



AUDIO VIDEO EXCELLENCE, INC.

EMPLOYEE BENEFITS GUIDE 2025

THIS PUBLICATION CONTAINS IMPORTANT INFORMATION
ABOUT YOUR EMPLOYEE BENEFITS PROGRAM.

[AVXEMPLOYEEBENEFITS.COM](https://avxemployeebenefits.com)

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2025 BENEFITS ENROLLMENT

Welcome to your benefits enrollment. This is your opportunity to review our comprehensive selection of benefits and special programs. Our benefits program is designed to help you achieve maximum potential at work and at home.

Additionally, we hope this guide helps educate and empower you to elect the coverage and support you and your family needs. Please note, full details regarding our plans are contained in our plan booklets. Should this publication differ from our booklets, the booklets prevail.

YOUR BENEFITS GUIDE

Welcome to Your 2025 Benefits Enrollment

At AVX, we offer our employees a competitive and comprehensive benefits program. This is one of many ways we recognize how important you are to the company. This benefits guide briefly summarizes our program in a quick and easy-to-understand way. All information can be found on our website at www.avxemployeebenefits.com.

New Hire Enrollment

New employees are eligible for coverage on the first day of the month following 60 days from your date of hire. However, you must enroll in benefits within 30 days of your eligibility date.

Qualifying Life Event

Once you make your elections, you will not be able to make changes until the next annual enrollment period unless you experience a qualifying life event. A qualifying life event is a change in your personal life which may impact your eligibility or dependent's eligibility for benefits. If you have a qualifying life event, you must notify Human Resources in order to update your benefits.

Examples of some qualifying events include the following:

- Change of legal marital status (e.g., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (e.g., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status

Benefits Eligibility

Eligible Employee

You may enroll in the benefits program if you are a regular full-time team member who is actively working a minimum of 30 hours per week.

Eligible Dependents

Eligible dependents generally include your legally married spouse and children up to age 26. Children may include natural, adopted, step-children, as well as children obtained through court-appointed legal guardianship.

SSN Required

You must provide a valid Social Security Number for yourself and each enrolled dependent. Employers are required to provide names and Social Security Numbers to the federal government for each individual enrolled for medical coverage.

BENEFITS ENROLLMENT INSTRUCTIONS

TO ENROLL IN BENEFITS, GO TO WWW.EMPLOYEENAVIGATOR.COM

Login Page

Click on the Registration Link in the email sent to you by your admin or “Register as a new user.” Create an account, and create your own username and password.

If “Registering as a new user,” please see important user needs below:

Company Identifier

CU-Employment

Pin

Last four digits of your Social Security Number.

Homepage

On the Homepage, click “Let’s Begin” to complete your required tasks.

Personal Information

First, you’ll be asked to review and update your profile and ensure that all information listed about yourself and your family members is correct.

BENEFITS ENROLLMENT INSTRUCTIONS, CONT.

Benefits Elections

To enroll dependents in benefits, click the checkbox next to the dependent's name under "Who am I enrolling?"

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click "Select"

Click "Save and Continue" at the bottom of each screen to save your elections.

If you do not want a benefit, click "Don't want this benefit?" at the bottom of the screen and select a reason from the drop-down menu.

Forms

If you have elected benefits that require a beneficiary designation or an evidence of insurability, you will be prompted to add in those details upon finishing your enrollment.

Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct the click "Click to Sign" to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

HR Tasks (if applicable)

To complete any required HR tasks, click "Start Tasks." If your HR department has not assigned any tasks, you're finished!

MEDICAL/PHARMACY PLANS

AVX offers a robust medical and pharmacy insurance program to our employees. We partner with Blue Cross Blue Shield of Alabama to offer this coverage.

Plan Highlights

You have the option of choosing one of two plans. Our plans offer coverage for most healthcare services. When you receive care in-network you benefit from our negotiated discounts with BCBS of Alabama.

How to Find a Provider

- Visit www.bcbsal.org and click Find a Doctor.
- On the next page type “PAC” prefix or “continue without prefix” at the bottom of the page
- A list of all providers by category will appear for review.

BCBS of Alabama Member Site

The BCBS of Alabama member site, www.bcbsal.org offers many valuable services including the following:

- In-network provider search
- See patient reviews and view hospital information
- Information regarding paid and pending claims

Medical coverage provided by BCBS of Alabama In-Network vs. Out-of-Network

A network is a group of providers your plan contracts with at discounted rates. You will almost always pay less when you receive care in-network.

If you choose to see an out-of-network provider, you may be balance billed, which means you will be responsible for charges above BCBS of Alabama’s reimbursement amount.

This is a high-level summary of your benefits coverage. Full coverage details are available in your summary plan description (SPD). In the event there is a discrepancy between what is reflected in this guide and what is communicated in your SPD, the terms of your SPD will prevail.

Generic drugs are mandatory when available and may be classified at any tier.

**Family Coverage and Embedded Deductibles*

Embedded deductibles mean your plan has individual deductibles for each family member and the family deductible. When a family member meets his or her deductible, the plan will begin sharing healthcare costs for that family member. The rest of the family still has to satisfy their individual deductible. However, all individual expenses for each family member count toward the family deductible. Once the family deductible is met (by more than one family member) the plan will share costs for all family members for the rest of the plan year.

***Covered at 100% of the allowed amount after \$30 for the first illness related office visit; thereafter covered at 80% of the allowed amount subject to calendar year deductible.*

2025 MEDICAL PLANS

You have two medical plans to choose from—a low plan and a high plan. All plans are provided through Blue Cross Blue Shield of Alabama and all offer comprehensive coverage when care is provided through network providers. A brief summary of your plans is included for your review below.

Plan Options: <i>1 Year Rate Guarantee</i>	Option 1 (Blue Saver Bronze / MedPlus 3000)	Option 2 (Blue Saver Bronze / MedPlus 500)
Plan Year/Calendar Year	2025	2025
Plan Type	PPO	PPO
In-Network Deductible	\$3,000 / \$6,000	\$500 / \$1,000
Out-of-Pocket Maximum	\$3,000 / \$6,000	\$500 / \$1,000
Coinsurance	100%	100%
Office Visit (Primary/Specialist)	\$40 copay / \$40 copay	\$40 copay / \$40 copay
Out of Office Physician Services (Teladoc)	\$45 copay	\$45 copay
Inpatient Hospital	100% after deductible	100% after deductible
Outpatient Surgery	100% after deductible	100% after deductible
Outpatient Lab/X-Ray	100% after deductible	100% after deductible
Complex Diagnostics	100% after deductible	100% after deductible
Emergency Room (Medical Emergency)	100% after deductible	100% after deductible
Emergency Room (Accident)	100% after deductible	100% after deductible

In-Network Prescription Drug Coverage		
Plan Options:	Option 1	Option 2
Tier 1	\$20 copay	\$20 copay
Tier 2	\$35 copay	\$35 copay
Tier 3	\$70 copay	\$70 copay
Tier 4	\$100 copay	\$100 copay

**See page 6 for more information*

2025 Employee Cost

Bi-Weekly	Low Plan	High Plan
Employee	\$129.85	\$143.54
Employee and Spouse	\$255.43	\$285.54
Employee and Child(ren)	\$233.16	\$258.49
Employee and Family	\$358.74	\$400.48

Pharmacy

Prescriptions are filled at your Pharmacy using both the Blue Cross Blue Shield of Alabama card and MedPlus card. Once submitted to the primary, the remaining amount is then submitted to CitizensRx, which is the secondary pharmacy benefit. After the amounts have been submitted to both prescription plans, the member will be charged a copay or coinsurance.

If the member feels the amount is more than the copay amounts listed on the summary of benefits, ask the pharmacy if they have utilized both Rx plans, or call the number listed below for assistance.

Members with questions, please call Gulf Guaranty: 601-981-9505 8:00 AM to 4:30 PM Monday through Friday and speak with the Customer Service team.

***Pharmacies please call the Citizens Helpdesk at: 1-888-556-7482 that will also be listed on the members card, as indicated below.

Pharmacist should look for the following on your Insurance card to process Rx claims:

Submit primary PBM allowed amount to:

- RX Bin: 015284
- RXGrp: Will be specific to each group.
- PCN: CRX
- RX Helpline: 1-888-556-7482

Plan Design	Plan Design
Tier 1	\$20
Tier 2	\$35
Tier 3	\$70
Tier 4	\$100
Tier 5	\$250
Tier 6	60% covered

Generic drugs are mandatory when available and may be classified at any tier.

**Family Coverage and Embedded Deductibles*

Embedded deductibles mean your plan has individual deductibles for each family member and the family deductible. When a family member meets his or her deductible, the plan will begin sharing healthcare costs for that family member. The rest of the family still has to satisfy their individual deductible. However, all individual expenses for each family member count toward the family deductible. Once the family deductible is met (by more than one family member) the plan will share costs for all family members for the rest of the plan year.

***Covered at 100% of the allowed amount after \$30 for the first illness related office visit; thereafter covered at 80% of the allowed amount subject to calendar year deductible.*

RX Helpline: 1-866-556-7482

SUPPLEMENTAL MEDICAL EXPENSE (GAP) INSURANCE

Like many people today, you may now be responsible for paying some of your healthcare costs. Even with your Blue Cross Blue Shield insurance, you may have certain expenses that are not covered. For example, you may need to meet a deductible before your Blue Cross Blue Shield insurance pays.

Supplemental Medical (Gap) insurance with MedPlus covers certain out-of-pocket medical expenses you incur in inpatient and outpatient settings, with your providers and at the pharmacy. The amount of GAP coverage depends on the plan option selected.

GAP Program

Covers 100% of approved “in-network” services after plan deductible.

*Keep in mind that the GAP program does not cover the office visits and pharmacy copays. Outline on page 7 of this summary.

Both the base and buyup plan incorporate the use of Gulf Guaranty benefits.

Base plan: Gulf Guaranty covers the in-market benefits between \$3000 and \$7850 (employee) \$4850 - \$15,700 (Family).

Buyup plan Gulf Guaranty covers the in-market benefits between \$500 and \$7850 (employee) \$1,000 - \$15,700 (family)

How does the Supplemental Medical (GAP) Insurance work?

1. Enroll in a BCBS medical plan paired with a supplemental (GAP) Plan.
2. You will receive an ID card from MedPlus
3. If you receive services, you may assign your benefits to the provider
4. Your provider will submit claim to MedPlus on your behalf
5. BCBS will send you an explanation of benefits showing your out-of-pocket expense
6. You (or your provider) will submit your explanation of benefits to MedPlus
7. MedPlus will send payment to your provider if benefits were assigned or to you

What you need to know info:

Your medical plan combines the benefits of the Blue Cross/Blue Shield Bronze program with those of the supplemental MedPlus benefits administered by Gulf Guaranty.

- Two card program-both the BCBS card and the MedPlus card must be presented to the provider/facility and pharmacy at the time of service.
- MedPlus will cover approved in-network claims up to \$7,850 for an individual \$15,700 per family subject to your selected annual deductible based on the option selected.
- BCBS will cover all approved claims once the MedPlus benefits are exhausted.
- The provider/facility/pharmacy must file claims with both BCBS and MedPlus to have benefits applied properly

Our client support team stands ready to assist if needed. They can be contacted in the following manner.

Email: clientsupportABC@jhbrisk.com

Phone: 855 542-3779

TELEMEDICINE

Telemedicine Available Through Teladoc

Blue Cross Blue Shield of Alabama has partnered with Teladoc, which gives you 24/7 access to board-certified doctors by web, phone, or mobile app.

It is an affordable alternative to costly urgent care and ER visits when you need care right away. It is a helpful service if you are on vacation, a business trip, or away from home and has a 92% resolution rate. Teladoc doctors can treat many medical conditions, including, but not limited to, cold and flu symptoms, allergies, urinary tract infection, sinus problems, etc. You can talk to a doctor anytime for a fee of \$45.

Telemedicine services are only available for minor conditions and should not replace care provided by your regular physician.

Teladoc is Easy to Use

- Provide your medical history
- Request a consult
- Talk with a physician
- No waiting room time
- Do not have to drive to the doctor
- Get care 24/7 from any location
- To register, go online:
 - www.teladoc.com/Alabama

DENTAL COVERAGE

We partner with Guardian to offer you and your family members dental insurance. Below is a general overview of the in-network benefits for the base and buy-up plans. Visit www.guardiananytime.com to find in-network providers and access a variety of online tools and programs.

Base Plan	
Calendar Year Deductible	
Individual	\$25
Family	\$75
Calendar Year Maximum	\$1,000
Plan Benefits	
Preventive	100% after deductible
Basic	100% after deductible
Major	50% after deductible

Find an In-Network Provider

Remember to visit in-network dentists to receive the deepest level of discount on your services.

To find a participating in-network dentist in your area please follow these steps.

- Go to <https://www.guardianlife.com>
- Click Login/Register in the top right corner
- Register as a member
- Fill out all * information fields
 - Group Number is 00499839

Examples of Services

Preventive—exams, cleanings, fluoride, x-rays, and sealants

Basic—fillings, extractions, and repairs

Major—crowns, inlays, dentures, and periodontics

This is a high-level summary of your benefits coverage. Full coverage details are available in your summary plan description (SPD). In the event there is a discrepancy between what is reflected in this guide and what is communicated in your SPD, the terms of your SPD will prevail.

2025 Employee Cost

	Base Plan Bi-Weekly
Employee	\$6.90
Employee and Family	\$18.00

VISION COVERAGE

We partner with Guardian to offer you and your family members vision insurance. This is a general overview of your in-network and out-of-network vision benefits.

	In-Network	Out-of-Network
Copay		
Exam	\$20 copay	Up to \$50
Materials	\$20 copay	See Schedule
Lenses		
Single	Covered in full after materials copay	Up to \$48
Bifocal	Covered in full after materials copay	Up to \$67
Trifocal	Covered in full after materials copay	Up to \$86
Lenticular	Covered in full after materials copay	Up to \$126
Frames	Up to \$130	Up to \$48
Contacts		
Necessary	Covered in full	Up to \$210
Elective	Up to \$130	Up to \$105
Frequency		
Exam	12 months	
Lenses	12 months	
Contacts (in lieu of glasses)	12 months	
Frames	24 months	

You may receive additional discounts on amounts over your in-network allowance.

This is a high-level summary of your benefits coverage.

Full coverage details are available in your summary plan description (SPD). In the event there is a discrepancy between what is reflected in this guide and what is communicated in your SPD, the terms of your SPD will prevail.

2025 Employee Cost

	Bi-Weekly
Employee	\$3.51
Employee and Family	\$7.84

VOLUNTARY LIFE INSURANCE

One of the most critical aspects of financial planning is ensuring that your risks are covered with adequate insurance. Without it, just one catastrophic event could significantly change the financial circumstances for you and your family.

Therefore, voluntary life and AD&D insurance is available to assist you and your family in the event of a loss. You have the opportunity to purchase life and AD&D coverage through Mutual of Omaha for yourself, your spouse, and dependent children.

Your cost for this coverage is based on the amount you elect and your age. You must purchase life and AD&D coverage for yourself in order to purchase spouse and/or dependent child(ren) coverage. The system will calculate your premium when you enroll. This will provide you the opportunity to decide to elect the coverage or not.

If you are newly eligible and have not previously waived your opportunity to elect coverage, you can elect up to the guaranteed issue amounts without submitting evidence of insurability (EOI).

If you are a late entrant and have previously waived the opportunity to purchase additional coverage, you may be required to submit EOI. However, if you currently have coverage, you may increase your coverage without submitting EOI. Your benefit will be reduced to 65% at age 70 and again to 45% at age 75.

VOLUNTARY LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

You have the opportunity to elect voluntary life and AD&D benefits in increments of \$10,000 up to \$150,000 or 10x your annual earnings. The guarantee issue amount is \$150,000.

SPOUSE VOLUNTARY LIFE AND AD&D INSURANCE

If you elect coverage for yourself, you have the opportunity to elect voluntary life and AD&D benefits for your spouse in increments of \$5,000 up to \$50,000. The amount elected cannot exceed 50% of employee coverage. The guarantee issue amount is \$50,000.

DEPENDENT VOLUNTARY LIFE AND AD&D INSURANCE

You also have the opportunity to elect voluntary life and AD&D benefits for your dependent children. If your child is six months or younger, the benefit is a flat \$500. If he or she is older, you may elect coverage at \$10,000. Dependent children can be covered up to age 26.

2025 EMPLOYEE COST

Bi-Weekly
Cost is determined by age and coverage amounts. The Enrollment System will calculate your deduction based upon election amount.

VOLUNTARY DISABILITY INSURANCE

VOLUNTARY SHORT-TERM DISABILITY (STD)

If enrolled, short term disability insurance pays you part of your salary in the event of a non-occupational accident or illness which keeps you out of work. STD provides 60% of your weekly earnings up to a maximum benefit. The benefit begins on the 15th day of an accident/illness and continues until the earlier of recovery or 24 weeks.

VOLUNTARY LONG-TERM DISABILITY (LTD)

If enrolled, long term disability insurance pays part of your salary in the event of a non-occupational injury or illness. The LTD benefit provides a monthly benefit of 60% of your monthly earnings up to a monthly maximum benefit. The benefit begins on the 181st day of continuous disability and continues until the earlier of recovery or five years.

Please note: If you decline the LTD insurance coverage when you are first eligible and you wish to elect at a later date, you will be subject to medical underwriting (evidence of insurability).

The plan has a “pre-existing condition” provision, which means if you received medical treatment or took prescription drugs for an injury or illness within three months of your effective date, that injury or illness may not qualify you for an LTD benefit.

This limitation will not apply to a period of disability which begins after an employee is covered for at least 12 months after his or her most recent effective date of insurance.

2025 EMPLOYEE COST

Bi-Weekly
Cost is determined by age and coverage amounts. The Enrollment System will calculate your deduction based upon earnings.

VOLUNTARY ACCIDENT

If enrolled, accident coverage is designed to help meet the out-of-pocket expenses and extra bills which can follow an accidental injury, whether minor or catastrophic. Indemnity lump sum benefits through Guardian are paid directly to you based on the amount of coverage listed in the schedule of benefits. The accident plan is guaranteed issue, so no health questions are required.

Benefit Type <i>*This list is not all-inclusive.</i>	Value Plan	Advantage Plan
Ambulance (ground/air)	\$100	\$150
Doctor's Office/Follow-up Treatment	Up to 6 treatments	Up to 6 treatments
Emergency Room Treatment*	\$150	\$175
Fractures (closed or open)	Up to \$4,500	Up to \$5,500
Dislocated (separated joint) Nonsurgical Surgical	Up to \$3,600	Up to \$4,400
Hospital Admission	\$750	\$1,000
Hospital Confinement	\$175/Day	\$225/Day
Intensive Care Unit Admission	\$1,500	\$2,000
Intensive Care Unit Confinement	\$350/Day	\$450/Day
Wellness Benefits	\$50/year	\$100/year
Portability - Allows you to take your Accident coverage with you if you terminate employment. Ported Accident plan terminates at age 70.	Yes	Yes

2025 Employee Cost

	Value Plan Bi-Weekly	Advantage Plan Bi-Weekly
Employee	\$6.02	\$8.79
Employee and Spouse	\$10.32	\$15.29
Employee and Child(ren)	\$10.92	\$16.26
Employee and Family	\$15.21	\$22.75

VOLUNTARY HOSPITAL INDEMNITY

If enrolled, Voluntary Hospital Indemnity coverage is offered through Guardian. If you suffer from an accident or serious sickness and must go to the hospital, this plan will pay a flat dollar amount when you are admitted. In addition, for each day that you are confined to the hospital or ICU, you will be paid further flat dollar amounts up to a maximum number of days. Here is a general overview of the benefits.

Benefit Type	Low Plan	High Plan
Hospital/ICU Admission	\$500 per (non-ICU) \$1,000 per (ICU)	\$1,000 per accident (non-ICU) \$2,000 per accident (ICU)
Hospital/ICU Confinement	\$200 a day (non-ICU) for up to 15 days; \$400 a day (ICU) for up to 15 days	\$200 a day (non-ICU) for up to 31 days; \$400 a day (ICU) for up to 31 days
Diagnostic Tests	Low Plan \$100 a day/ 1 per year	\$250 a day/up to 2 per year
Emergency Room/Urgent Care Facility	\$150 ER \$75 UC	\$150 ER \$75 UC
Outpatient Surgery	Category 1 \$250 Category 2 \$500	Category 1 \$500 Category 2 \$1,000

2025 Employee Cost

Bi-Weekly
Cost is determined by age and coverage amounts. The Enrollment System will calculate your deduction based upon your age and benefits selected.

VOLUNTARY CANCER

If enrolled, Cancer coverage is offered through Guardian. Cancer Insurance pays benefits to you based on the treatments you receive related to a covered cancer diagnosis. The benefits payment is paid in addition to your medical insurance plan.

Covered Condition	Face Amount Payable
Anesthesia	25% of surgery benefit
Blood/Plasma/Platelets	\$100/day up to \$5,000 per year
Bone Marrow/Stem Cell	Bone Marrow: \$7,500 Stem Cell: \$1,500 50% benefit for 2nd transplant. \$1,000 benefit if a donor
Experimental Treatment	\$100/day up to \$1,000/month
Extended Care Facility/Skilled Nursing care	\$100/day up to 90 days per year
Home Health Care	\$50/visit up to 30 visits per year
Hospital Confinement	\$300/day for first 30 days; \$600/day for 31st day thereafter per confinement
ICU Confinement	\$400/day for first 30 days; \$600/day for 31st day thereafter per confinement
Immunotherapy	\$500 per month, \$2500 lifetime max
Medical Imaging	\$100/image up to 2 per year
Outpatient or Ambulatory Surgical Center	\$250/day, 3 days per procedure
Prosthetic	Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-Surgically: \$200/device, \$400 lifetime max
Reconstructive Surgery	Breast TRAM Flap \$2,000 Breast reconstruction \$500 Breast Symmetry \$250 Facial reconstruction \$500
Skin Cancer	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600
Surgical Benefit	Schedule amount up to \$4,125
Transportation/Companion Transportation (Benefit is paid if you have to travel more than 50 miles one way to receive treatment for internal cancer)	\$0.50/mile up to \$1,000 per round trip/equal benefit for companion

2025 Employee Cost

	Bi-Weekly
Employee	\$4.51
Employee and Spouse	\$10.50
Employee and Child(ren)	\$6.09
Employee and Family	\$12.08

VOLUNTARY CRITICAL ILLNESS

If enrolled, Critical Illness coverage is offered through Guardian. If you are diagnosed with any of the identified conditions, Guardian will pay a lump sum benefit. The Critical Illness is guaranteed issued, so no health questions, for initial enrollees.

You can make an election for \$10,000 or \$20,000 benefit. Rates are based on your age.

Covered Condition	Face Amount Payable
Heart Attack, Stroke, Heart Failure	100%
Organ Failure, Kidney Failure	100%
Loss of hearing, sight, speech	100%
Coma	100%
Permanent Paralysis	50% limb / 100% 2 limbs
Severe Burns	100%
Childhood Conditions (See Benefit Booklet for full list of Conditions)	100%

Policy Details	Face Amount Payable
Spouse Benefit	50% of employee's lump sum benefit
Child Benefit	25% of employee's lump sum benefit
Benefit Reductions	50% at age 70

Wellness Benefit	
Employee Per Year Limit	\$100
Spouse Per Year Limit	\$100
Child Per Year Limit	\$100

2025 EMPLOYEE COST

Bi-Weekly
Cost is determined by age and coverage amounts. The Enrollment System will calculate your deduction based upon your age and benefits selected.

TERMS AND OTHER RESOURCES

What is a Deductible?

A deductible is the dollar amount you must pay for certain services during the calendar year before the plan provides benefits for those services. There are two separate deductible amounts. One for in-network providers and another for out-of-network providers. Services which require a copay do not count towards meeting your deductible.

What is Coinsurance?

Coinsurance is the amount you must pay as a percent of the allowed amount. A common example is the percentage of the allowed amount you must pay when you receive other covered services.

What is an Out-of-Pocket Maximum?

The out-of-pocket maximum is your total calendar year out-of-pocket costs. This includes office visit copays, deductible, and coinsurance. Once you meet the out-of-pocket maximum, the plan will cover your costs at 100% of services which are subject to the deductible/coinsurance.

Below is a list of professionals who partner with our company to help guide you in the benefits process:

Medical Coverage Provided by Blue Cross Blue Shield

- 800.292.8868—customer service
- 800.248.2342—preadmission certification
- 800.810.BLUE—participating providers

Dental, Vision, Critical Illness, Accident, Cancer & Hospital Indemnity Coverage Provided by Guardian

- (888) 600-1600
(weekdays, 7:00 AM to 8:30 PM, EST.)

Refer to your member ID (social security number) and your plan number: 00499839

Life Insurance / Disability Coverage Provided by Mutual of Omaha:

- [800-769-7159](tel:8007697159)

NOTES

This Benefits Enrollment Guide is only intended to highlight some of the major benefit provisions of the Company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's Summary Plan Descriptions for further detail. Should this guide differ from the Summary Plan Descriptions, the Summary Plan Descriptions prevail.