



For benefits effective January 1
through December 31, 2026

YOUR 2026 BENEFITS ---

ENROLLMENT GUIDE

WELCOME TO

Your 2026

Benefits Guide!

We encourage you to take the time to carefully review the information in this guide to ensure that you make the best benefit decisions for you and your family.

Questions?

If you have questions about your benefits, please contact the Benefits Member Advocacy Center at **800.563.9929** (Monday through Friday, 8:30 am to 5:00 pm ET), or go to **connerstrong.com/memberadvocacy**.

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IMPORTANT ENROLLMENT INFORMATION



ELIGIBILITY

Employee Eligibility

If you are a benefits-eligible employee (regular full time employee scheduled to work a minimum of 30 hours per week), you can enroll in the benefits described in this guide starting on the following 1st of the month, from 30 days of date of hire.

Dependent Eligibility

Please remember that only eligible dependents can be enrolled. Eligible dependents include an employee's spouse or civil union partner; if under the age of 26, a natural child, adopted child, foster child, stepchild or grandchild (if court-ordered custody); or a disabled dependent.

Medical, Dental and Vision coverage is available for employees with same-sex domestic partnerships in states that do not recognize civil union partnerships. However, the domestic partnership must be legally recognized by the state and the employee would need to present a certificate to certify such. Opposite-sex domestic partnership is not covered.

MAKING PLAN CHANGES

IRS Section 125 prohibits you from changing your enrollment during the plan year unless you experience a qualifying life event, such as:

- Marriage or divorce
- Death of a spouse, civil union partner or dependent
- Birth or adoption of a child
- Termination or commencement of employment for your spouse/civil union partner
- A change in employment status (full-time to part-time or part-time to full-time) for you or your spouse/civil union partner that affects benefits eligibility
- Taking an unpaid, medical leave of absence by either you or your spouse/ civil union partner.

If you experience one of these qualifying life events, you must contact Human Resources **within 30 days** of the event.



MEDICAL BENEFITS

Administered by Aetna

Below is a summary of the medical plans available to you. Both medical plans cover a wide range of services, from preventive and routine care to hospitalization and surgery. The medical plans include a prescription drug benefit, which covers prescriptions at participating pharmacies and mail-order maintenance drugs (see the following page for details).

OAMC HDHP WITH HSA

EPO

	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
Calendar Year Deductible (Individual/Family)	\$2,500 / \$5,000	\$5,000 / \$10,000	\$2,000 / \$4,000
Out-of-Pocket Maximum (Individual/Family)	\$5,000 / \$7,500	\$10,000 / \$20,000	\$5,000 / \$10,000
Preventive Care Services	Covered 100%; no deductible	Plan pays 60%*	Covered 100%; no deductible
Primary Care Physician Office Visit	Plan pays 80%*	Plan pays 60%*	\$30 Copay
Specialist Office Visit	Plan pays 80%*	Plan pays 60%*	\$60 Copay
Diagnostic Laboratory	Plan pays 80%*	Plan pays 60%*	Plan pays 70%; no deductible
Diagnostic X-Ray/Imaging (MRI, CT Scan)	Plan pays 80%*	Plan pays 60%*	Plan pays 70%*
Emergency Room	Plan pays 80%*	Plan pays 80%*	\$100 Copay
Urgent Care Center	Plan pays 80%*	Plan pays 70%*	\$50 Copay
Inpatient Hospital	Plan pays 80%*	Plan pays 60%*	Plan pays 70%*
Outpatient Surgery	Plan pays 80%*	Plan pays 60%*	Plan pays 70%*
Mental Health Visits	Plan pays 80%*	Plan pays 60%*	\$60 copay

* After deductible

FIND A DOCTOR

To locate In-Network medical providers:

- Go to **www.aetna.com**
- Select "Find a Doctor" at the top of the page
- If registered, log into your account under "**Have a member account**"
- Not registered yet? Under "**Don't have a member account**", select "**Plan from an Employer**"
- **Enter your zip code and select a plan from the following page:**
 - Aetna Open Access Managed Choice POS if enrolled in the OAMC HDHP with HSA
 - Aetna Open Access Elect Choice EPO if enrolled in the EPO

PRESCRIPTION BENEFITS

Administered by Aetna

Below is a summary of the prescription benefits available to you. When you enroll in one of the medical plans, you are automatically enrolled in the corresponding prescription plan.



OAMC HDHP WITH HSA

EPO

IN-NETWORK RETAIL PHARMACY (UP TO A 30-DAY SUPPLY)		
Generic Medications	Plan pays 80%*	\$20 copay
Preferred Brand	Plan pays 80%*	\$45 copay
Non-Preferred Brand	Plan pays 80%*	\$70 copay
MAIL ORDER PHARMACY (UP TO A 90-DAY SUPPLY)		
Generic Medications	Plan pays 80%*	\$50 copay
Preferred Brand	Plan pays 80%*	\$112.50 copay
Non-Preferred Brand	Plan pays 80%*	\$175 copay

* After deductible

SAVE ON YOUR PRESCRIPTIONS WITH MAIL ORDER!

Using the mail order program through Aetna for your maintenance medications will **SAVE YOU MONEY**. You will receive up to a 90-day (3 month) supply of your medications. In addition to the savings you'll receive, your prescriptions will be delivered right to your home.



HEALTH SAVINGS ACCOUNT (HSA)

Administered by Inspira

If you participate in the HDHP with HSA Plan, you will be automatically enrolled in a Health Savings Account (HSA). An HSA is a tax-exempt savings account that can be used for contributions, earnings and withdrawals for eligible expenses.



HSA HIGHLIGHTS

An HSA is portable, meaning that if you leave your employer, you can take your HSA funds with you. There is no “use it or lose it” provision with an HSA. If you don’t use the money in your account by the end of the year, it just stays there and collects interest on a tax-deferred basis.

An HSA includes a banking partner that offers you several investment options that suit your needs. An HSA does not require third party substantiation for transactions; however, you should keep records of these transactions in the event of an IRS audit.

HSA ELIGIBILITY

You may contribute to an HSA if you:

- Are covered under an HSA Qualified high deductible health plan (HDHP)
- Do not have disqualifying coverage such as other “first dollar” medical coverage etc.
- Are not entitled to (eligible and enrolled) Medicare
- Cannot be claimed as a dependent on someone else’s tax return

HSA ELIGIBLE EXPENSES INCLUDE:

- Medical and prescription drug deductibles, coinsurance and copayments
- Dental deductibles, coinsurance and copayments
- Orthodontia or other dental care
- Eye exams, contact lenses and glasses

HSA CONTRIBUTIONS

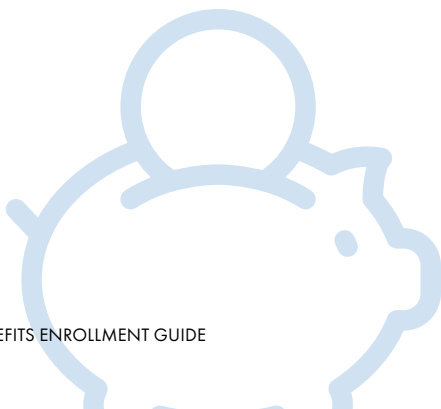
The maximum amount that can be contributed to the HSA in a tax year is established by the IRS and is dependent on whether you have individual or family coverage. For 2026, the contribution limits are:

- \$4,400 for individual coverage
- \$8,750 for family coverage
- The annual catch-up contribute for age 55 and older is \$1,000

DID YOU KNOW...

...you can save now to pay for Medicare premiums?

- Medicare Part B premiums
- Medicare Part C premiums
- Medicare Part D premiums
- Deductibles for all parts of Medicare



TELEMEDICINE

Administered by CVS Virtual Primary Care for Aetna Enrollees

Life is busy, and we know it can be hard to set aside time to take care of your health. But with access to virtual care, it's never been simpler.

You'll have access to primary care, 24/7 on-demand care and mental health services. It's quality care with shorter wait times and affordable pricing. This virtual care option is in addition to your traditional network of providers. Access is included in your medical plan, made available through Aetna®, a CVS Health® company.

Using Telemedicine is a convenient option when it's not possible to visit your doctor's office for non-emergency medical conditions such as:

- Allergies
- Asthma
- Acne
- Pink eye
- Ear infections
- Sinus issues
- Respiratory infections
- Urinary tract infections
- Cold and flu symptoms



WHY WAIT FOR THE CARE YOU NEED?

Contact CVS Virtual Care and feel better now!

Visit www.CVS.com/virtual-care today!



ADDITIONAL AETNA PLAN RESOURCES

For Aetna Enrollees

TALKSPACE

Talkspace is a digital space for private and convenient mental health support. With Talkspace, you can choose a dedicated therapist and/or prescriber from a list of recommended, licensed providers and receive support day and night. Talkspace is available for members who are ages 13 and up.

Members can begin to exchange unlimited messages (text, voice, and video) with their personal therapist immediately after registration. Therapists engage daily, five days per week, which often includes weekends.

For more information; visit: talkspace.com/aetna

BRIGHTLINE

Members enrolled in the medical plan have access to virtual Behavioral Coaching and Therapy sessions through Brightline. Brightline is for children age 18 months through 17 years old. You have access to:

- On-the-go access to personalized content, group classes, interactive exercises, and chat with coaches for tips and guidance.
- Programs to help tackle everyday common challenges with expert behavioral health coaches in as few as four (4) sessions.
- Personalized behavior therapy and medication evaluation and support from licensed Brightline clinicians.

For more information and to get started, call **888.224.7332** or visit helloworldline.com/benefits.

MERU

Meru Health is a personalized mental health program built around continuous support from a dedicated therapist—plus a suite of transformative digital tools.

Sign up today to experience the new science of feeling better. The Meru Health therapy program is available to eligible members ages 18 and up. With Meru, you receive:

- Continuous therapist support
- Faster, more effective care
- Connecting your mind and body

For more information; visit: meruhealth.com/aetna



DENTAL BENEFITS

Administered by Aetna

Did you know dental hygiene and oral health are directly linked to health in other areas of the body? For example, taking proper care of your gums can actually help prevent heart disease. The Aetna dental plan makes it easy to care of your smile and your health, with 100% coverage for preventive services such as routine dental exams, cleanings and x-rays.

DHMO PLAN

DPPO PLAN

	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible* (Individual/Family)	\$0	\$50 / \$150	\$50 / \$150
Calendar Year Maximum (Per patient)	\$0	\$2,000	\$2,000
Preventive & Diagnostic Services - Exams: 2 routine and 2 problem-focused visits per year - Cleanings: 3 per year - Bitewing X-Rays- 1 per year - Fluoride Treatment - 1 per year, children to age 19	Refer to fee schedule	Plan pays 100%	Plan pays 100%
Basic Services Fillings, Extractions, Stainless Steel Crowns	Refer to fee schedule	Plan pays 80%	Plan pays 80%
Major Services Crowns, Endotics (root canal), Full and Partial Dentures	Refer to fee schedule	Plan pays 50%	Plan pays 50%
Orthodontia Benefits** (Adults and children)	Refer to fee schedule	Plan pays 50%	Plan pays 50%
Orthodontia Lifetime Maximum (Per patient)	Refer to fee schedule	\$1,500	\$1,500

*The deductible applies to: Basic & Major services only for the PPO plan.

**Orthodontia is covered only for children (appliance must be placed prior to age 20) for the PPO plan.

Please note: Out-of-Network plan payments are based on the Maximum Allowable Charge (MAC). You also have access to out-of-network providers. This means you can receive eligible dental services from an out-of-network provider. If you use an out-of-network provider to receive eligible dental services, you are subject to a higher out-of-pocket expense and are responsible for: paying your out-of-network deductible, your out-of-network coinsurance, any charges over our recognized charge and submitting your own claims.

See the following page for instructions to locate a dental provider.



LOCATING AETNA DENTAL PROVIDERS



Locating an in-network dental provider is easy! Simply follow the steps below to locate an in-person or virtual dental provider.

TO LOCATE IN-NETWORK DENTAL PROVIDERS:

- Go to www.aetna.com
- Select **"Find a Doctor"** at the top of the page
- If registered, log into your account under **"Have a member account"**
- Not registered yet? Under **"Don't have a member account"**, select **"Plan from an Employer"**
 - For DPPO, select Dental PPO/PDN with PPO II
 - For DHMO, selection DMO/DNO

TO LOCATE A 24/7 VIRTUAL DENTAL PROVIDER

- Go to www.theteledentists.com/aetna
- Select **"See a Teledentist Right Now"**
- If registered, log into your account under **"I already have account, Log in"**
- Not registered yet? Fill out the requested fields including name, email, location, and subscriber ID
- Once inside the portal, click on **"Schedule an appointment"** and answer all necessary questions pertaining to your appointment

Please note: Aetna Dental members do not need a member ID card to get dental care. When you go to the dentist, tell the office staff that you have Aetna Dental and they will verify your coverage.



VOLUNTARY VISION BENEFITS

Administered by Aetna

Take care of your vision and overall health while saving on your eye care and eyewear needs. Vision insurance can help you maintain your vision as well as detect various health problems. Health conditions such as diabetes and high blood pressure can be detected early through a comprehensive eye exam.

Eligible employees have the option of electing the vision plan outlined below. Our vision plan is administered by Aetna and provides coverage for a range of vision care including exams, frames, lenses and contact lenses.



AETNA VISION PLAN

	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT
Vision Exam (Once every rolling 12 months)	\$20 Copay	\$38 reimbursement
Frames (Once every rolling 12 months)	\$0 copay; \$200 allowance*, 20% off balance over allowance	\$100 reimbursement
Lenses (Once every rolling 12 months) • Single Vision • Bifocal Lenses • Trifocal or Lenticular Lenses • Standard Progressive Lens • Premium Progressive Lens Tier 1 • Premium Progressive Lens Tier 2 • Premium Progressive Lens Tier 3 • Premium Progressive Lens Tier 4	\$20 copay \$20 copay \$20 copay \$85 copay \$105 copay \$115 copay \$130 copay \$85 copay; 80% of charge less \$120 allowance	\$28 reimbursement \$44 reimbursement \$72 reimbursement \$44 reimbursement \$44 reimbursement \$44 reimbursement \$44 reimbursement \$44 reimbursement
Conventional Contact Lenses (In lieu of eyeglasses)	\$0 copay; \$200 allowance* 15% off balance over allowance	\$160 reimbursement
Disposable Contact Lenses (In lieu of eyeglasses)	\$0 copay; \$200 allowance*	\$160 reimbursement

*Allowances are one-time use benefits. No remaining balances may be used. The plan does not provide a declining balance benefit

Please note: Out of network coverage is available. To receive reimbursements up to the amounts listed above, a claim form with itemized receipt is required. Reimbursement will not exceed the providers actual charge. Claims forms can be found at aetnavision.com or by calling customer service Monday through Sunday at 1-877-973-3238. Completed claim forms can be submitted electronically or mailed to Aetna, PO Box 8504 Mason, OH 45040-7111. You can also have access to Allied Providers, such as Costco Vision, who will apply your out-of-network benefits at the point of service and handle the claim submission process for you.

TO LOCATE IN-NETWORK VISION PROVIDERS:

- Go to www.aetnavision.com
- Select "Find a Provider"
- Enter your zip code and select "Search by Zip" to see results
- Please call to check with the provider before scheduling your appointment or receiving services to confirm if he/she is still participating in the network

2026 EMPLOYEE CONTRIBUTIONS

Bi-Weekly Rates

MEDICAL AND PRESCRIPTION PLANS

BI-WEEKLY SALARY	TIER	OAMC HDHP WITH HSA	EPO
Less than \$1,000	Employee Only	\$61.00	\$84.00
	Employee + Child(ren)	\$89.00	\$124.00
	Employee + Spouse	\$116.00	\$162.00
	Family	\$157.00	\$219.00
\$1,000 – \$2,000	Employee Only	\$81.00	\$134.00
	Employee + Child(ren)	\$119.00	\$197.00
	Employee + Spouse	\$155.00	\$257.00
	Family	\$210.00	\$348.00
\$2,000 – \$4,000	Employee Only	\$102.00	\$184.00
	Employee + Child(ren)	\$149.00	\$270.00
	Employee + Spouse	\$194.00	\$353.00
	Family	\$262.00	\$477.00
\$4,000 – \$8,000	Employee Only	\$122.00	\$233.00
	Employee + Child(ren)	\$178.00	\$344.00
	Employee + Spouse	\$233.00	\$448.00
	Family	\$315.00	\$605.00
\$8,000+	Employee Only	\$183.00	\$273.00
	Employee + Child(ren)	\$268.00	\$402.00
	Employee + Spouse	\$349.00	\$524.00
	Family	\$472.00	\$708.00

DENTAL PLANS

TIER	DHMO	DENTAL PPO
Employee Only	\$5.04	\$18.78
Employee + Child(ren)	\$17.62	\$39.20
Employee + Spouse	\$17.62	\$39.03
Family	\$17.62	\$63.13

VISION PLAN

TIER	AETNA VISION PLAN
Employee Only	\$3.93
Employee + Children	\$7.86
Employee + 1 (Spouse or Child)	\$7.47
Family	\$11.56

LIFE AND DISABILITY INSURANCE

Administered by Lincoln Financial

Employees receive Basic Life and AD&D Insurance and Long-Term Disability Insurance at no cost. Eligible employees will be automatically enrolled in these benefits.

BASIC LIFE AND AD&D

All active employees working at least 30 hours per week are eligible for the basic life and accidental death and dismemberment (AD&D) plan. AD&D coverage equals the basic life benefit.

The Basic Life and AD&D benefit is one times your annual salary up to \$200,000. 35% reduction at age 65, an additional 25% reduction of the original amount at age 70, an additional 15% reduction of the original amount at age 75, and an additional 10% reduction of the original amount at age 80 Benefits end when you retire.

LONG-TERM DISABILITY (LTD)

All active employees working at least 30 hours per week are eligible for Long-Term Disability (LTD) benefits. Disability plans provide insurance to protect a portion of your income in the event you are incapable of working due to a qualified illness or injury.

LONG-TERM DISABILITY PLAN	
Benefit	60% of monthly pre-disability earning
Benefit Maximum per Month	\$10,000
Definition of Earnings	Base Salary
Elimination Period	90 days



VOLUNTARY LIFE/AD&D AND DISABILITY

Administered by Lincoln Financial

VOLUNTARY LIFE AND AD&D INSURANCE*

While the company offers basic life and accidental death and dismemberment insurance, you may be interested in additional coverage based off your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage.

With voluntary life insurance, you are responsible for paying the full cost of coverage through payroll deductions. You can purchase coverage as outlined in the chart below.

* Employee coverage must be elected in order to elect coverage for spouse or dependent child(ren).

VOLUNTARY LIFE AND AD&D	
Employee Benefit Amount	Increments of \$10,000 up to \$500,000, not to exceed 5x annual salary
Spouse Benefit Amount	Increments of \$5,000, up to a maximum of \$250,000, not to exceed 50% of employee coverage amount
Child(ren) Benefit Amount	14 days to 6 months: \$250 6 months to 26 years: Increments of \$1,000, up to a maximum of \$10,000
Employee Guaranteed Issue	\$300,000
Spouse Guaranteed Issue	\$30,000
Child(ren) Guaranteed Issue	14 days but less than 6 months: \$250 6 months but less than 26 years: \$10,000

VOLUNTARY SHORT-TERM DISABILITY INSURANCE

Short-Term disability (STD) insurance, can help to protect your income in the event that you become disabled and are unable to work. STD can give you the financial support you need until you are back on your feet and back to work.

VOLUNTARY SHORT-TERM DISABILITY PLAN	
Benefit	60% of weekly earnings
Maximum Weekly Benefit	\$2,500
Elimination Period	7 days
Duration of Benefits	12 weeks



SPENDING ACCOUNTS

Paychex & ConnectYourCare



You have the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through the Flexible Spending Accounts (FSA). Additionally, you can take advantage of commuter benefits to cover eligible transportation expenses using pre-tax dollars.

HEALTHCARE FSA

The Healthcare FSA is used to reimburse out-of-pocket medical expenses incurred by you and your dependents. The maximum you can contribute to the Healthcare FSA in 2026 is \$3,400.

Eligible expenses include:

- Doctor office copays
- Non-cosmetic dental procedures (crowns, dentures, orthodontics)
- Prescription contact lenses, glasses and sunglasses
- LASIK eye surgery

DEPENDENT CARE FSA

The Dependent Care FSA is used to reimburse expenses related to the care of eligible dependents. The maximum that you can contribute to the Dependent Care FSA is \$7,500 if you are a single employee or married filing jointly. If you are a married employee filing separately the maximum you can contribute is \$3,750.

Eligible expenses include:

- Au Pair
- After school programs
- Baby-sitting/dependent care to allow you to work or actively seek employment
- Day camps and preschool
- Adult/eldercare for adult dependents

USE-IT-OR-LOSE-IT

You should contribute the amount of money you expect to pay out-of-pocket for eligible expenses for the plan period. If you do not use the money you contributed, it will not be refunded to you or carried forward to a future plan year. This is the use-it-or-lose-it rule.

COMMUTER BENEFITS

ConnectYourCare

Reduce your commuting expenses by taking advantage of Commuter Benefits. The IRS allows for certain work-related transit and parking expenses to be deducted from your paycheck on a pre-tax basis. Because you do not pay taxes on these expenses, you can **SAVE BIG!**

For 2026, the IRS allows up to \$340 per month to be deducted pre-tax for commuter costs, and up to \$340 per month pre-tax for parking costs. Any amount beyond that becomes a post-tax deduction.

Visit Tools & Support on the Paychex website to access useful FSA forms, worksheets, calculators, and more!

ID THEFT & LEGAL PLAN

IDIQ



WHAT IS ID THEFT?

Ever wonder what's going on with your credit and wish you could keep an eye on it 24 hours a day? With our ID Theft and Credit Monitoring plan, you can stop wondering and leave the credit watching to someone else. Credit monitoring is the only automated way to keep a constant eye on your credit so you can be made aware of any changed that could signal identity theft right away. If there are any suspicious changes made to your file, you will receive an alert via email.

Services include:

- Up to \$1 Million in identity Theft Insurance
- Coverage for Lawyers and Experts
- Coverage for Personal Expense Compensation
- Stolen Funds Reimbursement
- 100% U.S. Based Customer Service
- 100% U.S. Based ID Restoration Service
- Lost Wallet Assistance
- Opt-Out IQ (Junk Mail/Do-Not-Call List)
- File Sharing Network Searches
- Dark Web & Internet Monitoring
- SSN Alerts
- Synthetic ID Theft Protection
- IQ Alerts with Application Monitoring
- IQ Center
- Change-of-Address Monitoring

*This plan is a voluntary payroll deduction benefit and is available to benefit eligible employees, with coverage also available for your spouse and dependents over 18. Contact IDIQ at **800.550.5297**. The ID theft services are prepaid through a bi-weekly payroll deduction of \$5.52. Enroll by completing the IDIQ enrollment form.*

WHAT IS A LEGAL PLAN?

A legal plan will provide you access to attorneys in an affordable way. This voluntary benefit is offered to all regular full-time and regular part-time employees, and is designed to provide specific legal services when the need arises, in an affordable way. The legal plan is available through payroll deduction for benefit eligible employees, their spouses and dependents up the age of 23 at no additional cost.

Services include:

- Unlimited Phone Consultations and Advice
- Face to Face Consultations
- Simple Wills
- Livings Wills and Medical Power of Attorney
- Legal Documents Reviewed
- Advice on Government Programs
- Legal Letters and Phone Calls
- Consumer Protection & Warranty Problems
- Identity Theft Prevention & Assistance
- Advice on Small Claims Court
- IRS & State Tax Relief Advice
- Guaranteed Reduce Rates on Other Legal Matters
- Receive cash rebates or a home warranty
- Online Legal Library and DIY Forms

*This plan is a voluntary payroll deduction benefit and is available to benefit eligible employees, with coverage also available for spouses, domestic partners and dependents up to age 26. Contact IDIQ at **800.550.5297**. The legal plan services are prepaid through a bi-weekly payroll deduction of \$6.90. Enroll by completing the IDIQ enrollment form.*

FREE EMPLOYEE RESOURCES

Administered by **Conner Strong & Buckelew**

HUSK MARKETPLACE

Achieving optima health and wellness doesn't have to be complicated or expensive. Access exclusive best-in-class pricing with some of the biggest brands in fitness, nutrition, and wellness with HUSK Marketplace (formerly GlobalFit). As part of the HUSK Marketplace program, you are eligible for exclusive discounts on Gyms & Fitness Centers, HUSK Nutrition, Home Equipment & Tech, On-Demand Fitness and more! For more information visit:

marketplace.huskwellnes.com/connerstrong

GOODRX

Compare drug prices at local and mail-order pharmacies and discover free coupons and savings tips.

Learn more at connerstrong.goodrx.com

HEALTHYLEARN

This resource covers over a thousand health and wellness topics in a simple, straight-forward manner. The HealthyLearn On- Demand Library features all the health information you need to be well and stay well.

Learn more at www.healthylearn.com/connerstrong

BENEFIT PERKS

Benefit Perks is a discount and rewards program available to all employees at no additional cost. The program offers discounts for online shopping to major retailers and is connected to national merchants with access to premier organizations and products. Start saving today by visiting connerstrong.corestream.com



BENEFITS MEMBER ADVOCACY CENTER

Administered by **Conner Strong & Buckelew**

Do you need help resolving a benefits issue?

The Benefits Member Advocacy Center (Benefits MAC), provided by Conner Strong & Buckelew, allows you to speak to a specially trained Member Advocate who can help you get the most out of your benefits.

You can contact Member Advocacy for assistance if you:

- Believe your claim was not paid properly
- Need clarification on information from the insurance company
- Have a question regarding a medical bill
- Are unclear on how your benefits work
- Need information about adding or removing a dependent
- Need help resolving a benefits problem you've been working on

You can contact Member Advocacy in any of the following ways:

- **Via phone: 800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm
- **Via the web: www.connerstrong.com/memberadvocacy**
- **Via e-mail: cssteam@connerstrong.com**
- **Via fax: 856.685.2253**

Member Advocates are available Monday through Friday, 8:30 am to 5:00 pm (Eastern Time). After hours, you will be able to leave a message with a live representative and receive a response by phone or email during business hours within 24 to 48 hours of your inquiry.



We reserve the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this 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 the actual plan documents, the actual plan documents will prevail. If you have any questions about your guide, contact Human Resources.