

Your Employee Benefits

Benefit plans effective
January 1, 2025–December 31, 2025

LIFE[®]
University

it's in you.



Welcome to Your Benefits

Our most important asset is our people. That's why we offer you a benefits program with many options, designed to meet the needs of you and your family. This guide summarizes the benefits that are available to all benefits-eligible employees and their dependents. Official plan documents contain the details, conditions and restrictions on these benefits.

Please read through all your materials very carefully. You have many resources available for any questions related to your plans as you enroll throughout the year. The health care coverage you elect begins with your initial eligibility date and continues through the end of the enrollment year. Life University's benefits begin January 1 and end December 31.

IMPORTANT STATE AND FEDERAL NOTICES

These notices, along with Summary Plan Descriptions (SPDs) and Summary of Benefits and Coverage (SBCs), can be found through the online portal at life.edu.

- HIPAA Notice of Special Enrollment
- Women's Health & Cancer Rights
- Privacy Practice and Rights Under HIPAA
- General COBRA Notice of Rights
- CHIPRA Notice
- Medicare Part D Creditable Coverage Notice
- Health Care Reform Provision Notices

IN THIS GUIDE

- 3 Eligibility & Enrollment
- 4 Medical Benefits
- 5 Medical Plan Comparison
- 6 Employee Health Center
- 8 Health Plan Terminology
- 9 Dental Benefits
- 10 Vision Care
- 11 Tax Advantaged Accounts
- 12 Life Insurance
- 13 Disability Insurance
- 13 Employee Assistance Program
- 13 Legal Service
- 14 Supplemental Insurance Programs
- 16 Online Resources & Enrollment

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by Life University. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

Eligibility & Enrollment

ELIGIBILITY

All full-time employees working at least 30 hours per week are eligible for benefits. As a new hire, all benefits begin first of the month following 30 days of continuous employment. Additionally, you may enroll during the annual Open Enrollment period for a January 1 effective date.

You may enroll the following eligible dependents in our group benefit plans:

- Your legal spouse or domestic partner
- Your natural, adopted or stepchildren up to age 26
- Unmarried children of any age if disabled and claimed as a dependent on your federal income taxes

MAKING YOUR BENEFIT ELECTIONS

It is important that you make your benefit elections within the timeframe allowed during your New Hire or Open Enrollment period. Postponing the confirmation of your elections will result in a delay in enrollment processing. In other words, if you wish to see a doctor or fill a prescription soon after your benefits begin, please make your elections in a timely fashion or you may experience a delay. Once you confirm your benefit elections, your next opportunity to change or elect benefits will not be until the next Open Enrollment period, unless you experience a Qualifying Life Event.

MAKING CHANGES TO YOUR BENEFITS

Outside of your initial New Hire or Open Enrollment period, changes to your benefits can only be made throughout the year within 30 days of a Qualifying Life Event.

Examples of a Qualifying Life Event include:

- Marriage
- Divorce
- Birth or adoption of a child
- Loss of coverage elsewhere

To report a Life Event, contact your Human Resources Department. Documentation must be provided.

All employees must log in and make their elections via the online portal at life.edu.

Click on Menu > Faculty and Staff > PAYCOM.

Medical Benefits

Life University employees have the choice to enroll in one of two medical plans offered through Life University, one HDHP plan and one traditional OAP plan:

- Low Plan with HSA - HDHP on the Cigna Open Access Plus Network
- Gold PPO Plan - on the Cigna Open Access Plus Network

Both plans offer preventive care at 100%, an out-of-pocket maximum to protect you should a catastrophic event occur, and out-of-network coverage when needed as well as a telehealth benefit through Integrated Source One (ISO). Although out-of-network coverage is available, using in-network providers will save you money. Refer to your Summary of Benefits and Coverage for detailed information or call Exemplar Member Services at (855) 826-3422.

NETWORK

To locate an in-network provider on the Cigna Open Access Plus network, use the online directory at www.myCigna.com or call Exemplar Member Services at (855) 826-3422.

BALANCE BILLING

Please note if you visit an Out-of-Network facility/provider you may be balanced billed. Balance billing happens after you've paid your deductible, coinsurance or copayment and your insurance company has also paid everything it's obligated to pay toward your medical bill. If there is still a balance owed on that bill and the doctor or hospital expects you to pay that balance, you're being balance billed.

PREVENTIVE CARE

We encourage you and your dependents to have annual wellness exams. Most preventive exams and well-child exams (including immunizations) are covered at 100% under the plans. Preventive exams can detect if you are at risk for, or already have, a chronic disease that may be preventable. Talk to your health care provider to find out which screenings are recommended for you and when you need them.

Medical Plan Comparison

	GOLD PPO PLAN	LOW HDHP PLAN (WITH HSA)
IN-NETWORK SERVICES		
Deductible <i>Individual/Family</i>	\$5,000 / \$10,000	\$5,500 / \$11,000
Out-of-Pocket <i>Max Individual/Family</i>	\$8,000 / \$16,000	\$7,500 / \$15,000
Coinsurance	Plan pays 80%	Plan pays 100%
Office Visit	\$25 copay	\$35 copay after deductible
Specialist Visit	\$50 copay	\$50 copay after deductible
Imaging / Diagnostic Test	Office: Physician copay Other: Subject to deductible + 20%	Subject to deductible
Inpatient Hospital Outpatient Surgery	Subject to deductible + 20%	Subject to deductible
Emergency Room	\$450 copay after deductible	\$450 copay after deductible
Urgent Care	\$100 copay	\$100 copay after deductible
Prescription Drugs • <i>Tiers 1/2/3/4</i> • <i>Mail Order</i>	No deductible \$20/\$40/\$70/20% to \$500 \$40/\$100/\$190/ N/A	Subject to deductible then \$20/\$40/\$70/10% to \$350 \$45/\$105/\$195/ N/A
HSA/FSA Eligibility	FSA	HSA / LP FSA
EMPLOYEE RATES PER PAY PERIOD		
Employee Only	\$280.91	\$112.90
Employee + Spouse	\$805.57	\$431.69
Employee + Child/ren	\$728.76	\$439.34
Employee + Family	\$825.08	\$508.98

In-network services illustrated only. Refer to Paycom for the full plan documents.



Your Employee Health Center

Powered by Integrated Source One



The ISO Onsite Difference

	ISO CLINIC	PRIMARY CARE NETWORK MODEL*
Services	80-90% of primary care, multidisciplinary, acute care, lab testing, preventative care	Traditional Primary Care
Appointment Times	Same Day often Same Hour	Average 23 Days
New Patients	Yes	No / Maybe
Wait time in Waiting Room	< 2 Minutes	22 Minutes
Patients Seen In A Day	7-10 (average visit time 20-30 minutes)	30-45 (average visit time 7 minutes)
Onsite Labs	Yes	Maybe
Patient payment out-of-pocket for visit	ZERO	Yes, copay and deductible
Labs, MRI, CT, other imaging, special consults	Zero copays Zero deductibles <i>(Exemplar can waive patient's responsibility)</i>	Yes, copay and deductible

*National average Primary Care Networks

Before you go call ISO! - 330.551.5199



YOUR HEALTH STARTS HERE

Integrated Source One transforms the way employees, employers and individuals obtain healthcare. We deliver in a way that is transparent, affordable and robust. We embrace the patient centered care philosophy and align ourselves with those who have the same philosophy.

Your One Source for Healthcare!
24/7/365



HOW IT WORKS

Every visit begins with a call to ISO at 330.551.5199. If your call is not answered immediately, leave your name, number and a reason for your call. You will be contacted within the hour, if not minutes, and your visit will begin. The ISO Nurse Provider will begin to triage immediately to determine if further in-person evaluation is needed by a Physician or specialist. Otherwise your visit will be completed and any follow-up visits will be scheduled at that time.



**BEFORE YOU GO
CALL ISO!**

330.551.5199

24/7/365

**NO CO-PAYS
NO DEDUCTIBLES**

Utilizing ISO as your first resource for medical care, you are charged \$0 outside of your monthly per member-per month fee

** Call 911 or visit the ER for emergencies*



OUR CARE

Integrated Source One provides Direct Patient Care that includes Acute Care - Cold, Sinus, Flu, etc. Annual Physicals, Blood work, Prescriptions Mental Health Care

Whether In-person or virtual Integrated Source One offers 24/7/365 care providing the ability to accurately assess your condition and begin the process of getting you back to better health!

Integrated Source One
Welcomes
LIFE UNIVERSITY



**SCAN QR CODE
TO ENROLL TODAY**



www.intsourceone.com



contact@intsourceone.com



330.551.5199

Health Plan Terminology

Annual Limit	Cap on the benefits your insurance company will pay in a given year while you are enrolled in a particular health insurance plan.
Claim	A bill for medical services rendered.
Cost Sharing	Health Care Provider charges for which a patient is responsible under the terms of a health plan. This includes deductibles, coinsurance and copayments.
Coinsurance	Your share of the costs of a covered health care service calculated as a percentage of the allowed amount for the service. Example: Ann's surgery cost is \$7,000. She has a \$2,000 annual deductible. Ann is responsible for the first \$2,000 of allowed charges, and that amount is applied to the deductible. The carrier will cover 80% (coinsurance) of the remaining \$5,000 and Ann will cover 20% or \$1,000. The total member out of pocket expense for Ann's surgery is \$3,000 (the deductible of \$2,000 + coinsurance of \$1,000).
Copayment (Copay)	A fixed amount you pay for a covered health care service, usually when you receive the service. Copays often apply to office visits, emergency room visits, and prescription drugs.
Deductible	The amount you owe for covered health care services each year before the insurance company begins to pay. (For some services you would pay a copay in lieu of the deductible as noted above.) Example: John has a health plan with a \$2,000 annual deductible. John falls off his roof and has to have three knee surgeries, the first of which is \$1,500. Because John hasn't paid anything toward his deductible yet this year, the \$1,500 surgery cost goes towards the deductible and John is responsible for 100% of this cost.
Dependent Coverage	Coverage extended to the spouse and children of the primary insured member. Age restrictions on the coverage apply to dependent children (usually covered to age 26).
Explanation of Benefits (EOB)	A statement sent from the health insurance company to a member listing services that were billed by a provider, how those charges were processed and the total amount of patient responsibility for the claim.
Group Health Plan	A health insurance plan that provides benefits for employees of a business.
In-Patient Care	Care rendered in a hospital when the duration of the hospital stay is at least 24 hours.
Insurer (Carrier)	The insurance company providing coverage.
Insured	The person with health insurance coverage. For group health insurance, your employer will typically be the policyholder and you will be the insured.
Open Enrollment Period	The time period during which eligible persons may opt to sign up for coverage under a group health plan or make changes to who is covered under the plan.
Out-of-Pocket Maximum (OPM)	The maximum amount you should have to pay for your health care during one year, excluding monthly premium. After you reach the annual OPM, your health insurance plan begins to pay 100% of the allowed amount for covered health care services or items for the rest of the plan year.
Outpatient Care	Care rendered at a medical facility that does not require overnight hospital admittance or a hospital stay lasting 24 hours or less
Participating Provider	A health care provider who has contracted with a particular insurance carrier or health plan to provide health care services to its members. Also known as in-network provider.
Premium	Amount of money charged by an insurance company for coverage
Preventive Care	Medical check-ups and tests, immunizations and other services used to prevent chronic illnesses from occurring.
Primary Care Physician (PCP)	A physician (family doctor/pediatrician, OB-GYN, etc.) who is responsible for monitoring and coordinating a member's overall care. Some managed care plans require the member to select a PCP when they enroll for coverage.
Provider	A clinic, hospital, doctor, laboratory, health care practitioner or pharmacy.
Qualifying Life Event	A life event designated by the IRS that allows you to amend your current plan or enroll in new health insurance. Common life events include marriage, divorce, having or adopting a child, and losing coverage elsewhere.
Qualified Medical Expense	Expenses defined by the IRS as the costs attached to the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body.
Summary of Benefits & Coverages (SBC)	An easy-to-read outline that lets you compare costs and coverage between health plans.
Telemedicine	A form of technology based communication that allows a doctor and patient to communicate without being in the same physical location. This can be used to evaluate, diagnose and prescribe treatment for common illnesses in lieu of an office visit or urgent care visit.
Utilization	The extent to which a particular group uses a particular health plan or program.

Dental Benefits

Our oral health affects our ability to speak, smell, taste, chew, and swallow. However, oral diseases, which can range from cavities to oral cancer, cause pain and disability for millions of people each year. We offer three dental plan options. One DHMO plan option with Cigna and 2 new plans being offered through Ameritas. We encourage you to utilize an in-network dentist which will result in lower out-of-pocket expenses for you and your family. To find out if your dentist is in-network, visit www.mycigna.com and select the Total DHMO network or Ameritas at www.Ameritas.com and select A New Choice Network (MAC) or Passive PPO.

We advise you to get a pre-treatment estimate for any extensive dental work. Your dental provider will work directly with the carrier to provide you with an estimated out-of-pocket cost prior to services being performed.

If you choose the MAC plan, you must choose a dentist that is in-network or you will receive a balance bill. If you currently use an out-of-network dentist and wish to remain with that dentist, please choose the 90th plan as it will reimburse at a higher percentage than the MAC plan. The MAC and 90th plan have a Wellness Plus Incentive. If you obtain one preventive cleaning per year your annual plan maximum increases.

IN-NETWORK SERVICES	CIGNA DHMO	AMERITAS MAC NEW	AMERITAS 90th NEW
Annual Deductible	N/A	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family
Annual Plan Maximum	N/A	\$1,500	\$1,500
Annual Rollover Amount	N/A	\$1,000 Max possible accumulation for Dental Rewards and PPO Bonus	\$1,000 Max possible accumulation for Dental Rewards and PPO Bonus
Preventive Services	100%	100%, deductible waived	100%, deductible waived
Basic Services	Fee Schedule	100%	80%
Major Services	Fee Schedule	60%	50%
Periodontics	Fee Schedule	100%	80%
Endodontics	Fee Schedule	60%	50%
Orthodontia Lifetime Max	Fee Schedule	50% to \$1,500 child only	50% to \$1,500 child only
R & C Payment Level	N/A	MAC	90 th Percentile
EMPLOYEE RATES PER PAY PERIOD			
Employee Only	\$9.21	\$21.00	\$21.00
Employee + Spouse	\$16.83	\$36.58	\$36.58
Employee + Child/ren	\$20.56	\$39.58	\$39.58
Employee + Family	\$30.16	\$69.20	\$69.20

Vision Care

Vision coverage is offered through Ameritas. Your routine vision exams, eyeglasses or contact lenses are available through the EyeMed national network of vision care providers. In addition to the benefits outlined below, you have access to discounts on lens options and laser vision correction. To find an in-network provider, go to www.eyemed.com.

	IN-NETWORK	OUT-OF-NETWORK
Exam	\$10	Up to \$35
Single/Bifocal/Trifocal Lenses	\$25	\$25/\$40/\$55
Frames	\$130 allowance	Up to \$65
Contact Lenses <ul style="list-style-type: none"> • Conventional • Medically necessary 	\$130 allowance 100% covered	\$104 allowance \$200 allowance
Exam/Frames/Lenses Frequency	Every 12 months	Every 12 months
EMPLOYEE RATES PER PAY PERIOD		
Employee Only		\$3.56
Employee + Spouse		\$6.78
Employee + Child/ren		\$7.14
Employee + Family		\$10.50

In-network services illustrated only. Refer to PAYCOM for the full plan documents.



Tax Advantaged Accounts

HEALTH SAVINGS ACCOUNT

When you elect to enroll in either of the High Deductible Health Plans, you are eligible to open a Health Savings Account (HSA) through Health Equity and have pre-tax dollars deducted from your paycheck and deposited into this account to be used for eligible medical, dental and vision expenses. You are the owner of this bank account, and unlike a traditional Flexible Spending Account (FSA), your funds can roll over from year-to-year and build over time.

HSA ADVANTAGES

- Pre-tax savings – never pay federal government taxes on your HSA funds as long as you spend the money on eligible IRS 213(d) health care expenses (medical, dental, vision).
- Unused funds carry over from year to year and can build over time.
- You have complete control over how and when funds are used.
- Balances over a certain amount may have investment opportunities.
- Funds remaining in your account after you reach the age of 65 can be used for non-medical expenses with ordinary taxes paid, similar to a 401(k).
- HSAs are portable; if you leave you can take the account and all funds in it with you.

2025 IRS annual maximum contribution into your account:

- Single coverage : \$4,300
- Family coverage: \$8,550

Persons age 55 and above may set aside an additional \$1,000 in catch-up contributions each year.

FLEXIBLE SPENDING ACCOUNTS

With a Flexible Spending Account (FSA), you can set aside pre-tax dollars to pay for out-of-pocket expenses incurred for health care or dependent day care expenses.

2025 IRS annual maximum contribution into your accounts:

- Health Care FSA : \$3,300
- Limited Purpose FSA: \$3,300
- Dependent Care FSA: \$5,000*

HEALTH CARE FSA

Based on your estimated amount of medical out-of-pocket expenses, the annual amount you elect is evenly deducted out of each paycheck throughout the year. Once you have elected your FSA amount, you may not change it without a Qualifying Life Event. Please be aware that any unused balance over \$640 will be forfeited back into the plan.

LIMITED PURPOSE FSA

Employees enrolled in an HDHP with HSA may elect and use the Limited Purpose FSA funds for dental and vision expenses only.

DEPENDENT CARE FSA

A Dependent Care FSA is available to employees who have a dependent child or parent for which they pay expenses such as elder care, day care, preschool, summer day camps, or after school care. Funds in the Dependent Care FSA are not to be used for medical care. The FSA accounts are offered through McGriff.

**If married filing jointly. \$2,500 if married filing separately.*

Life Insurance

100% EMPLOYER PAID BENEFIT

Life insurance benefits are provided through One America. This benefit provides protection for those who depend on you financially. We pay 100% of the cost of Basic Life and Accidental Death and Dismemberment for employees. The policy pays a flat benefit amount \$50,000. An Accidental Death and Dismemberment (AD&D) benefit provides an additional benefit to your beneficiary if you are seriously injured or die in an accident.

BENEFICIARIES

Your designated beneficiary will receive benefits in the event of your death. You must have beneficiaries designated for your Basic Life/AD&D and Voluntary Life. The beneficiaries you choose are legally binding. Your beneficiary may be changed at any time. The form can be found by logging in to Paycom.

VOLUNTARY LIFE INSURANCE

You may purchase additional insurance coverage for yourself, as well as coverage for your spouse and/or Child/ren. Your need varies greatly due to age, number of dependents, dependent ages and your financial situation. You must elect personal Voluntary Life coverage in order to elect spouse and/or child coverage.

Employees can elect in increments of \$10,000 up to \$500,000 or 5x salary, whichever is less. Spouses can elect in increments of \$5,000 up to \$150,000 (not to exceed 50% of employee election), and a Child/ren's 6 months and older benefit in increments of \$2,500, \$5,000, \$7,500 or \$10,000 (not to exceed 50% of employee election).

Medical Underwriting for Voluntary Life

Medical questions are required for amounts elected over the Guaranteed Issue (GI) amount of \$200,000 for employee coverage and \$50,000 for spousal coverage. Employees and spouses can increase their benefit by two increments up to the Guaranteed Issue amount without providing Evidence of Insurability (EOI) during Open Enrollment Only. If you are increasing your benefit amount above the GI or outside of Open Enrollment or your initial benefit eligibility period is over, please complete an Evidence of Insurability form and return to the carrier for final approval. If when you have been approved for the additional coverage, you will see your new deduction in your paycheck.

Eligibility and Exceptions

This brochure summarizes the health care benefits that are available to all benefit-eligible employees and their dependents. Official plan documents, policies, and certificates of insurance contain the details, conditions and restrictions on these benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail.

Disability Insurance

Disability coverage can be one of the most important benefits you have. It provides you and your family with financial protection if you are ever unable to work due to an illness or non-work related injury. These optional benefits are available through One America.

Benefits will be paid as long as the employee remains eligible for benefits. The plan does not cover any disabilities caused by, contributed to, or resulting from a pre-existing condition. A condition is considered pre-existing if you received medical treatment, consultation, care, services, or took prescribed drugs in the three months just prior to your effective date of coverage. Then after you have been covered under the plan for 12 months, preexisting condition limitations no longer apply.

	SHORT TERM	LONG TERM
Elimination Period	Accident / Illness: 14 days	90 days
Benefit Amount	60% of weekly earnings to \$2,500 maximum	60% of monthly earnings to \$5,000 maximum
Benefit Duration	11 weeks	Social Security Normal Retirement Age

Employee Assistance Program

100% EMPLOYER PAID BENEFIT

Life's not always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life. With the ComPsych EAP program, you can get the support for everyday issues and life challenges.

Visit guidanceresources.com or call 855.387.9727 Web ID: ONEAMERICA3

- Emotional Health—receive up to 83 sessions per issue per year
- Home Life Referrals—Community resources and services
- Financial and Legal Assistance
- Monthly Wellness Seminars

Legal Services

PLAN OPTIONS

1. Legal Plan "Stand Alone" \$7.98 per paycheck
2. Legal Plan "with Identity Theft Shield" \$12.95 per paycheck
3. Identity Theft Shield only \$7.48 per paycheck
 - Phone consultation, letter writing, contract and document review
 - Wills, Living Wills and related documents
 - Motor Vehicle and Trial Defense Services

Supplemental Insurance

Accidental Injury, Critical Illness and Hospital Care insurance can help supplement your health plan. It can provide you and your family with the coverage and additional financial protection you may need for expenses associated with an unplanned covered accident, illness or hospitalization. It can help you bounce back physically, emotionally, and financially. And that's a feeling we want for you every day.

VOLUNTARY ACCIDENT INSURANCE WITH ATLANTIC AMERICAN

Accident Coverage provides cash benefits for out-of-pocket expenses associated with an accidental injury and can help protect hard-earned savings should an on- or off-the-job accidental injury occur. You may elect coverage for yourself, your spouse and your children.

This benefit includes a \$50 wellness benefit for Employees, Spouses and Child/ren.

VOLUNTARY CRITICAL ILLNESS INSURANCE WITH ATLANTIC AMERICAN

Critical Illness product provides the ability for an insured to receive a lump sum benefit payment upon first and second diagnosis of any qualified Critical Illness. Benefits are paid directly to you when you need it the most for a diagnosis of conditions such as Cancer, Heart Attack, Major Organ Failure, Coronary Artery Bypass, End Stage Renal Failure, Stroke, advanced Alzheimer's, ALS, Parkinson's and Multiple Sclerosis. This benefit includes a \$50 wellness benefit for Employees, Spouses and Child/ren.

VOLUNTARY HOSPITAL CARE WITH ATLANTIC AMERICAN

The Group Hospital Indemnity plan offered through Atlantic American provides you with additional cash for both medical and nonmedical costs associated with a covered hospital stay due to an illness or injury including hospital admission, hospital confinement, hospital intensive care and intermediate intensive care step-down unit stays. This benefit includes a \$50 wellness benefit for Employees, Spouses and Child/ren.

Medical Carrier Contact Information

VENDOR	PURPOSE	PHONE	WEB / EMAIL
Exemplar Health Benefits 	Member Services Claims Administration Compliance	(855) 826-3422 M-F 8:00 – 5:00 EST	Member.services@exemplarhba.com
Cigna Open Access Plus 	PPO Network – Contact Exemplar Or Cigna for In-Network Providers	(855) 826-3422 M-F 8:00 - 8:00 Est.	www.myCigna.com
Pro Rx Solutions 	Pharmacy Benefit Manager (PBM)	(833) 656-1509 M-F 8:00 - 8:00 EST	https://www.prorxsolutions.com/
Integrated Source One 	Free Direct Primary Care Health Care Navigation	(330) 551-5199 Hours – Virtual 24/7 Onsite - 8 – 6 EST	https://www.intsourceone.com

Other Carrier Resources & Enrollment

Cigna – Dental (DHMO)	(800) 244-6224	www.mycigna.com
Ameritas - Dental	(800) 900-9566	www.ameritas.com
Integrated Source One (ISO)	(330) 551-5199	www.intsourceone.com
One America - Life, Disability	(800) 745-1112	www.oneamerica.com
McGriff – FSA	(800) 768-4873	www.mcgriff.com/flex
Health Equity – HSA	(866) 346-5800	www.healthequity.com
Atlantic American	(866) 458-7502 Opt 1	www.mycoverage.atlam.com
Employee Assistance Program	(855) 387-9727	www.guidanceresources.com
LegalSheild - Nanette Freiman	(404) 403-7861	www.nsfreiman@bellsouth.net
McGriff Kim Carpenter	(404) 847.1650	kcarpenter@mcgriff.com

YOUR BENEFIT RESOURCES

More details about the benefits offered to you can be found by:

- Logging into PAYCOM
- Registering on the insurance company websites
- Downloading the insurance company smartphone apps
- Calling the insurance company directly

If you have questions or need assistance enrolling, contact Human Resources.