



Employee Benefit Guide

October 1, 2020 to September 30, 2021



What's Inside

- Eligibility Information
- How to be an Informed Consumer
- Plan Options
- Insurance Company Contact Information

HUI Benefits

Each year, we carefully review our benefit plans to ensure we are able to not only control costs, but also keep in mind the needs of our employees. Carefully review the benefits available to you and be sure to ask Human Resources if you have any questions.

The overviews in this document are intended to provide highlights of the plans listed. Please see the Summary of Benefits and Coverage documents for an overview of your plan coverages.

If there is a discrepancy between this document and a plan document, the plan document will govern.

Please review the Federally Mandated Notices document that is included with this booklet. If you have questions on this, please contact Human Resources.

Eligibility

- You are eligible for our benefits as soon as you have completed the new hire waiting period as of first of the month after 30 days of employment.
- Some benefits may require evidence of insurability. Please see the summaries for additional details.
- Your dependents are eligible once you are eligible for benefits. Dependents are defined as:
 - Your lawful spouse.
 - Any child or stepchild of yours who is less than 26 years old.
 - Any child 26 years old or older, unmarried, primarily supported by you, and incapable of self-sustaining employment by reason of mental or physical handicap.

Changes to Your Elections after Open Enrollment

Following open enrollment, you may only make changes due to **qualified life events**. Your election (including waived coverage) generally lasts for the plan year, which is October 1 through September 30. To make changes due to a life event, contact Human Resources. **It is your responsibility to make changes within 30 days of the event.**

You may be able to make changes to your coverage mid-year
for one of the following reasons:

- | | |
|---|---|
| • Marriage | • Change in employment status for you or your spouse |
| • Birth, adoption, placement for adoption | • Gain/Loss of Medicare/Medicaid or State Children's Health |
| • Divorce, legal separation, or annulment | • Insurance Program (CHIP) |
| • Death of a spouse or child | • Child care judgment or order |
| • Gain/Loss of other coverage | • Child ceases to satisfy eligibility requirements |

How to Enroll

1. Discuss with your dependents which elections are best for you (review last year's health expenditures and discuss whether your situation might change in the new year).
2. Make your enrollment elections by completing the election form.
3. Submit documentation supporting the eligibility of newly elected coverage or any applicable health questionnaires.

Important Medical Terminology to Know

Please note the purpose of this glossary is to help explain the terms you will see on the following pages in the hopes you will better understand your plan.

Deductible

Amount of money you must pay for covered health care services before your health insurance kicks in. The important thing to note is that deductibles don't necessarily apply to all medical services and your medical premiums do not apply toward your deductible.

Copay

Co-pays are a fixed dollar amount that you are responsible for paying for specific services. Depending on your plan, these may apply either before or after your deductible has been met. Please see your plan document for specifics.

Types of Deductibles

- Embedded – means that no one person on a family plan will pay more than the single deductible in order for post deductible benefits to kick in.
- Aggregate – means that the full family deductible must be met in order for post deductible benefits to kick in.

Coinsurance

The percentage of covered health care services that you pay after you've paid your deductible.

Out-of-Pocket Maximum

The most you will pay in a plan year for covered services prior to all health care expenses being covered at 100%.

Network Types

- In – Network – providers or health care facilities that are part of a health plan's network of providers with which it has negotiated a discount.
- Out-of-Network – providers or health care facilities that are considered nonparticipants of your medical insurance meaning they have not negotiated discount rates for services. The providers can bill you for the difference between their fee and what your plan pays.

Types of Care

- Preventive – care you receive to prevent illness and/or diseases (annual physical, pap smear, colonoscopy, mammogram or a Well-Baby checkup).
- Diagnostic – care you receive for symptoms or health issues.
- Routine – care you receive for diagnosed conditions (diabetes, high blood pressure, etc.).

Prescription Drug Formulary

Each carrier has a list of covered prescription drugs. Please see carrier website for more information.

Types of Drugs

- Generic – a prescription drug that has the same active-ingredient formula as a brand-name drug.
- Brand – a drug sold by a drug company under a specific name or trademark that is protected by a patent.
- Specialty – a high-cost drug used to treat complex or rare chronic conditions.



Medical Benefit

Anthem Insurance Company, Inc.

Blue Preferred WI Opt E3-C w/Rx Opt C3 HSA

Provider Networks

www.anthem.com

Deductible	In Network	Out of Network
Single	\$4,000*	\$8,000*
Family	\$8,000*	\$16,000*
Type	Embedded	

Coinsurance

0%

30%

Out of Pocket Max

Single
Family

\$5,500
\$11,000

\$11,000
\$22,000

Services

Preventive	Covered 100%	Deductible then 30%
Telemedicine/Online Visit	Deductible then \$35 copay	Deductible then 30%
Primary Care Office Visit	Deductible then \$35 copay	Deductible then 30%
Specialist Office Visit	Deductible then \$70 copay	Deductible then 30%
Urgent Care	Deductible then \$75 copay	Deductible then 30%
Emergency Room	Deductible then \$250 copay then 0% (copay is waived if admitted)	
Diagnostic	Deductible then 0%	Deductible then 30%
CT/PET/MRI	Deductible then 0%	Deductible then 30%
Outpatient Surgery	Deductible then 0%	Deductible then 30%
Hospital Stay (Max of 60 Days)	Deductible then 0%	Deductible then 30%

Pharmacy Provisions

Drug Deductible	Combined with medical	Combined with medical
Drug OOP Max	Combined with medical	Combined with medical

Retail Pharmacy

Tier 1	Deductible then \$10 copay	Deductible then 50%
Tier 2	Deductible then \$50 copay	Deductible then 50%
Tier 3	Deductible then \$80 copay	Deductible then 50%
Tier 4	Deductible then 25% up to \$350 copay/prescription	Deductible then 50%

Mail Order Pharmacy

Tier 1	Deductible then \$25 copay	--
Tier 2	Deductible then \$150 copay	--
Tier 3	Deductible then \$240 copay	--
Tier 4	Deductible then 25% up to \$350 copay/prescription	--

Weekly Rates

Single	\$12.00
Family	\$36.00

**Calendar Year Deductible*

**Previous deductible amounts that have been met carryover to the new Anthem plan*



Be an Informed Consumer and Save Your Money

Summary Guide for Where to Go When Medical Care is Needed

If you need medical attention, but it is not life threatening, we suggest that you look into the most cost-effective treatment facilities that can provide you with the care you need when using your medical plan.

The below table shows the average cost of care, not necessarily the cost you will pay. To know your approximate cost, please see the medical table on the previous page.

Treatment Type	Possible Needs for Care		Average Cost of Care
Nurse Line	<ul style="list-style-type: none"> Choosing where to get medical care Health and wellness help Answers to questions about medicines 		\$0
Live Health On-Line	<ul style="list-style-type: none"> Cold & Flu Bronchitis Allergies Pink Eye 	<ul style="list-style-type: none"> Skin Rash Moles/Warts Urinary Tract Infection Acne 	\$40 - \$59*
Convenience Care (Walk-in clinic in a retail setting)	<ul style="list-style-type: none"> Flu Shot Skin rash Infections (skin, eye, ear/nose/throat) Respiratory (cough, pneumonia, asthma) 	<ul style="list-style-type: none"> Stomach (vomiting, diarrhea) Minor Injuries (burns, stitches, sprains, small fractures) Earache 	\$65 - \$80**
Primary Care Physician	<ul style="list-style-type: none"> Back pain Infections (skin, eye, ear/nose/throat) 	<ul style="list-style-type: none"> Stomach (vomiting, diarrhea) Respiratory (cough, pneumonia, asthma) 	\$120 - \$150
Urgent Care	<ul style="list-style-type: none"> Back pain Infections (skin, eye, ear/nose/throat) Respiratory (cough, pneumonia, asthma) 	<ul style="list-style-type: none"> Stomach (vomiting, diarrhea) Minor injuries (burns, stitches, sprains, small fractures) 	\$190 - \$225
Emergency Room	<ul style="list-style-type: none"> Chest pain Shortness of breath Severe asthma attack 	<ul style="list-style-type: none"> Major burns Severe injuries Kidney stones 	\$1,700 - \$2,500

*LiveHealth Online with Anthem is typically \$59 or less

**Some health plans will have no cost share for convenience care clinics.

At home or on the go, doctors and mental health professionals are here for you.

Using LiveHealth Online, you can have a private video visit on your smartphone, tablet or computer.



When you're not feeling well you can get the support you need easily using LiveHealth Online. Whether you have a cold, you're feeling anxious or need help managing your medication, doctors and mental health professionals are right there, ready to help you feel your best. Using LiveHealth Online you can have a video visit with a board-certified doctor, psychiatrist or licensed therapist from your smartphone, tablet or computer from home or anywhere.

On LiveHealth Online, you can:

- **See a board-certified doctor 24/7.** You don't need an appointment to see a doctor. They're always available to assess your condition and send a prescription to the pharmacy you choose, if needed.¹ It's a great option when you have pink eye, a cold, the flu, a fever, allergies, a sinus infection or another common health issue.
- **Visit a licensed therapist in four days or less.**² Have a video visit with a therapist to get help with anxiety, depression, grief, panic attacks and more. Schedule your appointment online or call 1-888-548-3432 from 8 a.m. to 8 p.m., seven days a week.
- **Consult a board-certified psychiatrist within two weeks.**³ If you're over 18 years old, you can get medication support to help you manage a mental health condition. To schedule your appointment call 1-888-548-3432 from 8 a.m. to 8 p.m., seven days a week.

You've got access to affordable and convenient care

Your Anthem plan includes benefits for video visits using LiveHealth Online, so you'll just pay your share of the costs — usually \$59 or less for medical doctor visits, and a 45-minute therapy or psychiatry session usually costs the same as an office mental health visit.

Sign up for LiveHealth Online today — it's quick and easy

Go to livehealthonline.com or download the app and register on your phone or tablet.



See a Spanish-speaking doctor with
Cuidado Médico on LiveHealth Online

Anthem. 

LiveHealth
ONLINE



Health Reimbursement Arrangement (HRA)

An HRA is an employer funded health care reimbursement account available under IRS Code Section 105 for medical care expenses incurred by the employee, the employee's spouse and dependents. It is meant to help offset some of your out of pocket expenses you incur on your health plan.

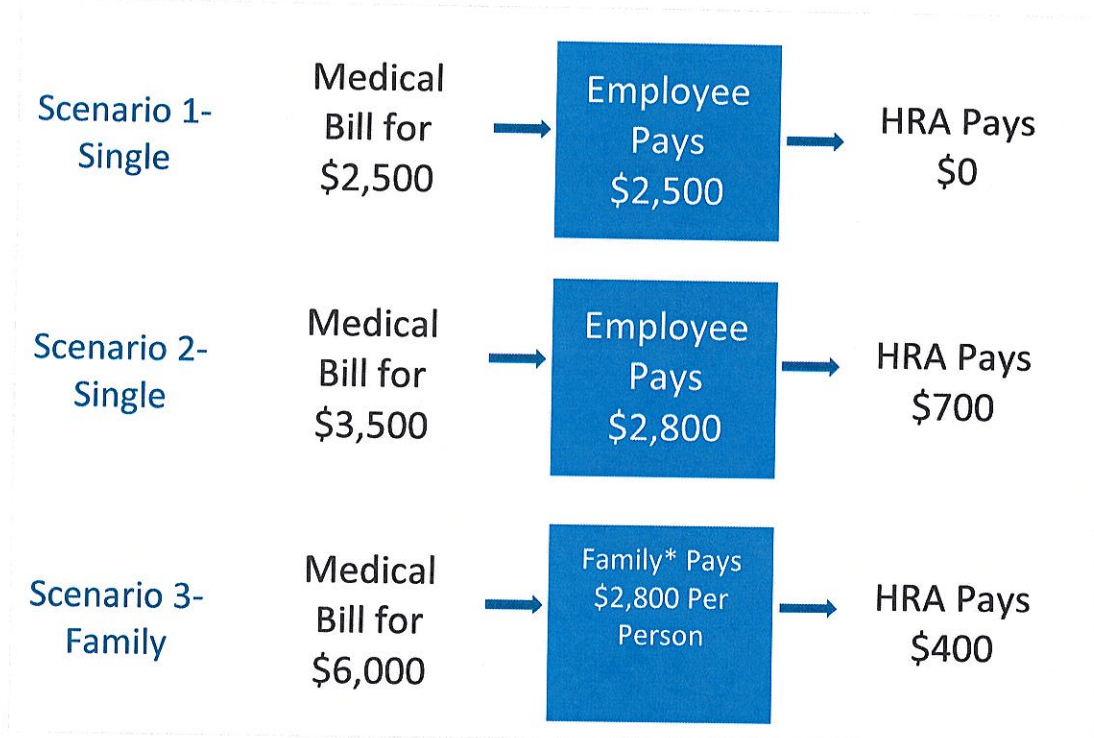
****Calendar Year – 1/1 through 12/31 each year**

Eligible Expenses

Any eligible medical expenses as defined as deductible expenses. These expenses are only claims that apply to a member's deductible.

Employee Benefits Corporation (EBC)		
Payment Arrangement	Employee Only	Family
Member Pays:	\$0-\$2,800	\$0-\$5,600
HRA Pays:	\$2,801-\$4,000	\$5,601-\$8,000

EXAMPLE:



*If no covered member ever reaches \$2,800, but together the family meets \$5,600, the HRA will start payment for all covered members

How your HRA Works



Step 1

You go to the doctor or pharmacy



Step 2

The doctor sends the claim to the insurance company



Step 3

The insurance company bills you for the full amount of the deductible. You must submit your EOB (Explanation of Benefits) to EBC (Employee Benefits Corporation) for reimbursement and pay the bill.

If filling a prescription, you'll pay for it in full and then (EBC) Employee Benefits Corporation will reimburse you.

****See the instructions on the next page on how to submit a claim to EBC (Employee Benefits Corporation) ****



Step 4

You pay any outstanding invoices using your HRA dollars

Please keep copies of all receipts and EOBs in the event further documentation is needed

My Account Assistant

Submit a Claim *Online*

Log In

1. Go to www.ebcflex.com.
2. Click "Log In" at the top of the page and choose "Participants."
3. Log in to My Account Assistant with your Username and Password. To create an account, click on the "Register" button.

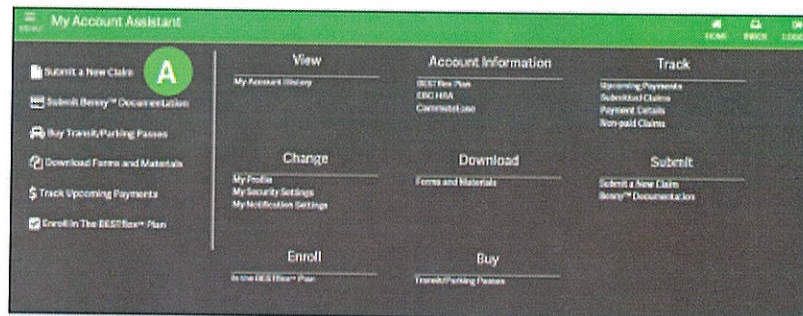
Submit a New Claim

1. Open the menu and select "Submit a New Claim" **A**.
2. Complete the form **B** for an expense.

EBC HRA note: If your insurance carrier submits your claims automatically, HRA will not be listed under Plan Type.

Benefits Card note: Please do not file a claim for an expense you paid for with the Benefits Card.

3. Click "Add Claim Line" **C** when done. Enter as many claim lines as you need.
4. Click "Upload Documentation" **D** to attach a scanned receipt, Explanation of Benefits (EOB), or other document that shows each expense is eligible.
Your files must be less than 10 MB each. Click the "x" to remove a document.
5. Click "Next."
6. Review your claim lines and supporting documentation for accuracy.
7. Click "Submit" when ready.
8. Accept the Claim Submission Terms & Conditions in the pop-up box to finish.



**Employee
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Corporation**
We make it easy.

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F: 608 831 4790
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An employee-owned company
www.ebcflex.com

Questions?

If you have any questions, feel free to contact Participant Services at **800 346 2126**, or email participantservices@ebcflex.com.

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Quick Reference Guide

Log-in Screen

First Time Use/Log-in Screen

When you launch the app, you log in here.

- A. Create new account
- B. Sends your User ID to you
- C. Create a new password
- D. User ID/Password entry
- E. Remember User ID/Password

Account Balances Screen

View your account balance information

- A. Account or Plan Design Name
- B. Current Plan Year
- C. FSA Account Balance
- D. HRA Benefit Remaining
- E. File A Claim
- F. Benefits Card Transactions
- G. View Payment History
- H. Settings

Account Balances Screen

File a Claim Screen

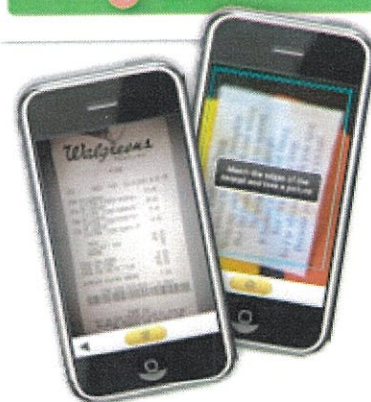
Enter the following information on the form, attach a documentation image and click "Submit" to file a claim instantly.

1. Enter the Date of Service/Service Start Date
2. Choose a Plan Type
3. Enter your Claim Amount
4. Choose or type your Provider
5. Choose an FSA Expense Type
6. Assign an HRA Dependent

Attach documentation and submit:

7. Click on "Attach Image"
8. Choose "From Photo Library", or "Take a New Photo" (attach one file per claim)
9. Check the box to agree to the Terms (click "Signature Requirements" to view Terms)
10. Submit - Confirmation email is sent to your address on file; second email is sent once the claim is processed.

File A Claim Screen



Benefits Card Transactions Screen

Payment Date	Payment Amount	Provider
07/24/16	\$2.50	
07/29/16	\$3.10	
08/11/16	\$1.25	
08/11/16	\$1.35	

Add Documentation Screen

Claim ID: 13127750

Plan Type: FSA

Amount Paid: \$0.00

Date: 05/17/2013

Provider: Pharmacy


Comments:


Documentation Image

Attach Image

Submit


Information Screen

This icon [] represents a transaction that needs documentation.

This icon [] represents a transaction that does not currently need action on your part. There are two reasons that a transaction may be in this status.

1. Your transaction has been successfully verified. No further action is needed.

2. We are currently attempting to electronically verify the information that is needed to document your transaction. Please remember to save your itemized receipts in case we need them in the future.

This icon [] represents a transaction that is ineligible and needs repayment.

Benefits Card Transactions Screen

A badge appears over the Benefits Card icon indicating the number of transactions requiring documentation.

Click on the Benefits Card icon to view transactions.

You can view all transactions or just those requiring additional documentation.

Click on a row to view additional information.

- A. Click icon to view Information Screen
- B. View transactions requiring documentation
- C. View all transactions
- D. Benefits Card Transaction Screen icon

Add Documentation Screen

Click on a row from the Benefits Card Transactions screen requiring documentation (a row with the red "documentation" icon) to view the Add Documentation screen.

You can attach an image of your documentation from your photo library or take a picture of your documentation using your smartphone camera.

- A. Click "Cancel" to return to previous screen
- B. Claim ID reference number
- C. Transaction information
- D. Access library or camera
- E. Submit your documentation

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Questions about My Mobile Account Assistant?

Please contact Participant Services by phone at 800 346 2126 or using email at participantservices@ebcflex.com

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Health Savings Account (HSA)

HSAs work in combination with an HSA-compatible health plan, also known as a High Deductible Health Plan (HDHP). The HSA allows you to contribute funds on a pre-tax basis, which you may use to pay for eligible medical, prescription, dental, or vision expenses. Although this is a pre-tax election, the qualifying event rules do not apply. You can make changes to your HSA contribution throughout the year. Please see HR for details.

2020 Annual Contribution Limits

The IRS sets limits for maximum contribution into an HSA. This is the total amount that may be deposited into your HSA account and must be inclusive of the company's contribution.

Single Plan: \$3,550 | Family Plan: \$7,100 | Catch-Up Contribution (age 55 or older): \$1,000 in addition to the limits above

2021 Annual Contribution Limits

The IRS sets limits for maximum contribution into an HSA. This is the total amount that may be deposited into your HSA account and must be inclusive of the company's contribution.

Single Plan: \$3,600 | Family Plan: \$7,200 | Catch-Up Contribution (age 55 or older): \$1,000 in addition to the limits above

Bank Selection

Employee may select a bank/credit union of their choice. Once you set up an account, you can begin using these dollars.

Funds Roll Over Annually

There is no "use it or lose it" rule. If you do not use the funds, you are able to save them for next year's eligible out-of-pocket expenses.

Tax Advantages

An HSA provides you triple tax savings: tax deductions when you contribute to your account; tax-free earnings through investment; and tax-free withdrawals for qualified medical, prescription, dental, or vision expenses.

If you are or become Medicare eligible, please consult your tax advisor before contributing to an HSA.

You Own the Account

Even if your HSA-compatible coverage ends, you can still use your HSA funds tax-free for eligible out-of-pocket expenses.

Long-term Investment Opportunities

You can invest your HSA dollars through an investment partner, who offers stocks, bonds, and mutual funds.

Note: Investment accounts are not FDIC insured, may lose value and are not a deposit or other obligation of, or guarantee by the bank. All HSAs are FDIC insured.

You are in Charge

You choose when to use your HSA or pay out-of-pocket.

An eligible medical expense is an expense that pays for healthcare services, equipment or medications as described in IRS Publication 502. In general, your HSA can be used for:

- Expenses applied to your health plan deductible, co-pays, co-insurance, etc.
- Dental care services
- Vision care services
- Prescription drugs and medicines
- Certain medical equipment

(A list of Qualified Medical Expenses can be found in IRS Publication 502:

<http://www.irs.gov/pub/irs-pdf/p502.pdf>.)

You may not participate in the Full Flexible Spending Account Plan for Medical if you are participating in an HSA. However, you can still participate in the Flexible Spending Plan for Dependent Care or the Limited Flexible Spending Account Plan.



Flexible Spending Account (FSA)

Full Flexible Spending Account

This account reimburses you for healthcare expenses you incur that are not covered by insurance. You set aside money, tax-free, through regular payroll deductions. During the year, you can be reimbursed directly from your account for qualified healthcare services provided they are not covered by insurance.

Examples Include: Deductibles, Copayments, Coinsurance, Dental Fillings, Dental Crowns, Orthodontic Care, Lasik Vision Correction, Contacts, Glasses

You are allowed to roll over up to a \$550 balance into the following year. Any amount over \$550 will be forfeited. Healthcare services may also include dental, vision and hearing.

Grace Period & Run-out: Claims MUST be submitted and received by Employee Benefits Corporation by March 31st, 2021.

You cannot use this program if you have the HSA Health Plan.

The Full Flexible Spending Account plan is terming 12/31/2020.

The 2020 employee maximum contribution is \$2,750.

Dependent Care Spending Account

This account reimburses you for dependent care/daycare expenses for eligible children and adults. You can set aside part of your income to pay for these expenses on a tax-free basis, through regular payroll deductions.

Any money that is not used during the covered period will be forfeited. Qualified expenses for reimbursement include: adult and child daycare centers, preschool, and before/after school care.

To qualify, your dependents must be:

- A child under the age of 13
- A child, spouse, or other dependent who is physically or mentally incapable of self-care and spends at least eight hours a day in your household

You can use this program if you have an HSA Health Plan.

The annual family maximum is \$5,000.

Limited Flexible Spending Account

This account reimburses you for dental or vision expenses you incur that are not covered by insurance. You set aside money, tax-free, through regular payroll deductions. During the year, you can be reimbursed directly from your account for qualified dental or vision services provided they are not covered by insurance.

Examples Include: Dental Fillings, Dental Crowns, Orthodontic Care, Lasik Vision Correction, Contacts, Glasses

You are allowed to roll over up to a \$550 balance into the following year. Any amount over \$550 will be forfeited.

Grace Period & Run-out: Claims MUST be submitted and received by Employee Benefits Corporation by March 31st, 2021.

You can use this program if you have the HSA Health Plan.

The Limited Flexible Spending Account plan will be effective 1/1/2021.

The 2020 employee maximum contribution is \$2,750.

Cash-in-Lieu

For employees choosing to opt out of our medical insurance, dental insurance, or both to be covered on another group medical or dental plan, we provide a cash in lieu benefit at the amounts listed below:

Coverage Type	Weekly Amounts
Medical	\$20.77
Dental	\$2.31
Medical and Dental	\$23.08



Dental Benefit

Delta Dental Insurance Company		
Dental PPO Plan		
In Network		Out of Network*
Provider Network		
www.deltadentalwi.com		
Deductible		
Single		\$50
Family		\$150
Type		Embedded
Annual Max		
		\$1,200
Preventive Services do not track toward the annual maximum		
Preventive Services		
Diagnostic & Preventative		Covered 100%
Oral Exam		Covered 100%
Bitewing X-Ray		Covered 100%
Full Mouth X-Ray		Covered 100%
Cleaning/Scaling		Covered 100%
Fluoride (to age 14)		Covered 100%
Sealants (to age 14)		Covered 100%
Space Maintainers		Covered 100%
Basic Services		
Simple Extraction		Deductible then 20%
Filling		Deductible then 20%
Major Services		
Oral Surgery		Deductible then 20%
Endodontics /Root Canals		Deductible then 20%
Periodontics		Deductible then 20%
Crowns		Deductible then 50%
Dentures		Deductible then 50%
Denture Repair		Deductible then 50%
Bridgework		Deductible then 50%
Implant Services		Deductible then 50%
Orthodontia		
Benefits Paid at		Deductible then 50%
Lifetime Max (to age 14)		\$1,000
Adult Ortho		--
Waiting Period		
No waiting periods		
Weekly Rates		
Single		\$4.25
Family		\$10.57

**Negotiated costs do not apply to services done by out of network dentists. Member will be responsible for any additional cost.*



Vision Benefit

Delta Dental Insurance Company		
Dental Vision		
Provider Network	In Network	Out of Network*
www.deltadentalwi.com		
Frequency		
Exam	Once every 12 months	
Lenses	Once every 12 months	
Contact Lenses	Covered once every 12 months in lieu of traditional lenses	
Frames	Once every 24 months	
Lasik/PRK	Benefit in lieu of prescription eyewear	
Examination		
Exam	\$10 copay	Up to \$35 reimbursement
Lenses		
Single Vision	\$10 copay	Up to \$25 allowance
Bifocal	\$10 copay	Up to \$40 allowance
Trifocal	\$10 copay	Up to \$55 allowance
Standard Progressive	\$75 copay	--
Standard Polycarbonate	\$40 copay	--
Contact Lenses		
Contact Lens Fit & Follow-Up	<u>Standard:</u> Covered 100% <u>Premium:</u> \$55 allowance then 10% discount on retail	<u>Standard:</u> \$40 copay <u>Premium:</u> \$40 copay
Conventional	\$150 allowance then 15% off balance	Up to \$120 allowance
Disposable	\$150 allowance	Up to \$120 allowance
Medically Necessary	Covered 100%	Up to \$200 allowance
Frames		
	Up to \$150 allowance and then 20% discount on balance	Up to \$75 allowance
Lasik		
	15% off retail price or 5% off promotional price	--
Weekly Rates		
Single	\$1.80	
Employee + Spouse	\$3.60	
Employee + Child(ren)	\$3.67	
Family	\$5.47	

Benefits plan runs on a rolling calendar year. Benefits cannot be used until the date of purchase the following year.



Life and AD&D Benefits

Mutual Of Omaha Basic Life & AD&D

Your employer pays this benefit for you

- \$10,000 of coverage for Employee

Mutual Of Omaha AD&D

AD&D is Included

- AD&D Benefits are the Same as Life Benefits

Mutual Of Omaha Supplemental Life & AD&D

Flexible plan allows you to choose the amount of life insurance appropriate for you and your family. Any amount not elected when first eligible is subject to evidence of insurability and underwriting approval.

- Employee
 - Increments of \$10,000 up to \$400,000 (not to exceed 5 times your annual salary)
 - Guarantee Issue: Lessor of \$100,000 or 5 times your annual salary
- Spouse
 - Increments of \$5,000 up to \$250,000 (not to exceed 100% of employee amount)
 - Guarantee Issue: \$25,000
- Child(ren)
 - Increments of \$1,000 up to \$10,000

Mutual Of Omaha Short Term Disability

Covers disabilities caused by non-occupational injuries/illnesses

Your employer pays this benefit for you

- Your benefit plan is 60% to a weekly maximum of \$500
- Injury benefits begin on the 8th consecutive day
- Sickness benefits begin on the 8th consecutive day of disability
- Benefits may continue for up to 25 weeks

Mutual Of Omaha Long Term Disability

Coordinates with Short Term Disability plan to ensure no gap in coverage

Your employer pays this benefit for you

- Benefits continue, as long as you are disabled, up to your Social Security Normal Retirement Age
- Your benefit plan is 60% to a monthly maximum of \$2,500 after 180 days of disability

Employee Assistance Program – Mutual Of Omaha

The Employee Assistance Program (EAP) is offered to all employees and eligible dependents including spouses and dependent children (those who are unmarried and under the age of 26). It is a completely confidential counseling program that supports you through short-term counseling issues such as marital and family concerns, depression, substance abuse, grief and loss, financial entanglements, work-related problems, and other personal stressors in your daily life. This benefit offers up to 3 in person sessions per issue with a master's level counselor; please utilize by calling the number on the back of your ID card.

Emotional / Mental Health	Family / Marital
<ul style="list-style-type: none">• Emotional/Mental Health• Lifestyle Transitions• Stress• Communication• Grief and Loss• Anger Management	<ul style="list-style-type: none">• Relationship• Divorce• Child/Parent Conflict• Childcare• Eldercare• Domestic Abuse
Work-Related Issues	Substance Abuse / Addictive Behavior
<ul style="list-style-type: none">• Jobsite Conflicts• Sexual Harassment• Pre-Retirement Concerns	<ul style="list-style-type: none">• Problem Drinking• Illegal Drug Use• Gambling

****EAP with Mutual of Omaha effective 10/1/2020****

Additional Benefit Videos

 *Preventive Exams*

 *Virtual Visits*

 *Rx Tips and Tricks*

 *Tobacco Cessation*

 *Mental Wellbeing*

Insurance Company Contact Information

Refer to this list when you need to contact one of the insurance companies. For general information, please contact Human Resources.

Plan Type	Insurance Company	Phone	Website
Group Medical	Anthem	(877) 231-2417	www.anthem.com
HRA & FSA	Employee Benefits Corporation	(800) 346-2126	www.ebcflex.com
Group Dental & Vision	Delta Dental Insurance Company	(800) 236-3712	www.deltadentalwi.com
Group Life & Disability	Mutual Of Omaha	(800) 885-6888	www.mutualofomaha.com
Employee Assistance Program	Mutual Of Omaha	(800) 316-2796	www.mutualofomaha.com/eap