



Employee Benefits Guide

2017

WHO IS ELIGIBLE

A regular full time employee (working 30+ hours/week or more) is eligible for Medical, Dental, Vision, Life and Disability on the first of the month following hire date.

If you are eligible to participate, you may elect medical, dental, vision and voluntary life products for yourself and your eligible dependents.

Eligible dependents include:

- Legally married spouse;
- Medical benefit coverage;
- Child(ren) up to age 26 with no other source of health coverage;
 - Unmarried child(ren) who are mentally disabled and unable to live; independently after age 18;

Dental benefit coverage;

- Child(ren) 19 - 24 if full time student;

Vision benefit coverage;

- Child(ren) 19 - 24 if full time student;

Voluntary life insurance benefit coverage;

- Child(ren) 19 - 26 if full time student.

Who is considered a Dependent Child?:

- A natural child;
- A stepchild;
- A legally adopted child;
- A child placed for adoption with the employee and for whom the application and approval procedures for adoption pursuant to Arizona law have begun;
- A child for whom an employee is awarded court-ordered guardianship.

OPEN ENROLLMENT

SEABHS' Open Enrollment period is during the month of November; an email detailing the dates will be sent in October. During our Open Enrollment period you have the opportunity to change the status of your medical, dental, vision and voluntary life.

These changes will remain in effect throughout the entire plan year of January 1, 2017, through December 31, 2017 unless you experience a qualifying event.

All eligible employees making a change **MUST** complete the SEABHS Enrollment Form and the SEABHS Payroll Benefit Authorization Form for this coming plan year.

Newly hired employees are eligible for Medical, Dental, Vision, and Basic Life coverage the first of the month following their date of hire.



CHANGES IN FAMILY STATUS (Qualifying Events)

Because we participate in a Pre-tax Premium Plan, the IRS has certain rules about when you can make changes. The choices you make during Open Enrollment remain in effect throughout the plan year. You may, however, make changes in your choices during the year under certain circumstances. The following are some examples of Qualifying Events:

- Acquiring a dependent through birth, marriage, adoption, placement for adoption (pursuant to A.R.S. 8-105 or 8-108), or court-ordered guardianship;
- Losing a dependent through divorce, legal separation, death, their marriage or age disqualifications;
- Changes in your spouse's employment related to health benefits, including open enrollment;
- Having your regular work schedule reduced to less than 30 hours per pay period;

If you experience any of the circumstances listed above, you must make the change(s) in coverage within thirty (30) days of the date that the circumstance(s) occurred. Failure to notify HR within 30 days of the event will result in your inability to enroll or make changes until the next open enrollment period.

SECTION 125 - PRE-TAX PROGRAM

Enables you to deduct medical, dental and vision premiums from your paycheck on a pre-tax basis. Because your premiums are deducted on a pre-tax basis, you may reduce your State, Federal and Social Security tax liability. When enrolled in a Section 125 plan, you must remain enrolled in the applicable plans for the entire plan year and cannot deduct your premiums from your taxes at the end of the year. Employees who wish to pay premiums after tax must see H.R.

UMR HIGH DEDUCTIBLE HEALTH PLAN WITH UHC CHOICE PLUS NETWORK

The following is a LIMITED list of covered services - Please refer to the Summary of Benefits for more information or call 1-800-826-9781				
HIGH DEDUCTIBLE HEALTH PLANS	HDHP \$4,000	HDHP \$4,000	HDHP \$2,600	HDHP \$2,600
The following is an estimate of Your Cost and may not agree with actual costs	In-network	Out-of-network	In-network	Out-of-network
Deductible Per Plan Year - Individual/Family (Embedded Deductible*)	\$4,000/\$8,000	\$8,000/\$16,000	\$2,600/\$5,200	\$8,000/\$16,000
Maximum Out-of-Pocket Per Plan Year - Individual/Family (Includes Deductible)	\$5,800/\$11,600	\$11,600/\$23,200	\$5,000/\$10,000	\$11,600/\$23,200
Preventive Care (See Summary of Benefits for more information)	No Charge	40% after deductible	No Charge	40% after deductible
Office or Specialist Visit (after deductible has been met)	20%	40%	20%	40%
Routine Diagnostic: Lab, X-ray (after deductible has been met)	20%	40%	20%	40%
Imaging: CT; PET scans, MRIs (with prior authorization & after deductible)	20%	40%	20%	40%
Urgent Care (after deductible has been met)	20%	40%	20%	40%
Behavioral health (with prior authorization & after deductible)	20%	40%	20%	40%
Hospitalization (with prior authorization & after deductible)	20%	40%	20%	40%
Emergency room services (after deductible has been met)	20%	20%	20%	20%
Prenatal and postnatal care (See Summary of Benefits for more information)	20%	40%	20%	40%

* An Embedded Deductible means that one person in a family can meet their individual deductible at which point the health plan will begin paying. The remainder of the family can make up the remaining portion of the family deductible

PHARMACY BENEFITS - Deductible waived for certain preventive drugs	RETAIL - UP TO 30 DAY SUPPLY	MAIL ORDER - UP TO 90 DAY SUPPLY
Generic	\$10 after deductible	\$25 after deductible
Brand (Preferred)	\$30 after deductible	\$75 after deductible
Brand (Non-Preferred)	\$50 after deductible	\$125 after deductible
Specialty	30 day supply, \$50 after deductible	

UMR CLASSIC MEDICAL PLAN WITH UHC CHOICE PLUS NETWORK

The following is a LIMITED list of covered services - Please refer to the Summary of Benefits for more information or call 1-800-826-9781

CLASSIC PLAN		
The following is an estimate of Your Cost and may not agree with actual costs	In-network	Out-of-network
Deductible Per Plan Year - Individual/Family (Embedded Deductible*)	\$3,000/\$6,000	\$6,000/\$12,000
<i>Maximum Out-of-Pocket Per Plan Year - Individual/Family (Includes Deductible)</i>	\$6,350/\$12,700	\$16,000/\$32,000
Preventive Care (See Summary of Benefits for more information)	No Charge	50% after deductible
Specialist Visit	\$50	50% after deductible
Routine Diagnostic: Lab, X-ray	No Charge	50% after deductible
Imaging: CT; PET scans, MRIs (with prior authorization)	\$250	50%
Urgent Care	\$100 no deductible	50% after deductible
Behavioral health (with prior authorization & after deductible)	\$25 office visit 30% outpatient	50%
Hospitalization (with prior authorization & after deductible)	30%	50%
Emergency room services (no deductible)	\$250	\$250
Prenatal and postnatal care after deductible (See Summary of Benefits for more information)	30%	50%

* An Embedded Deductible means that one person in a family can meet their individual deductible at which point the health plan will begin paying. The remainder of the family can make up the remaining portion of the family deductible.

PHARMACY BENEFITS	RETAIL - UP TO 30 DAY SUPPLY	MAIL ORDER - UP TO 90 DAY SUPPLY
Generic	\$15.00	\$37.50
Brand (Preferred)	\$45.00	\$112.50
Brand (Non-Preferred)	\$85.00	\$212.50
Specialty	30 day supply \$170	

RATES - EMPLOYEE PER PAYCHECK

	CLASSIC	HDHP \$4,000	HDHP \$2,600
Employee Only	\$75.19	\$0.00	\$26.30
Employee + Spouse	\$329.10	\$126.71	\$188.15
Employee + Child(ren)	\$241.42	\$119.24	\$156.65
Employee + Family	\$423.23	\$193.08	\$250.65

HEALTH SAVINGS ACCOUNT (HSA)

- If you are enrolled in either of the high deductible health plans, you are eligible to establish an HSA. You should open the HSA account with a qualified banking institution. Each calendar year the IRS sets the contribution limits for single and family amounts that can be contributed to your HSA. Your contribution is tax free, earns interest and you can invest your HSA contributions according to the financial institution of your choice.
- SEABHS will contribute \$1,200 into an HSA account (\$50 per pay period in 24 annual installments), while you are actively employed and enrolled in the \$4,000 HDHP.
- The maximum contribution for 2017 is \$3,400 for individual coverage and \$6,750 for family coverage. Individuals age 55 and over can also make additional "catch-up" contributions. The maximum annual catch-up contribution for 2017 is \$1,000.
- You may choose to use the funds in your HSA for current qualified medical expenses or save it for future qualified medical expenses for yourself, your spouse or eligible dependents.
- Your balance is carried over from year-to-year and is **NOT A USE IT OR LOSE IT** if unused. This is your money, so the dollars stay with you even if your employment with SEABHS ends.

Additional information on HSA can be found by using the U.S. Treasury web link: <http://www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx>

TELADOC

Teladoc is a virtual physician consultation which can be initiated 24/7 and provides access to quality medical care telephonically or online. This program is confidential, available to **anyone enrolled in the UMR medical plan**, and can be used to diagnose, recommend treatment, and prescribe medication for non-emergency issues including but not limited to: sore throat, allergies, poison ivy, pink eye, urinary tract infections, respiratory infections and sinus infections. When you need a doctor, request a consultation either via the website or via telephone at 1-800-835-2362.

DENTAL PLAN - AMERITAS

Description of Coverage	In-Network
Annual Maximum (per calendar year)	\$1,000
Deductible	None
Type 1 - Exam (every 6 months), Cleaning, X-rays	100%
Type 2 - Simple Extractions, Space Maintainers, Denture Repair Restorative Amalgams and Composites	80%
Type 3 - Onlays, Crowns, Complex Extractions, Endodontics, Periodontics, Crown Repair, Anesthesia	50%
Dependent Age Limit	19 / 24 if full-time student
Dental Rewards	Participant may carry over part of their unused annual maximum
FUSION Benefit	Up to \$100 may be used for exams, frames, lenses and contact lenses

RATES	Employee Cost Per Pay Period
Employee Only	\$5.00
Employee + One	\$12.00
Employee + Two or More	\$20.00

Participants have 90 days from the date of service to file a FUSION claim with Ameritas.

VISION BENEFITS - EYEMED

Description of Coverage	In-Network	Out-of-Network
Examination (Once Every 12 Months)	\$10 Copay	Up to \$35
Contact Lens Exam (Once Every 12 Months)	Up to \$40	N/A
Lenses (Once Every 12 Months)		
Single	\$10 Copay	Up to \$25
Bifocal	\$10 Copay	Up to \$40
Trifocal	\$10 Copay	Up to \$60
Frames (Once Every 12 Months)	\$120 Allowance	Up to \$48
Contact Lenses (Once Every 12 Months)	\$135 Allowance	Up to \$95
Laser Vision Correction	15% Discount	N/A

RATES	Employee Cost Per Pay Period
Employee Only	\$2.00
Employee + 1	\$5.00
Employee + Two or more	\$7.50

100% EMPLOYER PAID LIFE, DISABILITY AND EAP - MUTUAL OF OMAHA

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

- SEABHS pays the entire cost for an employee working 30+ hours per week. The coverage amount is based on annual salary. Coverage amounts above \$50k per year are subject to imputed income tax. Applicable tax is deducted through payroll.
- Employee: One times annual salary, up to \$300,000
- AD&D coverage is equal to your life insurance coverage and provides benefit's in certain accidental events
- Eligible the first of the month following hire date

Short Term Disability (STD)

- SEABHS pays the entire cost for an employee working 30+ hours per week
- Benefits begin on the 61st day of your disability injury (non-work related) or illness
- Benefits are available for up to 18 weeks
- Benefit is 66.67% of your monthly-before-tax salary not to exceed \$600 per week
- Eligible after one year of employment

Long Term Disability (LTD)

- SEABHS pays the entire cost for an employee working 30+ hours per week.
- Benefit is 66.67% of your monthly- before- tax salary up to \$4,000
- Benefits begin 180 days after the date of your disability and will continue until normal Social Security retirement benefits begin
- Eligible after one year of employment

Employee Assistance Program (EAP)

- Three face-to-face sessions with a counselor
- Service for immediate and dependent family members
- 24-hour toll-free access to EAP professionals 7 days a week
- Telephone assistance and referral
- Eligible the first of the month following hire date

VOLUNTARY LIFE/AD&D - MUTUAL OF OMAHA

Voluntary Life is available at a cost to the employee through after tax payroll deduction. The employee and/or dependents may need to qualify for benefits. (Children up to age 19 - 26 if full time student)

Employee Only: \$10,000 up to 7x annual salary maximum of \$350,000 - Guarantee Issue: Up to \$100,000 (for new hires)

Spouse: \$5,000 up to \$100,00 not to exceed 50% of employee benefit - Guarantee Issue: Up to \$30,000 (for new hires)

Child(ren): \$2,000 up to \$10,000 not to exceed 50% of employee benefit - Guarantee Issue: Up to \$10,000 (for new hires)

SEMI-MONTHLY PREMIUM RATE TABLE			
ATTAINED AGE	EMPLOYEE PER \$10,000	SPOUSE PER \$5,000	ALL CHILDREN PER \$2,000
0-34	\$0.43	\$0.21	\$0.20*
35-39	\$0.58	\$0.29	
40-44	\$0.83	\$0.41	
45-49	\$1.33	\$0.66	
50-54	\$1.88	\$0.94	
55-59	\$2.73	\$1.36	
60-64	\$4.43	\$2.21	
65-69	\$7.93	\$3.96	
70-74	\$11.13		
75-79	\$23.88		
80+	\$23.88		

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

RETIREMENT SAVINGS PLAN - 401(k) Plan

Eligibility

All employees that have reached 21 years of age and completed 12 months with 1000 hours of service at SEABHS are eligible to participate in the plan. Once you have met these requirements you are able to enroll during the quarterly enrollment periods (December, March, June and September) for a start date the following month. This includes both newly eligible employees and employees that have been eligible, but have chosen not to enroll yet. Contribution changes can be done at any time; this includes increasing, decreasing, or stopping contributions.

Your Benefits

Your plan allows you to save for your retirement through a Traditional/Pre-Tax Contribution which reduces your current taxable income; or a Roth contribution, which forgoes a current tax deduction but may allow you to take tax-free withdrawals at retirement. Employees can contribute up to \$18,000 of annual compensation in calendar year 2016. Employees age 50 and older may contribute an additional "catch-up" contribution of \$6,000 for a total contribution of \$24,000 for 2016.

Note: 2017 contribution amounts should be available in late 2016.

Loans

Participants may borrow up to 50% of their vested account balance with a minimum loan amount of \$1000 and a maximum of \$50,000.

Beneficiary Designation

Please ensure you complete and submit a 401(k) beneficiary form and keep it updated. 401(k) and Life Insurance plan beneficiaries are different and you must complete separate beneficiary forms for each of these plans. If you have a life event such as marriage or divorce, please ensure you complete a new beneficiary form for each plan to reflect your wishes.

PTO AWARD RATES & ANNUAL CAPS FOR FULL-TIME EMPLOYEES

Longevity		Award Per Pay Period
1 to 3 years	PTO	7.67
3 to 5 years	PTO	8.67
5 to 10 years	PTO	9.67
10 to 15 years	PTO	10.67
15 to 20 years	PTO	11.67
20+ years	PTO	12.67

- If an employee ends employment with SEABHS, following the appropriate separation of employment procedures SEABHS adopted the following vesting schedule for payout of PTO based on the annual anniversary of service and the amount of PTO that has been awarded to the employee:
 - ◆ 20% of PTO award for 1st completed year of service for a maximum payout of up to 32 hours.
 - ◆ 40% of PTO award for 2nd completed year of service for a maximum payout of up to 64 hours.
 - ◆ 60% of PTO award for 3rd completed year of service for a maximum payout of up to 96 hours.
 - ◆ 80% of PTO award for 4th completed year of service for a maximum payout of up to 128 hours.
 - ◆ 100% of PTO award after 5th completed year of service for a maximum payout of up to 160 hours.

See Policy #17-02 Leave for more information.

About this Booklet. This booklet highlights important features of SEABHS benefits for its employees. While efforts have been made to ensure the accuracy of the information presented, in the event of any discrepancies your actual coverage and benefits will be determined by the Personnel Policies & Procedures, Summary Plan Descriptions and/or the contracts that govern these plans for the eligibility, limitations and other details of these benefits. Benefit plans may be changed for any reason, to the extent allowed by law. Your participation in these benefits is not a contract of employment and does not guarantee future employment. All inquiries regarding benefits should be directed to SEABHS, Human Resources.

OCT 2016 FINAL

LEGAL NOTICES

Notice of Privacy Practices

In December of 2000, the Department of Health and Human Services (DHHS) issued federal regulations pertaining to HIPAA, which regulates the use and disclosure of protected health information. These regulations are better known as the HIPAA Privacy Rules, which went into effect in April 2003. To obtain a copy, contact your HR department.

Model Medicaid/CHIP Notice

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility –

ALABAMA – Medicaid	Website: www.myalhipp.com . Phone: 1-855-692-5447
ALASKA – Medicaid	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com Phone: 1-866-251-4861. Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS - Medicaid	Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
COLORADO – Medicaid	Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943
FLORIDA – Medicaid	Website: http://www.flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
GEORGIA – Medicaid	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
INDIANA – Medicaid	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov . Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone: 1-800-403-0864
IOWA – Medicaid	Website: www.dhs.state.ia.us/hipp/ . Phone: 1-888-346-9562
KANSAS – Medicaid	Website: http://www.kdheks.gov/hcf/ . Phone: 1-785-296-3512
KENTUCKY – Medicaid	Website: http://chfs.ky.gov/dms/default.htm . Phone: 1-800-635-2570
LOUISIANA – Medicaid	Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447
MAINE – Medicaid	Website: http://www.maine.gov/dhhs/ofp/public-assistance/index.html Phone: 1-800-442-6003. TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP	Website: http://www.mass.gov/MassHealth . Phone: 1-800-462-1120
MINNESOTA – Medicaid	Website: http://mn.gov/dhs/ma/ . Phone: 1-800-657-3739
MISSOURI – Medicaid	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
NEBRASKA – Medicaid	Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx . Phone: 1-855-632-7633
NEVADA – Medicaid	Medicaid Website: http://dwss.nv.gov/ . Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218

OMB Control Number 1210-0137 (expires 10/31/2016)

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility –

NEW JERSEY – Medicaid and CHIP	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ . Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
NEW YORK – Medicaid	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	Website: http://www.ncdhhs.gov/dma . Phone: 919-855-4100
NORTH DAKOTA – Medicaid	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	Website: http://www.insureoklahoma.org . Phone: 1-888-365-3742
OREGON – Medicaid	Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid	Website: http://www.dhs.pa.gov . Phone: 1-800-692-7462
RHODE ISLAND – Medicaid	Website: http://www.eohhs.ri.gov/ . Phone: 401-462-5300
SOUTH CAROLINA - Medicaid	Website: http://www.scdhhs.gov . Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	Website: http://dss.sd.gov . Phone: 1-888-828-0059
TEXAS - Medicaid	Website: http://gethipptexas.com/ . Phone: 1-800-440-0493
UTAH - Medicaid and CHIP	Website: Medicaid: http://health.utah.gov/nedicaid CHIP: http://health.utah.gov/chip . Phone: 1-877-543-7669
VERMONT - Medicaid	Website: http://www.greenmountaincare.org/ . Phone: 800-250-8427
VIRGINIA - Medicaid and CHIP	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm . Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm . CHIP Phone: 1-855-242-8282
WASHINGTON - Medicaid	Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx . Phone: 1-800-562-3022, ext. 15473
WEST VIRGINIA - Medicaid	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx . Phone: 1-877-598-5820, HMS 3rd Party Liability
WISCONSIN - Medicaid and CHIP	Website: http://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
WYOMING - Medicaid	Website: https://wyequalitycare.acsw-inc.com/ . Phone: 307-777-7531
To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:	
U.S. Department of Labor Employee Benefits Security Administration www.dol.gov/ebsa 1-866-444-EBSA (3272)	U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services www.cms.hhs.gov 1-877-267-2323, Menu Option 4, Ext. 61565

Carrier/Contact	Benefit/Title	Customer Service #	Website/Email
SEABHS HR	Human Resources	520.586.6955	myHRFile@seabhssolutions.org
CBIZ Benefits Angela Schlosser	Claims Advocate	520.321.7503	aschlosser@cbiz.com
Brad Hughs	401(k) Retirement Savings Plan	602.931.4450	brad@southwestwealth.com
UMR	Medical	800.826.9781	umr.com
CVS/Caremark	Pharmacy Customer Care	888.202.1654	caremark.com
Ameritas	Dental	800.487.5553	ameritasgroup.com
EyeMed	Vision	866.723.0514	eyemedvisioncare.com
Mutual of Omaha	Life/AD&D LTD/Voluntary STD	800.655.5142	mutualofomaha.com
Mutual of Omaha	Employee Assistance Program	800.316.2796	mutualofomaha.com/eap