



EMPLOYEE BENEFITS GUIDE

Salary

August 1, 2025 - July 31, 2026





Who Are We?

Mancor Industries takes pride in offering a comprehensive benefits program to help employees and their families better prepare for planned and unplanned life events. Please review this booklet to help you understand the benefit options available to you and your family. The contents of this booklet are meant to be a guide; in the case of discrepancy, the written plan documents will govern.

Mancor Industries has developed a partnership with the Hilb Group for our employee benefits management. The Hilb Group brings over 20 years of experience in the marketplace. From a service perspective they embrace technology as a tool for offering high level support, as well as a personal touch through phone and email. They are extremely innovative and seen as a leader in the industry when it comes to employee benefits!

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Benefits Effective Date: August 1, 2025

Who is Eligible?

An eligible employee is defined as a full-time employee working 30 hours or more per week. This excludes temporary, seasonal or contract positions. Most elected benefits become effective on your **date of hire**. **Disability** benefits become effective after completing **one-year of employment**.

You may also elect coverage for your dependents including: your legal spouse and/or your dependent children up to the age of 26. Restrictions may apply.

How & When Do I Enroll?

Open Enrollment: Open enrollment is the period each year when changes to your benefit elections are permitted. You may change plans as well as add or drop coverage for you or your eligible dependents. Any changes made during open enrollment must remain until the following open enrollment period, unless you experience a qualifying life event.

To complete your benefit elections, please utilize **Employee Navigator**. Changes can only be made during your open enrollment period unless you have a qualified life event (see list below).

Qualifying Status Changes:

- Change in employee’s legal marital status
- Birth, adoption or change in custody of an eligible dependent
- Change in your or your spouse’s employment status (i.e., full-time to part-time)
- Gain or Loss of a dependent’s eligibility due to change in age or student status
- Loss of other coverage (i.e., spouse’s health plan coverage ends, or Medicare or Medicaid eligibility ends)
- Death of a covered dependent

The change to your benefit elections must be consistent with the life event. You have **30 days** from the date of the life event to submit an enrollment change form and documentation of the event to Human Resources. In most cases, your election will become effective the first day of the month following the life event once the paperwork is received. Birth of a child or adoption is an exception and would begin on the day of birth or adoption. Otherwise, you must wait until the next annual enrollment period to make a change to your elections.

This guide provides an overview of your benefit plans that take effect **August 1, 2025**. The complete provisions of the plans are set forth in the plan documents and insurance contracts. If any information in this guide conflicts with the plan documents and insurance policies, those documents/policies will govern. This guide is not intended as a contract of employment or a guarantee of current or future employment. **Mancor Industries** reserves the right to amend, modify or terminate these plans at any time. This guide, together with your other enrollment communications, serves as a Summary of Material Modification (SMM) to the **Mancor Industries** Health & Welfare Benefit Plan SPD. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference, along with your SPD. Please contact Human Resources with questions or to request a copy of the applicable plan documents.



Welcome to the Prepare Benefits Enrollment Site!
Employees enjoy convenient online access to their benefits coverage 24 hours a day, seven days a week. Login now to learn about your benefit options and confirm your elections for the upcoming year!

SCAN

1



Scan QR Code

-OR-

Go To

<https://preparebenefits.employeenavigator.com>

CLICK

2



New User?

"Register as a new user" to create a Username & Password

-OR-

Need Password?

"Forgot Username? Forgot Password?"

CREATE

3



Create your Account

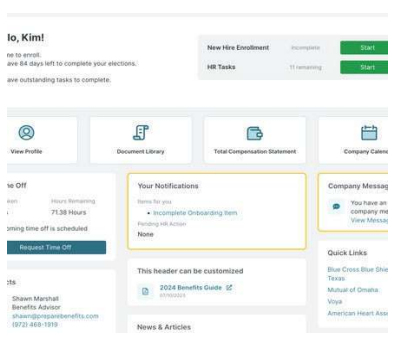
Input your personal information.

The Company Identifier will be:

Mancor

ELECT

4



From the Home Page

"Start Benefits" to begin your Enrollment Benefits Election



SOUTHEAST



MEDICAL BENEFITS

Group Number 70-87387



PPO High Plan	In-Network		Out-of-Network	
MEDICAL AND SURGICAL BENEFITS				
Plan Year Deductible (Embedded*) Aug 1-July 31 HRA Reimbursement	Individual \$4,000 \$3,000	Family \$8,000 \$6,000	Individual \$10,000 N/A	Family \$20,000 N/A
Net Deductible	Individual \$1,000	Family \$2,000	Individual \$10,000	Family \$20,000
Coinsurance Maximum (Shown as percentages below)	Individual \$2,000	Family \$4,000	Individual \$10,000	Family \$20,000
Net Maximum Out-of-Pocket Includes Deductible, Co-pays, Coinsurance & HRA	Individual \$3,000	Family \$6,000	Individual \$20,000	Family \$40,000
Physician Services in the Office Excluding obstetrical delivery, dialysis treatment, chemotherapy, radiation and second surgical opinion Primary Care = General, Family Doctor, Pediatrician, Internist, OB/GYN Includes Office Surgery, Lab and X-Ray	\$25 Copay Primary Care \$50 Copay Specialist		Deductible, 50%	
Blue CareOnDemand www.bluecareondemandsc.com	\$25 Copay		No Coverage	
Other Physician Services** Inpatient / outpatient hospital, allergy injections, anesthesia services, radiology, chemotherapy, dialysis, pathology, obstetrical delivery, initial newborn pediatric exam and all other outpatient / office services	Deductible, 80%		Deductible, 50%	
Preventive Care In accordance with Health Care Reform www.healthcare.gov	Covered in Full Coded as Preventive		No Coverage	
Sustained Health Services (\$750 annual maximum) Annual physicals and sustained health services are only covered at a Primary Care Provider.	\$25 Copay		No Coverage	
Inpatient Facility Charges	Deductible, 80%		Deductible, 50%	
Skilled Nursing Facility Charges (60 days per year)	Deductible, 80%		Deductible, 50%	
Outpatient Facility Charges**	Deductible, 80%		Deductible, 50%	
Other Services Physical / Occupational Therapy (30 combined visits) Home Healthcare Hospice	Deductible, 80%		Deductible, 50%	
Chiropractic Benefits (20 visits per benefit year)	\$50 Copay		Deductible, 50%	
Independent Labs	100%		Deductible, 50%	
Ambulance**	Deductible, 80%		In-Network Deductible, 80%	
Urgent Care	\$50 Copay		Deductible, 50%	
Emergency Room Facility Charges**	\$150 Copay		\$150 Copay	
Emergency Room Professional Charges**	Deductible, 80%		Deductible, 80%	
MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS				
Inpatient Facility & Professional Charges	Deductible, 80%		Deductible, 50%	
Outpatient Facility & Professional Charges	Deductible, 80%		Deductible, 50%	
Emergency Room Facility Charges	\$150 Copay		\$150 Copay	
Emergency Room Professional Charges	100%		100%	
Physician Services in the Office	\$25 Copay		Deductible, 50%	
PHARMACY BENEFITS				
Prescriptions Mandatory Generic (Includes diabetic supplies and oral contraceptives)	Generic/Preferred/Non-Preferred		Generic/Preferred/Non-Preferred	
Retail (up to 31-day supply) Mail Order (90-day supply)	\$15 / \$40 / \$70 \$25 / \$70 / \$175		50% after Copay No Coverage	
▪ Member may purchase a 90-day supply of a generic prescription; however, three (3) retail generic copays will apply at the time of purchase.				
Specialty Drug – Per 31-day supply Optum Specialty Pharmacy Only 1-877-259-9428 for inquiries regarding this benefit	\$125 Copay		No Coverage	

***Embedded Deductible:** An individual deductible “embedded” within the family deductible. Before the insurance benefits begin, the individual must meet the embedded individual deductible amount, which is equal to the single coverage deductible.

****Non-participating provider** at a participating provider facility (generally includes ambulance services, emergency services and non-emergency services) are subject to in-network deductible, coinsurance and out-of-pocket level.

To find an In-Network provider or search for prescription drugs, visit www.SouthCarolinaBlues.com

MEDICAL BENEFITS

Group Number 70-87387



PPO Medium Plan	In-Network		Out-of-Network	
MEDICAL AND SURGICAL BENEFITS				
Plan Year Deductible (Embedded*) Aug 1-July 31 HRA Reimbursement	Individual \$4,000 \$2,000	Family \$8,000 \$4,000	Individual \$10,000 N/A	Family \$20,000 N/A
Net Deductible	Individual \$2,000	Family \$4,000	Individual \$10,000	Family \$20,000
Coinsurance Maximum (Shown as percentages below)	Individual \$2,000	Family \$4,000	Individual \$10,000	Family \$20,000
Net Maximum Out-of-Pocket Includes Deductible, Co-pays, Coinsurance & HRA	Individual \$4,000	Family \$8,000	Individual \$20,000	Family \$40,000
Physician Services in the Office Excluding obstetrical delivery, dialysis treatment, chemotherapy, radiation and second surgical opinion Primary Care = General, Family Doctor, Pediatrician, Internist, OB/GYN Includes Office Surgery, Lab and X-Ray	\$25 Copay Primary Care \$50 Copay Specialist		Deductible, 50%	
Blue CareOnDemand www.bluecareondemandsc.com	\$25 Copay		No Coverage	
Other Physician Services** Inpatient / outpatient hospital, allergy injections, anesthesia services, radiology, chemotherapy, dialysis, pathology, obstetrical delivery, initial newborn pediatric exam and all other outpatient / office services	Deductible, 80%		Deductible, 50%	
Preventive Care In accordance with Health Care Reform www.healthcare.gov	Covered in Full Coded as Preventive		No Coverage	
Sustained Health Services (\$750 annual maximum) Annual physicals and sustained health services are only covered at a Primary Care Provider.	\$25 Copay		No Coverage	
Inpatient Facility Charges	Deductible, 80%		Deductible, 50%	
Skilled Nursing Facility Charges (60 days per year)	Deductible, 80%		Deductible, 50%	
Outpatient Facility Charges**	Deductible, 80%		Deductible, 50%	
Other Services Physical / Occupational Therapy (30 combined visits) Home Healthcare Hospice	Deductible, 80%		Deductible, 50%	
Chiropractic Benefits (20 visits per benefit period)	\$50 Copay		Deductible, 50%	
Independent Labs	100%		Deductible, 50%	
Ambulance	Deductible, 80%		In-Network Deductible, 80%	
Urgent Care	\$50 Copay		Deductible, 50%	
Emergency Room Facility Charges**	\$150 Copay		\$150 Copay	
Emergency Room Professional Charges**	Deductible, 80%		Deductible, 80%	
MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS				
Inpatient Facility & Professional Charges	Deductible, 80%		Deductible, 50%	
Outpatient Facility & Professional Charges	Deductible, 80%		Deductible, 50%	
Emergency Room Facility Charges	\$150 Copay		\$150 Copay	
Emergency Room Professional Charges	100%		100%	
Physician Services in the Office	\$25 Copay		Deductible, 50%	
PHARMACY BENEFITS				
Prescriptions Mandatory Generic (Includes diabetic supplies and oral contraceptives)	Generic/Preferred/Non-Preferred		Generic/Preferred/Non-Preferred	
Retail (up to 31-day supply) Mail Order (90-day supply)	\$15 / \$40 / \$70 \$25 / \$70 / \$175		50% after Copay No Coverage	
Member may purchase a 90-day supply of a generic prescription; however, three (3) retail generic copays will apply at the time of purchase.				
Specialty Drug - Per 31-day supply Optum Specialty Pharmacy Only 1-877-259-9428 for inquiries regarding this benefit	\$125 Copay		No Coverage	

***Embedded Deductible:** An individual deductible "embedded" within the family deductible. Before the insurance benefits begin, the individual must meet the embedded individual deductible amount, which is equal to the single coverage deductible.

****Non-participating provider** at a participating provider facility (generally includes ambulance services, emergency services and non-emergency services) are subject to in-network deductible, coinsurance and out-of-pocket level.

To find an In-Network provider or search for prescription drugs, visit www.SouthCarolinaBlues.com

MEDICAL BENEFITS

Group Number 70-87387



PPO Low Plan	In-Network		Out-of-Network	
MEDICAL AND SURGICAL BENEFITS				
Plan Year Deductible (Embedded*) Aug 1-July 31 HRA Reimbursement	Individual \$4,000 \$1,000	Family \$8,000 \$2,000	Individual \$10,000 N/A	Family \$20,000 N/A
Net Deductible	Individual \$3,000	Family \$6,000	Individual \$10,000	Family \$20,000
Coinsurance Maximum (Shown as percentages below)	Individual \$2,000	Family \$4,000	Individual \$10,000	Family \$20,000
Net Maximum Out-of-Pocket Includes Deductible, Co-pays, Coinsurance & HRA	Individual \$5,000	Family \$10,000	Individual \$20,000	Family \$40,000
Physician Services in the Office Excluding obstetrical delivery, dialysis treatment, chemotherapy, radiation and second surgical opinion Primary Care = General, Family Doctor, Pediatrician, Internist, OB/GYN Includes Office Surgery, Lab and X-Ray	\$25 Copay Primary Care \$50 Copay Specialist		Deductible, 50%	
Blue CareOnDemand www.bluecareondemandsc.com	\$25 Copay		No Coverage	
Other Physician Services** Inpatient / outpatient hospital, allergy injections, anesthesia services, radiology, chemotherapy, dialysis, pathology, obstetrical delivery, initial newborn pediatric exam and all other outpatient / office services	Deductible, 80%		Deductible, 50%	
Preventive Care In accordance with Health Care Reform www.healthcare.gov	Covered in Full Coded as Preventive		No Coverage	
Sustained Health Services (\$750 annual maximum) Annual physicals and sustained health services are only covered at a Primary Care Provider.	\$25 Copay		No Coverage	
Inpatient Facility Charges**	Deductible, 80%		Deductible, 50%	
Skilled Nursing Facility Charges (60 days per year)	Deductible, 80%		Deductible, 50%	
Outpatient Facility Charges	Deductible, 80%		Deductible, 50%	
Other Services Physical / Occupational Therapy (30 combined visits) Home Healthcare Hospice	Deductible, 80%		Deductible, 50%	
Chiropractic Benefits (20 visits per benefit year)	\$50 Copay		Deductible, 50%	
Independent Labs	100%		Deductible, 50%	
Ambulance	Deductible, 80%		In-Network Deductible, 80%	
Urgent Care	\$50 Copay		Deductible, 50%	
Emergency Room Facility Charges**	\$150 Copay		\$150 Copay	
Emergency Room Professional Charges**	Deductible, 80%		Deductible, 80%	
MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS				
Inpatient Facility & Professional Charges	Deductible, 80%		Deductible, 50%	
Outpatient Facility & Professional Charges	Deductible, 80%		Deductible, 50%	
Emergency Room Facility Charges	\$150 Copay		\$150 Copay	
Emergency Room Professional Charges	100%		100%	
Physician Services in the Office	\$25 Copay		Deductible, 50%	
PHARMACY BENEFITS				
Prescriptions Mandatory Generic (Includes diabetic supplies and oral contraceptives)	Generic/Preferred/Non-Preferred		Generic/Preferred/Non-Preferred	
Retail (up to 31-day supply)	\$15 / \$40 / \$70		50% after Copay	
Mail Order (90-day supply)	\$25 / \$70 / \$175		No Coverage	
Member may purchase a 90-day supply of a generic prescription; however, three (3) retail generic copays will apply at the time of purchase.				
Specialty Drug – Per 31-day supply Optum Specialty Pharmacy Only 1-877-259-9428 for inquiries regarding this benefit	\$125 Copay		No Coverage	

***Embedded Deductible:** An individual deductible "embedded" within the family deductible. Before the insurance benefits begin, the individual must meet the embedded individual deductible amount, which is equal to the single coverage deductible.

****Non-participating provider** at a participating provider facility (generally includes ambulance services, emergency services and non-emergency services) are subject to in-network deductible, coinsurance and out-of-pocket level.

To find an In-Network provider or search for prescription drugs, visit www.SouthCarolinaBlues.com

MEDICAL BENEFITS

Group Number 70-87387



PPO HDHP Plan	In-Network		Out-of-Network	
MEDICAL AND SURGICAL BENEFITS				
Plan Year Deductible (Aggregate*) Aug 1-July 31	Individual \$2,500	Family \$5,000	Individual \$7,000	Family \$14,000
Coinsurance Maximum (Shown as percentages below)	Individual \$0	Family \$0	Individual \$5,000	Family \$10,000
Net Maximum Out-of-Pocket Includes Deductible, Co-pays, Coinsurance & HRA	Individual \$2,500	Family \$5,000	Individual \$12,000	Family \$24,000
Physician Services in the Office Excluding obstetrical delivery, dialysis treatment, chemotherapy, radiation and second surgical opinion Primary Care = General, Family Doctor, Pediatrician, Internist, OB/GYN Includes Office Surgery, Lab and X-Ray	Deductible, 100%		Deductible, 50%	
Blue CareOnDemand www.bluecareondemandsc.com	Deductible, 100%		No Coverage	
Other Physician Services** Inpatient / outpatient hospital, allergy injections, anesthesia services, radiology, chemotherapy, dialysis, pathology, obstetrical delivery, initial newborn pediatric exam and all other outpatient / office services	Deductible, 100%		Deductible, 50%	
Preventive Care In accordance with Health Care Reform www.healthcare.gov	Covered in Full Coded as Preventive		No Coverage	
Sustained Health Services (\$750 annual maximum) Annual physicals and sustained health services are only covered at a Primary Care Provider.	100%		No Coverage	
Inpatient Facility Charges	Deductible, 100%		Deductible, 50%	
Skilled Nursing Facility Charges (60 days per year)	Deductible, 100%		Deductible, 50%	
Outpatient Facility Charges**	Deductible, 100%		Deductible, 50%	
Other Services Physical / Occupational Therapy (30 combined visits) Home Healthcare Hospice	Deductible, 100%		Deductible, 50%	
Chiropractic Benefits (\$500 annual maximum)	Deductible, 100%		Deductible, 50%	
Independent Labs	Deductible, 100%		Deductible, 50%	
Ambulance**	Deductible, 100%		In-Network Deductible, 100%	
Urgent Care	Deductible, 100%		Deductible, 50%	
Emergency Room Facility Charges**	Deductible, 100%		Deductible, 100%	
Emergency Room Professional Charges**	Deductible, 100%		Deductible, 100%	
MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS				
Inpatient Facility & Professional Charges	Deductible, 100%		Deductible, 50%	
Outpatient Facility & Professional Charges	Deductible, 100%		Deductible, 50%	
Emergency Room Facility Charges	Deductible, 100%		In-Network Deductible	
Emergency Room Professional Charges	Deductible, 100%		In-Network Deductible	
Physician Services in the Office	Deductible, 100%		Deductible, 50%	
PHARMACY BENEFITS				
Prescriptions Mandatory Generic (Includes diabetic supplies and oral contraceptives)	Generic/Preferred/Non-Preferred		Generic/Preferred/Non-Preferred	
Retail (up to 31-day supply) Mail Order (90-day supply)	Deductible, 100% Deductible, 100%		Deductible, 50% No Coverage	
Member may purchase a 90-day supply of a generic prescription; however, three (3) retail generic copays will apply at the time of purchase.				
Specialty Drug - Per 31-day supply Optum Specialty Pharmacy Only 1-877-259-9428 for inquiries regarding this benefit	Deductible, 100%		No Coverage	

***Aggregate Deductible:** Family must meet the family deductible before any members' claims are paid under the coinsurance.

**Non-participating provider at a participating provider facility (generally includes ambulance services, emergency services and non-emergency services) are subject to in-network deductible, coinsurance and out-of-pocket level.

To find an In-Network provider or search for prescription drugs, visit www.SouthCarolinaBlues.com

My Health Toolkit

Your insurance benefits are wherever you go, whenever you need them with the My Health Toolkit app. Here's what you'll see at-a-glance inside your account:

- View your insurance card
- Who is covered by your health plan
- Your deductible and out-of-pocket spending
- Recent claims activity
- Quick links to the most popular resources
- Ways to contact customer service
- Authorization status
- Prescription drug lists and costs
- Find an in-network provider
- Medical cost estimator

Registration is easy:

Step 1: Go to www.SouthCarolinaBlues.com or download the app and select "Register Now."

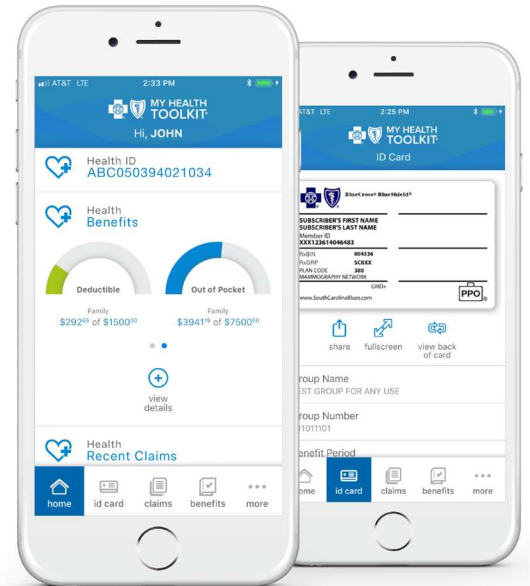
Step 2: Enter the Member ID located on the front of your insurance card and your date of birth. If you do not have an ID card, you can enter your social security number.

Step 3: Choose a username and password. You will also select a security question and answer. If you ever forget your username or password, you will be asked to answer the security question instead.

Step 4: To complete registration, tell us how you'd like to receive your explanation of benefits (EOB).



**My Health Toolkit is available on the
App Store and Google Play.
Download today!**



Blue CareOnDemand

Skip the emergency room for non-emergency conditions! By using **Blue CareOnDemand**, you save valuable time and money while getting the quality care you need. **Blue CareOnDemand** is available to employees that are covered by BlueCross BlueShield of SC.

Why wait for the care you need now? You can see trusted, board-certified doctors when and where you want through video consults using the web or mobile app. Use your smartphone, tablet or personal computer to access faster and easier care. It's truly care on demand - no matter the time of day or night, or even where you happen to be!

It's free to enroll, and the cost of a consultation is the same as your primary care copay.

Examples Of Treatment: Colds, Flu, Fever, Rash, Pinkeye, Ear Infection, Abdominal Pain, Sinusitis, Migraines, Dermatology

Access Blue CareOnDemand by accessing your My Health Toolkit above.



Powered by **MDLIVE**

HEALTH SAVINGS ACCOUNT FLEXIBLE SPENDING ACCOUNT

HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account enables you to pay for current health expenses and save for future qualified medical expenses and retiree health expenses on a tax-free basis. These accounts are employee owned, so the funds roll over indefinitely, even if your employment terminates. You are eligible for an HSA if you elected the **HDHP** plan and are **NOT** covered by Medicare, Tri Care, or your spouse's insurance plan.

This account is designed, combined with your HDHP plan, to reduce your monthly premiums to save your money. The money you contribute to your HSA is tax-deductible. When you need to pay for medical services, you can pay for them with your HSA funds. Your HSA rolls over from year to year. That means you keep what you put into it. It's your HSA - it's your money.

Qualified Expenses:

- Charges applied medical deductible/coinsurance
- IRS eligible dental expenses not covered by insurance
- IRS eligible vision expenses not covered by insurance
- Medical, Dental and Vision expenses for your dependents
- Over-the-counter medications and menstrual products
- See list below under FSA for more examples
- Shop for eligible products at www.hsastore.com

2025 HSA Maximum Contributions

Single: \$4,300 | Family: \$8,550

Your total contribution can increase by \$1,000 if you are 55-65

FLEXIBLE SPENDING ACCOUNT (FSA)

Employee's may elect to have **pre-tax** dollars withheld and deposited into a **Medical, Dependent Care and/or Limited Purpose FSA** accounts. This will help bridge the gap between out-of-pocket expenses not covered by your insurance. A **Medical FSA** is for unreimbursed medical, dental and vision costs. A **Dependent care FSA** is to reimburse daycare expenses for children (through age 12) or care for mentally/physically disabled spouse or other adult (claimed on your tax return). A **Limited Purpose FSA** is for dental and vision expenses only. You will receive a **Visa debit card** to use your funds.

- Your medical annual election (total amount to be contributed for the year) is available at any time
- 90-Day Run Out Period to File FSA Claims

2025 FSA Maximum Contributions

Medical: Employee \$3,300
Limited Purpose: \$3,300
Dependent Care: \$5,000
Single - Filing Separate: \$2,500

Rollover: \$660

- **Eligible medical expenses may include:**
- Medical payments / Deductibles
- Dental and orthodontia charges (not covered)
- Vision and hearing charges, including glasses, contacts, Lasik surgery and hearing aids
- Pharmacy expenses, including prescription charges and diabetic supplies.
- Other miscellaneous expenses including durable medical equipment, speech, occupational, and physical therapy, mental health/substance abuse counseling, transportation for medical care, etc.
- Over-the-counter medications and supplies such as menstrual care products, sunblock, contact solution, ankle/knee supports, heat wraps, ice packs, pregnancy tests, Band-Aids, ACE wraps, first aid kits, etc.

Purchase / view eligible OTC expenses online:

- www.fsastore.com

Download the BCI4me App

or go to: www.benefitcoordinators.com

For a complete list of eligible expenses, see your benefit plan documents or visit www.irs.gov

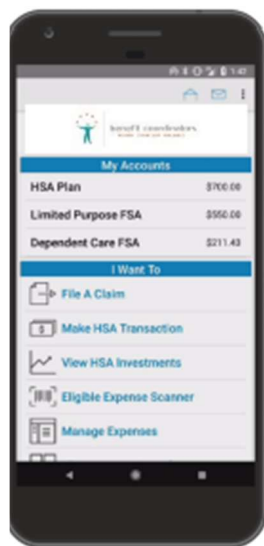


HEALTH REIMBURSEMENT ACCOUNT (HRA)

CLAIM FILING INSTRUCTIONS:

BCI will receive your medical claims directly from your insurance carrier, so you don't need to file anything with us. Once claims are received and processed, the payments are issued directly to your provider.

As long as you have set up your email address in our online portal, the system will email you when a payment is made prompting you to login to the portal and view the details. You can match that to your Explanation of Benefits (EOB) and your provider bills to ensure that you are only paying your correct patient responsibility after the insurance carrier and BCI have processed your claim.



HOW DO I ACCESS ONLINE?

You can view your HRA online 24/7 through www.benefitcoordinators.com. By accessing your account, you can view claims submitted, funds available and payments issued.

Step 1: Open your internet browser and go to www.benefitcoordinators.com

Step 2: Under the **New User?** heading, click the **Create Your New Username and Password** link.

Step 3: Follow the prompts to set up your login. You will need your **first and last name, zip code and SSN**.

*Note, this only works for the first year that you are in the bci4me system. If you get an error that this functionality is not available to you, please email or call us using the information below.

Once your login ID and password are set up, you can also access your account through our mobile app – BCI4me.

Best Practice: Set up your login before you have any claims! Make sure to provide your email address and check your notification preferences – click the Message Center Tab, then Update Notification Preferences. Make sure the email notification for payments is allowed.

HOW DO I VIEW MY PAYMENT (REIMBURSEMENT) HISTORY?

Step 1: From the **Home Page**, under the **Accounts** tab, click **Payments**. You will see reimbursement payments made to date.

Step 2: By clicking on the line of a payment, you can expand the data to display additional details about the transaction.

Questions? Contact Us

800.951.1012 x 6 | hra@benefitcoordinators.com

Benefit Coordinators, Inc. PO Box 197 in Irmo, SC 29063

WHOLE LIFE		
	Employee	Spouse
Eligibility	Ages 18-70	Ages 18-65
Benefit Maximum	\$10,000 - \$70,000	\$10,000 - \$20,000 Not to exceed 100% of employee benefit
Increments	\$10,000	\$10,000
Guarantee Issue	Up to \$70,000	Up to \$20,000
Portability	Coverage can be taken with you if you change jobs or retire	

- **View your coverage, your way.** Accessing your benefits using **MyCoverage** has never been easier. **MyCoverage** is an easy-to-use website that allows you 24/7 access to coverage and benefit information, file claims, update your profile and more at www.aaemployeebenefits.com. For additional information or assistance, please email groupcustomercare@atlam.com.



DENTAL / VISION BENEFITS

Group Number 530803



PPO Network	In-Network
Calendar Year Maximum All services combined	\$1,500
Calendar Year Deductible Jan 1 – Dec 31 Applied to Basic & Major	In-Network \$50 Individual / \$150 Family Out-of-Network \$50 Individual / \$150 Family
Preventive Services Covered at 100% In-Network	Oral Exams / Cleanings / X-Rays (Full Mouth once in 36 months) / Fluroide Treatment (to age 19, twice in 12 months) / Space Maintainers / Sealants (to age 16, once in 36 months)
Basic Services Covered at 80% In-Network	Fillings / Perio Maintenance Procedure (once in 3 months) / Simple Extractions / Surgical Extractions / Repair & Maintenance of Crowns, Bridges & Dentures / General Anesthesia / Endodontic Services (Root Canal) / Periodontal Services (Scaling & Root Planing) / Periodontal Surgery
Major Services Covered at 50% In-Network	Bridges & Dentures (missing tooth clause) / Single Crowns / Inlays, Onlays & Veneers
Orthodontics Children under age 19 Covered at 50% In-Network	\$1,500 Lifetime Maximum Benefit

DENTAL MAXIMUM ROLLOVER®

Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). To qualify, you must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Your MRA may not exceed the MRA limit. You can view your annual MRA statement detailing your account and those of your dependents on www.GuardianAnytime.com.

Please Note: You and your insured dependents maintain separate MRAs based on your own claim activity. Each MRA may not exceed the MRA limit.

Threshold	Maximum Rollover Amount
\$700	\$350
Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years
In-Network Only Rollover Amount	Maximum Rollover Account Limit
\$500	\$1,250
Additional dollars added to Annual Maximum for future years if only in-network providers were used during the benefit year	Plan Annual Maximum plus Maximum Rollover cannot exceed \$2,750 in total

To find an In-Network provider visit www.guardianlife.com, select "Find a Provider". Plan type is PPO/Dental Guard Preferred

In-Network Benefits	Buy-Up Plan	Base Plan
Network	VSP	Davis Vision
Eye Exam - once every 12-months	\$20 Copay	\$20 Copay
Frames - once every 24-months	\$20 Copay \$130 Allowance, and 20% off remaining balance over \$130	\$20 Copay \$130 Allowance, and 20% off remaining balance over \$130
Standard Lenses - once every 12-months <ul style="list-style-type: none"> Single Vision Bifocal Trifocal Lenticular 	\$20 Copay \$20 Copay \$20 Copay \$20 Copay	\$20 Copay \$20 Copay \$20 Copay \$20 Copay
Contact Lenses - once every 12-months *in lieu of complete pair of glasses		
Medically Necessary	\$20 Copay	\$20 Copay
Elective	\$130 Allowance, and 20% off remaining balance over \$130	\$130 Allowance, and 20% off remaining balance over \$130

Out-of-Network benefits are based on a Reimbursement Schedule.

To find a network provider: visit www.guardianlife.com, select **Find a Vision Provider**, select your vision network (VSP or Davis Vision depending on your plan), enter **Zip Code** and **Search**.

BASIC LIFE/ ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) - 100% COMPANY PAID

	Employee	Spouse	Child
Benefit	See Human Resources for Benefit	\$5,000	\$2,500
Age Reduction	Coverage reduces by 35% at age 65, by 60% at age 70, and by 75% at age 75		

VOLUNTARY LIFE / AD&D

	Employee	Spouse	Child
Increments	\$10,000	\$5,000	\$1,000
Benefit Minimum	\$10,000	\$5,000	\$1,000
Benefit Maximum	\$500,000	\$250,000 Not to exceed 50% of employee benefit	\$10,000
Guarantee Issue - New Hires Only	\$200,000	\$50,000	\$10,000

Age Reduction Coverage reduces by 35% at age 65, by 60% at age 70, and by 75% at age 75

- As an Employee, should you waive Voluntary Term Life coverage as a New Hire, Guardian will require you to complete Evidence of Insurability (EOI) for consideration of requested coverage at a later date.

SHORT - TERM DISABILITY - 100% COMPANY PAID

Weekly Benefit	60% of your pre-tax weekly earnings
Maximum Weekly Benefit	Up to \$1,000
Elimination Period	7 Days Accident / Illness
Benefit Duration	Up to 26 weeks

Disability Benefits are available to you after one year of employment

LONG - TERM DISABILITY - 100% COMPANY PAID

Monthly Benefit	60% of your pre-tax monthly earnings
Maximum Monthly Benefit	Up to \$7,000
Benefits Begin	180 Days
Benefit Duration	To age 65, standard Social Security Normal Retirement Age (SSNRA)
Pre-Existing Conditions*	3 / 12

***Pre-Existing Condition:** A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.

***Pre-Existing Clause:** The pre-existing period is 3/12. This means that any resulting condition from injury or sickness for which the employee received medical treatment, prescriptions, services or incurred expenses for 3 months prior to the date of his or her coverage that results in disability within the first 12 months of coverage will not be covered.

ACCIDENT

The accident benefit is offered to employees and dependents. This benefit provides for **OFF - THE - JOB** injuries. It covers many accidental injuries such as burns, fractures, dislocations, and much more.

Value Plan (with additional AD&D benefit)	Employee - \$10,000
Advantage Plan	Employee - \$25,000

CRITICAL ILLNESS

Critical Illness is offered to employees and dependents. It will pay a cash benefit upon the first and second diagnosis of any qualified critical illnesses such as cancer, heart attacks, and strokes. This plan also provides a yearly **\$50 Wellness benefit**.

	Employee	Spouse	Children
Lump Sum Benefit	Benefit Amounts from: \$5,000 to \$20,000	\$2,500 to \$10,000 Not to exceed 50% of the employee benefit	\$5,000 Not to exceed 25% of employee benefit Child cost included with employee election
Increments	\$5,000	\$2,500	---
Guarantee Issue - New Hires Only	\$20,000	\$10,000	All child amounts are guaranteed

HOSPITAL INDEMNITY

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

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

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

Looking for comprehensive health insurance?

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

Questions about this policy?

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

Hospital Indemnity insurance is designed to help employees with unplanned or uninsured expenses resulting from a hospitalization due to sickness or injury. It reduces the impact of high deductibles and additional out-of-pocket costs that other insurance may not cover.

The Hospital Indemnity plan pays a lumpsum benefit to the employee.

- **Hospital/ICU admission of \$1,000/\$2,000** (Maximum one admission per year per person / three admissions per year per family)
- **Per day confinement benefits of \$200** (15-day max per person)

Convenient access to your workplace benefits

Guardian Anytime makes it easy and convenient to access your benefits online, anytime, anywhere. Services available include:

Access your benefit details

- View, download, and print materials
 - Member dental and vision ID cards
 - Benefit summaries
 - Forms
 - Certificate booklets

Submit and view claims details

- Submit a new claim and check claim status
- Receive email alerts when claims are paid or view information
- Estimate the cost of dental care (if applicable)

Dental and vision provider search

- Find a dental or vision provider

Enroll and make changes to benefits

- Update contact information
- Update dependent information



Real-time assistance

Chat with our virtual assistant 24/7 or speak to a live representative about your benefits, claims inquiries, or for help using Guardian Anytime.



Registering is easy!

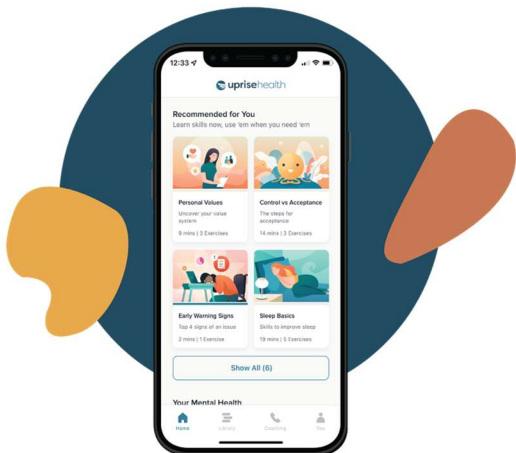
1. Go to www.guardiananytime.com and click on **Log In**.
2. To register, choose **Register Now** and select **Guardian Anytime**.
3. Select **Employee** for yourself or **Child, Spouse, or Partner** for your dependents.
4. Complete the self registration process, click **Submit** and you're done.

EMPLOYEE ASSISTANCE PROGRAM (EAP)



Uprise Health - Help for What Matters Most

Uprise Health EAP offers services to help promote well-being and enhance the quality of life for you and your family. Support and guidance is available for assistance with Health, Family, Legal and Financial issues. You receive up to three (3) sessions free of charge.



Connect to a counselor for free support services
24-Hour crisis help available

Phone: **800.386.7055**

Monday - Friday 8am - 9pm EST

Website: <https://worklife.uprisehealth.com>

Access Code: worklife

CONTACT INFORMATION

Meet your  team ...

Your dedicated account management team is available throughout the year to answer your benefit questions and assist with claim issues. We are here to provide you with expert support for your benefits. It is our priority to provide you with ample and timely assistance - We are always ready and willing to help... Just ask!

Jackie Henson

Director of Client Relations


864.238.2289
jhenson@hilbgroup.com

Harold Araque

Account Executive

864.655.7272
haraque@hilbgroup.com

How Can We Help?

- **Claims Issues**
 - **Deductible utilization questions**
 - **Cost research - medical and pharmacy**
 - **Qualified life event questions**
 - **Replacement ID card**
- **Benefit Questions & Explanations**
 - **Is "this procedure covered"?**
 - **Network provider assistance**
 - **Eligibility questions**
 - **... and so much more - Just ask!**
- 

CONTACT INFORMATION

Human Resources			
Medical	BlueCross BlueShield	800.868.2500	www.southcarolinablues.com
Health Reimbursement Account / Health Savings Account / Flexible Spending Account	Benefit Coordinators	800.951.1012	www.benefitcoordinators.com
Dental / Vision / Life / AD&D / Disability / Accident / Critical Illness / Hospital Indemnity	Guardian	800.268.2525	www.guardianlife.com
Employee Assistance Program	Guardian / Uprise Health	800.356.7055	https://worklife.uprisehealth.com
Whole Life	Atlantic American	866.458.7502	www.aaemployeebenefits.com



IN EVENT OF EMPLOYMENT TERMINATION:

When does Coverage End

Coverage end dates vary between the Group Plans offered to the employees of Mancor Industries. Please see the following for reference.

- **Medical:** BCBS coverage runs through the end of the month in which you terminate.
- **Dental / Vision:** Guardian coverage runs through the end of the month in which you terminate.
- **ALL other Guardian Benefits:** Group Basic Life, Voluntary Term Life, Disability (STD & LTD), Accident, Critical Illness and Hospital Indemnity, term last day worked.

Guardian Portability and Conversion Resources:

What steps should you take if your benefits have been terminated and you want to port or convert your Group Coverage? Portability allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company.

- **Group Basic Life** (Evidence of Insurability, health questions required for consideration).
- **Time Sensitive:** The Application for Conversion or Portability **MUST** be made within **31-Days** from the date of insurance termination. This includes the submission of your application, to include any additional required forms and the initial premium.

For more information regarding your port or conversion privileges, please contact Guardian at: Email national_conversions@glic.com or call 800.433.5982 x 5696

In sending an email, please include in the Subject Line of your email: **Mancor Industries - Guardian Group 005308030, your name, and "Conversion/Portability"**

Atlantic American Whole Life Benefits: Group # W5263

Coverage runs through the end of the month in which you terminate. Upon receiving termination notification from Mancor, Atlantic American will send the conversion/porting information needed to complete the porting of elected coverage(s).

Questions? Contact - 866.458.7502 / www.aaemployeebenefits.com

FSA / HSA / COBRA Administrator: Benefit Coordinators

FSA terminates last day worked / HSA - follows HDHP Medical Plan, end of month

COBRA Eligible Benefits include - Medical, Dental and Vision Plans

COBRA Administrator: Benefit Coordinators, Inc.
PO Box 197, Irmo SC 29063 | 803-772-0110 Ext.108 | Fax 803-772-0140

Continuation of Health Coverage (COBRA):

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives workers and their families who lose their health, dental and vision benefits the right to choose to continue group benefits provided by their group plan for limited periods of time under certain circumstances such as voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce and other life benefits.

