



A Guide to Your Benefits

A Guide to Your Benefits | Human Resources

2024

This document will guide you through the available benefits offered at Benesch.

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1 INTRODUCTION

Benesch strives not only to offer competitive and comprehensive benefits to employees, but to support you throughout the enrollment process.

Our goal is to provide you with the tools, resources and support to make a complex process a little less complicated, making it easier for you to select the benefits that are the right fit for you and your family. This benefit guide briefly summarizes our benefits program, defines key aspects of our plans and includes important links to contact information.

New Hire Enrollment

Welcome! As a new employee of Benesch, you are eligible for benefits if you are full-time or part-time and working at least 24 hours per week. Coverage is effective for most benefits on the 30th day of employment. Pet Insurance is effective on the 1st of the month following enrollment.

Open Enrollment

Open enrollment is your annual opportunity to review your current benefit coverage and make needed changes for the upcoming plan year. During open enrollment, you may add, change or decline coverage. In addition, you may add and/or drop dependents during this time.

If you do not wish to make changes to your medical, dental, vision, HSA or voluntary benefits, no action is required. However, all employees choosing to participate in the Flexible Spending Accounts (Healthcare, Limited Purpose or Dependent Care) MUST make an election, as prior elections will not roll over.

Open Enrollment is scheduled to take place November 1, 2023 – November 17, 2023.

NOTE: This Benefit Guide only highlights the benefits available. For a complete description, see the plan document. If any conflict should arise between this Guide and the Plan Document, the Plan Document will govern in all cases. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the Guide, contact Benefits@Benesch.com.

Eligible Dependents

You may enroll your eligible dependents for coverage once you are eligible. Your eligible dependents include:

- Your legal spouse
- Your domestic partner*
- Your children up to age 26

Once your benefit elections become effective, they remain in effect until the end of the year.

**Please see the Domestic Partner policy listed on Benefits Connection.*

Qualified Life Events

Generally, you may change your benefit elections only during the annual open enrollment period. However, you may also change your benefit elections during the year if you experience a qualified life event, including:

- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse, domestic partner or dependent child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse/domestic partner or dependent child
- Qualification by the Plan Administrator of a child support order for medical coverage
- Entitlement to Medicare or Medicaid

Depending on the type of event, you may be asked to provide proof of the event. If you do not notify Benefits@Benesch.com within 30 days of the qualified event, you will not be able to make changes until the next annual enrollment period (unless you experience another qualified life event).

2 MEDICAL

Benesch offers the option of a Traditional PPO or High Deductible Health Plan (HDHP) administered through Blue Cross Blue Shield of Illinois.

Plan Option Summary

Please note that the network is nationwide, even though the plan is administered by BCBS of Illinois.

For more detailed coverage information, please refer to the BCBSIL plan documents.

Plan Options	Traditional PPO*		High Deductible Health Plan (HDHP)	
	In-Network	Non-Network	In-Network	Non-Network
Calendar Year Deductible				
	Embedded – no one individual must meet more than the individual limit		Embedded – no one individual must meet more than the individual limit	
Individual	\$1,500	\$3,000	\$3,200	\$3,200
Family	\$3,000	\$6,000	\$6,400	\$6,400
Out-of-Pocket Max	Includes your Deductible		Includes your Deductible	
Individual	\$5,000	\$10,000	\$5,000	\$5,000
Family	\$10,000	\$20,000	\$10,000	\$10,000
Coinsurance – You Pay	20%	40%	20%	40%
Wellness/ Preventive Care Visit	\$0	40% after deductible	\$0	40% after deductible
Physician Care Visit	\$25 copay*	40% after deductible	20% after deductible	40% after deductible
Specialist Office Visit	\$50 copay*	40% after deductible	20% after deductible	40% after deductible
Urgent Care	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Hospital Services				
Inpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Complex Imaging (MRI, CAT, PET, etc.)	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Emergency Room	\$400 Copay* (waived if admitted) plus 20% after deductible		10% after deductible	
Rehabilitation Services				
Physical, Speech & Occupational Therapy	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Prescription Drug **				
Retail Prescription Drug Copays* - Via Prime Therapeutics	\$15 / \$50 / \$75 / 20% coinsurance Out-of-Network, responsible for copay plus 25% of eligible amount		20% after deductible Out-of-Network, pay 40% after deductible + 25% of eligible amount after payment	
90 Day Mail Order Prescription Drug Copays - Via Express Scripts	2 x Retail (In-Network Only)		20% after deductible (In-Network Only)	
Specialty Prescription Drugs – Via Accredo	20% to \$250 Max (In-Network Only)		20% after deductible (In-Network Only)	

*For the PPO, copays do not count towards the deductible, but do count towards the out-of-pocket maximum.

**To access your pharmacy benefits, link out to MyPrime via the BCBS Member Portal.

Finding a Physician/Facility

Visit www.bcbsil.com and click “Find Care.”

You may search either by physician/facility name or network; the network for each of the plans offered is:

- Participating Provider Organization (PPO)

Blue Access for Members (BAM)

- All participants have access to BAM. You may create your own account at www.bcbsil.com.
- Members can check the status of claims, view benefit information, access wellness information, compare hospitals, request replacement ID cards and more.
- Employees can even access their accounts through their mobile or smart phone.

MDLive Telehealth

MDLive is a service outside of your traditional in network provider access. MDLive offers the following:

- Telemedicine visits
- Calls for non-emergency medical issues such as cold, flu, ear infection, pink eye.
- Visits via phone or video
- 24 hours a day, 7 days a week
- Employees and covered dependents
- The cost is standardly \$48 (behavioral health could be more) until the deductible is met.
- Then, \$20 copay after deductible for PPO / \$10 copay after deductible for HDHP.

Blue365[®]

Blue365 is a discount program for members. With this program, you can save money on health care products and services that are most often not covered by your benefit plan. There are no claims to file and no referrals or pre-authorizations. See all the Blue365 deals and learn more at www.blue365deals.com/BCBSIL.

Bi-Weekly Medical Contributions	HDHP Plan	PPO Plan
Employee	\$64.45	\$125.74
Employee & Spouse	\$130.59	\$236.21
Employee & Child(ren)	\$111.38	\$210.53
Family	\$184.76	\$340.14

3 HSA (HEALTH SAVINGS ACCOUNT)

This benefit is available to employees enrolled in the High Deductible Health Plan Only. Benesch will contribute \$3,200 (Family) or \$1,600 (Employee only) annually to your HSA account!

- HSA accounts are set up with Chard Snyder to coordinate with the High Deductible Health Plan.
- An HSA account is a tax-advantage account that participants may use to pay for qualified healthcare expenses, including dental and vision.
- Money is set aside on a pre-tax basis and remains tax-free when you use it for qualified expenses.
- To qualify for an HSA, you must:
 - Have coverage under an HSA-qualified “high deductible health plan” (HDHP).
 - Not be enrolled in Medicare.
 - Not be claimed as a dependent on someone else’s tax returns.
 - Not participate in a Healthcare FSA. You may participate in the Limited Purpose FSA (see next page).

Annual HSA Contribution Limits

You may choose to fund your HSA to meet your expected health care costs for the next year or fund all the way up to the contribution limit to build your tax-advantage account. Any funds you do not use in a given plan year remain in your account, building a larger account or transactional account for future health care expenses.

	Individual Plan Contribution	Family Plan Contribution (EE + Spouse, EE + Children, or EE + Family)
Maximum HSA Limit for 2024 Tax Year	\$4,150	\$8,300
Benesch Annual Contribution	\$1,600 (\$61.53 bi-weekly)	\$3,200 (\$123.07 bi-weekly)
Your Allowed Annual Contribution	\$2,550	\$5,100
Catch Up Ages 55 +	\$1,000	\$1,000

Distributions

- You may use the money in the account to pay for any qualified health care (medical, prescription, dental, vision) expense permitted under the federal tax guidelines.
- You may use the money in the account to pay for healthcare expenses for yourself, your spouse or your dependent children, even if they are not covered by your high deductible health plan.
- Any amounts used for purposes other than to pay for qualified health care expenses are taxable as income and subject to an additional 20% tax penalty. After you turn age 65, the 20% additional tax penalty no longer applies.

More information regarding Health Savings Accounts: The information contained here is not intended to represent all HSA regulations. For complete information, visit the Treasury’s HSA website at www.treas.gov.

4 FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) are designed to save you money. They work in a similar way to a savings account. Each pay period, funds are deducted from your pay on a pre-tax basis and are deposited to your Health Care and/or Dependent Care FSA. You then use your funds to pay for eligible health care or dependent care expenses. With an FSA, the money you contribute is never taxed – not when you put it into the account, not when you are reimbursed with the funds from the account, and not when you file your income tax return at the end of the year. FSAs are administered by [Chard Snyder](#). Annual contribution limits are set by the IRS.

Account Type	Eligible Expenses	Annual Limits	Benefit
Health Care FSA <i>(for employees not participating in the HSA)</i>	Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over-the-counter medication)	Maximum contribution is \$3,200 per year	Saves on eligible expenses not covered by insurance; reduces your taxable income
Limited Purpose FSA <i>(for HSA enrolled employee only)</i>	Dental and vision care expenses that are not covered by your dental or vision plans (such as copayments, coinsurance, deductibles, surgery, and orthodontia.)	Maximum contribution is \$3,200 per year	Saves on eligible expenses not covered by insurance; reduces your taxable income
Dependent Care FSA	Dependent care expenses (such as day care, after school programs or elder care programs) so you and your spouse can work or attend school full-time	Maximum contribution is \$5,000 per year (\$2,500 if married and filing separate tax returns)	Reduces your taxable income
Transit	Bus passes, subway vouchers, passes or tokens, train vouchers, passes or tokens, and vanpooling fees. Eligible transit expenses must be work related.	The maximum monthly Transit election is \$315	Set aside funds pre-tax from your paycheck for qualified parking expenses.
Parking	Metered parking, monthly and/or daily parking fees for parking lots and/or ramps, park n' ride lots, and parking at mass transit facility. Eligible parking expenses must take place at or near your place of employment, or at a location from where you commute to work.	The maximum monthly Parking election is \$315	Set aside funds pre-tax from your paycheck for qualified transit expenses.

Important Information about FSAs: Your FSA elections will be in effect from January 1 through December 31. All expenses must be incurred within the calendar year. Claims for reimbursement for the Health Care, Limited Purpose and Dependent Care FSAs must be submitted by March 31 of the following year. The Health Care and Limited Purpose FSAs allow up to \$640 to be rolled over into the following year. Any money remaining in your account after March 31 will be forfeited. This is known as the “use it or lose it” rule and it is governed by IRS regulations. Please plan your contributions carefully. Note that FSA elections do not automatically continue from year to year. You must actively enroll each year.

Your Parking and Transit elections will rollover each year. Mass Transit tickets/passes must be purchased with the debit card provided. Claims for reimbursement for the Parking and Transit plans must be submitted within 180 days of the date of service.

5 DENTAL

Dental coverage is administered through Delta Dental.

With your dental benefit program, you can go to any licensed dentist. However, you will save the most money by visiting a dentist in the Delta Dental PPO or the Delta Dental Premier network. Non-network dentists have not agreed to accept Delta Dental's fees, which means they may bill for any charges over the allowed amount.

To search for in-network providers, visit www.deltadentalil.com or call 1-800-323-1743.

Plan Design	Delta Dental PPO Network*	Delta Dental Premier Network**	Non-Network***
Annual Deductible (Individual/Family)	\$50 /\$150		
Annual Maximum	\$1,500 / person		
Lifetime Orthodontic Maximum: (Dependent Children to Age 19 & Adults)	\$1,500 / person		
Diagnostic and Preventive Care: Includes cleanings, fluoride treatments, sealants and x-rays	100%	100%	100%
Basic Services: Includes fillings, periodontics, scaling and root planning, and oral surgery	80%	80%	80%
Major Services: Includes crowns, bridges and full and partial dentures	50%	50%	50%
Orthodontia Services: Lifetime Ortho Maximum	50%	50%	50%

* Delta Dental PPO dentists accept payment based on Delta's maximum allowed fees. This is usually the highest discount available to members.

** Delta Dental Premier dentists accept payment based on a higher maximum of allowed fees. Members may pay more out of pocket.

*** Non-network dentists do not accept payment based on Delta's maximum allowed fees. Members are responsible for any balance billing.

Delta Dental PPO and Premier dentists cannot balance bill members for the difference between Delta's allowed fee and the submitted charge.

Bi-Weekly Dental Contributions

Employee	\$4.20
Family	\$12.92

6 VISION

Vision is administered through Vision Service Plan (VSP).

VSP's network has over 20,000 vision providers in the United States. The amount you pay for vision services depends upon whether you visit an in-network or out-of-network provider. Provider doctors can be found at www.vsp.com (VSP Choice Network) or call 800-877-7195.

You can choose between two plans, the Core or Buy-Up Plan. The Buy-Up allows you to purchase frames every 12 months instead of 24 months. The frame allowance is increased from \$120 to \$150. You can also purchase a second pair of eyewear (frame & lenses), or you can receive additional contacts for a \$10 copay.

Benefit	In-Network Core	In-Network Buy-Up	Out-of-Network
Exam	\$10 Copay	\$10 Copay	Up to a maximum reimbursement of \$45
Hardware/Materials	\$25 Copay	\$25 Copay	N/A
Frequency • Exam • Lenses • Frames	12 months 12 months 24 months	12 months 12 months 12 months	12 months 12 months 24 months Core/12 Months Buy-Up
Frames	Covered 100% up to \$120; 20% off balance over \$120 (\$140 for featured brands)	Covered 100% up to \$150 ; 20% off balance over \$150 (\$170 for featured brands)	Max reimbursement up to \$70
Lenses • Single Vision Lenses • Bifocal Lenses • Trifocal Lenses	Covered in Full after \$25 copay	Covered in Full after \$25 copay	Up to a max reimbursement of \$30 Up to a max reimbursement of \$50 Up to a max reimbursement of \$65
Elective Contact Lenses in Lieu of Glasses	Covered up to \$120 allowance	Covered up to \$150 allowance	Max reimbursement up to \$105
Medically Necessary Contact Lenses	100% after \$25 copay	100% after \$25 copay	Max reimbursement up to \$210
2nd Pair (Lenses & Frame or Contacts)	N/A	\$10 Copay, Covered up to \$150 allowance	Frames: \$70 Lenses: \$30/\$50/\$65 Contacts: \$105

Bi-Weekly Vision Contributions		
	Core	Buy-Up
Employee	\$0.56	\$7.13
Family	\$1.21	\$15.35

Using Your VSP Benefit is easy.

- **Create an account at www.vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye care provider who's right for you.** To find a VSP provider, visit www.vsp.com or call 1-800-877-7195
- **At your appointment, tell them you have VSP.** There is no ID card necessary. If you'd like a card as a reference, you can print one at www.vsp.com.

There are no claim forms to complete when you use a VSP provider.

7 LIFE AND DISABILITY INSURANCE

Basic Life and Accidental Death and Dismemberment (AD&D)

To assist your family financially in the unfortunate event of your loss, Benesch provides you with basic term life and AD&D insurance at no cost to you.

Maximum Coverage Amount	\$500,000
AD&D	Equal to Basic Life
Age Reduction	65% at age 70
Class 1 – Imputed Income*	2x salary to \$500,000
Class 2 – No Imputed Income	\$50,000

**IRS assessed tax for coverage in excess of \$50,000*

Voluntary Life and AD&D Insurance

You can elect coverage for yourself, your spouse, and/or your child(ren). You pay for the cost of this coverage but get the advantage of group rates.

- Guarantee Issue – Employee \$250,000 / Spouse \$50,000 / Child \$10,000
- Coverage above the Guarantee Issue may require completion of Evidence of Insurability (EOI)
- Maximum coverage for Employee – lesser of 5x Salary or \$500,000
- Maximum coverage for Spouse – Employee's elected amount up to \$500,000
- Maximum coverage for Child -- \$10,000
- To purchase Life coverage for your spouse and/or child, you must purchase Life coverage for yourself.

Group Long Term Disability Insurance (Employer Paid)

- Benefit Amount – 50% of your monthly earnings
- Maximum Monthly Benefit – \$5,000
- Minimum Monthly Benefit – \$100
- Maximum Benefit Duration – Social Security Normal Retirement Age (SSNRA)
- Elimination Period – 90 days

Group Long Term Disability Insurance (Buy Up/Voluntary)

- Benefit Amount – 66.67% of your monthly earnings
- Maximum Monthly Benefit -- \$10,000
- Maximum Benefit Duration – SSNRA
- Elimination Period – 90 days
- If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the 3 months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 12 months.

Group Short Term Disability Insurance (Employer Paid)

No action required. All Benefit Eligible employees will be automatically enrolled in this benefit.

- Benefit Amount – 66.67% of your weekly earnings
- Maximum Weekly Benefit -- \$1,750
- Minimum Weekly Benefit -- \$25
- Maximum Benefit Duration – 13 weeks
- Elimination Period – Accident: 0 days, Illness: 7 days

What is Guaranteed Issue Amount?

If you are newly eligible and have not previously waived your opportunity to elect coverage, you may elect up to the guaranteed issue amounts without submitting Evidence of Insurability (EOI). If you are a late entrant and have previously waived the opportunity to purchase additional coverage, you will be required to submit EOI.

Annual Enrollment Provisions

You may change coverage at annual enrollment and increase up to the guarantee issue without EOI. If the amount during annual open enrollment is over the guarantee issue, then that amount will require EOI.

An Employee, Spouse or Child who is not currently insured at annual enrollment and elects coverage for the first time is considered a late entrant and all amounts of Life insurance elected are subject to EOI.

8 ACCIDENT, CRITICAL ILLNESS & HOSPITAL INDEMNITY

Accident Insurance

Provides an extra layer of protection that gives you a cash payment to help cover out-of-pocket expenses when you suffer an unexpected and qualifying accident. This covers accidents that occur on and off the job and provides additional Accidental Death and Dismemberment coverage (on top of your Basic Life and AD&D coverage). Qualifying accident expenses may include ambulance, burns, blood/plasma/platelets, accidents occurred with a covered child participating in an organized sport, comas, concussions, dislocations, dental crowns, eye injuries, fractures and many more. Please refer to your official guardian plan for full details surrounding this coverage.

Accident Rates	Rate Per Pay Period
Employee	\$3.52
Employee + Spouse	\$5.67
Employee + Child(ren)	\$7.62
Employee + Spouse + Child(ren)	\$9.77

Critical Illness Insurance

Gives you a cash payment to help cover out-of-pocket expenses should you experience a serious illness such as cancer, a heart attack or a stroke, giving you the financial support to focus on recovery. You may choose to elect a lump sum benefit of \$10,000 or \$20,000. Acquiring certain conditions can allow you to receive 100% of that lump sum if it is either the first or second occurrence. Eligible conditions include but are not limited to cancers, vascular issues such as a heart attack or stroke, organ failure, kidney failure, loss of sight/hearing/speech, ALS, and more.

Employee Rates	<30	30-39	40-49	50-59	60-69	70+
\$10,000 Coverage	\$1.49	\$2.45	\$4.71	\$9.42	\$16.15	\$25.66
\$20,000 Coverage	\$2.86	\$4.89	\$9.42	\$18.83	\$32.31	\$51.32
Spouse Rates*	<30	30-39	40-49	50-59	60-69	70+
\$10,000 Coverage	\$1.49	\$2.45	\$4.71	\$9.42	\$16.15	\$25.66
\$20,000 Coverage	\$2.86	\$4.89	\$9.42	\$18.83	\$32.31	\$51.32

*Spouse coverage premium is based on employee age

*Spouse benefit amount cannot exceed employee amount

*Dependent child(ren) coverage is included if employee enrolls in coverage. Child(ren) cost is included with employee election

Hospital Indemnity Insurance

Covers some of the costs associated with a hospital stay. Benefits incurred from a hospital/ICU admission or confinement can be used to pay for deductibles and copays, travel to and from the hospital for treatment, and even childcare service assistance during recovery.

Hospital Indemnity Rates	Rate Per Pay Period
Employee	\$4.72
Employee + Spouse	\$11.52
Employee + Child(ren)	\$8.44
Employee + Spouse + Child(ren)	\$15.24

9 ID-THEFT PROTECTION

LifeLock

In today's world, cybersecurity is more important than ever. LifeLock gives you an extra layer of assurance that your identity is being protected. LifeLock with Norton Benefit Plans combine leading identity theft protection with device security and protection against online threats to block thieves from stealing personal information from PCs, Macs, and mobile devices.

LifeLock features:

- **LifeLock Identity Alert System**
 - Monitors for fraudulent use of your social security number, name, address, or date of birth in applications for credit and services
- **Dark Web Monitoring**
 - Patrols the dark web and notifies you if they find your information on dark websites and forums
- **LifeLock Privacy Monitor**
 - Scans common public people-searching websites to find your personal information and help you opt-out
- **Lost Wallet Protection**
 - If your wallet gets lost or stolen, LifeLock can act as a resource to assist with canceling/replacing credit cards, driver's licenses, social security cards, insurance cards, etc.
- **24/7 Live Member Support**
- **U.S.-based Identity Restoration Specialists**
- **Fictitious Identity Monitoring**

LifeLock Premier Rates	Rate Per Pay Period
Individual Coverage	\$6.23
Family Coverage	\$12.45
LifeLock Essential Rates	Rate Per Pay Period
Individual Coverage	\$3.69
Family Coverage	\$7.38

10 PET INSURANCE

NEW FOR 2024!

If you're a pet parent, your fur babies are an important part of your family, bringing comfort, joy and unconditional love. In return, you do the best you can to take care of them. But pet care is expensive and veterinary costs continue to rise. That's why we're offering pet insurance to our employees.

Take the stress out of unexpected vet bills!

Pet insurance reimburses you for the cost of accidents and/or illnesses throughout your pet's life. After a \$300 deductible, the plan will pay 80% up to a \$5,000 annual limit. There is also an optional wellness rider you can purchase to cover specific amounts for preventive visits. There are additional maximum allowable limits for wellness care.

You can enroll pets from 8 weeks to 10 years old. If your pet is 11 years of age or older, they are not eligible for coverage as a new enrollee. If a pet turns 11 years old after enrolled, coverage will continue.

Coverage will be effective on the 1st of the month following enrollment for new hires and Qualified Life Events.

Here's how it works:

1. Visit your vet (or any licensed vet or clinic)
2. Pay your vet, then submit a claim
3. Get reimbursed for eligible expenses

Species/Age	Accident & Illness	Accident, Illness & Wellness
Dog (Age 0-10)	\$28.54	\$37.30
Cat (0-10)	\$14.37	\$21.18

Rates per pay period

What's Covered (Accident/Illness)

- Pre-Existing Conditions*
- Broken bones
- Diagnostics
- Surgery
- Prescription medication
- Toxin ingestion
- Digestive issues
- Cancer
- Hospitalization

**Pre-Existing condition coverage may require 12-month waiting period.*

What's Covered (Wellness)

- Office Visit/Exam
- Heartworm Test/Feline Leukemia
- Rabies/Preventative Vaccines
- Flea/Tick Prevention
- Blood, Fecal, Parasite Test
- Urinalysis
- Spay/Neuter
- Microchip

11 EMPLOYEE ASSISTANCE PROGRAM (EAP)

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. ComPsych's Guidance Resources is company-sponsored, confidential and provided at no charge to you and your dependents.

EAP specialists will confidentially discuss challenges you and your family may be facing and provide you with consultation, information, action plans and resources within your community. The EAP offers face-to-face sessions, as well as unlimited access to master's level consults by telephone and online tools and resources.

Counseling and Work-Life Services

- Stress management
- Work and home relationships
- Depression and grief
- Alcohol and substance abuse
- Child, adult, and elder care
- Legal and financial consultations

Utilizing the Employee Assistance Program

- Phone consultations: 800.272.7255; unlimited calls, 24/7
- Your company Web ID: COM589
- Online tools and resources: visit www.guidanceresources.com

Guidance Resources Online

Your one stop for expert information on the issues that matter most to you... Relationships, work, school, children, wellness, legal, financial, free time and more.

- Timely articles, help sheets, tutorials, streaming videos and self-assessments
- "Ask the Expert" personal responses to your questions
- Childcare, elder care, attorney and financial planner searches

There is a strict standard of confidentiality in place to protect your privacy. Treatment information is not shared with anyone without your written permission.

12 BENEFITS ASSISTANCE RESOURCES

Meet ALEX

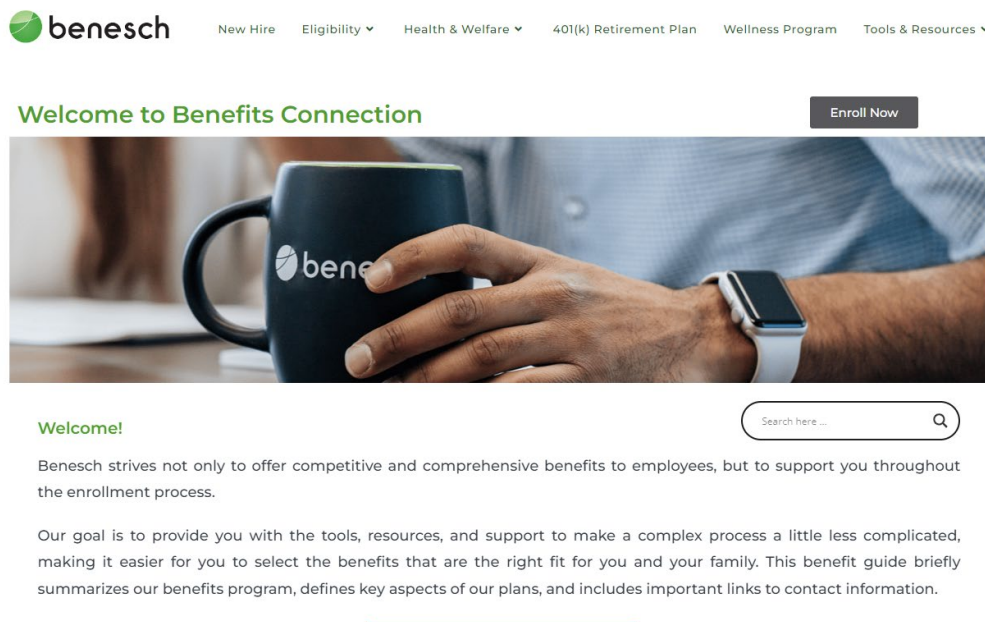
Need help deciding what benefits to choose? Confused by all this information? ALEX is an online tool that will help you select the best benefit plan for you and your family. When you talk to ALEX, he will ask you a few questions about your health care needs, crunch some numbers, and point out what makes the most sense for you.

Locate ALEX at <https://www.myalex.com/benesch/2024>

Benefits Connection

For the more information of all of the benefits Benesch has to offer, please visit Benefits Connection <https://benesch.eebenefits.info/>.















You will find plan documents, forms, rates, direct links to all of our benefits carriers and ADP, resources, videos and more.



Medicare

For Medicare information reach out to Matthew Bradley at 610-897-4442 or via email at Matthew.Bradley@mybenefitadvisor.com. Free service to all employees.

13 ADDITIONAL CONTACT AND ASSISTANCE INFO

<p>Medical</p>  <p>Access claim history, check plan information, find providers www.bcbsil.com or 800-458-6024</p> <p>Prime Therapeutics Rx: 800-423-1973</p> <p>HDHP Group #PH4282 Trad. PPO Group #PH4280</p>	<p>Flexible Spending Account (FSA) and Health Savings Account (HSA)</p>  <p>Healthcare/Dependent Care/Limited Purpose FSA and Transit/Parking accounts. Information on opening and maintaining your HSA</p> <p>www.chard-snyder.com or 800-982-7715</p>
<p>Dental</p>  <p>Access claim history, check plan information, find providers (Group #20397)</p> <p>www.deltadentalil.com or 1-800-323-1743</p>	<p>Meet ALEX</p>  <p>Used to help make benefit enrollment choices</p> <p>https://www.myalex.com/benesch/2024</p>
<p>Employee Assistance Program</p>  <p>Access Counseling and Work-Life Services</p> <p>www.guidanceresources.com or 800-272-7255</p>	<p>Wellness</p>  <p>Information regarding Benesch's wellness program, visit www.powerofvitality.com</p>
<p>Life, STD and LTD</p>  <p>Information on submitting a life or disability claim</p> <p>www. MyLincolnPortal.com or 800-713-7384</p>	<p>Pet Insurance</p>  <p>Information on coverage, claim submission, and more</p> <p>petpartners.com or 800-982-7715</p>
<p>Vision</p>  <p>Locate eye doctors in your area, check your plan information</p> <p>www.vsp.com or 800-877-7195</p> <p>Group #30019306</p>	<p>Voluntary Accident, Hospital Indemnity & Critical Illness</p>  <p>Information on submitting an accident, hospital or critical illness claim</p> <p>www.guardianlife.com</p>
<p>LifeLock</p>   <p>ID Theft Protection</p> <p>https://my.norton.com/ or 800-607-9174</p>	<p>Benefits Connection</p>  <p>Log onto Benefits Connection to access benefit information in greater detail https://benesch.eebenefits.info/</p>
	<p>Medicare</p>  <p>Matthew Bradley Licensed Medicare specialist with My Benefit Advisor</p> <p>610-897-4442, Matthew.Bradley@mybenefitadvisor.com, or online at www.mybenefitadvisor.com/medicare/</p>