



# KEATING AUTO GROUP

## Employee Benefit Plan Trust

Plan Year: April 1, 2025 to March 31, 2026



# WELCOME

to Keating Auto Group Open Enrollment!



At Keating Auto Group, we value each employee and realize the importance of a quality benefit plan to you and your family. We are proud to offer this benefit plan to all full-time employees. As healthcare costs continue to rise, many companies find themselves changing their benefit plan design, or, dropping healthcare benefits altogether. The Keating Auto Group remains committed to offering competitive, affordable and comprehensive benefit plans to all full-time eligible employees and their dependents.



## 2025 BENEFIT OVERVIEW

Welcome to Open Enrollment for your employee benefits through Keating Auto Group! We have included highlights of our employee benefit offering for 2025 below. Please review this benefit guide in detail and speak with a Benefit Counselor to learn more!

### Health & Prescription Drug Coverage

- Keating offers two medical plans to choose from. The plans are open access and do not have a network. It is important for you to understand how the plans operate to maximize your benefits and lower your costs. Please meet with a Benefit Counselor to learn more!
- All medical plans include MyMD Connect, which provides you and your covered family members a dedicated concierge physician 24/7.
- Pharmacy Benefits are offered through MedOne, learn about ways to save on pg. 16!
- **NEW for 2025!** Aware Health musculoskeletal and physical therapy program will be available to all medical plan participants at no cost! Please review the details on pg. 12 to learn more!

**Dental & Vision:** Dental and Vision plans are administered by 90 Degree Benefits. The plans are open access which allow you to visit any provider of your choice.

### Life Insurance & Employee Assistance Program

- Keating provides all health plan participants with a basic life insurance policy at no cost.
- Employee Assistance Program is provided to health plan participants through Mutual of Omaha.

### Supplemental Coverage:

- Term Life & AD&D Insurance, Disability, Accident, Critical Illness & Hospital Indemnity is offered through Mutual of Omaha.
- Voluntary Permanent Life Insurance is offered through Atlantic American.

## 2025-26 Benefits Open Enrollment:

Meet with a Benefit Counselor to ask questions and learn more about the benefits offered at Keating Auto Group. Counselors can assist you with completing your enrollment over the phone. If you do not complete your enrollment during your enrollment window your next opportunity will be Open Enrollment for April 1, 2026.

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# ELIGIBILITY

Eligibility requirements for enrollment in the Keating Auto Group Employee Benefit Plans



## ELIGIBLE EMPLOYEES

Full-time employees that work at least 30 hours per week are eligible for coverage in the Keating benefit plans.

## NEW HIRES

Newly hired employees will be eligible for coverage on **1st day of the month following or coinciding with 60 days of employment.** New Hires must enroll in PlanSource prior to their effective date in order to elect benefits.

## ELIGIBLE DEPENDENTS

If an employee is enrolled on the benefit plan, their eligible dependents may be enrolled on the plan for an additional cost paid by the employee.

### Eligible dependents include:

- Legal spouse
- Dependent child, child under legal guardianship, and step-children of an eligible employee (up to age 26)
- Dependent child(ren) required to be covered through a Qualified Medical Support Order
- Any child meeting the criteria above who is over the age 26 and legally incapacitated

## LIFE EVENTS

**Per IRS guidelines you are not eligible to make changes to the benefits you elect until Open Enrollment unless you have a qualifying life event.**

- Birth or adoption of a child
- Marriage or Divorce
- Death of spouse and/or dependents
- Dependent's loss of eligibility
- Gain/loss of health care coverage of spouse due to employment changes
- Taking an unpaid leave of absence
- You or your spouse become eligible or ineligible for Medicare benefits
- Other such event Plan Administrator determines to be permitted under I.R.S. Section 125 or other applicable guidelines issued by the I.R.S.
- Gain/loss of eligibility for Medicaid/CHIP (60 days to enroll/cancel coverage rather than 31 days for all other life events)

**The change to your benefit election must be consistent with the change in family status (i.e. birth of child allows the Plan to add a newborn; but, does not allow you to drop your current coverage).**

**Newborn children of an eligible employee will not be covered from the moment of birth unless enrollment for the child as a dependent is completed within 31 days from the child's date of birth.**



# ENROLLMENT

How to enroll in your Benefits



## LEARN ABOUT YOUR BENEFITS

Keating Auto Group has partnered with Prepare Benefits to provide you and your family with professional benefit counselors to provide education and enrollment assistance.

### Counselors will assist Employees with:

- Explaining the Keating Benefit Plans enclosed in this Guide
- Answer questions for you and your family
- Enroll you in benefits online through Paylocity

Scan QR Code to schedule  
a Counselor appointment!



**Speak with a Counselor  
by scheduling an  
Appointment  
(scan QR Code) or visit:**

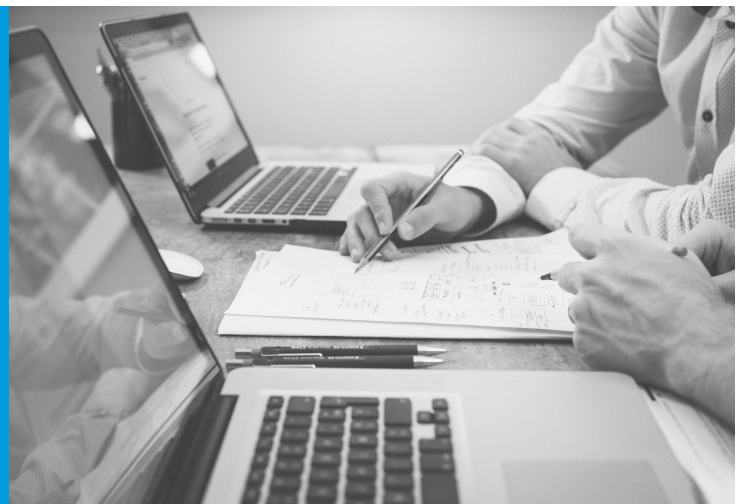
[preparebenefits.live/  
keatingautogroup](https://preparebenefits.live/keatingautogroup)

Counselors are available by  
phone: Monday-Friday  
9 am - 6 pm CST

## ENROLLMENT SYSTEM

Effective January 1, 2026, Keating Auto Group will use Paylocity as our benefit enrollment system.

All Employees must elect or waive coverage during Open Enrollment. Counselors can assist with enrollment over the phone, or you can log into the system on your own to make your benefit elections.



## ENROLL IN PAYLOCITY

- Log into your Paylocity Self Service Portal at [access.paylocity.com](https://access.paylocity.com)
- Navigate to **HR & Payroll > BSWIFT**
- This will take you directly to your benefits enrollment site
- Select **“Start Your Enrollment”** on the homepage to begin enrolling in benefits

# KEATING HEALTH PLAN

Understand how your Health Plan works



## OPEN ACCESS NETWORK

The Keating health plan does not utilize a PPO network. Instead, the Plan allows you to see the healthcare provider of your choice.

**IMPORTANT:** The Plan establishes a maximum amount payable for allowable services based upon an industry reference price. In many instances the reference price will cover the entire cost of a service. Since each health care provider charges different amounts for their services, it is important that members communicate with providers in advance to make sure they will accept the amount the plan pays as payment in full.

## WHAT IS A PRE-NEGOTIATED AMOUNT?

Employees and dependents are encouraged to negotiate services in advance. There are two ways a plan participant can negotiate services in advance outlined below:

### MEMBER ADVOCATE

Members can contact MyMD Connect or the 90 Degree Benefits Member Advocate Team for assistance in negotiating with a Provider in advance of receiving services. If the services are allowable under the terms of the Plan, and the provider will agree in advance to the defined Plan Allowable Amount, the Plan will **waive the Plan Participant's coinsurance** amount. Support is only available for services identified in the Schedule of Benefits.

## IMPORTANT NOTICE

### "BALANCE BILLING"

The difference between the amount the Plan allows and a greater amount a provider might charge is known as "balance billing." You are financially responsible for balance bills. To avoid balance billing, you must discuss or negotiate your provider's fees in advance and ensure that they do not exceed the amount allowed by the Plan.

For assistance in determining provider billing amounts or for assistance with balance billing:

### CONTACT:



**Member Advocate Team**  
at 844-355-7878

### NEGOTIATE A "CASH PRICE"

Member can negotiate directly with their Provider in advance of receiving services. It is important to understand the plan allowable amount prior to agreeing to the cash price. **The maximum the plan will reimburse the member is up to the Allowable amount, not to exceed the amount paid for services.** Amounts paid in excess of the allowable amount are not reimbursable. Reimbursement will be provided once there is verification of services performed and proof of payment. Reimbursement will only occur for payable claims under the terms of the Plan Document.

# MEDICAL INSURANCE

Understand your Medical Plan Coverage

Keating Auto Group offers two medical plan options, the Gold Plan and Platinum Plan. Both plan options are Open Access and allow you to see the healthcare provider of your choice. The table below highlights key components of the medical plan options made available to you through the Keating Auto Group EBPT. For full plan details, please refer to your Summary Plan Document (SPD).

PLAN OPTION	GOLD PLAN	PLATINUM PLAN
<b>PLAN SUMMARY</b>		
<b>Family Monthly Deductible</b>	\$475 per Month (up to \$2,050 per family per plan year)	\$350 per Month (up to \$1,300 per family per plan year)
<b>Coinsurance</b>	Plan pays 75% after Deductible	Plan pays 80% after Deductible
<b>Maximum Out-of-Pocket</b> - Individual / Family (Includes Deductible, Coinsurance & Copays)	\$6,850 / \$13,700	\$5,000 / \$10,000
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<i>Important Note: The Maximum Out-of-Pocket Expense does not include amounts that may be "Balance Billed" by providers due to charges that exceed the Plan's Defined Allowable Reimbursement Schedule.</i>		
<b>MyMD CONNECT</b>	<i>Services must be coordinated through MyMD Connect</i>	
<b>In-Office / Virtual Visit</b>	Covered at 100%	Covered at 100%
<b>Labs / X-Ray / Ultrasound</b>	Covered at 100%	Covered at 100%
<b>Imaging /Testing / Studies / Durable Medical (DME)</b>	Covered at 100%	Covered at 100%
<b>Planned Procedures</b> (Medical services coordinated by MyMD Connect, including outpatient surgery and inpatient hospitalization)	Covered at 100%	Covered at 100%
<b>OFFICE VISIT COVERAGE</b>		
	<b>OPEN ACCESS</b>	
<b>Preventive Care Services</b>	Covered at 100% of plan allowable	Covered at 100% of plan allowable
<b>Primary Care Office Visit</b>	\$45 Copay	\$30 Copay
<b>Specialist Office Visit</b>	\$60 Copay	\$45 Copay
<b>Convenience Care Clinic</b>	\$15 Copay	\$10 Copay
<b>Urgent Care</b>	\$70 Copay	\$60 Copay
<b>DIAGNOSTIC TESTING</b>		
	<b>OPEN ACCESS</b>	
<b>LabCorp/Quest Diagnostic (Laboratory Only)</b>	Covered at 100%	Covered at 100%
<b>Laboratory &amp; Radiology Services</b> (Applies at a Free-Standing Facility)	\$40 Copay	\$35 Copay
<b>KIS Imaging (MRI / CT Scan)</b>	Covered at 100%	Covered at 100%
<b>Outpatient Imaging (MRI, CT, PET Scan)</b>	Deductible then 25%	Deductible then 20%

PLAN OPTION	GOLD PLAN	PLATINUM PLAN
<u>HOSPITAL / FACILITIES</u>	OPEN ACCESS	
<div>*Mandatory Medical Review: Contact 844-355-7878, option 2</div> <div>Plan participants are required to contact MyMD Connect to complete Medical Review prior to a planned Outpatient Procedure, Infusion or Inpatient Hospitalization. This requirement applies to services at all facilities, including direct contract facilities. Failure to complete Medical Review process may result in a reduction or additional financial exposure for members.</div>		
<b>Emergency Room:</b> Physician Charges <i>(Waived if admitted or referred by MyMD Connect)</i>	\$500 Copay then 25%	\$500 Copay then 20%
<b>Emergency Room:</b> Facility Charges	Covered at 100% of plan allowable	Covered at 100% of plan allowable
<b>*Inpatient/Outpatient Hospital:</b> Facility & Physician Charges	Deductible applies, Covered at 100% of plan allowable	Deductible applies, Covered at 100% of plan allowable
<u>DIRECT CONTRACT FACILITIES</u>	Includes care coordinated by MyMD Connect, for a list of Direct Contract Facilities please see pg. 11	
<b>Emergency Room:</b> Physician Charges <i>(Waived if admitted or referred by MyMD Connect)</i>	\$500 Copay then 25%	\$500 Copay then 20%
<b>Emergency Room:</b> Facility Charges	Covered at 100%	Covered at 100%
<b>*Inpatient/Outpatient Hospital:</b> Facility & Physician Charges	Covered at 100%	Covered at 100%
<u>ADDITIONAL SERVICES</u>	OPEN ACCESS	
<b>Outpatient Therapies / Chiropractic</b> (20 visit limit per plan year)	\$35 Copay	\$35 Copay
<b>Outpatient Speech Therapy</b> (20 visit limit per plan year)	\$35 Copay	\$35 Copay
<b>Outpatient Occupational Therapy</b> (20 visit limit per plan year)	\$35 Copay	\$35 Copay
<b>Nutritional / Homeopathic Services</b> (Services provided by a certified Nutritionist)	\$10 Copay <i>(up to benefit maximum of \$1,000)</i>	\$10 Copay <i>(up to benefit maximum of \$1,000)</i>
<b>Mental Health / Nervous &amp; Substance Abuse</b>	Not Covered	Not Covered
<u>PRESCRIPTION DRUGS (30 day supply)</u>	MEDONE	
<b>Generic Drugs</b>	\$15 Copay	\$15 Copay
<b>Brand Drugs</b>	30% Coinsurance - Retail 15% Coinsurance - Mail Order	30% Coinsurance - Retail 15% Coinsurance - Mail Order <b>up to \$300 per month</b>
<b>Brand Drugs eligible for CanaRX Program</b>	Covered at 100%	Covered at 100%
<b>Specialty Drugs</b>	Not Covered	Not Covered

**\*Plan allowable amount is 130% of the Medicare Reimbursement Rate for Primary Care Physicians, 140% of the Medicare Reimbursement Rate for Specialists, and 130% of the Medicare Reimbursement Rate for Facilities and all other Providers not listed. Direct Contracted Facilities and Physicians have an agreed upon a Pre-Determined Approved Contracted Rate for services.**

Important! Additional limits may apply. Please refer to the applicable Summary Plan Description (SPD) for further details. To verify whether or not your selected provider will accept the plan allowable reimbursement for covered services it is important to discuss amounts to be charged by your provider in advance of agreeing to services to avoid the potential for a "Balance Bill."

# MEDICAL INSURANCE

## Cost of Coverage

### EMPLOYEE CONTRIBUTION TO PARTICIPATE\* (Includes cost for Medical, Prescription Drug and Group Basic Life)

PLAN OPTION	GOLD PLAN		PLATINUM PLAN	
COVERAGE TYPE	Employee Monthly Cost	Employee Weekly Cost	Employee Monthly Cost	Employee Weekly Cost
Employee Only	\$62.00	\$14.31	\$98.00	\$22.62
Employee + Spouse	\$520.00	\$120.00	\$583.00	\$134.54
Employee + Child(ren)	\$408.00	\$94.15	\$467.00	\$107.77
Employee + Family	\$821.00	\$189.46	\$913.00	\$210.69

**\*Please note:** the employee costs illustrated above include a \$50 credit based on the requirement that each covered individual will complete their Initial Intake process with **MyMD Connect** within 60-Days of the effective date of their coverage.

**If you do not complete this requirement within the allotted time frame, your contribution will be adjusted to no longer include the credit and your cost will increase by an additional \$50 per month (\$11.42 Weekly) for each tier of coverage.**

Members who have already completed their MyMD Connect Intake **are not** required to take any additional action.

# MyMD Connect

Dedicated Concierge Physician



## ACCESS YOUR PHYSICIAN, ANYTIME, ANYWHERE! SAVE MONEY & TIME!

Receive excellent healthcare with incredible ease and convenience! MyMD Connect Concierge Medicine is an innovative way to bring a variety of medical services to you digitally. From any smartphone or tablet device, you can access your MyMD Connect Provider whenever you need them, from wherever you are!

MyMD Connect can help you wherever you are in your health journey, from day-to-day illness to managing chronic conditions. They can also help you coordinate care in order to maximize your benefits under the Keating Health Plan.

## MyMD PERKS

- ✓ 24/7 Access
- ✓ Same Provider
- ✓ Patient Advocacy
- ✓ Mobile App access
- ✓ Healthcare Navigation

PLAN FEATURES	MyMD CONNECT BENEFITS
<b>Initial Intake Visit</b> (Includes Consultation & Bloodwork)	Covered at 100%
<b>Virtual Visit</b> (Acute Care, Chronic Conditions, RX Maintenance)	Covered at 100%
<b>Lab, X-Ray &amp; Ultrasounds</b> (When coordinated through MyMD Connect)	Covered at 100%
<b>In-Office Concierge Visit</b> (Not available in all locations)	Covered at 100%
<b>Diagnostic Testing &amp; Sleep Studies</b> (When coordinated through MyMD Connect)	Covered at 100%
<b>CT, MRI &amp; PET Scans</b> (When coordinated through MyMD Connect)	Covered at 100%
<b>Coordinated Surgeries, Procedures, Supplies</b>	Covered at 100%
<b>Emergency Room</b>	Participants who contact MyMD Connect and are redirected to an Emergency Room will have their ER copay reimbursed by the plan.
Plan Participant is required to utilize their MyMD Connect Physician to coordinate claims to receive MyMD Connect level of benefits.	

The MyMD Connect **In-take Form** must be **completed within 60 days** of initial enrollment to avoid a **surcharge of \$50 per month**.

Complete the form at: [keating.mymdconnect.com](https://keating.mymdconnect.com)



# MyMD Connect

Dedicated Concierge Physician



## GET CONNECTED

Through the Keating health plan, MyMD Connect makes it easier than ever to take control of your health and healthcare! Follow the steps below to register, complete your Intake Form and get connected to your dedicated Doctor.

### 1 REGISTER

Please go to **keating.mymdconnect.com** to complete registration for you and your dependents (if applicable). The medical Intake Form will be sent to you via email and text.

### 2 INTAKE FORM

Complete the medical intake form sent to you. You will receive an email confirmation that your Intake is complete. This may take 24-48 hours to process.

### 3 GET CONNECTED

After your intake is processed you will be contacted to schedule an appointment with your dedicated Medical Provider.



#### Contact MyMD Connect

P: (844) 777-8075  
or Download the Mobile App



### DOWNLOAD THE MOBILE APP

Members must download the mobile app from the text message or email link you receive from MyMD!

### STEPS TO DOWNLOAD THE APP & CONNECT WITH YOUR PROVIDER

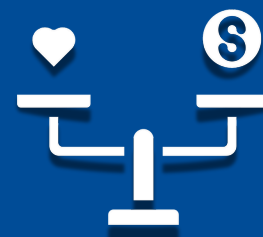
**IMPORTANT!** Members must complete Registration & Intake (steps 1 & 2) before downloading the app!

- Open the link sent to you via text or email on your mobile phone (example: spruce.app/\_\_\_\_)
- When you click the link a webpage will open
- Click "Get the App & Connect" on the webpage
- Select Spruce - Care Messenger app and download from the app store
- Once download is complete, open the Spruce app on your phone and click "Continue"
- Select "Create" a new account, and enter your personal mobile number. You will receive a verification code via text.
- Enter verification code on next screen, select "Next" and enter your information to complete your setup.
- Once steps are complete you can begin to message with your provider!

**\*Important\*** Downloading the Spruce App without the unique link will not work!

# WHERE TO GO FOR CARE

Right Care. Right Place. Right Savings



## Where to Go?

## Type of Care & Services

## Cost



### MyMD Connect

**Virtual dedicated primary care available 24/7**

- Acute care
- Preventive Care
- Urgent Care
- Care Coordination
- Prescriptions
- Labwork
- Chronic Conditions
- Lifestyle Management

[www.mymdconnect.com/keating](http://www.mymdconnect.com/keating)  
844-777-8075

### Aware Health

**Virtual physical therapy & musculoskeletal care**

- Physical Therapy (unlimited)
- Intervention prior to surgery
- Second opinion prior to imaging / surgery
- Care Coordination

Scan QR Code or visit  
[keating.awarehealth.io](http://keating.awarehealth.io)  
to connect with Aware



**FREE**



### Primary Care Physician

**See a primary care doctor for your annual physical. Your doctor helps manage health conditions and can refer you to a specialist.**

- Checkups
- Preventive Services
- Minor skin conditions
- Vaccinations
- General health management
- Chronic conditions

**\$\$**

*\*Don't forget! MyMD Connect can assist with Primary Care needs at no cost to you.*



### Urgent Care

**When you need care quickly, but it is not an emergency. Urgent care centers treat issues that aren't life threatening.**

- Sprains
- Strains
- Small cuts that may need stitches
- Minor burns
- Minor infections
- Minor broken bones

**\$\$\$**



### Emergency Room\*

**For life-threatening or very serious conditions that require immediate care.**

- Heavy bleeding
- Large open wounds
- Sudden changes in vision
- Chest pain
- Sudden weakness or trouble talking
- Major burns
- Spinal injury
- Severe head injury
- Difficulty breathing
- Major broken bones

**\$\$\$\$**



*\*Includes free-standing Emergency Rooms.*

## With so many options for getting care, how do you choose?

This chart can help you understand where to go for what - **and potential savings!**

*The services outlined above are examples of the type of care generally received at each of these different locations. This chart is intended to provide plan participants with guidance on where services may be received and the associated cost to you when obtaining care. It is important to contact a medical professional when researching the appropriate care options for you and your family.*



# SAFE HARBOR HOSPITAL

Benefits of using a Direct Contract Hospital



## WHAT IS A SAFE HARBOR HOSPITAL?

- A safe harbor hospital is a hospital that has a direct contract with the Keating Health Plan.
- If a member of the plan incurs inpatient or outpatient services at a Safe Harbor hospital, the member's facility services will be covered at 100% and the hospital cannot "balance bill" the member.
- **This arrangement applies to non-emergency services and does not include physician costs.**
- We encourage members to utilize safe-harbor hospitals in order to lower your out of pocket cost and eliminate the risk of a balance bill.
- However, members are able to seek treatment at any facility of their choosing.

## MEMBER EXAMPLE

John Smith is in need of a total knee replacement. He contacts MyMD Connect to complete Medical Review. The MyMD Connect Team is able to find a surgeon and facility in his area that agrees to a direct contract. MyMD Connect coordinates his care and payment for the procedure. John is enrolled in the "Gold Plan" option through his employer, and below are examples explaining the plan benefits if John coordinates his care through MyMD Connect, or if he selects a non-safe harbor hospital.

Facility Cost for Total Knee Replacement Average Cost = \$55,000		
	MyMD Coordinated Hospital	Non-Safe Harbor Hospital
Total Knee Replacement Hospital Bill	\$55,000	\$55,000
Plan Payment <i>Based on Medicare Allowable</i>	\$18,000	\$15,500
Employee Cost of Claims	\$0	\$475 Gold Plan Deductible
Balance Bill Liability	\$0	\$39,025 Potential Balance Bill Liability
Total Knee Replacement Hospital Cost	\$18,000	\$55,000

## 2025 SAFE HARBORS

Safe Harbor Hospitals in the Keating Health Plan

**MyMD Connect**  
All Areas

**Dallas Methodist**  
Dallas/Fort Worth Area

**The Physician's Centre**  
College Station / Bryan

**University Health System**  
San Antonio Area

**Citizen's Medical Center**  
Victoria Area

**Memorial Medical Center**  
Port Lavaca Area

## QUESTIONS?

MyMD Connect Member Advocate  
844-777-8075 844-355-7878



# AWARE HEALTH

**DON'T LET PAIN  
HOLD YOU BACK.**

**TAKE CHARGE OF  
YOUR LIFE AND SEE  
AWARE HEALTH  
FOR FREE!**



**GET CONNECTED**



**SCAN QR Code  
to connect with  
Aware Health  
today!**

**Questions or need support?**

[support@awarehealth.io](mailto:support@awarehealth.io)

or call (925) 444 0561

## NEW FOR 2025!

**Don't cover up your  
pain - get to its root causes.**  
**Tailored musculoskeletal  
care from anywhere,  
always no cost to you!**



### FREE HEALTHCARE

**FREE** and **UNLIMITED** physical therapy  
for KAG medical plan participants!



### ACCESSIBILITY

Aware's program is 100% virtual,  
allowing easy access no matter where  
you are located.



### PHYSICAL THERAPY

Therapeutic intervention to improve  
mobility, treat pain, and enhance overall  
physical function. **Always try PT before  
surgery!**



### SECOND OPINION

**Told you need surgery or think you  
need imaging?** Aware's orthopedic  
experts can ensure you receive the most  
accurate diagnosis and treatment plan  
for your needs.

# Don't cover up your pain — get to its **root causes**.

Tailored musculoskeletal care from anywhere, always no cost to you.



## Our practice is rooted in mind body connection.

Our clinical algorithms and clinical intake process allow us to diagnose 97% of conditions virtually, without the expense or time involved in getting an MRI or X-ray.



### Prevention

Proactively care for your body by improving strength, balance, mobility, sleep health, and more.



### Chronic Pain

Tackle chronic pain holistically. We treat the underlying causes of your pain to help you reduce pain and live more.



### Acute Pain

Get a diagnosis and treatment plan for sudden injuries before the expense of an X-Ray, MRI or surgery.



### Second Opinions

Avoid added costs and risks. Get a second opinion on elective orthopedic images and surgeries.



### Pre & Post Surgery

When surgery is needed, get unlimited pre and post op physical therapy appointments from the comfort of your home.

### PHYSICAL THERAPY

**Therapeutic intervention to improve mobility, treat pain, and enhance overall physical function.**  
**Always try PT before surgery.**

- Chronic aches and pain
- Upper body pain
- Lower body pain
- Pelvic floor incontinence
- Headaches and jaw pain
- And more



TEXT "KEATING" to this number  
+1 650 855 2545 and you will be  
sent a booking link directly to your  
cell phone number.

### SECOND OPINION

**Told you need surgery or think you need imaging? Our orthopedic experts can ensure you receive the most accurate diagnosis and treatment plan for your needs.**

- Assess for potential tears, sprains, fractures or joint replacements
- Discover alternatives to expensive injections and steroids
- Alternative strategies tailored to degenerative conditions, ensuring informed decisions beyond conventional treatments



"My experience was outstanding, both in itself and compared to any other experiences over the years! The doctor was very informative, caring, and skilled - not only with musculoskeletal details, but also with a holistic approach to aid recovery."

- Aware Health Member

# ADDITIONAL SERVICES

## IMAGING SERVICES



**KIS Imaging** is the largest national network of high quality imaging providers in the US! Using this program provides you choices for services such as MRIs and CT scans [at no cost!](#)

**KIS Imaging** can help you find the right facility and set your appointment. This program is separate from MyMD Connect, but members can also work with their MyMD Connect provider to schedule services through KIS Imaging.

**Contact 1-888-458-8746 to schedule!**

## LABORATORY SERVICES



In response to rising demand and costs of laboratory testing and diagnostics, we have developed partnerships you can count on. We are proud to offer Keating Auto health plan members discounts at **LabCorp** and **Quest Diagnostics**.

**Labs services and testing at LabCorp and Quest Diagnostics will be [covered at 100%](#) for Keating plan members.**

**Common lab tests include, but are not limited to:**

- General Lab Tests
- Metabolic Panels
- Cholesterol
- A1C and Glucose Tests
- Antibody/Immunity Tests
- Cultures

**Contact MyMD Connect or the Member Advocate Team for additional information!**



Prescription Drug coverage is offered through  
**MedOne** Pharmacy Benefit Manager!



## YOUR KEY TO BETTER PHARMACY BENEFITS

### Welcome

MedOne is a pharmacy benefit administrator that works directly with clients, pharmacies, prescribers, and partners to help members conveniently access the most appropriate prescription at the most affordable price.



*Welcome  
Video*

SCAN HERE



### Member Assistance

Our Member Advocate team, all certified pharmacy technicians are equipped to assist you with any questions you may have. MedOne is located at:

1590 University Avenue  
Dubuque, IA 52001

and we can be reached through the following methods.

#### By Phone:

Please call **866-335-9057** and our Member Advocate team is more than happy to assist you.

#### By Fax:

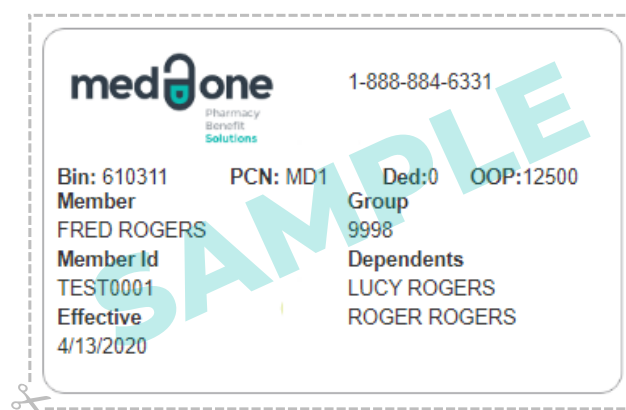
If you need to fax paperwork to MedOne, please do so using **563-588-8725**. Please send all prior authorizations to **563-293-8156**.

#### By Chat:

Check out our LIVE chat feature on our website at  
[www.medone-rx.com](http://www.medone-rx.com).

### ID Card

You will receive a new ID card. This card will contain MedOne prescription processing information. Please show this card to your pharmacist when you get a prescription filled on or after your go-live date so your prescriptions are processed through MedOne.



### Member Resources

The MedOne website features a variety of resources for MedOne members.

To access the member tab of our website, tap or click the MEMBERS tile along the bottom of the homepage or select MEMBERS in our main menu. Here, you are able to check the status of a prior authorization, schedule a consultation with one of our registered pharmacists, review our FAQs on mail order and coverage, download documents & forms, and access the Member Portal.



## Member Portal

The MedOne Member Portal allows you to access all pertinent information regarding your pharmacy benefit anytime, anywhere.

To access the Member Portal, go to [www.medone-rx.com](http://www.medone-rx.com) and click on MEMBER PORTAL. The MedOne Member Portal allows you to access everything you need concerning your pharmacy benefits, including:

- View Claims Details & Rx History
- Look Up In-Network Pharmacies in your area
- Obtain Pricing for your Medications
- Review Out of Pocket Maximum
- Access Drug Information Directory
- Gather ID Card Processing Information
- Enroll in MedOne Mail Order



*Member  
Website*

SCAN HERE

## Frequently Asked Questions

### Is my drug on the MedOne formulary?

MedOne's drug look-up tool allows you to view medications that are on your formulary along with formulary alternatives.

- Go to [medone-rx.com/members/drug-lookup](http://medone-rx.com/members/drug-lookup)
- Enter in the Rx GROUP ID (located on your ID Card)
- If you are currently taking one of the non-covered medications, please contact your physician and request a new prescription for one of the covered alternatives to be filled on or after your plan effective date.
- If you or your physician have questions about a medication or available alternatives, please call MedOne for assistance.

### Will I need a prior authorization for my medication?

Your prescription benefit plan may include clinical programs and plan edits for specific medications or therapy classes. Prior authorization (otherwise known as pre-approval) may be needed to ensure safe and effective medication therapies are provided while keeping healthcare costs low for you and the plan. In some cases, certain medications may not be covered under your plan and lower-costing equivalent or alternative medications are made available.

We encourage you or your pharmacist to call MedOne at [866-335-9057](tel:866-335-9057) if you are prescribed a new medication in order to determine coverage status.

### What do I do if I have issues filling my prescription on or after the plan effective date?

Your plan has chosen programs and edits on select medications or therapy classes, however a rejection at the pharmacy does not necessarily mean your medication is not covered. Rather, your medication may be subject to review and approval. If your pharmacist advises there is an issue, please ask them to call MedOne at [866-335-9057](tel:866-335-9057) to speak to one of our Member Advocates. Our Member Advocates will work quickly to resolve any issues. This number is also located on your Prescription ID card.

# PRESCRIPTION DRUGS

## WAYS TO SAVE ON PRESCRIPTION DRUGS

### MAIL ORDER

Maintenance medications can be filled through MedOne's mail order pharmacy and members will receive your prescriptions delivered right to your door and save money! Members who set up mail order will have a lower out of pocket cost than filling at your retail pharmacy. Scan the QR below to sign up for mail order.

**Questions?** Contact MedOne at 866-335-9057

### MedOne Mail Order



### CANARX

Brand medications ordered through CANARX receive a \$0 copay. Medications are shipped direct to you from licensed and regulated pharmacies located in Canada, the United Kingdom and Australia. All medications are backed by a Quality Assurance Team of doctors and pharmacists. Please note: not all brand medications are available through this program.

Learn more at [canarx.com](https://canarx.com) and enroll by calling 866-893-6337.

### CanaRx Program



# HEALTH PLAN ADMINISTRATOR

Who to contact for help

## QUESTIONS ABOUT YOUR HEALTH, DENTAL OR VISION COVERAGE?

Our plan administrator, 90 Degree Benefits, is available to help you!



### MEMBER ADVOCATE

p: (844) 355-7878

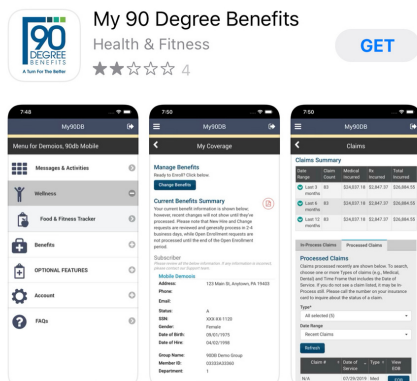
- Exclusive **Keating Member Advocate** team and phone number
- Member services can assist with claim or eligibility questions, benefit or plan questions and care management.
- Assistance with pre-negotiations in advance of services
- Help with Balance Billing



### MEMBER PORTAL

[portal.90degreebenefits.com](http://portal.90degreebenefits.com)

- Register your account
- View, request or print an ID Card
- Check your claims
- Explanation of Benefits
- View your coverage and Benefits
- Deductible and Out of Pocket accumulators
- Download the Mobile App: please search for "**hciaactive.my90db**" mobile app in the Apple or Google Store



### ASK-A-NURSE

p: (877) 463-3435

- 24-hour access to "Ask a Nurse"
- Ask-a-Nurse can help direct you on who to call and where to go for services.
- **This is a separate benefit from MyMD Connect. Please use MyMD as your primary resource for care and advice!**



### MEDICAL REVIEW

p: (844) 355-7878, option 2

- **Plan participants are required to contact MyMD Connect to complete Medical Review prior to a planned Outpatient Procedure, Infusion or Inpatient Hospitalization.**
- Mandatory for all facilities, including Safe Harbor hospitals



### EXPLANATION OF BENEFITS (EOB)

- An EOB describes how your claim was processed, how much your health insurance paid and what you may be responsible for.
- All members will be enrolled in electronic EOBs starting March 1, 2022.
- If you wish to continue receiving paper EOBs in the mail you will need to update your account in the 90DB member portal.



# Member Portal Quick Start Guide



## Welcome to your new member portal!

90 Degree Benefits would like to welcome you to your new member portal.

## Member Portal Instructions

### Registration

1. Visit your Member Portal at <https://portal.90degreebenefits.com>
2. In the upper right corner of the Member Portal home screen, click the Register Now button.

**Register Now**

3. Fill out the Registration Form and click Submit. Your ID Number is printed on your Health Insurance Member ID Card.

### Logging In

Once you have registered for the Member Portal, you may use your user name and password to log in. Log in to your Member Portal at <https://portal.90degreebenefits.com>

### Account Access

User Name\*

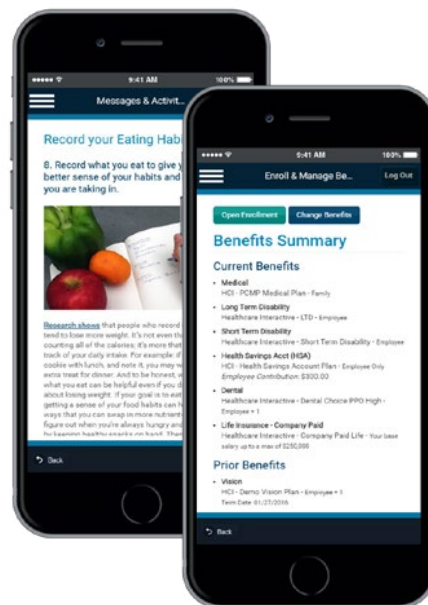
Password\*

[Forgot password?](#)

Login

## Stay Connected On the Go

Use your mobile device to access the same great health plan and wellness features of your Member Portal!



Look for the **hciactive.my90db** mobile app in the Apple App Store and Google Play Store.

**The Right Turn For Your Benefits**

[90DegreeBenefits.com](https://90DegreeBenefits.com)

# FREQUENTLY ASKED QUESTIONS

## IS MY COVERAGE PORTABLE?

Yes, is a federal law that enables you to continue coverage in the event of termination of employment or any other qualifying event. When purchasing COBRA coverage, your employer does not contribute towards the cost of coverage.

COBRA RATES	GOLD PLAN	PLATINUM PLAN	DENTAL / VISION
Employee Only	\$641.17	\$685.81	\$54.24
Employee + Spouse	\$1,636.97	\$1,782.48	\$108.13
Employee + Child(ren)	\$1,374.70	\$1,494.13	\$96.98
Employee + Family	\$2,218.27	\$2,422.02	\$156.46

## WHAT IS THE HEALTH INSURANCE EXCHANGE?

The Health Insurance Exchange, also known as the Health Insurance Marketplace, is a way for individuals and families to shop multiple companies for health insurance on the internet or with phone assistance. For more information, see your employer's exchange notice.

## HOW DO I RESEARCH THE QUALITY OF MY PROVIDERS?

There are many different websites that you may visit as a plan participant to see the quality of your providers. Below is a listing of just a few: The Leap Frog Group [www.leapfroggroup.org](http://www.leapfroggroup.org), Health Grades [www.healthgrades.com](http://www.healthgrades.com), MPIRICA [www.mpirica.com](http://www.mpirica.com) and Vitals [www.vitals.com](http://www.vitals.com)

## WHAT IS THE MAXIMUM OUT OF POCKET ACCORDING TO THE AFFORDABLE CARE ACT?

The maximum out-of-pocket amount is \$8,700 for an individual and \$17,400 for a family. This includes amounts you spend on deductibles, coinsurance, and co-pays. This amount does not include the amount you pay for premiums, balance billed amounts, or services this plan does not cover. Your plan is designed not to exceed the maximum out-of-pocket.

## DO I HAVE ACCESS TO AN ONLINE WEBSITE SO I CAN VIEW MY CLAIM ACTIVITY AND HAVE ACCESS TO MY PLAN DOCUMENT?

Yes, you have a claim dashboard available anytime 24/7 to privately access your claim activity, ID Cards and Plan Documents by going to [portal.90degreebenefits.com](http://portal.90degreebenefits.com) on any personal device.

## DOES THIS PLAN USE A DIRECTLY CONTRACTED FACILITY?

In an effort to help you find providers that won't balance bill, your Plan has contracted with a growing list of physicians, hospitals and other providers that have agreed not to balance bill. You can get a current list of "directly contracted" providers by contacting your Member Advocate Team at 844-355-7878 to get the latest provider information or look for information from your employer. Your deductible and coinsurance will be waived for the facility if you go to one of the Plan's directly contracted facilities. However, your surgeon's bill, emergency room physicians and other hospital-based physicians may still apply toward your deductible/coinsurance and may still balance bill.

## DOES THIS PLAN USE A NETWORK?

No, this Plan is an Open Access Plan and you may go to any willing provider you choose. Providers are reimbursed according to a percentage of Medicare, called the "Plan Allowable Fee Schedule", applicable for the services provided in that area. You should check with your provider in advance to see if they will accept this amount as payment in full or if they will require additional payment from you.

## WHAT IS THE "ALLOWABLE FEE SCHEDULE AMOUNT"?

This is the amount the Plan has established that it will pay physicians, hospitals and other providers. The amount is based on a percentage of Medicare. The provider can determine the amount when they call to verify benefits with the Member Advocate Team at (844) 355-7878 or it is available in your Plan Document. Your coinsurance will be waived if the provider accepts the Plan's Allowable Fee Schedule; but, co-pays and your deductible still apply.

# DENTAL & VISION

Understand your Dental and Vision benefits

PLAN FEATURES	DENTAL BENEFITS
<b>Dental Network</b>	<b>No Dental Network, Members can seek treatment at your Provider of choice</b>
<b>Annual Maximum per Plan Year</b>	\$2,000 per participant
<b>Plan Year Deductible:</b> Individual / Family	\$75 / \$150
<b>Preventive Services</b> Includes Oral Exams, X-Rays, Cleaning Limited to 2 Visits per Plan Year	Covered at 100% <i>Deductible Waived</i>
<b>Basic Services</b> Includes Fillings, Endodontics, Periodontics	Covered at 80% after Deductible
<b>Major Services</b> Includes Crowns, Bridges, Dentures Initial Enrollment—Subject to a 12 Month Waiting Period	Covered at 50% after Deductible
<b>Orthodontia Services</b> Limited to Dependent Children up to age 19	Covered at 50% after Deductible
<b>Orthodontia Maximum</b> Lifetime Maximum	\$1,500 per child
PLAN FEATURES	VISION BENEFITS
<b>Vision Network</b>	<b>No Vision Network, Members can seek treatment at your Provider of choice</b>
<b>Annual Eye Exam</b> Includes exam, refraction and contact lens fitting	50% Copay up to \$100 Plan Year Benefit
<b>Eye Glasses, Materials, Frames, Lenses or Contact Lenses</b>	Covered at 100% up to a maximum of \$100 per Plan Year
<i>Plan Participant may be required to file a claim with 90 Degree Benefits for reimbursement.</i>	

## EMPLOYEE CONTRIBUTION TO PARTICIPATE (Includes cost for Dental and Vision coverage)

DENTAL & VISION PLAN	WEEKLY COST*	MONTHLY COST*
<b>Employee Only</b>	\$8.31	\$36.00
<b>Employee + Spouse</b>	\$18.46	\$80.00
<b>Employee + Child(ren)</b>	\$17.08	\$74.00
<b>Employee + Family</b>	\$26.77	\$116.00

# LIFE INSURANCE

Basic Life provided by Keating to Health Plan Participants

## EMPLOYER PAID LIFE INSURANCE

Basic Life and Accidental Death & Dismemberment Insurance is provided through Mutual of Omaha and paid for by Keating Auto Group. Please review your beneficiary information annually in PlanSource.



PLAN BENEFITS	BASIC LIFE & AD&D
Employee Life Benefit Amount	\$20,000
Employee AD&D Benefit Amount	\$20,000
Age Benefit Reductions	Age 70: Reduced to 65% Age 75: Reduced to 50%
Eligibility	Employees enrolled in the Keating Health Plan are eligible for life insurance coverage

## EMPLOYEE ASSISTANCE PROGRAM

**Life's not always easy. Sometimes a personal or professional issue can affect your work, health and general well-being.**

**When facing life's challenges, you often turn to family or friends for support, but sometimes that's not enough. Sometimes you need an experienced professional to talk with to know you're not alone.**

All full-time employees and eligible dependents have access to an Employee Assistance Program through Mutual of Omaha at **no cost!**

### EAP Benefits

- Access to EAP Professionals 24 / 7
- Network of Licensed and/or certified mental health professionals
- Six Face-to-Face sessions per year
- Legal and financial resources
  - Online will preparation
  - Legal library and online forms
  - Financial Tools & Resources

### What to Expect

When you call, you will speak directly to an EAP professional to receive support and guidance. You can trust them to handle your concerns in a confidential manner. They will provide solutions by assessing your situation and referring to the appropriate resources necessary.



### EAP Consultation

Professional, confidential consultation 24 /7  
w: [mutualofomaha.com/eap](https://mutualofomaha.com/eap)  
p: 1-800-316-2796

# LIFE INSURANCE

Voluntary Term Life & Accidental Death Insurance



**Voluntary Life & Accidental Death & Dismemberment Insurance** is available through Mutual of Omaha for employees and their family members. When you enroll yourself and/or your dependent(s) in this benefit, you pay the full cost through payroll deductions.

PLAN FEATURES	VOLUNTARY LIFE & AD&D
<b>EMPLOYEE LIFE &amp; AD&amp;D</b>	
<b>Benefit Increment</b>	\$10,000
<b>Maximum Election</b>	up to \$500,000 (limited to 5 x earnings)
<b>Guarantee Issue</b> <i>(Available to New Hires Only)</i>	<b>up to \$200,000</b> (limited to 5 x earnings)
<b>SPOUSE LIFE &amp; AD&amp;D</b>	
<b>Benefit Increment</b>	\$5,000
<b>Maximum Election</b>	up to \$250,000 (not to exceed 100% employee election)
<b>Guarantee Issue</b> <i>(Available to New Hires Only)</i>	<b>Up to \$50,000</b>
<b>CHILD LIFE &amp; AD&amp;D (covers all children up to age 26)</b>	
<b>Benefit Increment</b>	\$10,000
<b>Maximum Election</b>	\$10,000
<b>Age / Benefit Reductions</b>	35% at age 65 / 50% at age 70
<b>Accidental Death &amp; Dismemberment</b>	Included, amount of coverage is equal to life benefit

**Important Considerations:**

- You must elect coverage for yourself to be able to enroll your dependent family members.
- For employee and spouse coverage, if you do not enroll when you are first eligible or if you elect more than the Guarantee Issue, you will need to submit evidence of insurability (EOI) or proof of good health for approval before your full amount will take effect.
- Spouse rates are based on Employee's age.
- Premiums are based on age and the amount of coverage you elect. Insurance premiums increase annually when there is a change in age bracket. Premiums for children are a flat rate. Please speak to a counselor to determine your cost of coverage.
- Your coverage amount reduces by 35% at age 65 and 50% or original amount at age 70.
- Please note that you must be active at work on the effective date of your policy. If you are not the policy will not become effective until you return to work.

***\*For additional details and cost of coverage please reference Paylocity.***

# LIFE INSURANCE

## Voluntary Term Life & Accidental Death Insurance



### Voluntary Term Life and AD&D Coverage Selection and Premium Calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

**To select your benefit amount and calculate your premium, do the following:**

- 1) Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- 2) Find your age bracket in the far left column.

- 3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.

- 4) Enter the benefit and premium amounts into their respective areas in the Voluntary Life and AD&D section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

**EMPLOYEE PREMIUM TABLE (12 PAYROLL DEDUCTIONS PER YEAR)**

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 - 29	\$1.20	\$2.40	\$3.60	\$4.80	\$6.00	\$7.20	\$8.40	\$9.60	\$10.80	\$12.00
30 - 34	\$1.30	\$2.60	\$3.90	\$5.20	\$6.50	\$7.80	\$9.10	\$10.40	\$11.70	\$13.00
35 - 39	\$1.50	\$3.00	\$4.50	\$6.00	\$7.50	\$9.00	\$10.50	\$12.00	\$13.50	\$15.00
40 - 44	\$2.10	\$4.20	\$6.30	\$8.40	\$10.50	\$12.60	\$14.70	\$16.80	\$18.90	\$21.00
45 - 49	\$3.30	\$6.60	\$9.90	\$13.20	\$16.50	\$19.80	\$23.10	\$26.40	\$29.70	\$33.00
50 - 54	\$5.10	\$10.20	\$15.30	\$20.40	\$25.50	\$30.60	\$35.70	\$40.80	\$45.90	\$51.00
55 - 59	\$7.80	\$15.60	\$23.40	\$31.20	\$39.00	\$46.80	\$54.60	\$62.40	\$70.20	\$78.00
60 - 64	\$11.80	\$23.60	\$35.40	\$47.20	\$59.00	\$70.80	\$82.60	\$94.40	\$106.20	\$118.00
65 - 69	\$21.10	\$42.20	\$63.30	\$84.40	\$105.50	\$126.60	\$147.70	\$168.80	\$189.90	\$211.00
70 - 74	\$37.40	\$74.80	\$112.20	\$149.60	\$187.00	\$224.40	\$261.80	\$299.20	\$336.60	\$374.00
75 - 79	\$61.20	\$122.40	\$183.60	\$244.80	\$306.00	\$367.20	\$428.40	\$489.60	\$550.80	\$612.00
80+	\$123.70	\$247.40	\$371.10	\$494.80	\$618.50	\$742.20	\$865.90	\$989.60	\$1,113.30	\$1,237.00

Follow the same method to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. **Your spouse's rate is based on your age**, so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

**SPOUSE PREMIUM TABLE (12 PAYROLL DEDUCTIONS PER YEAR)**

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0 - 29	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
30 - 34	\$0.65	\$1.30	\$1.95	\$2.60	\$3.25	\$3.90	\$4.55	\$5.20	\$5.85	\$6.50
35 - 39	\$0.75	\$1.50	\$2.25	\$3.00	\$3.75	\$4.50	\$5.25	\$6.00	\$6.75	\$7.50
40 - 44	\$1.05	\$2.10	\$3.15	\$4.20	\$5.25	\$6.30	\$7.35	\$8.40	\$9.45	\$10.50
45 - 49	\$1.65	\$3.30	\$4.95	\$6.60	\$8.25	\$9.90	\$11.55	\$13.20	\$14.85	\$16.50
50 - 54	\$2.55	\$5.10	\$7.65	\$10.20	\$12.75	\$15.30	\$17.85	\$20.40	\$22.95	\$25.50
55 - 59	\$3.90	\$7.80	\$11.70	\$15.60	\$19.50	\$23.40	\$27.30	\$31.20	\$35.10	\$39.00
60 - 64	\$5.90	\$11.80	\$17.70	\$23.60	\$29.50	\$35.40	\$41.30	\$47.20	\$53.10	\$59.00
65 - 69	\$10.55	\$21.10	\$31.65	\$42.20	\$52.75	\$63.30	\$73.85	\$84.40	\$94.95	\$105.50
70 - 74	\$18.70	\$37.40	\$56.10	\$74.80	\$93.50	\$112.20	\$130.90	\$149.60	\$168.30	\$187.00
75 - 79	\$30.60	\$61.20	\$91.80	\$122.40	\$153.00	\$183.60	\$214.20	\$244.80	\$275.40	\$306.00
80+	\$61.85	\$123.70	\$185.55	\$247.40	\$309.25	\$371.10	\$432.95	\$494.80	\$556.65	\$618.50

**ALL CHILDREN PREMIUM TABLE  
(12 PAYROLL DEDUCTIONS PER YEAR)\***

\$10,000
\$2.20

\*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.



# LIFE INSURANCE

Whole Life Insurance with Living Benefits



**2025 Open Enrollment: Atlantic American is offering  
Guarantee Issue for all Employees and Spouses!**

## Value of Whole Life Insurance

- Permanent Life Insurance
- Cash Value Accumulation
- Guaranteed Premiums and Death Benefits
- Affordable group rates available through payroll deductions for yourself, spouse and children
- Coverage can be taken with you if you change jobs or retire – we will bill you directly
- Guaranteed coverage with no medical questions

## Financial protection throughout an entire lifetime

Our Group Whole Life insurance helps you prepare for the future, today. Should you change jobs, you can keep your insurance for as long as you want; and it also complements term life insurance, ensuring long-term protection. Once you've purchased coverage, your cost will not increase as you age.

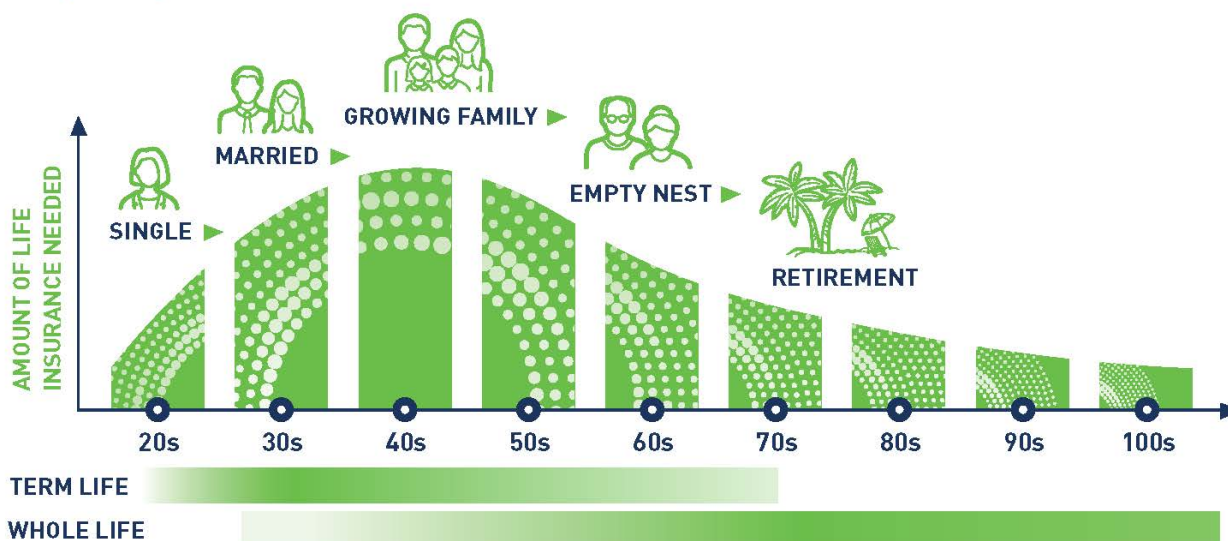
## Living benefits

Our plan has living benefits which can afford you the ability to take care of critical medical events that may arise during your lifetime. **These benefits can be used for:**



- Nursing Home
- Home Healthcare
- Assisted Living Facility
- Adult Daycare

**How can a Whole Life policy address different financial needs during all the stages of your life?** Whole Life insurance is designed to provide benefits throughout your entire lifetime.



# LIFE INSURANCE

## Whole Life Insurance with Living Benefits



Atlantic American Employee Benefits' Group Whole Life insurance plan includes the benefits listed below. Each benefit is subject to conditions for payment as detailed in the certificate.

### Plan Information: Employee

Benefit Maximum	\$10,000 - \$100,000, in \$10,000 increments
Available To	Employee ages 18-70
Guaranteed Issue	Up to \$100,000

### Plan Information: Spouse

Benefit Maximum	\$10,000 - \$30,000, in \$10,000 increments
Available To	Spouses ages 18 - 65 The employee must purchase coverage to add their spouse.
Guaranteed Issue	Up to \$30,000
Limited To	100% of employee election

### Plan Information: Dependent Children

Benefit Maximum	\$10,000
Available To	Children ages 15 days through 25 years old; terminates at age 26. Employee must purchase Whole life policy.
Guaranteed Issue	\$10,000

### Chronic Illness Benefit:

This living benefit allows access to the whole life benefits during the insured's lifetime in the event they are diagnosed with a qualifying chronic illness that is expected to be permanent and which may require them to be either:

- Confined to a nursing home or assisted living facility, or
- Receiving continuous care from a home health or adult day care provider.

**If faced with diagnosis, this rider pays monthly benefits as follows:**

If Insured Is:	Monthly Benefit:	Maximum Period:
Confined in a Nursing Home or Assisted Living Facility	6.25% of the elected face amount	Up to 16 months
Receiving Home Health Care or Adult Day Care	4% of the elected face amount	Up to 25 months

Face amount of certificate payable at death will be reduced by an amount equal to the total amount of the death benefit that has been accelerated.



# DISABILITY INSURANCE

## Short Term Disability



**Voluntary Short Term Disability (STD)** insurance is available through Mutual of Omaha and provides weekly income benefits in the event you are injured or sick and unable to work. Please review the summary below to understand the differences between the Low and High short-term disability plans offered.

STD Plan Features*	Low Plan	High Plan
<b>Benefit Amount</b>	60% or 40% of weekly income	
<b>Maximum Weekly Benefit</b>	up to \$2,500 per week	
<b>Elimination Period</b>	Accident: Benefits begin after 14 days Illness: Benefits begin after 14 days	Accident: Benefits begin after 0 days Illness: Benefits begin after 7 days
<b>Max Benefit Duration</b> (includes Elimination)	Up to 11 weeks	Up to 13 weeks
<b>Pre-Existing Condition</b> (applies to new applicants only)	3 month lookback / 6 month exclusion	
<b>Rate per \$10 of Weekly Benefit</b>	\$0.340	\$0.585

Benefit and Premium Calculation Example - High Plan, 40% to \$2500	
<i>This example is for an employee earning \$36,000 a year, elects the STD High Plan and 40% benefit.</i>	
A. Enter your annual salary	\$36,000.00
B. Enter the Monthly Benefit percentage	40%
C. Multiply "A" times "B"	\$14,400.00
D. Divide "C" by 52	\$276.92
F. Enter the Maximum Monthly Benefit	\$2,500.00
G. Enter the lesser of "D" or "F"; This is your benefit amount	\$276.92
H. Divide G by \$10	\$27.69
I. Multiply "H" times the rate - 40% = .585	\$16.20
J. Multiply "I" by 12	\$194.40
K. Enter the annual pay cycle	12
L. Divide "J" by "K"; This is your monthly premium	\$16.20

### Important considerations:

- Employees can elect to insure up to 40% or 60% of your weekly income and select the elimination period that best meets your financial needs.
- Premiums are affordable and conveniently payroll deducted.
- If you are sick or injured and unable to work, benefit payments will begin after your elimination period has been satisfied.
- Please note disability policies are not portable if you leave employment with Keating Auto Group
- Pre-Existing Condition limitation: Applies to new applicants only. Individuals previously covered under an Allstate disability policy will receive pre-existing limit credit.

**\*For additional details please visit with a Benefit Counselor or reference Paylocity.**

# DISABILITY INSURANCE

## Long Term Disability



**Voluntary Long Term Disability (LTD)** insurance is available through Mutual of Omaha and provides monthly income benefits in the event you are injured or sick and unable to work for an extended period of time. Long term disability benefits will begin after 90 days.

LTD Plan Features*	Long Term Disability Summary
Benefit Amount	60% or 40% of monthly income
Maximum Monthly Benefit Amount	60% up to \$6,000 per month
Elimination Period (Accident or Illness)	Benefits begin after 90 days
Maximum Benefit Duration	Social Security Normal Retirement Age (SSNRA)
Own Occupation	2 years
Pre-Existing Condition (applies to new applicants only)	12 month lookback / 12 month exclusion

### Important considerations:

- Employees can elect to insure up to 40% or 60% of your monthly income and select the elimination period that best meets your financial needs.
- Premiums are affordable and conveniently payroll deducted.
- If you are sick or injured and unable to work, benefit payments will begin after your elimination period has been satisfied.
- Please note disability policies are not portable if you leave employment with Keating Auto Group
- Pre-Existing Condition limitation: Applies to new applicants only. Individuals previously covered under an Allstate disability policy will receive pre-existing limit credit.

***\*For additional details please visit with a Benefit Counselor or reference Paylocity.***

# DISABILITY INSURANCE

## Long Term Disability



**Voluntary Long Term Disability (LTD)** insurance is available through Mutual of Omaha and provides monthly income benefits in the event you are injured or sick and unable to work for an extended period of time. Long term disability benefits will begin after 90 days.

### VOLUNTARY LONG-TERM DISABILITY PREMIUM CALCULATION- 40% to \$6,000 per month

Use the rates in the Age/Premium Factor Table to calculate your premium for voluntary long-term disability coverage in the worksheet below, using the example as a guide.

MONTHLY PREMIUM CALCULATION		EXAMPLE (42-year-old employee earning \$40,000 a year)
List your monthly earnings (Maximum is \$15,000)	\$ _____	\$ 3,333.33
Multiply by the premium factor Your Estimated Monthly Premium**	_____	0.0044400
	\$ _____	\$ 14.80

**\*\*This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.**

AGE	PREMIUM FACTOR
< 20	0.0010800
20 - 24	0.0011600
25 - 29	0.0017200
30 - 34	0.0024800
35 - 39	0.0033200
40 - 44	0.0044400
45 - 49	0.0061600
50 - 54	0.0095600
55 - 59	0.0118000
60 - 64	0.0126400
65 - 69	0.0132400
70	0.0139200

### VOLUNTARY LONG-TERM DISABILITY PREMIUM CALCULATION- 60% to \$6,000 per month

Use the rates in the Age/Premium Factor Table to calculate your premium for voluntary long-term disability coverage in the worksheet below, using the example as a guide.

MONTHLY PREMIUM CALCULATION		EXAMPLE (42-year-old employee earning \$40,000 a year)
List your monthly earnings (Maximum is \$10,000)	\$ _____	\$ 3,333.33
Multiply by the premium factor Your Estimated Monthly Premium**	_____	0.0066600
	\$ _____	\$ 22.20

**\*\*This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.**

AGE	PREMIUM FACTOR
< 20	0.0016200
20 - 24	0.0017400
25 - 29	0.0025800
30 - 34	0.0037200
35 - 39	0.0049800
40 - 44	0.0066600
45 - 49	0.0092400
50 - 54	0.0143400
55 - 59	0.0177000
60 - 64	0.0189600
65 - 69	0.0198600
70	0.0208800

**\*For additional details please visit with a Benefit Counselor or reference Paylocity.**

# ACCIDENT INSURANCE

Supplemental Voluntary Benefits



## ACCIDENT INSURANCE

Accident coverage is available through Mutual of Omaha and helps provide you with benefits in the event you or a loved one are in an accident. Most major medical insurance plans only pay a portion of bills related to accidents. The accident plan can help offset these expenses not covered by your medical plan.

### How does it work?

- Protection for accidental **on or off-the-job** injuries
- Cash benefits paid directly to you to help pay for deductibles, treatment, living expenses, loss of income and more
- Guarantee Issue, meaning no medical questions to answer
- Pays in addition to other insurance coverage
- Coverage is available for dependents
- Please review the plan summary for a listing of covered benefits

### Cost of Coverage?

The cost of Accident coverage is based on the plan you are selecting and coverage tier. Please visit PlanSource to review your cost of coverage.

## Accident Coverage

This insurance pays a benefit for each injury, treatment or service included in the policy that occurs as the result of a covered accident.

For example, Jeff's son, Jake, was playing soccer during recess at school. He was tripped and falls hard, injures his shoulder, and is transported by ambulance to the ER due to concerns of head trauma. The ER doctor orders a CT scan to check for any facial or head injuries and a shoulder X-ray.

Jake was diagnosed with a concussion and a broken collarbone. His arm was set in a sling, and he was released to his pediatrician for follow-up care. Jake visits his pediatrician at two weeks and one month after the accident to make sure he's healing well.

In the meantime, Jeff starts receiving bills for the care Jake received. The ambulance bill alone was \$556. He's a pretty healthy kid, so a health insurance deductible of \$1,500 had to be met before Jeff's health insurance would begin covering Jake's care, and after that, there's a 20% copay.

Accident benefits pay in addition to other insurance, and can be used to help cover gaps in health insurance or other expenses if the unexpected happens.

BENEFITS	AMOUNT
Ambulance	\$200
ER Visit	\$150
CT Scan	\$200
X-ray	\$50
Concussion	\$150
Broken Collarbone	\$300
Follow-Up Visit 1	\$75
Follow-Up Visit 2	\$75
Total Benefit	\$1,200

*Note: The benefits shown in this example are for a sample design and may vary from the benefits that are available to you.*

**\*For additional details please visit with a Benefit Counselor or reference Paylocity.**

# ACCIDENT INSURANCE

## Supplemental Voluntary Benefits



BASE PLAN	
PLAN INFORMATION	INFORMATION / AMOUNT(S)
Coverage Type	24-hour (On and off-job)
Express Benefit	\$100
Annual Benefit Maximum	Not Included
Portability	Included
BENEFITS	AMOUNTS
<b>Initial Care &amp; Emergency</b> <sup>1</sup> – Most treatment / service required within 72 hours of accident; Once per accident per insured person	
Emergency Room	\$200
Urgent Care Center	\$125
Initial Physician Office Visit	\$100
Ambulance	Up to \$1,500
<b>Specified Injuries</b> <sup>12</sup>	
Fractures (Surgical / Non-surgical)	Up to \$6,000/Up to 3,000
Dislocations (Surgical / Non-surgical)	Up to \$9,000/Up to \$4,500
Lacerations	Up to \$800
Burns	Up to \$15,000
Dental	Up to \$300
<b>Hospital, Surgical &amp; Diagnostic</b> <sup>13</sup>	
Admission	\$1,500
Daily Confinement (Up to 365 days per	\$300 per day
ICU Confinement (Up to 15 days per	\$600 per day
Rehab. Facility Confinement (Up to 30	\$150 per day
Surgical	Up to \$2,000
Diagnostic	Up to \$300
<b>Follow-Up Care</b> <sup>1</sup> – Treatment / service required within 365 days of accident; Medical device is once per accident per insured person	
Physician Follow-Up Office Visit	\$100; Up to 6 per accident
Therapy Services	\$50; Up to 6 per accident
Medical Device	\$200
Prosthetic Device(s)	\$1,00; Up to 2 per accident
<b>Additional Benefits</b> <sup>1</sup> – Benefits are payable within 365 days of accident	
Transportation (Up to 3 trips per	\$450 per trip
Lodging (Up to 30 nights per accident)	\$150 per night
Childcare (Up to 30 days per accident)	\$30 per day
<b>Catastrophic Benefits</b> <sup>14</sup> – Benefits are payable within 365 days of accident; Once per accident per insured person	
Principal Sum (PS)	You: \$50,000 Spouse: \$25,000 Child(ren): \$10,000
Common Carrier Accidental Death	300% of PS
Transportation of Remains	Up to \$5,000
Dismemberment & Paralysis	Up to 100% of PS
Reasonable Modifications	Up to 10% of PS
Coma	25% of PS
Voluntary Accident Base Rates	
The amounts shown below are Monthly amounts (12 payments / deductions per year). You may elect insurance for you only, or for your family.	
COVERAGE TIER	PREMIUM AMOUNT
Employee/Member	\$9.33 (\$0.31 per day)
Employee/Member + Spouse	\$16.56 (\$0.54 per day)
Employee/Member + Child(ren)	\$24.77 (\$0.81 per day)
Employee/Member + Family	\$33.17 (\$1.09 per day)
Note: The amount(s) above may vary due to rounding and are subject to change based on the final terms of the policy.	

PREMIUM PLAN	
PLAN INFORMATION	INFORMATION / AMOUNT(S)
Coverage Type	24-hour (On and off-job)
Express Benefit	\$175
Annual Benefit Maximum	Not Included
Portability	Included
BENEFITS	AMOUNTS
<b>Initial Care &amp; Emergency</b> <sup>1</sup> – Most treatment / service required within 72 hours of accident; Once per accident per insured person	
Emergency Room	\$300
Urgent Care Center	\$175
Initial Physician Office Visit	\$175
Ambulance	Up to \$2,000
<b>Specified Injuries</b> <sup>12</sup>	
Fractures (Surgical / Non-surgical)	Up to \$8,000/Up to \$4,000
Dislocations (Surgical / Non-surgical)	Up to \$10,000/Up to \$5,000
Lacerations	Up to \$1000
Burns	Up to \$20,000
Dental	Up to \$400
<b>Hospital, Surgical &amp; Diagnostic</b> <sup>13</sup>	
Admission	\$2,000
Daily Confinement (Up to 365 days per	\$400 per day
ICU Confinement (Up to 15 days per	\$800 per day
Rehab. Facility Confinement (Up to 30	\$200 per day
Surgical	Up to \$2,500
Diagnostic	Up to \$400
<b>Follow-Up Care</b> <sup>1</sup> – Treatment / service required within 365 days of accident; Medical device is once per accident per insured person	
Physician Follow-Up Office Visit	\$125; Up to 6 per accident
Therapy Services	\$75; Up to 6 per accident
Medical Device	\$300
Prosthetic Device(s)	\$1,250; Up to 2 per accident
<b>Additional Benefits</b> <sup>1</sup> – Benefits are payable within 365 days of accident	
Transportation (Up to 3 trips per	\$450 per trip
Lodging (Up to 30 nights per accident)	\$150 per night
Childcare (Up to 30 days per accident)	\$30 per day
<b>Catastrophic Benefits</b> <sup>14</sup> – Benefits are payable within 365 days of accident; Once per accident per insured person	
Principal Sum (PS)	You: \$50,000 Spouse: \$25,000 Child(ren): \$10,000
Common Carrier Accidental Death	300% of PS
Transportation of Remains	Up to \$5,000
Dismemberment & Paralysis	Up to 100% of PS
Reasonable Modifications	Up to 10% of PS
Coma	25% of PS
Voluntary Accident Premium Rates	
The amounts shown below are Monthly amounts (12 payments / deductions per year). You may elect insurance for you only, or for your family.	
COVERAGE TIER	PREMIUM AMOUNT
Employee/Member	\$11.82 (\$0.39 per day)
Employee/Member + Spouse	\$21.04 (\$0.69 per day)
Employee/Member + Child(ren)	\$32.14 (\$1.06 per day)
Employee/Member + Family	\$42.43 (\$1.39 per day)
Note: The amount(s) above may vary due to rounding and are subject to change based on the final terms of the policy.	

# CRITICAL ILLNESS

Supplemental Voluntary Benefits



## CRITICAL ILLNESS INSURANCE

Critical Illness coverage is available through Mutual of Omaha and provides you with benefits in the event you or a covered family member suffer a serious medical condition such as cancer, heart attack or stroke. A lump sum benefit is paid directly to you upon diagnosis to help with costs of treatment, lost income and more.

### How does it work?

- Employee and Spouse are eligible for benefit of \$10,000 or \$20,000.
- In order for your spouse and/or children to be eligible, you must elect coverage for yourself.
- Dependent children (under age 26) receive 25% of employee election at no additional cost!
- To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility).
- Lump sum paid directly to you upon diagnosis of a covered condition.
- Annual wellness benefit of \$50 per covered member per year.

### Cost of Coverage?

The cost of coverage is based on your individual age and coverage amount. Please visit PlanSource to review your cost of coverage.

### Conditions Covered under Critical Illness Plan\*

- Cancer
- Heart Attack
- Stroke
- Major Organ Transplant
- End Stage Renal Failure
- Coronary Artery Bypass Surgery
- Acute Respiratory Distress Syndrome
- ALS, Advanced Alzheimer's, Advanced Parkinson's, Childhood Disorders and more!

*\*Please review plan summary for full listing of covered conditions and limitations*

*\*For additional details please visit with a Benefit Counselor or reference Paylocity.*

# CRITICAL ILLNESS

Supplemental Voluntary Benefits



BENEFIT CATEGORY <sup>1</sup>	CONDITION		% OF CI PRINCIPAL SUM
Heart/Circulatory/Motor Function	Heart Attack, Heart Transplant, Stroke, ALS (Lou Gehrig's), Advanced Alzheimer's, Advanced Parkinson's		100%
	Heart Valve Surgery, Coronary Artery Bypass, Aortic Surgery		25%
Organ	Major Organ Transplant/Placement on UNOS List, End-Stage Renal Failure		100%
	Acute Respiratory Distress Syndrome (ARDS)		25%
Childhood/Developmental <small>*benefits only available to children</small>	Cerebral Palsy, Structural Congenital Defects, Genetic Disorders, Congenital Metabolic Disorders, Type 1 Diabetes		100%
Cancer	Cancer (Invasive)		100%
	Bone Marrow Transplant		50%
	Carcinoma in Situ, Benign Brain Tumor		25%
COVERAGE GUIDELINES <sup>2</sup>			
	MINIMUM	MAXIMUM	GUARANTEE ISSUE <sup>3</sup>
For You Elect in \$10,000 increments	\$10,000	\$20,000	\$20,000
Spouse Elect in \$10,000 increments	\$10,000	100% of employee's CI Principal Sum, up to \$20,000	\$20,000
Child(ren) <small>*benefit for each child</small>	25% of employee's CI Principal Sum, up to \$5,000		\$5,000
ADDITIONAL BENEFITS			
Policy Benefit Maximum	The maximum payout amount is 400% of the CI Principal Sum amount for each insured person. If the policy benefit maximum is reached for an insured person, the coverage will terminate. Dependents will remain insured if you continue to satisfy the eligibility requirements of the policy.		
Health Screening Benefit	Pays a flat, annual benefit of \$50 for a health screening test.		
Additional Occurrence Benefit	Once benefits have been paid for a Critical Illness, no additional benefits are payable for that same Critical Illness for each insured person. Benefits are still payable for any other Critical Illness in the same benefit category, for each insured person.		
Reoccurrence Benefit	The reoccurrence benefit is equal to 100% of the Critical Illness principal sum.		
Portability	When insurance ends, you have the right to continue group Critical Illness insurance for yourself and your dependents.		
CONDITIONS & LIMITATIONS			
Age Reductions	When you turn age 70, the original amount of insurance will reduce to 50% for both you and your spouse.		
Benefit Waiting Period	There is no benefit waiting period.		



# HOSPITAL INSURANCE

Supplemental Voluntary Benefits



## HOSPITAL INSURANCE

Hospital Indemnity coverage is available through Mutual of Omaha and provides you with benefits to offset expenses associated with a hospital confinement, whether that is due to an illness or injury. Life is unpredictable and hospital confinements may mean costly out-of-pocket expenses. The Hospital plan pays a cash benefit to help with costs associated with hospitalization, time off work, living expenses and more.

### How does it work?

- Benefits paid directly to you
- Guarantee Issue, meaning no medical questions
- Coverage available for your dependents
- **Plan includes an annual Wellness Benefit**

**Hospital Admission & Confinement** - Admission benefits are payable up to a combined total of 2 days per policy year and are not payable on the same day; Confinement benefits are payable up to a combined total of 30 days per policy year unless otherwise noted and are not payable on the same day as Hospital/ICU admission benefits.

LOW PLAN		HIGH PLAN	
BENEFITS	AMOUNTS	BENEFITS	AMOUNTS
Hospital Admission	\$1,000 per admission	Hospital Admission	\$1,500 per admission
Daily Hospital Confinement	\$100 per day	Daily Hospital Confinement	\$150 per day
ICU Admission	\$2,000 per admission	ICU Admission	\$3,000 per admission
Daily ICU Confinement	\$200 per day	Daily ICU Confinement	\$300 per day
Daily Newborn Nursery Care Confinement (Up to 2 days per policy year)	\$75 per day	Daily Newborn Nursery Care Confinement (Up to 2 days per policy year)	\$75 per day
<b>Additional Benefits</b>		<b>Additional Benefits</b>	
Health Screening Benefit (1 time per insured per calendar year; up to 6 per family per calendar year)	\$50	Health Screening Benefit (1 time per insured per calendar year; up to 6 per family per calendar year)	\$50
Express Benefits (1 benefit per hospital admission)	\$100	Express Benefits (1 benefit per hospital admission)	\$150
COVERAGE TIER	PREMIUM AMOUNT	COVERAGE TIER	PREMIUM AMOUNT
Employee/Member	\$15.25 (\$0.50 per day)	Employee/Member	\$21.84 (\$0.72 per day)
Employee/Member + Spouse	\$48.07 (\$1.58 per day)	Employee/Member + Spouse	\$70.02 (\$2.30 per day)
Employee/Member + Child(ren)	\$26.82 (\$0.88 per day)	Employee/Member + Child(ren)	\$36.98 (\$1.22 per day)
Employee/Member + Family	\$59.33 (\$1.95 per day)	Employee/Member + Family	\$85.53 (\$2.81 per day)

The amounts shown above are **MONTHLY** amounts (12 payments / deductions per year). You may elect insurance for you only, or for your family. Premiums will be automatically deducted from your paychecks as authorized by you during the enrollment process. Premiums must be paid by you to the policyholder.

**\*For additional details please speak with a Benefit Counselor or reference Paylocity.**



# IMPORTANT NOTICES

Important notices and summary plan descriptions are available online in Paylocity. They can be accessed by logging into the portal at <https://benefits.plansource.com> and located in the document library. It's your right to request a paper copy of the notices if you would prefer. As a participant in the plan, you are entitled to certain rights and protections under ERISA. ERISA provides that all plan participants shall be permitted to receive information such as Plan benefits, and obtain hard copies of all Plan documents and other plan information.

For more information or to request a paper copy, please contact your HR Administrator.

*The Benefit Guide is intended to be a summary of benefits and is not a legal document. This Guide does not replace or supersede the policy or Summary Plan Description. Please refer to the Summary Plan Description and carrier policies for a complete description of coverage, eligibility criteria, exclusions, limitations and conditions of coverage.*

*Keating Auto Group's policies, plans, practices and procedures may be amended, terminated or changed at any time at the sole discretion of the company. If there are discrepancies between this document and the official plan documents, the actual plan documents will always govern.*



# KEATING AUTO GROUP

Employee Benefits Contact Information			
Benefit	Provider/Contact	Phone Number	Website
Medical, Dental, Vision Plan Administrator	<b>90 Degree Benefits</b>	844-355-7878	portal.90degreebenefits.com
Pharmacy Benefits	<b>MedOne</b>	866-335-9057	www.medone-rx.com
Concierge Physician	<b>MyMD Connect</b>	844-777-8075	Intake: keating.mymdconnect.com <b>Connect with your Doctor via Spruce!</b>
Imaging Services	<b>KISImaging</b>	888-458-8746	
Physical Therapy & Musculoskeletal Program	<b>Aware Health</b>	925-444-0561	support@awarehealth.io
90DB Member Advocate <i>Balance Bills &amp; Pre-Negotiations</i>	<b>90 Degree Benefits</b>	844-355-7878	
Medical Review <i>Mandatory for planned Surgery, Infusion, Hospitalization</i>	<b>MyMD Connect</b>	844-355-7878 opt. 2	
Life Insurance, Disability, Accident, Critical Illness & Hospital Indemnity	<b>Mutual of Omaha</b>	800-877-5176	www.mutualofomaha.com
Employee Assistance Program	<b>Mutual of Omaha</b>	800-316-2796	www.mutualofomaha.com/eap
Whole Life	<b>Atlantic American</b>	866-458-7502	www.mycoverage.atlam.com

## Enroll in your Benefits!

Elect, change or waive benefits in PlanSource. Please see pg. 3 for log in instructions.  
<https://access.paylocity.com/>

Speak to a Benefits Counselor to learn more about your benefits.  
 Scan the QR to schedule an appointment  
 or visit: [keating.benefitsinfo.com](http://keating.benefitsinfo.com)

*Counselors are available Monday – Friday, 8 am – 5 pm CST*

