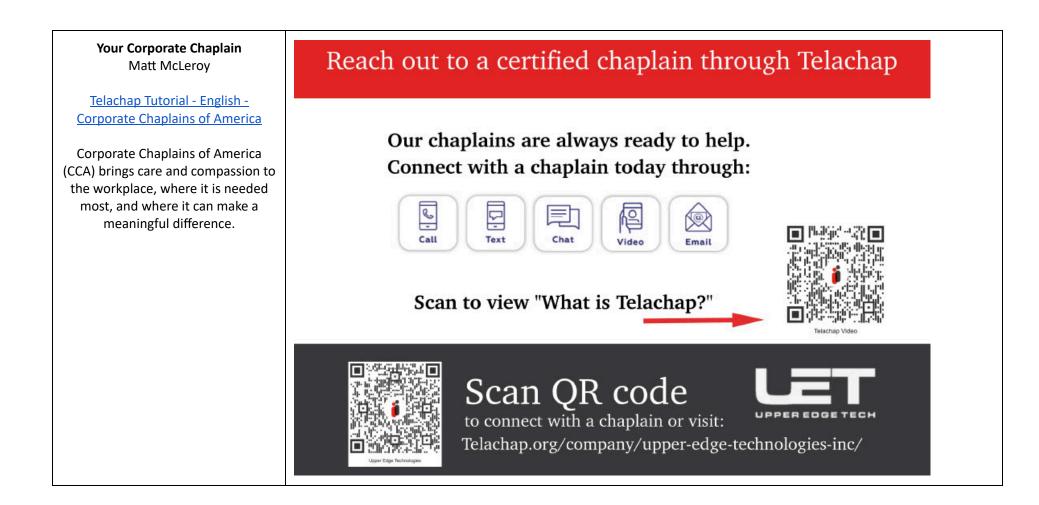
Our Benefits HUB: <u>My UET Benefits - BenefitHelp</u> This is the FIRST place to start with insurance and benefits questions as an employee of UET! Our Benefits Brokers, BenefitsHelp, updates this website every year as our plans and options change.	 UET's History of Benefits In 2011, UET began offering supplemental and life benefits to just a handful of employees because we believe in the benefits of wellness. As UET grew so did the needs of our employees and in 2021 our benefits package got a major update with the addition of medical insurance! And here it is 2024, we have embarked on yet another benefits journey through offering 401k! I hope that you'll find helpful information in the following pages to aid you in your wellness journey. If you have any further questions just reach out! -Kim, HR kim@upperedgetech.com / 901.878.5939 		
Employee Navigator For initial login use Company Identifier: UET	Digital Self Service: For your benefits! <u>Employee Navigator</u> allows you to view and make changes to your benefits like Personal information Benefit Selections Beneficiaries Dependents Open Enrollment Portal		
Employee Assistance Program How to access www.worklife.uprisehealth.com Access Code worklife	Guardian's Employee Assistance Program gives you and your family members access to confidential personal support, across everything from stress management and nutrition to handling legal or financial issues. The services available include consultations with experienced professionals, as well as access to resources and discounts designed to help you in a variety of different ways. How it can help		
For more information or support, you can reach out by phoning 1 800 386 7055 . The team is available 24 hours a day, 7 days a week.	Consultative services are available to provide direct support and assistance whether that can help you save money and balance commitments whether the services of the services		



Medical

	SisCo Customer Service: 1-800-457-4726
Our Insurance Provider: SisCo	(Fax) 1-563-587-5703
Coverage Period:	sisco.service@siscobenefits.com
SEPTEMBER 1 to AUGUST 31	Enrollment Questions: 1-800-457-4726 Ext. 5420
Group Number: 6168	US RX Care: 1-877-200-5533
	Benefit Verification/Info: 1-800-457-4726

	► SISCO Experience the Benefits
	Create a New User Account
Click <u>here</u> to create a new User Account	The username must: Be at least 5 character(s). Contain at least 1 letter(s). Contain at least 1 number(s). Please note: If you have already successfully registered for a User ID, you will not be able to request another one. Contact your system administrator for assistance. User ID: * Email Address: * Mhat Type of User are you? * I am the insurance subscriber I am a dependent of the subscriber I am a provider
	Cancel Submit © 1999 - 2023 Ebix Health - A Division of Ebix, Inc.
Returning user	https://benefits.cb-sisco.com/lin/faces/LinLogin.jsp

	How to find a Doctor		
	Option 2		
	1. Visit Cigna.com - click on "Find a Doctor" (upper right).		
How are you Covered?	2. On the next page, click on "If your insurance plan is offered through work or school" (large orange box)		
	3. Click "Pick" (small pink box)		
	4. Click "PPO, Choice Fund PPO" in the		
	pop-up box.		
	Cigna Payer Solutions		
	FIND A HEALTH CARE PROFESSIONAL		
	Better value. Better together.		
	With a growing nationwide PPO network of more than 840,000 health care professionals and more than 6,000 facilities, Gipan offers you a range of quality choices to Option 1 Log in to myCigna.com Log in to myCigna.com		
	help you stay healthy. Three ways to find what you need		
	There are three ways to find a network health care professional:		
	If you're aiready enrolled, visit myCigna.com and log in using your User ID and Password. Visit Cigna.com and click "Find a Doctor" Be sure to Visit Cigna.com and click "Find a Doctor" Be sure to		
	select the "PPO, Choice Fund PPO" network.		
	business hours. Option 2 Features on myCigna.com allow you to: 1. Visit Cigna.com - click on "Find a Doctor"		
	Narrow your results by distance, specialty and more. Email a copy of your search results. (upper right). 2. On the next page, click on "If your insurance also is formed through work or school "		
IND A HEALTH CARE PROFESSIONAL	Find doctors in 22 different medical specialties, (large compete building in force of action		
	who meet certain quality and cost-enciency measures 3. Click "Pick" (small pink box) and have been awarded the Cigna Care Designation. 4. Click "Pick" (small pink box) > Estimate procedure costs based on Cigna's po-yup box.		
	historical data.		
	Cigna's extensive PPO Network gives you access to qualified health care professionals. Your good health is important, and we're here to help.		
	If you're looking for a mental health or substance abuse professional, visit CignaBehavloral.com. On the ™dembers' page, select "Find a Therapist/ Psychiatrist". You do not need to type in an "Employer ID."		
	Together, all the way."		
	Quality designations, cost-efficiency and other satings reflect a partial assessment of quality and cost-efficiency and should not be the sail-back for decision-making. They are not a guarantee of the quality of are that will be provided to individual guardeness. You are encouraged to individual more and and will be provided to the departs of the guardeness of the sail-back propriate and matching and provide and the depart for anotand and individual will be provided to the departs. They are not a guardeness of the guardeness more more and the depart for anotand and matching the guardeness of the depart for anotand and matching reportable to the depart of the quart and the sail of the provided to the departs. They are not aparts of Capa. All Capa particular and envirors are provided with by or through quarter guardeness and back to Capa Caparation, including Capa Health and Life trausance Company and Capa Behavioral Health, hc. The Caparanne, Bugun after Caparatiness, are more the Caparatiness and the transment. 866/32: e 021/6: © 2016 Oguna Payer Solutions. Some content provided under license.		

Medical Benefits App	https://benefithelp.com/wp-content/uploads/2021/08/UE090121-Benefits-App-Access-Flyer.pdf https://thebenefitsapp.com/Member/MemberLogin			
Medical Healthcare Advocacy: 1-855-336-1144	https://benefithelp.com/wp-content/uploads/2021/08/UET090121-Welcome-Letter-Health-Advocacy.pdf			
Online:	We help with answers and get results. Help in understanding your health plan			
https://thebenefitsapp.com/Member/	Finding doctors in your network			
MemberLogin	Getting costs estimates for procedures Resolving billing issues			
QR CODE	Processing medical record transfers			
	https://benefithelp.com/wp-content/uploads/2021/08/UE090121-Behavioral-Health-Member-Flyer.pdf			
Telephonic Behavioral Health:	TELEPHONIC COUNSELING PROVIDES CONFIDENTIAL, UNLIMITED CONSULTATION, COUNSELING & REFERRAL			
1-844-200-8975	SERVICE FOR MEMBERS INCLUDING:			
Online:	24/7 Availability to masters level counselors No co-pay or fee to the member			
https://thebenefitsapp.com/Member/	Immediate crisis support			
MemberLogin	Comprehensive problem assessment and resolution			
	Supportive counseling and subsequent sessions Education			
QR CODE	100 percent follow up with original counselor			
	Custom referral (if needed) to medical behavioral health plans or			
	local community resources			
	Jane's plan coverage starts on September 1. The plan's copay for office visits is \$30, deductible is \$5,000, the			
How you and your medical plan share costs when you get care:	coinsurance is 20%, and the plan's out-of-pocket maximum is \$8,000. (Jane's plan has a different deductible, coinsurance, and out-of-pocket maximum for prescription drugs. This example only shows costs for health services.)			
share costs when you get care.				
Medical Deductible: The amount you must fully pay out-of-pocket for healthcare services before your insurance starts to cover costs.	Deductible: When Jane's coverage starts each year, Jane must pay her plan's deductible for certain health services before the plan starts to pay. In October, Jane hasn't reached the deductible yet. Jane pays all costs for most covered health services until she pays \$5,000. Office visit cost: \$125 Jane pays: \$30 (copay) Plan pays: \$95			

Medical Savings Tip: Reaching your plan's deductible is a great time to maximize your health benefits and savings.	Once you've hit the deductible, your insurance usually starts covering a larger portion of your medical expenses, which can lower your out-of-pocket costs for treatments, prescriptions, or specialist visits. It's an ideal moment to schedule any necessary medical appointments, procedures, or tests that you've been putting off to take full advantage of the coverage. Effective use of insurance can help keep premiums lower for everyone. By making thoughtful choices about coverage, managing risks, and avoiding unnecessary claims, we can all help reduce overall costs, which ultimately benefits all policyholders through lower premiums.		
Copayments and Coinsurance: Your share of the costs for services, either a fixed amount (copayment) or a percentage (coinsurance).	Coinsurance: In May, Jane reaches her plan's deductible. Now, Jane's plan will pay some of the costs, and Jane will pay the coinsurance or copayment amount for each covered health service. Jane will continue to pay her part until she reaches the plan's out-of-pocket maximum. Office visit cost: \$125 Jane pays: \$25 (Jane's coinsurance is 20%. \$125 x 20% = \$25) Plan pays: \$100 (Plan pays 80%. \$125 x 80% = \$100)		
Out-of-Pocket Maximum: <u>Resets yearly on September 1st.</u> The most you will pay for covered services in a year. After reaching this limit, your insurance covers 100% of costs, including copayments and coinsurance.	Out-of-pocket maximum: Jane got services throughout the year, and by August Jane had paid \$8,000 in total for covered health services (her plan's out-of-pocket maximum). Now, Jane's plan will pay all costs for covered health services through the end of the coverage period (usually August 31). Office visit: \$125 Jane pays: \$0 Plan pays: \$125		
Savings Tip: Reaching your plan's yearly out-of-pocket maximum before the reset is a great time to take full advantage of the coverage.	Once you've hit the out-of-pocket maximum, your insurance usually starts covering 100% of costs, which can drastically minimize your out-of-pocket costs for treatments, prescriptions, or specialist visits. It's an ideal moment to schedule any necessary medical appointments, procedures, or tests that you've been putting off to take full advantage of the coverage.		
How do you maximize the benefit of	UET's health insurance?		
Use Preventive Services:	Take advantage of preventive care services, such as annual check-ups, screenings, and vaccinations, which are often covered at no additional cost. This helps in early detection and prevention of health issues. Add list of preventative services / local maybe if possible? If this is even a thing		

Medical Emergency vs. Non-Emergency Care:	Emergency Care: Visit the ER only for true emergencies to avoid high costs and nonemergency fees. Urgent Care and Telehealth: For non-life-threatening issues, consider urgent care centers or telehealth services, which are usually more affordable.	
Stay In-Network: Our plan uses the Cigna Network	Whenever possible, use our plan's network to minimize out-of-pocket costs. Click <u>here</u> to find a healthcare professional.	
Managing Prescriptions:	Use your plan's preferred pharmacies and opt for generic medications when available. The best time to ask for generic medication is when you are initially prescribed a medication by your doctor; simply ask if a generic version is available and if it's suitable for you to switch to the generic option, as this will usually be the most cost-effective choice while still providing the same active ingredients as the brand-name drug.	
Ask Questions:	Don't hesitate to contact our insurance providers or the HR department with questions about your coverage or claims. Understanding your benefits fully can help you make the most informed healthcare decisions.	

FSA

- Flexible Spending Account
 - Login: <u>https://ameriflex.wealthcareportal.com/Page/Home</u>
 - Current info: https://benefithelp.com/my-uet-benefits/#1690986132405-07d4e11e-8468
- Dependent Care Spending
- FSA reminders for participants Time based JIRA ticket for Chey

Our FSA Provider: Ameriflex	If you spend money on medical expenses or the care of dependents, a Medical Flexible Spending Account (FSA) or Dependent Care Spending Account (DCSA) can make these expenses more affordable.
Customer Service: 1-888-868-3539 service@myameriflex.com Company ID: AMFUPEDTE	Windows: add date windows for end of year / term / resignation /etc The "Use It Or Lose It" Rule If you contribute dollars to a reimbursement account and do not use all the monies you deposit, you will lose any remaining balance in the account at the end of the eligible claims period. A very important thing to remember is that the IRS rule exists because of the strict guidelines for plans with tax advantages, such as an FSA account.
	Estimate carefully the amount you want to contribute to your FSA, and only contribute dollars you're confident will be used before the end of the eligible claims period.

Savings with Pre-Tax	How It Works: If you participate, you will elect the amount of to have a specified amount of pretaxed money that will be deducted from your paycheck each pay period. These dollars are subtracted from your gross earnings before taxes, and put into a flexible spending account.			
	The following table illustrates how an oby participating in a Medical Flexible S			
	Without This Plan			
	GROSS PAY (ANNUAL)	\$ 30,000.00		
	TAX DEDUCTIONS (@25%)	\$ 7,500.00		
	TOTAL TAKE-HOME PAY	\$ 22,500.00		
	Unreimbursed Medical Expenses	\$ 1,000.00		
	BALANCE OF TAKE-HOME PAY	\$ 21,500.00		
	With This Plan			
	GROSS PAY (ANNUAL)	\$ 30,000.00		
	 Unreimbursed Medical Expenses 	\$ 1,000.00		
	TOTAL TAXABLE INCOME	\$ 29,000.00		
	TAX DEDUCTIONS (@25%)	\$ 7,250.00		
	TOTAL TAKE-HOME PAY	\$ 21,750.00		
	 Result (increased take-home pay) 	\$ 250.00		
	The unreimbursed medical expenses show may consist of expenses that are eligible defined by IRS Publication 502* and Rev both available at www.flex125.com <http: Examples of eligible items include coinsu medical expenses not covered by your he over-the-counter medications.</http: 	e for tax deduction as venue Ruling 2003-102, ://www.flex125.com> . urance, deductibles, most		

*Insurance Premiums and Long Term Care Expenses are listed as expenses that are eligible for exclusion from income in IRS Publication 502, however, these items are not allowable expenses for reimbursement under the Medical Flexible Spending Account.

Click <u>here</u> to create a new User Account Company ID: AMFUPEDTE	STEP1 STEP 2 STEP 3 STEP 4 STEP 6 You are on step 1 of 6 Let's get you registered - please provide the information below. First Name * Last Name * Zip Code * Check this box if you received a debit card for your benefit account.
Poturning usor	Amorifley
Returning user	Ameriflex
A Quick Reference	https://benefithelp.com/wp-content/uploads/2021/08/HSDEMO-FSA-Overview.pdf
Online FSA Stores	The FSA Store FSA/HSA Item Walgreens FSA and HSA Shop - Walmart.com Amazon FSA Store DoorDash HSA/FSA Target - FSA eligible : Health FSA Eligible Health & Medicine Products - CVS Pharmacy

FSA Eligible Expenses	https://benefithelp.com/wp-content/uploads/2021/08/HSDEMO-FSA-Eligible-Expenses.pdf			
	Eligible Expenses Quick Reference Guide: Locate expense categories and coverage availability (YES/NO/MAYBE). Click on category for link to more detailed guidelines. Over the counter information also available in this document.			
Before re-enrollment	Review any expected health care expenses projected for the year. Participating employees should plan for healthcare activities when they calculate their contribution amounts.			
	 Consider: Updating your medicine cabinet with necessary supplies. Big ticket expenses. Seasonal needs such as allergy products, sunscreen or warm steam vaporizers. Routine checkups or visits with specialists that regular insurance plans do not cover. Many over-the-counter items that are FSA eligible. Eye exams or dental visits: Out-of-pocket costs for dental and vision care are also covered by an FSA. 			
FSA Reimbursement through Claims	Submit Claims: Ameriflex Participant Portal claims@myameriflex.com Fax: 888.631.1038 - Attention: Claims Department Mail: Ameriflex Claims Department P.O. Box 269009 Plano, TX 75026			
Run-out & Rollover	For FSAs that permit the carryover of unused amounts, the maximum carryover amount to 2025 is \$660, increasing from \$640 in tax year 2024. The carryover doesn't affect the maximum amount of salary reduction contributions that can be made.			
IRS Healthcare FSA reminder	Run-out period in months Terminated employee run-out period in months 3 3 Run-out Date: 11/30/2025 3 Terminated employees can be reimbursed from available funds until the end of the plan year in which they are terminated If no run-out period selection is made the default is 3 months. The run-out period may be a whole (1.0) or a half month (1.5). If no terminated run-out period selection is made the default is 3 months. The terminated run-out period may be a whole (1.0) or a half month (1.5).			

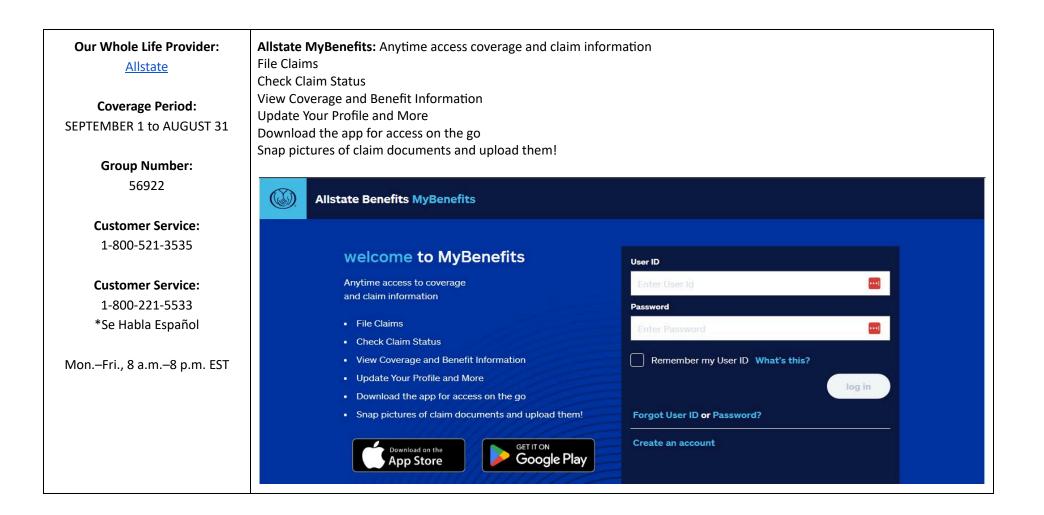
Plan Options	Rollover/Extension Options		
	Rollover	•	~
	Rollover Minimum	Rollover Maximum	
	0.01	040	
	This plan is configured to use the IRS roll	over maximum.	

Life		
Our Group Life Provider: Guardian Coverage Period: SEPTEMBER 1 to AUGUST 31	My UET Benefits - BenefitHelp Life insurance helps protect your family's finances by providing a cash benefit if you pass away. This ensures that they'll be financially supported, and can cover important things from bills	\bigcirc
Group Number: 00024838 Customer Service: 1-888-482-7342 Mon – Thurs: 8am-6pm EST Fri: 8am-5pm EST Mailing address P.O. Box 26100 Lehigh Valley, PA 18002-6100	 to funeral costs.With life policies, you can get affordable life insurance protection for a set period of time. Important Life Insurance Info: Make sure you've selected someone to receive the life insurance benefits. This is your beneficiary. a. Without a designated beneficiary, the benefits may be delayed or distributed according to the insurance company's default process, which could lead to complications for your family. Update after major life event changes like marriage, divorce, the birth of a child, or the death of a beneficiary. Review your policies annually. Open enrollment is a good time to review them and ask questions! a. Annually in the month of August Consider Multiple Beneficiaries Inform Your Beneficiary Employer-Provided Coverage Might Not Be Enough a. Talk to a benefits specialist during open enrollment to learn more! Premiums are usually cheaper when you're young and healthy. 	Preparing and planning Jorge's never considered purchasing life insurance, but after being offered it through work, he decides it's a smart way to protect his family. Jorge has a mortgage, and because his wife is helping to take care of her nother, she only works part-time. In addition, his daughter is about to start college. Jorge looks at how his family would be affected by losing him. Average funeral cost: \$9,000 Average cost of college: \$17,000 - \$44,000 With life insurance, Jorge can debt: \$8,500 With life insurance, Jorge can make sure that part of these costs are covered if something happens to him.

8 Guardian

Your life coverage

	BASIC LIFE	VOLUNTARY TERM LIFE
Employee Benefit	Your employer provides \$25,000 Basic Term Life coverage for all full time employees.	\$10,000 increments to a maximum of \$250,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Your Basic Life coverage includes Accidental Death and Dismemberment coverage.	Employee, Spouse & Child(ren) coverage. Maximum I times life amount.
Spouse Benefit	Your spouse is eligible for coverage in the amount of \$10,000.	\$5,000 increments to a maximum of \$250,000. See Cost Illustration page for details.‡
Child Benefit	Your dependent children ages 14 days to 26, are eligible for coverage in the amount of \$10,000. See enrollment form for details.	Your dependent children age birth† to 26 years. You may elect one of the following benefit options: \$5,000, \$10,000. Subject to state limits. See Cost Illustration page for details.
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	Guarantee Issue coverage up to \$25,000 per employee	We Guarantee Issue coverage up to: Employee Less than age 65 \$50,000, 65-69 \$50,000, 70+ \$10,000. Spouse Less than age 65 \$25,000, 65-69 \$10,000. Dependent children \$10,000.
Premiums	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions, including evidence of insurability	Yes, with age and other restrictions



<u>Group Whole Life Summary</u>	Prepare for the future today One way you can determine if you and your family need the coverage is to review the list below and check some or all that apply to you and your family.
	You're the primary wage earner in your family
	Your family would have trouble living comfortably without your income
	You have regular debts, like mortgage, car payment or credit cards
	You have children under 18
	□ You want permanent, fully guaranteed coverage
	Vou'd like to offer a tax-free death benefit to your beneficiary
	Here's how Whole Life works Premiums are payable to age 95 and are conveniently payroll deducted. The longer the policy coverage continues and premiums are paid, the more the cash value builds.
	Cash values and payments As premiums are paid, the policy is building cash value over time. Premiums are guaranteed at issue and the coverage becomes fully paid-up at age 95 if all premiums have been paid.
	If the decision is made to stop paying premiums after the coverage is effective and has developed cash value, various non-forfeiture options are available.
	Extended Term Insurance (ETI) is the default non-forfeiture option when premium payments stop and there is no active selection made to continue coverage. ETI reduces the duration of coverage (now a shorter term instead of whole life), but provides the same amount of death benefit.
Claims Allstate Benefits	Life & Accidental Death Claims Checklist Allstate
<u>Job Aid how to file a claim</u>	Log into the <u>MyBenefits</u> website From the Claim Center, click File a Claim Verify or update your address and claim payment method, then click the file a claim button under the appropriate policy. Enter your claim Details, including whether this is a new or ongoing claim. Scroll down and enter at least one Treatment Type (<i>Note: You can enter more than one Treatment Type for the claim</i>) Scroll down to the supporting Documentation section and drag your documents into the Secure File Upload box. Click the upload button and your supporting documentation will show in the Uploaded Files box. Click continue . Review your Claim information on the next page, then scroll to the bottom and click apply e-signature . You can check the Claim Center to see the status of your claim or upload additional claim information.

Dental				
	UET Dental Summary			00
	Taking care of your teeth is a and cleanings.	bout more than	just covering cavities	1
	It also means accounting for	more expensive	dental work, and	
	your overall health.			Chav
	With dontal incurrence, routi		re een lood te better	Stay
	With dental insurance, routin overall health. And you'll be			Joe visit
Our Dental Provider:	dental work is required.		ley II ally extensive	dental c
Guardian				teeth as
	Your dental coverage:			
Coverage Period:	PPO plan, you can visit any d		ay less out-of-pocket	
SEPTEMBER 1 to AUGUST 31	when you choose a PPO den	tist.		Oral he teeth a
Group Number:				for a rai
00024838	Calendar year deductible	In-Network	Out-of-Network	wellbei
Customer Service:	Individual	\$50	\$50	Cardio
1-888-482-7342	Family limit	3 n	per family	researc
1 000 102 7312				disease
Mon – Thurs: 8am-6pm EST	Waived for	Preventive	Preventive	infection inflamm
Fri: 8am-5pm EST	Charges covered for you			from or
Mailing address	(co-insurance)	In-Network	Out-of-Network	
Mailing address: P.O. Box 26100	Preventive Care	100%	100%	Osteop bones r
Lehigh Valley, PA 18002-6100		900/	80%	Diabet
	Basic Care	80%	80%	people
	Major Care	50%	50%	more d
	Orthodontia	Not Covered ((applies to all levels)	blood s
	Annual Maximum Benefit	\$2000	\$1000	Alzheir
		92000	21000	before
	Maximum Rollover		Yes	factor f

g healthy

is dentist for a routine ning, to take care of his ell as his overall health.

h is about more than just gums. It's also essential of other health and easons:

cular disease: Some suggests that heart ogged arteries, and may be linked to ion and infections pacteria.

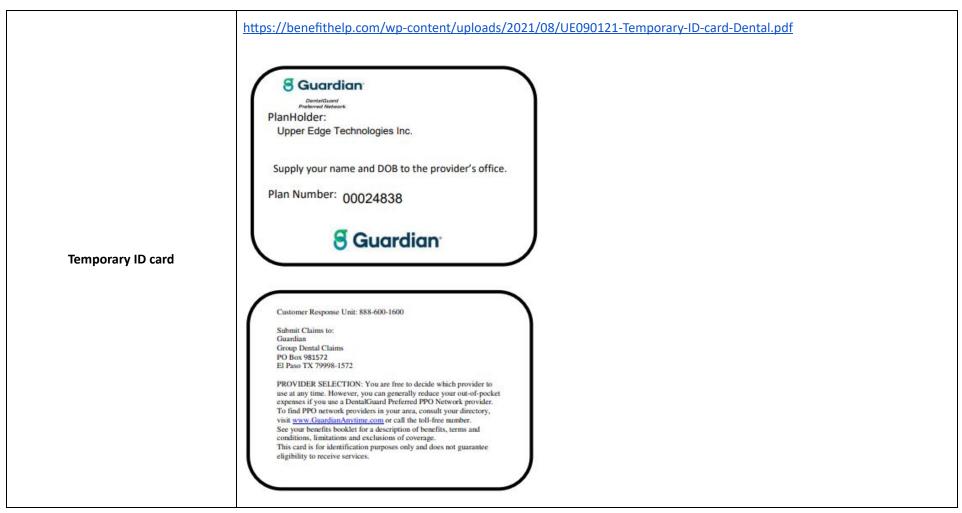
osis: Weak and brittle v be linked to tooth loss.

Research shows that h gum disease find it cult to control their ar levels.

's disease: Tooth loss age of 35 may be a risk Alzheimer's disease.

				In-network	Out-of-network
Your dental coverage fully covers		Preventive Care	Cleaning (prophylaxis)	100%	100%
preventative care.			Frequency:	Once Eve	<mark>ry 6 Months</mark>
Schedule routine check-ups and cleanings every 6 months! This can			Fluoride Treatments	100%	100%
save money and help catch problems			Limits:	Unde	r Age 14
early before they become more expensive.			Oral Exams	100%	100%
Your dental plan has an annual			Sealants (per tooth)	100%	100%
maximum benefit of \$2000 that			X-rays	100%	100%
resets at the end of August.		Basic Care	Filings	80%	80%
You can maximize savings with your dental plan by scheduling major and			Perio Surgery	80%	80%
basic care activities before the annual benefits run out.			Periodontal Maintenance	80%	80%
			Frequency:	<mark>Once Eve</mark>	<mark>ry 6 Months</mark>
			Root Canal	80%	80%
	See <u>Dental insurar</u>	nce for a full list of detail	S.		

Register or log in <u>here</u> . Group Number: 00024838	Manage Your Benefits: Go to www.Guardianlife.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date. Need Assistance? Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00024838	Who are you? • manployee of a company or a member of a cuardian group benefit plan • A child, spouse, or partner of some one with a Guardian plan • A nemployer with a Guardian plan • A third-party administrator of Guardian plans • A negent or broker selling Guardian elemeters • A neathcare provider Stat registration
	Ready to schedule your appointment? Type in your ZIP code and look for the orange indicator!	Find a vision provider En español Contact us (Secure) Login & Register
Search for a dentist in your area <u>Find a Dentist</u>	Search for a dentist in your area All fields are required unless marked optional. Plan Type Iocation Use my current location PPO: Dential Guard Preferred PPO: Local Elite Managed Dential Care (DHMO/Prepaid)	Name (Optional) Office Name (Optional)



Vision

UET Vision Summary

Vision insurance helps protect the health of your eyes by providing coverage for benefits that often aren't covered by regular medical insurance.

Protecting your eyesight means allowing for **yearly routine visits** to the optometrist for eye exams, as well as coverage for glasses and contacts. Make sure your eyes remain in great shape at any age.

Exams Copay	\$10		
Materials Copay	\$25		
Sample of Covered Services	You pay (after copay if applicable)		
	In-network	Out-of-network	
Eye Exams	\$0	Amount over \$39	
Single Vision Lenses	\$0	Amount over \$23	
Frames	80% over \$130	Amount over \$46	
Service Frequencies			
Exams	Every calendar year		
Lenses (glasses or contacts)	Every calendar year		
Frames	Every two calendar years.		
Network discounts	Limitless within 12 months of exam.		



20/20 coverage

David notices that his vision is deteriorating. He goes in for an eye exam, and is diagnosed with myopia, which means he needs glasses.

Average cost of vision exam: \$171

Average cost of frames and lenses: \$350

Total cost: \$521

With a Vision policy from Guardian, David pays just **\$10** for his eye exam. After **\$25** in copay, his lenses are fully covered, and he pays **\$96** for his frames.

David's total out-of-pocket expense is \$131, saving him \$390.

Our Vision Provider: Guardian

Coverage Period:

SEPTEMBER 1 to AUGUST 31

Group Number: 00024838

Customer Service: 1-800-627-4200 Mon – Thurs: 8am-6pm EST Fri: 8am-5pm EST

Email: cru@glic.com

Mailing address: P.O. Box 26100 Lehigh Valley, PA 18002-6100

Register or log in here. Group Number: 00024838	Manage Your Benefits: Go to www.Guardianlife.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date. Need Assistance? Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00024838	 Who are you? An employee of a company or a member of a Guardian group benefit plan A child, spouse, or partner of someone with a Guardian plan An employer with a Guardian plan A third-party administrator of Guardian plans An agent or broker selling Guardian products A healthcare provider
Find a Vision Provider <u>Find an Eye Doctor Near Me</u> <u>Optometrists & Ophthalmologists</u>	Ready to schedule your appointment?	

	Type in your ZIP code and look for the orange indicator!			
	LOCATION OFFICE DOCTOR	1 ADVANCED SEARCH +		
	Zip OR Street Address (optional) City	State ~		
	What is VSP Premier Edge™? Your eyes will love the experience at a Premier Edge location. Available to all VSP members at no extra cost, your benefits go further when you vincluding private practice doctors and retail locations nationwide. You'll get exclusive rebates, advanced exam technology, a worry-free eyewear Ready to schedule your appointment? Type in your ZIP code and look for the orange indicator! Select Location (optional): Image: All Premier Edge Private Practice Premier Edge Retail Chain Location Select Location Type (check all that apply): Premier Edge Private Practice Premier Edge Retail Chain Location			
VSP Premier Edge Significant out-of-pocket savings available with your Full Feature plan by visiting one of VSP's network locations.		doctors, and more than		

Supplemental Health

Our Critical Illness Provider: Allstate

Coverage Period: SEPTEMBER 1 to AUGUST 31

Group Number: 56922

Customer Service:

1-800-521-3535

Customer Service: 1-800-221-5533 *Se Habla Español

Mon.–Fri., 8 a.m–8 p.m. EST

MyBenefits

Benefits

· Express Claim - Submit Wellness or

Outpatient Physician's Treatment

benefit claims easily and securely

· Direct Deposit - Direct deposit

available for faster processing

Fast File - Ouick and secure claim

· View - View full policies, certificates

 Download - View and download your Explanation of Benefits (EOB)

submission

and claim history

Accessing your benefit information has never been easier. MyBenefits gives you anytime access to your coverage information, claims and more. Optimized for mobile devices, submitting claims is as easy as taking a picture of your documents and submitting them through MyBenefits.



Access MyBenefits

- Go to:
 allstatebenefits.com/mybenefits
- Enter Account Info SSN, Zip code and Birthdate are required
- Create Your Account Choose your
 User ID and Password
- Security Questions For your protection—we'll ask you two questions for User ID retrieval and Password reset

Mobile Optimization

- Works great on your smartphone and mobile devices
- Take a picture of your supporting documents and submit them with your mobile device

Critical Illness Claims Checklist

File your claim quicker using MyBenefits

Login at

https://mybenefits.allstate.com. Register first, if new to MyBenefits. With multiple payment options, choose how you will receive your benefits. Click 'File a Claim' to begin. Our system will guide you through each step along the way.

Securely upload supporting documents by scanning or attaching stored files. Submit your completed claim.

What is a covered critical illness?

This refers to a specific medical condition or serious illness that qualifies for a benefit payout under your critical illness insurance policy.

Initial Critical Illness Benefits	Cancer Critical Illness Benefits	Supplemental Benefits	Optional/Additional Benefi
Heart Attack	Invasive Cancer	Advanced Alzheimer's	Wellness Benefit
Stroke	Carcinoma In Situ -	Advanced Parkinson's	\$50 in benefits paid once per covered person per yea to have one of 23 wellness exams performed. List of wellness exams and
Major Organ Transplant	non-invasive cancer	Benign Brain Tumor	
End Stage Renal Failure		Coma / Paralysis	
Coronary Artery Bypass Surgery		Complete Blindness / Hearing	more info <u>here</u> .

Did you know? Critical Illness coverage helps provide financial support if you are diagnosed with a covered critical illness. With the expense of treatment often high, seeking the treatment you need could seem like a financial burden. When a diagnosis occurs, you need to be focused on getting better and taking control of your health, not stressing over financial worries.

Critical Illness Insurance Brochure

Our Accident Provider: Allstate Coverage Period: SEPTEMBER 1 to AUGUST 31 Group Number: 56922		mation has never been easier. MyBenefits ized for mobile devices, submitting claims is as eas		Login at https://mybenefits.allstate.com. Register first, if new to MyBenefits. With multiple payment options, ch how you will receive your benefits.
Customer Service: 1-800-521-3535 Customer Service: 1-800-221-5533 *Se Habla Español Mon.–Fri., 8 a.m–8 p.m. EST	Benefits • Express Claim - Submit Wellness of Outpatient Physician's Treatment benefit claims easily and securely • Direct Deposit - Direct deposit available for faster processing • Fast File - Quick and secure claim submission • View - View full policies, certificate and claim history • Download - View and download ye Explanation of Benefits (EOB)	 allstatebenefits.com/mybenefits Enter Account Info - SSN, Zip code and Birthdate are required Create Your Account - Choose your User ID and Password Security Questions - For your protection—we'll ask you two questions for User ID retrieval and Password reset 	 Mobile Optimization Works great on your smartphone and mobile devices Take a picture of your supporting documents and submit them with your mobile device 	Click 'File a Claim' to begin. Our sys will guide you through each step a the way. Securely upload supporting docum by scanning or attaching stored file Submit your completed claim.
Did you know? Today, active lifestyles in or out of the home may result in bumps, bruises and sometimes breaks. Getting the right treatment can be vital to recovery, but it can also be	coverage for a variety of oc	•	ent, dislocation or fracture, a	confinement. Your plan may also includ ambulance services, physical therapy ar pre. Benefit Enhancements
expensive. And if an accident keeps you away from work during	Accidental Death	Ambulance Services	Lacerations	Paralysis
	Dismemberment	Accident Physician's Ti	reatment Burns	Coma
recovery, the financial worries can grow.				
recovery, the financial worries can grow.	Dislocation or Fracture	e X-ray	Skin Graft	Ruptured Disc Surgery
	Dislocation or Fracture Hospitalization Confin	- ,		

Our Voluntary Short-Term Disability Provider: Allstate

Coverage Period: SEPTEMBER 1 to AUGUST 31

> **Group Number:** 56922

Customer Service: 1-800-521-3535

Customer Service: 1-800-221-5533 *Se Habla Español Mon.-Fri., 8 a.m-8 p.m. EST

Did you know?

An injury or sickness may slow you down, but it won't slow down your monthly bills. Expenses such as house and car payments, or even daily living expenses such as groceries and gas, will still need to be paid. Disability insurance can help replace your lost income and help ensure your finances are not depleted.

Disability Insurance Brochure

Details of Coverage:

Max Monthly Benefit - \$2500 Max Benefit Period - 3 months **Elimination Period Accident -**14 Days

MuBenefits

Accessing your benefit information has never been easier. MyBenefits gives you anytime access to your coverage information, claims and more. Optimized for mobile devices, submitting claims is as easy as taking a picture of your documents and submitting them through MyBenefits.

allstatebenefits.com/mybenefits

 Create Your Account - Choose your User ID and Password

questions for User ID retrieval and

and Birthdate are required

Security Questions - For your

Password reset

protection-we'll ask you two



Access MyBenefits

- Express Claim Submit Wellness or · Go to: **Outpatient Physician's Treatment** benefit claims easily and securely · Enter Account Info - SSN, Zip code
- Direct Deposit Direct deposit available for faster processing

Benefits

Fast File - Quick and secure claim submission

 View - View full policies, certificates and claim history Download - View and download your

Explanation of Benefits (EOB)

How does it work?

You choose the maximum monthly benefit level that meets your needs. Then, if you are faced with a period of unexpected sickness or off-the-job injury, you will receive cash benefits to use as you see fit. This could include medical treatments, daily living expenses and more.

Base Polic	Base Policy Benefits		
Total Disability - Due to a sickness or injury, you are: unable to perform the material and substantial duties of your own occupation; under the regular care of a doctor; and not working in any job for wage or profit	The monthly benefit starts after the elimination period has been met. Benefits will not continue beyond the maximum benefit period	<u>Concurrent Disability</u> - one monthly benefit is paid, even if you are disabled due to more than one cause. Being disabled from more than one cause does not extend the payment of benefits under the maximum benefit period	
Partial Disability - Due to a sickness or injury, you are: unable to perform the material and substantial duties of your own occupation on a full-time basis, but are able to work part-time; and under the regular care of a doctor	50% of the monthly benefit is paid after at least one month that the Total Disability Benefit is payable. Payments continue while partially disabled for up to 3 months, but not beyond the maximum benefit period	<u>Recurrent Disability</u> - a benefit is paid if disabled from the same or related cause within 6 months without a new waiting period or maximum benefit period	

Disability Claims Checklist | Allstate

File your claim quicker using **MyBenefits**

Login at

https://mybenefits.allstate.com. Register first, if new to MyBenefits. With multiple payment options, choose how you will receive your benefits. Click 'File a Claim' to begin. Our system will guide you through each step along the way.

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Elimination Period Sickness - 14 Days Elimination (Waiting) Period - a period of continuous total disability which must be satisfied before you are eligible to receive benefits	Pregnancy -	A benefit for pregnancy is paid if total disability first begins after the certificate has been in force for at least 9 months	
	Organ Donor -	A benefit is paid when disabled from donating an organ	
	Waiver of Premium (employee only) - premiums are waived after monthly disability benefits are payable for 30 days in a row, for as long as monthly benefits are payable		

401k

Our 401K Provider: <u>OneAmerica</u> Group Number: G51788 Customer Service: 800-249-6269	Our Plan Details: current details to December 31, 2024 UET will evaluate yearly on the level matching to your contributions. \$1000 total possible match by December 31, 2024 \$250 for just signing up, regardless of if you contribute or how much. \$750 will be matched at a rate of \$2 for every \$1 that you contribute by December 31, 2024 Tip to not leave free money on the table: You will need to personally contribute \$375 before the end of 2024 to get the full \$1000 match!				
Our Financial Advisor: Jim Whitehead, Financial Advisor in Memphis, TN 901.682.5757 Jim.Whitehead@ampf.com	One-to-one financial advice We begin with what's most important to you—from goals that can include retirement or education, to a major purchase like a second home.	Personalized personalized recommendations I provide investment, asset allocation and portfolio recommendations based on your individual goals and personal risk tolerance.	Regular meetings We document your goals, meet regularly to review and analyze your progress, update your approach as life changes and help you track your progress along the way.	Anytime access At any time, from any device, access your investments and accounts, track your progress toward your goals and share information with me safely and securely.	
Register Online	If you haven't registered your ac	count:			

Group Number: G51788 Customer Service: 800-249-6269	Go to <u>oneamerica.com/login</u> Click "Register for a new account" and then under "Individuals" select "Account Services" Select "I have a retirement plan" and complete the step-by-step process. To complete the enrollment process, select your contribution amount and investment elections. You can also list your beneficiaries and begin the asset consolidation/rollover process, if applicable. Once enrolled, log in to view your balance, investments, contributions and other plan information. You also have access to tools and resources focused on a variety of financial wellness, retirement and investment-related topics designed to help you become more financially confident.				
Using the OneAmerica app	Using the OneAmerica® app • Once registration/enrollment is complet access the app to check your balance, may your investments and contributions and				
Group Number: G51788 Customer Service: 800-249-6269	 You can manage your account anytime, anywhere using the OneAmerica app. Download the OneAmerica mobile app from the App Store or Google Play. If you've not yet registered your account via the app or the website, select "Register" and follow the system prompts to complete the registration and, if applicable, enrollment process. 	Visit the App Store	Visit Google Play		

Should you leave us

Our COBRA Administrator: Ameriflex	COBRA COBRA allows you to continue your employer's health insurance coverage after job loss or other qualifying events.
<u>COBRA - Ameriflex</u>	
Ameriflex helps administer COBRA by sending election notices, managing	

premium payments, and facilitating coverage continuation.						
	Healthcare Coverage Continuation Individuals and qualified beneficiaries who lose healthcare coverage due to a qualifying event may enroll in COBRA to continue coverage for a limited time. COBRA participants can contact with questions about cover payments.		r experts	Easy Payment and Account Management COBRA participants can view their coverage and easily make premium payments through a secure platform.		
	Here's a comparison of COBRA vs. Open Market insurance to help you Aspect COBRA		decide which might be best for your situation Open Market			
When you lose your employer-sponsored	Cost	High premi	ums (no subsidies)	Can be ch	neaper with subsidies or tax credits	
health insurance, you typically have two	Coverage	Same cove	Same coverage as employer plan		Wide range of options, may differ from job	
main options for continuing coverage:	Eligibility	Only after	Only after losing job or qualifying event		Annual enrollment or life event triggers	
COBRA or purchasing a plan on the open market (e.g., through the Health Insurance Marketplace). Each option has its pros and cons.	Flexibility	Locked into	Locked into old employer plan		Greater flexibility in plan choice	
	Financial Assista	nce No subsidie	No subsidies		Tax credits and cost-sharing available	
	Duration	Limited to	Limited to 18-36 months		Renewable annually	