



Employee Benefits Guidebook

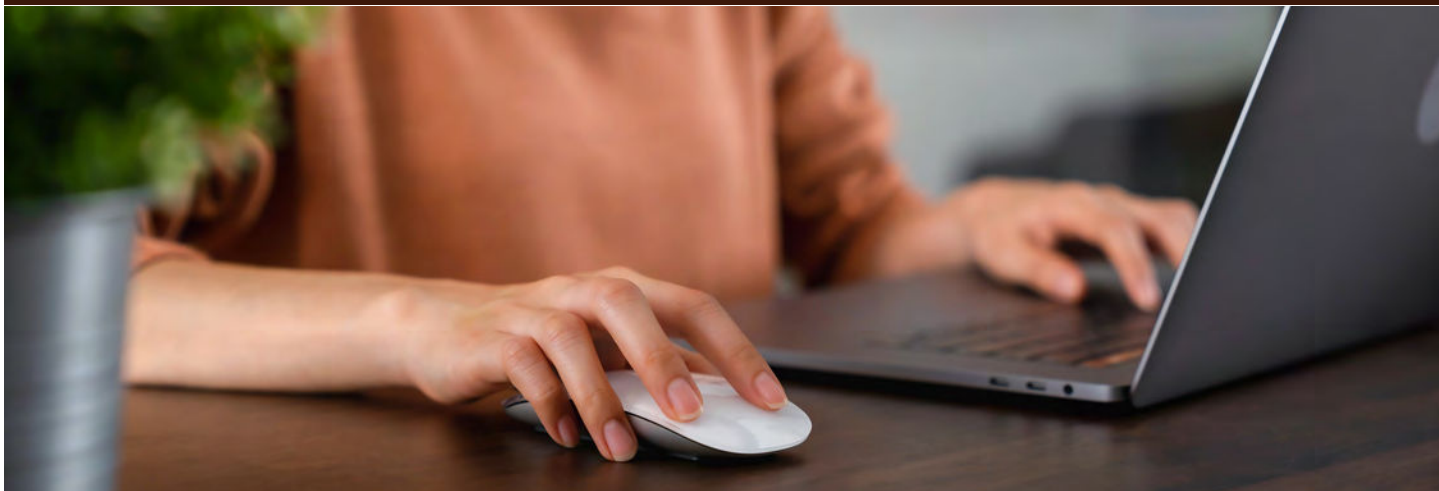


Pick the best benefits for you and your family.

This benefit guide can be used as a quick reference for the different benefits offered to you through Phoebe.

If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to BSI Corporate Benefits or your Human Resources Department.

Eligibility, Benefit Changes, Benefit Presentation	1
Health Insurance.	2
Medical Contributions and Wellness	3
Health Credit Program	4
Capital Blue Cross Managing Your Plan.	5
My Care Finder (Find In Network Providers)	6
Pharmacy	7
Telemedicine (HealthiestYou).	10
ConnectCare 3 (Patient Advocacy)	11
Dental Insurance	12
Vision Insurance	13
Flexible Spending Account	14
Flexible Spending Account – Online Access	16
Life, Disability, Accident and Critical Illness and Hospital Coverage	
Life and AD&D Insurance.	18
Short-term Disability Insurance	19
Long-term Disability Insurance	20
Accident Insurance.	21
Critical Illness Insurance	22
Hospital Insurance	23
Be Well Benefit.	24
Employee Assistance Program (EAP).	25
How to File a Claim	26
Worldwide Emergency Travel Assistance.	30
Retirement	31
Annual Notices.	32
Customer Service	33

**Who is eligible?**

If you're a full-time employee at Phoebe, you're eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week.

Where to find more benefit information

Use your web browser to access the benefits portal via the following www.phoebe-benefits.com

How to make changes

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

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

Contact human resources within 30-days of the event happening to make a benefit change outside of open enrollment.

Access to the 2025 Open Enrollment Video

- Go to <https://vimeo.com/1029837385/2e75314a98?share=copy>
- Go to www.phoebe-benefits.com and click on the "Enrollment" tab
- Scan the QR Code below to watch the open enrollment video.

**How to Scan a QR Code Using Your Smart Phone**

- Open the Camera App
- Point the camera at the code
- Tap the Notification

Health Insurance

The following chart highlights the current health benefits and what you will pay.

Capital Blue Cross

Group #: 00531998



Services	Medical/Drug Plan	
	In-Network	Out-of-Network
Deductible	\$800/\$1,600	\$3,000/\$6,000
Out-of-Pocket Maximum (Individual/Family)	\$9,200/\$18,400	NA
Physician		
Primary Care - office/virtual visits	\$35 copay	60% after deductible
Specialist - office/virtual visits	\$45 copay	60% after deductible
Virtual Visit (Originating Site Fee)	100% after deductible	60% after deductible
Diagnostic		
Minor	\$0 after deductible	60% after deductible
Major	\$0 after deductible	60% after deductible
Hospitalization		
Inpatient	\$0 after deductible	60% after deductible
Outpatient	\$0 after deductible	60% after deductible
Urgent Care	\$40 copay	60% after deductible
Mental Health		
Inpatient	\$0 after deductible	60% after deductible
Outpatient	\$30 copay	60% after deductible
Substance Abuse		
Inpatient (Detox/Rehab)	\$0 after deductible	60% after deductible
Outpatient	\$30 copay	60% after deductible
Ambulance		
Emergency	\$0 after in-network deductible	
Non-Emergency	\$0 after deductible	60% after deductible
Emergency Room	\$200 copay (waived if admitted)	
Prescription Drugs (30-day supply)	(Rx deductible \$125 per person – Does not apply at Phoebe Pharmacy)	
Generic	\$10 copay	
Brand Formulary	\$50 copay	
Brand Non-formulary	\$70 copay	
Specialty Rx (30-day supply)	(Available at Phoebe Pharmacy only) \$250 copay	
Maintenance Drugs (90-day supply)	(Available at Phoebe Pharmacy only)	
Generic	\$25 copay	
Brand Formulary	\$100 copay	
Brand Non-formulary	\$145 copay	

For more information go to [CapitalBlueCross.com](https://www.CapitalBlueCross.com) or you can reach Member Services at (800) 962-2242



Medical Contributions and Wellness

2025 Medical/ Drug Per-Pay Deduction

Single	Employee/Spouse	Parent/Child(ren)	Family
\$98.00	\$270.00	\$215.00	\$360.00

Our wellness program is available to employees and spouses enrolling in the 2025 Phoebe medical plan. Employees who complete the activities outlined for the health credit on page 4 can earn a \$20 per-pay wellness credit. Spouses on the plan who also fully participate can earn an additional \$20 per-pay wellness discount. **Please note, wellness credits will appear as a separate line item on your paycheck.**

Phoebe 2025 Wellness Program



To be Eligible:

Complete a Wellness Preventive Physical, Have the Physician complete form and Submit to BSI Corporate Benefits to **earn a credit per paycheck.**

- **Employee only \$20**
- **Employee and Spouse \$40**

Wellness Physical *Required*

Complete a wellness physical exam with your doctor and return to BSI.

Form can be found on Heartline and www.phoebe-benefits.com

HealthiestYou (Telemedicine Benefit) *Recommended* Download the app and Register and complete Medical History. Instructions are on page 10 and registration can also be done by phone

***The Health Credit will become effective in the pay period following the receipt of the form



Three simple steps to get the most from your new plan.



Step 1

Create your secure account at CapBlueCross.com/new-year or by scanning the QR code above



Step 2

Use your secure account to download a digital ID card, review plan information, find a doctor, and much more



Step 3

Download the Capital Blue Cross member app so you can access your secure account easily at anytime

Want to manage your plan on the go?

Download our free mobile app to access your secure account – or sign up if you don't have one already. You'll be able to:

- Download a digital copy of your ID card
- Review recent claims
- Check your deductible and out-of-pocket balances
- Access your benefits
- Find a doctor
- And more



MyCare Finder



Stay in network and save money

MyCare Finder helps you easily find in-network providers, facilities, services, and more.



Find providers

Search by name, specialty, or location to find the right care at the right place for your needs. See real patient ratings and reviews, too.



Compare costs

Save money by comparing the costs of the services you need.



Treatment timelines

Learn more about the services you need, including treatment timelines, cost estimates, and savings opportunities you'll find on your way from evaluation to recovery.

Log in to your secure account at CapBlueCross.com/finder to get started.

Cost comparisons are built from a historical range of amounts paid to providers. This is not a recommendation or endorsement of any particular healthcare provider or its services and should not be construed as medical advice. Capital Blue Cross does not guarantee that services will be available or will be any particular quality or cost.

Healthcare benefit programs issued or administered by Capital Blue Cross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company®, and Keystone Health Plan® Central. Independent licensees of the Blue Cross Blue Shield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.

PRV-25 (07/18/23)



Phoebe Pharmacy

Filling your prescriptions for the first time, follow these 3 steps:

1. Contact your physician to get new prescriptions for your 30 or 90-day supply medication.
2. Complete the patient profile (if you have not already done so) and privacy information sheets available on Heartline under Services Resources – Human Resources – Benefits – Pharmacy Services
3. Fax or mail the completed forms along with your original prescription to Phoebe Services Pharmacy. (If you fax your script for processing, please forward the original to the Pharmacy by mail. You may use the Phoebe Interoffice Mailbox #30 for this.)

Delivery! Prescriptions will be conveniently:

- ✓ Mailed to your home via USPS
- ✓ Available for pick up at the pharmacy

Address: 6520 Stonegate Drive, Suite 100, Allentown, PA 18106 **Phone:**
(610) 794-5380 **Fax:** (610) 794-5415

For emergency
situations, medications
can be sent directly to
the facility for pickup!

Payment

- Pharmacy co-payment must be made when placing your order
- Payment may be made by payroll deduction, person check, credit card, or flexible spending account debit card.
- Pharmacy benefits are managed by Prime Therapeutics

Prescription Refills:

To refill a prescription choose any one of the following options:

Email: employeeerx@phoebe.org

Phone: (610) 794-5380

Mail: Phoebe Services Pharmacy, 6520 Stonegate Drive, Suite 100, Allentown, PA 18106

- * Please notify the pharmacy of an address/phone change immediately
- * Remember to update your credit card or FSA debit card expiration date on file when appropriate
- Payments that are not received within 14 days of prescription fill will result in the prescription being cancelled
- If you want to change your delivery method for a specific instance, you must notify the pharmacy each time

Prime Therapeutics Prescription Lookup on the Prescription Hub

Formally MagellanRx

Visit: <https://PrimeTherapeutics.com/member>

Members will access their member portal by logging into their Prescription Hub by using current user name (email address) and password.

HOME DELIVERY



Prime Therapeutics Pharmacy

If you take long-term medicines, you could save time and money with home delivery from Prime Therapeutics Pharmacy.

Simple ways to transfer your prescription

If you have an active prescription with remaining refills

Complete the [Home Delivery Order Form](#)¹² and submit it through:



Fax

1.888.282.1349 or 1.888.656.7762



U.S. mail

Prime Therapeutics Pharmacy
P.O. Box 620968
Orlando, FL 32862

OR



Call

1.800.424.8274 (TTY: 711) Monday through Friday, 7 a.m. to 6 p.m. Central Time (CT) with your prescription and previous pharmacy info. Prime Therapeutics Pharmacy will request a transfer for you.

If you need a new prescription

Ask your prescriber to send your prescription to Prime Therapeutics Pharmacy. Prescribers can submit new prescriptions through one of three ways:

- **ePrescribe** to Prime Therapeutics Pharmacy LLC (Home Delivery, Salt Lake City), NPI 1609221647, Prime Therapeutics Pharmacy LLC (Home Delivery, Orlando), NPI 1558738864
- **Fax** the prescription to **1.888.282.1349**
- **Call** the prescription and patient info in to **1.800.424.8274**

Automatic refills

Call a patient care coordinator at **1.800.424.8274** to determine if your prescription is eligible to enroll in auto refills.

Benefits of home delivery with Prime Therapeutics Pharmacy



90-day supply



Dedicated customer support



Order reviewed by a registered pharmacist



Easy-to-use web portal to order refills

YOUR PARTNER IN HEALTH + CARE

With over 25 years of experience, **OptiMed was chosen as a preferred provider for Specialty Medications and Infusion Services** because of their passion for patients, comprehensive care, clinical management, resources, strong accreditations, physician link, and tailored support services. Their care team, with licensed & certified clinical staff members as well as essential support personnel, are available throughout your healthcare journey. **With 24/7 access to OptiMed's clinical team**, they're there for you when you need them the most and will support you along the way.

Learn more about what OptiMed has to offer & what you can expect below.

GET STARTED IN 1-2-3

1 OptiMed
will call you to begin
the Rx process...

**2 We'll work with
your Prescriber**
on your care & prescription

3 You're all set!
OptiMed will coordinate
the next steps with you

If you need immediate assistance, please give OptiMed a call at 877-884-0998

BENEFITS

Why OptiMed? You may receive incentives and additional benefits when using OptiMed as your preferred provider. In the program, you could experience a reduction in costs for services and medications.

WHAT YOU CAN EXPECT



FREE Delivery of All Medications & Supplies



Proactive REFILL Calls & Care Coordination



Administration Options & Infusion Services

OptiMed focuses on quality and patient safety at the forefront.

This is shown with our commitment to:

- Same care team throughout treatment
- Ease of delivery and site of care infusion options
- Center of excellence in a range of specialty conditions
- Multi-channel communications with patient, provider, and plan sponsor... *all to ensure optimal outcomes and continuity of care throughout your health journey.*



Phone: 877.884.0998

Fax: 877.326.2856

6480 Technology Avenue, Suite A, Kalamazoo, MI 49009

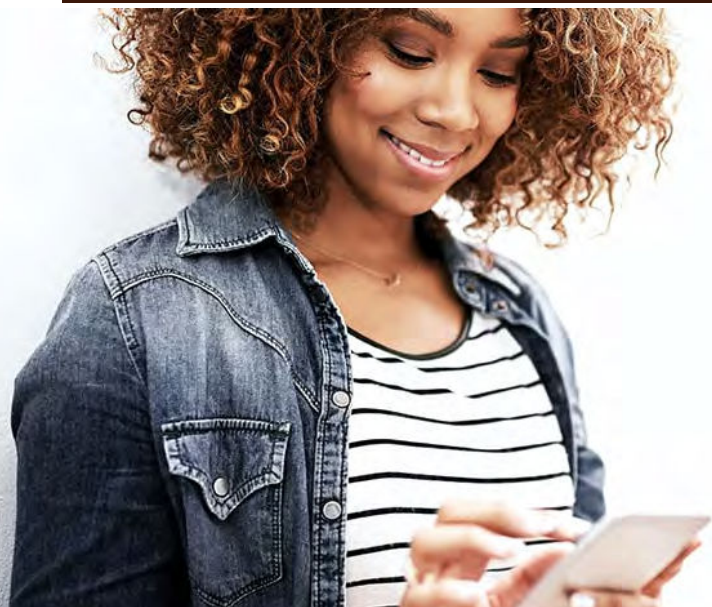
OptiMedHealthPartners.com / info@optimedhealthpartners.com



ACCREDITED
Specialty Pharmacy
Expires 12/01/2024



V10012020A



24/7 UNLIMITED DOCTOR ACCESS

With HealthiestYou you can connect with a doctor, get treatment, and get prescriptions 24 hours a day, 7 days a week over the phone or via the mobile app. Using HealthiestYou can SAVE YOU MONEY and SAVE YOU TIME. And best of all, it's FREE.

HealthiestYou



With HealthiestYou, you have access to these specialties



Talk to a Doctor 24/7

Speak to a licensed doctor by phone or video 24/7 from anywhere



Expert Medical Services

Receive a second opinion on an existing diagnosis and treatment for any condition



Mental Health

Talk to a therapist seven days a week from wherever you are



Dermatology

Upload photos of condition and get a treatment plan within two business days



Neck & Back Care

Relieve your back pain through guided videos with a certified health coach



Nutrition

Members work with dieticians to assess nutrition and develop personalized meal programs

Three Easy Ways to Get Started

1

Download the HealthiestYou App

Select "First Time Here", and then select "Employee" as membership type. Enter your Name, DOB, and Zip Code to create your account



2

Visit the Online Member Portal

Go to <https://member.healthiestyou.com/user/sign-in> and Select "Register Now", enter your Name, DOB, and Zip Code to create your account login

**Note, once registered, you can login via the app with the same login information*

3

Call HealthiestYou

Call 1-866-703-1259 x 1 to register your account over the phone



ConnectCare3

Individualized care for when you need it most

Overview

ConnectCare3 provides highly individualized care for each insured member, at no charge, as part of your insurance benefit.

The team at ConnectCare3 is comprised of nurses and advocates who are available to help you with simple questions or complex diagnoses.

WAYS THEY CAN HELP

- Help you become a savvy health care consumer
- Locate top specialists and treatment facilities
- Research specialized treatments and all available options
- Prepare you for physician and hospital visits
- Support you throughout your treatment
- Coordinate care between multiple physicians and treatment facilities



Their team will research your condition to provide you with high quality options specific to your needs.



Their team will answer your questions and ensure you understand your coverage, diagnosis and treatment options so you can make the best decisions for your situation.



Their team will continue to be available to you for additional research, questions and support for as long as you need, at no charge to you.

Available Services

- Patient Advocacy
- Nutrition Education
- Chronic Disease Management & Prevention
- Nurse Navigation
- Tobacco Cessation

Ways to Connect

Email: info@connectcare3.com

Web: WWW.Connectcare3.com

Toll-free: 1-877-223-2350



Dental Insurance

SunLife Group #: 955245



In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings, and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

The following chart outlines the dental benefits we offer.

Plan Description	
Calendar Year Deductible (Individual/Family)	\$50/\$100
Deductible Applies	Class II & III
Calendar Year Maximum Benefit (Class 1 services are excluded from the maximum benefit amount)	\$1,500
Orthodontia Lifetime Maximum	\$1,000
Class I: Diagnostic & Preventative Oral evaluations, routine cleanings, bitewing X-rays, fluoride treatments, sealants, space maintainers, intra-oral complete series X-rays or panoramic film	100%
Class II: Basic Fillings, simple extractions, stainless steel crowns, root canal therapy, oral surgery, biopsy, periodontics, nitrous, general anesthesia, and intravenous sedations, other X-rays.	100%
Class III: Major Crowns, full and partial dentures, bridges, build ups, post and core	50%**
Class IV: Child Only Orthodontia Orthodontic extractions, full or partial bands, appliances (removable and fixed).	50%**
** A 6-12 month wait applies if you do not enroll when you are first eligible. If you were covered under another employer's plan immediately prior to joining this plan, the wait will be waived for any class of service covered under the prior plan and this plan	

How to get your dental ID card:

- Visit www.sunlife.com/account
 - Create an account or login OR
- Download the Benefit Tool app for iPad and Android Tablet at www.sunlife.com/mobileapps.

Coverage Tier	Per-Pay Deductions
Employee Only	\$2.33
Family	\$6.89



SunLife Member Services Phone Number: (800) 442-7742

Vision Insurance



Vision Benefits of America (VBA) Group #: 1560

Phoebe's vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses. If you seek the services of a provider listed in their Preferred Provider directory (www.vbaplans.com), your benefits include the following:

Benefit	VBA Participating Provider (Zero Copayment)	Non-Participating Provider Amount Reimbursed (Zero Copayment)
Vision Exam <i>(Glasses or Contacts) - 12 Months</i>	100%	\$40 Clear Standard Lenses (Pair) - 12 Months
Single Vision	100%	\$40
Bifocal	100%	\$50
Blended Bifocal	100%	\$50
Trifocal	100%	\$75
Progressives ⁴	Controlled Cost ⁵	\$75
Lenticular	100%	\$100
Polycarbonate ³	100%	N/A
Scratch Coat (1 year)	100%	N/A
Frame ² - 24 Months	100%	\$50
-OR-		
Elective Contacts		
Material Allowance	\$110	\$110
Fitting Fee	15% off UCR ¹	N/A
-OR-		
Medically Necessary Contacts ⁶	100%	\$320
Low Vision Aids <i>(Per 24 Months. No Lifetime Max)</i>	\$650	\$650

- 1 Usual, Customary, and Reasonable
- 2 Within the program's \$50 wholesale allowance (approximately \$125 to \$150 retail).
- 3 Available In-Network at no charge for children under age 19.
- 4 Progressive lenses typically retail from \$150 to \$400, depending on lens options. VBA's controlled costs generally range from \$45 to \$175.
- 5 Unless otherwise prohibited by law.
- 6 Medically Required Contacts may only be selected in lieu of all other material benefits listed herein.

**Your election into this plan is a 24-month commitment, which means your election will continue for all of 2024 and 2025 unless you have a qualifying change in family status that is consistent with your change request.*

Coverage Tier	Per-Pay Deductions
Employee Only	\$2.72
Two-Party	\$4.61
Family	\$6.42

Vision Benefits of America (VBA) Member Service Phone Number: (800) 432-4966

Flexible Spending Accounts

Phoebe offers both a Health Care FSA and the Dependent Care FSA, providing employees the ability to pay for health care and/or dependent care expenses on a “pre-tax” basis.

Medical Spending Accounts

By enrolling in the Medical Spending Account plan, you can pay for eligible, uninsured medical, dental and vision expenses with pre-tax dollars. The plan follows the IRS maximum amounts allowed per year. The maximum amount for 2025 is \$3,300. All expenses must be submitted to your insurance plan first if coverage is available. Your out-of-pocket portion may then be submitted to the plan for reimbursement.

Below is a brief list of eligible expenses:

- Office visit copays
- Deductibles and coinsurance
- Eyeglasses and exams
- Chiropractic services
- Over-the-counter drugs and medical supplies (Band-aids, medical brace, cold medication, etc.)
- Prescription drug copays
- Dental and orthodontia expenses
- Contact lenses and solutions
- Hearing exams & hearing aids
- Protective Personal Equipment (PPE) to prevent the spread of COVID (medical grade gloves, masks, hand sanitizer)

A detailed receipt must accompany your claim. The receipt must contain the name of the provider, dependent name, date of service, amount of claim and service performed.

Dependent Care Accounts

A Dependent Care Account will reimburse you with your pre-tax dollars for day-care expenses for your child(ren) and other qualifying dependents. You can contribute up to \$5,000 a year or \$2,500 if you are married and filing a separate tax return.

A brief list of eligible expenses under the Dependent Care Accounts is indicated below:

- Before and after school programs
- Nursery school or preschool
- Summer day camp (cannot be an overnight camp)
- Care in a home or by a licensed provider (individual must be claiming on his/her income taxes at year end)

Some ineligible expenses under the Dependent Care Account plan are as follows

- Child support payments
- Food, clothing, and entertainment
- Educational supplies and activity fees

All claims must be submitted with a receipt detailing the name of the provider, provider’s tax identification or social security number, time for which the expense is being incurred and the amount of the expense.

IMPORTANT: Anyone enrolling in the 2025 plan year will have a 2½ month grace period and will be able to incur expenses until March 15, 2026. Eligible claims must have been incurred during the Plan Year and/or the grace period to be eligible for reimbursement in that plan year. You may not change your health FSA election during the plan year unless you have a change in status. Monies from the healthcare account may not be applied to the dependent care account and vice versa. Please refer to your Summary Plan Description for further information about the plan.



Your Section 125 Account in the Palm of Your Hand

You will love the convenience of the Webber FSA Mobile App! It's free, and the quickest way to manage your Section 125 Account.

1

Simply download the Webber FSA app for your mobile device from the App Store or Google Play.



2

You are automatically assigned a temporary Login ID and Password. You **DO NOT** need to **click "New User? Find Your Account"**.

Temporary Login ID: First Name Initial, Full Last Name, Last 4 of SSN

Login ID Example: Jane Smith = JSmith1999

Temporary Password: Full SSN no dashes

Type your Username and Password into the appropriate fields, and click LOGIN

On the app, under the Home Tab you will have the ability to:

- ✓ Check your account balance(s)
- ✓ Reimburse Yourself

Add a claim to reimburse yourself and upload your receipts directly from your phone's pictures. Make sure the picture is legible and contains the five following items:

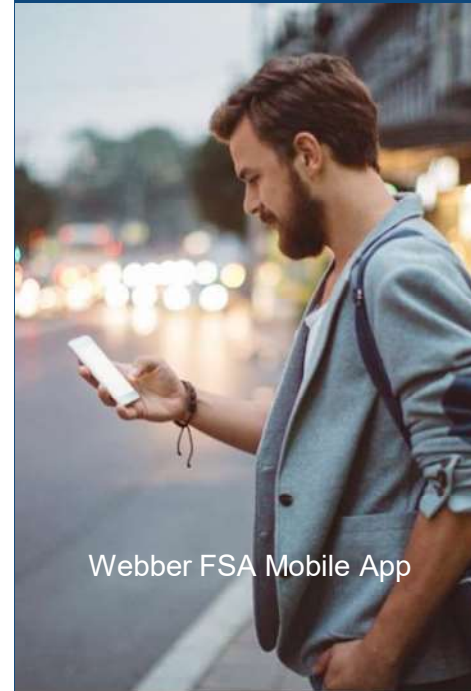
- Patient Name
- Provider Name
- Date of Service
- Description of Service
- Amount Paid

If your employer has a Health Reimbursement Account (HRA), please upload a copy of all pages of the corresponding Explanation Of Benefits (EOB) from your medical insurance carrier

- ✓ Scan Items for Eligibility with the built-in barcode scanner
- ✓ View and Upload Receipts
- ✓ If applicable, setup your bank account for reimbursement via direct deposit

On the app, under the Profile Tab you will have the ability to:

- ✓ Contact Webber Advisors via toll-free number or email to connect directly with our Claims Department
- ✓ Add your bank account under Manage Bank Accounts
- ✓ Manage Debit Cards, if applicable
 - See mail date and debit card status
 - Order an additional set of cards (a \$5 fee will be charged directly to your FSA Account)
 - Report your card lost/stolen if you are unable to find your current card
- ✓ Change your username/password
- ✓ Enable fingerprint login



Webber FSA Mobile App

For questions about your Flexible Spending Account and/or MERP/HRA, please contact Webber Advisors' Claims Department at

(800) 326-9850 or e-mail claims@webberadvisors.com
Monday through Friday 8:00 a.m. to 4:00 p.m.

 **Leavitt Group**
WEBBER ADVISORS

Flexible Spending Accounts - Online Access

How do I access my online Flexible Spending Account?

- Using your web browser, navigate to <https://webberadvisors.lh1ondemand.com/>
- You are automatically assigned a temporary Login ID and Password once you are enrolled. This means you do not need to setup a new account. Please use the “Existing User” section

Temporary Login ID: Beginning letter of First Name, Full Last Name, Last 4 of SSN
Example: Jane Smith = JSmith1999

Temporary Password: Full SSN (no dashes)

- Type your Username and Password into the appropriate fields, and click LOGIN

Please note: First time users will have to establish their security questions and update their password.

What will I be able to do once I am logged into the portal?

- File a claim
- Check your balance
- View your claim history
- Upload required debit card receipts
- Establish direct deposit reimbursements

If you have questions about your Flexible Spending Account, contact BSI Corporate Benefits (please see page 19).



Term Life with Accidental Death & Dismemberment (AD&D) Insurance



How does it work?

You keep coverage for a set period of time, or “term.” If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which can pay a benefit if you survive an accident but have certain serious injuries. It can pay an additional amount if you die from a covered accident.

Why Choose Unum?

Your employer is offering you this coverage at no cost to you.

What else is included?

A “Living” Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 50% of your life insurance benefit (up to \$750,000) while you are still living. This amount will be taken out of the death benefit and may be taxable.

Waiver of premium

Your cost may be waived if you are totally disabled for a period of time.

Portability

You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

Who can get Term Life coverage?

If you are actively at work at least 30 hours per week, you can receive coverage for:

Class 1: All Eligible Full-Time Non-Union Salaried Employees

Your	You can receive 1.5 of your earning up to 300,000
	You can get up to \$300,000 with no medical underwriting

Who can get Accidental Death & Dismemberment (AD&D) coverage?

You:	You can get 1.5 times your earnings of AD&D coverage up to a maximum of \$300,000.
------	--

No medical underwriting is required for AD&D coverage.

Class 2: All Eligible Full-Time Non-Union and Union Hourly Employees

If you are actively at work at least 30 hours per week, you can receive coverage for:

You:	You can receive a benefit amount of \$15,000. You can get up to \$15,000 with no medical underwriting.
------	--

Who can get Accidental Death & Dismemberment (AD&D) coverage?

You:	You can receive an AD&D benefit amount of \$15,000.
------	---

No medical underwriting is required for AD&D coverage.

Class 3 All Eligible Part Time Employees

If you are actively at work at least 8 hours per week, you can receive coverage for

You:	You can receive a benefit amount of \$7,500. You can get up to \$7,500 with no medical underwriting.
------	--

Who can get Accidental Death & Dismemberment (AD&D) coverage?

You:	You can receive an AD&D benefit amount of \$7,500.
------	--

No medical underwriting is required for AD&D coverage.

Employer-paid and Employee Optional Additional Short Term Disability Insurance



How does it work?

If a covered illness or injury keeps you from working, this Short Term Disability Insurance replaces part of your income while you recover.

Your employer is providing you a base amount of coverage. You also have the opportunity to purchase additional coverage to be sure your financial needs are met.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result. You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

Why is this coverage so valuable?

If you don't sign up now but decide to apply later, you may have to answer health questions.

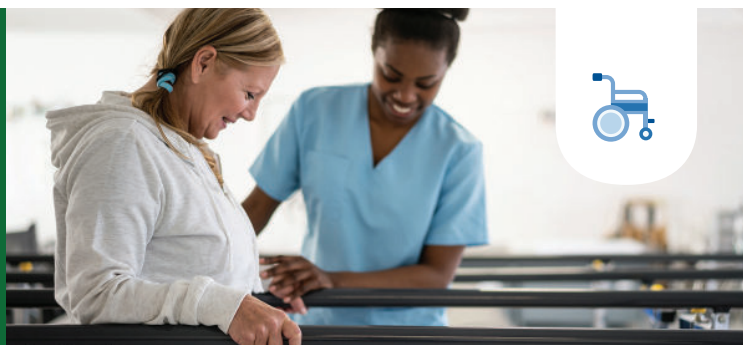
Class 1: All Eligible Full-Time Non-Union and Union Hourly Employees

COVERAGE AMOUNTS	ELIMINATION PERIOD	BENEFIT DURATION
Employer-paid coverage Your employer is providing a benefit of 66.67% of your weekly earnings to a maximum of \$250.	This is the number of days that must pass after a covered injury or illness before you can begin to receive benefits.	This is the maximum length of time you can receive benefits while you're disabled.
Employee optional additional coverage You can elect to purchase a benefit of 66.67% of your weekly earnings to a maximum of \$2,500.	Employer-paid coverage: Injury and Illness - 14 days Employee optional additional coverage: Injury and Illness - 14 days	Employer-paid coverage: You can receive benefits for 11 weeks. Employee optional additional coverage: You can receive benefits for 11 weeks.
The weekly benefit may be reduced or offset by other sources of income. The IRS may require you to pay taxes on certain benefit payments. See your tax advisor for details.		

Class 3: All Eligible Full-Time Non-Union Salaried Employees

COVERAGE AMOUNTS	ELIMINATION PERIOD	BENEFIT DURATION
Employer-paid coverage Your employer is providing a benefit of 66.67% of your weekly earnings to a maximum of \$350.	This is the number onjury or illness before you can begin to receive benefits.	This is the maximum length of time you can receive benefits while you're disabled.
Employee optional additional coverage You can elect to purchase a benefit of 66.67% of your weekly earnings to a maximum of \$2,500.	Employer-paid coverage: Injury and Illness - 14 days Employee optional additional coverage: Injury and Illness - 14 days	Employer-paid coverage: You can receive benefits for 11 weeks. Employee optional additional coverage: You can receive benefits for 11 weeks.
The weekly benefit may be reduced or offset by other sources of income. The IRS may require you to pay taxes on certain benefit payments. See your tax advisor for details.		

Long Term Disability Insurance



How does it work?

This employer-paid coverage provides a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

Your employer is paying the cost of this coverage. You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

How much coverage can I get?

The monthly benefit may be reduced or offset by other sources of income. The IRS may require you to pay taxes on certain benefit payments. See your tax advisor for details.

Elimination period

Number of days that must pass after a covered illness or incident before you can begin to receive benefits

Benefit Duration

Maximum length of time you can receive benefits while you are disabled

What else is included?

Work-life balance Employee Assistance Program

Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

Worldwide emergency travel assistance

One phone call gets you and your family immediate help anywhere in the world, as long as you're traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.

Survivor benefit

If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

Waiver of premium

If you're disabled and receiving benefit payments, Unum waives your cost until you return to work.

Class 2: All Eligible Full-Time Non-Union Hourly and Union Hourly

You are eligible for coverage if you are an active employee in the United States working a minimum of 30 hours per week

Covers 40% of monthly income to a Maximum of \$6000

Elimination period 90 days for accident or illness

Benefit duration up to 5 years

Class 3: All Eligible Full-Time Salaried Employees

You are eligible for coverage if you are an active employee in the United States working a minimum of 30 hours per week

Covers 40% of monthly income to a Maximum of \$6000

Elimination period 180 days for accident or illness

Benefit duration up to social security age

Class 1: All Eligible Full-Time Non-Union Salaried Employees

You are eligible for coverage if you are an active employee in the United States working a minimum of 30 hours per week

Covers 40% of monthly income to a Maximum of \$6000

Elimination period 90 days for accident or illness

Benefit duration up to social security age

Group Accident Insurance



How does it work?

Accident Insurance provides a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on or off the job. And it includes a range of incidents, from common injuries to more serious events.

Why is this coverage so valuable?

It can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles. You'll have base coverage without medical underwriting. The cost is conveniently deducted from your paycheck. You can keep your coverage if you change jobs or retire. You'll be billed directly.

Who can get coverage?

You	If you're actively at work*
Your spouse	Can get coverage as long as you have purchased coverage for yourself.
Your children	Dependent children from birth until their 26th birthday, regardless of marital or student status.

*Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. See Schedule of benefits for a complete listing of what is covered.

What's included?

Be Well Benefit

Every year, each family member who has Accident coverage can also receive \$50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Organized Sports Benefit

Each family member that has Accident coverage is eligible for a 10% increase in payable benefits within the Injury and Treatment schedule of benefit categories. See disclosures and schedule of benefits for more information.

How much does it cost?

Your monthly premium	Option 1
You	\$5.34
You and your spouse	\$9.43
You and your children	\$11.07
Family	\$15.16

Group Critical Illness Insurance



How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you want.

Why should I buy coverage now?

- It's more accessible when you buy it through your employer and the premiums are conveniently deducted from your paycheck.
- Coverage is portable. You may take the coverage with you if you leave the company or retire. You'll be billed at home.

Be Well Benefit

Every year, each family member who has Critical Illness coverage can also receive \$50 for getting a covered Be Well Benefit screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Who can get coverage?

You:	Choose \$10,000, \$20,000 or \$30,000 of coverage with no medical underwriting to qualify if you apply during this enrollment.
Your spouse:	Spouses can only get 50% of the employee coverage amount as long as you have purchased coverage for yourself.
Your children:	Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours. They are covered for all the same illnesses plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome, spina bifida, type 1 diabetes, sickle cell anemia and congenital heart disease. The diagnosis must occur after the child's coverage effective date.

Why is this coverage so valuable?

- The money can help you pay out-of-pocket medical expenses, like deductibles.
- You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions and for the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefit can pay 100% of your coverage amount. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.

What's covered?

Critical Illnesses

- Heart attack
- Stroke
- Major organ failure
- End-stage kidney failure
- Sudden cardiac arrest
- Coronary artery disease
Major (50%):
Coronary artery bypass graft or valve replacement
Minor (10%):
Balloon angioplasty or stent placement

Cancer conditions

- Invasive cancer — all breast cancer is considered invasive
- Non-invasive cancer (25%)
- Skin cancer — \$500

Progressive diseases

- Amyotrophic Lateral Sclerosis (ALS)
- Dementia, including Alzheimer's disease
- Multiple Sclerosis (MS)
- Parkinson's disease
- Huntington's Disease
- Lupus
- Muscular Dystrophy
- Myasthenia Gravis
- Systemic Sclerosis (Scleroderma)
- Addison's Disease

Supplemental conditions

- Loss of sight, hearing or speech
- Benign brain tumor
- Coma
- Permanent Paralysis
Paid at 25%
- Infectious Diseases
- Pulmonary Embolism
- Transient Ischemic Attack (TIA)
- Bone Marrow/Stem Cell

Please refer to the certificate for complete definitions of these covered conditions. Coverage may vary by state. See exclusions and limitations.

Group Hospital Insurance



How does it work?

Group Hospital Insurance helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth.

Why is this coverage so valuable?

- The money is payable directly to you — not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles.
- You get accessible rates when you buy this coverage at work.
- The cost is conveniently deducted from your paycheck.
- The benefits in this plan are compatible with a Health Savings Account (HSA).
- You may take the coverage with you if you leave the company or retire. You'll be billed directly.

Be Well Benefit

Every year, each family member who has Hospital coverage can also receive \$50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, wellchild visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Group Hospital Insurance can pay benefits that help you with the costs of a covered hospital visit.

Who can get coverage?

You:	If you're actively at work.
Your spouse:	Can get coverage as long as you have purchased coverage for yourself.
Your children:	Dependent children newborn until their 26th birthday, regardless of marital or student status

Employee must purchase coverage for themselves in order to purchase spouse or child coverage. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage.

How much does it cost?

Your monthly premium	
You	\$17.89
You and your spouse	\$32.59
You and your children	\$23.79
Family	\$38.49

Hospital		
Hospital Admission	Payable for a maximum of 1 day per year	\$1,000
Hospital Daily Stay	Payable per day up to 365 days	\$100
ICU Daily Stay	Payable per day up to 30 days	\$100

Coverage may vary by state. See exclusions and limitations.

If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at <https://www.medicare.gov/publications/02110-medigap-guide-health-insurance.pdf>



Learn more about your annual Be Well Benefit

Your Unum plan pays a Be Well Benefit for one Be Well screening each year.

With Unum's Be Well Benefit, you and other covered family members can receive a valuable incentive for important tests and screenings. Many of these tests are routinely performed, so it's easy to take advantage of this benefit.

Your Critical Illness Be Well benefit is \$50.

Your Accident Be Well benefit is \$50.

Your Hospital Be Well benefit is \$50.

BE WELL SCREENINGS

- Annual exams by a physician including sports physicals and well-child visits, dental and vision exams
- Cancer screenings including pap smear, colonoscopy
- Cardiovascular function screenings
- Cholesterol and diabetes screenings
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza



IT'S EASY TO FILE A CLAIM

You can receive a benefit for tests that are performed after your initial coverage date.

Follow these simple steps:

File your claim online with a one-time registration on **unum.com**, by mail or over the phone. Simply call **1-800-635-5597** to learn more.

You will need to provide the following:

- First and last names of the employee and claimant (the employee might not be the claimant)
- Employee's Social Security number or policy number
- Name and date of the test
- Name of physician and the facility where the test was performed.



Each year, you can earn a valuable incentive just for taking care of your health. And so can each of your covered family members.

For more information, please contact your HR representative.

Unum will pay Be Well benefits for eligible policies according to policy terms.

THESE POLICIES OFFER LIMITED BENEFITS

The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum

representative for specific provisions and details of availability.

In New Hampshire, Be Well is referred to as Health Screening. In Washington, Be Well on the Accident product is referred to as Health Screening Benefit rider. In Kansas, Be Well is not available on the Hospital product and immunizations are not covered on the Accident or Critical Illness products.

Underwritten by: Unum Insurance Company, Portland, Maine; In New Jersey and New York, underwritten by: Provident Life and Casualty Insurance Company, Chattanooga, Tennessee

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EN-1911-BeWell FOR EMPLOYEES (5-21)



Help, when you need it most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Anger, grief and loss
- Job stress, work conflicts
- Family and parenting problems
- And more



WORK/LIFE BALANCE

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child care
- Elder care
- Financial services, debt management, credit report issues
- Identity theft
- Legal questions
- Even reducing your medical/dental bills!
- And more

Who is covered?

Unum's EAP services are available to all eligible partners and employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver™ — helps you save on medical bills

Help is easy to access:

Phone support: 1-800-854-1446

Online support: unum.com/lifebalance

In-person: You can get up to three visits, available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

**Better
benefits
at work.™**

unum.com

*The counselors must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority. Unum's Employee Assistance Program and Work/Life Balance services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details. Insurance products are underwritten by the subsidiaries of Unum Group.

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EN-2058-1 FOR EMPLOYEES (10-20)

Unum telephone support: 1-800-854-1446

Online support: unum.com/lifebalance

How to file a claim for Unum benefits

Your life may just have become more complex, but we make it simple for you to file your claim and get the benefits you need.

Don't worry, we've got you.



For fastest results, file online.



On the web

First time filing a claim? Go to the secure website and register for an account.

Returning users: please log in with your user ID and password.

- Leave, Disability, Accident, Critical Illness, Hospital: unum.com/claims
- Term Life/Accidental Death & Dismemberment (AD&D): Only your employer can file and check status online
- Dental, Vision, Whole Life: online filing not available
- LeaveLogic: [Insert web address]



Using the app

Download the Unum Customer App from the applicable App Store. Then, register and use the app to file your claim or to manage your existing claim.

- Leave, Disability, Accident, Critical Illness, Hospital: Unum Customer App
- Other insurance products: app filing not available

Benefits of digital filing

- ✓ Access and download supplemental claim and year-end tax forms.
- ✓ Sign and submit authorization forms.
- ✓ Upload documents from your computer or our app, using your phone's camera.
- ✓ Register for direct deposit of your claim payment, when applicable.
- ✓ Review claim status, documentation and most recent payment information.
- ✓ Verify and change personal information and get updates 24/7 on our mobile app or web portal.

After you've finished filing:

You can check your claim status and manage your claim on the web or mobile app.

Other ways to file



By paper form

- Leave, Disability, Term Life/AD&D, Accident, Critical Illness, Hospital, Whole Life: Get a claim form at unum.com/claims or contact your HR department. Mail or fax your completed form using the fax number or address shown on the form.
- Dental, Vision: See instructions in the box to the right.



By phone

- Leave, Disability: 866-779-1054 (if paper client, 800-858-6843)
- Term Life/AD&D: 800-445-0402
- Accident, Critical Illness, Hospital, Whole Life: 800-635-5597
- Dental, Vision: 888-400-9304
- LeaveLogic: 866-779-1054

Filing a dental or vision claim

For both dental and vision claims, we do not provide electronic submission. You can obtain a claim form from unumdentalcare.com and unumvisioncare.com or contact customer service at 888-400-9304. You can either mail, fax or email it in with the required documentation.

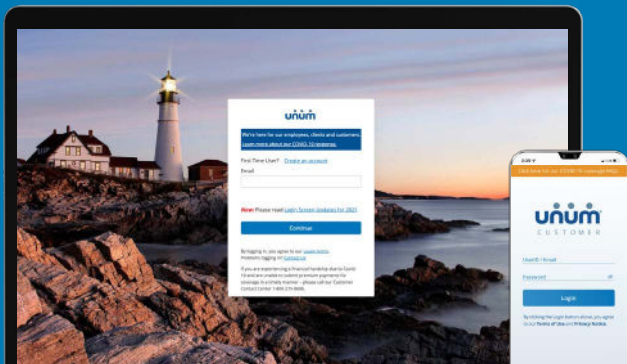
Dental:

Mail: Claims Department
P.O. Box 80139
Baton Rouge, LA 70898-0139
Fax: 855-400-9307
Email: DentalClaims@Unum.com

Vision:

Mail: Claims Department
P.O. Box 14389
Baton Rouge, LA 70898-4389
Fax: 855-400-9307
Email: VisionClaims@Unum.com





Instructions on how to file your claim

On the web

1. Go to unum.com/claims.

2. a. If filing a claim for the first time, click “Create an account.”
b. If you already have an account, enter your email.

3. Once you’re logged in, begin with “Report a New Event” to provide initial details of what happened. Then select “Continue.”

4. Add information about the following:
a. The claimant: you or a covered family member
b. Your employment
c. Medical care resulting from the event, like surgery
d. Absences from work
e. Medical providers visited—physicians, hospitals, other medical professionals

2

First Time User? [Create an account](#)

Email

3

Report a New Event

The following questions will be used to determine if your event is eligible for coverage.

If you and your family members were involved in this event, you will have to submit a separate claim for each person, but we'll make it as easy as possible.

Who is this for?

Anna Bluffs

What happened?

Is sick, critically ill, needs surgery or in hospital

Had an accident or injury

Is expecting (pregnancy, adoption or foster care)

My Benefits

Critical illness / specified disease

Hospital

4

Claimant Details

Please verify or provide the following information to best communicate with you.

First Name *

Last Name *

Day *

Date of Birth *

What is your preferred language for future verbal communications?

English

What is the best number to reach you during the day (including extensions)?

Medical Records

5

Review & Submit

Required Questions

Confirm Responses

Medical Authorization

Fraud Statement

6

Agreement & Submission

I, Anna Bluffs, have read and understand the fraud notices listed above. I also understand that should my claim be overpaid for any reason, it is my obligation to repay any such overpayment. The statements and the information provided are true and complete to the best of my knowledge and belief.

Today's Date: 2/7/2022

Signature:

Accept & Submit

7

We have Received your Submitted Event. First Step is Complete!

Please complete the following initial tasks as soon as possible:

Event Summary For Anna Bluffs

Identify that they were threatened

Event Summary

How did we do it?

Submit

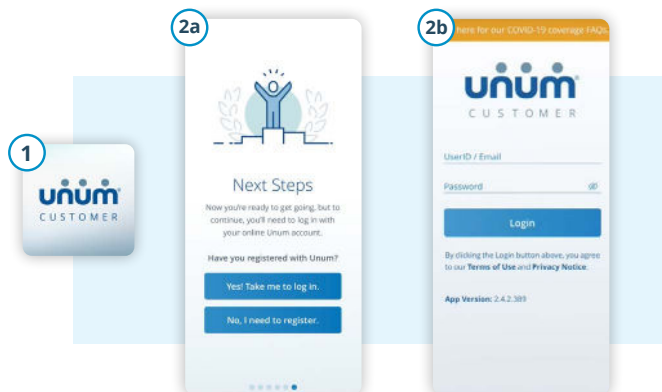
5. Review your information and:
a. Confirm responses
b. Provide medical authorization
c. Review fraud statement

6. Select “Accept” and “Submit.”

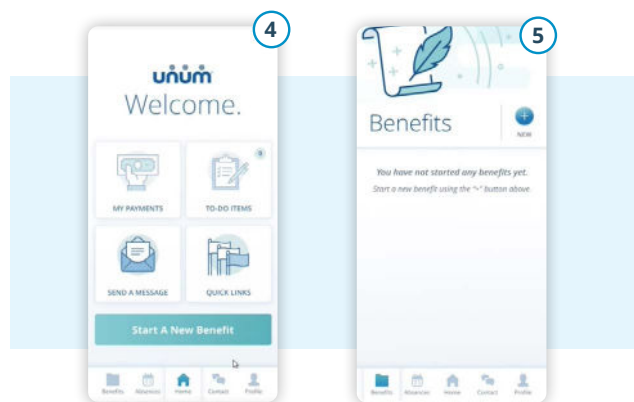
7. View confirmation screen, see any next tasks and track progress.

On the app

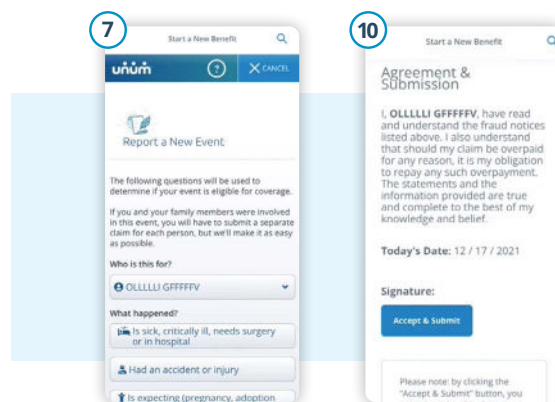
1. Download the Unum Customer app from either Apple® or Google Play™.
2. a. If filing a claim for the first time, scroll through the introduction screens until you reach “Next Steps” and select “No, I need to register.”
b. If you already have an account, you can log in.
3. Read the Terms of Use and select “I understand and accept.”
4. On the Welcome screen, select “Start a New Benefit.”
5. On the Benefits screen, click on the “+” button



6. File a new claim or report a death in the family (for life insurance).
7. Provide information about what happened so Unum can identify which coverage applies to your situation.
8. Add information about the following:
 - a. The claimant (you or a family member)
 - b. Your employment
 - c. Medical events resulting from the event, like surgery
 - d. Absences from work
 - e. Medical providers visited — physicians, hospitals, other medical professionals



9. Review your information and:
 - a. Confirm responses
 - b. Provide medical authorization
 - c. Review fraud statement
10. Select “Accept” and “Submit.”
11. View confirmation screen, see any next tasks and track progress.



**Better benefits
at work.™**

unum.com

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Google Play is a trademark of Google LLC.

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MK-669700-3

FOR EMPLOYEES

(9-22)



Don't forget this travel essential!

Pack your worldwide emergency travel assistance phone number and leave travel worries at home.



IF YOU EXPERIENCED A MEDICAL EMERGENCY WHILE TRAVELING, WOULD YOU KNOW WHOM TO CALL?

Whenever you travel 100 miles or more from home — to another country or just another city — be sure to pack your worldwide emergency travel assistance phone number. Travel assistance speaks your language, helping you locate hospitals, embassies and other “unexpected” travel destinations. Add the number to your cell phone contacts, so it's always close at hand. Just one phone call connects you and your family to medical and other important services 24 hours a day.

USE YOUR TRAVEL ASSISTANCE PHONE NUMBER TO ACCESS:

- Hospital admission assistance*
- Emergency medical evacuation
- Prescription replacement assistance
- Transportation for a friend or family member to join a hospitalized patient
- Care and transport of unattended minor children
- Assistance with the return of a vehicle
- Emergency message services
- Critical care monitoring
- Emergency trauma counseling
- Referrals to Western-trained, English-speaking medical providers
- Legal and interpreter referrals
- Passport replacement assistance

WHETHER TRAVELING FOR BUSINESS OR PLEASURE, ONE PHONE CALL CONNECTS YOU TO:

- Multi-lingual, medically certified crisis management professionals.
- A state-of-the-art global response operations center.
- Qualified medical providers around the world.

With the Assist America Mobile App, you can:

- Call Assist America's Operation Center from anywhere in the world with the touch of a button.
- Access pre-trip information and country guides.
- Search for local pharmacies (U.S. only).
- Download a membership card.
- View a list of services.
- Search for the nearest U.S. embassy.
- Read Assist Alerts.



Download and activate the app today from the Apple App Store or Google Play.

Reference Number: 01-AA-UN-762490

Principal Retirement



Employees 21 years and older are auto enrolled into the 401k plan at 6 months of employment with a 3% contribution. Should you wish to increase/decrease this deferral, you must log onto the Principal website to make a change.

Planning for retirement doesn't have to be complicated. Set up your account to stay on track with your retirement savings goals. And since your life is busy enough, we've made getting to your information simple and convenient. Use these resources to access your account when and how you want.

Online - go to www.principal.com

First-Time Users	Ongoing Account Access
- Select Get Started - Enter your first name, last name, date of birth, mobile phone number (this is the quickest way to verify your identity), and your ID number (this is either your Social Security number or a specific ID provided by your employer) or ZIP code. - Agree to do business electronically and click Continue. - If you don't provide your mobile phone number, you'll need to answer a few personal questions as an alternative way to confirm it's really you. - Create a unique username, set a secure password, and add your email address. - Select and answer three security questions to use if you need to call us. - You now have access to your online account, and you'll get a confirmation email within a few minutes. - The first time you log in, you'll need to choose where we send you verification codes (text message, voice call, or authentication app) and how often you want.	- Click Log In - Enter your username and password (click Forgot Username or Forgot Password if you need to reset) and click Log In - If you're logging in from a new device, resetting your username or password, or you've opted to use verification codes every time you log in, you'll receive a security code via text message, voice call, or authentication app - Enter the security code and click Verify  Questions? Having trouble setting up your login? Give them a call at 800-986-3343 Stay up to date! Keeping your email address current helps you stay in the know with communications tailored to you.
Click on the Retirement Plan link of the account you want to access. Use the tabs at the top of the page to navigate the website.	

Phone - 1-800-547-7754

First-Time Users	Ongoing Account Access
- Enter your Social Security number when prompted - Listen to the menu and select an option - When prompted, establish your personal identification number (PIN) using your Account/Contract Number	- Enter your Social Security number when prompted - Listen to the menu and select an option - If prompted, enter your (PIN)

Mobile

Check your account balance and rate of return on the go.

- Principal® App — Available for iPhone® and Android™* › Text message › Email

Annual Notices

Electronic Disclosure Notice

Availability of Health and Welfare Plan Notices and Summary of Health Information

The Employee Retirement Income Security Act (ERISA), Department of Labor (DOL), Department of Health and Human Services (HHS) and Internal Revenue Service (IRS) require plan administrators to provide certain information related to their health and welfare benefit plans to plan participants in writing. Below are the notices that are located at www.phoebe-benefits.com. These notices explain your rights and obligations in relation to the health and welfare plans provided by Phoebe-Devitt Homes.

The Summary of Benefits and Coverage (SBC) noted below, summarizes important information about any health coverage option in a standard format, to help you compare across options. Please read these notices carefully and retain a copy for your records.

The Health Insurance Marketplace Coverage Notice summarizes basic information about the Marketplace and employment-based health coverage offered by Phoebe-Devitt Homes.

The following are annual Notices included in the Health and Welfare Notice:

- Medicare Part D (Creditable Coverage)
- Information on Rescissions
- Information on Nondiscrimination 105(h) Rules
- Women's Health and Cancer Rights Act (WHCRA) Enrollment Notice
- The Newborns' and Mothers' Health Protection Act (NMHPA) Notice
- Mental Health Parity Act (MHPA)
- Health Information Technology for Economic and Clinical Health Act (HITECH)
- Genetic Information Nondiscrimination Act (GINA)
- HIPAA Special Enrollment Rights Notice
- HIPAA Privacy Notice
- Uniformed Services Employment and Reemployment Rights Act (USERRA) Notice
- Family Medical Leave Act (FMLA)
- Health Insurance Marketplace Coverage Notice
- Children's Health Insurance Program Reauthorization Act (CHIPRA) Notice
- Michelle's Law Notice
- Qualified Medical Child Support Order (QMSCO) Notice
- Preventative Care Notice
- Health and Wellness Program Notice

The following are additional annual Notices located at www.phoebe-benefits.com (separate from the Health and Welfare Notice packet)

- Summary of Benefits and Coverage (SBC)
- Group Health Plan Wrap Summary Plan Description and Attachment A
- Group Insurance Plan Mega Wrap Summary Plan Description and Attachment A
- Section 125 Cafeteria Plan Summary Plan Description
- Health Insurance Marketplace Coverage Notice
- Children's Health Insurance Program Reauthorization Act (CHIPRA) Notice

Please follow the directions below to get to the notices.

1. Go to the website address: www.phoebe-benefits.com
2. Click on the "Compliance Notices" tab.

A paper copy is also available, free of charge, by calling 610-794-5176.

Customer Service

Your employee benefits are administered through BSI Corporate Benefits (BSI), based in the Lehigh Valley. BSI provides enrolled employees / insured family members answers to benefit-related issues, questions and concerns. Rather than calling the 1-800 phone number on the back of your ID cards, call the BSI Customer Service Department for information pertaining to:

- Questions about medical, dental, vision, and prescription coverage
- Missing or lost ID Cards
- Finding an in-network provider
- Support in navigating the healthcare system
- Carrier explanations of benefits to ensure member is correctly charged by providers and mitigates any incorrect charges for medical services
- and more...

BSI Corporate Benefits also provides insured members under their care with billing assistance and patient advocacy. BSI provides the following list of services to insured members and any family member covered by your medical plan:

- Challenge denials by insurance companies
- Organize health insurance paperwork
- Audit hospital and provider charges
- Review medical bills and determine proper payment
- Review balance billing practices
- Track claims to ensure they are accurately processed
- Contact providers and insurance companies to resolve claim problems

Your dedicated customer service team



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The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact HR.