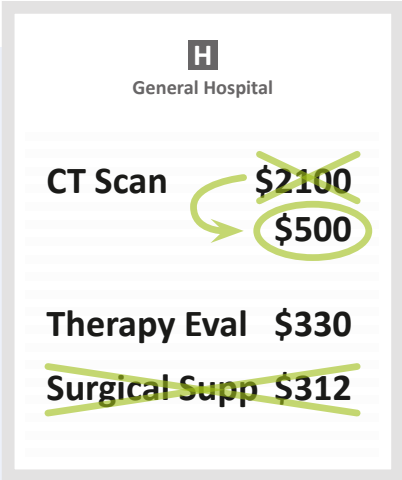
Just call the number on your benefits ID card for help.

Your health plan is better with ELAP

Overinflated healthcare charges cause plans to raise rates and members to pay more. We're here to help eliminate this problem so everyone only pays what's fair.

ELAP helps:

- Limit healthcare fees to what's fair and reasonable
- Eliminate excessive charges
- Avoid overpayments for healthcare needs



ELAP reviews every healthcare bill to catch overcharging or billing errors. If an overcharge is identified, the provider is notified about the change and sent an adjusted payment. Most of the time, providers accept this payment amount. However, if you are sent a bill for the difference, this is called a balance bill. If that happens, ELAP is here to help. All you need to do is identify balance bills and send them to us!

YOUR PART: Identify Balance Bills

Make sure your EXPLANATION OF BENEFITS (EOB)...

From your health plan (not a bill)

Shows you what your plan covered and what you'll owe. If you owe money, you'll get a bill from the healthcare provider.

...Matches your BILL

From the healthcare provider*

If this does not match your EOB, **simply contact ELAP**. We'll take care of it.

*Providers include but are not limited to physicians, hospitals and outpatient surgical centers.

Here are three simple things that you need to do:

- Compare bills from your provider to the EOB from your health plan.
- Send the bill to ELAP if they do not match (mail, fax or email), so we can work on your behalf.
- Watch your mail for any additional provider bills to send to ELAP.

OUR PART: Advocate on Your Behalf

Most of the time, you'll never have a reason to contact us. But if you do, you can count on our dedicated team of advocacy experts to work to resolve the bill. This includes both member services and legal support, if needed. Contact us at:

Tel: 800-977-7381
Fax: 888-560-2447
Email: bb@elapservices.com

Our team truly cares about you and is focused on pursuing fair and reasonable medical pricing.

Frequently Asked Questions

How does ELAP make my health plan better?

Overinflated hospital bills cause health plans to raise rates and members to pay more. ELAP eliminates this problem so that everyone pays only what's fair and reasonable.

What exactly does ELAP do?

ELAP partners with your company to ensure hospital and facility payments do not exceed your health plan's limits and that they are for services rendered and nothing more. We do this by auditing all hospital and facility claims. ELAP Services will ensure the hospital makes a fair and reasonable profit on all services provided, but we greatly reduce excessive markups that are often seen on facility bills.

What types of medical bills does ELAP review?

Our focus is on expenses from facilities including hospitals, outpatient surgery centers and skilled nursing facilities.

How do I know ELAP reviewed my claim?

You will receive a notice from your Third Party Administrator (TPA) notifying you that ELAP has audited a claim for services rendered to you. The letter will list the date of service and facility. If you receive a bill for money outside of your member responsibility, this is called "balance billing" and you must submit the bill to ELAP.

What should I do if a facility requests payment up front?

The only out-of-pocket expense that you should pay to the facility in advance of or at the time of service is a copay (if applicable). You can contact your plan to confirm copay and/or deductible amounts.

Since ELAP will often reduce the amount you owe after auditing a bill, you could overpay by paying up front and the facility will not reimburse you.

What if the facility denies care due to an outstanding billing issue?

If the facility will not perform treatment without additional funds outside of your normal copay, then you should contact your Third Party Administrator (TPA) immediately and request to speak with a representative.

When do I have to contact ELAP?

Sometimes a hospital or other facility does not accept the payment that we approve as fair and reasonable. In this case, they may bill you for the balance. This is called "balance billing" and when it happens, you need to contact us and send us your bill via fax, email or mail…

Email: bb@elapservices.com

FAX: 888.560.2447 ATTN Balance Bill Response Team

Mail: 1550 Liberty Ridge Drive, Suite 330 Wayne, PA 19087

What happens when I contact ELAP about balance billing?

You will receive assistance from a Member Services Advocate throughout the balance billing process. Our legal team will also go to work right away to handle the billing issue with healthcare facilities and collection agencies. It is **very important** that you send us any bills or notices as you receive them.

QUESTIONS about a hospital, surgery or skilled nursing facility bill?

Contact us right away.

elap services

Your health plan's affordability partner.

TEL 1-800-977-7381 *9 a.m. - 8 p.m. ET*
FAX 1-888-560-2447 • bb@elapservices.com

FLEXFACTS
a company of grant benefit solutions

Plan Year: 1/1/2025-12/31/2025

Flexible Spending Account

Plan Enrollment Materials

No matter which health insurance plan you enroll in this year, you will likely have out-of-pocket costs. Save up to 30% on qualifying out-of-pocket expenses by setting aside pre-tax dollars from your paycheck with a flex account!

Medical FSA					Dependent Care Account (DCA)
Medical	Pharmacy	Dental	Vision	Over-the-Counter	Childcare Expenses

How does it work? It's simple.

Choose your annual election for each flex plan, based on your anticipated expenses.

Your annual election is deducted pre-tax from your paycheck in equal amounts during the plan year.

Swipe your card for eligible expenses or submit a claim for reimbursement.

This lowers your taxable income!

FLEXFACTS
a company of grant benefit solutions

Medical FSA

Save up to $960 on medical expenses this year!

Participating in an FSA is like receiving a 30% discount from your medical providers.

How does an FSA work?

A medical FSA is a flexible spending account that allows you to set aside pre-tax dollars for eligible medical, dental, and vision expenses for you and your dependents.

Choose an annual election amount, up to **$3,200***. This amount will be deducted from your paychecks in equal installments throughout the year. Your full election will be available for spending on the first day of the plan year!

Why should I enroll in an FSA?

Almost everyone has some level of out of pocket medical costs. If you expect to incur medical expenses, you'll want to take advantage of the savings this plan offers.

Money contributed to a healthcare FSA is free from federal and most state taxes. On average, participants enjoy a 30% tax savings on their annual contribution, saving up to **$960** per year!

Helpful hints...

- Your election can only be changed during the plan year if you experience a qualifying event.
- Save your receipts. You may need itemized invoices to verify card swipes or for claim reimbursements.
- If your employment terminates, your account will be terminated.
- You will have an additional 2.5 month grace period to spend your FSA funds after the plan ends. Be sure to spend your funds by then, as unspent funds will be forfeited.
- Reminder: You can't contribute to an FSA and HSA within the same plan year.

Spending your FSA funds

Swipe your Flex Facts debit card to pay for eligible expenses or pay with your personal funds and submit a claim for reimbursement.

Common eligible expenses

- **Copays, deductible, coinsurance**
- **Doctor office visits, lab work, x-rays**
- **Hospital charges**
- **Dental and orthodontia**
- **Vision exams, glasses, contact lenses, laser vision correction**
- **Physical therapy**
- **Chiropractic care**
- **Medical supplies and first aid kits**
- **Rx and over-the-counter meds**
- **And much more...**

Visit http://fsastore.com/FlexfactsEL for full list.

Download our app

Search 'Flex Facts' on the App Store or Google Play.

*based on **2024** IRS Contribution Limit.
Please note: Your employer may limit the maximum annual limit to a lesser amount.

FLEXFACTS
a company of grant benefit solutions

Dependent Care FSA

Save up to $1,500 on dependent care expenses this year!

Participating in a dependent care FSA is like receiving a 30% discount from your care providers.

How does a DCA work?

A dependent care FSA (DCA) is a flexible spending account that allows you to set aside pre-tax dollars for dependent care expenses that allow you to work or look for work. This includes daycares, babysitters and before/after school care.

Choose an annual election amount, up to **$5,000**/family. This amount will be deducted from your paychecks in equal installments throughout the year.

Why should I enroll in an DCA?

Child and dependent care is a large expense for many families. If you pay for care of dependents in order to work, you'll want to take advantage of the savings this plan offers.

Money contributed to a dependent care FSA (DCA) is free from federal and most state taxes. On average, participants enjoy a 30% tax savings on their annual contribution, saving up to $1,500 per year!

Helpful hints...

- Funds will be made available in your DCA account, as deductions are taken each payroll.
- Your election can only be changed during the plan year if you experience a qualifying event.
- Save your receipts. You may need itemized invoices to verify card swipes or for claim reimbursements.
- If your employment terminates, your account will be terminated.
- You will have an additional 2.5 month grace period to spend your DCA funds after the plan ends. Be sure to spend your funds by then, as unspent funds will be forfeited.

Spending your funds

Swipe your Flex Facts debit card to pay for eligible expenses or pay with your personal funds and submit a claim for reimbursement.

Qualifying Dependents*

- **Your qualifying child under age 13**
- **Your spouse or qualifying adult child or relative who is physically or mentally incapable of self-care**

Eligible Expenses

- **Before school or after school care for children 12 and younger**
- **Custodial care for adult dependents**
- **Licensed day care centers**
- **Nanny / Au Pair**
- **Nursery Schools or preschools**
- **Late Pick-up fees**
- **Summer or Holiday day camps**

A full list of eligible expenses can be found at www.flexfacts.com.

Download our app

Search 'Flex Facts' on the App Store or Google Play.

*additional restrictions may apply. See Internal Revenue Code Section 152.

FLEXFACTS
a company of grant benefit solutions

REGISTER FOR AN ONLINE ACCOUNT

View your account balances and card transactions, submit a claim, and much more, right from your computer or smartphone.

Visit www.flexfacts.com > Participant Login > Register or download the mobile app*.

Enter your first name, last name and home zip code. If you received a debit card, check the box and enter your debit card number. Otherwise, click Next.

Choose to receive the verification code via email or text, enter the code, and click Next.

If you cannot receive the code via email or text, click 'I cannot receive a verification code'. If you didn't receive the code, click 'I did not receive my code'. You will be asked to enter:

- Employer ID: enter **GBSMFAMER**
- Employee ID: enter your Social Security Number (no dashes or spaces)

Create your username and password, set up your security questions, and confirm your email address. Review and confirm your info to complete your registration.

Sign up for direct deposit to receive your payments sooner.

- On the top right corner of the page, click on Your Name > Profile
- Click Edit under Reimbursement Method
- Select Direct Deposit, enter your bank account information, and click Save

*Download our Mobile App on the App Store or Google Play Store to access your account on the go. Use the same Flex Facts User ID and Password when logging into your Flex Facts account via a desktop computer or the mobile app.

CONTACT US:

- Phone: 732-640-5951
- Email: info@flexfacts.com
- Fax: 877-747-8564

HOURS OF OPERATION:

Excluding Holidays:
Monday – Thursday: 8:30 AM - 8:30 PM
EST Friday: 8:30 AM - 5:00 PM EST

MediOrbis On Demand & Mental Health Coaching Program

Access Care from Anywhere

MediOrbis On Demand Care provides on call access to top tier physicians within minutes. With MediOrbis, patients can leverage “New Telemedicine” to access the care they need anytime, anywhere.

Connect to Top Tier Providers

MediOrbis physicians are board certified and licensed to practice in accordance with all local laws and regulations, and typically are trained at top medical centers.

Behavioral and Mental Health Evaluations, and Coaching

Our robust network of providers, from physicians who can prescribe medications, to coaches who can support the individual through their life – related stressful or depressing circumstances, gives patients the flexibility to receive the mental health services that they need.

- 24/7 Support services
- Easy-to-use patient portal
- Intuitive mobile apps
- Top tier medical professionals
- Comprehensive telehealth solutions
- Video and phone consultations

$10 copays at time of service for those enrolled in an MFA medical plan

$40 copays at time of service for those not enrolled in an MFA medical plan

One Platform for All Features

MediOrbis provides a simple and secure, HIPAA compliant web/app-based platform that performs all vital functions in supporting the patient’s healthcare journey. Video interaction and secure messaging allow for clear communication with our providers, and email, SMS, and in-app notifications keep patients informed of provider availability, recommendations, discharge notes, and prescriptions.

866 MEDI ORB (633 4672) | info@mediorbis.com | www.mediorbis.com

MediOrbis On Demand Care Benefits

- Accessible care for patients – anytime, anywhere
- Less than 10-minute response time
- Access to top-tier providers
- Behavioral and Mental Health programs
- No special equipment requirements –use any browser enabled device
- Client portal access with clear update notifications and discharge notes
- Secure messaging and medical records management
- Time and cost-effective comprehensive solution

Why use MediOrbis?

MediOrbis's "New Telemedicine" solution includes provides access to the best clinical network with ongoing clinical services innovation that will help patients streamline their care and enhance their wellness. Our commitment to comprehensive care combined with our ongoing patient support, engagement tools, and service delivery differentiate our service from many other providers.

"My frail 94 – year – old mom was with us for the holidays. She began hallucinating due to a urinary tract infection. We called the MO doctor who immediately ordered antibiotics for her. Two days later she was back to her old self and able to celebrate Christmas with us. ***This story illustrates the wonderful work that you do!"***

Integrated Telemedicine and Behavioral Health Support Coaching Program	
24/7 Care Access Center	• MediOrbis provides support, 24 hours a day, 7 days a week via phone, SMS and email. • Callers can receive immediate help from a trained professional. • Eligibility: Members, dependents, and household family members.
MediOrbis Mobile App & Website	• Mobile-first platform gives individuals access to providers and services anytime, anywhere.
Behavioral and Mental Health Services	• **Support Coaching:** Our well trained and certified Mental Health Support Coaches provide remote services to address acute and self. • **Video or Telephonic support**: Meeting in person is not always practical nor preferred. For these individuals we offer telephonic or video support to ensure that the clients receive services at their convenience. • **Physician support**: If clinically appropriate, physicians are available to assess and treat clients who require a higher level of service.
CareNow Digital Clinical Programs	• Access to a range of self-guided programs designed to help with anxiety, stress, depression and Based on cognitive behavioral therapy and motivational interviewing. Helps members to develop positive coping strategies to boost wellbeing.
Wellness and Fitness	• We also provide convenient wellness tools that can be accessed anytime, anywhere, encouraging small, daily improvements in health, wellness and fitness.

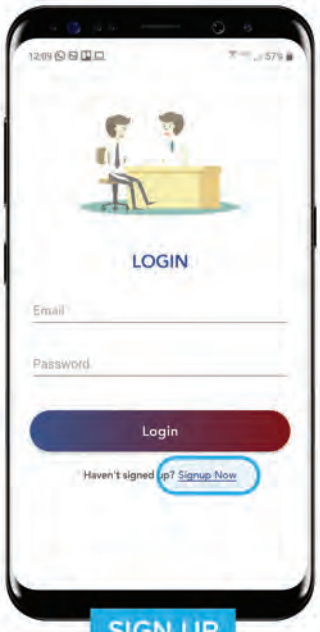
QUICK START-UP GUIDE

MediOrbis
We Are New Medicine

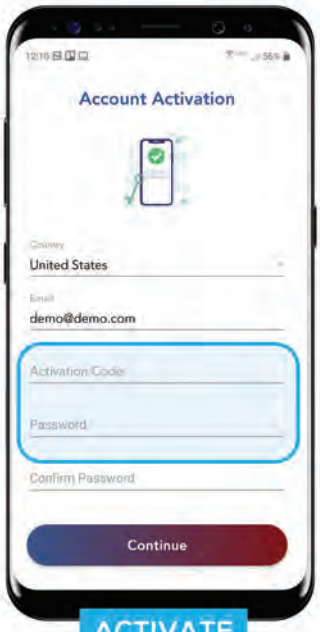
1 INSTALLING THE APP

✓ Download the Patient Application on iOS, Android, or Desktop

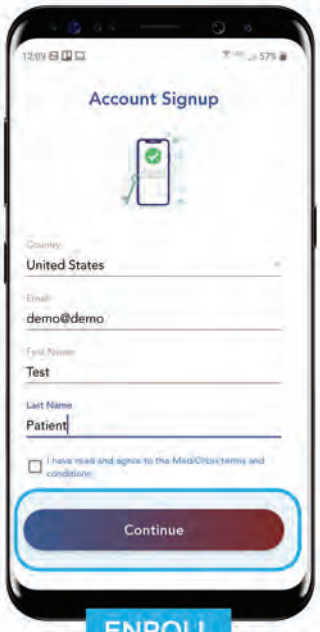
2 ENROLLMENT PROCESS



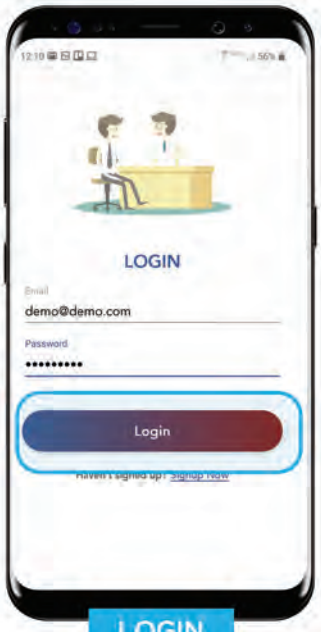
SIGN UP



ACTIVATE

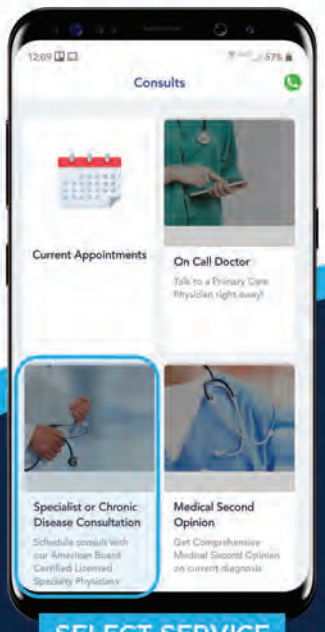


ENROLL

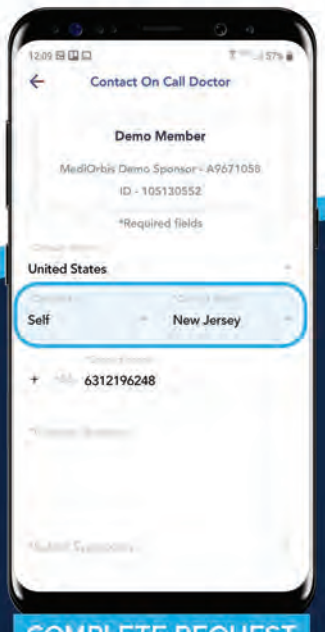


LOGIN

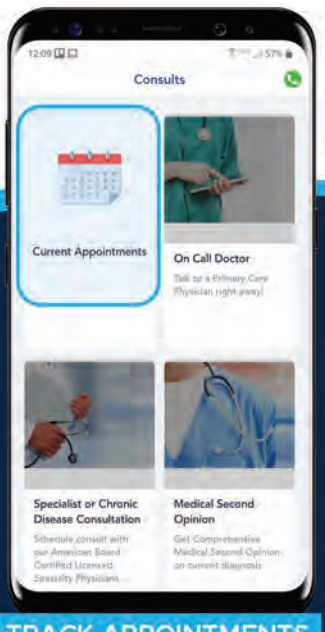
3 SCHEDULING A CONSULTATION



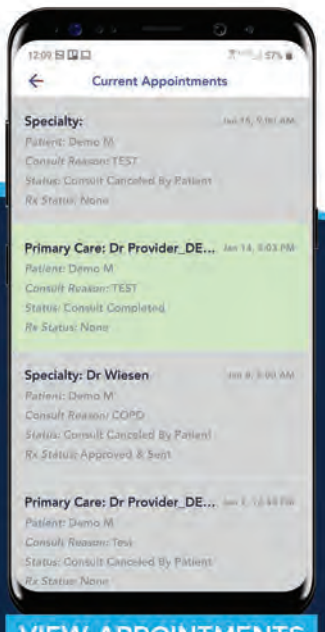
SELECT SERVICE



COMPLETE REQUEST



TRACK APPOINTMENTS



VIEW APPOINTMENTS

866 MEDI ORB (633 4672) | info@mediorbis.com | support@mediorbis.com | www.mediorbis.com

DELTA DENTAL

Delta Dental

of New Jersey, Inc.

Alternate Plan - PPO only	Delta Dental PPO	
	In-Network	Out-of-Network
	If a Delta Dental PPO™ Dentist is Used	If a Non-Delta Dental PPO™ Dentist is Used
Preventive & Diagnostic Exams; Cleanings; Bitewing X-Rays; Fluoride Treatments (Frequency limitations apply); Full Mouth X-Rays; Space Maintainers; Sealants	100%	100%
Basic Fillings; Periodontics; Root Canals (Endodontics); Simple Extractions; Oral Surgery; Cone Beam Radiographs	80%	80%
Major Crowns & Gold Restorations; Bridgework; Full & Partial Dentures; Repair of Dentures; Implants	50%	50%
Annual Maximum (per person)	$ 1,500	$ 1,500
Annual Deductible Per Person Family Maximum Waived for	 $50 $150 Preventive & Diagnostic	 $50 $150 Preventive & Diagnostic
Orthodontics Children Only to age 19 Lifetime Maximum	 50% $ 1,000	 50% $ 1,000

The benefits outlined above are a summary of the quoted plan design. Full details on the plan of benefits and applicable policy provisions, including limitations and exclusions, are provided in the group contract.

: : : :

https://www.deltadentalnj.com

Please self-service by signing into your account or using our Interactive Voice Response System (IVR) 24/7 at 800-452-9310

DELTA DENTAL®

Connect with Your Benefits on MySmile®

MySmile offers free, easy-to-use tools that make navigating your Delta Dental benefits a whole lot simpler. You can securely:

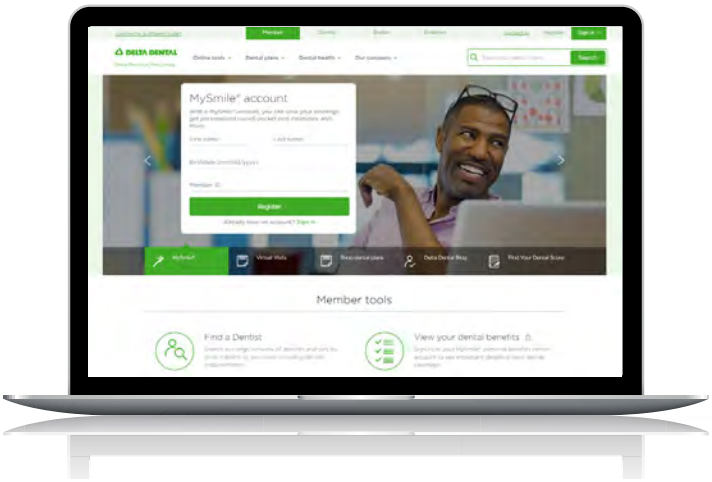
- View your coverage details
- Check your dental claims
- View and print your ID card
- Review your treatment history
- Find the right dentist for you
- Get accurate estimates and more

There are two easy ways to register on MySmile:

From your computer using the MySmile registration webpage, or from your smartphone using the Delta Dental mobil app.

Register by Visiting our Webpage

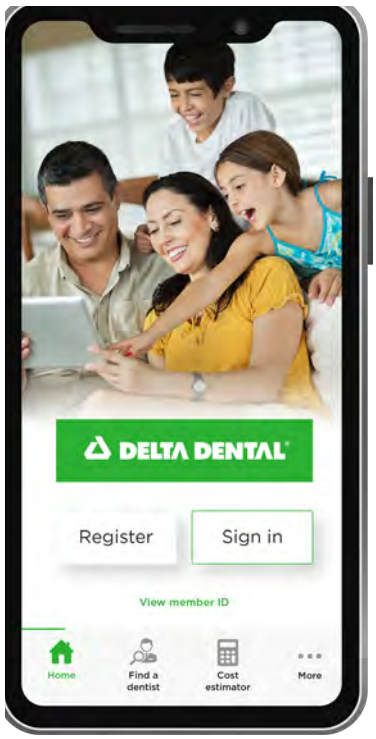
1. Visit **DeltaDentalNJ.com** and click "Register" on the top right corner of the website.
2. Choose if you're a subscriber or dependent, and select "Continue" at the bottom of the page.
3. Enter your name, member ID, and birthdate, and select "Continue."
4. Create a user name and password when prompted. Read and check the box to "Agree to Terms of Use" for our website. Click "Continue," and you should receive a verification code within five minutes, but no longer than 24 hours.
5. Enter the code, and click "Continue."
6. You now will be able to access your account using your newly created username and password!



The subscriber and any adult dependents on the plan can create their account with or without an ID number.

Register by Downloading our App

1. Open the Delta Dental App and click “Register.”
2. Enter your name, member ID number, birthdate, and zip code.
3. Click “Register” at the bottom of the screen.
4. Your information will be verified.
5. Create a user name and password, enter your email address and mobile phone number, and select a challenge question/answer.
6. Click “Register user” at the bottom right of the screen.
7. Read and check the box to “Agree to Terms of Use” for our app.
8. You will be able to access your account using your newly created user name and password!



Download on the App Store

GET IT ON Google Play

Questions about MySmile?

Call **800-452-9310**

VSP Vision Benefits Summary

Medical Facilities of America

and VSP provide you with an affordable eye care plan

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	• Focuses on your eyes and overall wellness	$10	Every calendar year
Prescription Glasses		$25	See frame and lenses
Frame	• $130 allowance for a wide selection of frames • $150 allowance for featured frame brands • 20% savings on the amount over your allowance • $70 Costco® frame allowance	Included in Prescription Glasses	Every other calendar year
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every calendar year
Lens Enhancements	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 35-40% on other lens enhancements	$50 $80 - $90 $120 - $160	Every calendar year
Contacts (instead of glasses)	• $130 allowance for contacts and contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation)	$0	Every calendar year
Diabetic Eyecare Plus Program	• Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	$20	As needed
Extra Savings	• **Glasses and Sunglasses** Extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.		
	Retinal Screening • No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	• **Laser Vision Correction** Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor		

Your Coverage with Out-of-Network Providers

Visit **vsp.com** for details, if you plan to see a provider other than a VSP network provider.

Exam ..... up to $50	Lined Bifocal Lenses ..... up to $75	Progressive Lenses ..... up to $75
Frame ..... up to $70	Lined Trifocal Lenses ..... up to $100	Contacts ..... up to $105
Single Vision Lenses ..... up to $50		

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.

Contact us. **800.877.7195** | **vsp.com**

[1]Brands/Promotion subject to change.

Get the best in eye care and eye-wear Medical Facilities of America with and VSP® Vision Care

Why enroll in VSP? We invest in the things you value most—the best care at the lowest out-of-pocket costs. Because we're the only national not-for-profit vision care company, you can trust that we'll always put your wellness first.

You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP provider, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP doctor, a participating retail chain, or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.

- **Create an account at vsp.com**. Once your plan is effective, review your benefit information.
- **Find an eye care provider who's right for you.** To find a VSP provider, visit **vsp.com** or call **800.877.7195**.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on **vsp.com**.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more[1]. Visit **vsp.com** to find a Premier Program location that carries these brands. Prefer to shop online? Check out all of the brands at **Eyeconic.com**, VSP's online eyewear store.

VSP® Vision care for life

Where service is the most valuable benefit of all
ProBENEFITS Administrators

Enroll in VSP today.
You'll be glad you did.
Contact us. **800.877.7195**
vsp.com

VSP® Vision care for life

Employee Name:
Customer Service: 1.800.877.7195
Member Email: https://www.vsp.com/contact-email-member.html
For providers: 1.800.615.1883

Visit VSP.com/memberjourney to check out a fun interactive version of your VSP journey.

Information about your plan:

1) Create an account- Get started by creating a VSP.com account and opting in to receive information about your benefits.

2) Schedule an eye exam – find the eye care provider who's right for you at VSP.com

3) See your savings- log in to your account on VSP.com to view your personalized savings statement to see how much you saved.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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, 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, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility –

ALABAMA – Medicaid	**FLORIDA – Medicaid**
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	**GEORGIA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	**INDIANA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**IOWA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	**NEW YORK – Medicaid**
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	**NORTH CAROLINA – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	**NORTH DAKOTA – Medicaid**
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	**OREGON – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	**PENNSYLVANIA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	**RHODE ISLAND – Medicaid**
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
NEVADA – Medicaid	**SOUTH CAROLINA – Medicaid**
Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	**WEST VIRGINIA – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	**WYOMING – Medicaid**
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)

Short Term Disability

Helping Pay Your Bills, While You Pay Attention to You

What if one day, not very far in the future, you become disabled and you can't go to work. How would you pay for the expenses of daily life such as monthly mortgage or rent, groceries and your utilities? The bills keep on coming even if you're unable to work. That's where Aflac's short-term disability insurance policy can help make the difference. It's a source of monthly income you may need to help take care of your bills while you take care of yourself.

Why Aflac Short-Term Disability may be the best choice for you:

- It's sold on an individual basis. You choose the plan that's right for you based on your financial needs and income.
- We offer the option of guaranteed-issue,[1] short-term disability coverage. That means no medical questionnaire is required.
- We pay you a cash benefit for each day you are disabled.[2]

Here's how we can help

When disabled, you may not only lose the ability to earn a living, but you may also lose savings or retirement funds. The financial obligations can be overwhelming. Disability insurance plays an integral and important role in your financial planning.

Aflac does not coordinate benefits. Regardless of any other disability insurance you may have, including Social Security, we will pay you directly.

The facts say you need the protection of the Aflac Short-Term Disability plan:

FACT NO. 1

BEFORE THEY RETIRE, **1-in-4** AMERICANS ENTERING THE WORKFORCE WILL BECOME DISABLED.[3]

FACT NO. 2

NEARLY **90%** OF DISABILITIES ARE NOT WORK RELATED.[3]

[1]Subject to certain conditions.
[2]Subject to your benefit period and elimination period.
[3]2015 Disability Insurance Awareness Month, Facts from LIMRA.

Term Life Insurance

Is your family protected if something happens to you?

If something happens to you, will your family be able to pay the bills without your income? Life insurance will help protect their way of life – from remaining in the family home to paying for childcare, continuing dance or soccer lessons, or even school tuition and other educational costs. When someone is depending on you for financial security, **you can count on Aflac for Life.**

Aflac's term life coverage has the flexibility to meet a variety of personal needs, so you can choose the face amount and term that fits your budget as well as your lifestyle. If something happens to you, your loved ones will have cash benefits that can help with:

- Burial and funeral expenses.
- Out-of-pocket medical costs, current bills and debts.
- Income replacement and educational plans.
- Emergency funds and retirement expenses.

Face Amounts

If you're **age 50 or under**, you may apply for up to $500,000 in coverage.[1]

If you're between the **ages of 51 and 70,** you may be eligible for up to $250,000 in life insurance protection.[1]

Aflac also offers the option of guaranteed-issue[2] term life coverage. Ask your Aflac representative for details.

Issue Ages

COVERAGE TYPE	ISSUE AGES
10-year term life plan	18-70
20-year term life plan	18-60
30-year term life plan	18-50

Term Life Insurance

No one likes to think about the need for life insurance. But when people depend on you, Aflac is here to help you ensure their financial futures with life insurance benefits. Our term life insurance is an important way to help protect your family.

Why choose Term Life insurance?

- **Premiums are guaranteed for the selected term option** – You will know how much your coverage will cost from month to month and year to year.
- **Lower premiums** – Depending on your age and smoking status, term life premiums may be lower than those for whole life insurance.
- **Certificate renewal** – If, at the end of your 20-year or 30-year term, your certificate has not lapsed and is still in force, you will have the option to renew your certificate on an annual basis.
- **Advanced claim payment** – Pays $5,000 in advance of full death benefit to help beneficiary with immediate needs.
- **Accelerated Death Payment for a Terminal Illness** – Pays up to 50% of face amount shown in the Certificate Schedule.

Advantages:

- Benefits are paid directly to your named beneficiary.
- Portable coverage, so you can take it with you if you change jobs or retire.
- Convenient premium payment through payroll deduction.

Whole Life Insurance

Is your family protected if something happens to you?

If something happens to you, will your family be able to pay the bills without your income? Life insurance will help protect their way of life – from remaining in the family home to paying for childcare, continuing dance or soccer lessons, or even school tuition and other educational costs. When someone is depending on you for financial security, **you can count on Aflac for Life.**

You can choose the face amount that fits your budget as well as your lifestyle. If something happens to you, your loved ones will have cash benefits that can help with:

- Burial and funeral expenses.
- Out-of-pocket medical costs, current bills and debts.
- Income replacement and educational plans.
- Emergency funds and retirement expenses.

Face Amounts

If you're **age 50 or under**, you may apply for up to $500,000 in coverage.[1]

If you're between the **ages of 51 and 70,** you may be eligible for up to $250,000 in life insurance protection.[1]

Aflac also offers the option of guaranteed-issue[2] whole life coverage. Ask your Aflac representative for details.

No one likes to think about the need for life insurance. But when people depend on you, Aflac is here to help you ensure their financial futures with life insurance benefits. Our whole life insurance is an important way you can help make sure they're well-protected and you are, too.

Whole Life Insurance

Why choose Whole Life Insurance?

- **Available cash** – You can borrow from the certificate's cash value to help pay medical expenses, college tuition or any other bills you may have.
- **Increase in the cash value** – Any increase in the cash value of a life certificate is not subject to income tax while the cash remains in the certificate.
- **Guaranteed coverage** – Coverage continues for as long as you pay your premiums.
- **Advanced claim payment** – Pays $5,000 in advance of the full death benefit to help the beneficiary with immediate needs.
- **Accelerated Death Payment for a Terminal Illness** – Pays up to 50% of the face amount shown in the Certificate Schedule.

Advantages:

- Benefits are paid directly to your named beneficiary.
- Portable coverage, so you can take it with you if you change jobs or retire.
- Convenient premium payment through payroll deduction.

Accident

Be prepared for life's unexpected mishaps

Accidents can happen at any time. You could suffer an accidental injury while you are working around the house or walking into work. Or your child may get injured at basketball practice. When an accident happens, it can be costly. Even with major medical insurance, there may be out-of-pocket expenses that you'll have to pay.

In the event of an unexpected injury, Aflac can help protect your personal finances. We provide individuals and families affordable insurance that helps with expenses that may not be covered by major medical insurance. Aflac pays cash benefits directly to you (unless otherwise assigned), so you can use the cash for anything you want. Which means uncovered medical expenses won't break the bank if you are injured.

And since we can process your claim quickly, Aflac helps give you the peace of mind knowing you can spend more time recovering and less time worrying about bills.

The financial impact of an accident is often surprising. Most people have expenses after an accident they never thought of before. From out-of-pocket medical costs to a temporary loss of income, your finances may be strained. If you or a family member suffered an accidental injury, can your finances handle it?

What does the Aflac Accident Advantage policy include?

- A wellness benefit payable for routine medical exams to encourage early detection and prevention.
- Benefits payable for fractures, dislocations, lacerations, concussions, burns, emergency dental work, eye injuries, and surgical procedures.
- Benefits payable for initial treatment, X-rays, major diagnostic exams, and follow-up treatments.
- Benefits payable for physical, speech, and occupational therapy.
- Daily hospitalization benefits payable for hospital stays, and additional daily benefits paid for stays in a hospital intensive care unit.

Why Aflac Accident Advantage may be the right choice for you:

- No underwriting questions to answer[1]
- No coordination of benefits—we pay regardless of any other insurance you may have
- No network restrictions—you choose your own health care provider
- Portable—take the plan with you if you change jobs or retire
- 24-hour accident insurance

Hospital

Life is full of tough choices, but this isn't one of them.

Aflac Choice makes selecting the right coverage easier and less stressful. With your trusted Aflac agent you can tailor Aflac Choice to meet your specific needs and enhance your existing coverage. Choose the options you want and ignore the rest.

Here's how we can help

Aflac Choice offers our best selection of hospital-related benefits to help with the expenses not covered by major medical, which can help prevent high deductibles and out-of-pocket expenses from derailing your life plans.

If choosing the right coverage has given you one giant headache in the past, don't worry. We're here to help.

Why Aflac Choice may be the right policy for you

- It's customizable. You choose the plan that's right for you based on your specific needs. It also works well with our other products.
- Guaranteed-issue options available—that means there is no medical questionnaire required.*
- We pay cash directly to you (unless otherwise assigned)—not the doctor or hospital.

Critical Illness

Critical care for you. Added financial protection for your family.

Aflac's Critical Care Protection policy helps provide financial peace of mind if you experience a serious health event, such as a heart attack or stroke. You will receive a lump sum benefit upon diagnosis of a covered event with additional benefits to be paid for things such as a hospital confinement, ambulance, transportation, lodging, and therapy.

All benefits are paid directly to you, unless otherwise assigned, and can be used for any out-of-pocket expenses you have such as car payments, mortgage or rent payments, or utility bills. Aflac Critical Care Protection allows you to help protect the things you love the most from the things you expect the least.

An illness or injury can happen to anyone, anytime–and when it does, everyday expenses may suddenly seem overwhelming. Fortunately, Aflac's Critical Care Protection can help with those everyday expenses, so all you have to focus on is getting well.

Aflac Critical Care Protection offers more types of benefits compared to other critical illness coverage on the market:

- Pays $7,500 upon diagnosis of having had a specified health event, which increases to $10,000 for dependent children
- Pays $300 per day for covered hospital stays
- Pays benefits for physical therapy, speech therapy, rehabilitation therapy, home health care, and many more
- Transportation and lodging benefits payable for travel to receive treatment
- Guaranteed-renewable–as long as premiums are paid, the policy cannot be canceled

Specified health events covered by the Critical Care Protection policy include:

- Heart Attack
- Stroke
- Coronary Artery Bypass Graft Surgery (CABG)
- Sudden Cardiac Arrest
- Third-Degree Burns
- Coma
- Paralysis
- Major Human Organ Transplant
- End-Stage Renal Failure
- Persistent Vegetative State

Cancer

Aflac Cancer Protection Assurance: real coverage when you need it most.

Cancer treatment is changing—and Aflac is proud to be changing with it. Aflac Cancer Protection Assurance helps cover innovative treatments with benefits that really care for you as a whole person.

From prevention to recovery, Aflac is with you every step of the way. Our benefits are built to see you all the way through cancer treatment and they'll stay with you for life after cancer.*

Of course, you hope you'll never get it. But for many—and for certain types of cancer—advances in science and treatment have transformed cancer into an illness that can be managed over a lifetime.

We're with you: Aflac Cancer Protection Assurance stays with you for life.

Aflac Cancer Protection Assurance pays cash benefits directly to you, unless assigned, when you need them most. If you're ever diagnosed with a covered cancer, these benefits are more important than ever. Why? Because cancer treatment can be expensive.

Major medical may not cover the cost of things like deductibles, co-pays, lost work time, or even travel. Aflac Cancer Protection Assurance can help with cancer-associated costs like these. It helps support you through the physical, emotional, and financial costs of cancer—and stays with you for life. Here's how it works:

We're with you, even when you're well. We pay a benefit for early detection and preventative care, like mammograms, PSA blood tests, and many other kinds of cancer screenings, too.

We'll see you all the way through treatment. If you're diagnosed with cancer, we offer benefits that you can count on. You'll receive a benefit upon initial diagnosis of a covered cancer and our support doesn't end there.

We give you the freedom to choose the best care for you. You and your doctor decide on a treatment plan together; we help provide you with financial support for every month that you're undergoing that treatment. Want a second opinion? We provide a benefit for that, too.

Fidelity INVESTMENTS

Welcome to your NetBenefits®

The financial help you need—all in one place

NetBenefits® has evolved to provide more help—beyond saving for retirement. From creating an emergency savings fund and managing your spending, to improving your investing know-how and growing your savings, NetBenefits has the resources you need to help you achieve financial wellness, and feel confident about where you stand. Log in to **401k.com** today to get started and see what's new.

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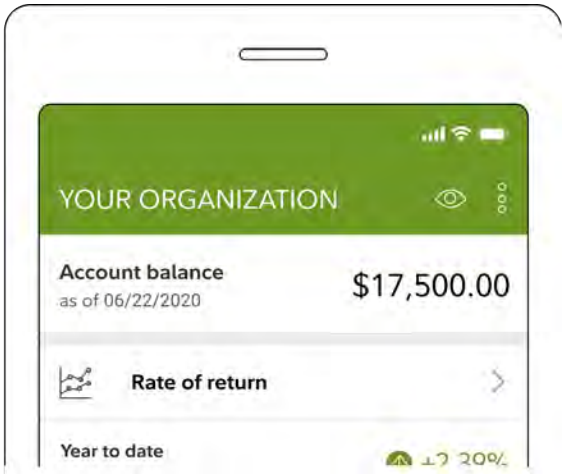
Download our mobile app today.

NetBenefits®smartphone and iPad® app

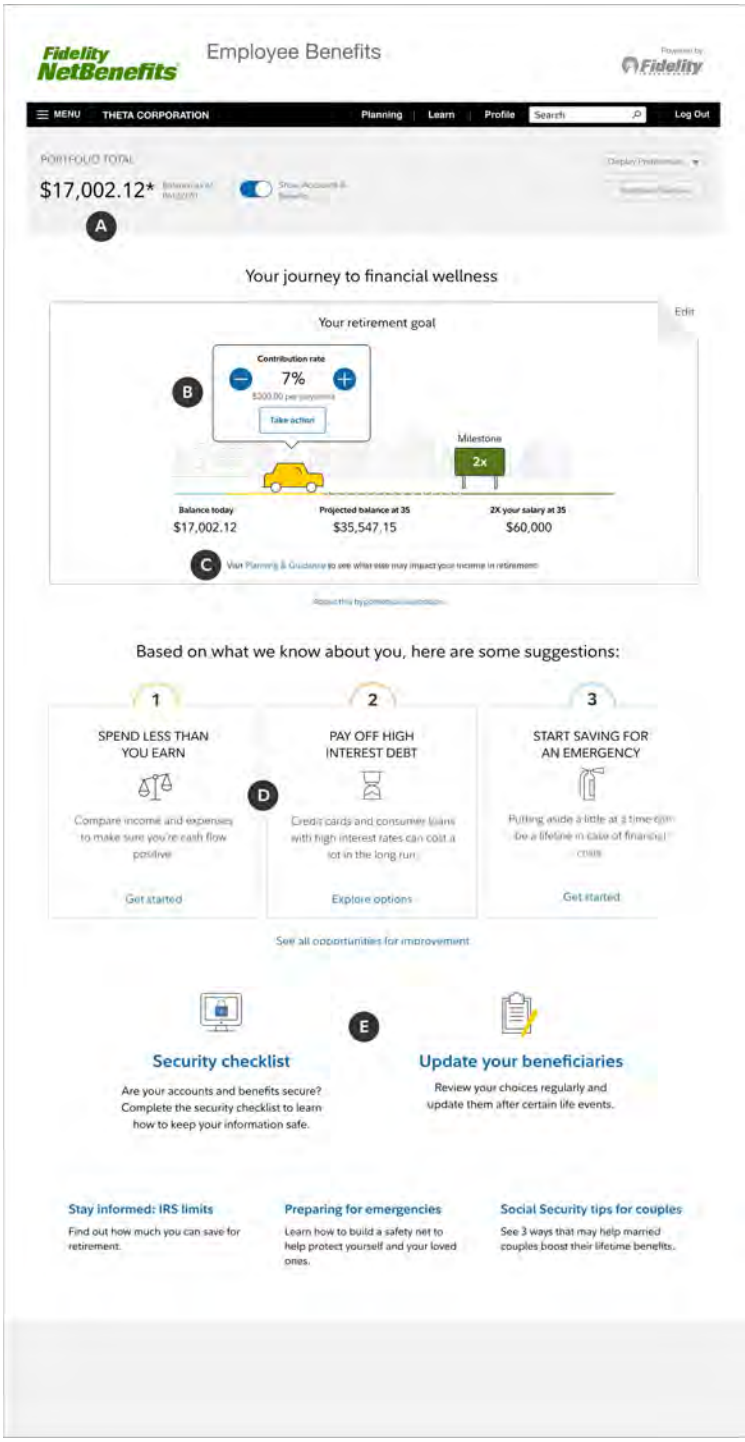


Download on the App Store GET IT ON Google Play

Go to 401k.com

Get started and explore your home page

Go to **401k.com** and click "Register as a new user." Follow the instructions to set your unique username and password. Then, log in to see all the features and information on your personalized NetBenefits home page.



Your NetBenefits home page

See where you are today, and get prioritized next steps to help you reach your goals for tomorrow.

A **Account balance**
View the total balance for all your workplace and Fidelity accounts.

B **Goals and milestones**
Look for important information you can act on—like meeting a suggested retirement savings milestone.

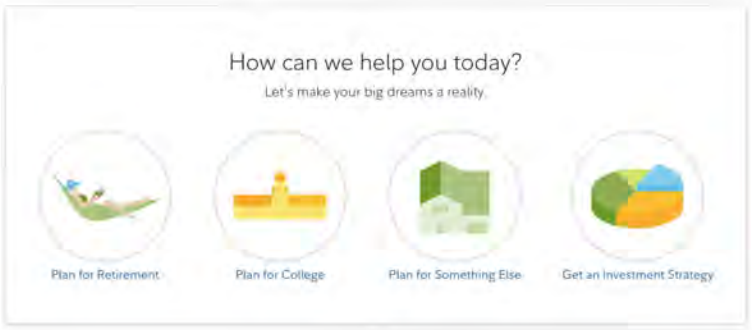
C **Create and manage your plan**
Take action from within the Planning & Guidance Center.

D **Next steps to financial wellness**
Review your top 3 priorities and get started on your financial to-dos. See the opportunities page to view all the ways you can improve.

E **Helpful resources**
Access resources and important educational information.

Go to 401k.com

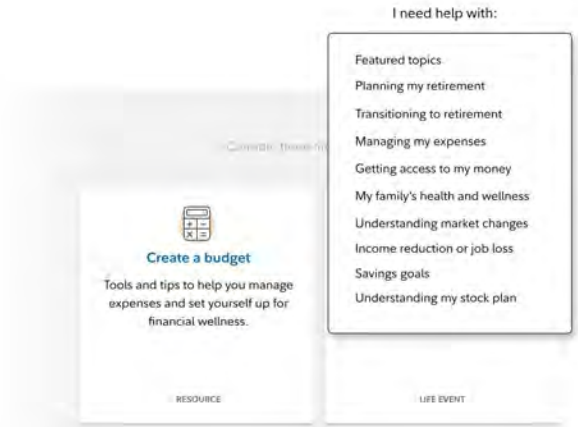
Financial help and clarity—all in one place



Planning & Guidance Center

Model and plan for your financial goals.

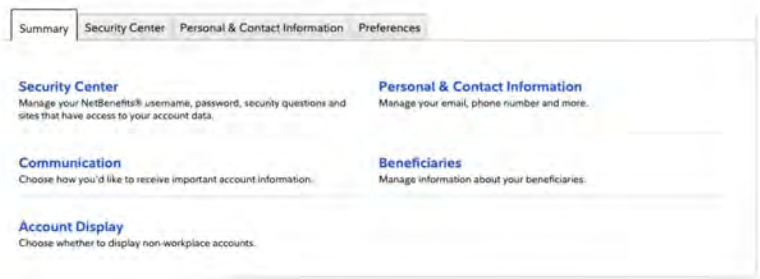
- **Create a retirement goal:** Estimate how much income you may have—or need—in retirement.
- **Set an investment goal:** View options for building your new portfolio.
- **Make a college savings goal:** Estimate college costs and get started with your savings plan.
- **Plan for something else:** Put a plan in place to create an emergency fund or meet other important personal goals.



Learn

Access top educational resources and tools all in one place.

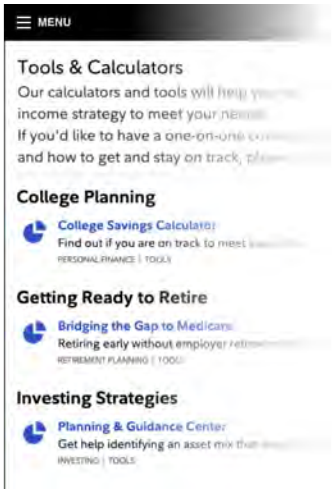
- Select the financial topic most important to you to get the most recent and relevant information.
- Improve your financial know-how: Browse our collection of articles, videos, and infographics; get help managing a life event; attend a workshop.



Profile

- Manage your username, password, and security settings.
- Keep your contact information up to date, including email address and mobile phone number.
- Sign up for eDelivery to ensure that you receive important communications quickly and securely.

Go to 401k.com



Tools

Access interactive resources that can help with a range of financial needs, including:

- Managing your saving and spending
- Planning for retirement
- Creating an investment strategy
- Saving for college
- Claiming Social Security

Life Events

Get key tips, insights, resources, and tools to guide you through daily life and major events, including:

- Having a baby and adopting
- Marriage and partnering
- Caring for aging loved ones
- Navigating the college journey

Go to 401k.com

Financial help — where and when you need it

NetBenefits provides the next steps, top priorities, education, and transactional capabilities to help you feel more confident about your financial life. All in one place and all from one trusted source.

Log in to 401k.com today and get started.

*Llame a la Línea de Beneficios de Jubilación al **800-587-5282.** Los representantes de Fidelity que hablan español están a su disposición para brindarle ayuda.*

Fidelity INVESTMENTS

Investing involves risk, including risk of loss.

This information is intended to be educational and is not tailored to the investment needs of any specific investor.

IMPORTANT: The projections or other information generated by Fidelity's Planning & Guidance Center Retirement Analysis, regarding the likelihood of various investment outcomes, are hypothetical in nature, do not reflect actual investment results, and are not guarantees of future results. Results may vary with each use and over time.

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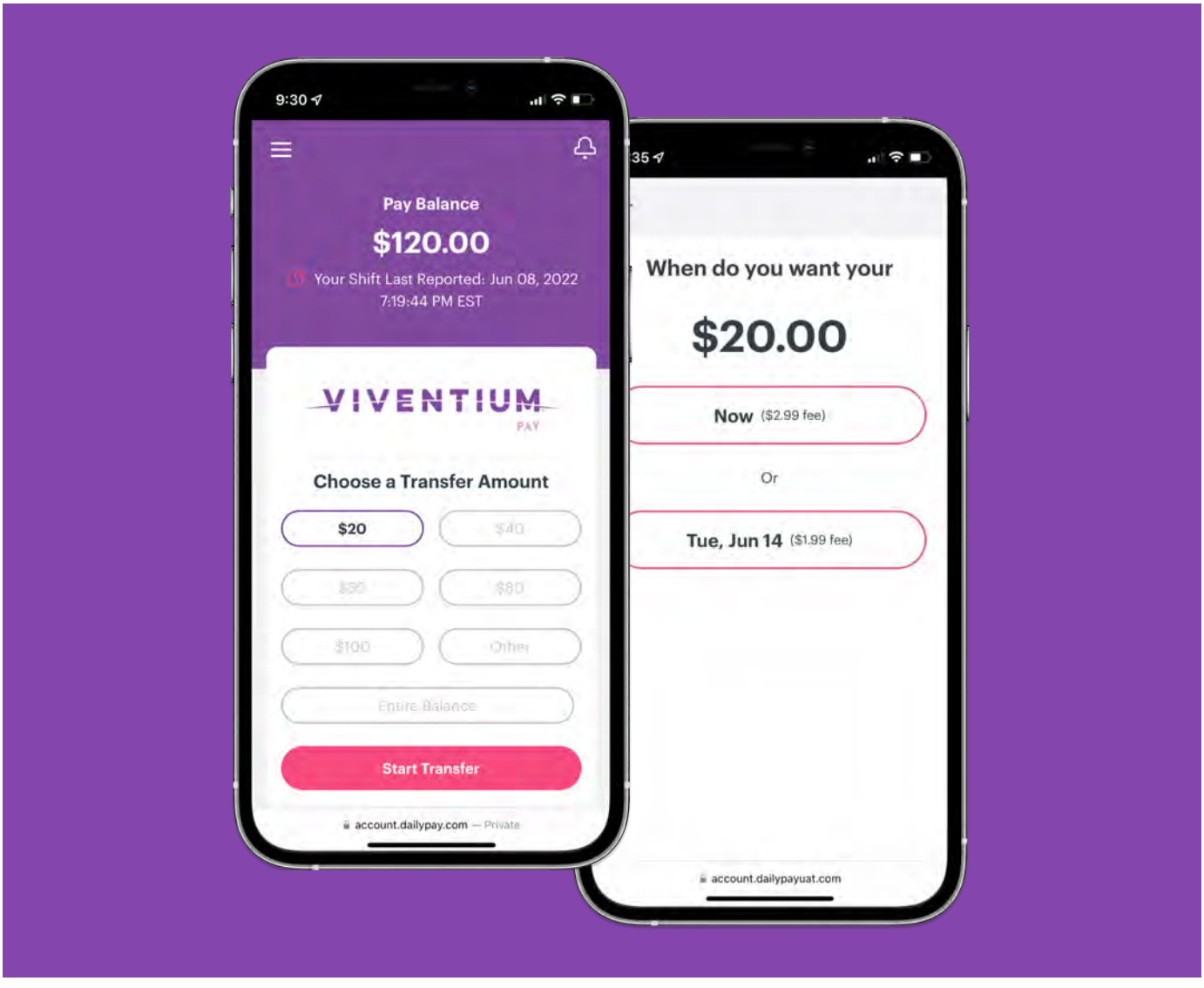

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Instant transfers: $3.49

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dailypay.tm/viventium-pd

Contact Information

American Plan Administrators	Medical	(718) 625-6300 www.apatpa.com
ELAP	For help with medical billing issues	(800) 977-7381 sabraham@imagine360.com MHeggan@imagine360.com
Proact	Pharmacy	866-287-9885 ProActPharmacyServices.com
Flex Facts	FSA/DCA	(877) 943-2287 info@flexfacts.com www.flexfacts.com
Delta	Dental	800-452-9310 www.deltadentalnj.com
VSP	Vision	800.877.7195 www.vsp.com
Aflac Individual	To port or claim on Accident, Hospital, Cancer, Critical Illness	(800) 981-6537 or (800) 992-3522 www.aflac.com
Aflac Group	To port a Whole Life Term Life policy	(800) 433-3036 cscmail@aflac.com aflacgroupinsurance.com
Fidelity	401K	(800) 835-5097
Viventium Daily Pay	Paycheck Information	viventiumpay@dailypay.com (855) 860-8380
Employee Self Service	Employee Info Portal	hcm.viventium.com/register/ess
BenManage Enrollments	To enroll in benefits or general benefits questions	(804) 991-5444

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care beyond compare™

BENEFITS ENROLLMENT

All benefit eligible employees are required to enroll or waive their insurance benefits with a BenManage Benefits Counselor. If you wish to cover dependents, please be prepared with their social security numbers

How to complete your enrollment:

Scan the QR code and a Benefits Counselor will reach out to you at your scheduled appointment time

Or call into the call center

(804) 991-5444

- Medical Insurance
- Dental Insurance
- Vision Insurance
- Aflac Indemnities
- Short Term Disability
- Life Insurance

Benefits Guide Acknowledgment

I acknowledge I have been issued a copy of the benefits Guide. I understand and agree that the company reserves the right, in its sole discretion, to change, alter, or modify the benefits listed herein at any time as business conditions warrant, and as provided by law. This benefits guide supersedes all other previous benefits guides, and I will not rely on previous benefits guides.

I also understand and agree that plan descriptions, where required, are available for my review with my Director of Human Resources or Administrator. I understand that if there is a discrepancy between the plan documents and the descriptions contained in the benefits guide, the plan documents control.

I understand and agree that my employment with this company is at-will. I further understand and agree that neither this benefits guide nor any other policy or procedure of the company's alters the foregoing at-will relationship.

I understand:

- After 60 days of FT/PT employment the employee is eligible to enroll in the benefits that are offered to them, such as medical, dental, vision, and voluntary (AFLAC).

- On the 90th day of full-time employment the medical coverage, if elected, would be effective and the 1st of the month following the 90th day the dental, vision, and voluntary benefits if elected are effective.

Name (please print) _____

Signature _____

Date _____