

NOVEMBER 1, 2021 – OCTOBER 31, 2022



2021 - 2022 BENEFITS GUIDE TX, LA, MS, CORP

YOUR HEALTH | YOUR FAMILY | YOUR LIFE

EXPLORE YOUR BENEFIT OPTIONS >>>



Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer valuable benefits to protect your health, your family and your way of life. This guide answers some basic questions about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply).
- Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

New Hires: You must complete the enrollment process within 60 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 60 days of your date of hire.

If you fail to enroll on time, you will NOT have benefits coverage.

Annual Enrollment

Changes made during Annual Enrollment are effective November 1, 2021 - October 31, 2022.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next Annual Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Annual Enrollment period to make your election changes.

Inside

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How to Enroll

You will enroll online and will not receive any paper forms. To begin, follow the steps below.

Step 1

Connect to the Website through your web browser at benselect.com. You may use your mobile device or any desktop computer to complete your enrollment.

Step 2

At the "Employee Login" screen, enter your Social Security Number with no dashes and your personal identification number (PIN). Your PIN is a combination of the last 4 digits of your Social Security Number and the 2-digit year of your birth. For example, if the last 4 digits of your SSN are 3214 and you were born on September 21, 1968, your PIN would be "321468". If you are having trouble logging onto the system, contact HUB at 833-9-NEXION or email Nexion@hubinternational.com.

Step 3

When the Welcome Page appears on your screen you have successfully logged in! Follow the on-screen instructions to enroll in your benefits, find answers to your questions, download forms and more. Click "Next" to move to the next page.

Enrollment Tips:

- Click "You and Your Family" to update personal information on yourself, your dependents or beneficiaries.
- At the bottom of the "Personal Information" screen, please enter an email address so you will receive a benefit confirmation when you finish enrolling.
- When you have finished making your selections, click "Sign and Submit" to review and sign your enrollment form.
- You can move from plan to plan by clicking "Next".
- The "Forms" icon will bring you to the Forms Library where all of your benefit plan documents such as claim forms and Summary Plan Descriptions (SPDs) are kept.
- To sign and submit your enrollment form, you will need to enter your PIN and click "Sign Form". ***Your enrollment is not complete until this step is completed.***



If you do not receive a confirmation email within 24 hours, you may log in to the enrollment site benselect.com to verify your enrollment.

Questions?

Call HUB at 833-9-NEXION or email Nexion@hubinternational.com.

Medical Plans - BlueCross BlueShield

Nexion offers you choices of medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle.

Some of these options are:

BCBS PPO

These plans give you the freedom to seek care from the provider of your choice. However, you will boost your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the BlueCross BlueShield BlueChoice Network. The calendar-year deductible must be met before certain services are covered. In-network office visits are covered by copays.

BCBS HDHP

Like the PPO plans, a High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will boost your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the BlueCross BlueShield BlueChoice Network. Here's how the plan works:

Annual Deductible: You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses.

Coinsurance: Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 70% and you may pay 30%.

Out-of-Pocket Maximum: Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100% of all eligible covered services for the rest of the calendar year.



On the following pages are details of the plans that are available to you.

Medical Plans - BlueCross BlueShield

Following is a brief overview of the key medical benefits available through BCBS. For complete coverage details, please refer to the Summary Plan Description (SPD) which can be found in the Forms Library. The network is the BlueChoice Network.

Key Medical Benefits	HDHP		PPO1500		PPO5000	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Annual Deductible (No one person is required to contribute more than the individual deductible to the family deductible amount.)						
Individual / Family	\$5,000 / \$10,000	\$15,000 / \$30,000	\$1,500 / \$4,500	\$3,000 / \$9,000	\$5,000 / \$10,000	\$15,000 / \$30,000
Annual Out-of-Pocket Maximum (The deductible is included in the out-of-pocket maximum.)						
Individual / Family	\$6,550 / \$13,100	Unlimited	\$7,150 / \$14,300	Unlimited	\$7,350 / \$14,700	Unlimited
Covered Services						
Office Visits (physician/specialist)	30%*	40%*	\$30 / \$60 copay	40%*	\$40 / \$70 copay	40%*
Routine Preventive Care	No charge	40%*	No charge	40%*	No charge	40%*
Outpatient Diagnostic (lab/X-ray)	30%*	40%*	20%*	40%*	30%*	40%*
Complex Imaging	30%*	40%*	20%*	40%*	30%*	40%*
Chiropractic Office Visits (20 max)	30%*	40%*	\$40 copay	40%*	\$40 copay	40%*
Ambulance	30%*	30%*	20%*	20%	30%*	30%*
Emergency Room	30%*	30%* true ER / 40%* non-true ER	\$250 copay ² plus 20%*	\$250 copay ² plus 20%* true ER / 40%* non-true ER	\$250 copay ² plus 30%*	\$250 copay ² plus 30%* true ER / 40%* non-true ER
Urgent Care Facility	30%*	40%*	\$75 copay	40%*	30%*	40%*
Inpatient Hospital Stay	30%*	40%*	20%*	40%*	30%*	40%*
Outpatient Surgery	30%*	40%*	20%*	40%*	30%*	40%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier 4)						
Retail Pharmacy (30-day supply)	30%* after Rx deductible of \$50	40%*	\$15 / \$40 / \$70 / \$250 after Rx deductible of \$50	40%*	\$20 / \$50 / \$80 / \$300 after Rx deductible of \$50	40%*
Mail Order (90-day supply)	30%* after Rx deductible of \$50	40%*	\$45 / \$120 / \$210 / \$750 after Rx deductible of \$50	40%*	\$60 / \$150 / \$240 / \$900 after Rx deductible of \$50	40%*

The percentages shown above represent coinsurance amounts. The member/employee is responsible for paying the coinsurance and copays.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

To be eligible for the HDHP, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. Waived if admitted

Telemedicine

Finding time to go to the doctor can be hard. MDLIVE's telehealth program through BlueCross BlueShield provides you and your covered dependents access to care for non-emergency medical needs.

You can access a board-certified MDLIVE doctor 24 hours a day, 7 days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. You can schedule a virtual visit with a doctor, therapist or dermatologist online at your convenience using your smart phone, tablet or computer. MDLIVE visits afford you quality care for a \$15 copay (PPO plans) or \$44 copay (HDHP).

Turn to MDLIVE to address non-emergency health concerns including:

- Allergies
- Cold and flu
- Diarrhea
- Ear ache
- Fever
- Headache
- Insect bites
- Nausea
- Pink eye

Call MDLIVE at 888-680-8646 or download the app!

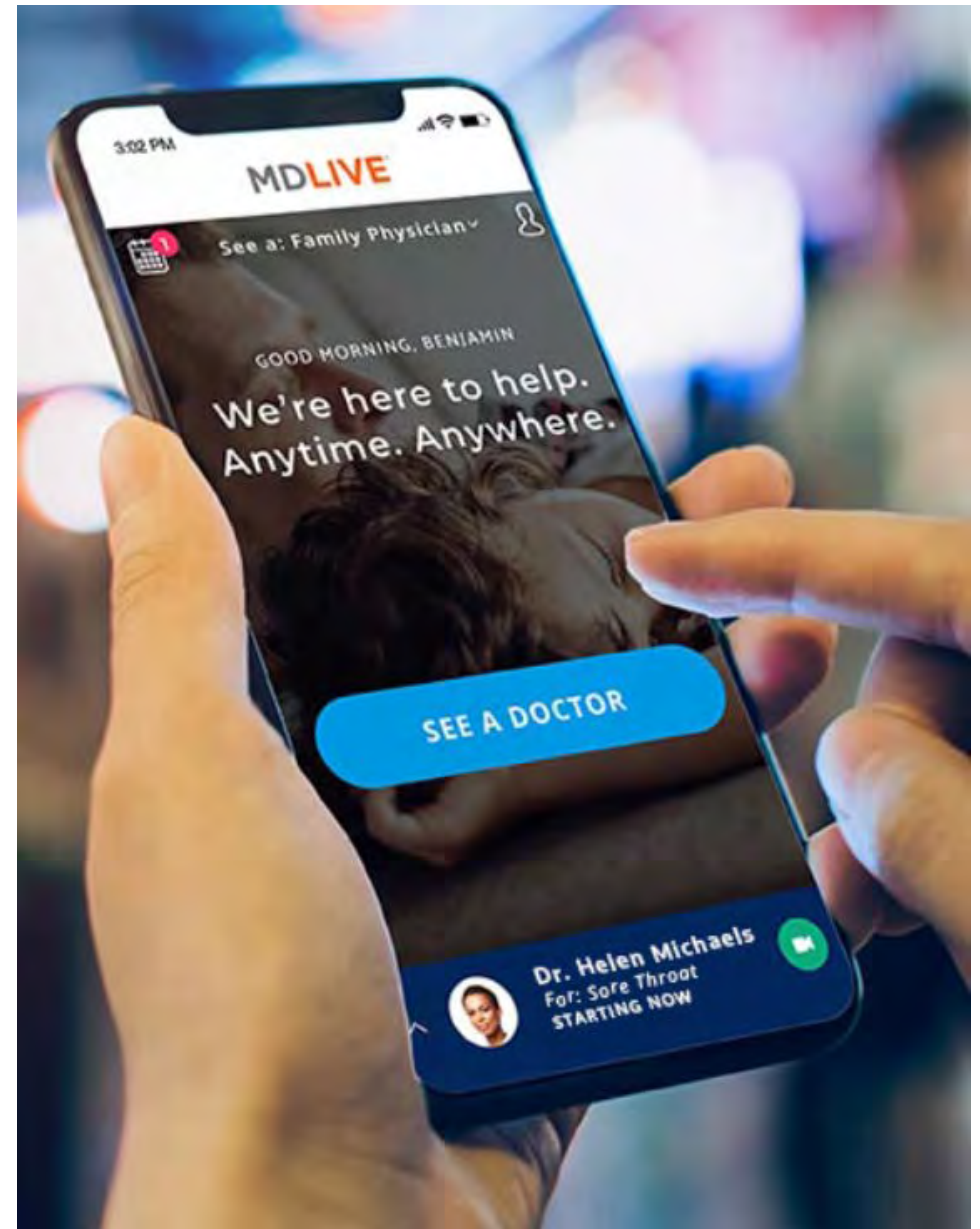
Member Rewards

Member Rewards – combined with Provider Finder, our nationwide database of independently contracted health care providers offered through BlueCross BlueShield – can help you:

- Compare costs and quality for numerous procedures
- Estimate out-of-pocket costs
- Earn cash while shopping for care
- Save money and make the most efficient use of your health care benefits
- Consider treatment decisions with your doctors

How Does It Work?

1. When a doctor recommends treatment, log into Blue Access for MembersSM at bcbstx.com
2. Click "Doctors and Hospitals" tab – then on "Find a Doctor or Hospital" – and "Shop for Procedures"
3. **Choose a Member Rewards eligible location, and you may earn a cash reward**
4. Complete your procedure and, once verified, you will receive a check in the mail within 4 to 6 weeks
5. Questions? Call the number on the back of your member ID card: **800-521-2227**



 Download the app

Medical Plans - American Worker

Following is a high-level overview of the key medical benefits available through American Worker. For complete coverage details, please refer to the Summary Plan Description (SPD) which can be found in the Forms Library. The network is the PHCS Limited Benefit Network.

Key Medical Benefits	Value Plan	Select Plan
	In-Network Only	In-Network Only
Covered Services		
Office Visits (physician/specialist)	\$60 per day, 6 per plan year	\$75 per day, 8 per plan year
Routine Preventive Care	No charge	No charge
Outpatient Diagnostic (lab/X-ray)	\$25 per day, 3 per plan year / \$70 per day, 2 per plan year	\$30 per day, 4 per plan year / \$75 per day, 2 per plan year
Complex Imaging	\$500 per day, 2 per plan year	\$500 per day, 2 per plan year
Emergency Room	\$75 per day, 4 per plan year	\$75 per day, 4 per plan year
Inpatient Hospital Stay	\$100 per day, 500 days per lifetime	\$500 per day, 500 days per lifetime
Outpatient Surgery	\$250 per day, 1 per plan year	\$750 per day, 1 per plan year
Inpatient Surgery	\$500, max 1 surgery	\$1,500, max 1 surgery

The above chart indicates what the plan will pay and how many times regardless of the amount billed to the member. It only pays in-network.

Please note: The American Worker medical plans include an employee-only \$10,000 life insurance / AD&D plan for employees. The plans include \$7,500 in AD&D for spouses and \$3,000 for children!! You will need to choose a beneficiary when electing this plan.

HealthiestYou by Teladoc

**Talk with a Doctor by phone or with a virtual visit!
No scheduling. No travel. No waiting rooms. No hassle.**

- Available 24 / 7 / 365 Get the app!!
- Service is unlimited and FREE to employees *and dependents*, even if they're not enrolled! That's right, no Consult Fee or Copay involved!
- Physicians are licensed and board certified to diagnose, treat, and prescribe for acute illnesses (ex. sinus infection, cold & flu, UTI, pink eye, and many more)
- Over 70% of typical doctor's office or urgent care visits can be handled by telemedicine

Call HealthiestYou at 866-703-1259 or get the app!



Dental Plans

You have a choice between two dental plans through MetLife.

PCP Plus Network: These plans offer you the freedom and flexibility to use the dentist of your choice. However, you will boost your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the PCP Plus Network.

Following is an overview of the coverage available.

Key Dental Benefits	Low Plan		High Plan	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	\$50 / \$150		\$50 / \$150	
Benefit Maximum² (per calendar year; preventive, basic, and major services combined)				
Per Individual	\$1,900 ²		\$1,900 ²	
Covered Services				
Preventive Services	No charge		No charge	
Basic Services	20%		20%	
Major Services	75%		50%	
Orthodontia³	N/A		50%; \$1,500 Max Benefit	

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

¹ If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

² The plan will pay for covered charges up to the yearly Benefit Maximum of \$1,900 not including preventive services. The Maximum is based on the calendar year and resets on January 1st.

³ Orthodontia is for covered dependent children 18 and under who do not currently have braces.

**Note: MetLife does not provide personalized ID cards but you will receive a general ID card with the group number. You may also provide your SSN to the dental provider to verify benefits.*

For complete coverage details on dental or vision, please refer to the appropriate Summary Plan Description (SPD) in the Forms Library at benselect.com.

Vision Plan

We offer you comprehensive vision care benefits through Superior Vision.

The Superior Vision vision plan gives you the freedom to seek care from the provider of your choice. However, you will boost your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Superior National Network.

Following is an overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam Copay (once every 12 months)	\$10	Ophthalmologist - up to \$60 / Optometrist - up to \$52
Materials Copay	\$25	N/A
Lenses (once every 12 months)	No charge after materials copay	Up to \$45
Single Vision		Up to \$65
Bifocal		Up to \$86
Trifocal		
Frames (once every 24 months)	Covered up to \$130	Up to \$81
Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to \$130	Up to \$117



Additional Benefits

Our benefit plans are provided to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Voya are designed to complement your health care coverage and allow you to tailor our benefits to you and your family's needs. The best part? **Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.**

You can enroll in these plans during Annual Enrollment—they're completely voluntary, which means you pay for coverage at affordable group rates.

Accident Insurance: Voya

You have the option to purchase voluntary accident insurance at discounted group rates to receive financial assistance for yourself and your dependents after an accident, injury or even death. This benefit is paid for entirely by you through payroll deductions. We are pleased to offer you 24-hour accident coverage through Voya's group accident insurance. Accident insurance complements existing medical coverage and helps fill financial gaps caused by out-of-pocket expenses such as deductibles, copays, and non-covered medical services. Benefits are paid regardless of what is covered by medical insurance and payments are made directly to you. For more information, go to www.voya.com or benselect.com.

Accident Expense	Benefit
Wellness	\$50
Ambulance - Air/Ground	\$2,000 / \$300
Emergency Care - ER/Urgent Care/MD Office	\$175 / \$175 / \$60
Physician Follow-up Visit	\$60
Concussion	\$175
Fracture (open)	\$400-\$6,000
Fracture (closed)	\$200-\$3,000
Burns	\$1,125-\$12,500
Lacerations	\$30-\$400
Medical Testing (x-ray, MRI, CAT, EEG)	\$50-\$200
Death - Employee/Spouse/Child	\$50,000 / \$20,000 / \$10,000



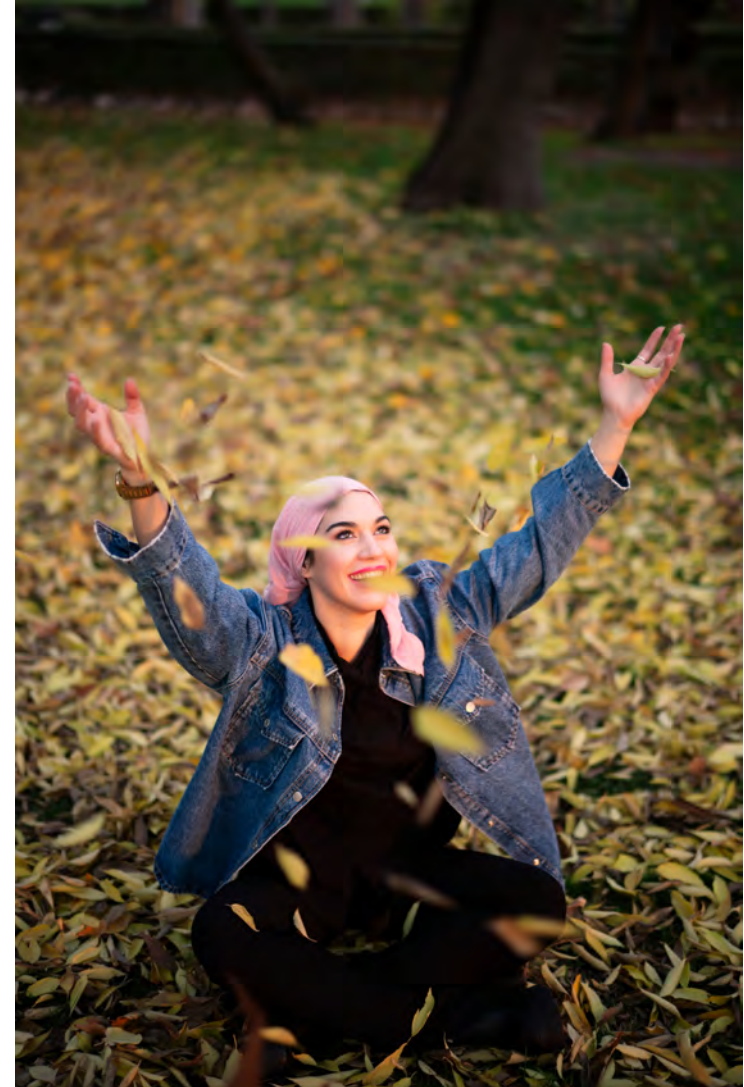
For complete coverage details, please refer to the appropriate plan certificate in the Forms Library at benselect.com. The plan overrides information in benefit guide.

Additional Benefits

Critical Illness: Voya

We offer you coverage through Voya's group critical illness insurance. To help cover out-of-pocket health care expenses related to certain critical illnesses, you have the option to purchase critical illness insurance at discounted group rates. You and your covered spouse and dependents will receive a **lump-sum payment** to help cover out-of-pocket expenses related to cancer, heart attacks, strokes, benign brain tumors, major organ failure and certain childhood conditions. The lump-sum payment will vary depending on your condition. For more details, refer to the Summary Plan Description (SPD) in the Forms Library. This benefit is paid for entirely by you through payroll deductions. For more information, go to www.voya.com or benselect.com.

Covered Condition	Benefit
Heart Attack	100%
Stroke	100%
Cancer	100%
Carcinoma In Situ	25%
Coronary Artery Bypass	25%
Major Organ Transplant	100%
Aneurysm	10%
Benign Brain Tumor	100%
Permanent Paralysis	100%
Loss of Sight, Hearing, Speech	100%
Coma	100%
Occupational HIV / Hep B or C	100%
Wellness	\$100 adult / \$50 child (up to 4)



For complete coverage details, please refer to the appropriate plan certificate in the Forms Library at benselect.com. The plan overrides information in benefit guide.

Additional Benefits

LifeTime Benefit Term Coverage: Chubb

To help you protect your family from financial hardship should the unthinkable occur, we offer you the option of purchasing *permanent* life insurance. With a permanent life insurance policy, you have the choice to maintain this lasting coverage whether or not you stay with your employer. This benefit is paid for entirely by you through payroll deductions.

Covered Condition	Benefit
Accelerated Death Benefit Rider	Automatically included in the policy free of additional charge, this feature allows an accelerated payment of 50% of the death benefit (not to exceed \$100,000) in the event of the insured's death being diagnosed to occur after a 12-month period.
Dependent Children Term Rider	An optional feature issued to dependent children ranging from 15 days to 25 years of age, one premium provides coverage to all eligible children up to a maximum of \$25,000. This coverage may be converted to up to five times the original issue amount.
Waiver of Premium Rider	An optional coverage issued to employees between the ages of 20 and 55, this benefit waives the base premium and all monthly premiums after the sixth month of total disability, if it should occur before age 60.
Accelerated Death Benefit for Long-Term Care Rider	An optional feature available only to employees and spouses, the accelerated Long-Term Care (LTC) rider provides 4% of the current death benefit amount, payable for up to 25 months, in the event that the insured is certified as being chronically ill and confined to a nursing home or assisted living facility.

For more information, visit www.chubb.com.

Voluntary Term Life Insurance: Mutual of Omaha

Life insurance is about providing for the people you care about most. It pays them a sum of money you choose and may help protect them from the financial impact of your death.

These funds can help your loved ones pay monthly living expenses, stay in their home and pay off debts, including final expenses. It can also help send a child to college, continue a family business or leave a legacy for your favorite charity.

Supplemental Life (Employee-Paid through payroll deductions)

You may purchase coverage through Mutual of Omaha for yourself and your eligible family members.

	Benefit Option	Guaranteed Issue*
Employee	\$5,000 increments; minimum of \$10,000 up to \$200,000	\$200,000
Spouse	\$5,000 increments; up to \$50,000	\$50,000
Child(ren)	Under age 26: \$10,000	\$10,000

*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

For more information, visit www.mutualofomaha.com/customer-service.



401(k)

The 401(k) Plan provides you with one of the best opportunities to save for the future. With the ease of regular payroll deductions and the advantage of **tax-deferred savings (lowering your taxable income)**, participation in the plan just makes sense. You can enroll at any time. Simply visit www.mykplan.com or call 800-695-7526. *Elected contributions will begin the month following your initial 90-day waiting period or the pay period following your enrollment, whichever comes later.*

The maximum amount you can defer for 2021 will be released in late October/early November. Your total deferral limit is the maximum as set by law. Several investment fund options are available. Nexion Health may provide a discretionary match on an annual basis.

For employees age 50 or older, you can contribute more to your 401(k), which is referred to as 'catch-up' amounts. The maximum 'catch-up' allowed will be released in late October/early November. To take advantage of this feature, you must enroll online or by phone.



Disability Insurance: Mutual of Omaha

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Voluntary Short-Term Disability¹

Provided at an affordable group rate through Mutual of Omaha.

Benefit Percentage	\$25 increments up to 60% of your weekly salary
Weekly Benefit Min / Max	\$100 - 1,250
When Benefits Begin	After 14 th day of disability or accident
Maximum Benefit Duration	11 weeks

Voluntary Long-Term Disability²

Provided at an affordable group rate through Mutual of Omaha.

Benefit Percentage	\$100 increments up to 60% of your monthly salary
Monthly Benefit Min / Max	\$500 - 7,500
When Benefits Begin	After 90 th day of disability
Maximum Benefit Duration	Under 65 - 5 years; 65 to 68 - to age 70; 69 and over - 1 year

¹STD - If you use the STD benefit during the first six months after your effective date, Mutual will look back three months prior to the effective date to see if you have received medical treatment, advice, medicines, etc.

²LTD - If you use the LTD benefit during the first twelve months after your effective date, Mutual will look back three months prior to the effective date to see if you have received medical treatment, advice, medicines, etc.



Employee Assistance Program

Because life is full of challenges, and balancing everything can be hard, we provide a *confidential* program dedicated to supporting the emotional health and well-being of our **employees and their families**. The employee assistance program (EAP) is provided at **NO COST** to you through Mutual of Omaha.

The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Childcare and eldercare
- ▶ Substance abuse
- ▶ Grief and loss
- ▶ Legal or financial issues

EAP Benefits

- ▶ *Assistance for you and your household members*
- ▶ Up to five (5) in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

Please visit www.mutualofomaha.com/EAP or call 800-316-2796 for more information.

Flexible Spending Accounts (FSAs)

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through TaxSaver. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For **2022**, you may contribute up to \$2,750 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles
- ▶ Prescriptions
- ▶ Dental treatment
- ▶ Orthodontia
- ▶ Eye exams/eyeglasses
- ▶ Lasik eye surgery

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Dependent Care FSA

For **2022**, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

For more information, visit www.taxesaverplan.com.

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a tax advantage, they must be administered according to specific IRS rules:

Healthcare and Dependent Care FSA: Unused funds will **NOT** be returned to you or carried over to the following year.

You can incur expenses through December 31, 2022, and must file claims by March 31, 2023

Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.

Premiums

The premiums you pay for are automatically deducted from your paycheck. The amount will depend upon the plan you select and if you choose to cover eligible family members. **Please use the online enrollment system benselect.com to view your personalized benefits and premiums.**

Contact Information

Coverage	Carrier	Group #	Phone	Website
Medical	BlueCross BlueShield	191846	800-521-2227	www.bcbstx.com
	Telemedicine: MDLive		888-680-8646	www.mdlive.com
	The American Worker	FCR1570	855-495-1190	www.theamericanworker.com
	Telemedicine: HealthiestYou		866-703-1259	www.healthiestyou.com
Dental	MetLife	0236221	800-GET-MET8	www.metlife.com/mybenefits
Vision	Superior Vision	037748	800-507-3800	www.superiorvision.com
Accident	Voya	71192-6CAC2	877-236-7564	www.voya.com
Critical Illness	Voya	71192-6CCI2	877-236-7564	www.voya.com
Lifetime Benefit Term	Chubb	CJY000000	866-324-8222	www.chubb.com
Voluntary Life	Mutual of Omaha	G000AMDI	800-775-8805	www.mutualofomaha.com/customer-service
Disability	Mutual of Omaha	G000AMDI	800-877-5176	www.mutualofomaha.com/customer-service
Employee Assistance Program (EAP)	Mutual of Omaha	G000AMDI	800-316-2796	www.mutualofomaha.com/EAP
FSA, Dependent Care FSA, Cobra	TaxSaver	-	800-328-4337	www.taxsaver.com
401(k)	ADP	-	800-695-7526	www.mykplan.com

Benefits Website

Access benselect.com anytime you want additional information on our benefits programs.

Questions?

If you have questions, contact:

HUB at 833-9-NEXION
nexion@hubinternational.com



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.
Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

