



EMPLOYEE
BENEFITS
GUIDE



Archway
Management

2025



Welcome

Whether you are a new or returning employee, we are delighted to have you on our team. We appreciate your talent and dedication, and trust that you share our vision of creating an exemplary facility with an emphasis on patient care. Your diligence, attention to detail, and overall caring will make a significant difference in the success of your facility.

In this benefit guide, you will find the company offered benefits that are available to eligible employees. Please feel free to contact us with any questions or concerns that you may have, both now and in the future.

To make the enrollment process as easy as possible, we have a dedicated enrollment firm with counselors who are available to help you understand how each benefit can work for you. During the month prior to your benefit eligibility, you must find a time to call the enrollment center at 314.442.0057.

The call center is open Monday - Friday 9 AM - 6 PM Eastern Time.

You can have your benefit interview at that time if a counselor is available, or schedule an appointment for a future time. We look forward to working with you!

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This enrollment booklet is a summary description of your benefits. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment. These plans are provided by your employer and employer's insurance broker.

Although every effort has been made to provide complete and accurate information, we make no warranties, express or implied, or representations as to the accuracy of content on this booklet. We assume no liability or responsibility for any error or omissions in the information contained in the booklet.

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ELIGIBILITY

Full-time employees are defined as employees who are scheduled a minimum of 30 hours per week, and are eligible for all benefits described in this booklet.

Part-time employees who are scheduled between 20 and 30 hours per week are eligible for voluntary benefits, but not for Dental, Vision or Medical benefits.

Per-diem employees, who are scheduled “as needed” are not eligible for any benefits of any kind.

Newly eligible & newly hired employees must enroll or waive their benefits in the calendar month prior to when their benefits would begin by calling 314-442-0057

WHEN COVERAGE BEGINS AND ENDS

Your benefits become effective the 1st of the month following 60 days of hire provided you’ve submitted a completed enrollment with a benefit counselor within 30 days of your benefits effective date. Any applicable waiting periods or additional exceptions are covered under each benefit description.

Your coverage under the benefits plans will end the date on your last day worked, the day you no longer meet the plan’s eligibility requirements, your contributions are discontinued, or the Group Insurance Policy is terminated.

QUALIFYING EVENTS

Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a “Qualifying Event”.

These may include, but not limited to: Changes in employment status, legal marital status or number of dependents, taking an unpaid leave of absence, Dependent satisfies or ceases to satisfy eligibility requirement, a COBRA-qualifying event, Entitlement to Medicare or Medicaid, or a change in the place of residence of the employee, resulting in the current carrier not being available.

THINGS TO CONSIDER

Consider your personal situation and the difference between the plan options and their costs when making your decision. You may also elect to waive coverage.

Ask yourself the following questions

- Will your current doctor be in or out-of-network?
- Do you have any planned surgeries this year?
- How many family members will you cover?
- How often do you visit the doctor?
- Are you planning to have a baby this year?

By reading this guide cover to cover, you will become familiar with your benefits options. After enrolling, verify that your payroll deductions are correct. If not, please contact your payroll representative.

KEY TERMS TO REMEMBER



COINSURANCE

The amount or percentage that you pay for certain covered services under your plan. This is typically the amount paid after a deductible is met (if one applies) and can vary based on the plan design.

DEDUCTIBLE

Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

COPAY & COINSURANCE

A copay is a flat fee that you pay toward the cost of covered medical services. Coinsurance is a percentage that you pay for covered services while your insurance picks up the rest of the bill.

PREAUTHORIZATION

A decision by your health plan that a service, plan, prescription drug or durable medical equipment is medically necessary and if it will be approved to be paid. Your physician should request the preauthorization for you.

PLAN YEAR

A plan year is the 12-month period your benefits coverage lasts, at the end of one plan year and start of another deductibles, max out of pocket, and allowances reset. All benefits in this guide run in a plan year that coincides with the calendar year except as noted. If you start midway through the year such as a new employee or through a qualifying event your plan year will still end with the group's plan year.

QUALIFYING EVENTS

There are limited situations in which you can make changes to your elections during a plan year. If your situation is not one that the IRS has approved, you cannot make any changes to any of the aforementioned plans during their respective plan years. You will have to wait until open enrollment to make any changes. You may review your situation with Human Resources, and he/she will advise you as to whether a change in your Plan elections can be made during a Plan year.

Listed are the amounts that the plan pays for covered services.

In-Network Services	Base	Buy-Up
Hospital Room And Board Benefits		
Room and Board Benefit per Day for covered conditions (90 Daily Benefits per Coverage Year)	\$300	\$600
Mental and Nervous Benefit per Day (25 Daily Benefits per Coverage Year)	\$100	\$100
Alcohol and Substance Abuse Benefit Per day (25 Daily Benefits per Coverage Year)	\$100	\$100
Hospital Admission for Covered Diagnoses		
Cancer (Malignant Neoplasm) Benefit per day 1 per year	\$2,000	\$4,000
Heart Attack (Myocardial Infarction) Benefit per day¹	\$1,500	\$3,000
OR Heart Disease Benefit per Day¹ 1 per year	\$1,000	\$1,500
Accidental Injury Benefit per Day 1 per year	\$1,000	\$2,000
Stroke (Cerebrovascular Accident - CVA) Benefit per Day 1 per year	\$1,000	\$1,500
Childbirth Benefit per Day 1 per year	\$1,000	\$1,500
Surgery		
Maximum Daily surgery Benefit per Procedure²	\$750	\$1,250
Maximum Daily Anesthesia Benefit³	\$150	\$250

¹ The daily Hospital Admission Benefit is payable for either Heart Attack or Heart Disease during a coverage year, but not both.

² Daily benefits for covered Inpatient surgery are scheduled and vary based on the specific surgical procedure performed.

³ Daily benefits for covered Inpatient anesthesia vary and are equal to 20% of applicable inpatient surgical benefit.

ID Insurance Cards

Pull up and print a copy of your ID card or request claim forms by visiting helpwithmyplan.com or call customer service at 866-375-0775 to request a card.

Prescription Drug Benefits

Is there a benefit for outpatient prescription drugs?

Yes. The Coverage pays a daily benefit of \$25 for each day a covered person has a generic drug prescription filled or refilled by a pharmacist. Benefits for generic drugs are subject to a per person maximum of 10 daily benefits each coverage year.

Can I use any pharmacy?

Yes, but you can use the Prescription Drug ID Card received with the BasicAdvantage Total Coverage to save at a pharmacy that participates in the Express Scripts, Inc. network.

How does the Prescription Drug ID Card work?

Most pharmacies participate in the Express Scripts, Inc. network, but you should check with the pharmacy before you make your purchase or call Express Scripts, Inc. at 1-866-282-1491 for providers in your area. Participating pharmacies provide discounts of up to 15% on all prescriptions when you present your card. You will not have to file a claim on purchases made at participating pharmacies. The pharmacist will tell you exactly what to pay.

What if I use a non-participating pharmacy?

You must pay the full price up front. Then you must call Express Scripts, Inc. at 1-866-282-1491 and request a claim form. File the claim with Express Scripts, Inc. Do not file your prescription drug claims with RSL Specialty Products Administration.

Are there other ways that I can lower the cost of my prescriptions?

If you take a generic medication on a regular basis, a mail order service is available that may provide an even larger discount. You may visit Express Scripts, Inc. at their website www.express-scripts.com or call Express Scripts, Inc. at 1-866-282-1491 for more information.

What if I have a prescription from my dentist?

You may only purchase medical prescriptions, except when the prescription is issued in connection with covered dental treatment for an accident covered under your BasicAdvantage Total Coverage.

Outpatient Benefits	Base	Buy-Up
Doctor Visit Benefits		
Daily Benefit for New Patient Office Visit 1 per year	\$75	\$100
Daily Benefit for Established Patient Office Visit	\$60	\$70
Number of Daily Benefits per Coverage Year	3	5
Daily Benefit for Consultation Office Visit 1 per year	\$75	\$150
Daily Benefit for Emergency Room Doctor Visit 1 per year	\$75	\$100
Radiology Benefits		
Daily Benefit for Magnetic Resonance Imaging (MRI) 1 per year	\$100	\$200
Daily Benefit for Computerized Tomography (CT) Scan 1 per year	\$50	\$100
Daily Benefit for All Other Radiology Services	\$40	\$50
Number of Daily Benefits per Coverage Year	4	5
Pathology (Lab) Benefits		
Daily Benefit for all Pathology Services	\$40	\$50
Number of Daily Benefits per Coverage Year	4	5
Wellness Care Visit Benefits		
Annual Physical Benefit per Day 1 per year	\$75	\$100
Mammogram Screening Benefit per Day 1 per year	\$50	\$50
Prostate or Cervical Cancer Screening Benefit per Day 1 per year	\$35	\$35
Emergency Room Visit Benefits		
Daily Benefit for the treatment of an Accidental Injury 2 per year	\$500	\$500
Daily Benefit for the Treatment of a Sickness 3 per year	\$50	\$50
Prescription Drug Benefits		
Daily Benefit per Generic Drug Prescription (filled or refilled)	\$25	\$25
Number of Daily Benefits per Coverage Year	10	24
Daily Benefit per Brand Name Drug (filled or refilled)	Discount Only	\$50
Number of Daily Benefits per Coverage Year	Discount Only	5
Non-Insurance Services		
Vision Discount Card	Included	Included
MultiPlan Inc. Provider Network	Included	Included
24-Hour Telemedicine Services	Included	Included
Teletherapy Services	Included	Included
OnCall Travel Assistance	Included	Included

DENTAL Benefits



Plan Details	In-Network	Out-of-Network
Deductible: Individual / Family excludes orthodontia services	\$50 / \$150	
Annual Maximum Benefit (Basic & Major only) Per Person	\$1,500	
Preventative		
Cleanings (Prophylaxis) (2 per year)	100% No Deductible	80% No Deductible
Exams (2 per year)		
Fluoride treatments (1 per year, through age 14)		
Basic		
Sealants (1 per Lifetime, Under age 14)	80% After Deductible	80% After Deductible
Space Maintainers (Maximum of 1 each tooth per 24 months, Under age 14)		
Emergency Palliative Treatment (tooth extractions including impacted teeth)		
Radiographs - Intraoral (Periapical/Occlusal) (1 every 12 months)		
Radiographs Full Mouth (1 every 36 months)		
Restorations (Amalgams, Anterior Resin, & Posterior Resin) (Under age 19, replacing existing only if in place for 12 months. Age 19 and over, replace existing only if in place for 36 months.)		
Major		
Surgical & Simple Extractions	50% After Deductible	50% After Deductible
Oral Surgery		
Endodontics - Root Canal (1 per tooth)		
Pulpotomy (Dependent children under age 14)		
Pulp Capping & Pulp Therapy		
Apexification & Recalcification		
Periodontal Maintenance (2 per calendar year)		
Periodontal Scaling & Root Planing (1 per quadrant per 24 months)		
Periodontal Surgical Extractions (1 per quadrant per 36 months)		
Inlays (1 per tooth in 5 calendar years)		
Onlays (1 per tooth in 5 calendar years)		
Prefabricated Stainless Steel Crowns (1 per tooth in 5 calendar years)		
Crowns (1 per tooth in 5 calendar years)		
Crown Repairs (6 months must have passed since initial placement)		
Bridges (1 per tooth in 5 calendar years)		
Dentures (1 per tooth in 5 calendar years)		
Denture Repairs (6 months must have passed since initial placement)		
Implants (Covered under Base Plan Max, 1 per tooth in 5 calendar years)		
Anesthesia		
Orthodontia		

Register today! Scan this QR code
or visit aflac.com/login.
Questions about logging in?
Chat with us at aflac.com/contact-aflac



Services	In-Network (Member Cost)
Eye Examination Once every 12 months	\$10 copay
Spectacle Lenses	\$25 copay
Contact Lens Evaluation, Fitting & Follow-Up Care	\$0 copay
Frame Once every 12 months	
Frame Allowance (Retail)	Up to \$130 or Up to \$180 at Visionworks
Davis Vision Frame Collection (in Lieu of Allowance)	
Fashion level	\$0 copay
Designer level	\$0 copay
Premier level	\$25 copay
Eyeglass Lenses / Lens Options Once every 12 months	
Clear plastic lenses in any RX (Single Vision, Bifocal, Trifocal, Lenticular)	\$0
Tinting of Plastic Lenses	\$0
Scratch Resistant Coating	\$0
Polycarbonate Lenses (Children/Adults)	\$0/\$30
Ultraviolet Coating	\$12
Anti-Reflective (AR) Coating (Standard/Premier/Ultra/Ultimate)	\$35/\$48/\$60/\$85
Progressive Lenses (Standard/Premium/Ultra/Ultimate)	\$50/\$90/\$140/\$175
High Index Lenses	\$55
Polarized Lenses	\$75
Plastic Photochromic Lenses	\$65
Scratch Protection Plan: Single Vision/Multifocal Lenses	\$20/\$40
Contact Lens Benefit (Once every 12 months in lieu of eyeglasses)	
Contact Lens Material Allowance Plus a 15% discount on any overage	Up to \$130
Evaluation, Fitting & Follow Up Care - Standard Lens Types	15% Discount
Materials Disposable: up to	4 boxes/multi-packs
Planned Replacement: up to	2 boxes/multi-packs
Evaluation, Fitting & Follow Up Care	\$0 copay
Non-Elective Contact Lenses (with Prior Approval)	\$0 copay

Register your account at aflac.com/login to access the new group dental and vision insurance member portal, a state-of-the-art, digital-first experience.

Register today! Scan this QR code or visit aflac.com/login.
 Questions about logging in?
 Chat with us at aflac.com/contact-aflac



ADVANTAGE TERM Life Insurance



PRESIDENTIAL LIFE
INSURANCE

Life insurance provides essential financial protection for your loved ones by ensuring they can maintain their lifestyle and cover expenses like mortgages, education, and daily needs after your death.

Beyond paying final expenses and settling debts, it replaces lost income so your family doesn't face financial hardship during an already difficult time.

Advantage Term Life Insurance	
Maximum Benefit Amount	
Employee	\$75,000
Spouse	\$37,500 (up to 50% of employee election)
Child(ren)	\$10,000

Restoration Rider

When the Lifetime Benefit Term Death Benefit is reduced below the Restoration Face Amount by the Accelerated Death Benefit for Long Term Care Rider, this Rider restores the Lifetime Benefit Term Death Benefit up to the Restoration Face Amount while this Rider is in force.

Accelerated Death Benefit for Long Term Care Rider

Death benefits will be reduced if an Accelerated Death Benefit is paid. The Accelerated Death Benefit or lien, if applicable, and the balance of the death benefit provided by the Certificate shall constitute full settlement on death of the Insured as provided under the Certificate.

This Rider provides that you may elect to receive a portion of the Death Benefit provided by the Certificate and shown on the Certificate Schedule. You can make this election when the Insured becomes eligible for benefits. The Insured must be certified as Chronically Ill and be confined to a Nursing or Assisted Living Facility or be receiving Home health or Adult Day Care. All other conditions of this Rider must also be met. Benefits are not payable under this Rider once the Insured has died.

Pre-Existing Condition Limitation

A pre-existing condition includes any condition/symptom for which you, in the 12 months period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs. Any claim that is caused by a pre-existing condition in the 1st 12 months of coverage will not be covered. If you have a similar plan which this plan is replacing, the pre-existing condition limitation will use that plan's start date instead.

- An Initial Guaranteed Death Benefit until the latter of 25 years after the Coverage Date or age 70, but not beyond age 100. After this initial Period, a Reduced Guaranteed Death Benefits of 50% of the Initial Guaranteed Death Benefit is provided until age 121.
- Guaranteed Paid-Up Term benefits upon termination of payments after premiums have been paid for 10 full Coverage Years.
- Non-Guaranteed Paid-Up Term Benefits that may increase the Guaranteed Paid-Up Term benefit upon termination of premium payments after premiums have been paid for 10 full Coverage Years.
- After the Initial Guaranteed Death Benefit period, non-guaranteed One Year term Insurance which may increase the Reduced Guaranteed Death Benefit up to the Initial Guaranteed Death Benefit.
- Level Guaranteed Premiums payable to age 100.
- The Policy is non-participating and provides no cash surrender values or loan values.



No one knows when an accident may occur, which is why anyone can benefit from accident insurance. Receive cash benefits for covered injuries and accidents as well as a **\$50 Wellness Benefit** for taking normal preventative steps to maintain your health.

Below is a partial list of covered injuries & care, for more detailed information, limitations, and a complete list of benefits please refer to your plan documents

Plan Benefits				
Hospital, Surgery & Rehabilitation		Up to a maximum of	Accidents & Injuries	Up to a maximum of
Hospital Admission	Max 2 per year	\$1,500	Lacerations	\$600
Hospital Confinement	365 days max per accident	\$225	Fractures	\$4,000
Hospital Intensive Care Admission	Max 2 per year	\$2,000	Dislocations	\$4,000
Hospital Intensive Care	(per day) 30 days Maximum per accident	\$600	Dismemberment	\$25,000
Exploratory Surgery		\$150	Catastrophic Accident	\$25,000
Emergency Room Treatment		\$200	Chiropractic Treatment & Alternative Therapy	\$25
Emergency Room Observation		\$300	Coma	\$10,000
Rehabilitation Admission		\$500	Continuous Care	\$125
Rehabilitation Unit	Max 30 days	\$100	Emergency Dental Work - Crowns	\$300
Accidents & Injuries		Up to a maximum of	Emergency Dental Work - Extractions	\$75
Accident Emergency Initial Treatment and Doctor Visit		\$75	Family Care	\$25
Accident Follow-Up Treatment		\$50	Gunshot Wound	\$1,500
Accident First Occurrence		\$100	Knife Wound	50%
Emergency Room Treatment		\$200	Inpatient Doctor Visit	\$175
Accidental Death		\$25,000	Inpatient Pathologist/Radiologist	\$200
Common Carrier		\$50,000	Family Member Lodging	\$125
Ambulance - Air		\$2,000	Major Diagnostic Exams	\$150
Ambulance - Ground or Water		\$150	Medical Fees	\$75
Ambulatory Surgical Center		\$25	Modification of Residence or Automobile	\$1,250
Anesthesia		20%	Organ Loss	\$10,000
Animal Bite		\$70	Outpatient Diagnostic Xray	\$200
Appliances - Minor		\$75	Outpatient Injection	\$200
Appliances - Major		\$150	Outpatient Prescription Drugs	\$40
Assistant Surgeon		20%	Pain Management	\$75
Blood/Plasma/Platelets		\$300	Paralysis - Quadriplegia	\$12,500
Concussion/Mild TBI		\$625	Post Traumatic Stress Disorder	\$150
Moderate/Severe TBI		\$2,500	Prosthesis	\$1,000
Burn 2nd Degree		\$500	Recovery Benefit	\$75
Burn 3rd Degree		\$7,500	Second Surgical Opinion	\$250
Burn Skin Graft		40%	Internal Injuries	\$1,000
			Tendons and Ligaments	\$1,000
			Torn Rotator Cuff	\$1,000
			Physical, Occupational, Speech Therapy	\$25
			Transportation - Plane	\$500
			Transportation - Ground	\$250

If an injury is the result of participating in organized sports, the Sports Package increases your benefits by 25%.

CRITICAL ILLNESS Insurance



PRESIDENTIAL LIFE
INSURANCE

Critical illness insurance is a valuable investment for anyone who wants to protect themselves and their finances from the unexpected. While nobody likes to think about the possibility of being diagnosed with a serious illness, critical illness insurance provides a sense of security and peace of mind.

Plan Benefits	
Plan Design	
Maximum Employee Benefit	\$50,000
Maximum Spouse & Child Benefit	50% of employee election
Guaranteed Issue: Employee / Spouse	\$20,000 / \$10,000
Pre-Existing Condition Exclusion	12 / 12
Health Screening Benefit	\$50
Basic Benefits	
Skin Cancer	\$250
Cancer	100%
Non-Invasive Cancer	25%
Coma	100%
Kidney Failure (ESRD)	100%
Major Organ Transplant	100%
Paralysis	100%
Heart Attack (Myocardial Infarction)	100%
Stroke	100%
Coronary Artery Bypass Surgery	100%
Sudden Cardiac Arrest	100%

Plan Features

Pre-existing Condition

A condition for which you have received medical treatment, advice, consultation, diagnostic testing, care, services or took prescribed medications within 12 months preceding your effective date.

Waiver of Premium

Premiums are waived after 90 days of Total Disability. After Total Disability benefits end, any premiums which become due must be paid in order to keep your insurance in force.

Portability

Employees can continue coverage when they leave employment (with certain stipulations).

Separation Period - Additional Diagnosis/ Re-occurrence

Additional Diagnosis: 6 consecutive months

Reoccurrence: 6 consecutive months

(an insured must always be in complete remission and 12 months treatment-free to be eligible for the cancer benefit)



Hospital stays can put added stress on anyone – from a health and financial point of view. Medical bills, in fact, are the largest cause of people filing for bankruptcy. One hospital stay could quickly use up an entire deductible and out-of-pocket maximum on your health insurance plan.

Hospital indemnity insurance pays a cash benefit to you when you have a covered off the job illness or injury that has you admitted to the hospital or intensive care.

Hospital Indemnity Benefits

Hospital Admission (per admission)

Once per covered sickness or accident per calendar year

\$1,000

Hospital Confinement (per day)

(Maximum confinement period: 30 days per covered sickness or covered accident)

\$150

Hospital Intensive Care Confinement (per day)

(Maximum confinement period: 10 days per covered sickness or covered accident)

\$150

Intermediate Intensive Care Step-Down Unit (per day)

(Maximum confinement period: 10 days per covered sickness or covered accident)

\$225

Hospital Confinement

This benefit is paid when a covered person is confined to a hospital as a resident bed patient because of a covered sickness or as the result of injuries received in a covered accident. To receive this benefit for injuries received in a covered accident, the covered person must be confined to a hospital within three months of the date of the covered accident.

Hospital Intensive Care

This benefit is paid when a covered person is confined in a hospital intensive care unit because of a covered sickness or due to an injury received from a covered accident. To receive this benefit for injuries received in a covered accident, the covered person must be admitted to a hospital intensive care unit within three months of the date of the covered accident.

Pre-existing Condition Exclusion

Diagnosis or Illness Diagnosed in previous 12 months before you start this plan are excluded as pre-existing conditions and are not covered by this plan for the first 12 months that you have this plan.



Why enroll in Short-Term Disability?

Think of this like insurance for your paycheck. The plan insures a portion of your monthly salary in the event you become disabled and are unable to work due to injury, sickness, or pregnancy.

Short Term Disability Benefits	
Guaranteed Issue Total Disability Monthly Benefit	Up to \$3,000 or 66% of base pay
Benefit Period	6 Months
Elimination Period Injury / Sickness	14 days
Partial Disability Benefit	50% of Total Disability Monthly Benefit 3 Month Benefit Period
Pre-Existing Condition Exclusion	12/12
Pregnancy Exclusion	10 month

Plan Features

Non-Occupational Coverage

This means the plan covers disability due to off-the-job injuries and sicknesses.

Partial Disability

A Partial Disability Benefit allows for a transition period before returning to full-time employment.

Waiver of Premium

Premiums are waived after 90 days of Total Disability. After Total Disability benefits end, any premiums which become due must be paid in order to keep your insurance in force.

Portability

Employees can continue coverage when they leave employment (with certain stipulations).

10 Month Pregnancy Exclusion

During the first 10 months births are counted as a pre-existing condition and not covered by this plan.

Total Disability

This convenient, affordable disability income plan will help provide needed income if you become Totally Disabled and are unable to work due to a covered injury or illness. Total disability benefits will be payable monthly once the elimination period has been satisfied.

Partial Disability

The Partial Disability Benefit helps you transition back into full-time work after suffering a disability. If you remain partially disabled and are only able to work earning less than 80 percent of your pre-disability income at any job, this plan will still pay you 50 percent of your selected monthly benefit for up to the maximum partial disability benefit period of 3 months after the elimination period. You do not have to have received the Total Disability benefit to receive the Partial Disability benefit.

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Subscriptions • Flights • Cruises • Theme Parks and More!**

New to Working Advantage? Getting Started is Easy.

**Call the enrollment center at (314) 442-0057 to complete
your enrollment and receive the company code**

For assistance understanding and enrolling your benefits, reach the enrollment call center at **(314) 442-0057** Monday-Friday 9am-6pm ET

Dear Team Member, if you are already enrolled in benefits and have a question for the carrier, please use the phone numbers listed below. If you have not yet enrolled, please call the enrollment center during your new hire waiting period to complete your enrollment.

Carrier Contact Information

Medical Carrier: Reliance Standard Electronic ID Card Network: Multiplan	(866) 375-0775 www.helpwithmyplan.com www.multiplan.com (800) 877-0005
Dental & Vision: Aflac	(855) 819-1873 mylogin.aflac.com/
Hospital Indemnity, Accident, Term Life Critical Illness, Short-Term Disability: Presidential Life	855-639-7542
Employee Perks: Working Advantage	workingadvantage.com customerservice@workingadvantage.com
BenManage Enrollment Call Center	(314) 442-0057

Core Plan Monthly Rates

	Base Plan	Buy-Up Plan
Employee Only	\$32.74	\$57.01
Employee and Spouse	\$91.70	\$186.56
Employee and One Child	\$71.65	\$142.56
Employee and Children	\$152.31	\$218.67
Family	\$195.42	\$330.36

	Base Plan	Buy-Up Plan
Employee Only	\$32.74	\$57.01
Employee and Spouse	\$91.70	\$186.56
Employee and Child(ren)	\$152.31	\$218.67
Family	\$195.42	\$330.36