TOMTREYCO

A LOCKE-GIL ORGANIZATION

2027



CELEBRATING 25 YEARS

TOMTREYCO

A LOCKE-GIL ORGANIZATION





MANAGEMENT BENEFITS BOOKLET

WELCOME

To your employee benefits package

TOMTREYCO
A LOCKE-GIL ORGANIZATION

KEY CONTACT INFORMATION

aab All Atlantic Benefits

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Office: (305) 809-8211

Visit our Benefits Website for full plan information and to complete your enrollment
www.tomtreycobenefits.com

OUR CARRIERS

HEALTH

WellNet HEALTHCARE
Telephone: (267) 348-3492
www.wellnet.com
Cigna Network • www.cigna.com

TELEMEDICINE

TELADOC
Telephone: 1-800-TELADOC (835-2362)
www.teladoc.com

PHARMACY BENEFIT

Express Scripts
By EVERNORTH
Telephone: (800) 282-2881
http://www.express-scripts.com/

DENTAL | VISION

Mutual of Omaha
Dental Telephone: (800) 927-9197
www.mutualofomaha.com/dental
Vision Telephone: (833) 279-4358
www.mutualofomaha.com/vision

LIFE | AD&D | DISABILITY

Mutual of Omaha
Telephone: (800) 775-1000
www.mutualofomaha.com

SUPPLEMENTAL

Mutual of Omaha
Telephone: (800) 775-8805
www.mutualofomaha.com

EMPLOYEE ASSISTANCE PROGRAM

Mutual of Omaha
Telephone: (800) 316-2796
www.mutualofomaha.com/eap

OPEN ENROLLMENT

During our annual open enrollment, you are able to make changes to your benefit elections and covered dependents.

PLAN YEAR

January 1, 2027 - December 31, 2027

NEW HIRE ENROLLMENTS

First of the month following 60 days of date of hire

ELIGIBILITY

Full time employees working 30 or more hours per week are eligible to enroll in the benefits outlined in this guide.

DEPENDENTS

You may be able to enroll eligible dependents in some of our plans. Eligible dependents include:

- Your spouse
- A child under the age of 26 who is your natural child, step child, legally adopted child, or child for whom you have a obtained legal guardianship.
- An unmarried child over the age of 26 who is not able to support themselves due to mental disability, physical disability, mental illness, or developmental disability.
- Many states have extended dependent coverage regardless of student status. Age limitations by plan type will be outlined in this guide as best as possible.

QUALIFYING EVENTS

We are unable to accept changes to benefit elections outside of the annual open enrollment period unless you have a qualifying event. You must notify Human Resources within 30 days of a qualifying event.

Examples of qualifying events include:

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

PLEASE NOTE: The materials contained in this booklet provide a brief summary of the benefits offered and are not contractually binding. For additional and complete information, please refer to all certificates of insurance. In the event of a discrepancy or omission, the carrier policy will be deemed accurate.

aab

HOW TO ENROLL IN YOUR BENEFITS

Visit our benefits website at **www.tomtreycobenefits.com** for full plan documents and educational videos. When you are ready to enroll, please follow the instructions for one of our **three enrollment options** below.

1 BY PHONE
Schedule a phone appointment

2 EMPLOYEE SELF SERVICE
Click the "Benefits" tab in ESS

3 PROLIANT MOBILE APP
Tap 'HR', then Benefits

1 OPTION ONE: ENROLL OVER THE PHONE

When ready, visit **TomTreyco.MyBenefitsAppointment.com** to schedule your appointment or call **(866) 962-4431**.

Scheduling and appointments are available
Mon. – Fri., 8:00 am to 7:00 pm EST

On your phone? Scan the QR code with your camera to get started.

Scan Me

ENROLL ONLINE IN BENADMIN

Welcome to your new benefits enrollment module!

You will be able to use the Benefits Module to make your New Hire and/or Open Enrollment elections, view your current elections, make life event changes, update family and/or beneficiary information, access benefit materials (i.e. plan summary documents or forms), etc. Access BenAdmin using **Option Two** or **Option Three** below.

2 OPTION TWO: EMPLOYEE SELF SERVICE PORTAL

- You will be able to access the Benefits Module directly from the Employee Self Service Portal by clicking on the "Benefits" tab. You will not need a separate User ID or password when accessing the module via the Employee Self Service Portal.
- Log in to Employee Self Service at: **https://www.readypayonline.com/Proliant/Login/Login.aspx**

Note: BenAdmin will open in a new tab. Please be sure to allow the pop-up or disable the pop-up blocker on your browser if it does not immediately open.

Click the "My Benefits" tab on the Employee Self Service menu bar:



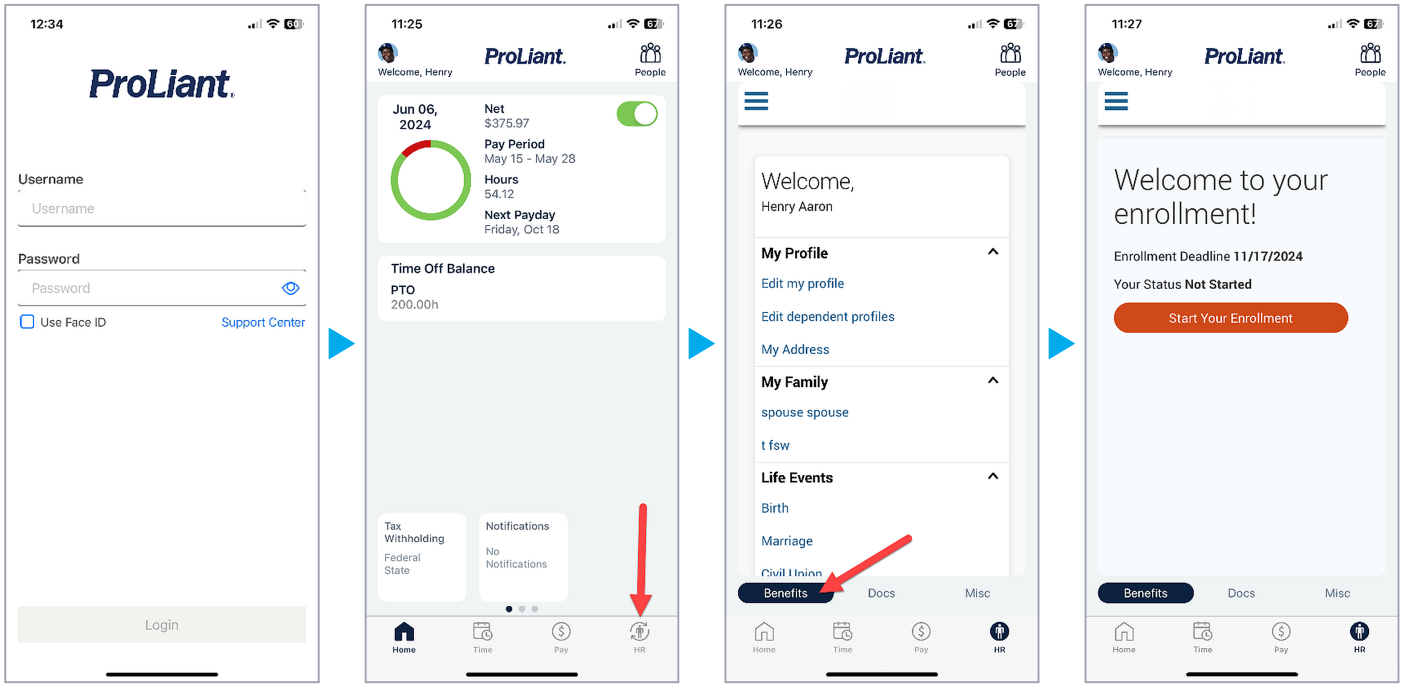
Should you have any questions during your enrollment, please contact EOI at (866) 962-4431

HOW TO ENROLL IN YOUR BENEFITS

(continued)

3 OPTION THREE: PROLIANT MOBILE APP

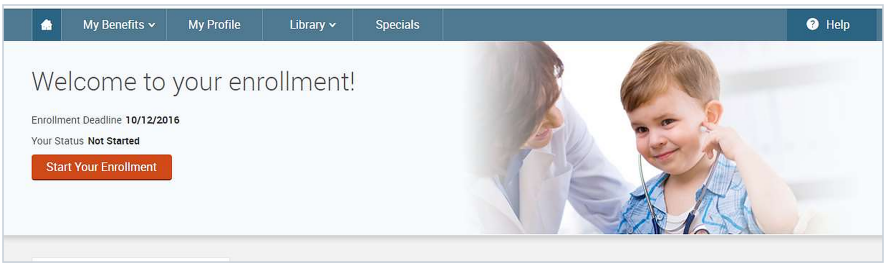
- Download the ProLiant Mobile App from Google Play or the Apple App Store.
- Once logged into the app (same username and password used for Employee Self Service), the main landing screen will display. Tap 'HR' on the bottom menu to access Benefits.



1 Log in | 2 Tap HR | 3 Benefits | 4 Start Enrollment

MAKING YOUR BENEFIT ELECTIONS

- Once the BenAdmin homepage loads, click on **Start Your Enrollment**. *(If you do not see the button, please contact HR.)*



The enrollment process consists of the following **four (4) steps**:

1 **Employee** Personal Information
2 **Family** Family Information
3 **Enroll**
4 **Confirm**

You will need to complete each step in its entirety to complete the Enrollment Window.

Should you have any questions during your enrollment, please contact EOI at (866) 962-4431
Questions about BenAdmin? Please contact your HR Department.

MEDICAL INSURANCE

WellNet HEALTHCARE

(267) 348-3492 • www.wellnet.com

Plan Name	$5,000 Ded
Network Access	In Network Only
Provider Network	Cigna PPO, Choice Fund PPO
Opportunities For Care	
Preventative Care	Covered 100%
Physician	$35 Copay
Telemedicine (via Teladoc)	Primary Care & Specialist Visits: $35 Copay Teladoc: Covered 100%
Specialist	$35 Copay
Convenience Care Clinic	$35 Copay
Urgent Care	$100 Copay
Emergency Room	20% After Ded
Diagnostic Services	
Independent Clinical Lab / X-Ray	Free-Standing Facility Lab: Covered 100% / Hospital Lab: 20% After Ded Free-Standing Facility X-Ray: Covered 100% / Hospital X-Ray: 20% After Ded
Diagnostic Testing Facility MRI, MRA, CT & PET Scans	Freestanding Facility: $200 Copay Outpatient Facility: 20% After Ded
Outpatient & Inpatient Services	
Outpatient Surgery Ambulatory Surgical Center/Hospital	Office Surgery: $200 Copay; Ambulatory Surgical Center: $600 Copay Outpatient Hospital: 20% After Ded
Inpatient Hospital	20% After Ded
Provider Services Inpatient Hospital	20% After Ded
Pharmacy Benefits	
Prescription	$10 / $50 / $80 Specialty: 20% After Ded
Deductible	
Deductible	$5,000 / $10,000
Member Co-Insurance	20%
Maximum Benefits	
Member Out of Pocket Maximum	$6,500 / $11,000
Carrier Lifetime Benefit Maximum	Unlimited
Dependent Child/Student Age	Up to Age 26, benefit will terminate at end of the month of Birth Date

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

MEDICAL INSURANCE

WellNet HEALTHCARE

(267) 348-3492 | www.wellnet.com

Plan Name	PPO $3,500 Ded	
Network Access	In Network	Out of Network
Provider Network	Cigna PPO, Choice Fund PPO	
Opportunities For Care		
Preventative Care	Covered 100%	30% After Ded
Physician	$25 Copay	30% After Ded
Telemedicine (via Teladoc)	Primary Care & Specialist Visits: $25 Copay Teladoc: Covered 100%	Primary Care & Specialist Visits: 30% After Ded Teladoc: Not Applicable
Specialist	$25 Copay	30% After Ded
Convenience Care Clinic	$25 Copay	30% After Ded
Urgent Care	$75 Copay	$75 Copay
Emergency Room	$500 Copay	
Diagnostic Services		
Independent Clinical Lab / X-Ray	Free-Standing Facility Lab: Covered 100% Hospital Lab: 10% After Ded Free-Standing Facility X-Ray: Covered 100% Hospital X-Ray: 10% After Ded	30% After Ded
Diagnostic Testing Facility MRI, MRA, CT & PET Scans	Free-Standing Facility: Covered 100% Hospital: 10% After Ded	30% After Ded
Outpatient & Inpatient Services		
Outpatient Surgery Ambulatory Surgical Center/Hospital	Office Surgery: $100 Copay Ambulatory Surgical Center: $300 Copay Outpatient Hospital: 10% After Ded	30% After Ded
Inpatient Hospital	10% After Ded	30% After Ded
Provider Services Inpatient Hospital	10% After Ded	30% After Ded
Pharmacy Benefits		
Prescription	$10 / $30 / $45 Specialty: 10% After Ded	Not Covered
Deductible		
Deductible	$3,500 / $7,000	$9,000 / $18,000
Member Co-Insurance	10%	30%
Maximum Benefits		
Member Out of Pocket Maximum	$5,500 / $11,000	$18,000 / $36,000
Carrier Lifetime Benefit Maximum	Unlimited	
Dependent Child/Student Age	Up to Age 26, benefit will terminate at end of the month of Birth Date	

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

MEDICAL INSURANCE

WellNet HEALTHCARE

(267) 348-3492 | www.wellnet.com

Plan Name	PPO $2,000 Ded	
Network Access	In Network	Out of Network
Provider Network	Cigna PPO, Choice Fund PPO	
Opportunities For Care		
Preventative Care	Covered 100%	20% After Ded
Physician	$15 Copay	20% After Ded
Telemedicine (via Teladoc)	Primary Care & Specialist Visits: $15 Copay Teladoc: Covered 100%	Primary Care & Specialist Visits: 20% After Ded Teladoc: Not Applicable
Specialist	$15 Copay	20% After Ded
Convenience Care Clinic	$15 Copay	20% After Ded
Urgent Care	$50 Copay	$50 Copay
Emergency Room	$300 Copay	
Diagnostic Services		
Independent Clinical Lab / X-Ray	Free-Standing Facility Lab: Covered 100% Hospital Lab: 0% After Ded Free-Standing Facility X-Ray: Covered 100% Hospital X-Ray: 0% After Ded	20% After Ded
Diagnostic Testing Facility MRI, MRA, CT & PET Scans	Free-Standing Facility: Covered 100% Hospital: 0% After Ded	20% After Ded
Outpatient & Inpatient Services		
Outpatient Surgery Ambulatory Surgical Center/Hospital	Office Surgery: $50 Copay Ambulatory Surgical Center: $150 Copay Outpatient Hospital: 0% After Ded	20% After Ded
Inpatient Hospital	0% After Ded	20% After Ded
Provider Services Inpatient Hospital	0% After Ded	20% After Ded
Pharmacy Benefits		
Prescription	$10 / $30 / $45 Specialty: 0% After Ded	Not Covered
Deductible		
Deductible	$2,000 / $4,000	$4,500 / $9,000
Member Co-Insurance	0%	20%
Maximum Benefits		
Member Out of Pocket Maximum	$4,500 / $9,000	$9,000 / $18,000
Carrier Lifetime Benefit Maximum	Unlimited	
Dependent Child/Student Age	Up to Age 26, benefit will terminate at end of the month of Birth Date	

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

MEMBER SERVICES

WellNet HEALTHCARE

(267) 348-3492 | www.wellnet.com

Welcome to WellNet Healthcare

Tomtreyco Inc. recently partnered with WellNet Healthcare in the administration of your health care benefits. For more than 25 years, WellNet has delivered an exceptional member experience to our customers and we pride ourselves on being the most innovative healthcare company in the market today.

WellNet Healthcare's objective is to simplify the healthcare experience and provide comfort to you and your family. This is accomplished by allowing you to manage your healthcare needs through the access of the best and most efficient tools, as well as providing an individualized guided experience with the support of our advocacy team.

Member Portal Access Instructions

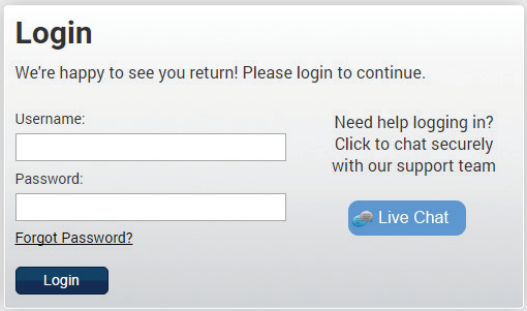
Registration

1. Visit your Member Portal at **WellNet.com** and click the "Portal Login" button.
2. In the upper right corner of the Member Portal home screen, click the **Register Now** button.

   Register Now
3. Your **ID Number** can be found on your Welcome Letter or WellNet ID Card. If you do not have an ID Number, please contact 267-348-3492 or service@wellnet.com

Logging In

Once you have registered for the Member Portal, you may use your username and password to log in. The **Login** button is in the upper right corner of the Member Portal home screen.

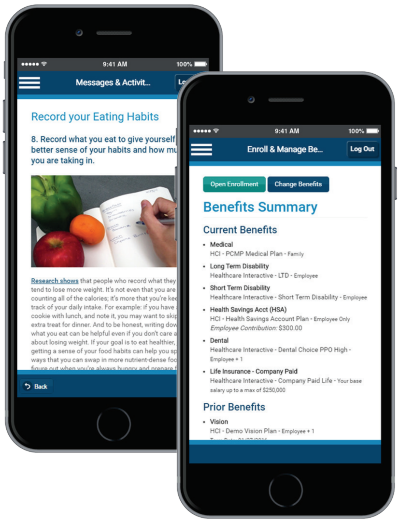


WellNet.com > click "Portal Login"
267-348-3492



Stay Connected On the Go!

Look for the **WellNet** mobile app in the iPhone App Store and Google Play Store.



WellNet

Use your mobile device to access the same great health plan and wellness features of your Member Portal!

Available on the iPhone App Store | Google play

Frequently Asked Questions

How do I access my benefit information?

All benefit information, including description of coverage, claim status, and various forms are available through the member portal or mobile device. Visit www.wellnet.com and click on "Portal Login"

Where is my ID Card?

Your WellNet ID card will arrive in the mail shortly. You can also download a copy of your ID from the member portal or access through your mobile app.

How do I locate a provider?

To locate a provider, contact the WellNet Advocacy team. Representatives are available Monday through Friday, 8:30 a.m. to 7:00 p.m. EST. at (267) 348-3492

Other Questions?

We are here to help! Contact WellNet Advocacy services for any questions.

267-348-3492
Advocacy@wellnet.com

Reference Sheet

Medical Coverage	WellNet members' healthcare coverage is provided through: **CIGNA** Call: 267-348-3492 to confirm benefits
Medical Claims Submission	Claims mail submission: Cigna PO Box 188061 Chattanooga, TN. 37422-8061 Electronic Payor ID#: 62308
Telemedicine Providers	Access to telemedicine providers 24/7, visit: www.teladoc.com or call 1-800-TELADOC (835-2362)
Precertification	Precertification requirements vary by plan. Failure to comply with precertification requirements may result in reduction of benefits. To pre-certify, call: 267-348-3492
Prescription Coverage	WellNet members' pharmacy benefit is available through all participating pharmacies within the **Express Scripts (ESI)** network. Call 800-282-2881 to confirm benefits.
Prior Authorizations	Certain medications require prior authorization before they are filled at a pharmacy. To confirm, call 800-753-2851
Pharmacy Helpline	Pharmacists with inquiries should call the pharmacy helpline at 800-922-1557
Mail Order Pharmacy	To submit a mail order prescription, call 888-327-9791

To locate a quality provider in your area, contact a WellNet Advocate:
267-348-3492 or advocacy@wellnet.com
Monday through Friday, 8:30 a.m. to 7:00 p.m. EST.

So many reasons **to use Teladoc®**

Teladoc is an **affordable option** for quality medical care - with **access to U.S. board-certified doctors *anytime*** (24 hours, 7 days a week).

Schedule appointments and see your doctor by phone, video or through the mobile app.



Talk to a doctor anytime, anywhere you happen to be



Receive quality care via phone, video or mobile app



Prompt treatment, talk to a doctor in minutes



A network of doctors that can treat every member of the family



Prescriptions sent to a pharmacy of your choice if medically necessary



Teladoc is less expensive than the ER or urgent care

Get the care you need

Teladoc doctors can treat many medical conditions, including:

- **Cold & flu symptoms**
- **Allergies**
- **Pink Eye**
- **Respiratory infection**
- **Sinus problems**
- **Skin problems**

And more!

With your consent, Teladoc® is happy to provide information about your Teladoc visit to your primary care physician.

Talk to a doctor anytime

Available on the Google Play

Download on the App Store

teladoc.com

1-800-TELADOC (835-2362)

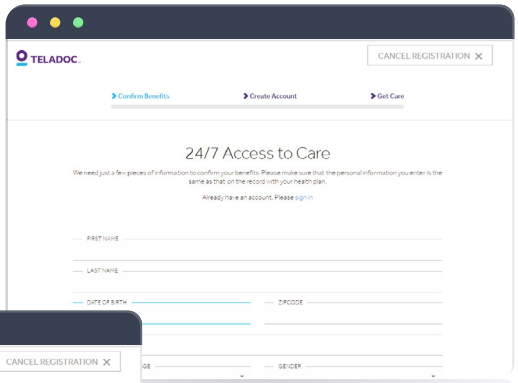
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Get started with Teladoc®

It's quick and easy to set up your account online. Simply visit the Teladoc® website, click **"Set up account"**, and then follow the instructions below.

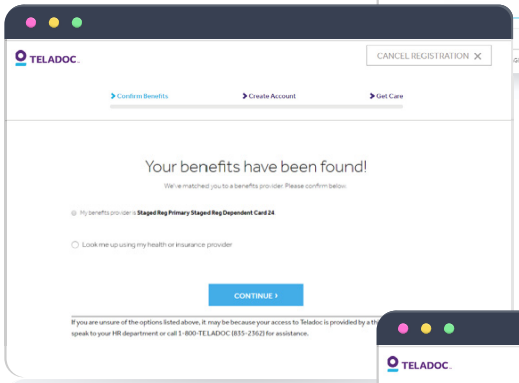
1. Confirm benefits

Provide some information about yourself to confirm your eligibility.



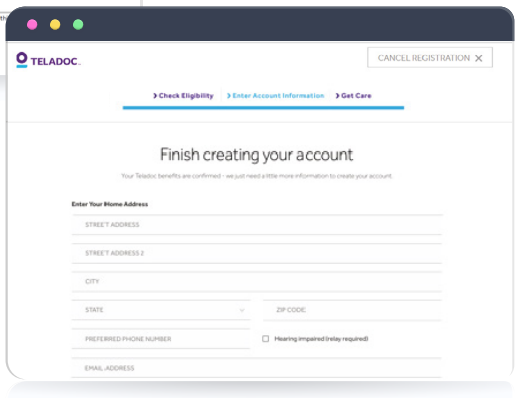
2. Benefit confirmation

We'll confirm that we found your benefits. Click "CONTINUE" and finish creating your account.



3. Create account

Enter your contact information, username, password, and security questions.



Talk to a doctor anytime

teladoc.com

Download the app

Available on the Google Play

Download on the App Store

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TAKE THE OPPORTUNITY TO TAKE CONTROL OF YOUR PRESCRIPTION PLAN

TAKE THINGS ONLINE

Create an account on express-scripts.com or the Express Scripts® mobile app.

Manage your prescription plan anytime and anywhere with an online account.
It's simple and easy to get started.

1. **Visit** express-scripts.com and select Register OR download the Express Scripts mobile app for free from your phone's app store and select Register
2. **Enter the requested information,** including your member ID or Social Security number, and create your user name and password
3. **Click or tap Register Now**

Once your account is created, you can:

- Check your order status
- View and print Digital ID cards
- Enroll in home delivery
- Refill and renew prescriptions
- Enroll eligible prescriptions in automatic refill
- Find your nearest preferred pharmacy
- Set reminders to take your medication

TAKE A SHORTER TRIP TO GET YOUR MEDS

Enroll in home delivery to get your 90-day prescriptions shipped right to your door.

Requesting to get your medications delivered to your home from Express Scripts® Pharmacy is simple and convenient.
First, log in to express-scripts.com (if you haven't already registered, make sure to have your member ID or SSN).

If you are enrolling a new prescription…

- Contact your doctor and ask them to e-prescribe a 90-day prescription directly to Express Scripts
- OR send a request by selecting "Forms" or "Forms & Cards" from the "Benefits" menu, print a mail order form and follow the mailing instructions
- OR call us at the Member Services number on your card and we'll contact your doctor for you

If you are enrolling a current prescription…

Transfer retail prescriptions to home delivery by clicking "Add to Cart" for eligible prescriptions and check out.
You can also refill and renew prescriptions.
We'll contact your doctor and take care of the rest.

Check Order Status to track the shipping of your prescriptions. After we receive your prescription from your doctor, you will receive your medication within 7 days.[1]

TAKE A BREAK FROM BRAND NAMES

Ask about switching to a generic medication to save money on your prescriptions.

By not looking for the best deal on your prescription drugs, you may end up paying more than you should for your medications.

The easiest—and safest—way to save money on prescriptions is to ask for a generic, which typically costs less because the manufacturer did not have to conduct the initial research or studies that the branded drug did.

Generics fall into two categories:

Direct chemical equivalent – a drug that has the same active ingredient as its brand-name counterpart

Therapeutic alternative – a drug that may not be chemically equivalent to the brand, but has the same therapeutic or treatment effect

Direct chemical equivalents are practically identical to the branded drug, while therapeutic alternatives are part of the same family.

Is there a generic for your medication? You can ask…

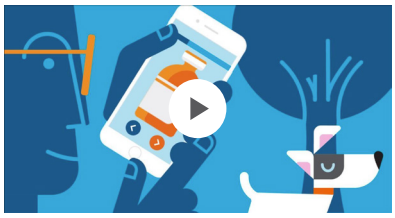
Your health care provider. Check with your doctor or nurse if there's a generic for any medication you're prescribed.

Your pharmacist. Before getting a prescription filled, refilled or renewed, ask your pharmacist if there's a generic alternative.

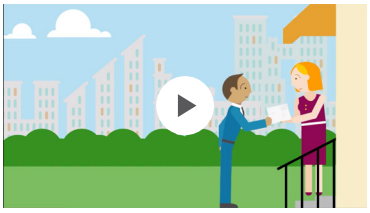
Express Scripts. You can review your prescriptions and specific generics savings opportunities at express-scripts.com.

DID YOU KNOW

FDA approved generics must adhere to strict guidelines and are the same as a brand-name medication in dosage, safety, effectiveness, strength, stability and quality.



Watch to learn more about managing your prescription plan online.



Watch to learn just what's so great about home delivery

For additional information on how to take control of your prescription plan or any other questions about your account or coverage, visit **express-scripts.com, download the Express Scripts mobile app** or call the **Member Services number** or call the Member Services number on your Digital ID card.

EXPRESS SCRIPTS®

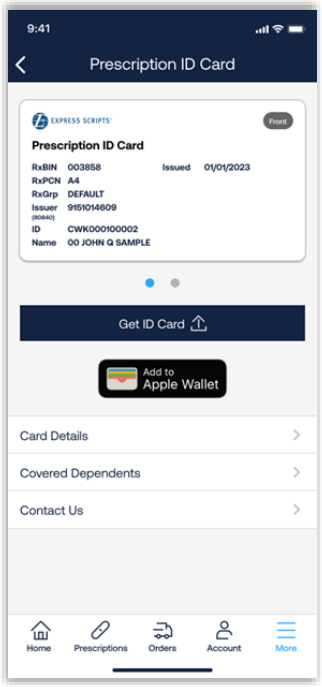
1 Over 85% of members receive their medications within 7 days. Longer delivery times may be due to additional correspondence needed with prescribers, medication availability and/or delivery times from the shipping vendor.

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EXPRESS SCRIPTS®

Digital and Print ID Cards

You can view your digital prescription ID card on your mobile device using the Express Scripts® mobile app or print your ID card from express-scripts.com.



VIEW YOUR DIGITAL ID CARD

Log in to the Express Scripts® mobile app.[1] If you have never registered, take a moment to register using your member ID number or Social Security number. Touch and facial recognition ID login are available on some devices.

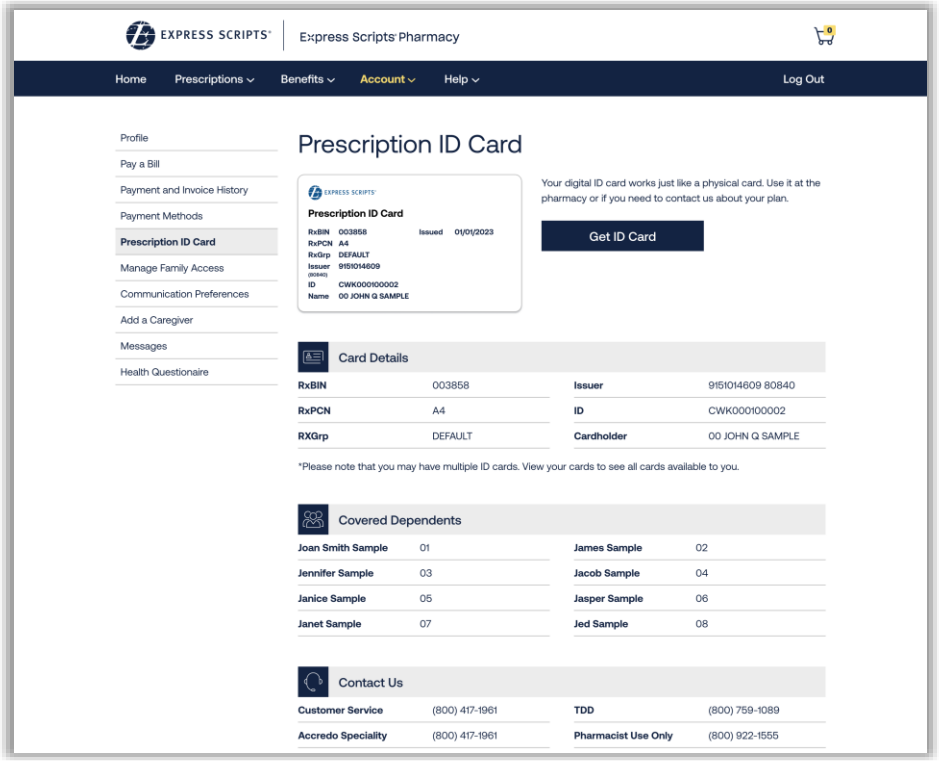
- On the app's home screen, tap **Prescription ID Card**.
- An image of your member ID card will appear.
- Hand your device to the pharmacist. That's it!

GET THE MOST OUT OF YOUR BENEFIT!
REGISTER ONLINE TODAY.
SCAN ME TO REGISTER OR LOG IN.

PRINT YOUR DIGITAL ID CARD

Log in to express-scripts.com. If you are a first-time visitor, take a moment to register using your member ID number or Social Security number.

- From the home page, select **Prescription ID Card** from the menu under **Account**.
- An image of your prescription ID card will appear and you will have the option to view the front or back of the card.
- You can click **Download Card** to download, save or print by following your printer prompts.



1 The app is compatible with most iPhone®, iPad®, and Android™ mobile devices. Search for "Express Scripts" in your app store and download the app for free.

Express Scripts and the "E" Logo are trademarks of Express Scripts Strategic Development, Inc., iPhone and iPad are trademarks of Apple, Inc., Android is a trademark of Google LLC.

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CRP2409_12486A & CRP2409_12486B

DENTAL INSURANCE

Mutual of Omaha

(800) 927-9197 | www.mutalofomaha.com/dental

Carrier Name	Mutual of Omaha			
	Low Option		High Option	
	In Network	Out of Network	In Network	Out of Network
Network	Mutual of Omaha Preferred Proprietary		Mutual of Omaha Preferred Proprietary	
Individual Deductible	$50	$50	$50	$50
Family Deductible	$150	$150	$150	$150
Wavied for Preventative	Yes		Yes	
Deductible Calendar Year	Calendar Year		Calendar Year	
Annual Maximum	$1,000		$2,500	
Preventative - Type 1	100%	100%	100%	100%
Basic - Type 2	50%	50%	90%	90%
Major - Type 3	50%	50%	60%	60%
Ortho - Type 4	Not Covered		50%	
Ortho Age Limit			Child(ren) Only - Age 26	
Ortho Maximum			$1,500	
Endodontics	Major		Basic	
Periodontics - Non-Surgical	Major		Basic	
Periodontics - Surgical	Major		Basic	
Oral Surgery (Simple)	Basic		Basic	
Oral Surgery (Complex)	Major		Basic	
Implants	Major		Major	
Out-of-Network Reimbursement	MAC		90th UCR	
Maximum Rollover	Not Included		Not Included	
Missing Tooth Exclusion	Not Included		Not Included	
Waiting Periods	None		None	
Dependent Child/Student Age	Up to Age 26, benefit will terminate at end of the calendar year			

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

DENTAL INSURANCE

Online Reference Guide for Plan Members



You have a great dental plan — now learn how to make full use of it to ensure proper dental health for you and your family.

With online access you can:

- View benefits information, eligibility and claims
- Print or view Explanation of Benefits (EOBs)
- Locate a provider, by ZIP code or address
- Access the Dental Wellness Center

Getting Started

1. Go to **MutualofOmaha.com/dental**
2. Click on the "Access Member Benefit Information" link and select the "Register Now" button. You will enter your Member ID number (located on your member ID card) or the last 4 digits of your Social Security Number and follow the instructions to create your user name and password.

Visit as many times as you need to view or print copies of your coverage information.
Note: *Due to HIPAA a spouse and adult child will have to register separately.*

Logging On

1. Go to **MutualofOmaha.com/dental**
2. Click on the "Access Member Benefit Information" and enter your username and password
3. Click the "Login" button

Online Tools

In the Member Web Portal you can access your benefit information, including:

- View your coverage information and eligibility
- Individuals included under your plan
- After you've visited the dentist, use the "Claims" tab to find historical claim data
- View or print your Explanation of Benefits (EOB) from the "Documents" tab

Visit our Dental Wellness Center filled with tools and resources to make informed decisions about your dental health care, including:

- Find a Dentist search and Cost Estimator tools
- Dental Library comprised of articles, videos and definitions
- Ask A Dentist email feature
- Dental Health News, and much more

Access a Claim Form

If you visit an out-of-network provider, you can download a claim form from the home page.

Request an ID Card

800-927-9197

Mutually Preferred®

MUTUAL of OMAHA

Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

450570_0423_United

VISION INSURANCE

Mutual of Omaha

(833) 279-4358 | www.mutalofomaha.com/vision

	In-Network Copays & Allowances
Network	EyeMed Insight
Exam Copay	$10 Copay
Materials Copay	$10 Copay
Frequency - Exam / Lenses / Frames	12 / 12 / 24
Single Lenses - After Copay/Allowance	Covered in full after copay
Bifocal Lenses - After Copay/Allowance	
Trifocal Lenses - After Copay/Allowance	
Frames - After Copay	$200 allowance
Contacts (Elective)	$200 allowance
Dependent Child/Student Age	Up to Age 26, benefit will terminate at end of the calendar year

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

VISION INSURANCE

APP GUIDE FOR VISION PLAN MEMBERS



Our vision insurance gives you easy access to quality benefits and a broad network of providers. We'd like to help you manage your plan with even more convenience — from your mobile device.

With mobile access you can:

- View Benefits Information
- Locate a Provider
- Access ID Card

Get Started with the App

1. Go to your device's app store and search **"EyeMed Members"**
2. Download the app to your device
3. Click the **"Register"** button
4. Enter your name, date of birth, member ID number (located on your member ID card) or the last four digits of your Social Security Number (if provided by your employer)
5. Follow the instructions for creating your account

Top Features of the App

- Access your ID card and view benefits information on the go
- View reminders about upcoming eye appointments
- View benefits information

We are here for you

Contact me for more information.

POWERED BY EyeMed

Mutual of Omaha

Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

Vision insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, (800) 769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number G2018MP or state equivalent. Some exclusions and limitations may apply.

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LIFE INSURANCE

Mutual of Omaha

(800) 775-1000 | www.mutualofomaha.com

EMPLOYER PAID BASIC LIFE & AD&D BENEFIT

Tomtreyco provides Employer Paid Life Insurance and AD&D to all Full Time Owners, Admin Officer, Human Resources, Salary Assistant Managers, Salary General Managers, Tech Supervisors, Technology and Training Maintenance eligible for benefits in the amount of: $15,000

Benefits Reductions:
50% At Age 70

VOLUNTARY LIFE & AD&D

Employee Benefits

Benefit Amount:

- Choice of $10,000 Increments
- Not to exceed 5 times your annual salary
- Maximum Amount $500,000

Guarantee Issue:

- Up to $200,000 at Initial Enrollment

Other Benefits Included:

- Living Care/Accelerated Death Benefit
- Waiver of Premium
- Portability
- Conversion

Your Benefits Will Reduce:

- 50% at age 70

Spousal Benefits

Benefit Amount:

- Choice of $5,000 increments
- Employee must elect coverage in order to enroll spouse
- Maximum amount $100,000 not to exceed 100% of employee benefit amount

Guarantee Issue:

- Up to $50,000 at Initial Enrollment

Child Benefits

- $10,000: 14 days to age 26
- Employee must elect coverage in order to enroll children

DISCLOSURES

Accidental Death and Dismemberment (AD&D) pays the Principal Sum Amount for the loss of life due to an accident or the loss of 2 or more members such as hand, foot, or eye.
Half the Principal Sum is payable for the loss of one member.
Please refer to the certificate of insurance for full policy details, benefits, and restrictions.
Rate information can be found in your enrollment kit or platform.
Exclusions may apply.

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

DISABILITY INSURANCE

Mutual of Omaha

(800) 775-1000 | www.mutualofomaha.com

VOLUNTARY SHORT TERM DISABILITY

Elimination Period	14th Day Accident and 14th Day Sickness
Maximum Weekly Benefit	60% Of Your Weekly Salary Up to $1,500
Benefit Duration	24 Weeks
Pre-Existing Period	3 months / 6 months

VOLUNTARY LONG TERM DISABILITY

Elimination Period	180 Days
Maximum Monthly Benefit	60% Of Your Monthly Salary Up To $6,000
Benefits Duration	RBD to SSNRA
Pre-Existing Period	3 months / 12 months
Own Occupation	24 Months

DEFINITIONS AND REQUIREMENTS

Elimination Period: The number of days you must be disabled before benefit payments begin.

Maximum Benefit: The benefit amount you will receive when you are disabled.

Benefit Duration: The maximum period of time that benefits will be paid during a period of disability.

Definition of Disability: Disability means you are unable to perform the main duties of your occupation on a full-time basis due to non-work related injury or sickness. Please see the summary of benefits for more detail.

Eligibility Requirements: You must be a permanent employee regularly scheduled to work at least 30 hours per week, be actively at work on the coverage effective date.

Program Effective Date: The effective date of your coverage will be the first day of the month following the completion of your waiting period. Late entrants are required to complete satisfactory Evidence of Insurability.

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

SUPPLEMENTAL INSURANCE

Mutual of Omaha

(800) 775-8805 | www.mutualofomaha.com

Financial protection for you and your family! You've spent your entire career creating a happy, stable life. We're here to help you ensure everything you've built isn't put at risk due to an unexpected illness or accident. The following information illustrates highlights of all the plans, please refer to the summaries for a full list of benefits and exclusions.

Hospital Indemnity

All employees may elect Hospital Indemnity through **Mutual of Omaha**. Below are some coverage highlights.

PLAN HIGHLIGHTS	HOSPITAL INDEMNITY
Hospital Admission	Hospital: $1,000 per admission ICU: $2,000 per admission
Hospital Intensive Care Unit (ICU) Daily Confinement See plan summary for limitations	$400 per day
Hospital Daily Confinement See plan summary for limitations	$200 per day
Daily Newborn Nursery Care Confinement (Up to 2 days per policy year)	$75 per day
Health Screening (1 time per insured per calendar year; up to 6 per family per calendar year)	$50
Express Benefit (equal to one daily hospital confinement benefit)	$200 per hospital admission

Accident Insurance

All employees may elect Accident Insurance through Mutual of Omaha. Below are some coverage highlights.

PLAN HIGHLIGHTS	ACCIDENT PLAN
Emergency Care Benefits	
Emergency Care Treatment	$400
Initial Physician Office Visit	$175
Diagnostic Exam	Up to $400
Air Ambulance Transportation	Up to $2,000
X-Ray	$100
Hospitalization Benefits	
Accident Hospital Admission	$2,000
Accident Hospital Daily Confinement	$400 per day
Accident Intensive Care Daily Confinement	$800 per day
Factures and Dislocations Benefits	
Various	Refer to Plan Summary
Follow-Up Care	
Accident Follow-Up	Refer to Plan Summary
Health Screening Benefit	$50

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SUPPLEMENTAL INSURANCE

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Financial protection for you and your family! You've spent your entire career creating a happy, stable life. We're here to help you ensure everything you've built isn't put at risk due to an unexpected illness or accident. The following information illustrates highlights of all the plans, please refer to the summaries for a full list of benefits and exclusions.

Critical Illness Insurance

All employees may elect Critical Illness Insurance through Mutual of Omaha. Dependent coverage is contingent on employee enrollment. Below are some coverage highlights. Rates for this coverage are based on your age, and coverage level.

PLAN HIGHLIGHTS	CRITICAL ILLNESS PLAN
Employee Benefit Amount Guarantee Issue	**Option of $10,000, $20,000, $30,000 or $40,000**
Spouse Benefit Amount Guarantee Issue	**Option of $10,000, $20,000, $30,000 or $40,000 (Up to 100% of the employee benefit amount)**
Child(ren) Benefit coverage amount Guarantee Issue, Benefit Terminates at Age 26	**50% of the employee benefit amount up to $20,000**

Critical Illness Coverage List of Covered Conditions

Covered Illness	Initial Occurrence % of Initial Benefit Amount	Recurrence % of Initial Benefit Amount
Invasive Cancer	100%	100%
Non-invasive cancer/carcinoma in situ	25%	100%
Skin Cancer	$500	$500 with limitations, see plan summary
Heart Attack	100%	100%
Stroke	100%	100%
Coronary Artery Disease	Minor: 25% | Major: 50%	100%
Cerebral Palsy	100%	Not available
Major Organ Failure	100%	100%
End Stage Renal Disease (ESRD)	100%	Not available
Acute Respiratory Distress Syndrome (ARDS)	25%	100%
Parkinson's Disease	100%	Not available
Multiple Sclerosis (MS)	100%	Not available
Amyotrophic Lateral Sclerosis	100%	Not available
Benign Brain or Spinal Cord Tumor	100%	100%
Loss of Sight	One Eye: 50% / Both Eyes: 100%	Not available
Coma	100%	100%
Loss of Hearing	100%	Not available
Loss of Speech	100%	Not available
Permanent Paralysis	100%	Not available
Congenital Heart Diesease	100%	100%
Genetic Disorder	100%	100%
Structural Congenital Defect	100%	100%

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

VALUE ADDED SERVICES

Mutual of Omaha | www.mutualofomaha.com | (800) 316-2796

Employee Assistance (EAP)

Life's not always easy. Sometimes a persona or professional issue can get in the way of maintaining a healthy, productive life. Your Employee Assistance Program (EAP) can be the answer for you and your family.

- Mutual of Omaha's EAP assists employees and their eligible dependents with personal or job-related concerns, including: Emotional well being, family and relationships, legal and financial matters.
- Access to EAP professionals 24 hours a day, seven days a week. Three face to face sessions.
- Provides information and referral resources.
- Service for employees and eligible dependents
- Robust network of licensed mental health professionals

Travel Assistance

US Inquiries: 800-856-9947

Outside the US call collect: 312-935-3658

- Take comfort in knowing that Travel Assistance travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.
- Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip, up to 120 days in length, more than 100 miles from home.
- Offering Pre Trip Assistance, Medical Assistance, Identity Theft Protection and Emergency Travel Support.
- Enjoy Your Trip - We'll Be There If You Need Us - 24/7

Will Preparation by Epoq

www.willprepservices.com Code: MUTUALWILLS

- Creating a will is an important investment in your future. It specifies how you want your possessions to be distributed after you die.
- Whether you're single, married, have children or are a grandparent, your will should be tailored for your life situation.
- That's why it's good you have access to FREE online will preparation services provided by Epoq, Inc. (Epoq).
- Easy, Free and Secure
- Epoq offers a secure account space that allows you to prepare wills and other legal documents. Create a will that's tailored to your unique needs from the comforts of your own home.
- Provides the following FREE documents: Last Will & Testament, POA, Healthcare Directive, Living Trust

WHERE TO GO FOR CARE

Getting care at the best place for your condition could save you money on your out-of-pocket costs. See your primary care physician (PCP) or family doctor first. If seeing your PCP isn't possible, it's important to know your quick care options, especially before heading to an ER.

Compare quick care options to help keep costs down.







	PCP	Virtual Visits	Convenience Care	Urgent Care	Emergency Room
	Care from the doctor who knows you best	See a doctor whenever, wherever.	Basic Conditions that aren't life threatening	Serious Conditions that aren't life-threatening	Life and Limb-threatening emergencies
Average Cost	$160	less than $49	$100	$180	$2,200
✔ Indicates the recommended place for care for the following conditions:					
Broken Bones				✔	✔
Chest Pain					✔
Cough	✔	✔	✔		
Fever	✔	✔	✔		
Muscle Strain	✔		✔		
Pinkeye	✔	✔	✔		
Shortness of Breath					✔
Sinus Problems	✔	✔	✔		
Sore Throat	✔	✔	✔		
Sprain	✔		✔	✔	
Urinary Tract Infection	✔	✔	✔		

Call 911 or go to an emergency room (ER) if you have a life-threatening condition

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

WELLNESS

Knowing your four health numbers is key to a healthier you.



At your annual check-up, ask your doctor for your four health numbers (Blood Pressure, Cholesterol, Blood Sugar and BMI-Body Mass Index).

Blood Pressure

A telltale sign for possible heart disease, stroke and kidney disease. Understanding your blood pressure numbers is key to controlling high blood pressure. The American Heart Association recommends a normal Blood Pressure range of Systolic mm HG (upper number) Less than 120 and Diastolic mm HG (lower number) Less than 80 (120/80)

Cholesterol

HDL is good. LDL is bad. Keeping both in check is essential. The American Heart Association (AHA) recommends that all adults age 20 or older have their cholesterol and other traditional risk factors checked every four to six years, and work with their healthcare providers to determine their risk for cardiovascular disease and stroke.

Blood Sugar

A leading determinant for the onset of diabetes. What is normal blood sugar level? And how can you achieve normal blood sugar? For someone without diabetes, a fasting blood sugar on awakening should be under 100 mg/dl. Before-meal normal sugars are 70-99 mg/dl. "Postprandial" sugars taken two hours after meals should be less than 140 mg/dl.

Body Mass Index (BMI)

The measure of body fat based on height and weight that applies to adult men and women. In general, BMI is an inexpensive and easy-to-perform method of screening for weight category, for example underweight, normal or healthy weight, overweight, and obesity. There are many calculators online to assist you with obtaining your BMI.

https//www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html

Do you know your financial health numbers?

Knowing them is just as important as knowing your overall health numbers. Your financial health comes down to a series of ratios. here's where you should start:

1. **Credit Score:** Your FICO credit score—a ratio determined by three credit bureaus and based primarily on your track record of paying bills on time - is about far more than just being approved for loans.
2. **Retirement Savings Rate:** There is no single, correct dollar amount to put aside for retirement, which is why most projections rely on percentages. The most important one is how much of your salary should be put aside for retirement, which experts peg at 15%.
3. **Emergency Fund:** The number you need to know: How many months could you survive on your savings? The key is to achieve an overall balance in your finances, with about half your income going towards fixed expenses like rent and utilities, 20% for financial goals like savings, and 30% for day-to-day expenses like groceries and gas, advises Vera Gibbons, personal finance consultant - mint.com.
4. **Net Worth:** People tend to think of this number as their "wealth," says LearnVest's von Tobel, but it's not really about how much you have at any given point. Rather, people should use net worth as a starting point to see how they are doing down the road.



DISCLOSURES

Medicare Part D

This notice officially confirms the fact that your prescription drug coverage is creditable does not prevent you from enrolling in Medicare Part D if you wish. The open enrollment for Part D is October 15th to December 7th. However, delaying enrollment in Medicare Part D until a future date will not result in higher premium payments as long as you are covered by a creditable prescription drug plan.

As someone who is Medicare eligible, you will be receiving information on the Medicare Part D plans in your area. Premiums will vary depending upon where you live, but are expected to average about $32-$37/Month. If you do decide to enroll, coordination of benefits will be required.

On Medicare Part D, you can read the "Medicare & You" Hand book which will be mailed to you during October. Visit www. medicare.gov on the web or call 1-800 MEDICARE (633-4227) - TTY users should call 1-877-846-2048

Section 125

Under certain circumstances, you may be allowed to make changes to your benefits elections during the plan year, such as additions, deletions and cancellations, depending on whether or not you experience an eligible qualifying event as determined by the Internal Revenue Service (IRS) Code, Section 125. You may change a benefit election upon the occurrence of a valid qualifying event only if the event affects your own, your spouse's or your dependent's coverage eligibility.

If you experience a qualifying event, you must report the qualifying event to Human Resources Department within 30 days of the event. Beyond 30 days, additions and deletions will be denied and you may be responsible both legally and financially for any claims and/or expenses incurred as a result of any dependent(s) who continued to be enrolled who no longer meet the entity's eligibility requirements.

If approved, most election changes will be effective on the date of the qualifying event for additions; cancellations will be processed at the end of the month.

Payroll deductions for health, dental, vision and certain supplemental accident insurance premiums, are deducted from your gross income before your income is taxed. The entity's plan is known as a Cafeteria Benefit Plan and is governed by IRS Code, Section 125. This pre-tax benefit means you pay less tax on a per-pay and annual basis. See examples of Qualifying Life Events for allowable enrollment changes as determined by Section 125 of the IRS Code.

COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 requires that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called 'continuation coverage') at group rates in certain instances where coverage under the plan would otherwise end. An employee, spouse of an employee or a dependent child of an employee covered by the Entity's group health plan has the right to choose this continuation coverage if coverage is lost for any qualified reason. For more information, please speak with Human Resources.

Medicaid CHIP

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help you pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

aab

Brought to you by:

All Atlantic Benefits

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Hollywood, FL 33021
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