



Benefits Enrollment Guide

McRae Industries, Inc. &

Dan Post Boot Company

Hourly Employees

Benefit Year: December 1, 2022 through

November 30, 2023



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Important Reminders for Employees

Before Enrollment:

- Before enrollment begins, take the time to educate yourself on all of the benefit options that are available to you. Review this Benefits Guide carefully as you consider your plan choices.
- If you are electing to cover your dependents on your benefits, proof of dependent eligibility may be required.

During Enrollment:

- Be sure to make your elections within the Open Enrollment Period of November 2nd through November 30th. If you do not make elections, then you may not be able to enroll until the next open enrollment period.

After Enrollment:

- Medical and / or Prescription Drug Only coverage: If you newly elect coverage or make a change, you will receive an ID card in the mail that you should use for all medical and prescription services.
- Your ID card contains important information about you, your employer group and the benefits to which you are entitled. Always remember to carry your ID card with you, present it when receiving health care services or supplies, and make sure your provider always has an updated copy of your ID card.
- Dental coverage: If you elect coverage, or make a change you may receive an ID card. For dental services, coverage will be tied to the Group ID Number. Be sure to give this to your provider at time of service.
- Vision coverage ID Card will be mailed to your home.

General:

- The plan year is December 1, 2022— November 30, 2023.
- Our health care plans are pre-tax, which means you save money, and you can only make future changes to your elections during Open Enrollment or if you have a qualifying life event. Choose your elections carefully.

Eligibility & Enrollment

McRae Industries, Inc. & Dan Post Boot Company is proud to offer a comprehensive program of benefits to service the diverse needs of our workforce, and we are committed to continually enhancing and expanding our offerings. The information in this document is meant to familiarize you with the benefits and programs currently in place. The benefits you elect will be effective December 1, 2022. Please remember that this guide is not intended to cover all provisions of all plans, but rather is a quick reference to help answer most of your questions. Please see each benefit's Summary Plan Description for complete details of the benefits.

Am I Eligible?

Eligibility and required contributions for these benefits and programs depend on both your employee classification and whether you elect to extend coverage to your dependents.

Dependents eligible for coverage under the plans include:

- Your legal spouse, **if not employed and has no access to Employer Health Plan that meets Minimum Essential Coverage standards per the ACA or an Employer Dental Plan**
- Your dependent child(ren) up to age 26, regardless of full-time student status or marital status; Medical, Rx, Dental & Vision
- Your unmarried children of any age who are incapable of self-support due to mental or physical disability and who are totally dependent on you; Medical, Rx, Dental & Vision

Change In Status

Once you have made your benefit elections and your enrollment is closed, you cannot make changes until the next open enrollment period unless you experience a qualified change in status, such as:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

You have 30 days from the date of the qualifying event to notify Human Resources and provide appropriate documentation to change your benefits. Requests received after 30 days will not be accepted.

Please note: Not every change in status permits a change in benefit plan elections. A change in election is permitted only when it is determined that the change in status affects eligibility for coverage of the employee, a spouse or a dependent under a benefit plan.

Plan	Employment Status	New Hire Waiting Period
Medical & Prescription	Full-time and scheduled to work 30+ hours per week	90 days from date of hire
Prescription Drug ONLY		
Dental		
Voluntary Vision		
Basic & Voluntary Life		
Short-Term Disability		

Medical Insurance– Base Plan

McRae Industries, Inc. & Dan Post Boot Company’s medical and prescription drug insurance is provided through Cigna. Below is a brief summary of the Base Plan. In order to make the best use of your benefits and out-of-pocket expenses, we strongly encourage the use of in-network providers, generic drugs whenever possible, and Urgent Care facilities instead of Emergency room visits. Plan changes are highlighted in **RED** and Bold. In order to cover your Spouse or Dependent Children you must elect coverage for yourself. If your Spouse is Employed and has access to an Employer Sponsored Medical plan they will not be eligible for coverage on the McRae Industries, Inc. & Dan Post Boot Company's Medical Plan.

Cigna Base Plan		
Services	In-Network	Out-of-Network
Annual Deductible Individual / Family	\$2,000/ \$4,000	\$5,000 / \$10,000
Annual Out-of-Pocket Maximum Individual / Family	\$7,300 / \$14,600 (includes deductible, copays and coinsurance)	\$14,600 / \$29,200 (includes deductible, copays and coinsurance)
Coinsurance	Member pays 30% after deductible	Member pays 50% after deductible
Preventive Care Services	100% covered, no charge	Not covered
Primary Care Office Visit	\$25 copay	Member pays 50% after deductible
Telehealth Virtual Visit	\$10 copay	Not Covered
Specialist Office Visit	\$55 copay	Member pays 50% after deductible
Urgent Care Facility	\$50 copay	50% after deductible
Emergency Room	\$300 copay, then 30% coinsurance	
Inpatient Services	Member pays 30% after deductible	Member pays 50% after deductible
Prescription Drugs - Tier 1 - Tier 2 - Tier 3 - Tier 4 Specialty	Individual Deductible \$50 \$10 copay \$35 copay \$65 copay 30% or max of \$200; whichever is less Mail Order 3 x Retail copay	Member pays 30%



Medical Insurance– Optional Plan

McRae Industries, Inc. & Dan Post Boot Company’s medical and prescription drug insurance is provided through Cigna. Below is a brief summary of the Optional Plan. In order to make the best use of your benefits and out-of-pocket expenses, we strongly encourage the use of in-network providers, generic drugs whenever possible, and Urgent Care facilities instead of Emergency room visits. Plan changes are highlighted in **RED** and Bold. In order to cover your Spouse or Dependent Children you must elect coverage for yourself. If your Spouse is Employed and has access to an Employer Sponsored Medical plan they will not be eligible for coverage on the McRae Industries, Inc. & Dan Post Boot Company’s Medical Plan.

Cigna Optional Plan		
Services	In-Network	Out-of-Network
Annual Deductible Individual / Family	\$1,300/ \$2,600	\$3,000 / \$6,000
Annual Out-of-Pocket Maximum Individual / Family	\$4,300 / \$8,600 (includes deductible, copays & coinsurance)	\$8,600 / \$17,200 (includes deductible, copays & coinsurance)
Coinsurance	Member pays 20% after deductible	Member pays 40% after deductible
Preventive Care Services	100% covered, no charge	Not covered
Primary Care Office Visit	\$20 copay	Member pays 40% after deductible
Telehealth Virtual Visit	\$10 copay	Not Covered
Specialist Office Visit	\$55 copay	Member pays 40% after deductible
Urgent Care Facility	\$50 copay	Member pays 40% after deductible
Emergency Room	\$200 copay, then 20% coinsurance	
Inpatient Services	20% after deductible	Member pays 40% after deductible
Prescription Drugs - Tier 1 - Tier 2 - Tier 3 - Tier 4 Specialty	Individual Deductible \$50 \$10 copay \$35 copay \$65 copay 30% or max of \$200 copay; whichever is less Mail Order: 3 x Retail Copay	Member pays 30%



Prescription Drug Only Plan

McRae Industries, Inc. & Dan Post Boot Company's prescription drug insurance is provided through Cigna. Below is a brief summary of the Plan. Plan changes are highlighted in **RED** and Bold. In order to cover your Spouse or Dependent Children you must elect coverage for yourself. If your Spouse is Employed and has access to an Employer Sponsored Medical / Prescription Drug plan they will not be eligible for coverage on the McRae Industries, Inc. & Dan Post Boot Company's Medical / Prescription Drug Plan.

Prescription Drug Plan		
Services	In-Network	Out-of-Network
Prescription Drugs - Tier 1 - Tier 2 - Tier 3 - Tier 4 Specialty	Individual Deductible \$50 \$10 copay \$35 copay \$65 copay 30% or max of \$200 copay; whichever is less Mail Order: 3 x Retail Copay	Member pays 30%

Telehealth with MDLIVE

HEALTH CARE THAT'S THERE FOR YOU WHEN AND WHERE YOU NEED IT

Head-to-toe virtual care¹ from MDLIVE.®



It's not always easy to find time for the health care you need. After all, doctors' appointments traditionally involve time and travel. That can lead to putting off care until problems become more serious, and potentially more expensive.

That's why Cigna has partnered with MDLIVE to offer a comprehensive suite of convenient virtual care options — available by phone or video whenever it works for you. MDLIVE board-certified doctors, dermatologists, psychiatrists and licensed therapists have an average of over 10 years of experience, and provide personalized care for hundreds of medical and behavioral health needs.

Now you don't have to wait — or travel — for the care you need.

Connect with video or phone, whenever it's convenient for you. Best of all, virtual care from MDLIVE board-certified doctors is available to you and your eligible dependents as part of your health benefits.

MDLIVE™

Primary Care

Preventive care, routine care, and specialist referrals

- Preventive care checkups/wellness screenings available at no additional cost² to identify conditions early
- Routine care visits allow you to build a relationship with the same primary care provider (PCP) to help manage conditions
- Prescriptions available through home delivery or at local pharmacies, if appropriate
- Receive orders for biometrics, blood work and screenings at local facilities³

Urgent Care

On-demand care for minor medical conditions

- On-demand 24/7/365, including holidays
- Care for hundreds of minor medical conditions
- A convenient and affordable alternative to urgent care centers and the emergency room
- Prescriptions available, if appropriate

Behavioral Care

Talk therapy and psychiatry from the privacy of home

- Access to psychiatrists and therapists
- Schedule an appointment that works for you
- Option to select the same provider for every session
- Care for issues such as anxiety, stress, life changes, grief and depression

Dermatology⁴

Fast, customized care for skin, hair and nail conditions — no appointment required

- Board-certified dermatologists review pictures and symptoms; prescriptions available, if appropriate
- Care for common skin, hair and nail conditions including acne, eczema, psoriasis, rosacea, suspicious spots and more
- Diagnosis and customized treatment plan, usually within 24 hours



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Offered by: Cigna Health and Life Insurance Company or its affiliates.

Telehealth with MDLIVE

3 easy steps to connect to care

Virtual care visits are convenient and easy.
To schedule an appointment:



Access MDLIVE by logging into myCigna.com and clicking on "Talk to a doctor." You can also call MDLIVE at 888.726.3171. (No phone calls for virtual dermatology.)

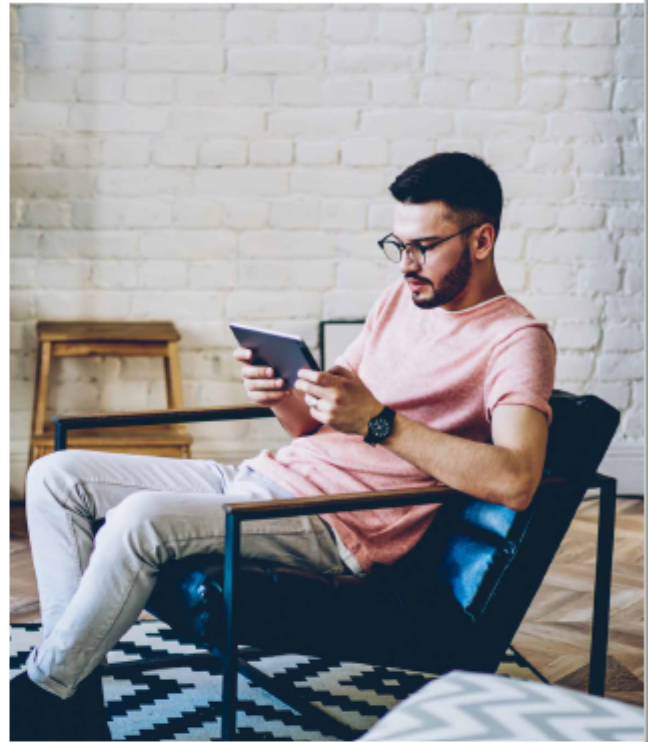


Select the type of care you need: medical care or counseling; cost will be displayed on both myCigna.com and MDLIVE



Follow the prompts for an on-demand urgent care visit, to make an appointment for primary or behavioral care, or to upload photos for dermatology care

Appointments are available via video or phone, whenever it's most convenient for you. Virtual dermatology does not require an appointment.



Visit myCigna.com to make an appointment for virtual care today.

Together, all the way.®



1. Cigna provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Refer to plan documents for complete description of virtual care services and costs. Virtual primary care through MDLIVE is only available for Cigna medical members aged 18 and older.
2. For customers who have a non-zero preventive care benefit, MDLIVE virtual wellness screenings will not cost \$0 and will follow their preventive benefit.
3. Limited to labs contracted with MDLIVE for virtual wellness screenings.
4. Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek-in-person care. Treatment plans will be completed within a maximum of 3 business days, but usually within 24 hours.

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STRESS IS A FAMILY AFFAIR

Helping children through depression and anxiety



Seeing effects of stress in children*

- › Lauren, wife and mother of three children, has concerns about stress brought on by recent changes in family.
- › Sees signs of depression and anxiety in her children.
- › Knows they need more support than she and her spouse can provide.



Finding support from Cigna

- › Spoke with Cigna One Guide® personal guide who suggested child and family therapists, as well as resources on [myCigna.com](https://mycigna.com).
- › Found a variety of options for child therapy under "Find Care & Costs," including virtual provider options:**
 - **Cigna's network** - with mental health providers who offer virtual, as well as in-person, visits.
 - **Talkspace***** - licensed therapists and psychiatrists available via live video and texting.
 - **iPrevail***** - on-demand peer coaching, online cognitive behavioral therapy programs and support communities.

Seeing improvement and feeling relief

- › Appreciated flexibility of a local provider who could offer family and individual services, in person or virtually.
- › Finding someone to talk to children so quickly brought immediate relief to family.
- › Children showed improvement after just a few sessions and asked to continue seeing therapist.



What can we do for you?

Log in to myCigna to find the tools and resources you need to improve your emotional health.

Under the "Find Care & Costs" tab, select "Doctor by Type" and "Behavioral Health Counselor." From there you can:

- › **See a local provider:** Search the directory to find an in-network behavioral health provider.
- › **Go virtual:** Find resources for on-demand behavioral health support.

Have more questions? You can call us at the number on the back of your Cigna ID card 24/7/365.

Together, all the way.®



* This example is for illustrative purposes only. Customer results will vary. ** Cigna provides access to virtual care through participating in-network providers. Not all providers have virtual capabilities. Cigna also provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. All health care providers are solely responsible for the treatment provided to their patients; providers are not agents of Cigna. Refer to plan documents for complete description of virtual care services and costs. *** Program services are provided by independent companies/entities and not by Cigna. Programs and services are subject to all applicable program terms and conditions. Program availability is subject to change.

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MAKE THE MOST OF YOUR BEHAVIORAL HEALTH BENEFITS

myCigna.com makes it easy

We're committed to making it easy to get the behavioral health support you need, when you need it. That's why your health plan comes with access to **myCigna.com** – your personalized website that puts all your plan information and resources right at your fingertips.

On myCigna.com, you can:

- › Find in-network behavioral health and substance use providers, including **virtual and Fast Access** providers
- › Learn what provider types are most appropriate for your needs based on your search criteria
- › Search for **Centers of Excellence** facilities for mental health, substance use, eating disorders, and child and adolescent care



To search the provider directory for in-network behavioral health providers, log in to **myCigna.com** and click on the "Find Care & Costs" tab.

Having trouble finding a provider or getting an appointment?

We are here to help, 24/7/365.

Our team will reach out to providers and help you find appointments based on your schedule.

Non-Medicare customers: Call **800.274.7603**

Medicare customers: Call **800.866.6534**

What is a virtual visit?

Many of our in-network behavioral providers offer the convenient option to receive care via video. Your out-of-pocket cost is the same as an in-office visit.

To find a list of virtual providers who can see you quickly:

- › Log in to **myCigna.com**
- › Click the blue "Connect Now" button
- › Select "Connect" under "Counseling"

What is a Behavioral Fast Access provider?

Fast Access providers offer our customers first-time appointments faster, including:

- › Therapy appointments (counselor, social worker or psychologist) within five business days
- › Prescriber appointments (psychiatrist or psychiatric nurse practitioner) within 15 business days

Most of these providers also offer virtual visits and will even coordinate care with your primary care provider (PCP) and other medical providers.

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

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Once I find a provider, how will I make an appointment?

Many behavioral health providers lead their own independent practices and may not have office staff to take your call. Simply leave a voicemail clearly stating the information below and request a call back.

- › Your name, that you're our customer, and the reason for your call
- › How you can be reached and best days and times for an appointment

What type of providers would I see for help with a behavioral health concern?

Licensed therapists

Licensed therapists can diagnose and treat behavioral health or substance use concerns. They can help develop coping skills in addition to providing other care and services. Therapists include psychologists, counselors and social workers.

Psychiatrists and nurse practitioners

Psychiatrists and behavioral health nurse practitioners can diagnose and treat behavioral health or substance use concerns, typically by prescribing and monitoring medication, in addition to other care and services.

Behavioral facilities or programs

Behavioral health facilities typically include hospitals and residential settings that offer specialized inpatient and outpatient treatment for detoxification, rehabilitation and behavioral health needs.

Have more questions?

Log in to myCigna.com or call the number on the back of your health plan ID card 24/7/365.



This flyer is for informational purposes only. It is not medical advice. Always consult your doctor for appropriate examinations, treatment, testing and care recommendations, including prior to choosing another provider for care. In an emergency, dial 911 or visit the nearest emergency room.

Health benefit plans vary, but in general to be eligible for coverage services must be medically necessary and provided by a licensed health care provider. Depending on your plan, you may be required to use an in-network provider for coverage to apply. Plan coverage is subject to any applicable deductible, copay and/or coinsurance requirements. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, see your plan documents. The providers that participate in the Cigna network are independent contractors solely responsible for the treatment provided to their patients. Providers are not agents of Cigna.

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Dental Insurance

McRae Industries, Inc. & Dan Post Boot Company's dental plan is administered by Cigna. You may continue to seek treatment from the dentist of your choice, but you will always realize your biggest savings by visiting in-network providers whenever possible. The chart below provides a summary of your dental benefits.

In order to cover your Spouse or Dependent Children you must elect converge for yourself. If your Spouse is Employed and has access to an Employer Sponsored Dental plan they will not be eligible for coverage on the McRae Industries, Inc. & Dan Post Boot Company's dental Plan.

Dental Plan		
Services	In-Network	Out-of-Network Subject to Reasonable & Customary (Member pays the difference between the billed charges and the Plan reimbursement.)
Annual Deductible	\$50	\$50
Plan Year Maximum	\$2,500	\$2,500
Preventive Services (Covered services include oral exams, cleanings and x-rays)	100% covered, after Deductible	100% covered, after Deductible
Basic Services	Member pays 20% after deductible	Member pays 20% after deductible
Major Services	Member pays 50% after deductible	Member pays 50% after deductible
Child Orthodontia	Not covered	Not covered



Voluntary Vision Insurance

McRae Industries, Inc. & Dan Post Boot Company is now offering two Voluntary Vision plans that will be administered by Community Eye Care (CEC). You may seek treatment from the Vision provider of your choice, but you will always realize your biggest savings by visiting in-network Vision providers whenever possible. The chart below provides a summary of your Vision benefits. In order to cover your Spouse or your Dependent Children you must election coverage for yourself.

CEC Vision Plans		
Services	Base Plan	Buy Up Plan
Annual Routine Eye Exam	\$15 copay	\$15 copay
Annual Allowance for all Eyewear	\$15 copay with \$150 allowance	\$15 copay with \$200 allowance
Annual Contact Lens Fitting, re-fit or evaluation	\$15 copay	\$15 copay
Routine Annual Retinal Screening	Copay: up to \$39	Copay: up to \$39

Member Portal: www.cecvision.com



EYEWEAR DISCOUNTS

CEC members receive generous discounts from most in-network providers. If a member spends more than their eyewear allowance, they are eligible to receive a discount on the overage:

- » 20% on glasses (frames and/or lenses)
- » 10% on contact lenses



LASIK DISCOUNTS

Members can save up to 50% relative to national averages from more than 1,000 participating LASIK providers, including TLC Laser Eye Center.



NON-PRESCRIPTION EYEWEAR

Non-prescription eyewear, including sunglasses, is included in the CEC vision plan. All eyewear must be purchased in an optical store to use your CEC benefit.

Life and AD&D Insurance

Basic Life and AD&D Insurance

McRae Industries, Inc. & Dan Post Boot Company provide all full-time employees with Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurance administered through Prudential. Please remember to review and update your beneficiary designation annually.

Benefit	Basic Life and AD&D Insurance
Employee Life	1x your annual base pay, up to a maximum of \$200,000
Spouse Life Amount	\$5,000
Dependent Life Amount	\$3,000
Basic AD&D Amount	Matches Employee Life amount
Reduction	65% at age 65, 55% at age 70

Voluntary Life and AD&D Insurance

McRae Industries, Inc. & Dan Post Boots Company is offering employees who would like to supplement their Basic Term Life and AD&D insurance benefits the opportunity to purchase additional coverage through Prudential. You may purchase coverage for yourself in the amounts shown in the table below.

If you did not purchase voluntary coverage when you first became eligible and would like to purchase coverage now, or you are increasing your coverage to an amount that exceeds the guaranteed issue amount, you will need to complete an Evidence of Insurability form. Coverage is subject to approval by Prudential and may be denied.

Benefit	Voluntary Life Insurance
Employee	1x your annual earnings, up to a maximum of \$200,000
Employee Guarantee Issue Amount	\$150,000
Reduction	65% at age 65 , 55% at age 70

Employee Assistance Program (EAP)

McRae Industries, Inc. & Dan Post Boot Company provide all full-time employees with an Employee Assistance Program (EAP) as part of the Basic Term Life. You have 5 “face to face” confidential counseling visits for you or your dependents, at no cost to you. See more details below.

GuidanceResources®



An Overview of Your GuidanceResources® Program

No matter what's going on in your life, GuidanceResources® is here to help.

Personal problems, planning for life events or simply managing daily life can affect your work, health and family. GuidanceResources is a company-sponsored service that is available to you and your dependents, at no cost, to provide confidential support, resources and information to get through life's challenges. This flyer explains how GuidanceResources can help you.

Confidential Counseling on Personal Issues

Your Employee Assistance Program (EAP) is a confidential assistance program to help address the personal issues you and your dependents are facing. This service, staffed by experienced clinicians, is available by phone 24 hours a day, seven days a week. A GuidanceConsultant™ is available to listen to your concerns and refer you to a local provider for in-person counseling or to resources in your community. Call any time with personal concerns, including:

- Depression
- Marital and family conflicts
- Job pressures
- Stress and anxiety
- Alcohol and drug abuse
- Grief and loss

Financial Information, Resources and Tools

Financial issues can arise at any time, from dealing with debt to saving for college. Our financial professionals are here to discuss your concerns and provide you with the tools and information you need to address your finances, including:

- Saving for college
- Getting out of debt
- Retirement planning
- Tax questions
- Estate planning

Legal Information, Resources and Consultation

When a legal issue arises, our attorneys are available to provide confidential support with practical, understandable information and assistance. If you require representation, you can also be referred to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call any time with legal issues including:

- Divorce and family law
- Debt obligations
- Landlord and tenant issues
- Real estate transactions
- Bankruptcy
- Criminal actions
- Civil lawsuits
- Contracts

Online Information, Tools and Services

GuidanceResources® Online is your one stop for expert information to assist you with the issues that matter to you, from personal or family concerns to legal and financial concerns. Create your own account by going to www.guidanceresources.com. Each time you return to the site, you will find personalized, relevant information based on your individual life needs. You can:

- Review in-depth HelpSheetsSM on topics you select
- Get answers to specific questions
- Search for services and referrals
- Use helpful planning tools

**WE ARE AVAILABLE 24 HOURS A DAY,
7 DAYS A WEEK.**

Call: 800.311.4327

TDD: 800.697.0353

Online: guidanceresources.com

Your company Web ID: GEN311

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Short Term Disability

McRae Industries, Inc. & Dan Post Boot Company provides all hourly full-time employees with Short Term Disability. This coverage is administered by the Board of Directors at McRae Ind.

Benefit	Short Term Disability—Employer Paid
Eligibility Waiting Period	90 continuous days from date of hire
Benefits Elimination Period	14 consecutive calendar days for non-job related accident or illness
Benefits Duration: days / years of service	Class 1: 90 days but less than 5 years of service: up to 8 weeks Class 2: 5 or more years of service: up to 12 weeks
Minimum and Maximum Weekly Benefit Amount	Minimum: \$90 per week; Maximum: 60% of average weekly earnings
Definition of Total Disability	Total disability means you are: (a) Unable to perform the material and substantial duties of your own occupation in the usual and customary way due to injury, disease, illness or mental disorder as certified by appropriate professionals; and (b) You are not transferable to other job duties of McRae Footwear for which you are suited or trained at the same rate of pay.
Average Weekly Earnings definition	Gross weekly earnings average over the most recent three full months. This excludes bonuses, commissions, overtime, dividends or profit sharing.

Insurance premium changes during Short Term Disability payment period:

1. The weekly premium amount for medical, dental , vision and / or prescription drug, and supplemental life insurance will be reduced to 60% of the current employee rate while receiving Short Term Disability benefits.
2. If you become eligible for Short Term Disability payments (not for a work related injury / illness) and you have had an overnight stay in the hospital related to this Total Disability, your medical, dental, vision and/ prescription drug and supplement life insurance weekly employee premiums will be waived for up to 4 weeks (or until you are no longer disabled, whichever occurs first).

Cost of Coverage

Cigna Medical & Rx–	Weekly Deduction
Employee Only	\$29.11
Employee + Spouse*	\$114.65
Employee + Child	\$68.86
Employee + Child(ren)	\$90.45
Family*	\$119.35

Cigna Medical & Rx–	Weekly Deduction
Employee Only	\$71.62
Employee + Spouse*	\$213.20
Employee + Child	\$134.05
Employee + Child(ren)	\$172.51
Family*	\$222.40

Prescription Drug Only	Weekly Deduction
Per Person	\$10.86*

Cigna Dental Plan	Weekly Deduction
Employee Only	\$7.17
Employee + Spouse*	\$16.41
Employee + Child	\$12.37
Employee + Child(ren)	\$16.01
Family*	\$21.03

\$150 Plan CEC Voluntary Vision Base Plan	Weekly Deduction
Employee Only	\$2.01
Employee + Spouse	\$4.02
Employee + Child(ren)	\$4.22
Family	\$6.02

\$200 Plan CEC Voluntary Vision Buy Up Plan	Weekly Deduction
Employee Only	\$2.62
Employee + Spouse	\$5.23
Employee + Child(ren)	\$5.49
Family	\$7.85

The Prescription Drug Only Plan is available to all employees without any other coverage. However, it is available for spouses and dependents ONLY if either the Medical & Rx Plan or the Prescription Drug Only Plan is taken by the employee.

The Dental and Vision Plan can be elected on their own without electing either Medical or Prescription Drug Plans.

*Spouses will not be eligible for Base Medical, Optional Medical, Prescription Drug Plan or Dental coverage if they are employed and have access to their own Employer's Health and/ or Dental Plan.

Required Annual Notices

Special Enrollment Notices

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact your Human Resources representative.

Women's Health and Cancer Rights Act Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plans offered. If you would like more information on WHCRA benefits, call your Plan Administrator at 910-439-6147.

Women's Health and Cancer Rights Act Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 910-439-6147 for more information.

Newborns' Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

Required Annual Notices, cont.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility.

State	Program	Website	Phone Number
Alabama	Medicaid	http://myalhipp.com/	1-855-692-5441
Alaska	Medicaid	The AK Health Insurance Premium Payment Program: http://myakhipp.com/ CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/	1-866-251-4861
Arkansas	Medicaid	http://myarhipp.com/	1-855-MyARHIPP (855-692-7447)
Colorado	Medicaid	https://www.healthfirstcolorado.com/ https://www.colorado.gov/pacific/hcpf/child-health-plan-plus	1-800-221-3943 1-800-359-1991 / State Relay 711
Florida	Medicaid	http://flmedicaidprecovery.com/hipp/	1-877-357-3268
Georgia	Medicaid	https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp	678-564-1162 ext 2131
Indiana	Medicaid	http://www.in.gov/fssa/hip/	1-877-438-4479
Iowa	Medicaid	http://dhs.iowa.gov/Hawki	1-800-257-8563
Kansas	Medicaid	http://www.kdheks.gov/hcf/	1-785-296-3512
Kentucky	Medicaid	https://chfs.ky.gov	1-800-635-2570
Louisiana	Medicaid	http://dhh.louisiana.gov/index.cfm/subhome/1/n/331	1-888-695-2447
Maine	Medicaid	http://www.maine.gov/dhhs/ofi/public-assistance/index.html	1-800-442-6003 TTY: Maine relay 711
Massachusetts	Medicaid and CHIP	http://www.mass.gov/eohhs/gov/departments/masshealth/	1-800-862-4840
Minnesota	Medicaid	https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-	1-800-657-3739
Missouri	Medicaid	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	573-751-2005
Montana	Medicaid	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP	1-800-694-3084

Required Annual Notices, cont.

State	Program	Website	Phone Number
Nebraska	Medicaid	http://www.ACCESSNebraska.ne.gov	Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178
Nevada	Medicaid	https://dhcfp.nv.gov	1-800-992-0900
New Hampshire	Medicaid	https://www.dhhs.nh.gov/oii/hipp.htm	603-271-5218
New Jersey	Medicaid CHIP	http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ http://www.njfamilycare.org/index.html	609-631-2392 1-800-701-0710
New York	Medicaid	https://www.health.ny.gov/health_care/medicaid/	1-800-541-2831
North Carolina	Medicaid	https://medicaid.ncdhhs.gov/	919-855-4100
North Dakota	Medicaid	http://www.nd.gov/dhs/services/medicalserv/medicaid/	1-844-854-4825
Oklahoma	Medicaid and CHIP	http://www.insureoklahoma.org	1-888-365-3742
Pennsylvania	Medicaid	http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm	1-800-692-7462
Rhode Island	Medicaid	http://www.eohhs.ri.gov/	855-697-4347, or 401-462-0311
South Carolina	Medicaid	https://www.scdhhs.gov	1-888-549-0820
South Dakota	Medicaid	http://dss.sd.gov	1-888-828-0059
Texas	Medicaid	http://gethipptexas.com/	1-800-440-0493
Utah	Medicaid and CHIP	https://medicaid.utah.gov/ http://health.utah.gov/chip	1-877-543-7669
Vermont	Medicaid	http://www.greenmountaincare.org/	1-800-250-8427
Virginia	Medicaid	http://www.coverva.org/programs_premium_assistance.cfm	1-800-432-5924
Washington	Medicaid	https://www.hca.wa.gov/	1-800-562-3022 ext. 15473
West Virginia	Medicaid	http://mywvhipp.com/	1-855-MyWVHIPP (1-855-699-8447)
Wisconsin	Medicaid CHIP	https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf	1-800-362-3002
Wyoming	Medicaid	https://wyequalitycare.acs-inc.com/	307-777-7531

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either: U.S. Department of Labor Employee Benefits Security Administration www.dol.gov/agencies/ebsa 1-866-444-EBSA (3272) or U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services www.cms.hhs.gov 1-877-267-2323, Menu Option 4, Ext. 61565.

Required Annual Notices, cont.

RIGHTS TO CONTINUE GROUP COVERAGE

Dear Employee and Covered Dependents:

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you, your spouse and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description (SPD) or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

Employees. If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your Hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

Required Annual Notices, cont.

Retirees. Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to McRae Industries Inc., and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

Spouses. If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Dependent Children. Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employees becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice by calling Human Resources at 910-439-6147 and providing the required supporting documentation.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Required Annual Notices, cont.

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by the Department of Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions concerning your Plan or your COBRA continuation coverage rights they should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Required Annual Notices, cont.

Notice of Extended Coverage to Participants Covered Under a Group Health Plan

Federal legislation known as “Michelle’s Law” generally extends eligibility for group health benefit plan coverage to a dependent child who is enrolled in an institution of higher education at the beginning of a medically necessary leave of absence if the leave normally would cause the dependent child to lose eligibility for coverage under the plan due to loss of student status. The extension of eligibility protects eligibility of a sick or injured dependent child for up to one year. The McRae Industries Inc. plan currently permits an employee to continue a child’s coverage through age 18, or through age 22, if that child is enrolled at an accredited institution of learning on a full-time basis, with full-time defined by the accredited institution’s registration and/or attendance policies. Michelle’s Law requires the Plan to allow extended eligibility in some cases for a dependent child who would lose eligibility for Plan coverage due to loss of full-time student status. There are two definitions that are important for purposes of determining whether the Michelle’s Law extension of eligibility applies to a particular child:

- Dependent child means a child of a plan participant who is eligible under the terms of a group health benefit plan based on his or her student status and who was enrolled at a post-secondary educational institution immediately before the first day of a medically necessary leave of absence.
- Medically necessary leave of absence means a leave of absence or any other change in enrollment of a dependent child from a post-secondary educational institution that begins while the child is suffering from a serious illness or injury; which is medically necessary; and which causes the dependent child to lose student status under the terms of the plan.

For the Michelle’s Law extension of eligibility to apply, a dependent child’s treating physician must provide written certification of medical necessity (i.e., certification that the dependent child suffers from a serious illness or injury that necessitates the leave of absence or other enrollment change that would otherwise cause loss of eligibility). If a dependent child qualifies for the Michelle’s Law extension of eligibility, the Plan will treat the dependent child as eligible for coverage until the earlier of:

- One year after the first day of the leave of absence
- The date that Plan coverage would otherwise terminate (for reasons other than the failure to be a full-time student).

A dependent child on a medically necessary leave of absence is entitled to receive the same Plan benefits as other dependent children covered under this Plan. Further, any change to Plan coverage that occurs during the Michelle’s Law extension of eligibility will apply to the dependent child to the same extent as it applies to other dependent children covered under the Plan.

Terminology Tip Sheet

Affordable Care Act (ACA): The Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA) is a United States federal statute signed into law by President Obama in March 2010. The law puts in place comprehensive health insurance reforms.

Annual Maximum: Total dollar amount a plan pays during a plan year toward the covered expenses of each person enrolled.

Out-of-Pocket Maximum: The maximum amount of coinsurance a Plan member must pay towards covered medical expenses in a plan year for both network and non-network services. Once you meet this out-of-pocket maximum, the Plan pays the entire coinsurance amount for covered services for the remainder of the plan year. Deductibles and copays apply to the annual out-of-pocket maximum.

Coinsurance: A percentage of the medical costs, based on the allowed amount, you must pay for certain services after you meet your plan year deductible.

Copayment: A set dollar amount you pay for network doctors' office visits, emergency room services and prescription drugs.

Deductible: Total dollar amount, based on the allowed amount, you must pay out of pocket for covered medical expenses each plan year before the plan pays for most services. The deductible does not apply to network preventive care if any services where you pay a copayment rather than coinsurance. Some of your dental options also have a plan year deductible, generally for basic and major dental care services.

Brand Formulary Drugs: The brand formulary is an approved, recommended list of brand-name medications. Drugs on this list are available to you at a lower cost than drugs that do not appear on this preferred list.

Generic Drugs: These drugs are usually the most cost-effective. Generic drugs are chemically identical to their brand-name counterparts. Purchasing generic drugs allows you to pay a lower out-of-pocket cost than if you purchase formulary or non-formulary brand name drugs.

Maintenance Drugs: Prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

Non-Formulary Drugs: These drugs are not on the recommended formulary list. These drugs are usually more expensive than drugs found on the formulary. You may purchase brand-name medications that do not appear on the recommended list, but at a significantly higher out-of-pocket cost.

Specialty Drugs: Prescription medications that require special handling, administration or monitoring. These drugs may be used to treat complex, chronic and often costly conditions.

Portability: An employee carries or 'ports' his/her current Group Life coverage after employment ends, without having to answer any medical questions. Portability is for an employee who is leaving his/her job and still wants to maintain the protection that life insurance provides.

Primary Care Physician (PCP): The health care professional who monitors your health needs and coordinates your overall medical care, including referrals for tests or specialists.

Network: A group of health care providers, including dentists, physicians, hospitals and other health care providers that agree to accept pre-determined rates when servicing members.

Qualifying Event: An occurrence that qualifies the subscriber to make an insurance coverage change outside of Open Enrollment.

Contact Information

Human Resources Contact

Ashlyn Mounts: 910-439-6147 ashlynm@mcraeindustries.com

Provider Contacts

For questions regarding your **Medical or Prescription Drug Plans**, call **Cigna** at 1-800-244-6224 or visit www.mycigna.com
Group # 3340462



For questions regarding your **Dental**, call **Cigna** at 1-800-244-6224 or visit www.mycigna.com
Group # 3340462



For questions regarding your **Voluntary Vision**, call **Community Eye Care** at 888-254-4290 or visit www.cecvision.com



For questions regarding your **Life Insurance**, call **Prudential** at 800-524-0542 or visit www.prudential.com
Group # 62083



ComPsych GuidanceResources EAP : available 24/7

Call 800-311-4327 or visit www.guidanceresources.com

McRae ID # GEN311

The information in this Enrollment Guide is presented for illustrative purposes and was taken from various summary plan descriptions and benefit information. While every effort was made to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide 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 your Enrollment Guide, contact Human Resources.

