

HOURLY 2026-27 EMPLOYEE BENEFITS OVERVIEW



May 1, 2026 through April 30, 2027

The contents of this booklet are intended for general information purposes only. It is not to be relied upon as a summary plan description or for the determination of any policy benefits, limitations, or exclusions. The master insurance policies issued by the respective carriers will be relied upon exclusively to determine all benefits.

The health of our employees is a priority, and we recognize the importance of providing quality benefits as part of our overall compensation package. This Employee Benefits Overview (EBO) is provided as a convenient reference document of your benefit options. Please refer to the carriers' Summary of Benefits and Coverage (SBC) or Certificate of Coverage for detailed descriptions of all available employee benefit programs and exclusions. If you require further explanation or need assistance regarding claims processing, please refer to the customer service telephone numbers at the back of this guide.

Eligibility & Change in Family Status

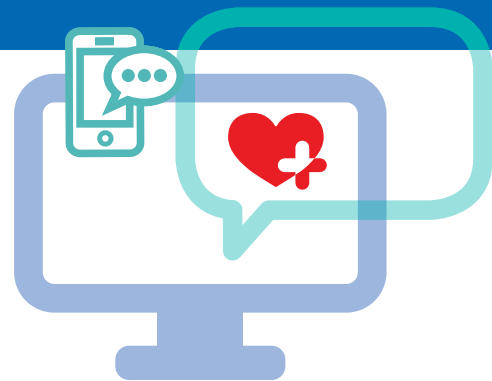
Benefits are effective on the first of the month following 60 days from your date of hire and coverage is available for you, your spouse, and/or dependent child(ren). Dependent child(ren) are eligible for coverage up to age 26 for medical, dental and vision benefits.

We have adopted an IRS-sponsored Section 125 Plan that allows premiums for medical, dental, vision insurance, contributions to FSA accounts and certain supplemental policies to be deducted from your paycheck on a pre-tax basis. Under Section 125, changes to pre-tax benefits can be made ONLY during the Open Enrollment period, unless you or a qualified dependent experience a change in family status (Qualifying Event).

Examples of Qualifying Events include:

- Marriage, divorce, or legal separation.
- Birth, adoption or placement of a child for adoption.
- Death of a covered individual.
- Loss of benefit coverage (for you or a dependent).

It is your responsibility to notify Human Resources within 30 days of a Qualifying Event if you want to add or remove a dependent from your benefit plans. The effective date of the change will be the same date of the event (e.g., birth of child, or the date of your marriage).



Anthem   **LiveHealth**[®]
O N L I N E

See a doctor 24/7 on your smartphone, tablet, or computer.

LiveHealth Online is a convenient way to interact with a Board-Certified Doctor via live, two-way video on your computer or mobile device 24 hours a day/7 days a week! Doctors can ePrescribe to your local pharmacy, as needed.

There is no cost for a LiveHealth Online doctor visit if you are enrolled in either of the PPO medical plans. The cost for a visit under your HSA medical plan is \$55 toward your Deductible.

Behavioral Health Services are offered, by appointment, for the same cost as an in-office Behavioral Health visit. Behavioral Health professionals can help with depression, stress, anxiety, trauma, and other non-emergency behavioral health concerns.

**Visit [Livehealthonline.com](https://livehealthonline.com)
or download the app.**



Your medical coverage is designed to promote good health and protect you and your family from major financial hardships in the event of illness or injury. Anthem of Kentucky is your health insurance carrier using the **Blue Access PPO network**. The chart to the right is a summary of the medical coverage.

Each health plan offered has unique features. You have the option to choose a medical plan that fits your needs and your budget by balancing the cost of premiums, deductibles, maximum out-of-pocket amounts, coinsurance, and copays. Generally, if you choose a plan with a higher deductible and maximum out-of-pocket, your monthly premium will be lower. Consider your family's overall typical or expected health plan utilization to choose the plan that is right for you.

Enhanced Personal Health Care (EPHC)

You will notice in the medical summary a lower copay for Anthem doctors who are part of their Enhanced Personal Health Care program. EPHC Providers are committed to coordinating your overall healthcare to avoid gaps in care. EPHC Providers assist with scheduling appointments with specialists, reviewing your prescription plan and getting the right tests and screenings regularly.

Check the provider listings at **Anthem.com** for those caregivers who have the Enhanced Personal Health Care designation.

Take Advantage of Preventive Care Benefits

Preventive care is covered in full when performed in a preventive capacity by an in-network provider. The types of tests or procedures typically covered as preventive may include mammograms, pap smears, prostate-specific antigen (PSA) tests, colonoscopies, and preventive screenings for newborns and children. Some testing may have age or gender requirements.

	Anthem Core Plan	Anthem Buy Up Plan	Anthem HSA Plan
In-Network Benefits	Member Cost Share		
Calendar Year Annual Deductible	\$5,000 indiv. \$10,000 family	\$2,500 indiv. \$5,000 family	\$3,400 indiv. \$6,800 family
Coinsurance (Plan / Member)	80% / 20%	80% / 20%	80% / 20%
Medical/Rx Maximum Out-of-Pocket¹	\$6,350 indiv. \$12,700 family	\$4,900 indiv. \$9,800 family	\$5,000 indiv. \$10,000 family
Aggregate or Embedded Accumulators	Embedded	Embedded	Embedded

Benefit Overview²	Member Cost Share		
Primary Care Office Visit	\$25 Copay	\$25 Copay	Ded then 20%
Preferred Provider (EPHC)	\$5 Copay	\$5 Copay	Ded then 20%
Specialist Office Visit	\$50 Copay	\$25 Copay	Ded then 20%
Preventive Care	No Charge	No Charge	No Charge
Vision Exam³	No Charge	No Charge	No Charge
Anthem LiveHealth Online	No Charge	No Charge	Approximately \$55 toward deductible
Emergency Room	\$250 Copay	\$250 Copay	Ded then 20%
Urgent Care Center	\$75 Copay	\$75 Copay	Ded then 20%
Inpatient Facility Services	Ded then 20%	Ded then 20%	Ded then 20%
Outpatient Services	Ded then 20%	Ded then 20%	Ded then 20%
Rx Copays (Tier 1 / Tier 2 / Tier 3)	\$10 / \$30 / \$60	\$10 / \$30 / \$60	Ded then 20%
Mail Order Rx Copays	\$30 / \$90 / \$180	\$30 / \$90 / \$180	Ded then 20%
Specialty Rx	25% to \$350 per script max	25% to \$350 per script max	Ded then 20%

Medical Payroll Deductions - 26 Pay Periods

	Core Plan	Buy Up Plan	HSA Plan
Employee	\$57.21	\$84.87	\$39.69
Employee + Spouse	\$230.40	\$289.29	\$154.07
Employee + Child(ren)	\$152.97	\$202.72	\$87.53
Family	\$514.38	\$602.82	\$398.05

1. Maximum Out of Pocket includes all copays, coinsurance, and deductibles when applicable for fully ACA compliant plans.
2. For a complete listing of covered services, see the carrier's Certificate of Coverage and/or plan document. Please note the summary above is for In-Network benefits only.
3. Your medical plan includes a full, comprehensive eye exam which includes eye dilation and refraction as necessary. This benefit is available once per year with a \$0 cost share when utilizing Anthem Blue View Vision providers.

NOTE: The Annual Deductible for medical is based on a Calendar year and will reset on January 1st of each year.

PPO vs. HSA Medical Plans...What is the Difference?

The information below provides key definitions and a review of how PPO and High Deductible Health Plans HDHP (HSA) function. Both plans cover the same network of providers and the same services but how you pay for your share of expenses is handled differently. The benefit summary grid outlines your out-of-pocket expenses and the benefit period specific to your plan.



PPO MEDICAL PLAN

- **Copays** are flat dollar amounts listed on your Benefit Summary for certain services. Typically, copays apply to physician office visits and prescriptions.
- **Deductible:** When you use services such as MRIs, CT scans, lab work, hospitalization, or surgeries you must meet the **deductible** as indicated on your plan. **Copays do not apply to your deductible.**
- **Coinsurance** is a percentage of costs that you share with the insurance carrier after meeting your deductible.
- **The Maximum Out-of-Pocket** is the maximum amount you will pay during a benefit period and includes all deductible, copay, and coinsurance expenses. When an individual meets the maximum out-of-pocket, covered services are paid in full by the plan for that individual until the end of that benefit period. If the family maximum out-of-pocket is met, services are covered in full by the plan for the entire family until the end of the benefit period.

HDHP (HSA) MEDICAL PLAN

- **Copays:** Generally, HDHPs plans do not feature copays for medical or pharmacy services. Instead, you are responsible for the full claim amount, after the carrier has applied all applicable discounts, and the entire claim will be applied toward your deductible.
- If your HDHP (HSA) medical plan includes copays for office visits or prescriptions, these copays are applicable once the deductible is satisfied.
- **Deductible:** Your HDHP (HSA) medical plan's full deductible must be met before your plan begins to pay. **Your deductible applies to all out-of-pocket medical and prescription expenses.** You cannot use manufacturer copay assistance cards if you are covered under the HDHP (HSA) medical plan.
- **Coinsurance** is a percentage of costs that you share with the insurance carrier after your deductible has been met.
- **The Maximum Out-of-Pocket** is the maximum amount you will pay during a benefit period and includes all deductible, copays, and coinsurance expenses. When an individual meets the maximum out-of-pocket, covered services are paid in full by the plan for that individual until the end of that benefit period. If the family maximum out-of-pocket is met, services are paid in full by the plan for the entire family until the end of the benefit period.

GoodRx

SingleCare

Find the lowest local prices on your prescriptions.

Discount Rx Programs


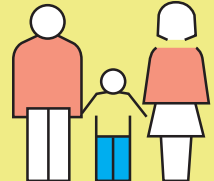

- GoodRx.com and **SingleCare.com** are both free to use websites and mobile apps that track prescription drug prices and offer drug coupons.
- There are no membership fees to use these coupons.

If you find that GoodRx or SingleCare offers better pricing on your prescription drug prices, you are free to use their coupons; however, this will be a cash price and will not go through your insurance plan or accumulate toward your Deductible.



Health Savings Account (HSA)

If you elect the HDHP (HSA) Medical Plan, you may be eligible to contribute money into a Health Savings Account (HSA). **This is a personal bank account designed to allow you to save pre-tax dollars for current and future medical expenses. Money in this account is always yours, and unused funds roll over year after year, providing savings for future medical expenses.** Even though there is no limit to the amount of money you can accumulate in your account, there are annual contribution limits set each year by the IRS. The contribution limits are based on who you are covering under your medical plan. The contribution limits for January 1st – December 31st are as follows and are subject to change, per IRS regulations.

		
Single Medical Plan	Medical Plan with Dependents	Over Age 55
\$4,400 Annual Contribution Limit	\$8,750 Annual Contribution Limit	Additional \$1,000 Annual Catch Up Contribution



HSA

FREQUENTLY ASKED QUESTIONS

What expenses are covered?

- Out-of-pocket expenses for medical, dental, vision, pharmacy, and over-the-counter medical items. For a complete listing of covered items, please visit your HSA plan administrator's website.

Who is eligible to contribute to a Health Savings Account?

- **You are eligible** if you have enrolled in an HSA eligible medical plan and you **do not** have PPO coverage in addition to your HSA Medical Plan.
- **You are NOT eligible** for a Health Savings Account if you (or your spouse) contribute to a General-Purpose Flexible Spending Account (FSA) and
- **You are NOT eligible** for a Health Savings Account if you are enrolled in a government-sponsored medical plan such as Medicare, Medicaid, or Tricare.

Who can I use the funds for?

- You can pay for qualified expenses for yourself, your spouse, and dependent children, even if they are not covered on your insurance plans.
- If your Domestic Partner meets the IRS qualifications to be considered a taxable dependent, you can use your HSA funds for his/her qualified expenses.

Can I change my contributions throughout the year?

- Yes. You are not required to encounter a qualifying event to adjust your HSA contribution amount. Contact HR for more details and limitations on when changes to HSA contributions deducted through payroll should be reported.

What if I move to a PPO medical plan next year?

- Once funds are deposited into the HSA, the account can be used to pay for qualified expenses **tax-free**, even if you are no longer covered by an HSA eligible medical plan. Please note, additional funds cannot be contributed into the account if you are not enrolled in an HSA-eligible medical plan.

What if I incur more expenses than I have funds available in my account?

- If you do not have sufficient HSA funds to pay for an eligible expense, you will need to issue payment by some other means. However, as funds accumulate in your HSA, you can reimburse yourself for those expenses provided the account was open on or before the date the expense was incurred. You will be required to provide the receipt(s) showing proof of payment.



Healthcare Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSAs) offer you the opportunity to deduct some of your income from your payroll on a **pre-tax basis** to pay for certain healthcare expense that may not be covered as part of your benefit plans. In addition to the pre-tax savings benefit, your total election amount will be available at the beginning of the plan year. You will “pay back” the program with future paycheck deductions.

Healthcare Flexible Spending Account Details

Annual Contribution Limits (limits subject to change)	Up to \$3,400
Medical FSA (Available with PPO Plans or stand-alone)	Qualified Expenses: Medical, Dental, Vision, Pharmacy, Over-the-Counter Medications
Debit Card Included	Yes
Plan Year	May 1 – April 30
Extension period to file claims from previous plan year	90 days from end of plan year



The Dependent Care Account

This account allows you to payroll deduct **tax-free dollars** to fund the daycare of children under the age of 13, or a disabled spouse, child, or parent. This account can be used for daycare, preschool, after school care, summer day camp or elder care.

The annual maximum contribution is \$7,500 for individuals or married couples filing jointly, or \$3,750 for married individuals filing separately. Married couples have a combined \$7,500 limit, even if each has access to a separate dependent care FSA. This account can only be used as the money accumulates from your paycheck and must be spent by the end of the Plan Year or may be forfeited. Please refer to the plan policy for specific details regarding rollover allowances or extension periods.



Dental Benefits

Keeping a healthy set of teeth is more important than you might think, as many diseases and conditions have direct correlations to dental health. We offer comprehensive dental coverage through Delta Dental's nationwide PPO Network. To find a dentist in the **Delta Dental PPO Network**, contact Delta Dental (contact information is on the back of this guide). Your plan summary is shown below. Additional details can be found in your plan certificate located within Delta Dental's online portal.

Dental Benefits Summary



Dental Benefits	Delta Dental PPO Network
Calendar Year Annual Dental Deductible	\$25 individual \$75 family
Dental Maximum Benefit per Year (per member)	\$1,000
Orthodontia Lifetime Max	\$1,000
Covered Services	Member Cost Share
Diagnostic & Preventive - Exams, cleanings, fluoride*, space maintainers* - Sealants* - X-rays - Fluoride app * Age restrictions apply	No member cost
Basic Services - Amalgam Filling (Silver-colored) - Composite Filling (tooth-colored) - Brush Biopsy (cancer test) - Consultation (second opinion)	50%
Major Services - Endodontics - Periodontics - Oral Surgery - Major Restorative - Prosthodontics	50%
Orthodontic Services - Braces	50%
Orthodontic Age Limit	Up to age 19
Dental Payroll Deductions - 26 Pay Periods	
Employee	\$9.62
Employee + Spouse	\$19.45
Employee + Child(ren)	\$21.64
Family	\$44.61

The benefits outlined here are for illustrative purposes only. The carrier's master policy will be relied upon exclusively in determining benefit reimbursement. See full summary for plan limitations.

Vision Benefits

We are pleased to provide access to a comprehensive vision program through Delta Dental nationwide **VSP Choice**. The amount you pay for vision services depends upon whether you visit a network or non-network provider. To find a network provider, contact Delta Dental Vision (contact info at back of this booklet). A brief description of benefits is provided here.

Vision Benefits Summary



In-Network Benefits / Member Cost Share ¹	Delta Vision 150
Copays	
Exams	\$10 Copay
Lens Coverage	
Single Vision Lens	\$10 Copay
Lined Bifocal Lenses	\$10 Copay
Lined Trifocal Lenses	\$10 Copay
Frames	\$150 retail allowance then 20% off remaining balance
Contact Lenses*	
Fitting Fee	Up to \$60
Elective	\$150 retail allowance
Medically Necessary	No Charge
Service Frequency	
Exams	12 Months
Lenses	12 Months
Frames	24 Months
Vision Payroll Deductions - 26 Pay Periods	
Employee	\$3.43
Employee + Spouse	\$6.86
Employee + Child(ren)	\$7.34
Family	\$11.73

1. For a complete listing of covered services, see the carrier's Certificate of Coverage and/or plan document. Please note the summary above is for In-Network benefits only.



Employer-Paid Group Life and AD&D

Life insurance is a critical component of financial planning and is used to support your loved ones in the event of your death. **Basic life insurance is employer-paid for you and your dependents.** This policy also includes Accidental Death & Dismemberment (AD&D). AD&D insurance provides benefits to you or your beneficiary if you suffer loss of life or limb due to an accident. AD&D is considered “double indemnity” which means that if your death is due to an accident, your beneficiary would receive double the life insurance benefit.

- **Employee basic Life/AD&D insurance policy is equal to: \$35,000**
- **Spouse’s basic Life insurance policy is equal to: \$2,500**
- **Dependent basic Life insurance policy is equal to:**
 - \$500 (birth to 6 months);
 - \$2,000 (6 months to 26 years)



Voluntary Life and AD&D

You may also purchase additional life insurance for you, your spouse and child(ren) that would pay in addition to the basic group life policy we provide. Premiums are based on your age and the amount of insurance you want to purchase. **The full Guarantee Issue amount below is available upon initial eligibility without Evidence of Insurability (no medical questions required).** Your policy may include benefit reductions based on specific ages, so please refer to the carrier’s policy for details.

	Employee	Spouse	Child(ren)
Voluntary Life and AD&D Increments	\$10,000	\$5,000	\$2,000
Minimum Amount	\$10,000	\$5,000	\$2,000
Guarantee Issue Amount	\$200,000	\$50,000	\$10,000
Maximum Amount	Lesser of 5x annual earnings or \$500,000	\$250,000 not to exceed 100% of employee elected amount	\$10,000 ¹

NOTE: Voluntary life election of employee is often required to enroll spouse/child(ren) in additional coverage. Contact Human Resources with questions.

1. Children under age 6 months are only eligible for \$500 in coverage.



Disability Benefits

Disability benefits are designed to provide income replacement in case you are unable to work due to an illness and/or injury. Details on disability benefits are provided here. Short-Term Disability lasts for a specified amount of time. If you are unable to return to work beyond that time, Long-Term Disability would begin subject to the policy limitations outlined below.

Disability Benefits Summary		
	Voluntary Short-Term Disability*	Employer-Paid Long-Term Disability
Benefits begin after	7th day	90 days
Duration	12 weeks	SSNRA
Amount of income protection	60%	60%
Maximum Amount	\$1,000 week	\$10,000 month

See HR for Short-Term Disability rates.





Anthem Wellbeing Solutions

Focus on your well-being and earn rewards up to \$200! The more activities you complete, the greater your reward.

The Wellbeing Solutions program connects you with easy-to-use digital health and wellness tools that can help you stay your best. When you complete any of the sponsored activities, you'll earn rewards to put toward electronic gift cards for select retailers. You choose the activities you'd like to complete to receive the maximum of \$200 in rewards.

Wellness activities include:

Preventive Care: Visit your doctor for any of the listed screenings. Your rewards are added to your account after your claim is processed (processing may take up to 60 days).

Condition Management: Rewards are added to your account as you meet certain benchmarks or complete a program. Programs include: (ConditionCare for asthma, diabetes and heart or lung conditions); Future Moms and Well-being Coach for weight management and tobacco cessation.

Digital and Wellness Activities: Log in to the Sydney Health App or anthem.com to complete available activities, such as taking a health assessment, participating in the Well-being Coach Digital program and tracking your steps.

To view your rewards, open the Sydney Health App or go to anthem.com. Next go to My Health Dashboard.

Scan this QR Code to Learn More!



Employee Assistance Program

Life can be full of challenges. Your Anthem Employee Assistance Program (EAP) is here to help you and your household members. The EAP offers a wide range of **no-cost, confidential support services and resources**, including:



Counseling

- Up to 3 visits/issue (in-person or on-line)



Legal Consultation

- 30-minute phone or in-person meeting
- Free legal resources, forms and seminars online



Financial Consultation

- Phone meeting with financial professionals (free budgeting/financial tools on-line)



Crisis Consultation

- Toll-free emergency number; 24/7 support

Additional Services include: ID Recovery; Dependent care and daily living resources; Well-being articles, podcasts and monthly webinars.

Available 24/7, 365 days a year

Call: 800-999-7222 or visit

www.anthemEAP.com

(enter company code: Anthem Kentucky)



Transamerica Value Added Benefits



Transamerica Offers these additional benefits at no cost to you.
See HR for more detailed information.

Employee Assistance Program (EAP Plus)

Employee Assistance Programs (EAP) are voluntary, work-based programs that offer a wide array of services such as confidential assessments, short-term professional counseling, referrals, and follow-up services to employees and their family members when dealing with or preparing for personal, professional, and health-related events.

EAP Plus services include:

- **Clinical Support** - 24/7 access to clinical, confidential, emotional support via text, chat, and email.
- **Professional confidential counseling sessions** - available via in-person, telephonic or and or tele video, (3 sessions per person, issue per year).
- **Work-Life Benefits** - Online content and research to support childcare, elder care, pet care, housing, education and more.
- **Legal and financial benefits** - telephone access to on staff attorneys and financial professionals for assistance and guidance.
- **Grief and bereavement counseling**
- **Online basic Will Prep** - no fees

Services provided by ComPsych

1-866-569-0326

24/7 access to a Guidance Consultant

Guidanceresources.com

Web ID: EAP Core

COMPSYCH[®]
GuidanceResources[®] Worldwide



Emergency Travel Assistance

Global emergency travel assistance services provide immediate support and assistance in cases of medical or nonmedical related situations. When members are traveling more than 100 miles from home for less than 90 consecutive days, they have access to travel assistance services which includes a variety of services including Medical Evacuation and Repatriation; Prescription Assistance; Compassionate Visit; and more!

Assist America's Operation Center is staffed 24 hours a day, 365 days a year with trained multilingual and medical personnel, to assist members in an emergency. One simple phone call to the Operation Center will connect members for assistance using the Assist America Mobile app or direct dialing when traveling domestic or internationally.

Operations Center:

+1 609 986 1234
(outside USA)

+1 800 872 1414
(inside USA - Toll Free)

Or email: medservices@assistamerica.com

Reference # 01-AA-TLI-10221

assist america[®]

Identify Theft

Assist America's 24/7 Identity Theft Protection Program offers tools to protect your personal data. Services include credit and debit card internet surveillance when registering credit cards through the Card Patrol secure site; telephonic assistance with lost or stolen credit card and documents; and a dedicated Fair Credit Reporting Act (FCRA) certified caseworker who will provide telephonic support services to assist with restoring your personal information.

To activate these identity protection services,

visit: www.assistamerica.com

or If you suspect fraudulent activity in
association with your identity,

call 1-877-409-9597

assist america[®]

Voluntary Benefit Offerings for 2026

Voluntary benefits are designed to provide additional protection for you and your family. These benefits work in concert with your core benefits (Medical, Dental and Vision). All voluntary products listed below can be payroll deducted. For some products, there may be a specified amount of time during the policy where a pre-existing illness may not be covered. Please refer to benefit brochures for detailed information.

CANCER COVERAGE

The Standard Cancer benefit pays cash benefits for cancer and 29 specified diseases to help with the cost of treatments and expenses as they happen. Benefits are paid directly to you unless otherwise assigned.

HOSPITAL INDEMNITY

Expenses associated with a hospital stay can be financially difficult if money is tight and you are not prepared. Indemnity Medical insurance pays a cash benefit for hospital confinement. This benefit is payable directly to you!

CRITICAL ILLNESS

Critical illness will pay a lump sum at diagnosis of certain serious illnesses such as heart attack, stroke, Alzheimer's and many others.

ACCIDENT INSURANCE

Accident Assistance through Standard Accident coverage offers peace of mind when an accident or injury occurs. The coverage can provide cash to cover unexpected expenses. You can choose from two plans that pay actual charges per incident plus additional specific injury benefits.

UNIVERSAL LIFE

Universal Life Insurance, offered through Standard, will be continue to be available this year to all eligible employees. Universal Life is 'permanent' life insurance, protecting you for a lifetime.

It's a life insurance policy that protects you in the event of a death but also rewards you for keeping it until retirement age because of the cash value that accumulates over time



Say Hi to Sydney, Anthem's Mobile App

Meet 'Sydney', the mobile app that runs on intelligence and keeps pace with you!

Anthem's digital app 'Sydney' provides a single, convenient location for a digital ID card, plan details, spending accounts, claims and more!

You now have advanced integrated help and support with click to chat features and the ability to schedule a call back.



Sydney's ON THE GO!

Download the Sydney app at



Scan this QR Code



Contact Information At-A-Glance

 <p>General Information</p>		<p>Stacy Wooten Sr. HR Generalist 270-434-2045 ext.1128 email: swooten@rsnortheast.com</p>
		<p>Amy Fisher Director HR 270-434-2045 ext.1132 email: afisher@rsnortheast.com</p>
 <p>Medical / Pharmacy Benefits</p>		<p>Customer Service: Refer to Medical ID Card www.anthem.com</p>
 <p>Cafeteria Plan / Section 125 Administrator</p>		<p>Customer Service: 1-866-233-4377 www.mcgregoreba.com</p>
 <p>Dental Benefits</p>		<p>Customer Service: 1-800-955-2030 www.deltadentalky.com</p>
 <p>Vision Benefits</p>	 	<p>Customer Service: 1-800-877-7195 www.VSP.com</p>
 <p>Employer-Paid Group Life and AD&D</p>		<p>Customer Service: 1-800-797-2643 www.transamerica.com</p>
 <p>Voluntary Life and AD&D</p>		
 <p>Disability</p>		
 <p>Voluntary Worksites Benefits</p>		<p>Benefit Enrollment & Education Firm Call Center M-F 7-5 CST 1-877-282-0808 www.avkarersnebenefits.com</p>
 <p>Additional Assistance Claims, Billing, & Enrollment Resolution Benefit Planning Firm</p>		<p>April Satterly Client Service Concierge Phone: 859-255-9455 ext. 1127 email: april@bimgroup.us</p>

The benefits overview is intended for summary purposes only. It is not to be relied upon for the determination of any policy benefits, limitations or exclusions. The master insurance policies issued by the respective carriers will be relied upon exclusively to determine all benefits.



1151 Red Mile Rd | Lexington, KY 40504 | 859-255-9455 | bimgroup.us