



2025 BENEFITS GUIDE

Your Health & Wellness
Management

Hospital Indemnity / Fixed Indemnity Policy Notice

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit www.healthcare.gov or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

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The information in this Enrollment Guide is intended for illustrative and informational purposes only. The information contained herein was taken from various summary plan descriptions, certificates of coverage, and benefit information. While every effort was taken to accurately report your benefits, discrepancies and errors are always possible. It is not intended to alter or expand rights or liabilities set forth in the official plan documents or contracts. It is not an offer to contract nor are there any expressed or implied guarantees. In case of a discrepancy between this information and the actual plan documents, the actual plan documents will prevail. If you have any questions about this summary, please contact Human Resources. © 2024 Marsh & McLennan Agency, LLC. All rights reserved.

WELCOME TO YOUR 2025 BENEFITS!



Baker Triangle is pleased to provide you and your family with a wide range of competitive benefits. Your benefits are an important part of your total compensation. You have the flexibility to choose the benefits that are right for you and your family — to keep you physically and financially healthy now and in the future.

This benefits guide provides important information about your benefits and how to use them to your best advantage. Please review this information carefully, ask questions if needed, and make sure to enroll by the deadline.





If you are regularly scheduled to work at least 30 hours per week, you are eligible for the Baker Triangle benefits program. For newly hired individuals, most of your benefits are effective the first day of the month following 30 days of employment. You may also enroll your eligible dependents for coverage. Eligible dependents include:

- Your legal spouse;
- Children under the age of 26, regardless of student, dependency or marital status;
- Children past the age of 26 who are fully dependent on you for support due to a mental or physical disability (and are indicated as such on your federal tax return).

For details on eligibility and when your benefits begin and end, refer to your summary plan documents.

Benefits End

Your medical, dental and vision benefits end the last day of the month in which your employment ends. Your life and disability benefits end on your date of termination.

Changing Benefits After Enrollment

During the year, you cannot make changes to your elections unless you experience a Qualifying Life Event, such as marriage or the birth of a child. If you experience a Qualifying Life Event (examples below), you should contact Human Resources within 30 days of the event, or you will have to wait until the next annual open enrollment period to make changes (unless you experience another Qualifying Life Event).

Qualifying Life Event	Possible Documentation Needed
Change in marital status	
Marriage	Copy of marriage certificate
Divorce/Legal Separation	Copy of divorce decree
Death	Copy of death certificate
Change in number of dependents	
Birth or adoption	Copy of birth certificate or copy of legal adoption papers
Stepchild	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
Death	Copy of death certificate
Change in employment	
Change in your eligibility status (i.e., full-time to part-time)	Notification of increase or reduction of hours that changes coverage status
Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage

HOW TO ENROLL



If you are a new hire, you have 30 days to enroll from your date of hire. You must complete your enrollment to receive benefit coverage for the plan year.

Before You Enroll

- Carefully review the benefits listed in this guide and determine coverage that's best for you and your family.
- Ensure family members meet the eligibility requirements.
- Know your dependent and beneficiary information (names, dates of birth, Social Security Numbers, addresses)
- Understand the cost of the plans you selected.
- Be sure to consider a beneficiary for life insurance.

Contact Human Resources if you have questions.

EOI Service Company Enrollment Platform

For online enrollment, visit <https://chubb.benselect.com/bakertriangle> and use the following format as your login information:

- Username: Your Social Security Number (SSN)
- Password*: The last four digits of your SSN followed by the last two digits of your birth year
- Example: John Smith, SSN 123-45-6789, DOB 27-January-1993

Username: 123456789

Password: 678993

*This password will also serve as your signature PIN for digitally signing your benefit confirmation at the end of the enrollment process.

STAYING CONNECTED YEAR-ROUND



Alight Solutions (Must be enrolled in Medical)

When you have a healthcare issue, reach out to an Alight Health Pro. They simplify the complexity of your healthcare needs and insurance plan. An industry expert can advocate on your behalf when issues arise or simply direct you to the help you need. Contact Alight for help with:

- Navigating the complexities of the healthcare system
- Resolving problem medical bills
- Finding physician specialists
- Avoiding overcharges
- Understanding coverage and the cost of medical care
- Managing the authorization process for inpatient and outpatient services
- Finding an in-network physician or specialist
- Estimates for procedures, prescriptions, and other health services

Have Alight at your fingertips with the Alight Mobile app!

The Alight Mobile app is the next-generation digital healthcare experience that puts the intelligence and personality of the Alight team in the palm of your hand. Think of Alight Mobile as your digital healthcare concierge.

To get started, download the Alight Mobile app onto your iOS or Android device.

Telemedicine – Teladoc (Must be enrolled in Medical)

Under the weather and need a doctor visit fast? Telemedicine gives you 24/7 access to U.S. board-certified doctors through the convenience of your phone. You and a practitioner can speak or video chat to answer questions, make a diagnosis and even prescribe some medications. This convenient and affordable option provides you on-demand access to treat many medical conditions. As always, call 911 for any emergency.

Telemedicine is provided through Teladoc and can be accessed by downloading the Teladoc app or calling 800-835-2362. For more information visit www.Teladoc.com.



Baker Triangle's medical coverage, through UMR, provides you and your family the protection you need for everyday health issues or unexpected medical expenses.

How Medical Coverage Works

When you enroll in medical coverage, you pay a portion of your health care costs when you receive care and the plan pays a portion, as detailed below. Note that preventive care — like physical exams, flu shots and screenings — is always covered 100% when you use in-network providers. The plan has:

- **Deductibles** — the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay a portion of the costs.
- **Copays** — a fixed amount you pay for a health care service. Copays do not count toward your annual deductible but do count toward your annual out-of-pocket maximum.
- **Coinsurances** — Once you've met your deductible, you and the plan share the cost of care, which is called coinsurance. For example, you pay 20% for services and the plan pays 80% of the cost until you reach your annual out-of-pocket maximum.
- **Out-of-pocket maximums** — the most you will pay each year for eligible in- or out-of-network services, including prescriptions. After you reach your out-of-pocket maximum, the plan pays the full cost of eligible health care services for the rest of the year.
- **Prescription programs** — Once you've met the overall deductible, you are responsible for the applicable costs until the overall out-of-pocket maximum has been met.

Before You Enroll

Consider this:

1. Think about the per-pay-period cost and out-of-pocket expenses you will incur and your possible future medical expenses. The option that has the highest per-pay-period cost typically pays more, which results in lower deductibles, coinsurance, and/or copays when you need care.
2. Want to stay with your doctor? Ensure they are in the plan's network by visiting www.umar.com and selecting the UnitedHealthcare Choice Plus network. If they're out of network, services may not be covered or may be more expensive.
3. Consider the cost of services and prescription drugs you expect to receive during the year.
4. Evaluate how your out-of-pocket expenses may fluctuate and consider adding accident, critical illness and/or hospital indemnity insurance to help offset your out-of-pocket medical costs.



The table below summarizes the key features of the medical coverage. Please refer to the official plan documents for additional information on coverage and exclusions.

	Medical Plan	
	UnitedHealthcare Choice Plus Network	
	In-Network	Out-of-Network
Calendar Year Deductible		
Individual	\$2,000	N/A
Family	\$4,000	N/A
Calendar Year Out-of-Pocket Maximum (Includes Deductible)		
Individual	\$5,000	N/A
Family	\$10,000	N/A
	You pay	You pay
Coinsurance	20%	Not Covered
Preventive Care	\$0	Not Covered
Telemedicine	0%*	Not Covered
Primary Care Physician	20%*	Not Covered
Specialist	20%*	Not Covered
Urgent Care	20%*	Not Covered
Emergency Room	20%*	
Lab & X-ray	20%*	Not Covered
Hospitalization	20%*	Not Covered
Diagnostic Imaging (MRI/CT)	20%*	Not Covered
Pharmacy		
Rx Deductible	Included in medical	N/A
Rx Out-of-Pocket Max	Included in medical	N/A
Retail Rx (up to 30-day supply)		
Tier 1 - Generic	\$0*	Not Covered
Tier 2 - Formulary Brand Name	\$25*	Not Covered
Tier 3 - Non-Formulary Brand Name	\$50*	Not Covered
Specialty	20%* up to \$200	Not Covered
Mail Order Rx (90-day supply)	2x copay	Not Covered
Medical Weekly Payroll Deductions		
Employee Only	\$33.46	
Employee + Spouse	\$95.42	
Employee + Child(ren)	\$86.75	
Employee + Family	\$138.79	
*After Deductible		

HEALTH SAVINGS ACCOUNT (HSA)



A Health Savings Account (HSA) is a personal savings account that you own and can use to pay for qualified out-of-pocket medical expenses. Your contributions to the HSA are taken out of your paycheck and are tax-free. Once you enroll in the HSA, you'll receive a debit card to pay for qualified out-of-pocket medical expenses. Your HSA can be used to pay for your health care expenses and those of your spouse and dependents, even if they are not covered by the High Deductible Health Plan (HDHP).

How a Health Savings Account (HSA) Works



Eligibility

Anyone who is:

- Covered by a High Deductible Health Plan (HDHP);
- Not covered under another medical plan that is not a High Deductible Health Plan (HDHP);
- Not entitled to Medicare benefits;
- Not eligible to be claimed on another person's tax return;
- Not in receipt of VA benefits within the last three months; or
- Not covered under your or your spouse's Flexible Spending Accounts (FSAs), except for a Limited Purpose FSA



Your Contributions

You choose how much to contribute from each paycheck on a pretax basis.

You can contribute up to the IRS maximum of \$4,300/individual or \$8,550/family, less any employer contribution outlined below.

You can make an additional "catch-up" contribution of up to \$1,000 per year if you are age 55 or older.



Baker Triangle's Annual Contribution

- \$500 for Employee Only coverage
- \$1,000 for Employee + Spouse coverage
- \$1,000 for Employee + Child coverage
- \$1,000 for Employee + Family coverage



Eligible Expenses

You can use your HSA to pay for medical, dental, vision, and prescription drug expenses incurred by you and your eligible family members. *Please note: Funds available for reimbursement are limited to the balance in your HSA.*



Using Your Account

Use the debit card linked to your HSA to cover eligible expenses — or pay for expenses out of your own pocket and save your HSA dollars for future health care expenses.



Your HSA is always yours – no matter what

One of the best features of an HSA is that money left over at the end of the year remains in the account so you can use it the following year or at any time in the future. And if you leave Baker Triangle or retire, your HSA goes with you.

HEALTH SAVINGS ACCOUNT (HSA)



The Triple Tax Advantage

HSAs offer three significant tax advantages:

1. You can use your HSA funds to cover qualified medical expenses, including dental and vision expenses — tax-free.
2. Unused funds grow and can earn interest over time — tax-free.
3. You can save your HSA dollars to use for your health care when you leave Baker Triangle or retire — tax-free.

If you want to pay less per paycheck for health care coverage and save tax-free money for future medical expenses, consider enrolling in the HDHP with HSA.

How a High Deductible Health Plan (HDHP) and a Health Savings Account (HSA) Work Together

Year 1 Example: You enroll in the HDHP with HSA during enrollment		Year 2 Example: You enroll in the HDHP plan again next year
You contribute \$3,650 for a total of \$3,650		\$2,900 rolls over from last year and you contribute \$3,650 for a total of \$6,550
You use the HSA to pay \$750 of eligible expenses		You use the HSA to pay \$1,250 of eligible expenses
You have \$2,900 in the HSA to roll over to next year!		You have \$5,300 in the HSA to roll over to next year!

IMPORTANT!

You must set up an account with Optum Bank BEFORE Baker Triangle can make any contributions to your HSA account. To create an account, follow these steps:

1. Visit www.optumbank.com and click “Open an HSA” located in the top menu.
2. Proceed by clicking “Next” at the bottom of the page to confirm your enrollment.
3. Fill in all necessary information and use Group # 76413215.
4. Finally, select the “Next” button to successfully complete the process.

Once your HSA is established, Optum Bank will inform Baker Triangle’s Payroll Department. Your elected contribution amount will then be automatically deducted from your paycheck.



Taking care of your oral health is not a luxury; it is necessary for optimal long-term health. With a focus on prevention, early diagnosis and treatment, dental coverage can greatly reduce the cost of restorative and emergency procedures. Preventive services at in-network providers are generally covered at no cost to you and include routine exams and cleanings. You pay a small deductible and coinsurance for basic and major services.

You may enroll yourself and your eligible dependents — or you may waive dental coverage. You do not have to be enrolled in medical coverage to elect a dental plan.

Baker Triangle offers dental coverage through Mutual of Omaha. For information on finding a dental provider using the Mutually Preferred network, visit www.mutualofomaha.com/dental.

Before You Enroll

Consider this:

1. Most in-network preventive cleanings and exams are covered at 100%.
2. You may receive dental care in- or out-of-network. However, when you go out of network, the provider can charge more and the plan will only reimburse up to the reasonable and customary rates.



The table below summarizes the key features of the dental plan. Please refer to the official plan documents for additional information on coverage and exclusions.

	Dental PPO Plan	
	Mutually Preferred Network	
	In-Network	Out-of-Network
Calendar Year Deductible		
Individual	\$50	
Family	\$150	
Calendar Year Benefit Maximum		
Per Individual	\$1,000	
	You pay	
Preventive Care		
Exams, Cleanings, X-rays, Fluoride Treatments	0%	
Basic Services		
Fillings, Space Maintainers, Sealants, Extractions	20%*	
Major Services		
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs, Oral Surgery, Endodontics, Periodontics	50%*	
Orthodontia		
Adults & Children (up to 19 th birthday)	50% up to a lifetime maximum benefit of \$2,000 per individual; deductible waived	
Dental Weekly Payroll Deductions		
Employee Only	\$4.43	
Employee + Spouse	\$8.77	
Employee + Child(ren)	\$12.67	
Employee + Family	\$17.79	
*After deductible		



Healthy eyes and clear vision are an important part of your overall health and quality of life. You may enroll yourself and your eligible dependents — or you may waive vision coverage. You do not have to be enrolled in medical coverage to elect a vision plan.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Baker Triangle offers vision coverage through VSP using the VSP Signature network. For information on finding a vision provider, visit www.vsp.com.

	Vision Plan	
	In-Network	Out-of-Network
	You pay	Reimbursement

Cost

Exam	\$10 20% discount off safety eyecare exam	Up to \$50
Materials	\$25	See Below

Covered Services – Lenses

Single Lenses	\$25	Up to \$50
Bifocals	\$25	Up to \$75
Trifocals	\$25	Up to \$100
Frames	\$150 allowance, 20% off remaining cost	Up to \$70
ProTec Safety Glasses Lenses and Frames	\$20 copay	Not covered

Covered Services – Contacts in lieu of Frames/Lenses

Contacts – Medically Necessary	\$25	Up to \$210
Contacts – Elective	\$130 allowance, 15% off remaining cost	Up to \$105

Benefit Frequency

Exams	Once every 12 Months
Lenses	Once every 12 Months
Frames	Once every 12 Months
Contacts (in lieu of lenses)	Once every 12 Months

Vision Weekly Payroll Deductions

Employee Only	\$2.20
Employee + Spouse	\$4.11
Employee + Child(ren)	\$4.38
Employee + Family	\$6.83

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)



Basic Life insurance is provided by your employer at no cost to you. This policy is administered by Mutual of Omaha and pays a lump-sum benefit to your beneficiaries to help meet expenses in the event you pass away. Accidental death and dismemberment (AD&D) insurance pays a benefit if you die or suffer certain serious injuries as the result of a covered accident. In the case of a covered accidental injury (such as loss of sight or the loss of a limb), the benefit you receive is a percentage of the total AD&D coverage you elected based on the severity of the accidental injury.

Beneficiary Information

Situations often change, resulting in the need to update beneficiary information. You should review and update this information every year, or prior to retirement. Contact Human Resources for more information.

Basic Life / AD&D Insurance - For You	
	Basic Life and AD&D
Coverage Amount	\$15,000
Evidence of Insurability / Proof of Good Health	Not required
Age Reduction Schedule	Benefits reduce by: 33% at age 65, 35% at age 70.

VOLUNTARY LIFE AND AD&D



Voluntary life and AD&D insurance allows you to tailor coverage for your individual needs and provide financial protection for your beneficiaries in the event of your death or accidental serious injury. Voluntary life insurance for you and your dependents, also administered by Mutual of Omaha, can help protect your family during difficult times.

Voluntary Life / AD&D Insurance - For You and Your Dependents

	Employee	Spouse	Child(ren) up to age 26
Coverage Amount	Increments of \$10,000 up to \$500,000 - not to exceed five times your salary	Increments of \$5,000 up to \$250,000 – not to exceed 100% of Employee coverage	Increments of \$1,000 to a maximum of \$10,000; \$1,000 for children birth to six months
Guaranteed Issue (GI)	Five times your salary, up to \$200,000	100% of Employee coverage, up to \$50,000	\$10,000
Evidence of Insurability (EOI) / Proof of Good Health	Newly Eligible: Enroll up to GI without EOI Open Enrollment: Increase or enroll up to GI without EOI	Newly Eligible: Enroll up to GI without EOI Open Enrollment: Increase or enroll up to GI without EOI	Not required

Before You Enroll

Consider this:

1. Typically, the right amount of coverage will depend on your age, your family situation, and any personal savings you may have.
2. It's important to understand any EOI rules that apply. If you enroll when you first become eligible, Voluntary Term Life Insurance for you and your spouse is guaranteed up to the amounts shown in the table. If you initially waive this coverage but want to enroll at a later date, you may need to provide satisfactory EOI before any coverage can take effect.
3. Think about who you want to designate as beneficiaries and make sure to name them as beneficiaries on your policy.

VOLUNTARY SHORT-TERM DISABILITY



Disability insurance replaces a portion of your income when you are unable to work due to a qualified illness or non-work-related injury.

Baker Triangle offers the opportunity to purchase Short-Term Disability (STD) through Mutual of Omaha. Rates are calculated within the enrollment portal and are based on your age and salary.

Short-Term Disability Benefits at a Glance

Weekly Benefit	60% of weekly earnings
Weekly Maximum	\$2,500 per week
Benefit Duration	11 weeks
Elimination Period	14 days
Pre-Existing Limitation	3/6*

**Benefits may not be paid for any condition treated within three months prior to your effective date until you have been covered under this plan for six months.*

Pre-Existing Conditions

A pre-existing condition is an injury or illness for which you have received advice or treatment from a doctor within three months of the effective date of your insurance plan.

Evidence of Insurability

If you decline coverage when first eligible or if you elect coverage and wish to increase your benefit amount at a later date, Evidence of Insurability (EOI) — proof of good health — may be required before coverage is approved.

A qualifying disability is a sickness or injury certified by a physician that causes you to be unable to perform your normal duties.

LONG-TERM DISABILITY



Disability insurance can help you remain financially stable by providing a portion of your income if you become disabled and are unable to work. These benefits are provided at no cost through Mutual of Omaha. You are automatically covered as a full-time employee – no enrollment is needed.

Long-Term Disability Benefits at a Glance

Monthly Benefit	60% of monthly earnings
Monthly Maximum	\$10,000 per month
Benefit Duration	Reducing Benefit Duration (RBD) to Social Security Normal Retirement Age (SSNRA)
Elimination Period	90 days
Pre-Existing Limitation	12/12*

*Benefits may not be paid for any condition treated within 12 months prior to your effective date until you have been covered under this plan for 12 months.

Pre-Existing Conditions

A pre-existing condition is an injury or illness for which you have received advice or treatment from a doctor within 12 months of the effective date of your insurance plan.

A qualifying disability is a sickness or injury certified by a physician that causes you to be unable to perform your normal duties.

SUPPLEMENTAL BENEFITS



Supplemental benefits plans such as accident, critical illness, universal life and hospital indemnity insurance can help you pay for costs you may incur after an accidental injury, illness or hospitalization. These plans are 100% voluntary and are not medical insurance. Coverage is available for your spouse and children with most plans.

Most plans pay benefits regardless of any other insurance and benefits are paid directly to you, unless you specify otherwise. Benefits can help pay for expenses other insurance may not cover, such as out-of-pocket expenses, lost income, childcare, travel to and from treatment, home health care costs or regular household expenses.

Before You Enroll

Consider this:

1. What would happen if you had an accident or became seriously ill and unable to work? Would you be covered financially?
2. These benefits provide a lump-sum payment that can help you cover unexpected medical expenses or make up for missed income.

Accident

Accident coverage, through Chubb, is designed to provide a cash benefit in the event of a covered accident or injury. The plan will pay a set amount based on the injury suffered and treatment received, regardless of any other insurance.

Sample of Eligible Expenses

	Emergency Room Visits		Hospital Stays
	Medical Exams – Including major diagnostic exams		Physical Therapy
	Fractures and Dislocations		Transportation and Lodging – if you are away from home when the accident happens

Contact Human Resources for a full list of covered accidents.

Accident Weekly Payroll Deductions

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$3.53	\$5.16	\$7.08	\$8.72



Critical Illness Insurance

Critical illness coverage, through Chubb, provides a lump-sum cash benefit in the event you are diagnosed with a qualifying illness to help offset the unexpected associated costs. The plan will pay regardless of any other insurance. Critical illness coverage is not medical insurance.

Benefit Amounts	
Employee	\$5,000 – \$20,000 in \$5,000 increments
Spouse	\$2,500 – \$20,000
Children	50% of employee amount

Contact Human Resources for a full list of covered illnesses and cost of coverage.

Permanent Life Insurance

Permanent life insurance, through Chubb, enables you to tailor coverage for your individual needs and provides financial security for your family members. The policy offers the following:

- A guaranteed minimum rate of return on the cash value
- Premiums are fixed at the time of enrollment and will not go up as you age
- A guaranteed death benefit amount

Contact Human Resources for more information on plan details and cost of coverage.

Hospital Indemnity Insurance

Hospital indemnity coverage, through Chubb, is designed to provide a cash benefit in the event of a hospitalization and can help pay for expenses not covered by your medical plan. The plan will pay regardless of any other insurance. Contact Human Resources for a full list of covered expenses.

Hospital Indemnity Weekly Payroll Deductions			
Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$3.51	\$4.44	\$6.06	\$8.96



Employee Assistance Program

Baker Triangle also provides you access to the Employee Assistance Program (EAP) at no cost. This program, available through Mutual of Omaha, provides professional, confidential telephonic or face-to-face counseling services to you and your loved ones. You are eligible to receive three face-to-face or video sessions per household, per plan year. The EAP can help you resolve personal issues and problems before they affect your health, relationships and work performance.

This program is available 24 hours a day, 365 days a year for confidential assistance and referral services with items such as:

- Managing stress
- Marital or family problems
- Anxiety and depression
- Substance abuse (alcohol and/or drugs)
- Financial issues
- Childcare issues including identifying schools, daycare, tutors, and more
- Aging parents

It's important to note that all EAP conversations are voluntary and strictly confidential. If you and your counselor determine that additional assistance is needed, you'll be referred to the most appropriate and affordable resource available. Although you're responsible for the cost of referrals, these costs are often covered under your medical plan.

Travel Assistance Program

Experiencing an emergency while traveling can be especially difficult. Knowing who to call for medical problems, currency exchange issues, or lost luggage is critical. Take comfort in knowing Travel Assistance travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.

IMPORTANT CONTACTS



Coverage	Administrator	Phone	Email / Website
Human Resources	Elva Penaflor	214-217-3761	epenaflor@bakertriangle.com
Alight	Health Pro – Petra Imouokhome	800-513-1667 Ext 1602	petra.imouokhome@alight.com
Telemedicine	Teladoc	800-835-2362	www.Teladoc.com
Medical	UMR	800-826-9781	www.umar.com
Health Savings Account (HSA)	Optum Health Bank	866-234-8913	www.optumhealthbank.com
Dental	Mutual of Omaha	800-927-9197	www.mutualofomaha.com
Vision	VSP	800-877-7195	www.vsp.com
Life and AD&D	Mutual of Omaha	800-655-5142	www.mutualofomaha.com
Disability	Mutual of Omaha	800-655-5142	www.mutualofomaha.com
Accident Insurance	Chubb	866-324-8222	customercare@chubb.com
Critical Illness Insurance	Chubb	866-324-8222	customercare@chubb.com
Permanent Life Insurance	Chubb	866-324-8222	customercare@chubb.com
Hospital Indemnity Insurance	Chubb	866-324-8222	customercare@chubb.com
Employee Assistance Program (EAP)	Mutual of Omaha	800-316-2796	www.mutualofomaha.com/eap
Travel Assistance Program	AXA Assistance USA	Within USA: 800-856-9947 Outside USA, call collect: 312-935-3658	-



Allowed Amount: Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference (see Balance Billing).

Annual Maximum Benefit: A cap on the benefits your insurance company will pay in a year while you’re enrolled in a particular benefit plan. After an annual limit is reached, you must pay all associated health care costs for the rest of the year.

Balance Billing: When a provider bills you for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A provider who balance bills is typically known as an out-of-network provider. An in-network provider cannot balance bill you for covered services.

Coinsurance: The percentage of costs of a covered health care service you pay (20%, for example) after you’ve paid your deductible.

Copayment (copay): A fixed amount (\$20, for example) you pay for a covered health care service after you’ve paid your deductible. Copays can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.

Deductible: The amount you pay for covered health care services before your insurance plan starts to pay. With a \$2,000 deductible, for example, you pay the first \$2,000 of covered services yourself. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest.

Guarantee Issue Amount: The amount of coverage you can be automatically approved for. If you apply for more coverage than the guarantee issue amount you will have to complete an Evidence of Insurability form and be approved for your coverage amount. Usually only available at your first enrollment opportunity.

In-Network: Providers who contract with your insurance carrier. In-network coinsurance and copayments usually cost you less than out-of-network providers.

Out-of-Network: Providers who don’t contract with your insurance carrier. Out-of-network coinsurance and copayments usually costs you more than in-network coinsurance. In addition, you may be responsible for anything above the allowed amount (see Balance Billing).

Out-of-Pocket Maximum: The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your plan pays 100% of the costs of covered benefits. The out-of-pocket limit doesn’t include your monthly premiums. It also doesn’t include anything you may spend for services your plan doesn’t cover.

Prescription Drug Formulary: A list of prescription drugs covered by a prescription drug plan. Also called a drug list.

Prior Authorization: Approval from a health plan that may be required before you get a service or fill a prescription in order for the service or prescription to be covered by your plan.

Preventive Care: Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.

