

2026 BENEFITS GUIDE



XKIG



Welcome to Your Healthcare Benefits!

At XKIG, we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This guide will help you choose the type of plan and level of coverage that is right for you so please be aware that there are some changes to your benefits for 2026.

Visit our new microsite at <https://xkig.hrbenefits.net> for additional information. If you have any questions, please reach out to our Human Resources Benefits Team by calling 1-877-949-1113 or emailing benefits@xkig.com.

Sincerely, Your HR Benefits Team

Note: Union members' benefits may vary from those presented in this guide and employees should consult their Union Agreement for details on their benefits and coverage.

This booklet summarizes the benefit plans that are available for eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this booklet is not a guarantee of benefits.

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What's Inside ...

3	Eligibility	pg. 5	Medical Plans
4	Key Terms		
5	Medical Plan Highlights		
6	Health Savings Account (HSA)		
8	Anthem Sydney App	pg. 12	Dental Plans
9	Anthem Wellness Plan		
12	Dental Plan Highlights		
14	Vision Plan Highlights		
15	Life & Voluntary Life/AD&D Benefits	pg. 15	Life/AD&D Plans
16	Voluntary Disability Plans		
17	Voluntary Worksite Plans		
18	401(k) Retirement Plan		
19	Utilities Employees Credit Union		
20	Employee Assistance Program		
23	Medicare		
24	Contact Information		



Eligibility

Eligible Employees:

You may enroll in the XKIG employee benefits program if you are a Full-Time employee working at least 30 hours per week.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, stepchildren and children obtained through court-appointed legal guardianship, as well as children of same sex state-registered domestic partners.

When to Enroll:

If you are a new hire, you have **30 days** to enroll in benefits from your date of hire. If you are part of an acquisition, you will have a designated period to enroll in benefits which will be communicated to you.

When Coverage Begins:

If you are a New Hire, your coverage will begin the first of the month following 30 days of employment. Example – if you are hired on May 14, you will hit 30 days in June, and your coverage will begin July 1.

If you are enrolling through an acquisition, your coverage will begin the first of the month following the date of the acquisition. For example, acquisition takes place on May 14, your coverage will begin June 1.

If enrolling during Open Enrollment, which is 2 weeks long in the fall each year, your coverage will begin January 1.

Changes in Benefit Elections

Family Status Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits.

Examples of some family status changes include:

- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact your Human Resources Benefits Team to make these changes.

Open Enrollment:

With few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or delete coverage
- Add, or drop dependents from coverage

If you do not make your 2026 benefit elections, you will automatically be defaulted to your prior year elections.

Note: Some states (currently, California, Massachusetts, New Jersey, Rhode Island, Washington D.C., and Vermont) may impose a tax on residents who do not have health insurance coverage, subject to limited exceptions.

Spousal Surcharge

Effective 1/1/2026

- If your spouse has health insurance provided to them by their employer and you elect to cover them on your plan here, you will pay a surcharge of \$36 per pay.
- This additional charge only applies to medical coverage. You can enroll your spouse in any other plans offered without the additional surcharge.



Key Terms

Allowable Charge

The amount a doctor or hospital can charge for a health care service or item they give you.

Benefit Period

From the start date to the end date of your benefits coverage.

Copay

Flat dollar amount member is responsible for at the time of service. The plan usually pays 100% of the remaining balance.

Coinsurance

Percentage of payment shared between the member and the plan for certain services after the deductible has been met.

Deductible

Amount member is responsible for before the plan pays for certain services.

Drug Tiers

Prescription drugs are put into different categories based on how much they cost, whether they're brand-name or generic and sometimes other factors. Tier 1 drugs have the lowest copayment and are mostly generic versions of brand-name drugs. Tier 2 is made up of mid-priced drugs that may be brand-name but are "preferred" within their drug class. Tier 3 has mostly brand-name drugs with higher copayments.

High Deductible Health Plan (HDHP)

Qualified plan as defined by the IRS. No first dollar benefits. All services are subject to the deductible before the plan will pay. Exception is routine preventive care as defined by the IRS.

Network Provider

Medical and pharmacy providers that have contracted with the plan to provide lower out-of-pocket costs for members.

Out-of-Pocket Maximum

Member total payments for deductible, coinsurance, and copays to stated maximum per plan year. Once reached, the plan will pay 100% for eligible expenses for the rest of the plan year.

Premium

The amount you pay to belong to a health plan.

Medical Plan Highlights

This year XKIG is proud to offer three medical plan options through Anthem BCBS PPO Network. The chart below is a brief summary of benefits available to eligible employees. Please refer to the summary plan descriptions for complete plan details.

Member Responsibility	Anthem HSA 6500 PPO	Anthem 5000 PPO	Anthem 2000 PPO
	In-Network	In-Network	In-Network
Annual Deductible			
Individual	\$6,500	\$5,000	\$2,000
Family	\$13,000	\$10,000	\$4,000
Coinsurance	0%	0%	20%
Maximum Out-of-Pocket			
Individual	\$6,525	\$8,550	\$5,000
Family	\$13,050	\$17,100	\$10,000
Physician Office Visit			
Primary Care	0% AD	\$25	\$15
Specialty Care	0% AD	\$50	\$30
Preventive Care			
Preventive Care	No charge	No charge	No charge
Telehealth (Primary Care/MH)	0% AD	\$25	\$15
Diagnostic Services			
X-ray and Lab Tests	0% AD	30% AD	20% AD
Complex Radiology	0% AD	30% AD	20% AD
Urgent Care Facility	0% AD	\$100	\$60
Emergency Room	0% AD	30% AD	20% AD
Inpatient Facility	0% AD	30% AD	20% AD
Outpatient Facility & Surgical	0% AD	30% AD	20% AD
Mental Health & Substance Use			
Inpatient	0% AD	30% AD	20% AD
Outpatient Office Visit	0% AD	30% AD	20% AD
Retail Pharmacy (30-day supply)			
Pharmacy Deductible	Medical Ded. Applies	\$500 Ind./\$1,000 Family	\$0 Ind./\$0 Family
Generic (Tier 1)*	\$15	\$5	\$5
Preferred (Tier 2)	\$50	\$50	\$50
Non-Preferred (Tier 3)	\$85	\$100	\$100
Preferred Specialty (Tier 4)	20% up to \$300	20% up to \$250	20% up to \$250
Mail Order Pharmacy (90-day supply)			
Generic (Tier 1)	\$38 AD	\$13	\$13
Preferred (Tier 2)	\$125 AD	\$125	\$125
Non-Preferred (Tier 3)	\$213 AD	\$250	\$250
Preferred Specialty (Tier 4)**	20% up to \$300	20% up to \$250	20% up to \$250
WEEKLY RATES			
Employee	\$20.73	\$25.45	\$50.25
Employee + Spouse	\$107.62	\$158.51	\$166.13
Employee + Child(ren)	\$70.80	\$111.70	\$117.82
Employee + Family	\$147.18	\$210.26	\$219.69

AD = After Deductible

* Deductible is waived for some preventive generics

** 30 day supply only

Note: Out-of-network benefits available for all plans consist of higher premiums and coinsurance and may be susceptible to balance billing for any charges over the allowable limit for a service. Remaining in-network for services is advised. See SPD for details or anthem.com to see if your provider is in-network.



Health Savings Account (HSA)

When you are enrolled in a Qualified High Deductible Health Plan (QHDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account. This benefit is offered through Chard Snyder.

What is a Health Savings Account (HSA)?

An HSA is a tax-sheltered bank account that you own to pay for eligible health care expenses for you and/or your eligible dependents for current or future healthcare expenses. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no "use it or lose it" rule; your balance carries over year to year.

Plus, you get extra tax advantages with an HSA because:

- Money you deposit into an HSA is exempt from federal income taxes
- Interest in your account grows tax free
- You don't pay income taxes on withdrawals used to pay for eligible health expenses. If you withdraw funds for non-eligible expenses, taxes and penalties apply.
- You also have a choice of investment options which earn competitive interest rates, so your unused funds grow over time.

Are You Eligible To Open A Health Savings Account (HSA)?

Although everyone is able to enroll in the Qualified High Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.

- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP)
- You must not be covered by another non-QHDHP health plan, such as a spouse's PPO plan.
- You are not enrolled in Medicare.
- You are not in the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You are not claimed as a dependent on another person's tax return.
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse's FSA. Enrollment in a limited purpose health care FSA is allowed.

2026 IRS HSA Contributions

You are able to contribute to your Health Savings Account on a pre-tax basis through payroll deductions up to the IRS statutory maximums. The IRS has established the following maximum HSA contributions. The annual limit must include the employer amount that is provided to you, the employee.

- \$4,400 Individual
- \$8,750 Family
- If you are age 55 and over, you may contribute an extra \$1,000 catch-up contribution.

2026 HSA Funds

HKIG will contribute \$500 in HSA funds to those enrolled in the HSA 6500 plan if you complete an attestation form for receiving an annual physical and providing proof you have opened a Chard Snyder HSA account. After which you will receive \$125 per quarter until your next physical is due. There is no retro funding for mid-year enrollment.



Health Savings Account (HSA) *continued*



Chard Snyder helps you get the most out of your HSA benefit.

What are HSA Eligible Expenses?

HSA funds can be used for healthcare, dental, and vision expenses; prescriptions; and over-the-counter health products.

The IRS determines what expenses are HSA eligible. Eligible expenses are reimbursed if they are incurred by you, your spouse, or your eligible tax dependents. The charts below show examples of eligible and ineligible expenses:

Eligible Expenses

Deductibles	Medical Services	Dental Treatment	Acne Medicine
Hospital Services	Contact Lenses	Chiropractor	Menstrual Care
Prescriptions	Orthodontia	Sunscreen	OTC Medications
Copays	Physical Exams	Physical Therapy	Baby Monitors

Ineligible Expenses

Insurance Premiums	Teeth Whitening	Hair Removal
Massage	Nutritional Supplements	Maternity Clothes
Elective Cosmetic Surgery	Household Help	Funeral Expenses

How Do I Access My HSA Funds?

The Chard Snyder Benefits Card provides an easy, convenient way to use your HSA funds to pay for eligible items and services. It works just like a debit card, but utilizes smart technology so it can only be used to pay for expenses that are eligible according to IRS guidelines under the HSA plan.

The Chard Snyder Benefits Card eliminates the need to pay out-of-pocket or wait for reimbursement. Simply swipe the card for payment at your healthcare provider's office, pharmacy, store, or use online, and the funds are automatically deducted from your HSA.

You can also reimburse yourself after purchasing eligible items out-of-pocket using your online account or the Chard Snyder mobile app.

The Chard Snyder Benefits Card



- Convenient way to pay for eligible expenses directly from your HSA
- Works like a debit card
- Connect with your mobile wallet for contactless payments
- Save your receipts

You may use your card until the expiration date shown on the front. You will receive new cards just before your current card expires.

The information contained in this publication is not, nor is it intended to be, legal or tax advice. Federal regulations may change plan features without notice at any time. ©2023, Chard Snyder & Associates, LLC. All rights reserved.



Chard Snyder Website

www.chard-snyder.com

Once you've enrolled, access your Chard Snyder HSA online account from the website home page by clicking on the blue *Login* tab at the top right of the page.



Chard Snyder Participant Services

Our Participant Services team is here to help answer questions you may have about your HSA. Contact us via Live Chat on the Chard Snyder website or give us a call.



800.982.7715 www.chard-snyder.com

CS_HSA Benefits Card v8.23



Anthem Sydney App



Sydney™ Health makes healthcare easier

Access personalized health and wellness information wherever you are

The Sydney Health mobile app is the one place to keep track of your health and your benefits. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead — moving your health forward by building a world of wellness around you.

Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you such as gender, languages spoken, or location.

My Health Dashboard

Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals.

Live Chat

Find answers quickly with the Live Chat tool in Sydney Health. You can use the interactive chat feature or talk to an Anthem representative when you have questions about your benefits or need information.

Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker, then consult with a doctor through a video visit or text session.

Community Resources

This resource center helps you connect with organizations offering free and reduced-cost programs to help with challenges such as food, transportation, and child care.

My Health Records

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.



Download Sydney Health today

Use the app anytime to:

- Find care and compare costs
- See what's covered and check claims
- View and use digital ID cards



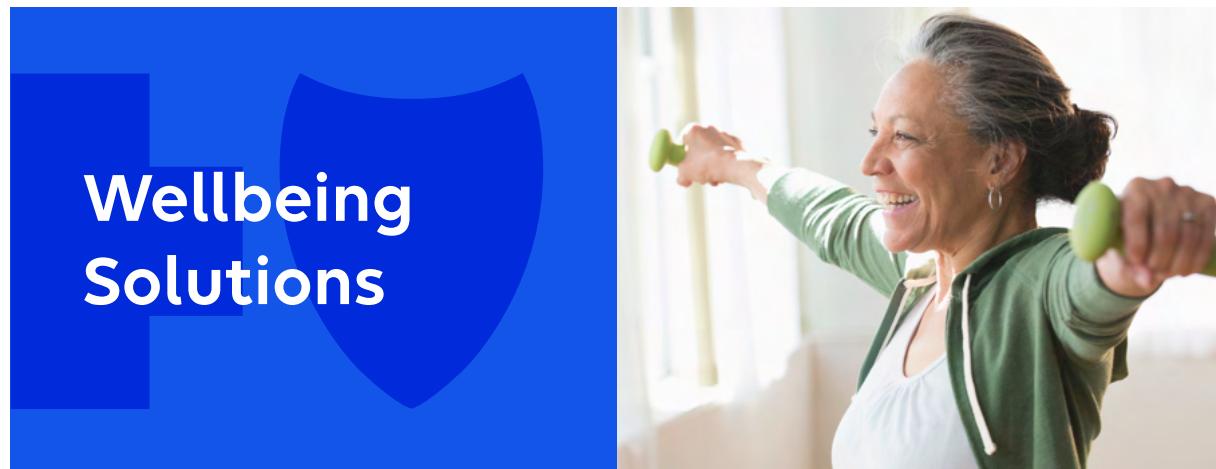
Use your smartphone camera to scan this QR code



Sydney Health is offered through an arrangement with CareMarket, Inc., a separate company offering mobile application services on behalf of Anthem Blue Cross and Blue Shield. ©2020-2021. Anthem Blue Cross and Blue Shield is the trade name of: in Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. HMO products underwritten by HMO Colorado, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RMC). Healthy Alliance® Life Insurance Company (HALICO) and HMO Missouri, Inc. RMC and certain affiliates administer non-HMO benefits underwritten by HALICO and HMO benefits underwritten by HMO Missouri, Inc. RMC and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out-of-network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. 118947MUNENABS VPOD BY 10/21



Anthem Wellness Plan



Focus on wellness and earn rewards up to \$200

Complete activities to earn rewards

The Wellbeing Solutions program connects you with easy-to-use digital health and wellness tools that can help you stay your best. When you complete any of the employer-sponsored activities below, you'll earn rewards to put toward electronic gift cards for select retailers. Choose the activities you'd like to complete to receive up to \$200.

Activity type	Activities	Amount
 Digital & wellness activities Rewards are added to your account as you complete activities on the SydneySM Health app or on anthem.com .	Log in to your Anthem account	Up to \$20 (\$5 per quarter)
	Connect a fitness or lifestyle device	\$5
	Complete a health assessment and receive tailored health recommendations	\$20
	Complete action plans around eating healthy, weight management, and physical activity	Up to \$25 (\$5 per action plan)
	Track your steps	Up to \$60 (\$2 per 50,000 steps tracked)
	Complete Well-being Coach digital daily check-ins ¹	Up to \$20 (\$4 per milestone)
	Update your contact information	\$15
	Select a primary care provider (PCP) in Sydney Health	\$10
	Participate in Emotional Well-being Resources program	\$5
	Log daily nutrition (at least 45 days per quarter)	Up to \$12 (\$3 per quarter)
	Use any Employee Assistance Program (EAP) service if your employer provides Anthem EAP.	\$5





Anthem Wellness Plan *continued*

Activity type	Activities	Amount
 Preventive care Complete your annual screenings or wellness visits. Rewards are added to your account after your claim is processed (may take up to 60 days).	Have an annual preventive wellness exam or well-woman exam with your doctor	\$25
	Get an annual cholesterol test (men ages 35 and older, women ages 40 and older, or upon doctor recommendation)	\$20
	Have a colorectal cancer screening (ages 45 and older or upon doctor recommendation)	\$25
	Have a routine mammogram (women ages 40 to 74 or upon doctor recommendation)	\$25
	Have an annual eye exam ²	\$25
	Get an annual flu shot	\$20
	Get an A1C lab test	\$10

Activity type	Activities	Amount
 Condition management Rewards are added to your account as you meet benchmarks or complete a program.	ConditionCare: Work one on one with your health coach and earn rewards for participating in and completing the program ³	Up to \$50 (\$20/\$30)
	Building Healthy Families: Help your family grow and thrive through the Sydney Health app and earn rewards for completing certain activities ⁴	Up to \$40 (\$10 per milestone)
	Well-being Coach – Weight Management: Receive one-on-one coaching by phone as you complete your goal to earn a reward ⁵	\$25
	Well-being Coach – Tobacco Cessation: Receive one-on-one coaching by phone as you complete your goal to earn a reward ⁶	\$25
	Get a diabetic foot exam	\$25
	Get a LDL or lipid diabetic lab test	\$10
	Get a microalbumin and eGFR diabetic lab test	\$10

Achieve your health goals with Well-being Coach

The Well-being Coach digital coaching app can help you maintain a healthy weight or quit tobacco, while improving your nutrition, exercise, mindfulness, and sleep. To access your Well-being Coach for personalized digital and phone support, go to the Sydney Health app or anthem.com.





Anthem Wellness Plan *continued*

Earn and redeem your rewards

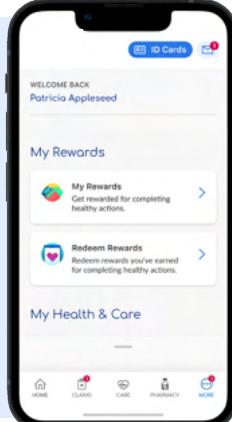
Start by logging in to Sydney Health and scroll down to *My Rewards*. From there you can:

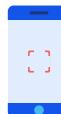
Choose My Rewards to:

- Get a quick view of earning activities.
- See a snapshot of your reward status.

Choose Redeem Rewards to:

- Get electronic gift cards for stores like Amazon, Apple, Target, Uber, and others.⁷





Scan this QR code to view your rewards on the Sydney Health app. You can also log in to anthem.com, and scroll down to *My Rewards*.

1 Members may earn rewards for completing quarterly Well-being Coach digital milestones while logging daily check-in activities on the app. Daily check-in reward values are first check-in: \$4; next 15 check-ins during first quarter: \$4; 25 check-ins during second through fourth quarters: \$4 each quarter. Log in to Sydney Health or anthem.com to download the Well-being Coach digital app. Well-being Coach is provided by Lark Health.

2 Annual eye exam reward is available if employer provides vision coverage in addition to medical benefits through Anthem.

3 Adult members identified as moderate or high risk are eligible for ConditionCare and may receive a reward for participation in one of five ConditionCare programs and completion for one of five ConditionCare programs: chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), asthma, diabetes, and congestive heart failure (CHF). Rewards include \$20 for program participation and \$30 for program completion.

4 Building Healthy Families milestone completion dates: BHF Pregnancy Screen must be completed by one day prior to delivery; at least one of six mini assessments must be completed by one day prior to delivery; postpartum assessment must be completed by 56 days after delivery. Rewards include \$10 for profile completion; \$10 for a BHF Pregnancy Screen; \$10 for completing at least one of six mini assessments; and \$10 for a postpartum assessment.

5 Well-being Coach Weight Management program (telephonic) is available for members who are identified as high risk based on a body mass index (BMI) of 30 or higher.

6 Well-being Coach Tobacco Cessation program (telephonic) is available for members who are identified as high risk based on any tobacco usage.

7 Retailers include Amazon, Apple, all Gap brands, Target, The Home Depot, T.J. Maxx, Uber, and Uber Eats. Monetary value varies by retailer.

We encourage you to actively participate in your rewards program. Rewards earned should be redeemed before the end of the current plan year. Unused rewards are forfeited six months after the end of your plan year. Make sure to redeem them before then.

All preventive care activities are claims based, which means your completion is determined when a claim is processed. Medical waivers apply to claim-based activities.

Rewards eligibility applies only to subscribers and their enrolled spouse/domestic partner (if applicable) with Anthem medical benefits unless employer chooses subscriber-only rewards. Eligible members must be active on the plan and their activity must take place during the plan year. A subscriber or eligible spouse/domestic partner may earn rewards when eligible activities are completed and, in some instances, are verified by an Anthem claim.

Rewards for completed preventive care activities are issued under the medical plan that pays for the claim. Rewards for completed condition management activities are issued under the medical plan that pays for the condition management benefit. Digital and wellness activity rewards can be issued under multiple medical plans, if you have dual Anthem coverage.

The reward amount you receive may be considered income to you and subject to state and federal taxes in the tax year it is paid. You should consult a tax expert with any questions regarding tax obligations.

Electronic gift card availability may vary. The list of retailers available for electronic gift card rewards redemption is subject to change. Log on to anthem.com or open the Sydney Health app to explore the electronic gift card options available to you.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

Carelon Health, Inc. is a separate company providing care management services on behalf of Anthem Blue Cross and Blue Shield.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc.; HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Health Plan of Georgia, Inc. and Blue Cross and Blue Shield of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RMC), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RMC and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by either Matthew Thornton Health Plan, Inc. or Anthem Health Plans of New Hampshire, Inc. In 17 southeastern counties of New York: Anthem HealthChoice Assurance, Inc., and Anthem Healthkeepers, Inc. trades as Anthem Healthkeepers providing HMO coverage, and their service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123 in Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out-of-network benefits in POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Compcare's Collaborative Insurance Corporation (WICIC). Compcare underwrites or administers HMO or POS policies; WICIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



Dental Plan Highlights

This year XKIG is proud to offer two dental plan options for employees through Lincoln Financial Group. The chart below is a brief summary of the in-network benefits. Please refer to the summary plan description for complete plan details.

Member Responsibility	PPO Base Plan	PPO Buy-Up Plan
	In-Network	In-Network
Annual Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Deductible applies to:	Type 2 & 3	Type 2 & 3
Type 1 – Diagnostic & Preventative		
Oral exams, cleanings, x-rays, fluoride, sealants, space maintainers, emergency treatment	No charge	No charge
Type 2 – Basic Services		
Direct placement fillings, simple extractions, periodontal scaling & root planing	Ded., then 20%	Ded., then 20%
Type 3 – Major Services		
Dentures, bridges, crowns, inlays/onlays	Ded., then 50%	Ded., then 50%
Type 4 – Orthodontic Services (covers adults and children)		
Orthodontic Exams, X-rays, Extractions, Study Models and Appliances	Not covered	50%
Maximum Benefit (per covered person):		
Types 1, 2 & 3 combined	\$1,500 Per Calendar Year	\$2,500 Per Calendar Year
Type 4, while covered by the plan	Not Covered	\$2,500 Lifetime
Annual Maximum Type	MaxRewards® Included. A covered person may be eligible for the Rollover Amount for Types 1, 2 & 3 combined based on the following:	MaxRewards® Included. A covered person may be eligible for the Rollover Amount for Types 1, 2 & 3 combined based on the following:
Eligible Range (claim threshold):	\$1 - \$800 Per Calendar Year	\$0 - \$900 Per Calendar Year
Rollover Amount:	\$500 Per Calendar Year	\$650 Per Calendar Year
Maximum Rollover Account Balance:	\$1,250 Rate assumes that all members' Maximum Rollover Account Balance is \$0 at time of takeover.	\$1,500 Rate assumes that all members' Maximum Rollover Account Balance is \$0 at time of takeover.
WEEKLY RATES		WEEKLY RATES
Employee	\$3.89	\$4.99
Employee + Spouse	\$7.62	\$9.99
Employee + Child(ren)	\$9.27	\$12.24
Employee + Family	\$14.04	\$18.21

* Out-of-network services are based on the Maximum Allowable Charge (MAC).

Key Coverage Highlights

- Lincoln makes it simple and easy to create dental plans that are just the right fit. We offer several valuable plan options, many with flexible terms and conditions.
- Extensive network of dentists with more than 546,690 access points and over 115,665 unique providers — some discounts total more than 35%. Provider searching is available on our Mobile App and website by visiting LincolnFinancial.com/FindADentist.
- Value-add programs including our health center website that provides valuable tools such as oral health risk assessments and a cost estimator so employees can evaluate their costs up front.
- Support and service that satisfies with online access to enrollments, claims, bill payments and plan documents.



Dental Plan Highlights *continued*

MaxOver™

Get rewarded for good oral health activities

Preventive care leads to good oral health. MaxOver rewards you for your good oral health habits when you receive preventive care each plan year. Members qualifying for the benefit may roll over a portion of their annual maximum for use in future years. So, if you need a procedure that costs more than your plan's annual maximum, you can use the funds in your MaxOver account to help cover the difference.



How do you qualify for MaxOver™?



Have at least one preventive exam and cleaning during your benefit period.



Have claims that are less than the MaxOver claims threshold paid during the benefit period.



Satisfy any waiting periods included in your plan for major services (if applicable).

MaxOver benefits are determined three months after the end of the group's benefit period. To check your MaxOver allowance, log in to DeltaDentalVA.com and scroll to My Benefits.

How it Works

Plan's annual maximum	\$1,500*
Submit claims up to	\$750
MaxOver amount added to next benefit period	\$375**
Total annual maximum	\$1,875

- If your annual maximum is \$1,500*, you can submit claims up to \$750 to qualify.
- If you submit less than \$750 in claims and meet the other program requirements, the amount added for the next benefit period is \$375.**
- The total annual maximum available for your next benefit period is \$1,875.
- For each benefit period during which the above conditions are met, you can roll over an additional \$375 toward future benefit periods, up to a maximum carryover of an additional \$1,500.

Delta Dental of Virginia wants our members to take advantage of the benefits and services we offer and to reward them for staying healthy.

*The MaxOver benefit is determined for each family member covered under your dental plan. You cannot use another family member's MaxOver benefit to fund your claims. Orthodontic services are excluded from MaxOver. **MaxOver amounts vary based on your plan's annual maximum allowance. Ask your group administrator or call our benefit services department at 800.237.6060 for your plan's specific MaxOver amounts. The MaxOver claims threshold is equal to half of your annual maximum.



Vision Plan Highlights

This year XKIG is proud to offer two vision plan options for employees through EyeMed. The chart below is a brief summary of the in-network benefits. Please refer to the summary plan description for complete plan details.

Member Responsibility	Base Plan	Buy-Up Plan
	In-Network	In-Network
Routine Exams	\$10	\$10
Vision Materials		
Frames	20% off balance over \$130	20% off balance over \$200
Contacts - Covered in lieu of frames		
Conventional Contacts	15% off balance over \$130	15% off balance over \$200
Disposable Contacts	100% of balance over \$130	100% of balance over \$200
Medically Necessary Contacts	No charge	No charge
Standard Plastic Lenses		
Single	\$25	\$10
Bifocal	\$25	\$10
Trifocal / Lenticular	\$25	\$10
Progressive	\$80 - \$200	\$65 - \$185
Frequency		
Lenses - in lieu of contacts	Once every plan year	Once every plan year
Contacts - in lieu of lenses	Once every plan year	Once every plan year
Frames	Once every other plan year	Once every plan year
Exams	Once every plan year	Once every plan year
WEEKLY RATES		WEEKLY RATES
Employee	\$1.66	\$3.46
Employee + Spouse	\$3.15	\$6.57
Employee + Child(ren)	\$3.32	\$6.92
Employee + Family	\$4.88	\$10.17

Additional Savings

- 40% off additional pairs of glasses
- 20% off any item not covered by the plan, including non-prescription sunglasses
- 15% off retail price or 5% off promotional price for Lasik or PRK from US Laser Network
- Up to 64% off hearing aids, with an extended warranty and free batteries through Amplifon Hearing Health Care Network

Members can get exclusive additional discounts and deals that are often stackable with their vision benefits at eyemedvisioncare.com



Life/AD&D Plan Highlights

Life/AD&D - Salaried, GF, and Above Employees Only

XKIG provides company-paid Life/Accidental Death & Dismemberment (AD&D) insurance through Lincoln Financial Group to all salaried employees after a 6 month elimination period.

Life/AD&D

Amounts of Insurance: 1x earnings to a maximum of \$250,000

Guaranteed Issue: Full benefit amount

Reduction Schedule: 65% at age 65, 50% at age 70

Voluntary Life/AD&D Plan Highlights

Voluntary Life/AD&D

You may purchase additional Voluntary Life and AD&D insurance with Lincoln Financial Group to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election, however, could be subject to medical questions and Evidence of Insurability (EOI). You are required to elect coverage for yourself in order to elect coverage for your spouse and/or dependents. Your contributions will depend on your age and the amount of coverage you elect. Your spouse's rate will be based on your age. Please refer to the summary plan description for complete plan details and rates.

For You:

Voluntary Life/AD&D

Amounts of Insurance: Increments of \$10,000 to a maximum of lesser of 5x earnings of \$500k with a minimum of \$10,000

Guaranteed Issue: \$300,000

Reduction Schedule: 65% at age 65, 50% at age 70

For Your Spouse:

Voluntary Life/AD&D

Amounts of Insurance: Increments of \$5,000 to a maximum of \$150,000 with a minimum of \$5,000

Coverage up to Employee Amount: 100% of Employee Optional

Guaranteed Issue: \$30,000

Reduction Schedule: 65% at age 65, 50% at age 70

For Your Child(ren):

Voluntary Life/AD&D

Amounts of Insurance: Increments of \$5,000 to a maximum of \$10,000 with a minimum of \$5,000

Child Age Limit / Student Age Limit: 26/26

Important Reminder!

Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes. Beneficiaries may be changed at any point during the plan year.



Voluntary Disability Plans Highlights

Voluntary Short-Term Disability

Voluntary Short-Term Disability coverage through Lincoln Financial Group, replaces a portion of your income when you are unable to work due to an illness or injury. This coverage has a pre-existing limitation of 12 months for conditions treated within the six months prior to effective date of coverage. Your election could be subject to medical questions and Evidence of Insurability (EOI).

Elimination Period: Accident 7 Days

Elimination Period: Sickness 7 Days

Benefit Percentage: 60.0%

Maximum Weekly Benefit: \$2,500

Minimum Benefit: \$20.00

Benefit Duration (Including EP): 13 Weeks

Work Related Disabilities: Non-Occupational

Definition of Disability: Own Job

Basic Weekly Earnings Definition: Salary

Partial Disability: Work Incentive Benefit

Successive Periods of Disability: 14 Days

Pre-Existing Condition Exclusion: 6-12

Voluntary Long-Term Disability

Voluntary Long-Term Disability coverage through Lincoln Financial Group, is designed to cover a portion of your salary when you are unable to work due to an accident or illness that occurs 90 days after being deemed disabled and picks up after short-term disability is exhausted. This coverage has a pre-existing limitation of 12 months for conditions treated within the three months prior to effective date of coverage. Your election could be subject to medical questions and Evidence of Insurability (EOI).

Elimination Period: 90 days (30 day accumulation period)

Benefit Percentage: 60.0%

Maximum Monthly Benefit: \$15,000

Minimum Monthly Benefit: Greater of \$100 or 10% of Gross Benefit

Benefit Duration: Social Security Normal Retirement Age

Definition of Disability: 24 Month Own Occupation

Basic Monthly Earnings Definition: Salary

Pre-Existing Condition Exclusion: 3-12

Mental & Nervous Limitation: 24 Months

Substance Abuse Limitation: 24 Months

Successive Periods of Disability: 6 Months



Voluntary Worksite Plans

Voluntary Accident

No one plans to have an accident but, it can happen at any moment throughout the day, whether at work or at play. Most major medical insurance plans only pay a portion of the bills. This policy through Lincoln Financial Group, can help pick up where other insurance leaves off and provide cash to cover the expenses. Our accident coverage helps offer peace of mind when an accidental injury occurs. Below is a brief summary of benefits. Please see your benefit summary for more information about this coverage.

Summary of Benefits:

Initial care visit	\$150	Ambulance	\$300
X-ray	\$300	Air ambulance	\$1,500
Emergency care / treatment	\$200	Major diagnostic	\$200

Voluntary Critical Illness

Critical Illness coverage through Lincoln Financial Group, provides a lump sum benefit following major diagnosis like cancer, kidney failure, heart attacks, or stroke. This benefit can be used to help cover expenses that your insurance does not, such as bills, groceries, or transportation. Below is a brief summary of benefits. Please see your benefit summary for more information about this coverage.

Coverage Amounts:

- Employee - \$10,000
- Spouse - \$5,000 up to 50% of employee benefit amount
- Children - 50% of your coverage amount at no extra cost

Health Assessment/Wellness Benefit*:

Level: \$50
* You receive a cash benefit every year you and any covered family members complete a single covered exam or screening.

Voluntary Hospital Indemnity

Hospital Indemnity coverage through Lincoln Financial Group, helps deliver financial security for the unexpected—allowing you to help protect your budgets against unforeseen expenses if you suffer an accidental injury or sickness. You can use the cash benefits from this coverage to help meet copayments, to pay for recovery expenses or in any way you see fit. Below is a brief summary of benefits. Please see your benefit summary for more information about this coverage.

Summary of Benefits:

Hospital Admission: For the initial day of admission to a hospital for treatment of a sickness/an injury	\$2,000 per day for one day per calendar year
Hospital Confinement: For each day of confinement in a hospital as a result of a sickness/an injury	\$200 per day for 30 days per calendar year (starting on day 2)
Hospital ICU Confinement: For each full or partial day of confinement in an ICU as a result of a sickness/an injury	\$400 per day for 30 days per calendar year (starting on day 1)
Newborn Care: For each day of confinement to a hospital for routine postnatal care following birth	\$200 per day for two days per calendar year
Health Assessment/Wellness Benefit*:	Level: \$50

* You receive a cash benefit every year you and any of your covered family members complete a single covered exam, screening, or immunization.



401(k) Retirement Plan

XKIG is proud to offer a 401(k) Retirement plan through John Hancock. Employees are eligible to start contributing to this plan the first of the month following 60 days of employment. **Example:** Date of hire = 4/6/2026, 60 days will be reached in June, eligibility to begin contributing = 7/1/2026.

You will receive enrollment information from John Hancock (also included below) via email and in the mail shortly before you are eligible to participate. You will **not** be able to enroll prior to your eligibility window.

Saving for retirement while taking care of other financial priorities can be a tricky balance. John Hancock provides the resources to help you navigate the pressures of long and short-term goals, so you can live your best life today and tomorrow.

XKIG will match your contribution on the following schedule:

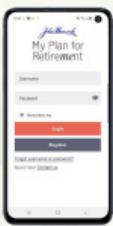
- 100% match 1-3%
- 50% match 4-5%

Example: if an employee contributes 5% or more, you will earn a 4% employer match.

The vesting schedule for employer match is 5 years graded (elapsed time), please see schedule below.

- Less than 1 year = 0%
- 1 year but less than 2 = 20%
- 2 years but less than 3 = 40%
- 3 years but less than 4 = 60%
- 4 years but less than 5 = 80%
- 5 years or more = 100%

Enroll now into your retirement savings plan.



Mobile

Download [John Hancock's retirement app](#).



Online

Visit myplan.johnhancock.com.



Over the phone

Speak with a John Hancock representative at **800-294-3575**.

Available from 8 a.m. to 10 p.m. (EST), Monday to Friday or 1-888-440-0022 for assistance in Spanish between 10 a.m. to 8 p.m.



Utilities Employees Credit Union (UECU)

XKIG has partnered with Utilities Employees Credit Union (UECU) to offer you and your family members the ability to join the credit union. Please direct questions to Lisa Reynolds at lreynolds@uecu.org or call her at 484-388-0655.

WHERE XKIG WORKERS
Bank Smarter

Exclusive Credit Union Perks Await You!

Join Today!

Open one of the accounts below and get a \$25 gift card!

Kasasa® Checking

- Kasasa Cash®
- Kasasa Cashback®

+

Visa® Power Card™

- Rewards Credit Card
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And...

Loan Rate Discounts

- Open a Loan & Checking for Double the Discount!

Lisa Reynolds
Sr. B2B National Account Rep

800.288.6423 Ext. 7502
Mobile: 484.388.0655
lreynolds@uecu.org
uecu.org/lisa

Bank for **Free** + Get **Rewarded** Monthly

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- New and Used Auto Loans
- Personal Loans

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Reference this flyer and get an additional \$10 Gift Card when you open an account!

Employee Assistance Program (EAP)



Your Employee Assistance Program (EAP) is here to help you and your household through difficult times. The following resources are private, confidential, and available to you 24/7 at no extra cost.¹



Counseling and mental health

- Get 4 free visits for in-person or virtual counseling per person in your household, per issue each year.²



Work-life resources

- Find information on career, parenting, and balancing work and family.
- Find high-quality child, elder, and pet care.
- Receive special discounts on a range of products and services, including food, travel, and clothing.



Identity theft support

- Register to get help with identity monitoring and theft resolution to minimize or recover from the effects of identity theft.



Self-improvement resources

- Log in to take self-assessments, access the Guidance to Care tool, and get a list of EAP resources specific to your needs.
- Use Emotional Well-being Resources to connect with one-on-one coaching and self-help digital tools.



Legal and financial resources

- Book a no-cost consultation and receive a discounted rate from participating local attorneys on continued legal services.³
- Explore an online library of legal resources, forms, and essential documents.
- Have unlimited phone consults with a financial professional and access online financial calculators and budgeting tools.



24/7 crisis support

- Get in-the-moment support when experiencing a personal crisis.
- Find help with navigating resources and getting support if you're impacted by a tragedy or natural disaster.



Get the help you need, 24/7

- Visit anthem.com/EAP and log in with company name: **tree**
- Call your EAP at **800-865-1044** for help with questions.



1 In accordance with federal and state law, and professional ethical standards.

2 Appointments are subject to availability of a therapist. Online counseling is not appropriate for all kinds of problems. If you are in a crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 988 (National Suicide Prevention Lifeline) and ask for help. If your issue is an emergency, call 911 or go to the nearest emergency room.

3 Excludes business, benefits, or employment issues. The free half-hour consultations apply per legal issue, per year. You are eligible for a new consultation for each new issue yearly.

This document is for general information purposes. Check with your employer for specific information on services available to you.

In addition to using a health service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

EAP products are offered by Anthem Insurance Companies, Inc.

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Employee Assistance *continued*



Employee Assistance Program

The resources
you need to meet
life's challenges



*EmployeeConnect*SM offers professional, confidential services to help you and your loved ones improve your quality of life.

 In-person guidance	 Unlimited 24/7 assistance	 Online resources
<p>Some matters are best resolved by meeting with a professional in person. With <i>EmployeeConnect</i>SM, you and your family get:</p> <ul style="list-style-type: none">▪ In-person help for short-term issues (up to five sessions with a counselor per person, per issue, per year)▪ In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and 25% off subsequent meetings	<p>You and your family can access the following services anytime – online, on the mobile app or with a toll-free call:</p> <ul style="list-style-type: none">▪ Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning and more▪ Legal information and referrals for family law, estate planning, consumer and civil law▪ Financial guidance on household budgeting and short- and long-term planning	<p><i>EmployeeConnect</i>SM offers a wide range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit GuidanceResources.com or download the <i>GuidanceNow</i>SM mobile app. You'll find:</p> <ul style="list-style-type: none">▪ Articles and tutorials▪ Videos▪ Interactive tools, including financial calculators, budgeting worksheets and more

*EmployeeConnect*SM

EMPLOYEE ASSISTANCE PROGRAM SERVICES

Confidential help 24 hours a day, seven days a week for employees and their family members. Get help with:

- Family
- Emotional
- Relationships
- Parenting
- Legal
- Stress
- Addictions
- Financial

Insurance products issued by:
The Lincoln National Life Insurance Company
Lincoln Life & Annuity Company of New York
Lincoln Life Assurance Company of Boston

LTD-EAPEE-FLI001_Z01



Employee Assistance *continued*

We partner with your employer to offer this service at no additional cost to you!



***EmployeeConnectSM* counselors are experienced and credentialed.**

When you call the toll-free line, you'll talk to an experienced professional who will provide counseling, work-life advice and referrals. All counselors hold master's degrees, with broad-based clinical skills and at least three years of experience in counseling on a variety of issues. For face-to-face sessions, you'll meet with a credentialed, state-licensed counselor.

You'll receive customized information for each work-life service you use.



To take advantage of the *EmployeeConnectSM* program or for more information: Visit GuidanceResources.com (username: LFGSupport, password: LFGSupport1), download the GuidanceNowSM mobile app or call 888-628-4824.

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Order code: LTD-EAPEE-FLI001



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EmployeeConnectSM

EMPLOYEE ASSISTANCE PROGRAM SERVICES

To find out more:

- Visit GuidanceResources.com
(username: LFGSupport ▪ password: LFGSupport1)
- Download the GuidanceNowSM mobile app
- Call 888-628-4824



GuidanceResources Worldwide



Medicare



We Make Medicare Easier for You

Medicare is complex and confusing, but My Benefit Advisor (MBA) provides you with the resources you need to understand its complexities and find the solution that is right for you.

When you, or someone you know, decides it's time to transition to Medicare, we provide personal help from one of our Medicare specialists at no cost.

MBA Can Help You With



Understanding Medicare

We provide you with educational materials and a personal Medicare specialist.



Review Plan Options

MBA has access to an extensive list of insurance companies and their plans.



Simplifying Enrollment

MBA reduces the stress of the enrollment process by providing step-by step guidance.



Plan Review

If requested, we will review your benefits and provide alternatives.

Get Answers to Your Questions:

- How & when do I enroll in Medicare?
- What is Medicare Part A, B, C, & D?
- How much will it cost?
- Which insurance plan is right for me?
- Will my doctors, hospital, and prescriptions be covered?



To learn more about how we can help you with Medicare, contact Shawn McLean at (757) 663-4089 or email shawn.mclean@mybenefitadvisor.com

<https://utility.mybenefitadvisor.com/medicare-ae/shawn-mclean>

Contact Us

Contact Information

Have Questions? Need Help?

XKIG is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time at **855-874-6699** or via e-mail at BRCEast@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Please contact the HR Benefits Team to complete any changes to your benefits that are not related to your initial or annual enrollment.

Carrier Customer Service

Benefit	Carrier	Phone Number	Website
Medical	Anthem BCBS	1-833-592-9956	www.anthem.com
Health Savings Account	Chard Snyder	1-800-982-7715	www.chard-snyder.com
Dental	Lincoln Financial Group	1-877-275-5462	www.lfg.com
Vision	EyeMed	1-844-225-3107	www.eyemed.com
Life & Voluntary Life/AD&D	Lincoln Financial Group	1-877-275-5462	www.lfg.com
Voluntary Short & Long-Term Disability	Lincoln Financial Group	1-877-275-5462	www.lfg.com
Voluntary Accident, Critical Illness & Hospital Indemnity	Lincoln Financial Group	1-877-275-5462	www.lfg.com
401(k) Retirement Plan	John Hancock Spanish Speaking Line	1-800-294-3575 1-888-440-0022	www.myplan.johnhancock.com
Utilities Employees Credit Union (UECU)	Lisa Reynolds	1-484-388-0655	lreynolds@uecu.org
Employee Assistance Program (EAP)	Anthem BCBS Lincoln Financial Group	1-800-865-1044 1-888-628-4824	www.anthem.com/EAP www.GuidanceResources.com username: LFGSupport password: LFGSupport1
Medicare	My Benefit Advisor / Shawn McLean	1-757-663-4089	shawn.mclean@mybenefitadvisor.com
Open Enrollment	GIS	1-888-592-2681	—
Human Resources Benefits Team	XKIG	1-877-949-1113	benefits@xkig.com

If you would like further details on your plans, please utilize our benefits microsite. This site can be utilized year-round to view coverage, access plan documents, and more. The site can be viewed on your phone or computer and has information on all of your employee benefits. Access the microsite at <https://xkig.hrbenefits.net/>. Este sitio web también está disponible en español!