



2026 BENEFIT ENROLLMENT

It's Time To Talk
About Your Benefits

TABLE OF CONTENTS

Benefits Overview.....	3
Qualifying Life Events	4
Medical Benefits	5
Find a Provider.....	7
Telehealth	8
Cigna Digital ID Cards	9
Pharmacy Benefits	11
Cigna Value Adds	12
Health Reimbursement Arrangement (HRA).....	14
Flexible Spending Accounts (FSA).....	15
Dental Benefits.....	16
Vision Benefits.....	17
Basic Term Life and AD&D	18
Voluntary Group Term Life and AD&D	18
Short Term Disability.....	20
Long-Term Disability	21
Voluntary Benefits	22
Employee Assistance Program.....	28
Contacts	29

This document is an outline of the coverage provided under your employer’s benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the “plan documents”). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer’s benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.



ENROLL FOR 2026 BENEFITS

BENEFITS OVERVIEW

Stabilit America, Inc. is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical, dental and vision), and Stabilit America, Inc. provides other benefits at no cost to you (life, accidental death & dismemberment). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

BENEFITS OFFERED

- Medical
- Dental
- Vision
- Health Reimbursement Account (HRA)
- Flexible Spending Account (FSA)
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and AD&D
- Short Term Disability
- Long Term Disability

EMPLOYEE ELIGIBILITY

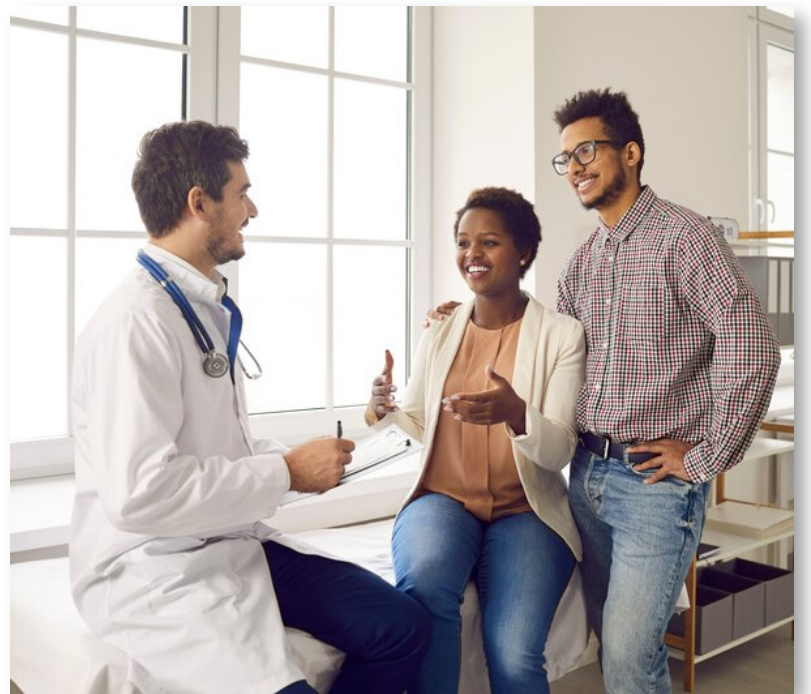
You and your dependents are eligible for Stabilit America, Inc. benefits:

- Stabilit Executive Employees - Date of hire
- Stabilit Hourly Employees - 1st of the month following 30 days
- Stabilit Union Employees - 1st of the month following 30 days
- Stabilit Salaried Employees - 1st of the month following Date of hire

DEPENDENT ELIGIBILITY

Eligible dependents are your spouse/domestic partner, children under age 26, or disabled dependents of any age.

IMPORTANT NOTE: Tax Considerations: The IRS requires that the value of coverage for domestic partners (including child(ren) of domestic partners), be considered taxable income. (Exception: mentally or physically handicapped child.)



BENEFITS OVERVIEW

QUALIFYING EVENT

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 31 days of the event (60 days for certain events).

Examples of Qualifying Events include, but are not limited to:

- Marriage
- Divorce or legal separation
- Birth, adoption, or legal custody of a dependent child
- Involuntary loss of other group insurance coverage
- Death
- Gain or loss of eligibility for Medicaid or CHIP coverage (60-day notification period).
- Gain or loss of eligibility for premium assistance for Medicaid or CHIP coverage (60-day notification period).
- Spouse's Open Enrollment





YOUR RESPONSIBILITY

Before you enroll, make sure you understand the plans and ask questions if you do not. After you enroll, you should always check your first paycheck stub to make sure that the correct amount is being deducted and that all the benefits you elected are included.

Any corrections must be made within the first 30 days of enrollment. You should also verify that all beneficiary information is up to date.

EASY ONLINE ENROLLMENT

Login to <https://preparebenefits.employeenavigator.com>. The Company Identifier will be **stabilit**. From the home page go to "Start Benefits" to begin your Enrollment Benefits Election. For questions, please contact your HR team.



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!



MEDICAL BENEFITS

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention goes a long way - especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.



	HRA PPO 4500	
	In-Network	Out-of-Network*
Lifetime Benefit Maximum	Unlimited	
Annual Calendar Year Deductible ¹	\$4,500 single / \$9,000 family	\$9,000 single / \$18,000 family
Annual Calendar Year Out-of-Pocket Maximum ²	\$6,000 single / \$12,000 family	\$20,000 single / \$40,000 family
Coinsurance	10%	30%
DOCTOR'S OFFICE		
Primary Care Office Visit	\$30 copay per visit	30% after deductible
Specialist Office Visit	\$50 copay per visit	30% after deductible
Preventive Care (screening, immunization)	No charge	Not covered
Diagnostic Test (x-ray, blood work)	No charge	30% after deductible
Imaging (CT/PET scans, MRIs)	10% after deductible	30% after deductible
PRESCRIPTION DRUGS		
Retail—Generic Drugs (Tier 1) (30-day supply)	\$10 copay per prescription	Not covered
Retail—Preferred Brand Drugs (Tier 2) (30-day supply)	\$35 copay per prescription	Not covered
Retail—Non-Preferred Brand Drugs (Tier 3) (30-day supply)	\$50 copay per prescription	Not covered
Specialty Drugs (Tier 4) (30-day supply)	\$100 copay per prescription	Not covered
Mail Order—Generic Drugs (Tier 1) (90-day supply)	\$30 copay per prescription	Not covered
Mail Order—Preferred Brand Drugs (Tier 2) (90-day supply)	\$105 copay per prescription	Not covered
Mail Order—Non-Preferred Brand Drugs (Tier 3) (90-day supply)	\$150 copay per prescription	Not covered

¹**Calendar Year Deductible**

The Calendar Year Deductible is a specified dollar amount that you must pay for certain covered services per calendar year. There are individual and family deductibles. Once an individual or a family deductible has been satisfied, then coinsurance applies, if applicable. Coinsurance is your share of the costs of a healthcare service. It is the amount a member pays after the deductible has been met.

²**Calendar Year Out-of-Pocket Maximum**

The Calendar Year Out-of-Pocket Maximum is the amount of covered expenses, (including deductible, coinsurance, and copayments) that must be paid by you, either individually or combined as a covered family. After the individual/family out-of-pocket maximum has been satisfied in a calendar year, payment for in-network covered services requiring copayment and coinsurance for that covered individual/family will be payable by Cigna at the rate of 100% for the remainder of the calendar year, subject to any other terms, limitations, and exclusions.



MEDICAL BENEFITS

	HRA PPO 4500 (CONT.)	
	In-Network	Out-of-Network*
HOSPITAL SERVICES		
Emergency Room (Copay is waived if admitted)	\$250 copay per visit	\$250 copay per visit
Inpatient	10% after deductible	30% after deductible
Outpatient Surgery	10% after deductible	30% after deductible
Ambulance Service	10% after deductible	10% after deductible
MENTAL HEALTH SERVICES		
Inpatient Services	10% after deductible	30% after deductible
Outpatient Services	Office visit: \$50 copay; All Other services: 10% after deductible	30% after deductible
SUBSTANCE ABUSE SERVICES		
Inpatient Services	10% after deductible	30% after deductible
Outpatient Services	Office visit: \$50 copay; All Other services: 10% after deductible	30% after deductible
OTHER SERVICES		
Maternity Services	10% after deductible	30% after deductible
All other maternity hospital/ physician services	10% after deductible	30% after deductible
Muscle Manipulation Services (Annual max of 20 days)	PCP visit: \$30 copay per visit Specialist visit: \$50 copay per visit	PCP visit: 30% after deductible Specialist visit: 30% after deductible
Physical, Occupational and Speech Therapy Services (Annual max of 20 days)	PCP visit: \$30 copay per visit Specialist visit: \$50 copay per visit	PCP visit: 30% after deductible Specialist visit: 30% after deductible
Skilled Nursing 60-day calendar year maximum	10% after deductible	30% after deductible

* Out -of-Network benefits are subject to balance billing



CIGNA PROVIDER SEARCH

You can locate a physician at www.cigna.com or by logging onto your personal Cigna member account at www.myCigna.com.



Step 1: Click on "Find a Doctor, Dentist or Facility."



Individuals and Families Employers and Brokers Health Care Providers



How are you Covered?



Step 2: Select "the box that reads "Employer or School."

Find a Doctor, Dentist, or Facility in

Charlotte, NC 28217

Step 3: Select the geographic location you want to search, as well as you desired search criteria.



OAP

Open Access Plus, OA Plus, Choice Fund OA Plus

Step 4: Select "Open Access Plus" to generate a list of participating providers..

CIGNA INFORMATION

CIGNA VIRTUAL VISITS

As a part of the medical plans, Cigna provides access to a telehealth services: **MDLIVE**.

Cigna Telehealth Connection allows members to access the care they need - including most prescriptions - for a wide range of minor conditions. You can connect with a board-certified doctor via secure video chat without leaving your home or office. Telehealth services are available whenever, wherever, and however works best for you.

Starting January 1st, MDLIVE Primary Care and Urgent Virtual Care Services are \$0 copay!

- Choose When: Day or night, weekdays, weekends, and holidays
- Choose Where: Home, work, or on-the-go
- Choose How: Phone or video chat
- Choose Who: MDLIVE doctors

When you register with MDLIVE, you can speak with a doctor for help with:

- Acne
- Allergies
- Cold and Flu
- Fever
- Headache
- Rash
- Sore Throat
- Stomachache
- UTIs and more

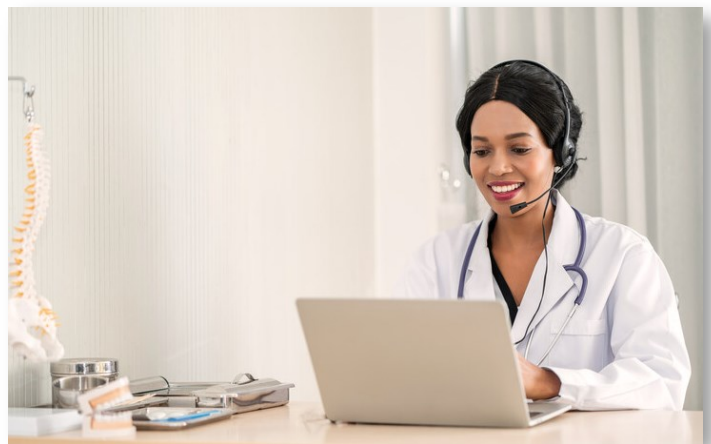
Virtual Visits with MDLIVE can be a cost-effective alternative to a convenience care clinic or urgent care center, and costs less than going to the emergency room.

Telehealth services should be utilized only for minor, non-life threatening conditions.

CIGNA BEHAVIORAL HEALTH

MDLIVE is only available for medical visits. For covered services related to mental health and substance abuse, you have access to the Cigna Behavioral Health network of providers.

Simply go to www.mycigna.com to search for a video telehealth specialist, then call to make an appointment with your selected provider. Telehealth visits with Cigna Behavioral Health network providers cost the same as an office visit.



MDLIVE Website: www.MDLIVEforCigna.com
MDLIVE Phone Number: 888-726-3171

CIGNA MOBILE APP

Life can be busy and complicated. So, Cigna created a simple-to-use tool that can help make your life easier (and healthier) while you're on the go. The myCigna Mobile App helps you personalize, organize and access your important plan information on your phone or tablet. The app is available in English and Spanish.

Use the myCigna Mobile App to log in anytime, anywhere to:

- **Manage** and track claims
- **View**, fax or email ID card information
- **Find** doctors and compare cost and quality ratings
- **Review** your coverage
- **Track** your account balances and deductibles
- **Refill** your Cigna Home Delivery Pharmacy prescriptions online and view order history
- **Compare** prescription drug prices at thousands of pharmacies in our network

CIGNA DIGITAL ID CARDS

Have your ID card handy?

With myCigna, the answer is always “yes.”



Big news: You never have to worry about misplacing your ID card. It's always right there on myCigna®, whenever and wherever you need it.*

Accessing your digital ID cards is easy.



Log in to **myCigna.com** or the **myCigna® App**



Click or tap “ID Cards”



View your card(s), as well as any dependents' card(s)**



Email cards directly to doctors



Save your digital ID cards in your Apple Wallet



Not registered on myCigna yet?

It's quick and easy.

Visit **myCigna.com®** or scan the QR code to download the **myCigna® App** and register now.

KNOW BEFORE YOU GO

Choosing the right kind of care for a medical situation can be challenging and confusing; understanding the different levels of care and when to use each one can help save time, money, and create peace of mind

	Cost and time			
	Lower			Greater
	Virtual care	Convenience care clinic	Health care provider's office	Urgent care center
	For minor medical conditions. Connect with a board-certified doctor via video or phone when, where and how it works best for you. Visit myCigna.com , or call MDLIVE at 888.726.3171 to talk with a doctor 24/7.*	For minor medical concerns. Staffed by nurse practitioners and physician assistants. Located in retail stores and pharmacies. Often open nights and weekends.	The best place to go for routine or preventive care or to keep track of medications. Many PCPs offer virtual care. Contact your PCP to schedule an in-person or virtual care visit. Find a PCP on myCigna.com .	For conditions that aren't life threatening. Staffed by nurses and doctors and usually have extended hours.
				Emergency room
				For immediate treatment of critical injuries or illness. Open 24/7. If a situation seems life threatening, call 911 or go to the nearest ER. *Freestanding ER locations are becoming more common in many areas. Because these ERs are not inside hospitals, they may look like urgent care centers. When you receive care at an ER, you're billed at a much higher cost than at other health care facilities.
Conditions treated**	<ul style="list-style-type: none"> › Colds and flu › Rashes › Sore throats › Headaches › Stomachaches › Fever › Allergies › Acne › Urinary tract infections (UTIs) and more 	<ul style="list-style-type: none"> › Colds and flu › Rashes or skin conditions › Sore throats, earaches, sinus pain › Minor cuts or burns › Pregnancy testing › Vaccines 	<ul style="list-style-type: none"> › General health issues › Preventive care › Routine check-ups › Vaccines and screenings 	<ul style="list-style-type: none"> › Fever and flu symptoms › Minor cuts, sprains, burns, rashes › Headaches › Lower back pain › Joint pain › Minor respiratory symptoms › UTIs
Your cost and time	<ul style="list-style-type: none"> › Costs the same or less than a visit with your primary care provider (PCP) › Appointments typically in an hour or less › No need to leave home or work 	<ul style="list-style-type: none"> › Same or lower than provider's office › No appointment needed 	<ul style="list-style-type: none"> › May charge copay/coinsurance and/or deductible › Usually need appointment › Short wait times 	<ul style="list-style-type: none"> › Costs lower than emergency room (ER) › No appointment needed › Wait times vary
				<ul style="list-style-type: none"> › Sudden numbness, weakness › Uncontrolled bleeding › Seizure or loss of consciousness › Shortness of breath › Chest pain › Head injury/major trauma › Blurry or loss of vision › Severe cuts or burns › Overdose
				<ul style="list-style-type: none"> › Highest cost › No appointment needed › Wait times may be long



PHARMACY BENEFITS

CIGNA 90 NOW

Your plan includes a maintenance medication program called Cigna 90 Now. Maintenance medications are taken regularly, over time, to treat an ongoing health condition. Cigna 90 Now offers you more choice in how, and where, you can fill your prescription.

Choose what works best for you

- If you choose to fill your prescription in a 90-day supply, you must use a 90-day retail pharmacy in your plan's new network, or Cigna Home Delivery PharmacySM (Express Scripts)
- If you choose to fill your prescription in a 30-day supply, you can use any retail pharmacy in your plan's new network.

There are many retail pharmacies in the Cigna 90 Now network. They include local pharmacies, grocery stores, retail chains and wholesale warehouse stores – all places where you may already shop. If you prefer the convenience of having your medications delivered to your home, you can also use Cigna Home Delivery Pharmacy to fill your prescriptions.

Why fill a 90-day supply?

Filling your prescriptions in a 90-day supply may help you stay healthy because having a 90-day supply of your medication on-hand typically means you're less likely to miss a dose. It also means you can make fewer visits to the pharmacy to refill your medication, and depending on your plan, you may be able to save money by filling your prescriptions 90-days at a time.

Here are some of the 90-day retail pharmacies in your network:

- CVS Pharmacy (including Target)
- Acme Pharmacy
- Osco Drug
- Walmart Pharmacy
- Big Y Pharmacy

For more information about your pharmacy network, you can go to www.Cigna.com/Rx90network.

CIGNA HOME DELIVERY PHARMACY - EXPRESS SCRIPTS

Express Scripts Pharmacy, which is a Cigna company, is one of the country's largest home delivery pharmacies.


How do I know what prescription medications can be filled through Express Scripts Pharmacy?

In general, prescription maintenance medications are those taken on a regular basis to treat an ongoing health condition, such as asthma, diabetes and heart conditions. If your doctor has prescribed a medication for you to take every day, or several times a week, then you may be taking a maintenance medication. Certain specialty medications are also available through home delivery.

How do I place an order?

For fastest service, call your doctor's office to request a 90-day supply of your medication and your doctor can submit the prescription request electronically to Cigna Home Delivery Pharmacy. Or you can call us at 800-835-3784 and we will contact your doctor for you.

Three easy ways to switch to home delivery

1. **Log in to the myCigna® App or myCigna.com to move your prescription electronically.** Click on the Prescriptions tab and select My Medications from the dropdown menu. Then simply click the button next to your medication name to move your prescription(s).   
2. **Call your doctor's office.** Ask them to send a 90-day prescription (with refills)³ electronically to Express Scripts Home Delivery. Or,
3. **Call Express Scripts® Pharmacy at 800.835.3784.** They'll contact your doctor's office to help transfer your prescription. Have your Cigna ID card, doctor's contact information and medication name(s) ready when you call.

Got a new prescription?

Ask your doctor to send it to Express Scripts® Pharmacy using one of these methods:

1. **Electronically:** For fastest service, they can send your prescription electronically to Express Scripts Home Delivery, NCPDP 2623735.
2. **By fax:** They can call 888.327.9791 to get a Fax Order Form.

CIGNA VALUE ADDS

ACTIVE & FIT DIRECT

Become more active without breaking the bank. Active & Fit Direct is a gym membership with over 12,700+ standard gyms to choose from. Your Active & Fit Direct standard membership at \$28/month includes access to one standard gym. You then have the option to purchase additional standard or premium gym memberships with a \$5 discount off each monthly fee.

- * Additional option to join any of the 9,800+ premium exercise studios and get 20-70% discounts on most memberships
- * No long-term contracts
- * Lifestyle Coaching and online resources



Get Started: <https://discoverhealthyrewards.sites.cigna.com>.

OMADA - DIABETES PREVENTION PROGRAM

Omada is a personalized program that helps you reach your health goals through sustainable lifestyle change. Get the support and technology you need to lose weight, gain energy, and reduce the risks of type 2 diabetes and heart disease.

The program surrounds you with the tools and support you need to make lasting, meaningful changes to the way you eat, move, sleep, and manage stress - one small step at a time.

You'll receive the program at no additional cost if you or your covered adult dependents are enrolled in Stabilit's medical plan offered through Cigna, are at risk for type 2 diabetes or heart disease, and are accepted into the program.

Visit www.omadahealth.com/omadaforcigna to see if you're eligible.

IDENTITYFORCE - IDENTITY THEFT PROTECTION

Now is the time to protect what is most important. As our digital activity expands, fraud and scams increase exponentially, along with vulnerabilities that result from having sensitive personal information exposed. It's why IdentityForce offered through Cigna will be included in your Cigna medical coverage at no additional cost for you and any child(ren) living in your household up to age 18. IdentityForce proactively monitors, alerts, and helps fix any identity theft compromises.

IdentityForce not only proactively monitors the Dark Web, credit reports, and real-time fraud issues, but will help fix compromises to personal information and make sure your identity is restored without the burden of phone calls and paperwork.

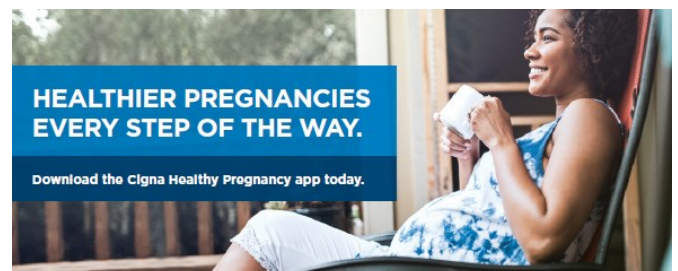
Visit <https://cigna.identityforce.com/starthere> or call 833.580.2523.



CIGNA HEALTHY PREGNANCY APP

The Cigna Healthy Pregnancy app is designed to help you and your baby stay healthy during pregnancy. This valuable resource offers you an easy way to track and learn about your pregnancy. It also provides support for baby's first two years.

Download the Cigna Healthy Pregnancy app now. Just enter your due date and myCigna user ID and password.



CIGNA VALUE ADDS



Explore the online store today!

The store has something for everyone

Shop today to discover what's waiting for you!

The Wellness Store offers over 400 items across 50 brands. That means there's something for every interest and every wellness goal—and all at exclusive pricing just for our members. Shop a wide variety of health and wellness items like:

- Fitness trackers
- Bluetooth speakers
- Digital scales
- Deep-tissue massagers
- Water bottles
- Beauty products and more!

All Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group.



Scan the QR code and go to **myCigna > Wellness > More > Store.**



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HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

Administered by Lively

Stabilit America, Inc. employees who select the PPO 4500 Medical Plan are automatically enrolled in the Health Reimbursement Arrangement (HRA) administered by Lively.



- Once you have met the initial Health Plan Deductible (\$1,500/individual or \$3,000/family), the HRA will reimburse 100% of eligible medical expenses per claim up to a maximum of \$3,000 for an individual, or \$6,000 if you are covering one or more dependents. The HRA helps offset the cost of your deductible expenses on the plan.

Can I put money into the HRA account?

No, employees are not permitted to add additional funds to the account.

How does it work?

Once you have met the applicable Health Plan Deductible (as detailed in the below chart), the HRA will begin to reimburse for eligible medical expenses that apply to the medical plan deductible. As you obtain covered services which are subject to the deductible, you will pay your provider your full share, and the HRA will reimburse your provider for eligible medical expenses.

When you visit an in-network provider, the claim will automatically be submitted for HRA reimbursement.

What happens to the money that is in the account if I leave Stabilit America, Inc. or do not participate in the medical plan next year?

Unused funds do not accumulate year to year. Any funds remaining at time of termination or at the end of the plan year will be retained by Stabilit America, Inc.

Reimbursement Order for HRA Allocation January 1, 2026 to December 31, 2026	Individual	Individual and Spouse	Individual and Child(ren)	Family
Member Pays First:	\$1,500	\$3,000	\$3,000	\$3,000
Embedded (per person) Member Pays First Amount:	\$1,500	\$1,500	\$1,500	\$1,500
HRA covers	Individual	Individual and Spouse	Individual and Child(ren)	Family
Plan Pays Next:	\$3,000	\$6,000	\$6,000	\$6,000
Embedded (per person) Amount:	\$3,000	\$3,000	\$3,000	\$3,000





FLEXIBLE SPENDING ACCOUNTS (FSA)

Administered by Lively

Stabilit offers employees the option to contribute to a Flexible Spending Account (FSA) managed by Lively. All eligible employees may contribute until their last date employed. You elect the amount which will be deducted, pre-tax, from your paycheck. Please keep in mind that any funds remaining in the account in excess of **\$680** at the end of the 2026 calendar year will be forfeited. Below is a summary of the FSA benefit:

Purpose:

An FSA allows employees to pay for qualified healthcare and dependent care expenses on a pre-tax basis. By paying for these expenses before being taxed, employees lower their taxable income, pay less in taxes and increase their take-home pay. Access the list of qualified expenses by visiting www.livelyme.com/whats-eligible.

Health Care FSA	
Eligible Expenses	In general, you can use your contributions to help pay for eligible medical expenses that would not otherwise be reimbursed by any other source. The healthcare FSA can be used to pay for out-of-pocket healthcare expenses, such as deductibles, copays, coinsurance, dental expenses, vision expenses and some over-the-counter (OTC) medications. However, OTC medications require a doctor's prescription in order for them to be eligible for reimbursement from an FSA. You may choose to participate in the healthcare FSA account whether or not you elect any other benefits.
Maximum Contribution for 2026	\$3,400

Dependent Care FSA	
Eligible Expenses	In general, you can use your contributions to help pay for the cost of care for your eligible dependents so that you (or if you're married, you and your spouse) can work. The dependent must be a child, under age 13, and claimed as a dependent on your federal income tax return, or a disabled dependent that spends at least eight hours a day in your home.
Maximum Contribution for 2026	\$3,750 annually (Married, filing separately) \$7,500 annually (Single or Married, filing jointly)



Debit Card

An FSA debit card will be provided to all participants. Once you start contributing and using your debit card, you will see reporting and other important information in your online dashboard, such as recent contributions, purchases, required actions, and more.

You can contact Lively about your FSA account:

Phone: **1-888-576-4837**

You can also obtain account balances, view claims history, file claims, download forms and report a lost or stolen debit card when you create an account at <https://livelyme.com>





DENTAL BENEFITS

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Stabilit dental plan. Dental ID cards can be retrieved from www.mycigna.com or you may reach out to the HR team.



Cigna Dental				
PLAN NAME AND TYPE	DENTAL PPO LOW		DENTAL PPO HIGH	
Network Access	In-Network	Out-of-Network	In-Network	Out-of-Network
Benefit Maximum	\$1,000		\$1,500	
Individual Deductible	\$50		\$50	
Family Deductible	\$150		\$150	
DENTAL DESCRIPTION				
Preventive Services	No charge	No charge	No charge	No charge
Basic Services	50% after CYD	50% after CYD	20% after CYD	20% after CYD
Major Services	50% after CYD	50% after CYD	20% after CYD	20% after CYD
PROCEDURES				
Routine Office Visits – 9430	No charge	No charge	No charge	No charge
Teeth Cleaning – 1110	No charge	No charge	No charge	No charge
Full Mouth / Panoramic x-rays – 0330	No charge	No charge	No charge	No charge
Amalgam Fillings – 2140	50% after CYD	50% after CYD	20% after CYD	20% after CYD
Extraction, simple, per tooth – 7140	50% after CYD	50% after CYD	20% after CYD	20% after CYD
Endodontics – 3330	50% after CYD	50% after CYD	20% after CYD	20% after CYD
Periodontal scaling – 4341	50% after CYD	50% after CYD	20% after CYD	20% after CYD
Full or partial dentures – 5110	50% after CYD	50% after CYD	20% after CYD	20% after CYD
Crowns – 2752	50% after CYD	50% after CYD	20% after CYD	20% after CYD
ORTHODONTIA (UP TO AGE 19)				
Benefit	50%		20%	
Lifetime Maximum	\$1,000		\$1,000	

For questions on benefits or to check if your provider participates in the Cigna Dental Plan, please call Cigna Customer Service at 800-806-5042 or visit their website at <https://www.mycigna.com>





VISION BENEFITS

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone. Cigna vision providers participate in the EyeMed network. A vision ID card is not needed for services.



Cigna Vision - EyeMed Network				
PLAN NAME AND TYPE	BASE PLAN		BUY UP PLAN	
Network Access	In-Network	Out-of-Network	In-Network	Out-of-Network
EYE CARE WELLNESS COPAY				
Eye Exam	\$20 copay	Reimbursed up to \$45	\$10 copay	Reimbursed up to \$45
Frequency	12 months	12 months	12 months	12 months
LENSES				
Materials Copay				
Single Vision	\$30 copay	Reimbursed up to \$32	\$10 copay	Reimbursed up to \$32
Bifocals	\$30 copay	Reimbursed up to \$55	\$10 copay	Reimbursed up to \$55
Trifocals	\$30 copay	Reimbursed up to \$65	\$10 copay	Reimbursed up to \$65
Frequency	24 months	24 months	12 months	12 months
FRAMES				
Selected Frames	\$80 allowance + 20% off balance	Reimbursed up to \$44	\$140 allowance + 20% off balance	Reimbursed up to \$77
Frequency	24 months	24 months	24 months	24 months
CONTACTS COPAY — IN LIEU OF ANY OTHER EYEWEAR BENEFITS				
Elective	\$80 allowance	Reimbursed up to \$68	\$140 allowance	Reimbursed up to \$115
Medically Necessary Contacts	Covered in full	Reimbursed up to \$210	Covered in full	Reimbursed up to \$210
Frequency	24 months	24 months	12 months	12 months





LIFE INSURANCE

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Administered by SunLife

Employer-Paid Benefits Provided to Full-Time Employees of Stabilit America, Inc.

As an employee of Stabilit America, Inc. we provide Basic Term Life and Accidental Death & Disability (AD&D) Insurance coverage for our full-time employees.

Stabilit Non-Union Employees - 2x salary, up to \$350,000

Stabilit Union Employees - 1x salary, up to \$250,000

Please note that employees are eligible to purchase additional coverage for themselves and their families through SunLife under the supplemental insurance options.

VOLUNTARY LIFE AND AD&D INSURANCE

Administered by SunLife



You can purchase, with convenient payroll deduction, Voluntary Life insurance and AD&D for yourself and your dependents through SunLife. In order to elect coverage for your dependent spouse and/or child(ren), you must first elect coverage for yourself. Rates vary depending on age and benefit amount. Please refer to the Voluntary Life and AD&D rate chart to determine your per pay period cost for this coverage. Forms and additional information are available in Employee Navigator and from Human Resources.

- **Employee Coverage** — As an employee, you can apply for Life Insurance in increments of \$10,000 and up to a maximum of 7x salary, not to exceed \$500,000 with a Guaranteed Issue* amount of \$150,000.
- **Spouse Coverage** — You can apply for Life Insurance for your spouse in increments of \$5,000. The maximum amount you can purchase is \$150,000, not to exceed 50% of eligible employee amount. The Guaranteed Issue* amount of \$50,000 is available for spouses.
- **Child(ren) Coverage** — You can apply for Life Insurance for your eligible child(ren) from age 15 days or older in the following amounts: 15 days to 6 months = \$100; 6 Months to age 19 (23 if a full time student) = choice of \$1,000 increments to a max of \$10,000 .

**Guarantee Issue (GI)*: The amount of coverage available upon initial eligibility for you and your eligible dependents without having to provide proof of good health.

Amounts over the GI require Evidence of Insurability (EOI) and are not in place until written notification is provided by SunLife.

Special offer for the 2026 Open Enrollment - late entrants can enroll up to the Guarantee Issue without EOI.

Be sure your beneficiary assignments are up to date in Employee Navigator.

Sun Life Voluntary Life			
	Employees	Spouse	Child(ren)
Supplemental Life Benefit	7 X Base Annual Earnings to a max of \$500,000	\$150,000, not to exceed 50% of EE amount of \$150,000	15 days to 6 months \$100; 6 months to age 19 (23 if F/T student): \$10,000
Guarantee Issue	\$150,000	\$50,000	\$10,000
Increments of Coverage	\$10,000	\$5,000	\$1,000, to a max \$10,000

LIFE INSURANCE

VOLUNTARY LIFE AND AD&D INSURANCE (CONTINUED)



In order to build your benefit with Sun Life Supplemental Term Life insurance, your employer gives you the opportunity to buy valuable life insurance coverage for yourself, your spouse and your dependent children - all at affordable group rates.

To request coverage:

1. Log into your Employee Navigator platform.
2. Choose the amount of employee coverage that you want to buy.
3. Look up the premium costs for your age group for the coverage amount you are selecting on the chart below.
4. Choose the amount of coverage you want to buy for your spouse. Again, find the premium costs on the chart below.
Note: Spouse's rates are based on employee's age.
5. Choose the amount of coverage you want to buy for your dependent children. The premium costs for each coverage option are shown below.

SUNLIFE VOLUNTARY LIFE AND AD&D			
Age Band	Employee Monthly Rate	Spouse Monthly Rate	Children
Under age 20	\$0.060	\$0.060	\$0.218
20-24	\$0.060	\$0.060	
25-29	\$0.060	\$0.060	
30-34	\$0.068	\$0.068	
35-39	\$0.085	\$0.085	
40-44	\$0.128	\$0.128	
45-49	\$0.221	\$0.221	
50-54	\$0.366	\$0.366	
55-59	\$0.579	\$0.579	
60-64	\$1.431	\$1.431	
65-69	\$1.609	\$1.609	
70+	\$2.878	N/A	

DISABILITY INSURANCE



SHORT TERM DISABILITY

Administered by SunLife

Stabilit provides all full-time eligible employees with Short Term Disability (STD) insurance through Sun Life at no cost to you.

Short Term Disability protects your income in the event you become disabled due to either illness or an off-the-job injury. If you are unable to perform the duties of your job, STD coverage will supplement your lost wages. The STD benefit replaces a portion of your pre-disability earnings, less the income that was actually paid to you for the same Disability from other sources' (e.g., state disability benefits, no-fault auto laws, sick pay, etc.). The Benefit amount is a percentage of your pre-disability weekly earnings subject to the plan's maximum weekly benefit of \$5,000 as noted in the table below.

You become eligible for benefits once you have satisfied the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait, while disabled, before you are eligible to receive a benefit. Once you have satisfied the elimination period, benefits are retroactive to day 1.

- » For Injury: 7 days.
- » For Sickness (includes pregnancy): 7 days.

Benefits will only be paid if the disability claim is approved by Sun Life and will continue for as long as you are disabled up to a maximum duration of 12 weeks of Disability . Your plan's maximum benefit period and any specific limitations are described in the Certificate of Insurance/Summary Plan Description. Once the benefit period has expired, you may be eligible for Long Term Disability insurance.

SunLife Short-Term Disability Benefits	
Class Description	All Eligible Employees
Benefits Percentage - Non-Union	60% of weekly income (<5 years of service) 100% of weekly income (5+ years of service)
Benefits Percentage - Union	60% of weekly income (<5 years of service as of 2/15/10) 100% of weekly income (5+ years of service as of 2/15/10)
Weekly Maximum	\$5,000
Elimination Period	7 days (Accident) / 7 days (Illness)
Duration of Benefits	12 weeks



DISABILITY INSURANCE



LONG TERM DISABILITY

Administered by SunLife

Stabilit provides all full-time eligible employees Long Term Disability (LTD) insurance through Sun Life, at no cost to you.

The Long Term Disability plan provides a percentage of your monthly earnings if you are unable to perform your job due to illness or injury that extends beyond the Short Term Disability coverage period.

LTD benefits replace a portion of your pre-disability monthly earnings, less other income you may receive from other sources during the same Disability (e.g., Social Security, Workers Compensation, vacation pay, etc.). The Benefit amount is 60% of your pre-disability monthly earnings. The amount of Long Term Disability benefit may not exceed the maximum monthly benefit established under the plan, regardless of your annual salary amount. The maximum under this plan is \$9,000.

Benefits will only be paid if the disability claim is approved by Sun Life and will begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination period for Long Term Disability is 90 days. These benefits will be provided to you as long as you are considered disabled, up to Social Security Normal Retirement Age (SSNRA). Any specific limitations are described in the Certificate of Insurance.

SunLife Long-Term Disability Benefits	
Class Description	All Other Eligible Employees
Benefits Percentage - Union and Non-Union	60% of covered earnings
Monthly Maximum	\$9,000
Elimination Period - Accident/Illness	90 days
Maximum Benefit Duration	Social Security Normal Retirement Age (SSNRA)



CRITICAL ILLNESS INSURANCE



Administered by Sun Life

What Is Critical Illness Insurance?

Critical Illness insurance offers a way to supplement your regular medical coverage and ensures you are covered for the unexpected. This insurance is designed to cover out-of-pocket expenses not covered by your health insurance, such as your deductible and copays, as well as many out-of-network charges. Critical Illnesses can often lead to extended time away from work and unplanned expenses providing additional stress. Critical Illness insurance works to offset some of those lost wages and helps you pay routine living expenses such as child care, transportation, rent or mortgage payments so you can focus on recovering.

Benefit Options:

As an employee you may choose to elect up to a \$40,000 benefit. You can elect coverage on your eligible spouse/domestic partner at 100% of your benefit amount and eligible dependent Children are covered at 50% of your benefit amount. All coverage amounts are guaranteed issue for the 2026 enrollment period, meaning no medical questions are required.

What Does Critical Illness Insurance Cover?

The Sun Life Critical Illness Insurance pays you a lump-sum benefit upon diagnosis of any one of the covered critical illnesses. All payments are made directly to you, in addition to any coverage you may or may not have and you decide how the money is spent. Covered Critical Conditions:

Covered Critical Conditions: (100% Benefit)	Child Specific Conditions: (100% Benefit)	Covered Critical Conditions: (25% Benefit)
<ul style="list-style-type: none">Invasive Cancer (Except Skin Cancer, which pays 5%)Heart Attack (STEMI)Benign Brain TumorEnd Stage Kidney FailureMajor Organ FailureStrokeParalysis or DismembermentLoss of Sight, Speech, or Hearing	<ul style="list-style-type: none">Congenital Structural AnomalyCongenital Metabolic DisorderCerebral PalsyCongenital Heart DefectsType 1 Diabetes	<ul style="list-style-type: none">Non-Invasive CancerCoronary Artery DiseaseCoronary Artery Obstruction

How Does Critical Illness Insurance Work?

Upon diagnosis of any one of the covered conditions you are able to submit a claim. After submitting a claim, Sun Life will review your claim, as well as all submitted documentation and issue a lump-sum payment.

Additional Plan Details:

- Pre-existing Condition Limitation Waived: This means that as long as you are diagnosed with a covered condition after the effective date you will be covered without exclusion or look back provisions.
- Preventive Health Benefit: The Health Screening Benefit pays \$50 per person per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. See Master Policy for the full list of covered health screening tests.

ACCIDENT INSURANCE



Administered by Sun Life

What Is Accident Insurance?

Accident Insurance provides coverage for Off-Job accidental injuries that occur, helping to fill financial gaps caused by out-of-pocket expenses. Accidental injuries range from minor to major incidents.

What Does Accident Insurance Cover?

The Sun Life Accident policy will deliver a payment to you for various qualifying incidents. These may include the following:

- Injuries such as fractures, dislocations, burns, concussions, cuts and lacerations, eye injuries, coma, torn knee cartilage, broken tooth, ruptured disc and paralysis
- Medical services and treatments such as ambulance (ground and air), emergency care, non-emergency care, hospital (admission, confinement and inpatient rehab), intensive care unit confinement, physician follow-up, therapy services, medical testing (X-rays, MRIs and CT scans), medical appliances, inpatient and outpatient surgery, and blood and blood plasma
- Accidental death and dismemberment

How Does Accident Insurance Work?

As a voluntary benefit through your employer, you will receive a reduced premium rate that can be automatically paid through payroll deductions. Insurance benefits are paid regardless of other insurance coverage, such as a health insurance plan that might already pay a portion of your medical expenses.

After you submit a claim and any required verification for an accident, the insurance payment will be sent directly to you based on the pre-determined benefit schedule for the services you have rendered as a result of the accidental injury.

Accident insurance is used in addition to your regular health insurance, and when you receive your insurance payment, you can use the benefit money for any of your expenses—medical deductible and copays, rent or mortgage payment, groceries, transportation, child care or any other needs. The use of the money paid out following a claim is entirely up to you as you recover from your accident.

Additional Plan Details:

- Coverage options for you and your eligible dependents
- Guaranteed Issue (No Medical Questions Required)
- Health Screening Benefit: Pays \$50 once per benefit year when you have a covered test performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.
- Portability: Plans offer portability, meaning if your employment status changes, you can take your policy with you



HOSPITAL INDEMNITY INSURANCE



Administered by Sun Life

What Is Hospital Indemnity Insurance?

Hospital indemnity insurance works to complement your medical coverage — and pays in addition to what your medical plan may or may not cover. It's coverage that can help safeguard your finances for life's unexpected events by providing you with a lump-sum payment (one convenient payment all at once) when your family needs it most. The payment you receive is yours to spend however you like. It pays a flat amount upon your hospital admission and a daily amount paid from each day of your stay that you are confined to the hospital.

How Does Hospital Indemnity Insurance Work?

Once you have a covered accident or sickness and are in the hospital for at least 24 hours, you are eligible to receive the hospital admission benefit. You then can receive a daily confinement benefit for up to 10 days confined to a hospital.

Additional Plan Details:

- Guaranteed Issue (No Medical Questions)
- Coverage is available for you and your eligible dependents
- Choose between two plan options (Low/High)
- Plan Pays a benefit for Hospital admission due to an accident or sickness, the benefit amount depends on what option you choose: Low Option: pays \$1,000 once per CY & the High Option pays \$2,000 once per CY. In addition to a hospital confinement benefit both options pay a per day confinement benefit of either \$150 on the Low Option or \$200 on the High Option beginning on day 2 of your hospital stay.



TERM LIFE INSURANCE WITH LONG TERM CARE

Administered by Allstate

What Is Term Life Insurance with Long-Term Care?

The Allstate LifeTime Benefit Term (LBT) provides family life insurance protection plus benefits for Long-Term Care, helping your loved ones when they can't rely on your salary or income any longer while also providing protection for your LTC needs while you're living.

Additional Plan Details:

- Dependent Coverage Available
- **Guaranteed Issue Amounts Available:**
 - Employee Coverage: Ages 18 – 70 are eligible for up to \$100,000 on a Guaranteed Issue
 - Spouse Coverage: Ages 18 – 70 are eligible for up to \$50,000 (working spouse), \$10,000 (Non-working spouse), or \$20,000 (unknown work status)
 - Children ages 0 to age 18 are eligible to elect a \$20,000 term policy.
- **Accelerated Death Benefit:** Accelerates up to 75% of Death Benefit (not to exceed \$100,000) after a 90-day elimination period if Insured is certified terminally ill by a physician. Choose between a monthly advance of the death benefit or a lump-sum payment.
- **Restoration of Benefits:** Restores the death benefit to the pre-acceleration amounts and the extension benefit extends the death benefit for a period equal to the original benefit term.
- Rates are based on insured's age at the coverage effective date and are guaranteed not to change.
- No medical exams required. Issuance of coverage depends upon answers to a few health questions.
- **Pre-Existing Condition Limitation:** Benefits are not paid for a period of care resulting from a pre-existing condition that begins within the first 6 months after the effective date if the preexisting condition causes the insured to be chronically ill. A preexisting condition is a condition for which treatment was recommended or received within 6 months before the effective date.
- **Portability:** Plans offer portability, meaning if your employment status ever changes, you can take your policy with you

What Does the Long-Term Care Benefit Cover?

Long-term care refers to a host of services that aren't covered by regular health insurance. This includes assistance with routine daily activities, like bathing, dressing or getting in and out of bed when you become certified as chronically ill (unable to perform 2 out of 6 activities of daily living or are cognitively impaired) and are confined to a nursing home, assisted living facility, require in home health care, or adult day care. This benefit is built into the life policy and is available to employees and spouses ages 18–70 (Children are not eligible for this benefit) and will pay up to 6% of the current death benefit amount payable each month for up to 17 months and 34 months with the extension of benefits. If death occurs prior to the end of the period, the remaining amount is paid as a death benefit.



IDENTITY THEFT INSURANCE

What Is Identity Theft Insurance?

Identity Theft Insurance is designed to cover some of the costs related to identity theft and fraud. It reimburses victims for money spent on reclaiming their financial identities and repairing their credit reports. Those costs can range from phone bills to legal help. Identity theft occurs when someone uses your personal information to commit fraud or other crimes. Reclaiming your identity can be slow and costly. That's where identity theft insurance can help.

How Does Identity Theft Insurance Work?

Allstate's Identity Protection proprietary monitoring platform detects high-risk activity to alert you at the first sign of fraud. They scour the dark web for compromised credentials and monitor financial transactions, all while keeping tabs on your credit reports. In the event of identity theft, Allstate Identity Protection fully manages the process of recovering your identity, credit, and sense of security so the impact to your life is minimal.

Additional Plan Details:

- Identity and credit monitoring
- Tri-bureau credit alerts
- Unlimited credit reports
- Dark web monitoring
- Financial transaction monitoring
- Social media reputation monitoring
- Accounts secured with two-factor authentication
- 24/7 Privacy Advocate remediation
- \$1 million identity theft insurance policy
- 401(k) and HSA stolen fund reimbursement
- Tax fraud refund advances



Portability: Plans offer portability, meaning if your employment status ever changes, you can take your policy with you



MASA MEDICAL TRANSPORT



A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation service within the United States and Canada, regardless of whether the provider is in or out of the healthcare benefits network.

After the group health plan pays its portion, MASA MTS works with providers to deliver our members \$0 in out-of-pocket costs for emergency transport.

	Emergent Plus	Platinum
Emergency Ground Ambulance Coverage	● ²	● ²
Emergency Air Ambulance Coverage	● ²	● ²
Hospital to Hospital Ambulance Coverage	● ²	● ²
Repatriation Near Home Coverage	● ²	● ⁴
Minor Return Transportation Coverage		● ³
Pet Return Transportation Coverage		● ³
Patient Return Transportation Coverage		● ⁴
Companion Emergency Transportation Coverage		● ³
Hospital Visitor Transportation Coverage		● ³
Mortal Remains Transportation Coverage		● ⁴
Vehicle & RV Return Coverage		● ³
Organ Retrieval Transportation Coverage		● ¹
Organ Recipient Transportation Coverage		● ¹

Coverage territories

1: United States only | 2: United States and Canada | 3: United States, Canada, Mexico, the Caribbean (excluding Cuba), the Bahamas, and Bermuda | 4: Worldwide coverage to include any region with the exclusion of Antarctica and not prohibited by U.S. law or U.S. travel advisories

PRICING	
Emergent Plus	\$14 / month
Platinum	\$39 / month

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When to access:
During or immediately following your emergency care treatment.

How to access:
Call 800-643-9023.
The MASA Transport Team is available 24/7/365 to assist you and will begin making the necessary arrangements, including working with your medical team.
Note: If you are traveling out of the U.S., please submit your dates of travel through the member portal or to travel@masaglobal.com.

View your benefits online at: masaaccess.com/member or through the MASA app.

EMPLOYEE ASSISTANCE PROGRAM

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No-cost, confidential solutions to life's challenges.



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- Grief, loss and life adjustments
- Relationship/marital conflicts



Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

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- Hiring movers or home repair contractors
- Planning events, locating pet care



Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

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- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more



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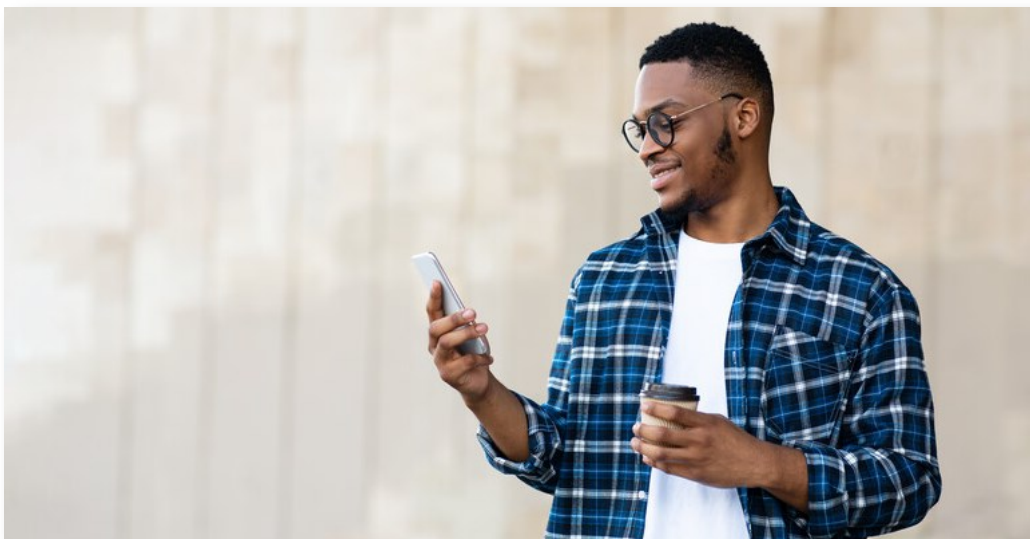
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CONTACT INFORMATION

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

BENEFIT	ADMINISTRATOR	PHONE	WEBSITE/EMAIL
Medical	Cigna	800.806.5042	mycigna.com
Dental	Cigna	800.806.5042	mycigna.com
Vision	Cigna	888.353.2653	mycigna.com
Flexible Spending Accounts (FSA)	Lively	888.576.4837	https://livelyme.com
Health Reimbursement Arrangement (HRA)	Lively	888.576.4837	https://livelyme.com
Life Insurance	Sun Life	800.247.6875	www.sunlife.com/account
Disability Insurance (STD/LTD)	Sun Life	800.247.6875	www.sunlife.com/account
Voluntary Benefits (Accident, Critical Illness, Hospital Indemnity)	Sun Life	800.247.6875	www.sunlife.com/account
Term Life with Long Term Care	Allstate	800.521.3535	www.mybenefits.allstate.com
Identity Theft	Allstate Identity Protection	800.789.2720	allstateidentityprotection.com
Medical Transportation	MASA	800.643.9023	www.masaaccess.com/member
Employee Assistance Program	ComPsych	800.460.4374	www.guidanceresources.com Web ID: EAPEssential
Human Resources	Christy Roy	901.877.3010	croy@stabilitamerica.com



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This benefit summary prepared by



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