



YOUR 2023



eGUIDE

benefits

JANUARY 1 - DECEMBER 31, 2023

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your domestic partner (DP) and/or his/her children, where applicable by state law
- ▶ Your children who are your biological children, stepchildren, adopted children, or children for whom you have legal custody (up to the age of 26). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the date of hire.
If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2023.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit (26)
- ▶ Death of a spouse, DP, or child
- ▶ You lose coverage under your spouse's/DP's plan
- ▶ You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate, or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

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Enrollment

Go to <https://carthage.onelogin.com> There, you will find detailed information about the plans available to you and instructions for enrolling.

Medical/Rx Plans

We are proud to offer you a choice among three medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle.

To find an in-network provider, visit <https://www.uhc.com/find-a-doctor>. All plans are in the Choice Plus network.

Following is a brief description of each plan.

UnitedHealthcare Traditional PPO Plan

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the UnitedHealthcare Choice Plus network. The calendar-year deductible must be met before certain services are covered.

UnitedHealthcare Standard HDHP/HSA Plan

Like the PPO plan, a High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the UnitedHealthcare Choice Plus network. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars¹ to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental, and vision expenses. For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Here's how the plan works:

- ▶ **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. *NOTE: Benefits begin to be paid once one family member meets the individual embedded deductible.*
- ▶ **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- ▶ **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year. *NOTE: Once one family member meets the individual embedded out-of-pocket maximum, the plan pays covered benefits in full for that individual.*



- ▶ **Health Savings Account (HSA) Savers Plan:** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. In addition, we will contribute \$600 annually for individuals, \$900 for employee & spouse, and \$1,200 for families, to your HSA. **To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.**

Important: Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2023
Employee Only	\$3,750
Family (employee + 1 or more)	\$7,750
Catch-up (age 55+)	\$1,000

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans², retire or leave the company. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

¹ Tax free under federal tax law; state taxation rules may apply

² You must be enrolled in a qualified health plan to contribute to an HSA.

Medical/Rx Plans

UnitedHealthcare Savers HDHP/HSA Plan

Like the PPO plan, a High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the UnitedHealthcare Choice Plus network. In addition, the HDHP is eligible for a HSA that allows you to save pre-tax dollars to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental, and vision expenses. For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf. *NOTE: A HSA is not automatically opened for you on this plan, but you are able to open one through the bank of your choosing.*

Here's how the plan works:

Annual Deductible: You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. *NOTE: Benefits begin to be paid once one family member meets the individual embedded deductible.*

Coinsurance: Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.

Out-of-Pocket Maximum: Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year. *NOTE: Once one family member meets the individual embedded out-of-pocket maximum, the plan pays covered benefits in full for that individual.*



Medical/Rx Plans

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Coinsurance percentages and copay amounts shown in the below chart represent what the member is responsible for paying.

Key Medical Benefits	UnitedHealthcare Traditional PPO Plan		UnitedHealthcare Standard HDHP/HSA Plan		UnitedHealthcare Savers HDHP/HSA Plan	
	In-Network Only	Out-of-Network ¹	In-Network Only	Out-of-Network ¹	In-Network Only	Out-of-Network ¹
Deductible (per calendar year)						
Individual / Family	\$1,500 / \$3,000	\$3,000 / \$6,000	\$2,800 / \$2,800 ² / \$5,600	\$5,600 / \$5,600 ² / \$11,200	\$6,650 / \$6,650 ² / \$13,000	\$13,300 / \$13,300 ² / \$26,600
Out-of-Pocket Maximum (per calendar year)						
Individual / Family	\$3,000 / \$6,000	\$6,000 / \$12,000	\$5,600 / \$5,600 ² / \$11,200	\$11,200 / \$11,200 ² / \$22,400	\$6,650 / \$6,650 ² / \$13,000	\$13,300 / \$13,300 ² / \$26,600
Company Contribution to Your Health Savings Account (HSA) (per calendar year; prorated for new hires/newly eligible)						
Individual / Individual + Spouse or Child(ren) / Family	N/A		\$600 / \$900 / \$1,200		N/A	
Covered Services						
Office Visits (physician/specialist)	\$40 / \$60 copay	40%*	20%*	40%*	0%*	30%*
Routine Preventive Care	No charge	40%*	No charge	40%*	No Charge	30%*
Outpatient Diagnostic (lab/X-ray)	20%*	40%*	20%*	40%*	0%*	30%*
Complex Imaging	20%*	40%*	20%*	40%*	0%*	30%*
Chiropractic	\$40 copay	40%*	20%*	40%*	0%*	30%*
Ambulance	20%*	20%*	20%*	20%*	0%*	0%*
Emergency Room	\$250 copay	\$250 copay	20%*	20%*	0%*	0%*
Urgent Care Facility	\$100 copay	40%*	20%*	40%*	0%*	30%*
Inpatient Hospital Stay	20%*	40%*	20%*	40%*	0%*	30%*
Outpatient Surgery	20%*	40%*	20%*	40%*	0%*	30%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier 4)						
Retail Pharmacy (30-day supply)	\$15 / \$45 / \$85 / \$200	\$15 / \$45 / \$85 / \$200	20%*	40%*	0%*	30%*
Mail Order (90-day supply)	\$45 / \$135 / \$255 / \$600	N/A	20%*	N/A	0%*	N/A

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay. Benefits begin to be paid once one family member meets the individual embedded deductible. Similarly, once one family member meets the individual embedded out-of-pocket maximum, the plan pays covered benefits in full for that individual.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. Benefits begin to be paid once one family member meets the individual embedded deductible. Similarly, once one family member meets the individual embedded out-of-pocket maximum, the plan pays covered benefits in full for that individual.

Medical/Rx Plans

OptumRx

Filling prescriptions with OptumRx will be easy.

- ▶ **Use OptumRx home delivery**
Get the medications you take regularly through OptumRx home delivery service:
 - » Order up to a 90-day supply
 - » Pharmacists are available 24/7
 - » Set up medication reminders and automatic refills
- ▶ **Pick up at the pharmacy**
Use the large pharmacy network to fill your new and existing prescriptions.
- ▶ **Take a specialty medication?**
Use BriovaRx, our specialty pharmacy. BriovaRx®, the OptumRx® specialty pharmacy, provides resources and personalized support to help you manage your condition.
- ▶ **Manage your medications online.**
Use the mobile app or website to help manage your medications. You'll be able to find a network pharmacy, check medication coverage, track home delivery orders and much more.

24/7 Virtual Visits

Virtual Visits may make it easier than ever to get treated by a doctor. Whether using myuhc.com® or the UnitedHealthcare® app, Virtual Visits let you video chat with a doctor 24/7 with Providers through Amwell, Optum Virtual Care, Teladoc or Doctor on Demand. But, if you'd rather just speak with a doctor, you can simply do a Virtual Visit over the phone.

Use a Virtual Visit for these common conditions:

- ▶ Allergies
- ▶ Bronchitis
- ▶ Eye infections
- ▶ Flu
- ▶ Headaches/migraines
- ▶ Rashes
- ▶ Sore throats
- ▶ Stomachaches
- ▶ And more!

Health & Wellness

Real Appeal

Real Appeal® is an online weight loss program that provides personal coaching to help you and eligible family members lose weight and keep it off. On average, participants lose 10 pounds after attending just 4 online sessions.

Quit For Life

Enjoy life without tobacco. Spend more time with family and friends. Enjoy daily activities without running out of breath. Quit For Life is here to help you reach your goals — at no additional cost to you.

Join the millions of tobacco users who've quit with help from Quit For Life. The program offers a variety of tools — like a mobile app, website, medication, courses, coaches— with more support, anytime you need it.

Rally

Rally is designed to help you make changes to your daily routine, set smart goals and track your progress. You'll get personalized recommendations to help you move more, eat better and improve your health—and have fun doing it.



Dental Plan

Delta Dental of Wisconsin DPPO: This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental PPO network. If you can't find a PPO dentist, consider a Delta Dental Premier® dentist. These dentists have agreed to set fees and offer another opportunity to save.

To find an in-network provider, visit www.deltadentalwi.com/provider-search/dental.

Following is a high-level overview of the coverage available.

Key Dental Benefits	DPPO		
	PPO Network	Premier Network	Out-of-Network
Deductible (per calendar year)			
Individual / Family	\$50 / \$150	\$50 / \$150	\$50 / \$150
Benefit Maximum (per calendar year; preventive, basic, and major services combined)			
Per Individual	\$1,500	\$1,500	\$1,500
Covered Services			
Preventive Services	No charge	No charge	No charge
Basic Services	20%*	20%*	20%*
Major Services	50%*	50%*	50%*
Orthodontia (Children only up to age 19)		50%	
Orthodontia Lifetime Maximum		\$1,000	

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

Coinurance percentages shown in the above chart represent what the member is responsible for paying.

NOTE: Reimbursement is based on PPO contracted fees for PPO dentists, Delta Dental Premier® contracted fees for Premier dentists and the program allowance for non-Delta Dental PPO dentists. You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. You will be responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

Vision Plan

Delta Dental of Wisconsin Powered by EyeMed: The vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the EyeMed Insight network. If you are a new enrollee you will receive an ID card.

For a list of the most convenient Vision Care provider locations, you may visit the [Delta Dental website](#), or the [EyeMed Vision Care website](#), or call EyeMed customer service.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$20	Up to \$35
Materials Copay	\$20	N/A
Lenses (once every 12 months)	No charge after materials copay	Up to \$25
Single Vision		Up to \$40
Bifocal		Up to \$55
Trifocal		
Frames (once every 24 months)	Covered up to \$150, then 20% off balance	Up to \$75
Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to \$150, then 15% off balance	Up to \$120



Flexible Spending Accounts (FSAs)

We provide you with an opportunity to participate in up to three different flexible spending accounts (FSAs) administered through Diversified Benefit Services. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security, and Medicare taxes.

Health Care FSA

For 2023, you may contribute up to \$3,050 to cover qualified health care expenses incurred by you, your spouse, and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Prescriptions
- ▶ Eye exams/eyeglasses
- ▶ Copayments
- ▶ Dental treatment
- ▶ Lasik eye surgery
- ▶ Deductibles
- ▶ Orthodontia

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

If you enroll in the HSA medical plan, you may not participate in the health care FSA.

Limited-Purpose Health Care FSA (for HSA participants)

If you enroll in the HSA medical plan, you may only participate in a limited-purpose Health Care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses, up to \$3,050 per year, while preserving your HSA funds for eligible medical expenses.

Dependent Care FSA

For 2023, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-schools, or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Health care FSA: Unused funds of up to \$610 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$610 will **NOT** be returned to you or carried over to the following year.

Dependent care FSA: Unused funds will **NOT** be returned to you or carried over to the following year.

Life and AD&D Insurance

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable. This amount will need to be equal to your Basic Life Insurance.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through MetLife.

Benefit Amount	1.5x salary up to \$500,000 or elect flat \$50,000
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Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through MetLife for yourself and your eligible family members.

	Benefit Option	Guaranteed Issue*
Employee	\$10,000 increments up to the lesser of 5x pay or \$500,000	\$100,000
Spouse/DP	\$5,000 increments up to the lesser of 50% of EE amount or \$100,000	\$50,000
Child(ren)	15 days to 6 months: \$1,000 Age 6 months to 26 years: \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000	\$10,000

*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Disability Insurance

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Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Short-Term Disability

Provided at **NO COST** to you through MetLife.

Benefit Percentage	60%
Weekly Benefit Maximum	\$2,500
When Benefits Begin	Benefits begin on 31 st day
Maximum Benefit Duration	26 weeks

Long-Term Disability

Provided at **NO COST** to you through MetLife.

Benefit Percentage	60%
Monthly Benefit Maximum	\$5,000
When Benefits Begin	Benefits begin on 181 st day
Maximum Benefit Duration	Social Security Retirement Age

Employee Assistance Program

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Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through MetLife- LifeWorks.

The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Child and eldercare
- ▶ Substance abuse
- ▶ Grief and loss
- ▶ Legal or financial issues

EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to five (5) phone or video consultations per issue, per calendar year
- ▶ Unlimited toll-free phone access and online resources

For more information, visit metliffeap.lifeworks.com or call 888-319-7819.



MetLife Advantages

Life is full of “what ifs”, and life insurance is crucial in reducing financial stress. But with the planning and support from MetLife, you can be confident that your families’ wellbeing is taken care of. MetLife AdvantagesSM provides actionable tools and resources to help navigate life’s twists and turns so you can live your best lives.

- ▶ **Estate Planning Services:** Offering unlimited access to create and execute key estate planning documents online by answering a few simple questions, or unlimited face-to-face access with a MetLife Legal Plans’ attorney to prepare or update a will, living will, Power of Attorney and other estate documents. Will preparation services are also available via willscenter.com.
- ▶ **Funeral Discounts and Planning Services:** Alleviating the burden of making funeral arrangements from your loved ones. You get exclusive access to the largest network of funeral homes and cemeteries to pre-plan with a counselor and receive discounts on funeral services.
- ▶ **Retirement Planning:** Helping you retire with confidence. You can attend workshops that offer comprehensive retirement and financial education to help you plan for the future through Retirewise[®].
- ▶ **Grief Counseling:** Offering professional support in times of need. Face-to-face sessions with a licensed counselor to help you cope with a loss or major life change. Or you can speak to a licensed counselor in the comfort of your home through the helpline.
- ▶ **Funeral Assistance:** Helping to simplify funeral arrangements. You can customize funeral arrangements with the help of compassionate counselors through a personalized, one-on-one service.
- ▶ **Beneficiary Claim Assistance:** Making the claims process easy. Beneficiaries receive guidance from experts as you work through your options and financial needs with our Delivering The Promise[®] services.
- ▶ **Estate Resolution Services:** Settling an estate with confidence. With unlimited consultations, either face-to-face with an attorney or by phone, you and/or your beneficiaries can settle an estate with assurance.
- ▶ **Life Settlement Option:** Reducing the pressure of immediate financial decisions. Beneficiaries can take their time to make the right decision with the flexible settlement option that gives them full access to policy funds while earning a guaranteed minimum interest rate through Total Control Account.
- ▶ **Transition Solutions:** Easing workplace transitions. You can get help with time-sensitive benefit and financial decisions to help you make the right choices during changes in employment.
- ▶ **Travel Assistance:** Giving financial security while traveling. You can access medical, travel, and concierge services— 24 hours a day, 365 days a year, while traveling domestically or internationally.



Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. This coverage is offered through UnitedHealthcare for yourself and your eligible family members.

Injury	Benefit Amount
Hospital	Admission: \$500; Confinement: \$100
ICU	Admission: \$1,000; Confinement: \$200
Ambulance	Ground: \$200; Air: \$500
Urgent Care	\$100
Surgeries	\$50 - \$750
Concussion	\$100
Coma	\$5,000
Dislocations	\$160 - \$1,900
Fractures	\$160 - \$2,500

Hospital Indemnity Insurance

The average cost of a hospital stay is \$10,000¹—and the average length of a stay is 4.8 days². Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered sickness or injury related hospitalization. This coverage is offered through UnitedHealthcare for yourself and your eligible family members.

Injury	\$500 Benefit	\$1,000 Benefit
Hospital Admission	\$500 (1 day/plan year)	\$1,000 (1 day/plan year)
Hospital Confinement	Daily benefit - \$100; annual maximum is 364 days	Daily Benefit - \$150; annual maximum is 364 days
ICU Admission	\$500 (1 day/plan year)	\$1,000 (1 day/plan year)
ICU Confinement	Daily benefit - \$100; annual maximum is 364 days	Daily Benefit- \$150; annual maximum is 364 days

1. Costs for Hospital Stays in the United States, 2011. HCUP Statistical Brief #168. December 2013. Agency for Healthcare Research and Quality, Rockville, MD.

2. National Hospital Discharge Survey: 2010



Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

This coverage is offered through UnitedHealthcare for yourself and your eligible family members. You can elect a payout in the amount of either \$10,000 or \$20,000.

Typical Covered Conditions include:

- ▶ Heart Attack
- ▶ Benign Brain Tumor
- ▶ Stroke
- ▶ Blindness
- ▶ Cancer
- ▶ Major Organ Failure

Pet Insurance

Pet insurance reimburses all or part of the cost of covered veterinary expenses, either as a percentage of your cost or based on a schedule of set dollar amounts.

Valuable Extras

We also offer the following additional benefits:

- ▶ TIAA/CREF Retirement Plan
- ▶ Tuition Assistance
- ▶ Free Parking
- ▶ Free access to the state of the art TARC fitness center
- ▶ Platinum Mortgage Program



Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members. **Please refer to the separate rate sheet for your contributions.**

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical / Rx	UnitedHealthcare	(866) 414-1959	www.myuhc.com
Dental	Delta Dental of Wisconsin	(800) 236-3712	www.deltadentalwi.com
Vision	Delta Dental of Wisconsin	(844) 848-7090	www.deltadentalwi.com
Flexible Spending Accounts (FSAs)	Diversified Benefit Services	(262) 367-3300	www.dbsbenefits.com
Life/AD&D	MetLife	(866) 492-6983	www.metlife.com
Disability	MetLife	(800) 300-4296	www.metlife.com
Employee Assistance Program (EAP)	MetLife- LifeWorks	(888) 319-7819	metlifeeap.lifeworks.com User name: metlifeeap; password: eap
Pet insurance	SPOT Pet Insurance	(800) 905-1595	https://spotpetins.com/employeebenefits/carthage-college/
Voluntary Benefits	UnitedHealthcare	(866) 414-1959	www.myuhc.com
Platinum Mortgage Program	Guaranteed Rate	(844) 915-3365	hubclients@rate.com

Benefits Website

Our benefits website <https://carthage.onelogin.com> can be accessed anytime you want additional information on our benefits programs.

Questions?

If you have additional questions, you may also contact:

Human Resources at (262) 551- 5774 or humanresources@carthage.edu.

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.
Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

