

TEAM MEMBER BENEFITS GUIDE



2021
PLAN YEAR

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Welcome

AT&F offers you and your eligible family members a comprehensive, affordable, and valuable benefits program.

We encourage you to take time to educate yourself about your options and choose the best coverage for you and your family.



This brochure summarizes the benefit plans that are available to American Tank & Fabricating Co. eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

Contact Information

Have Questions? Need Help?

In addition to contacting AT&F Human Resources, you also have access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time at 855-874-0829 or via e-mail at BRCMidwest@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Please contact AT&F Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

Carrier Customer Service

	CARRIER	PHONE NUMBER	WEBSITE
Medical/Rx	UMR (TPA)	800-826-9781	www.umar.com
Dental	UHC	877-816-3596	www.myuhc.com
Vision	UHC	800-638-3120	www.myuhc.com
Life and AD&D	UHC	866-556-8298	
Long Term Disability (LTD)	UHC	866-556-8298	
Voluntary Life/AD&D	UHC	866-556-8298	

Changes in Benefit Elections

Open Enrollment:

With few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year, January 1st. During Open Enrollment, you can:

- Add, change, or delete coverage
- Add or drop dependents from coverage
- Enroll or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.

If you do not make your 2021 benefit elections, you will automatically be defaulted to your prior year elections, except for the FSA, which will default to zero (\$0) elections.

Eligibility

Who is Eligible:

You may enroll in AT&F's Medical, Dental, Vision, and/or Voluntary Life benefits if you are a full-time Team Member.

When Coverage Begins:

Benefits elected during Open Enrollment are effective January 1, 2021.

Newly hired team member benefits are effective the 1st day following 30 days from your date of hire.

All elections remain in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a qualified change in status.

Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you, your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse and children up to age 26.

Enrollment

Enrolling in benefits is completed by logging into your Paycor account. You will need to complete the Open Enrollment Task.

Prior to beginning, have your life insurance beneficiary information and any dependent information available.

Contact AT&F Human Resources with any questions.

Remember that if you do not make your 2021 benefit elections, you will automatically be defaulted to your prior year elections, except for the FSA, which will default to zero (\$0) elections.

**IMPORTANT
REMINDER**

TERMS YOU NEED TO KNOW

Co-Insurance:

A percentage of medical plan costs that you pay after your deductible is met.

Deductible:

A fixed dollar amount that you pay before the plan will begin paying benefits.

Out-of-Pocket Maximum:

The maximum you will pay for your benefits until treatment is covered at 100%.

In-Network:

Doctors, hospitals, and other providers with whom the medical plan has an agreement to care for its members. Covered employees and dependents have lower out-of-pocket costs when using in-network providers.

Out-of-Network:

Care received from a doctor, hospital, or provider with whom the plan does not have an agreement. Covered employees and dependents pay more to use out-of-network providers.

Primary Care Physician (PCP):

PCPs are Family Practitioners, Internists, Pediatricians, OB/GYNs, Nurse Practitioners, or Physician Assistants.

AT&F's Wellness Initiatives

Whether your goal is to have more energy, lose weight, manage stress, or improve your diet, AT&F's Wellness program can help you. We consider Wellness to be a vital part of our overall benefits program.

As healthcare costs continue to rise, we strive to offer competitive health benefits to take care of you and your family. A successful wellness program means our Team Members are improving their lives and we are working together to manage rising health insurance costs.

AT&F will continue the Wellness Program for 2021.

To qualify for the Wellness Program Discount, you need to:

- Have a physical completed during the following time frame (4/1/2020 – 3/31/2021).
- If your spouse is covered under the plan, they will also need to have a physical completed during that time frame.
- Return the appropriate form(s) back to AT&F Human Resources by 3/31/2021 to continue to receive the Wellness Program Discount for the remainder of 2021.

To qualify for the Tobacco-Free Discount, you need to:

- Be tobacco-free for all of 2021 and complete the appropriate form.
- If your spouse is covered under the plan, they will also need to be tobacco-free for all of 2021 and complete the appropriate form.
- If you and/or your spouse is not currently tobacco-free, you may also qualify for the premium discount effective 1/1/2021 by enrolling in the Quit & Stay Quit Wellness Coaching Program by 12/31/2021 offered to you at no charge through AT&F. See AT&F Human Resources for details.

Wellness Program Disclosure

Your health plan is committed to helping you achieve your best health status. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources and we will work with you to find a wellness program with the same reward that is right for you in light of your health status.

MEDICAL COVERAGE

Medical

AT&F offers four medical plan choices: two (2) PPO Plans and two (2) High Deductible Health Plans (also known as HDHPs).

The charts on the following pages illustrate a brief outline of each plan. Please refer to the plan certificate or summary plan description for complete plan details.

PPO Plans	Core Plan PPO \$1500		Max Coverage PPO \$500	
Benefits Coverage	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Annual Deductible				
Individual	\$1,500	\$4,000	\$500	\$2,500
Family	\$3,000	\$8,000	\$1,000	\$5,000
Maximum Out-of-Pocket				
Individual	\$5,000	Unlimited	\$3,000	Unlimited
Family	\$10,000	Unlimited	\$6,000	Unlimited
Physician Office Visit				
Primary Care	\$30 copay	40% after deductible	\$25 copay	40% after deductible
Specialty Care	\$60 copay	40% after deductible	\$50 copay	40% after deductible
Preventive Care				
Adult Periodic Exams	0%	40% after deductible	0%	40% after deductible
Well-Child Care	0%	40% after deductible	0%	40% after deductible
Diagnostic Services				
Urgent Care	\$60 copay	40% after deductible	\$50 copay	40% after deductible
Emergency Room (copay waived if admitted)	\$250 copay; 20% after deductible	\$250 copay; 20% after deductible	\$250 copay; 20% after deductible	\$250 copay; 20% after deductible
Inpatient/Outpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Retail Pharmacy (30 Day Supply) *				
Generic (Tier 1)	\$10 copay	Not Covered	\$10 copay	Not Covered
Preferred (Tier 2)	\$40 copay	Not Covered	\$30 copay	Not Covered
Non-Preferred (Tier 3)	\$80 copay	Not Covered	\$60 copay	Not Covered
Preferred Specialty (Tier 4)	\$160 copay	Not Covered	\$120 copay	Not Covered
Mail Order Pharmacy (90 Day Supply)				
Generic (Tier 1)	\$25 copay	Not Covered	\$25 copay	Not Covered
Preferred (Tier 2)	\$100 copay	Not Covered	\$75 copay	Not Covered
Non-Preferred (Tier 3)	\$200 copay	Not Covered	\$150 copay	Not Covered
Individual	\$1,600	N/A	\$3,600	N/A
Family	\$3,200	N/A	\$7,200	N/A

*The Rx Plan requires the use of Mail Order for maintenance medications after the 3rd fill at Retail. If you keep your Rx at Retail, you will be charged 2x the copay amount for that prescription.

MEDICAL COVERAGE

Medical

AT&F offers four medical plan choices: two (2) PPO Plans and two (2) High Deductible Health Plans (also known as HDHPs).

The charts on the following pages illustrate a brief outline of each plan. Please refer to the plan certificate or summary plan description for complete plan details.

High Deductible Health Plans (HDHP)	No Contribution HSA \$5000		Low Contribution HSA \$2000*	
Benefits Coverage	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Annual Deductible				
Individual	\$5,000	\$5,000	\$2,000	\$5,000
Family	\$10,000	\$10,000	\$4,000	\$10,000
Maximum Out-of-Pocket				
Individual	\$5,000	\$10,000	\$2,000	\$10,000
Family	\$10,000	\$20,000	\$4,000	\$20,000
Physician Office Visit				
Primary Care	0% after deductible	40% after deductible	0% after deductible	40% after deductible
Specialty Care	0% after deductible	40% after deductible	0% after deductible	40% after deductible
Physician Office Visit				
Adult Periodic Exams	0%	40% after deductible	0%	40% after deductible
Well-Child Care	0%	40% after deductible	0%	40% after deductible
Diagnostic Services				
Urgent Care	0% after deductible	40% after deductible	0% after deductible	40% after deductible
Emergency Room	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Inpatient/Outpatient	0% after deductible	40% after deductible	0% after deductible	40% after deductible
Retail Pharmacy (30 Day Supply)**				
Generic (Tier 1)	0% after deductible	40% after deductible	0% after deductible	40% after deductible
Preferred (Tier 2)	0% after deductible	40% after deductible	0% after deductible	40% after deductible
Non-Preferred (Tier 3)	0% after deductible	40% after deductible	0% after deductible	40% after deductible
Preferred Specialty (Tier 4)	0% after deductible	40% after deductible	0% after deductible	40% after deductible
Mail Order Pharmacy (90 Day Supply)				
Generic (Tier 1)	0% after deductible	40% after deductible	0% after deductible	40% after deductible
Preferred (Tier 2)	0% after deductible	40% after deductible	0% after deductible	40% after deductible
Non-Preferred (Tier 3)	0% after deductible	40% after deductible	0% after deductible	40% after deductible

*Non-Embedded Deductible – the total family deductible must be met before the coverage starts paying for healthcare services for any individual member.

**The Rx Plan requires the use of Mail Order for maintenance medications after the 3rd fill at Retail. If you keep your Rx at Retail, you will be charged 100% of the amount for that prescription

MEDICAL COVERAGE

Medical Contributions

Below are the bi-weekly (26/year) premium rates for the medical plans.

You can qualify for a discount on your premium rates by:

- Being tobacco-free (if married, both you and your spouse must be tobacco-free) and/or
- Participating in our wellness program.

Team Member Contributions				
Core Plan - PPO \$1500				
	Tobacco-Free & Wellness Participant	Tobacco-Free (No Wellness)	Tobacco User & Wellness Participant	Tobacco User (No Wellness)
Single	\$35.50	\$49.75	\$57.25	\$71.00
Family	\$100.00	\$130.00	\$145.00	\$170.00

Team Member Contributions				
Max Coverage Plan - PPO \$500				
	Tobacco-Free & Wellness Participant	Tobacco-Free (No Wellness)	Tobacco User & Wellness Participant	Tobacco User (No Wellness)
Single	\$68.25	\$82.50	\$90.00	\$103.75
Family	\$165.00	\$195.00	\$210.00	\$235.00

Team Member Contributions				
No Contribution HSA Plan - \$5000				
	Tobacco-Free & Wellness Participant	Tobacco-Free (No Wellness)	Tobacco User & Wellness Participant	Tobacco User (No Wellness)
Single	\$0.00	\$0.00	\$0.00	\$0.00
Family	\$0.00	\$0.00	\$0.00	\$0.00

Team Member Contributions				
Low Contribution HSA Plan - \$2000				
	Tobacco-Free & Wellness Participant	Tobacco-Free (No Wellness)	Tobacco User & Wellness Participant	Tobacco User (No Wellness)
Single	\$38.50	\$52.75	\$60.25	\$74.00
Family	\$95.00	\$125.00	\$140.00	\$165.00

DENTAL COVERAGE

Dental – Basic

AT&F offers you a choice between two comprehensive voluntary dental programs through United HealthCare. You may choose the dental plan that suits you and your family's needs. You may search for a network provider at www.myuhc.com.

Preventive / Diagnostic Care

- Exams
- Cleanings
- Routine X-rays

Major Care

- Oral Surgery
- Endodontics/Periodontics
- Inlays/Onlays/Crowns
- Bridges
- Dentures

Basic Care

- Fillings
- Simple Extractions
- Emergency Treatment

The chart below illustrates a brief outline of the plan. Please refer to the plan certificate or summary plan description for complete plan details.

Benefits Coverage	United HealthCare Dental PPO – Basic Plan	
	In-Network Benefits	Out-of-Network Benefits
Annual Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Waived for Preventive Care	Yes	Yes
Annual Maximum		
Per Person / Family	\$1,000	\$1,000
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%

Team Member Contributions (Bi-Weekly; 26/year)	
Voluntary Dental – Basic Option	
Single	\$11.88
+ Spouse	\$23.11
+ Child(ren)	\$24.21
Family	\$36.01

DENTAL COVERAGE

Dental – Enhanced

AT&F offers you a choice between two comprehensive voluntary dental programs through United HealthCare. You may choose the dental plan that suits you and your family's needs. You may search for a network provider at www.myuhc.com.

Preventive / Diagnostic Care

- Exams
- Cleanings
- Routine X-rays

Basic Care

- Fillings
- Simple Extractions
- Oral Surgery
- Endodontics/Periodontics

Major Care

- Inlays/Onlays/Crowns
- Bridges
- Dentures
- Implants

Orthodontia

- Children to age 19

The chart below illustrates a brief outline of the plan. Please refer to the plan certificate or summary plan description for complete plan details.

Benefits Coverage	United HealthCare Dental PPO	
	In-Network Benefits	Out-of-Network Benefits
Annual Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Waived for Preventive Care	Yes	Yes
Annual Maximum		
Per Person / Family	\$1,500	\$1,500
Preventive	100%	100%
Basic	90%	90%
Major	60%	60%
Orthodontia (children to age 19)	50%; \$1,500 lifetime max	50%; \$1,500 lifetime max

Team Member Contributions (Bi-Weekly; 26/year)	
Voluntary Dental	
Single	\$17.63
+ Spouse	\$32.90
+ Child(ren)	\$38.35
Family	\$53.47

VISION COVERAGE

Vision

AT&F provides voluntary vision insurance through United HealthCare. The benefits outlined below apply when using an in-network provider. Should you choose a non-network provider, applicable out-of-network reimbursements would apply. You may search for a network provider at www.myuhc.com.

United HealthCare Vision Plan	
Copay	
Routine Exams	\$10 copay
Materials	\$25 copay
Frequency	
Exams	12 months
Lenses	12 months
Frames	24 months
Vision Materials	
Lenses	Benefit varies by type of lens (i.e. single vision, bifocal, trifocal) Optional lens upgrades may be provided at a discount (i.e. scratch-resistant, polycarbonate, progressive, etc.) The Lens Option List can be found at www.myuhcvision.com .
Contacts	Elective contacts are in lieu of eyeglasses. Formulary contact lenses (disposable): up to four (4) boxes included after copay Non-formulary contact lenses: \$125 allowance Medically necessary contact lenses: Covered in full after copay
Frames	Covered at 100% (up to \$130 allowance) every 24 months

Team Member Contributions (Bi-Weekly; 26/year)	
Voluntary Dental	
Single	\$2.29
+ Spouse	\$4.35
+ Child(ren)	\$5.10
Family	\$7.17

LIFE INSURANCE

Company-Paid Benefits

AT&F values its team members and provides company-paid life and long-term disability (LTD) insurance at no cost based on team member eligibility and employment status.

Please refer your certificate for additional details.

Important Reminder!

Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes. This should be completed annually but may be done at any time throughout the year by contacting HR for the appropriate forms or updating your beneficiary information in Paycor.

Voluntary Life and AD&D

In addition to the company-paid life and AD&D coverage, you have the option to purchase additional voluntary life and AD&D insurance to cover any gaps that may be a result of age reduction schedules, cost of living, existing financial obligations, etc.

Evidence of Insurability: If you enroll yourself and spouse in voluntary life insurance when first eligible, you can request up to \$150,000 of Voluntary Life/AD&D coverage for yourself and up to \$30,000 of coverage for your spouse without evidence of insurability (proof of good health) required. If you do not enroll in this plan when first eligible, any amount of Voluntary Life/AD&D coverage requested later, will require satisfactory Evidence of Insurability form to be completed for you and/or your spouse.

United HealthCare Voluntary Life/AD&D	
Team Member (\$10,000 increments)	
Minimum	\$10,000
Maximum	5x annual salary or \$500,000
Guarantee Issue	\$150,000
Spouse (\$5,000 increments)	
Minimum	\$5,000
Maximum	\$100,000; limit 50% of Team Member election
Guarantee Issue	\$30,000
Dependent (\$2,000 increments)	
Minimum	\$2,000
Maximum	\$10,000; limit 50% of Team Member election - Age 14 days to 6 months: \$250 - 6 months to age 19 (25 if FT student): \$10,000

LIFE INSURANCE

Voluntary Life and AD&D Rates

Listed below are the rates should you elect additional life and AD&D insurance for you, your spouse, and dependents. There is also a rate calculator to assist you in determining your per paycheck cost.

Voluntary Life/AD&D Monthly Rates per \$1,000	
Team Member/Spouse (based on Team Member age)	
Age <25	\$0.14
25-29	\$0.14
30-34	\$0.15
35-39	\$0.17
40-44	\$0.24
45-49	\$0.38
50-54	\$0.61
55-59	\$0.92
60-64	\$1.42
65-69	\$2.52
70-74	\$4.47
75+	\$4.47
Dependent Election/Cost per Month	
\$2,000	\$0.48
\$4,000	\$0.96
\$6,000	\$1.44
\$8,000	\$1.92
\$10,000	\$2.40

Voluntary Life and AD&D Rate Calculator

To calculate your monthly premium cost:

\$ _____	x	\$ _____	=	\$ _____	÷	\$1,000	=	\$ _____
Benefit		Rate		Subtotal				Monthly Cost

Spending Accounts

Dependent Care Reimbursement Account (DCRA)

AT&F offers access to a dependent care reimbursement account to assist with costs related to dependent care. This account allows you to fund the costs of dependent care on a pre-tax basis. The care must be provided by a dependent care center or by an individual who can provide a name, address, and taxpayer identification number. You may contribute up to a maximum of \$5,000 each year, per household. Although you may not take the childcare tax credit if you choose this option, you may save more depending on your income level.

- You can use your account throughout the year to help pay for eligible expenses; funds must be in the account before being reimbursed.
- Your expense must be for the purpose of allowing you and, if married, your spouse to work.
- If you are married and file a joint tax return, your combined maximum election amount is \$5,000. If you are married but filing separate tax returns, the maximum amount is \$2,500.
- A dependent care FSA helps reimburse you for the work-related cost of care for a qualifying dependent. A qualifying dependent is:
 - A tax dependent of yours who is under age 13, or
 - Any other tax dependent of yours, such as an elderly parent, who is physically or mentally incapable of self-care and has the same principle residence as you
 - A spouse who is physically or mentally incapable of self-care and has the same principle residence as you.
 - The plan year runs January 1, 2021 through December 31, 2021.

Health Care Flexible Spending Account (FSA)

Paying for health expenses can be stressful but planning ahead and putting money in a health flexible spending account (FSA) will help you save on taxes while keeping a reserve of money available for health care costs.

What Are Health FSAs?

An FSA is an employer-sponsored savings account for health care expenses. You are not taxed on the money put into the FSA, and you can then use the account to pay for qualified out-of-pocket health care costs, such as your deductible and copays, but not your premium. However, you cannot stockpile money in the account from year to year, and you will lose leftover money in the account at the end of the plan year. AT&F offers a grace period to submit claims from the previous plan year through March 15. The FSA annual maximum amount you may contribute is \$2,750 per calendar year.

Health FSA Advantages

Here are some of the advantages an FSA can provide:

- **Tax reductions:** The amount you contribute to a health FSA is not subject to federal income tax or social security (FICA) tax—effectively adjusting your annual taxable salary. The taxes you pay each paycheck and collectively each plan year can be reduced significantly.
- **Convenience:** After the initial election at the beginning of the year, your employer will take care of transferring the allotted amount into your FSA through salary deferral.

- **Flexibility:** You can withdraw health FSA funds at any time (for qualified medical expenses), even if the amount has not yet been deposited into the account, as long as the amount is no more than your elected annual deferral amount less any amount already used.

Example of tax savings in a year

Bob and Jane's combined gross income is \$30,000. They are married and file their income taxes jointly. Since Bob and Jane expect to spend \$3,000 in medical expenses in the next plan year, they decide to direct a total of \$2,600 into their FSAs. (See table)

	Without FSA	With FSA
Gross income	\$30,000	\$30,000
FSA contributions	\$0	-\$2,600
Gross income	\$30,000	\$27,400
Estimated taxes		
Federal	-\$2,550*	-\$1,776*
State	-\$900**	-\$750**
FICA	-\$2,295	-\$1,913
After-tax earnings	\$24,255	\$22,961
Eligible out-of-pocket medical expenses	-\$3,000	\$400
Remaining spendable income	\$21,255	\$22,561
Spendable income increase	--	\$1,306

* Assumes standard deductions and four exemptions

** Varies, assumes 3 percent

This example is for illustrative purposes only.

Every situation varies and it is recommended you consult a tax advisor for all tax advice.

Health Savings Account (HSA)

Who is Eligible and When:

To be an eligible individual and qualify to contribute to an HSA, you must meet the following requirements:

- You must be covered under a High Deductible Health Plan on the first day of the month
- You must not be covered by other health coverage (a non-qualified medical plan that is not an H.S.A. or a spouse's full FSA)
- You must not be enrolled in Medicare
- You must not be claimed as a dependent on someone else's tax return

Benefits You Receive:

Health savings accounts (HSAs) are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs). HDHPs typically offer lower monthly premiums in exchange for a higher deductible (the amount you pay before insurance kicks in).

Which expenses can be covered by your HSA?

- Your HSA is designed to cover qualified medical expenses that are not covered by your high deductible health plan. It includes items like eyeglasses, doctor's fees, and prescription medications.
- In addition to the items mentioned above, "qualified medical expenses" also include items such as dental treatment, long term care insurance premiums, and transportation to and from doctor's visits. In general, you cannot use your HSA to pay for health insurance premiums.

- Your expenses are eligible since you are the holder of the account. But you can also claim expenses for your spouse and eligible dependent.

Using an HSA:

An HSA is managed by the account holder (you), giving you the choice of when to use your HSA dollars. You can begin using your HSA money as soon as your account is activated, and contributions have been made. Contributions to your HSA can be made by anyone, including you or a family member; the contributions to your HSA can not exceed the HSA maximum contribution limit set by the IRS. The 2021 Federal Limits are:

- \$3,600 Single
- \$7,200 Family
- Additional \$1,000 “Catch-Up” contributions if 55-65 years old

And remember, if you have money left in your account at the end of the year, it just rolls over into the following year, creating a bigger nest egg for future medical expenses. And if you leave your job—the account goes with you. You don’t forfeit any of the funds.

Additional Benefits

Teladoc (though UMR)

Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video, or mobile app visits. It's an affordable option for quality medical care!

Teladoc doctors can treat many medical conditions including cold & flu symptoms, allergies, pink eye, respiratory infection, sinus problems, skin problems, and more.

Visit [Teladoc.com](https://www.teladoc.com) or 1-800-Teladoc or download the app today.

Member Assistance Program

Life is stressful, and sometimes the constant challenges can become overwhelming. When you have unresolved problems, it can take a serious toll on both your work and home life.

To help you through difficult times, a Member Assistance Program is available to you. The Member Assistance program provides confidential support whenever you need it at no cost to you.

The program includes the following services:

- **Toll-free Member Assistance line:** Phone access to a master's-level counselor, 24 hours a day, 7 days a week. To reach Member Assistance, call 1-877-660-3806.
- **24/7 access to [liveandworkwell.com](https://www.liveandworkwell.com):** Online access to an interactive website that provides tools and information to help enhance your work, health and life
 - There are two ways to login:
 - 1) create your own username and password under "Members: Login or Register"; OR
 - 2) use the access code "LTDEAP" under "Guest Access"
- **Referrals for face-to-face counseling:** Referrals to a national network of licensed and certified clinicians for up to three sessions
- **Legal services:** Free 30-minute telephone or in-person consultation with an attorney for help with legal concerns (an attorney may be retained for ongoing services at a 25% discounted rate)
- **Referral to helpful resources:** Referrals to community resources from a database of more than 100,000 contacts

Maintaining your privacy and confidentiality is of utmost importance. All records, referrals and evaluations are kept private and confidential in accordance with federal and state laws.

Will and Trust Preparation Services

Will and trust preparation services are available to team members at no additional cost. The services, provided by Consolidated Legal Concepts, Inc. (CLC), are designed to help with estate planning. Through CLC, team members have access to the following resources:

- **Educational articles** about wills, trusts, and related legal topics
- **Standard legal forms** for each state
- **Tools for preparing legal documents** at home
- **Private, secure online storage** of the legal documents created
- **Telephone assistance** when using the assisted document preparation service

You can access the services in the way you find most convenient:

- Electronic access for online self-service will and trust preparation at **[CLCLegalforms.com](https://www.CLCLegalforms.com)**
- Phone access for assisted legal document preparation service at **800-773-0888**