THERMO KING MIDWEST

Employee BENEFITS GUIDE

2026

HOW TO COMPLETE YOUR 2026 BENEFITS ENROLLMENT

It's quick and easy to enroll online using Bswift

GETTING STARTED

- **VISIT**: https://tkm.bswift.com
- **USERNAME**: First Initial + Last Name

  Example: John Smith's username is jsmith
- **PASSWORD**: Last four digits of your SSN

  You will be prompted to reset your password

QUESTIONS ABOUT BENEFITS? NEED HELP ENROLLING?

Contact Benefit Innovations

Hannah	hannahp@benefiti.com	317-663-4046
Michelle	michelleh@benefiti.com	317-663-4042
Amber	amberb@benefiti.com	317-663-4044

Table of Contents

Important Plan Information

As a full-time employee working at least 30 hours per week, you are eligible to enroll in the Thermo King Midwest benefit plan on your first day of employment. This eligibility requirement applies to:

- Medical
- Prescriptions
- Freshbenies
- ScriptSourcing
- Regenexx
- HRA
- Dental
- Vision
- Basic Term Life
- Voluntary Life
- Long Term Disability
- Short Term Disability
- Critical Illness
- Personal Accident
- Hospital Indemnity
- Pet Benefits

→ The Thermo King Midwest benefit plan is a Section 125 plan and is governed by the Internal Revenue Service. Some premiums are deducted on a pre-tax basis and as a result, **your benefit elections are binding and cannot be changed.** You may only make benefit changes during the annual enrollment period or if you experience a Qualifying Life Event. Refer to the Qualifying Life Events page in this guide for more information.

→ The Thermo King Midwest benefit plan has a spousal carve-out provision. If your spouse is eligible for medical coverage from their employer, then he/she cannot enroll in the Thermo King Midwest medical plan. **Thermo King Midwest may require verification from your spouse's employer.** Please contact your Human Resources Department or benefits manager for more information.

→ Pre-existing conditions exclusions may apply to non-medical coverages.

→ Your plan contains specific rules around dependent eligibility and proof of eligibility may be required by the Plan. In terms of the Thermo King Midwest Medical Plan, a dependent is defined as:

1. The Covered Employee's legal licensed spouse who is a resident of the same country in which the Covered Employee resides. Such spouse must have met all requirements of a valid marriage contract in accordance with the laws of the State in which such parties were married. The Plan does not recognize common law marriage.
2. The Covered Employee's Child who meets all of the following conditions:
    a. Is less than twenty-six (26) years of age; and
    b. Is either a:
        i. Natural (biological) Child; or
        ii. Child who has been legally adopted or placed for adoption with Covered Employee; or
        iii. Stepchild; or
    c. Child who has been placed under the legal guardianship or conservatorship of the Covered Employee or the Employee's covered Dependent spouse.
3. The age requirement above is waived for any unmarried Child who is Physically Handicapped or Intellectually Disabled and incapable of sustaining his/her own living, who has the same legal residence as the Employee for more than one-half of the Calendar Year, and who does not provide more than one-half of his/her own support for the Calendar Year in which the Child is enrolled for coverage under the Plan. Such Child must have been mentally or physically incapable of earning his/her own living prior to attaining the limiting age stated above. Proof of incapacity must be furnished to the Plan Administrator; refer to the Plan Document for details.

→ This guide provides a summary of the benefits available through the Thermo King Midwest plan. **It is intended for informational purposes only and does not guarantee coverage or payment of any specific service or claim.** Additional terms, conditions, limitations, and exclusions may apply. For complete details, please refer to the official plan certificate, which governs all plan benefits and provisions.

Qualifying Life Events

Changing Your Benefits Outside the Annual Enrollment Period

A qualifying life event is a change in your situation that may allow you to alter your benefit elections.

→ Benefit changes must correspond with your specific life event.

For example*: If you get married, you may add your spouse to the benefit plan, but you may not drop coverages you have already elected.*

→ When you experience a qualifying life event, you must complete benefit changes within 30 days of the event

For example*: If you have a baby on September 1, your newborn must be added to the plan no later than September 30.*

If you have questions about qualifying life events or need to make changes to your benefits, contact your company's benefits manager or Benefit Innovations.

Following are some examples of common life events; this is not a complete list.

- Involuntary loss of coverage
- A change in your marital status, such as marriage, divorce, or death of a spouse
- A change with your dependents, such as birth, adoption, or death of a dependent
- A change in employment status for you, your spouse, or your dependent
- Your dependent gaining or losing eligibility as a dependent on the plan
- A change in residence for you, your spouse, or your dependent that affects your healthcare options
- Losing or gaining eligibility for Medicare, Medicaid, or CHIP
- A court order, judgement, or decree, including QMCSO
- A severe curtailment in coverage available under this plan or a dependent's plan
- A change to your dependent's coverage under a plan sponsored by the dependent's employer
- A HIPPA special enrollment event
- Any other change permitted under IRS rules

Medical Benefits

Administered by PBA

Your Medical Plan	
Individual Deductible	$1,000 per plan year
Family Deductible	$2,000 per plan year
Individual Max Out of Pocket	$5,000 per plan year
Family Max Out of Pocket	$10,000 per plan year
Co-insurance	Plan pays 70% | You pay 30%
Employer's HRA Contribution	$250 per plan year

Your Expenses for Common Medical Events	
General Office Visit	Co-Pay: $30
Specialist Office Visit	Co-Pay: $50
Preventative Care	No Charge
Freshbenies	No Charge
Urgent Care	Co-Pay: $50
Emergency Room	Co-Pay: $200
Facility Charges	Co-Pay: $250
Regenexx Services	No Charge
Lab Services at Quest Diagnostics	No Charge

Open Access Medical Plan – No Provider Networks

Your plan is open access. This means you may visit any physician, specialist, clinic, lab, facility, or hospital of your choice. Your plan does not utilize a provider network.

If you are seeking medical care, submit a Provider Nomination form or reach out to ClaimDOC before your appointment for a more seamless experience at the time of your visit. Nominate your provider online at https://portal.claim-doc.com or contact ClaimDOC at 888-330-7295.

Prescription Co-Pays	*30-day Supply*	*90-day Supply*
Tier 1 – Generic	$0	$0
Tier 2 – Brand Name	$25	$75
Tier 3 – Non-formulary	$50	$125

Specialty medications are not covered by your plan. *You have access to a program where they may be sourced. Refer to the ScriptSourcing page in this guide for more information.*

Your Cost per Paycheck (52 pays per year)	
Employee	$15.00
Employee + Spouse	$40.00
Employee + Children	$40.00
Family	$65.00

This is an outline of benefits only; it is not a complete list of all plan parameters. The policy certificate is the official governing plan document.

Cut healthcare costs and confusion for your family ...in one easy membership!

Advocacy PLUS
Personalized, healthcare support - Ask your HealthPro to find highly-rated doctors, compare procedure pricing, reduce prescription costs, review and resolve medical bills and more.

General Telehealth
Your 24/7 virtual urgent care - Get unlimited $0 visits for cold, flu, pink eye, sinus infections and more. Get a prescription written, if necessary.

Behavioral Telehealth
Choose your mental health expert - Get unlimited $0 video visits with your choice of therapists or psychiatrists for temporary or ongoing support.

Zero RX
Your $0 meds - Get 1400+ common prescriptions for $0 - including both acute and chronic care. Available at over 60,000 pharmacies nationwide. No copays. No deductibles. No limits. Doctor's prescription required.

Prescription Savings
Your Rx for savings - Use our pricing tool and quickly find the best local price on most brand or generic meds at 60,000+ pharmacies nationwide.

benieWALLET
Important cards ready anytime, anywhere - Store and access all your cards in one, easy place - insurance, pharmacy, fitness clubs, passport and more!

"I use this benefit with the entire family - from pink eye on my seven-year-old to upper respiratory infections, urinary tract infections and colds...No calling the doctor's office, leaving work, missing school or sitting with sick people in a waiting room. — Heather"

ACTIVATE YOUR MEMBERSHIP
at freshbenies.com.
Click the "I'm new" banner
at the top to create your login.

Your state may have specific requirements.

This program is NOT insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. It provides discounts only at the offices of contracted health care providers, and each member is obligated to pay the discounted medical charges in full at the point of service. The range of discounts for medical or ancillary services provided under the program will vary depending on the type of provider and medical or ancillary service received. Discount Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 803475, Dallas, TX 75380-3475, 800-800-7616. Learn more at freshbenies.com and within the member app and portal.

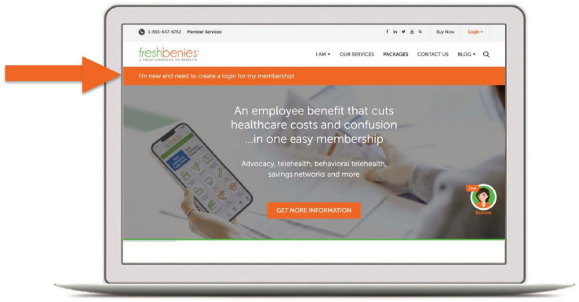
B4000-EE-EDGE-0BH AM 08/25

3 STEPS to use your services

freshbenies®
A FRESH APPROACH TO BENEFITS

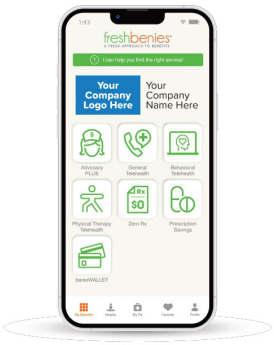
1 Activate your membership

Simply visit freshbenies.com and click the "I'm new" banner to create your login.



2 Explore all your services in your app or portal

Scan QR code to download the app. Then tap any service icon to see how it works.



3 Use your benies & save

Your freshbenies membership includes your immediate family so have them download the app, too!

Now you're ready to cut healthcare costs & confusion!

freshbenies®
A FRESH APPROACH TO BENEFITS

Zero Rx:
Your prescription for $0 medication

Pay $0 for 1400+ commonly prescribed acute and chronic care prescriptions - for you and your family. No copay, no deductible, no kidding.

Here's how it works:

- Log into your freshbenies app or portal and select the Zero Rx icon
- Search the Zero Rx list to see if your drug is available for $0
- If yes, use Find a Pharmacy to locate a provider near you (includes national chains and local neighborhood pharmacies)
- Show your digital Zero Rx card to the pharmacist at check out
  TIP: Tell the pharmacist this is a prescription plan, not a discount program.

Includes 95% of top 200 prescriptions - available at 60,000 pharmacies nationwide

Metformin (diabetes) **Atorvastatin (cholesterol)**
Amoxicillin (antibiotic) Lisinopril (blood pressure)
Sertraline (depression/anxiety)
AND MORE!

Scan for the full list of 1400+ prescriptions

Disclosures: **This is not insurance and is not intended to replace insurance.** The discount is only available at participating pharmacies. Learn more at freshbenies.com.

Q&A About Using Your Zero Rx Service

Q: Who can use Zero Rx?
Answer: You, your spouse and all IRS dependents under age 26 are included in your freshbenies membership - even if they aren't on your medical plan.

Q: Where can I fill my Zero Rx prescriptions?
Answer: At over 60,000 retail pharmacies nationwide - including large retail chains of grocery stores, Walgreens, CVS, Costco and local neighborhood pharmacies.

From your freshbenies app and portal, open Zero Rx and select Find a Pharmacy to find an option near you.

Q: Is Zero Rx a discount program?
Answer: No. When you show your Zero Rx card at the pharmacy, tell them this is a prescription plan - it is NOT a discount program.

Q: Do I need to use insurance?
Answer: No. Zero Rx is totally separate from any insurance. This service gives you access to $0 prescriptions outside of your medical plan.

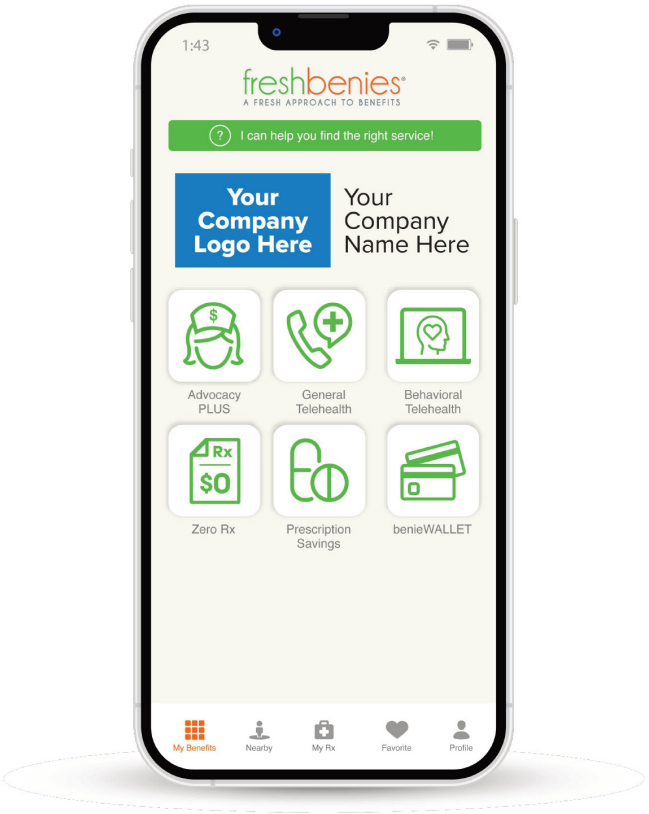
Q: Is there a cost to use Zero Rx?
Answer: No. There's no extra cost to you - it's included in your freshbenies membership.

Q: Do prescriptions on the Zero Rx list change?
Answer: Yes, but only one time a year. Typically, 20 or fewer changes will occur in the annual update based on current market trends.

Q: Are there any limits to filling the medications included?
Answer: Just one - no single prescription fill can exceed a $300 value. If your prescription is written for a 2 or 3-month supply and exceeds this limit, and the 30-day prescription is on the Zero Rx list, you can request your doctor change your prescription to a lower supply.

Q: I see some over-the-counter medications on the Zero Rx list. Do I need a doctor's prescription to pay $0?
Answer: Yes. If your doctor advises you to use an over-the-counter medication that is on the Zero Rx list, ask for a prescription so you can pay $0 at the pharmacy.

Q: What should I do if my medication isn't on the Zero Rx list?
Answer: You can still save! Use your Prescription Savings service to find the best price at a local pharmacy near you.



Download the freshbenies app to put all your services at your fingertips

B400-EE-Zero Rx

TDW 2/26

scriptsourcing

$0 RX COPAY PROGRAM

Name-brand maintenance & specialty medications

Med-Finder

Scan here to search for your medication & schedule a call
or
Call 410-902-8811

How to Enroll

1. **Search for Your Medication**
   Use the Med-Finder tool or call us directly and ask for a member advocate.

2. **Submit Your Enrollment Forms**
   A member advocate will walk you through the entire enrollment process.

3. **$0 COPAYS**
   Once enrolled you receive your medication(s) at no cost.

- Employees and their dependents pay a **$0 copay** for their medication(s).
- ScriptSourcing saves the health plan money and **lowers premiums** and **deductibles.**
- Prescriptions are **shipped directly** to the member.

WWW.SCRIPTSOURCING.COM/MED-FINDER

THERMO KING MIDWEST

Regenexx™

866-526-4197
regenexxbenefits.com/tkmidwest

WHAT IS REGENEXX?

Regenexx is an innovative treatment for orthopedic injuries that enhances your body's natural healing processes. To treat damaged tendons, ligaments, muscle, bone, and cartilage, the physicians draw your blood platelets and bone marrow aspirate and process them using **Regenexx** lab processing techniques. They then inject them precisely at the site of your injury using image guidance. **Regenexx** treatments provide a lower-risk, lower-cost, minimally invasive alternative for up to 70 percent of elective orthopedic surgeries.

THE REGENEXX DIFFERENCE

Regenexx is a nonsurgical outpatient therapy performed either in a single day or in a series of three treatments over two weeks. Most patients are encouraged to return to activity within a week of their procedure. Patients with health factors such as heart issues or risk of stroke can find a lower risk alternative to surgery with **Regenexx** treatments.

CONDITIONS TREATED

Ankle/Foot
- Achilles tendinopathy
- Arthritis
- Bunions
- Instability
- Ligament sprain or tear
- Plantar fasciitis

Hand/Wrist/Elbow
- Arthritis
- Carpal tunnel
- CMC joint arthritis (thumb)
- Tennis elbow
- Trigger finger
- Ulnar nerve entrapment

Hip
- Arthritis
- Bursitis Labral/labrum tear
- Joint-replacement alternative
- Osteonecrosis
- Tendinopathy

Knee
- Arthritis
- Joint-replacement alternative
- Meniscus tear
- Sprain or tear of ACL/PCL
- Sprain or tear of the MCL/LCL
- Tendinopathy

Shoulder
- Arthritis
- Joint-replacement alternative
- Labral tear
- Rotator cuff tear
- Rotator cuff tendinosis

Spine
- Back or neck nerve pain
- Bulging, collapsed, or herniated disc
- Ruptured or torn disc
- Degenerative disc disease
- Disc extrusion
- Disc protrusion

LEARN MORE

To find out more about your Regenexx benefit and whether Regenexx is an option for you, contact our education center.

To register for one of our weekly webinars, visit **regenexxbenefits.com/webinar/mailer**.

Call us today at **866-526-4197** or visit **regenexxbenefits.com/tkmidwest** to learn more.

samaritan fund program

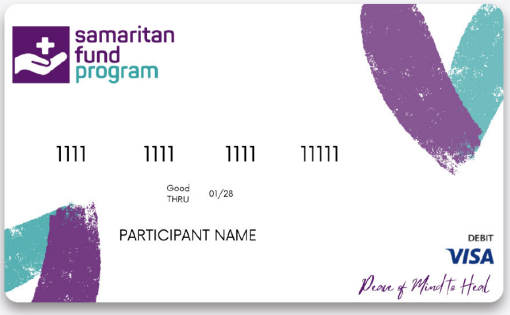
Giving the Peace of Mind to Heal

The Samaritan Fund Program sources funds from Samaritan Sponsors to pay for all medical expenses for individuals with serious medical conditions with high-cost treatments.

"You are our guardian angel.... We are now not on edge, not stressed. Now we can focus on medical care and actually enjoy time with our daughter instead of stressing about the financial piece... Thank you, Thank you, Thank you"

- PARTICIPANT

SCAN TO APPLY



866-764-9290 | samaritanfundprogram.com
service@samaritanfundprogram.com

HOW IT WORKS

- If you have a serious medical condition with high cost treatment, electronically submit a confidential Medical Insurance Release form.
- A Samaritan Fund Program Representative reaches out to explain the program, answer questions, and gather your information.
- If approved a personalized Samaritan Fund Program offer is issued.
- If you wish to accept you will sign and submit your offer letter.
- Your account is set up and we issue your debit card for medical expenses.
- Enjoy the Peace of Mind to Heal and submit your feedback on your Samaritan Fund Program experience.

Health Reimbursement Arrangement (HRA)

Administered by PBA

The Thermo King Midwest Medical Plan includes a health reimbursement arrangement (HRA). An HRA is an account that Thermo King Midwest sets up for you and credits a specified dollar amount each year to help pay for certain covered health care expenses.

The HRA is only available to those who elect Medical coverage. It is not a bank account, you cannot withdraw funds from the HRA, and the amounts allocated to your HRA do not earn interest. HRA funds are not taxable income.

You will receive a debit-style card from PBA to facilitate using your HRA funds. **If you already have an HRA card from PBA, you will not receive a new card.** Continue using your existing card.

If you need a new HRA card, contact PBA at 630-655-3755. If you would like to check your balance or transactions, login to your PBA member portal.

Thermo King Midwest will contribute $250 to your HRA for this plan year.

Important Information About Your HRA
The HRA will only cover expenses that are approved by the medical/prescription plan. This includes charges such as prescription co-pays, office visit co-pays, and amounts applied toward your deductible.
You may use the HRA to cover charges for co-pays, deductibles, and co-insurance under the medical plan which are incurred by you or your covered dependents.
You may use your HRA card to pay your medical provider or pharmacy directly for eligible expenses or you may pay out-of-pocket and submit a claim for reimbursement.
HRA funds are "use it or lose it." In the event you do not use the full amount of HRA funds available to you during the plan year, the remaining funds do not carry over to the next year.
HRA funds are available only for expenses incurred while you are actively covered by the medical plan.
Thermo King Midwest is under no obligation to fund the HRA in future years.

Thermo King Midwest, Inc.

The Help You Need,
One Phone Call Away

ClaimDOC®
Fair Payment Solutions for Health Plans

1-888-330-7295

portal.claim-doc.com

Monday - Friday
7:00 AM - 6:00 PM CST

membersupport@claim-doc.com

Your health plan provides you with member advocacy support through ClaimDOC. Your ClaimDOC Member Advocates are here to help you navigate your health plan and assist you with:

- Finding a provider in your area
- Submitting nominations and explaining the plan to your provider
- Understanding your medical bills and submitting balance bills
- Getting access to affordable healthcare

PBA
Professional Benefit Administrators

800-435-5694

Monday - Friday
7:00 AM - 5:00 PM CST

pbaclaims.com

Your plan administrator, Professional Benefits Administrators provides you with the following services on behalf of your health plan:

- Quoting benefits and eligibility, including how much is left of your deductible
- Determining which health services are covered under your plan
- Processing medical claims and issuing payment to your providers
- Processing your medical claim forms and issuing your reimbursements

ClaimDOC®
Fair Payment Solutions for Health Plans

Thermo King Midwest, Inc.

Member Advocates

Your health plan provides you with member advocacy support through ClaimDOC. The ClaimDOC Member Advocates are here to help you navigate your health plan and assist you with:

Finding a Doctor or Facility for Your Medical Treatment

We'll help you find a primary care physician, specialist, lab, radiology facility or other providers to meet your health care needs.

Finding a Less Costly Health Care Provider

The bigger the building, the bigger the bill! We're here to help you find high quality providers for non-emergent services, such as mammograms and elective surgeries, who are more cost-efficient than providers in a hospital setting.

Introducing the Health Plan to Your Current Provider

An unfamiliar health plan can cause unnecessary stress for you and your provider. Allow us to make the introduction and ensure your provider has your new insurance information BEFORE your appointment.

Understanding Your Bill

Deciphering a bill and Explanation of Benefits (EOB) can be confusing. Send them to us for review, and we'll make sure you don't pay more than your Patient Responsibility.

ClaimDOC is Here for You!

1-888-330-7295

membersupport@claim-doc.com

Monday - Friday
7 AM - 6 PM CST

ClaimDOC®
Fair Payment Solutions for Health Plans

Thermo King Midwest, Inc.

Pave the Way®

A guide to your open-access health plan

We are excited to introduce your new health plan. The ClaimDOC team is here to support you through this transition as you navigate through its new features.

Open-Access: More Choices For You & Your Family

Your new health plan is open-access, which means you have the freedom to choose any provider you wish, whether it is a primary care physician, specialist, clinic or facility. All benefits are paid at the same benefit level and there are no out-of-network penalties. As long as your provider agrees to submit claims to your plan administrator, you are only responsible for your applicable co-pays, deductibles and co-insurance.

Introducing the Plan to Your Providers

As part of ClaimDOC's Pave the Way® program, a ClaimDOC Member Advocate will reach out to your providers to ensure they have all of the necessary information regarding your new insurance plan. In order to avoid confusion or issues surrounding access, please allow a Member Advocate to contact your providers BEFORE your first appointment by submitting a Provider Nomination Form online or giving us a call directly at 1-888-330-7295.

Call a Member Advocate
1-888-330-7295

Email your form
membersupport@claim-doc.com

Submit an online form
portal.claim-doc.com/guest
PIN: TK46242

Present Your ID Card and Expect to Receive Care

The representative needs to look at the back of the ID card to find the claims submission address and Electronic Payor ID for your plan administrator. Present your ClaimDOC ID card and expect to receive care. You can confidently say, "I have benefits and my plan will pay!"

If your plan's benefit reimbursement is in question prior to service, please have the medical professional's representative call 1-888-330-7295 to speak with ClaimDOC.

ClaimDOC®
Fair Payment Solutions for Health Plans

Thermo King Midwest, Inc.

Scheduling Appointments With Your Providers

You are enrolled in an employer-sponsored open-access health plan that is self-funded by Thermo King Midwest, Inc. In some cases, the front-desk representative at your provider's office may not be familiar with your health plan and may need additional guidance to understand and program the information in their system.

A ClaimDOC Member Advocate may communicate with your provider before your first appointment, so we encourage you to nominate your provider by visiting portal.claimdoc.com, emailing the ClaimDOC Provider Nomination Form to: membersupport@claimdoc.com, or calling 1-888-330-7295. This ensures that your provider has the necessary information about your health plan, as well as the capability to submit claims on your behalf.

If you did not connect with ClaimDOC before scheduling an appointment, the information below will assist you with answering common questions your provider's office may ask:

WHAT IS THE NAME OF YOUR INSURANCE PLAN?
Thermo King Midwest, Inc. Health Plan

WHICH NETWORK DO YOU USE?
Thermo King Midwest, Inc. Health Plan does not utilize a network for physician or facility services. The plan is open access and all claims are reimbursed at an "in-network" benefit level, regardless of the source of care.

WHO IS THE CARRIER?
The carrier is Thermo King Midwest, Inc. This is an employer-sponsored health plan, self-funded by Thermo King Midwest, Inc. Claims may be submitted to the plan administrator, Professional Benefits Administrators. The address and payor ID are located on the back of my ID card.

Address: PO Box 4687
Oak Brook, IL 60522-4687

EDI Payor ID: 36331

HOW DO WE VERIFY BENEFITS AND ELIGIBILITY?
Benefits and eligibility may be verified by contacting the plan administrator, Professional Benefits Administrators at 630-655-3755.

If you or your provider's office have additional questions regarding how the Thermo King Midwest, Inc. Health Plan works, please call a ClaimDOC Member Advocate at 1-888-330-7295.

ClaimDOC®
Fair Payment Solutions for Health Plans

Thermo King Midwest, Inc.

Balance Bills

Your Thermo King Midwest, Inc. Health Plan utilizes a claim review and audit program that determines the fair and reasonable cost for the medical services you receive. A balance bill occurs when a provider or hospital receives the fair and reasonable payment from you and your insurance, but seeks to collect additional amounts directly from you.

The "balance" sought to be collected against you may match the "discount" determined by your plan as reflected on the Explanation of Benefits (EOB) you receive from your plan administrator, Professional Benefits Administrators.

Example

You fall, break an ankle and visit your local emergency room (ER). The ER doctor charges a total of $1,000 for this visit and submits the claim to your medical plan.

Your deductible has not been met, so the EOB you receive from your plan's administrator reflects the following:

Total Billed Charges: $1,000
Discounted Amount: $300
Plan Payment: $600
Patient Responsibility: $100

You pay the provider the $100 patient responsibility, but a few weeks later you receive a bill for $300, the amount that your EOB determined as the discount, or reduction.

This is a balance bill.

What if You Receive a Balance Bill

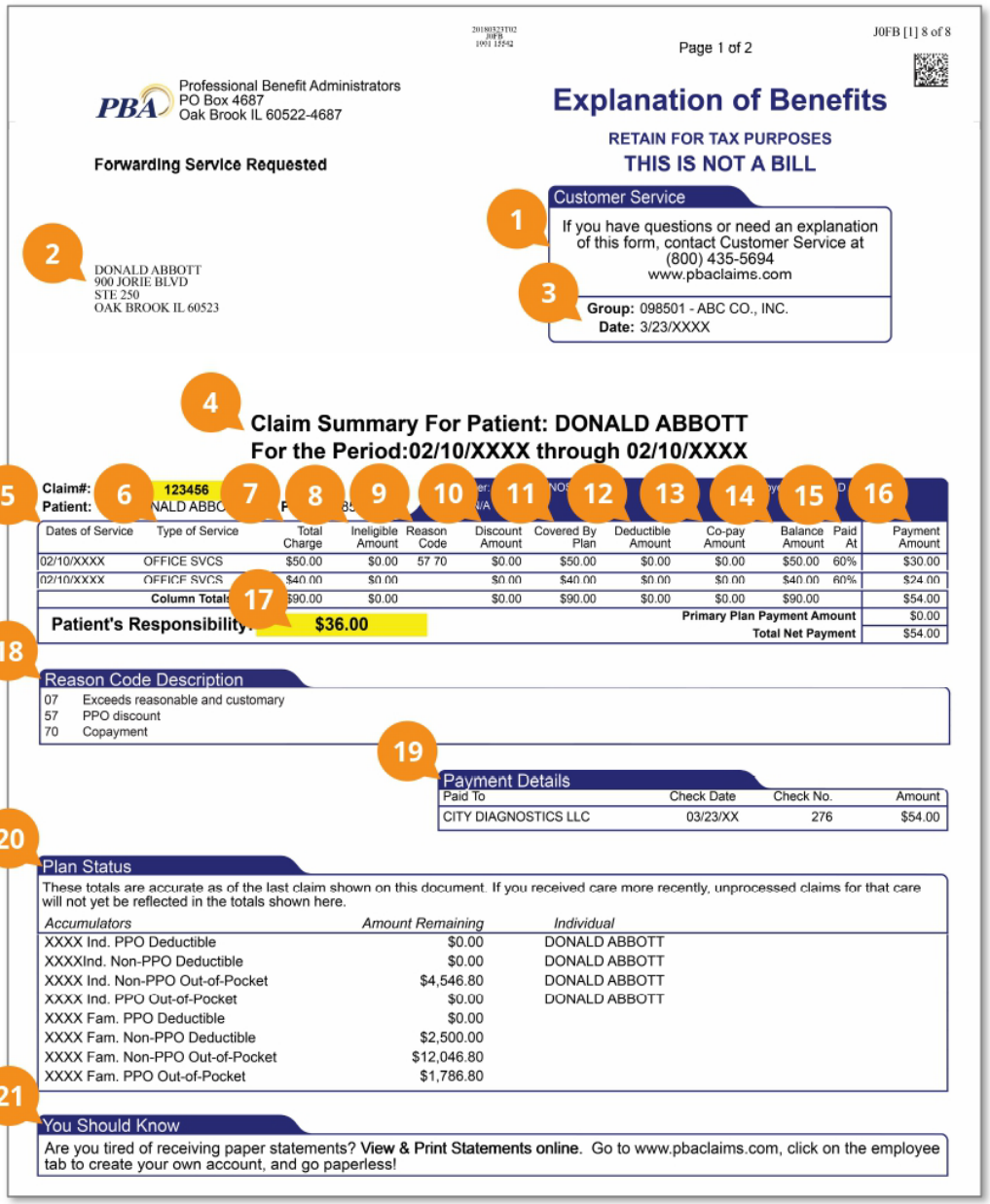
1. Immediately call ClaimDOC to report the balance bill, or upload to the portal.
2. Ensure that you have paid the patient responsibility amount reflected on your EOB.
3. You will be asked to sign the proper documentation granting ClaimDOC authorization to handle the bill on your behalf. This service is provided to you by your health plan.
4. ClaimDOC will contact the provider (or collection agency) regarding the balance bill.
5. You are not liable for the amount over your patient responsibility. If you continue to receive bills or any other communication regarding the balance bill, immediately inform ClaimDOC.

1-888-330-7295 | **balancebills@claim-doc.com** | **portal.claim-doc.com**

How to Read Your Claim Summary

This sample statement will show you where to look for information when your claims are processed. You will receive a Claim Summary that includes all family members during the noted period.

You can see your weekly claims activity on our website by logging into your benefits portal website account at pbaclaims.com.



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Professional Benefit Administrators
PO Box 4687
Oak Brook IL 60522-4687

Forwarding Service Requested

Explanation of Benefits

RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

1 Customer Service
If you have questions or need an explanation of this form, contact Customer Service at (800) 435-5694 www.pbaclaims.com

2
DONALD ABBOTT
900 JORIE BLVD
STE 250
OAK BROOK IL 60523

3
Group: 098501 - ABC CO., INC.
Date: 3/23/XXXX

4 **Claim Summary For Patient: DONALD ABBOTT**
For the Period:02/10/XXXX through 02/10/XXXX

5 Claim#: 6 123456
Patient: NALD ABBO

Dates of Service	Type of Service	7 Total Charge	8 Ineligible Amount	9 Reason Code	10 Discount Amount	11 Covered By Plan	12 Deductible Amount	13 Co-pay Amount	14 Balance Amount	15 Paid At	16 Payment Amount
02/10/XXXX	OFFICE SVCS	$50.00	$0.00	57 70	$0.00	$50.00	$0.00	$0.00	$50.00	60%	$30.00
02/10/XXXX	OFFICE SVCS	$40.00	$0.00		$0.00	$40.00	$0.00	$0.00	$40.00	60%	$24.00
	Column Total	$90.00	$0.00		$0.00	$90.00	$0.00	$0.00	$90.00		$54.00
									Primary Plan Payment Amount		$0.00
									Total Net Payment		$54.00

17 **Patient's Responsibility:** $36.00

18 Reason Code Description

07	Exceeds reasonable and customary
57	PPO discount
70	Copayment

19 Payment Details

Paid To	Check Date	Check No.	Amount
CITY DIAGNOSTICS LLC	03/23/XX	276	$54.00

20 Plan Status
These totals are accurate as of the last claim shown on this document. If you received care more recently, unprocessed claims for that care will not yet be reflected in the totals shown here.

Accumulators	*Amount Remaining*	*Individual*
XXXX Ind. PPO Deductible	$0.00	DONALD ABBOTT
XXXXInd. Non-PPO Deductible	$0.00	DONALD ABBOTT
XXXX Ind. Non-PPO Out-of-Pocket	$4,546.80	DONALD ABBOTT
XXXX Ind. PPO Out-of-Pocket	$0.00	DONALD ABBOTT
XXXX Fam. PPO Deductible	$0.00	
XXXX Fam. Non-PPO Deductible	$2,500.00	
XXXX Fam. Non-PPO Out-of-Pocket	$12,046.80	
XXXX Fam. PPO Out-of-Pocket	$1,786.80	

21 You Should Know
Are you tired of receiving paper statements? **View & Print Statements online.** Go to www.pbaclaims.com, click on the employee tab to create your own account, and go paperless!

1. **PBA contact information** appears here. If you have any questions regarding your Claim Summary, please have your user ID number and claim number available when you call.

2. **Your name and address** will appear here.

3. **Your group number, group name, and check generation date** will appear here.

4. **For the Period:** Shows the period that claims were incurred.

5. **Date(s) of Service:** The date the services were incurred.

6. **Type of Service:** The type of service performed by your provider (office visit, lab, x-ray, etc.).

7. **Total Charge:** The total amount charged by the provider.

8. **Ineligible Amount:** Any amount not covered by the plan. Ineligible Amount will be further explained with a reason code description in section 18 and may be included in the amount you may owe.

9. **Reason Code:** Reflects any comments about why a service may not have been covered or any other important information.

10. **Discount Amount:** The savings amount applied to this claim will be reflected here. The patient is not responsible for this amount.

11. **Covered by Plan:** The new allowed amount of the claim after the ineligible and discount amounts are applied.

12. **Deductible Amount:** This reflects how much of the claim will be applied to your deductible.

13. **Co-Pay Amount:** This reflects the amount you will be responsible for as defined by your plan.

14. **Balance Amount:** The amount after all deductions (ineligible, discount, deductible, and co-pay amounts) are applied.

15. **Paid At:** The percentage of benefit paid by the plan.

16. **Payment Amount:** Reflects the total benefit that was paid by the plan.

17. **Patient's Responsibility:** Any amount you may be responsible for will appear here (deductible, coinsurance, copayments or services that are not covered).

18. **Reason Code Description:** Reflects any comments about why a service may not have been covered or any other important information.

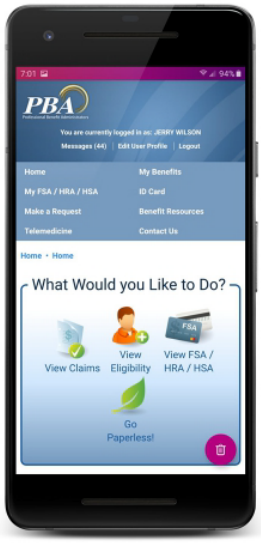
19. **Payment Details:** Reflects who received a benefit payment for this claim.

20. **Plan Status:** Reflects your deductible, and out-of-pocket amounts remaining as defined by your plan.

21. **You Should Know:** Special reminders and announcements appear here.

Mobile Benefits Portal

Access Mobile Benefit Information 24/7/365

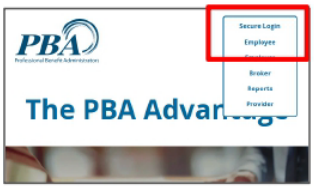


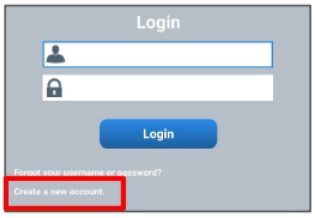
PBA's member benefits portal website offers you a robust suite of mobile tools with which you can manage your benefits. With the mobile benefits portal you can:

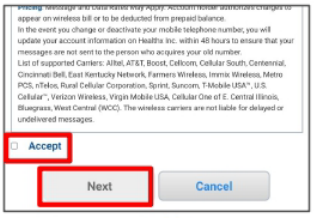
- View your virtual ID card
- Download electronic EOBs
- Access a link to the provider search page for your plan
- View current coverage and enrollment information
- Download your plan document, SBC, and benefit forms
- CheckFAQs or communicate securely with PBA customer service

Access the Mobile Benefit Portal - New Users

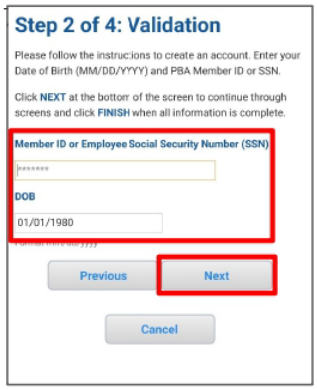
1. Go to www.pbaclaims.com and touch Secure Login > Employee.
2. Click Create a new account.
3. Check Accept and click Next if you agree to the terms and conditions.

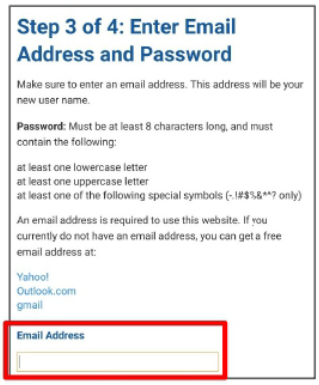


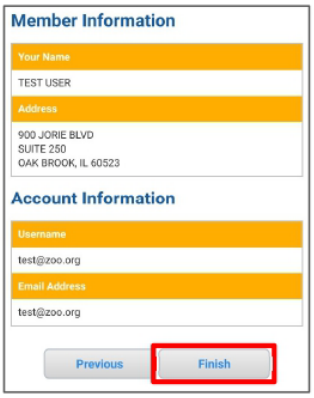




4. Enter the employee Social Security Number (SSN) and employee date of birth. Touch Next.
5. Enter your email, which will be your username, create your password, and set up your security questions and answers. Touch Next.
6. Verify your information and touch Finish.







Dental Benefits

Guardian Life Insurance Company

Your Dental Plan	Option 1: *Base Plan*	Option 2: *Buy-Up Plan*
Individual deductible	$50 per calendar year	$50 per calendar year
Individual deductible limit	3 per family	3 per family
Maximum Benefit	$1,000 per calendar year	$2,000 per calendar year
Orthodontia Maximum	N/A	$1,500 per lifetime
Provider Network*	DentalGuard Preferred	DentalGuard Preferred

* DentalGuard Preferred network providers have agreed to accept certain payment rates. If you visit an out-of-network dentist, you will likely pay more out of pocket.

Coverage Summary	Option 1: *Base Plan*	Option 2: *Buy-Up Plan*
Preventative Care	100%	100%
▸Oral Exams (once/6 mos.) ▸Cleanings (once/6 mos.) ▸X-Rays (Full-mouth series once per 5 years) ▸Fluoride Treatment (to age 14, once per 6 months) ▸Sealants (to age 16, once per 36 months)		
Basic Care	50%	80%
▸Fillings (including posterior composites) ▸Periodontal Maintenance Procedure (once per 3 months) ▸Combined Cleanings + Periodontal Maintenance (4 in a 12 consecutive month period) ▸Space Maintainers ▸Harmful Habit Appliances		
Major Care	25%	50%
▸Bridges and Dentures ▸Endodontic Services (Root Canal) ▸Single Crowns ▸Simple Extractions ▸Complex Extractions ▸Repair and Maintenance of Crowns, Bridges and Dentures ▸General Anesthesia ▸Periodontal Services (Scaling and Root Planing) ▸Periodontal Surgery ▸Inlays, Onlays, and Veneers		
Orthodontia**	Not covered	50%
**Coverage limited to dependent children up to age 19*		▸Braces ▸Aligners ▸Retainers

Frequency limitations, age requirements, and other restrictions may apply to the dental services available on this plan. Contact Guardian prior to receiving any services or treatment to be sure you understand the benefits available to you.

Manage Your Benefits and Find a Dentist

Visit www.guardianantytime.com to search for network participating dentists, access information about your benefits, check your claims, and access a copy of your ID Card.

Your Cost per Paycheck (52 pays per year)		
	Base Plan	*Buy-Up Plan*
Employee	$2.00	$3.61
Employee + Spouse	$4.16	$7.26
Employee + Child(ren)	$5.00	$9.95
Family	$7.53	$14.36

This is an outline of benefits only; it is not a complete list of all plan parameters. The policy certificate is the official governing plan document.

Vision Benefits

Guardian Life Insurance Company

Your Vision Plan	
Provider Network is	Davis Vision
Plan Name	Full Feature – Designer B
Exam Co-Pay	$10
Materials Co-Pay	$25

Sample of Covered Services	Amount You Pay After Applicable Co-Pay	
	In-Network	*Out-of-Network*
Eye Exams	$0	Amount over $50
Single Vision Lenses	$0	Amount over $48
Lined Bifocal Lenses	$0	Amount over $67
Lined Trifocal Lenses	$0	Amount over $86
Lenticular Lenses	$0	Amount over $126
Frames	Amount over $130 + 20% discount	Amount over $48
Contact Lenses (medically necessary)*	$0 – co-pay waived	Amount over $210
Contact Lenses (elective)*	Amount over $130	Amount over $105

**Contact lenses are in lieu of eyeglass lenses and/or frames*

Service Frequencies	
Exams	Once per calendar year
Lenses for glasses	Once per calendar year
Contact Lenses	Once per calendar year
Frames	Once every other calendar year

Manage Your Benefits and Find a Vision Provider
Visit www.guardiananytime.com to review information about your benefits and access a copy of your ID Card.
Visit https://microsite.davisvision.com/guardian/ **to find a Davis Vision network provider.**

Your Cost per Paycheck (52 pays per year)	
Employee	$0.57
Employee + Spouse	$1.30
Employee + Child(ren)	$1.31
Family	$2.18

This is an outline of benefits only; it is not a complete list of all plan parameters. The policy certificate is the official governing plan document.

Short Term Disability

Guardian Life Insurance Company

Thermo King Midwest offers eligible employees the opportunity to enroll in a Short Term Disability plan. This is an income replacement benefit if you become disabled due to a covered illness or off-the-job injury.

OPEN ENROLLMENT FOR SHORT TERM DISABILITY

If you previously waived Short Term Disability coverage and would like to enroll now, you may do so without answering any medical questions.

Don't miss this valuable opportunity to enroll in disability coverage and protect your income!

If you elect Short Term Disability coverage, Thermo King Midwest will cover 50% of your premium.

The rate noted below is your cost *after* TKM's contribution.

Electing Coverage

If you choose not to enroll in Short Term Disability coverage now and decide to sign up later, you'll be required to complete a health questionnaire. Your application will be reviewed by the insurance company, and coverage is not guaranteed; you could be denied based on the results of the review.

Coverage Information	
STD Benefit	60% of weekly earnings
Waiting Period	7 days for accident or illness
Benefit Period	12 weeks
Maximum Benefit	$1,000/week
Earnings Definition	Standard, excluding bonus, commission, and overtime
Your Monthly Cost	$0.15 per $10 of benefit

Your Short Term Disability plan includes additional eligibility requirements, limitations, and exclusions. Contact the insurance carrier for specific information about the coverage available to you.

Long Term Disability

Guardian Life Insurance Company

Thermo King Midwest offers eligible employees the opportunity to enroll in a Long Term Disability plan. This is an income replacement benefit if you become disabled due to a covered illness or off-the-job injury.

OPEN ENROLLMENT FOR LONG TERM DISABILITY

If you previously waived Long Term Disability coverage and would like to enroll now, you may do so without answering any medical questions.

Don't miss this valuable opportunity to enroll in disability coverage and protect your income!

Electing Coverage

If you choose not to enroll in Long Term Disability coverage now and decide to sign up later, you'll be required to complete a health questionnaire. Your application will be reviewed by the insurance company, and coverage is not guaranteed; you could be denied based on the results of the review.

Coverage Information	
LTD Benefit	60% of monthly earnings
Waiting Period	90 days
Benefit Duration	To age 65 (ADEA)
Maximum Benefit	$5,000/month
Earnings Definition	Standard–excluding bonus, commission, and overtime
Definition of Disability	2 year Own Occupation / Any Occupation thereafter
Mental Health/Substance Abuse	24 Month lifetime payment limit, combined
Pre-existing Conditions Exclusion	3 months prior / 12 months insured

Your Long Term Disability plan includes additional eligibility requirements, limitations, and exclusions. Contact the insurance carrier for specific information about the coverage available to you.

Monthly Rate per $100 of Covered Monthly Income											
Age	0-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	$0.18	$0.19	$0.24	$0.32	$0.51	$0.63	$0.80	$0.76	$0.84	$0.84	$0.84

Employee Basic Life and AD&D

Guardian Life Insurance Company

Thermo King Midwest provides all eligible employees with a Basic Term Life and AD&D policy.

This is automatic coverage provided at NO COST TO YOU.

Available Benefits	
Coverage for on and off the job	
Basic Life	$25,000
AD&D	$25,000

Benefit Reduction Schedule
Reduction occurs on member's birthday
Age 65: Benefits reduce by 35%
Age 70: Benefits reduce by 50%

Converting Your Life Coverage

If your employment ends or you retire, you may have the option to continue your life insurance coverage by converting to an individual plan. This allows you to keep your coverage without answering medical questions or going through underwriting review. Coverage options and rates may differ from those available while employed.

In order to convert your coverage, you must submit an application and pay the relevant premiums within 31-days from the date you end your employment. Applications and premiums are submitted directly to the insurance carrier.

If you decide to convert your coverage or want to learn more about your options, contact Guardian Life Insurance Company at 800-627-4200 to request a Notice of Conversion Privilege form.

Note – Other plans in the Thermo King Midwest benefits package may also be eligible for conversion. Contact Guardian Life Insurance Company or Benefit Innovations for more information.

This plan may be eligible for conversion to an individual policy upon termination of employment. For details contact Guardian Life Insurance.

Voluntary Life Insurance

Guardian Life Insurance Company

OPEN ENROLLMENT FOR VOLUNTARY LIFE

If you previously waived Voluntary Life coverage for yourself, your spouse, or your children and would like to enroll now, you may do so without answering any medical questions.

If you have existing Voluntary Life coverage, you may increase your coverage up to the Guarantee Issue amount.

Don't miss this valuable opportunity to protect your loved ones with life insurance.

Electing Coverage

If you choose not to enroll in Employee Voluntary Life coverage and decide to sign up later, you'll be limited in the amount of coverage you can elect. Depending on your coverage election, you may be required to complete a health questionnaire. Your application will be reviewed by the insurance company, and coverage is not guaranteed; you could be denied based on the results of that review.

If you choose not to enroll in Spouse or Child Voluntary Life coverage and decide to sign up later, you'll be required to complete a health questionnaire for your spouse and/or child. Your application will be reviewed by the insurance company, and coverage is not guaranteed; your spouse and/or child could be denied based on the results of the review.

	Employee	Spouse	Child
Guarantee Issue	$200,000	$25,000	$10,000
Increment Election	$10,000	$5,000	N/A
Maximum Election	$300,000	$250,000	$10,000

Monthly Rates per $1,000 of coverage – Voluntary Employee and Spouse Life

Age[1, 2]	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	$0.081	$0.087	$0.125	$0.196	$0.326	$0.517	$0.794	$1.227	$1.989	$3.289

[1] *Spouse rate is based on Employee's age*

[2] *Spouse coverage terminates at age 70*

Monthly Rates for Child Life (per family)		
Age	Benefit	Rate
0 - 14 day	$1,000	$2.00
14 days - 26 years	$10,000	$2.00

Benefit Reduction Schedule
Reduction occurs on member's birthday
Age 65: Benefits reduce by 35%
Age 70: Benefits reduce by 50%

This plan may be eligible for conversion to an individual policy upon termination of employment. For details contact Guardian Life Insurance.

This is an outline of benefits only; it is not a complete list of all plan parameters. The policy certificate is the official governing plan document.

Personal Accident

Guardian Life Insurance Company

Personal Accident coverage provides you with a lump sum benefit to help cover your expenses if you suffer an injury and receive certain treatments. Payment is made directly to you. Conditions and exclusions apply.

Primary Benefits	
Accidental Death	Employee: $50,000 | Spouse: $25,000 | Child: $10,000
Quadriplegia	100% of AD&D
Hemiplegia/Paraplegia	50% of AD&D
Common Carrier	200% of AD&D
Common Disaster	200% of Spouse AD&D

Other Benefits	
Ambulance	Ground: $200 / Air: $1,000
Burns (2nd and 3rd degree)	$0-$12,000, depending on size and severity
Chiropractic Visits	$50/visit, 6 visits/covered accident, 12 visits total/year
Coma	$10,000
Concussions	$200
Emergency Room Treatment	$200
Eye Injury	$300
Diagnostic Exam (Major)	$200
Fractures	Scheduled, up to $6,000
Gun Shot Wound	$750
Hospital Admission	$1,000
Hospital Confinement	$250/day up to 1 year per covered person per accident
ICU Admission	$2,000
ICU Confinement	$500/day up to 15 days per covered person per accident
Laceration	Scheduled, up to $400
Outpatient Therapies	$35/day up to 10 days/covered accident
Surgery (Cranial, Open Abd, Thoracic)	$1,250 (Hernia $250)
Tendon/Ligament/Rotator Cuff	1: $500; 2 or more: $1,000
X-Ray	$40
Traumatic Brain Injury	$4,000
Child Organized Sports	25% increase to Child Benefit, documentation required
Wellness Benefit	Per year benefit for completing certain routine screenings. Employee $50; Spouse $50; Child $50

Your Cost per Paycheck (52 pays per year)	
Employee	$3.93
Employee + Spouse	$6.17
Employee + Child(ren)	$6.36
Family	$8.59

This plan may be eligible for conversion to an individual policy upon termination of employment. For details contact Guardian Life Insurance.

This is an outline of benefits only; it is not a complete list of all plan parameters. The policy certificate is the official governing plan document.

Critical Illness

Guardian Life Insurance Company

Critical Illness coverage provides you with a lump sum benefit to help cover your expenses if you suffer from certain critical illnesses. Payment is made directly to you. Conditions and exclusions apply.

Lump Sum Benefit Amount		
Employee	Spouse	Child
$20,000	$10,000	$5,000

Conditions	Percentage of Lump Sum	
	1st Occurrence	2nd Occurrence
Arteriosclerosis	30%	0%
Benign Brain Tumor	75%	0%
Carcinoma In Situ	30%	0%
Heart Failure	100%	50%
Heart Attack	100%	50%
Invasive Cancer	100%	100%
Infectious Contagious Disease	30%	N/A
Kidney Failure	100%	50%
Sudden Cardiac Arrest	0%	N/A
Stroke	100%	50%

Plan Provisions
The plan will not pay for a critical illness that is diagnosed before your effective date on this plan.
The plan will not pay benefits for the First Occurrence of a Critical Illness if it occurs less than 3 months after the First Occurrence of a related Critical Illness for which this plan paid benefits.
The plan will not pay benefits for a Second occurrence of a critical illness unless you have not exhibited symptoms or received care or treatment of that illness for at least 12 months prior to the recurrence.
3/12 pre-existing exclusion: A pre-existing condition is an injury or illness for which you received treatment, advice, or care, including tests or prescriptions in the 3-months prior to your effective date of coverage.
At age 70, benefits reduce by 50%.
This plan provides a per year benefit for completing certain routine wellness screenings or procedures. Benefit amount: Employee $50; Spouse $50; Child $50

Your Cost per Paycheck (52 pays per year)							
	Benefit Amount	Age <30	30-39	40-49	50-59	60-69	70+
Employee	$20,000	$1.57	$2.58	$4.85	$9.51	$16.06	$25.48
Spouse[1]	$10,000	$0.78	$1.29	$2.42	$4.75	$8.03	$12.74
Child	$5,000	*No cost:* Child coverage is included when Employee elects coverage.					

[1] *Spouse rate is based on Employee's age*

This plan may be eligible for conversion to an individual policy upon termination of employment. For details contact Guardian Life Insurance.

This is an outline of benefits only; it is not a complete list of all plan parameters. The policy certificate is the official governing plan document.

Hospital Indemnity

Guardian Life Insurance Company

Hospital Indemnity coverage provides you with a lump sum benefit to help cover your expenses if you are confined to a hospital. Payment is made directly to you. Conditions and exclusions apply.

Available Benefits	
Admission – Acute Care or ICU	$1,000 per admission to a max of 1 admission per year, per insured, max of 3 admissions, per year, per covered family
Confinement – Acute Care or ICU	$100 per day to a max of 15 days per year, per insured
Treatment Covered	Sickness and Injury
Treatment of Normal Pregnancy	Hospital Admission benefits are not payable for birth within the first 9 months of coverage. *See official Plan Document for more information.*

Plan Provisions
This benefits guide summarizes the major features of the plan. It is not intended to be a complete representation of the plan. For full plan features, including exclusions and limitations, refer to the policy document.
3/12 pre-existing exclusion. A pre-existing condition is an injury or illness for which you received treatment, advice, or care, including diagnostics, or took medicine in the 3-months prior to your effective date of coverage.

Your Cost per Paycheck (52 pays per year)	
Employee	$2.88
Employee + Spouse	$6.75
Employee + Child(ren)	$4.93
Family	$8.79

This plan may be eligible for conversion to an individual policy upon termination of employment. For details contact Guardian Life Insurance.

This is an outline of benefits only; it is not a complete list of all plan parameters. The policy certificate is the official governing plan document.

THERMO KING MIDWEST

Thermo King Midwest, Inc. is offering Total Pet Plan to employees.

Your pets are part of your family, and you'll do anything to keep them happy and healthy. But with the cost of pet care on the rise, it isn't always easy.

That's why we're offering **Total Pet Plan**, which makes pet care more affordable. Enroll in Total Pet and get the same high-quality products and services your pets are used to, just at a lower price!

$2.71 per paycheck for one pet
$4.27 per paycheck for multiple pets

For more details and how to enroll, visit:
www.petbenefits.com/land/tkmidwest

TOTAL PET PLAN INCLUDES:

Discounts on products & Rx

- Up to 40% off on products like prescriptions, preventatives, food, toys and more
- Shipping is always free and same-day pickup is available for most human-grade prescriptions

View available products and pricing at petplusbenefit.com.

Discounts on veterinary care

- Instant 25% savings on your pet's in-house medical services at participating vets
- No exclusions due to age, health, pre-existing conditions or type of pet

Visit petbenefits.com/search to locate a participating vet.

24/7 pet telehealth

- Access real-time vet support, even when your vet's office is closed
- Unlimited support on your pet's health, wellness, behavior and more

Lost pet recovery service

- Durable ID tag helps lost pets return home quicker than a microchip
- Easily update your information online with no need to request a new tag

Exclusive member discounts

- Special deals and promotions from national pet retailers and service providers
- Easy access directly from your online member account

Pet Benefit Solutions | customercare@petbenefits.com | (800) 891-2565 pbs

GuidanceResources®

Your Life. Your Work. Your Best.®

Dear Employee:

We are pleased to announce ComPsych® GuidanceResources® as the new provider of our Employee Assistance Program services. The GuidanceResources® program provides confidential counseling, expert guidance and valuable resources to help you and your household members handle any of life's challenges, big or small. These services are provided at no charge and include:

Confidential Emotional Support

3 face-to-face or virtual sessions per person, per issue, per year

Life can be stressful. Your EAP provides short-term counseling services for you and your dependents to help you handle concerns constructively, before they become serious issues. Call anytime about topics such as marital, relationship and family problems; stress, anxiety and depression; grief and loss, job pressures and substance misuse disorders.

Work and Lifestyle Support

Too much to do, and too little time to get it all done? Work-life specialists can do the research for you and provide qualified referrals and customized resources for topics such as child and elder care, moving, pet care, college planning, home repair, buying a car, planning an event, selling a house and more.

Legal Guidance

With your GuidanceResources® program, you have an attorney "on call" whenever you have questions. They can help with legal concerns such as divorce, custody, adoption, real estate, debt and bankruptcy, landlord or tenant issues, civil and criminal actions and more. If you require representation, you can be referred to a qualified attorney for a complimentary 30-minute consultation and a 25 percent reduction in customary legal fees.

Financial Information

Everyone has financial questions. Get answers about budgeting, debt management, tax issues and other money concerns from on-staff accountants, financial professionals and other specialists, simply by calling the toll-free number.

Digital Support

Go to GuidanceResources® Online to connect to counseling, work and lifestyle support and other services, such as child care and legal services search tools. Tap into an array of articles podcasts, videos and slideshows on thousands of topics or improve your skills with On-Demand trainings, self-assessments and more.

Online Will Preparation

Drafting a will and a living will can be a complicated and expensive process. With EstateGuidance® from your GuidanceResources® benefit, we eliminate the hassle and high costs with a complimentary, simple and secure online tool. Log on to GuidanceResources® Online to get started.

Wellness Support

Flexible 3-5 coaching session model

Your well-being is precious. We can help you maintain it. Take advantage of online self-guided programs or work one-on-one with a well-being coach to make improvements. Programs include tobacco and nicotine cessation, weight management, sleep improvement, self-motivation, back care, diabetes prevention and more.

Assistance is available 24 hours a day, 7 days a week.

To access GuidanceResources® services:

- Call your toll-free number. You'll speak with a highly trained, caring professional who can listen to your concerns and guide you to the appropriate services.
- Visit GuidanceResources® Online at www.guidanceresources.com and enter your company ID.

Remember, assistance from the GuidanceResources® program is strictly confidential. To view the ComPsych® HIPAA privacy notice, please go to www.guidanceresources.com/privacy.

We hope you will take some time to explore all the benefits the GuidanceResources® program has to offer.

ComPsych® GuidanceResources® Worldwide | Guardian®

24/7 Live Assistance:
Call: (855) 239.0743
TRS: Dial 711

Online: guidanceresources.com
App: GuidanceNow℠
Web ID: Guardian

Required Notices

The Thermo King Midwest benefit plan is legally obligated to make certain notices available to you each year. You may obtain a copy of these notices at any time by:

- → Logging in to Bswift at https://tkm.bswift.com and visiting Learn >> Resource Library, or
- → Contacting Glenn Bartholomew at gbart@tkmidwest.com or Julie Harnist at jharnist@tkmidwest.com.

Following is a summary of the notices available to you.

Notice of Non-Grandfathered Status

This notice describes the ACA guidelines that apply to your plan because it is considered non-grandfathered.

Medicare Part D Non-Creditable Coverage Notice

This notice informs you that Thermo King Midwest's prescription plan is considered *non-creditable coverage* according Medicare Part D requirements. This information is important when you are joining Medicare.

Notice of Privacy Practices

The Notice of Privacy Practices describes how your health plan may use and share your information and describes your health privacy rights under the plan.

Notice to Employees of Marketplace Coverage Options

The purpose of this notice is to make you aware of the Health Insurance Marketplace and to confirm the Thermo King Midwest medical plan meets the minimum value standard and is considered affordable.

COBRA – Continuation of Coverage Notice

This notice outlines how you and/or your family members may elect to continue your benefits when you have lost coverage because of certain qualifying events.

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

The CHIP Notice provides information about health plan premium assistance for individuals and their dependents who are eligible for their employer's health plan but are unable to afford the premium.

Women's Health and Cancer Rights Act Notice (WHCRA)

This notice outlines the benefits and coverage available under the health plan for mastectomies and/or breast reconstruction services and the patient's rights following such surgeries.

Newborns' and Mothers' Health Protection Act (NMHPA)

The NMHPA notice outlines the protections in place for mothers and their newborn children with regard to the length of the hospital stay following childbirth.

Your Right to Appeal

This notice describes your right to appeal if your plan refuses to pay a claim or ends your coverage.

No Surprises Billing Act

This notice explains your rights and protections against surprise medical bills.

Summary of Benefits and Coverage (SBC)

The SBC is a snapshot of the plan's benefits, covered services, and other important information.

Summary Plan Description (SPD)

The SPD outlines what the plan does and does not cover and how the plan operates.

Important Contacts

PBA		*Medical Plan Administrator*
Group# 0724D – ID cards, coverage info, check claims	630-655-3755	www.pbaclaims.com
ClaimDOC		*Provider Nominations and Balance Bill Support*
Nominate providers, submit balance bills	888-330-7295	www.portal.claim-doc.com
Freshbenies		*Virtual and Telehealth Services*
Urgent care, mental health care, prescriptions	→	www.freshbenies.com/members
US-Rx Care		*Pharmacy Benefits Manager*
Filling prescriptions at a pharmacy	877-200-5533	www.usrxcare.com/member
Prescription Mart		*Mail Order Prescription Service*
Prescription delivery by mail	800-630-3206	www.presmartinc.com
ScriptSourcing		*Specialty and High-Cost Drug Sourcing*
Obtain high-cost prescriptions for $0	410-902-8811	www.scriptsourcing.com
Regenexx		*Alternative Orthopedic Treatment*
**Contact Regenexx before an orthopedic procedure*	866-526-4197	www.regenexxbenefits.com/tkmidwest
Dental		*Guardian Life Insurance Company*
Group# 00037142 – DentalGuard Preferred Network	800-541-7846	www.guardiananytime.com
Vision		*Guardian Life Insurance Company*
Group# 00037142 – Davis Vision Network	800-999-5431	https://microsite.davisvision.com/guardian/
Basic Life and Voluntary Life		*Guardian Life Insurance Company*
Group# 00037142	800-525-4542	www.guardiananytime.com
Short Term and Long Term Disability		*Guardian Life Insurance Company*
Group# 01037142	888-482-7342	www.guardiananytime.com
Personal Accident, Critical Illness, Hospital Indemnity		*Guardian Life Insurance Company*
Group# 00037142	888-482-7342	www.guardiananytime.com
ComPsych – Guidance Resources		*Employee Assistance Program*
Web ID: *Guardian*	855-239-0743	www.guidanceresources.com
Total Pet Plan		*Pet Benefit Solutions*
Pet care discount programs	800-891-2565	ww.petbenefits.com/land/tkmidwest

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