



Equitable Commercial Realty Employee Benefits Guide

June 1, 2026 – May 31, 2027

2026 - 2027

Medical – Dental – Vision – Life – Disability



**MarshMcLennan
Agency**

Welcome to this years open enrollment!

This is an important time for you to review, elect, or change your health insurance benefits to ensure they continue to meet your needs and those of your family for the upcoming year.

Equitable Commercial Realty is pleased to provide you and your family with a wide range of competitive benefits, which are an important part of your total compensation package. You have the flexibility to choose the benefits that are right for you and your family – to keep you physically and financially healthy now and in the future.

During this open enrollment period, you have the unique opportunity to make changes to your benefits without the need for a qualifying life event. We encourage you to take the time to carefully review your current benefits, consider any changes in your healthcare needs, and explore the options available to you.

To assist you in this process, we have prepared a comprehensive benefit guide that outlines important information about your benefits and how to use them to your best advantage; to include plan details, coverage comparisons, and enrollment instructions. We also have a dedicated team ready to answer any questions and assist you through the enrollment process. Please review this information carefully, ask questions if needed, and make sure to enroll by the deadline.

Please remember, the choices you make during open enrollment will be in effect for the entire year, so it's important to make informed decisions. This is an **ACTIVE** open enrollment, which means all employees must take action by submitting your election in Employee Navigator in order to be enrolled in any coverages. The open enrollment deadline for enrollment is **May 11, 2026**, so don't delay in reviewing your options.

Should a special qualifying event occur, you have 30 days from the date of the event to make prospective changes to your coverage. Submit your qualifying life event and coverage change request directly with Jennifer Schwartz or Brent Boyer.

Thank you for taking the time to participate in this year's open enrollment. Your health and well-being are our top priorities, and we are here to support you every step of the way.

Best regards,



Open Enrollment May 4, 2026 – May 11, 2026

Enrollment & Eligibility

Important Dates

- Enrollment Meetings
May 05, 2026
- Open Enrollment
May 04 , 2026
- Deadline
May 11 , 2026
- Effective Date
June 1, 2026



tip

Mark these dates on your calendar now so you don't forget!

Schedule a time to review your current plan and identify what changes you'd like to make.

How to Enroll

If you will be electing coverage this year, you will need to follow these directions to complete the process. If you have questions, contact Jennifer Schwartz or Brent Boyer.

If you are a new hire, you have 30 days to enroll from your date of hire. You must complete your enrollment to receive benefit coverage for the plan year.

Step One

Attend your open enrollment meeting(s). This is the time to learn about the offerings for the new plan year. Bring questions.

Step Two

Carefully review the benefits listed in this guide and determine the coverage that is best for you and your family.

Step Three

Ensure family members meet the eligibility requirements and understand the cost of the plans you select. Remember, unless there is a qualifying event there can be no changes, even cancellation, until the next open enrollment. Be sure to consider reviewing/updating your beneficiary information for life insurance.

Step Four

Sign into Your Employer's Benefit Admin System, Employee Navigator to enroll and/or make changes to your benefits, by the deadline date of **May 11 , 2026**.

Enrollment & Eligibility

Benefits Begin

If you are regularly scheduled to work at least 30 hours per week, you are eligible for the **Equitable Commercial Realty** benefits program. Your benefits begin on the **first of the month following or coinciding with your employment date, or the first of the month following or coinciding with the date you become an eligible employee.** At this time, you may also enroll your eligible dependents.

Newly Hired Employees / Newly Eligible Employees

If you are a new hire, you have **30 days to enroll** from your date of hire. You must complete your enrollment to receive benefit coverage for the plan year.

Eligible Dependents

- Legal spouse or **qualified domestic partner.**
- Children and step-children under the age of 26, regardless of student, dependency, or marital status.

Annual Open Enrollment

New elections and payroll deductions are effective June 1st.

Benefits End

Your Medical, Dental, and Vision benefits end the last day of the month in which your employment ends.

Your Basic Life/AD&D, Voluntary Life/AD&D, Short-Term Disability and Long-Term Disability benefits end the day immediately following your last day worked.

Qualifying Life Events

The choices you make during your New Hire period or Annual Open Enrollment period are irrevocable until either the next Annual Open Enrollment period or unless you experience a **qualifying life event.**

Qualifying life events allow you to make changes before Open Enrollment. When you experience a qualifying life event you have **30 days to submit your qualifying life event and coverage changed within Employee Navigator and contact Jennifer Schwartz or Brent Boyer with any required documentation.**

Qualifying life events may include changes to your legal marital status, giving birth or adopting a child, a change in your or your spouse's employment status, or your entitlement to Medicare.

If you anticipate any of these changes, please see Jennifer Schwartz or Brent Boyer in advance of the event to verify if you may have a right to change plan coverage(s). As a reminder, you must elect your change in benefits within **30 days** from the qualified life event and you may also be required to provide supporting documentation to Jennifer Schwartz or Brent Boyer.

If you do not timely notify Jennifer Schwartz or Brent Boyer of your request to make an election change, you will have to wait until the next annual open enrollment period to make benefit changes unless you have another qualifying life event.



Enrolling with Employee Navigator

Equitable Commercial Realty is committed to keeping you informed about your benefits. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family. Equitable Commercial Realty uses an online enrollment system, Employee Navigator, for all new and updated benefit enrollment changes.

Registration and Enrollment

1. Navigate to <https://marsh.employeenavigator.com>
2. First Time User? Choose "Register as a new user"
 - a. Complete "Create Your Account" section:
 - Enter First and Last Name
 - Enter the Company Identifier: **ECRTX**
 - Enter PIN (Last 4 digits of SSN)
 - Date of Birth format: (MM/DD/YYYY)
 - Password: Must be at least 6 characters and contain a symbol (#, ?, @, etc.) and a number
 - b. Click "Register"
3. Returning User?

Enter your Username and Password or select "Reset a forgotten password"
4. Click "Start Enrollment" to begin your enrollment.



Username

Password

Login

[Reset a forgotten password](#)

[Register as a new user](#)



Good Afternoon, Demo!

Grab a cup of coffee and let's get some work done.

You have 1 item to complete.

1 Enroll in your benefits

Start Enrollment

5. Follow the prompts to make your elections.

Be sure to Click the **AGREE** button to finalize your elections.

Medical Plan Highlights

Employee well-being is a top priority at **Equitable Commercial Realty**. Through **Cigna** we are proud to offer you access to an extensive network of providers. You and your family will be able to maintain your well-being with preventive care and affordable prescription medication.

This plan option will offer you quality care, comprehensive coverage, and the ability to use the **Cigna Open Access Plus Network**.

HDHP EPO Plan (HSA Eligible)		
In-Network Plan Details	YOU PAY	DIFFERENCE CARD PAYS
Calendar Year Deductible (CYD) Individual / Family	YOU PAY THE FIRST \$7,000 / \$14,000	DIFFERENCE CARD PAYS THE LAST \$1,500 / \$3,000
Coinsurance What you pay after you have met your calendar year deductible (CYD).	0% after Deductible	
Out-of-Pocket Maximum Individual / Family	YOU PAY THE FIRST \$7,000 / \$14,000	DIFFERENCE CARD PAYS THE LAST \$1,500 / \$3,000
Medical		
Network	Cigna Open Access Plus Network	
Health Savings Account (HSA) Eligible	Yes, this plan is HSA eligible.	
Preventive Care	No Charge	
Primary Care Office Visit	0% after Deductible	
Specialist Office Visit	0% after Deductible	
Virtual / Medicine Visit via MDLive	0% after Deductible	
Urgent Care Office Visit	0% after Deductible	
Emergency Room	0% after Deductible	
Lab & X-Ray	0% after Deductible	
Complex Imaging	0% after Deductible	
Out-Patient Surgery	0% after Deductible	
Hospitalization	0% after Deductible	
Non-Network Benefits	No Out-of-Network Coverage	
Medical Payroll Deductions – Bi-Weekly (24)		
Employee Only	\$0.00	
Employee + Spouse	\$212.12	
Employee + Child(ren)	\$156.42	
Employee + Family	\$590.22	
<i>See summary of benefits and coverage or policy documents for details on out-of-network benefits.</i>		

Please refer to the benefit summary and policies for exclusions and limitations.

Find a Provider

Online: www.mycigna.com

Phone: 866-494-2111



Scan Me!



Scan Me!

Medical Plan Highlights

Employee well-being is a top priority at **Equitable Commercial Realty**. Through **Cigna** we are proud to offer you access to an extensive network of providers. You and your family will be able to maintain your well-being with preventive care and affordable prescription medication.

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	EPO Plan	
In-Network Plan Details	DIFFERENCE CARD PAYS	YOU PAY
Calendar Year Deductible (CYD) Individual / Family	DIFFERENCE CARD PAYS THE FIRST \$3,500 / \$7,000	YOU PAY THE LAST \$5,000 / \$10,000
Coinsurance What you pay after you have met your calendar year deductible (CYD).	0% after Deductible	
Out-of-Pocket Maximum Individual / Family	DIFFERENCE CARD PAYS THE FIRST \$3,500 / \$7,000	YOU PAY THE LAST \$5,000 / \$10,000
Medical		
Network	Cigna Open Access Plus Network	
Health Savings Account (HSA) Eligible	No, this plan is NOT HSA Eligible.	
Preventive Care	No Charge	
Primary Care Office Visit	0% after Deductible	
Specialist Office Visit	0% after Deductible	
Virtual / Medicine Visit via MDLive	0% after Deductible	
Urgent Care Office Visit	0% after Deductible	
Emergency Room	0% after Deductible	
Lab & X-Ray	0% after Deductible	
Complex Imaging	0% after Deductible	
Out-Patient Surgery	0% after Deductible	
Hospitalization	0% after Deductible	
Non-Network Benefits	No Out-of-Network Coverage	
Medical Payroll Deductions – Bi-Weekly (24)		
Employee Only	\$0.00	
Employee + Spouse	\$398.20	
Employee + Child(ren)	\$325.45	
Employee + Family	\$758.09	
<i>See summary of benefits and coverage or policy documents for details on out-of-network benefits.</i>		

Please refer to the benefit summary and policies for exclusions and limitations.

Find a Provider

Online: www.mycigna.com

Phone: 866-494-2111



Scan Me!



Scan Me!

Pharmacy Highlights

Prescription Medication Coverage

Our medical coverage through Cigna includes a Prescription Drug Program. Your cost share for a medicine is based on the tier in which the medicine is assigned within the formulary drug list. Network discounts are applied to medicines dispensed at a network pharmacy but are not available for medicines dispensed at a non-network pharmacy. You can find in-network pharmacies and a list of covered prescriptions at www.mycigna.com. *(Preauthorization may be required for some medications.)*

GENERIC DRUGS

To get more out of your health care plan, choose Generic drugs when possible. Generic drugs are the chemical equivalent of their more expensive brand name drug counterparts. Even if your doctor prescribes you a brand name drug, you can always ask for the Generic equivalent.

PREFERRED DRUGS

Preferred brand drugs are prescriptions that your pharmacy benefit plan has selected as the most effective and cost efficient to treat certain conditions or illnesses. These brand name drugs are often more expensive than their generic counterpart.

NON-PREFERRED DRUGS

Non-preferred brand drugs treat conditions or illnesses that can also be treated by a preferred brand or generic prescription. These drugs typically have a higher copayment.

PREFERRED and NON-PREFERRED SPECIALTY DRUGS

Specialty drugs are used in the treatment of medical conditions such as hepatitis, hemophilia, multiple sclerosis, and rheumatoid arthritis. Specialty drugs may be oral, topical, or injectable medications that can either be self-administered or administered by a health care professional.

Preferred In-Network Pharmacy	HDHP EPO Plan (HSA Eligible)	EPO Plan
Calendar Year Deductible	Medical Deductible Applies	Medical Deductible Applies
Tier 1 Medications (30-day supply)	0% after Deductible	0% after Deductible
Tier 2 Medications (30-day supply)	0% after Deductible	0% after Deductible
Tier 3 Medications (30-day supply)	0% after Deductible	0% after Deductible
Tier 4 Medications (30-day supply)	0% after Deductible	0% after Deductible
Mail Order (90-day supply)	0% after Deductible	0% after Deductible

Staying In-Network

If you choose to see an out-of-network provider or pharmacy, you will still be able to use insurance, however, your costs will be *substantially* higher, and your deductible and out-of-pocket maximums will be higher.

Your medical network is made up of:

- convenience care (quick) clinics
- physicians
- facilities (urgent care, emergency room)
- nurse practitioners
- specialists
- pharmacies
- hospitals



When possible, choose urgent care facilities over the emergency room to save time and money.

When you see an in-network provider, you will:

- Have lower health care costs for medical services and prescription drugs.
- Not need to obtain pre-authorization before a procedure such as surgery, your in-network provider will handle this on your behalf.
- Not have to worry about paying for balance-billed charges and charges above the usual, reasonable, and customary.
- Not have to fill out forms to send to the insurance carrier in order to receive reimbursement, your in-network provider will handle this on your behalf.

How to find an in-network provider

- Visit Cigna's website at www.mycigna.com
- Call 866-494-2111

The Difference Card

The Difference Card is used in addition to your health insurance plan through Cigna. The Difference Card is a Medical Reimbursement Expense Plan (MERP) funded by your medical plan premiums, which helps you save money on your medical costs.

- A **Medical Expense Reimbursement Plan (MERP)** is an IRS-approved, employer-sponsored health plan that reimburses employees tax-free for qualified out-of-pocket medical expenses, such as deductibles and copayments.



Below and on the following pages you will find additional information about the MERP plan, creating an account, how to use the Difference Card (debit card), Difference Card Mobile App, how to file a claim manual claims and your member services details. ****This benefit can only be used for in-network covered expenses.***

How does the Difference Card work?

The Difference Card works a little differently depending on the medical plan you select; see details below. Regardless of plan design, you'll receive a debit card you can use at the time of service.

HDHP EPO Plan (HSA Eligible) Plan

You pay 100% of eligible, in-network expenses (at the contracted rate) until you satisfy your share of the plan's deductible and out-of-pocket maximum.

For individual coverage, you pay the first \$7,000. For family coverage, you pay the first \$14,000. After that, the Difference Card covers an additional \$1,500 (individual) or \$3,000 (family).

EPO Plan

This option works differently than the Base Plan. Your Difference Card debit card comes preloaded with a set dollar amount to help pay for eligible medical expenses. You will not have any upfront copays. Use the Difference Card for eligible expenses until the balance is exhausted, up to \$3,500 (individual) or \$7,000 (family). After the Difference Card funds are exhausted, you will be responsible for the remaining \$5,000 (individual) or \$10,000 (family).

Once the initial Difference Card balance is used, the card will continue to cover 75% of prescription (Rx) costs until the total deductible is met. At the pharmacy, swipe the Difference Card and it will automatically pay 75% of the total; you'll then pay the remaining 25% using another form of payment.

Questions?

Online: www.differencecard.com

Phone: 888-343-2110



Scan Me!

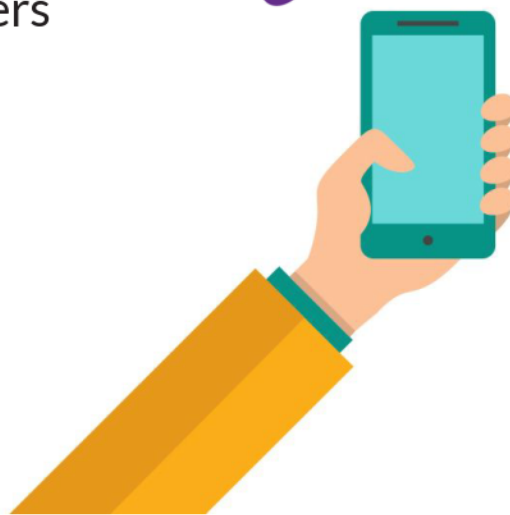
GETTING STARTED

MOBILE APP

Using your smart phone's camera, scan this to download mobile app.

With The Difference Card Smart Mobile App, you can:

- Snap a picture to easily submit your claim
- Find the cheapest place to buy your prescriptions
- Compare cost and search for providers
- View your account balance
- Check claim status
- Sign up for Direct Deposit



LEARN MORE

Visit us online at DifferenceCard.com.

Questions? Our Customer Care Team is available Monday - Friday, from 8AM to 11PM ET.

Call us at (888) 343-2110



Below is an example of how to use your Difference Card Mastercard®. Refer to your Employer Plan for specific amounts.

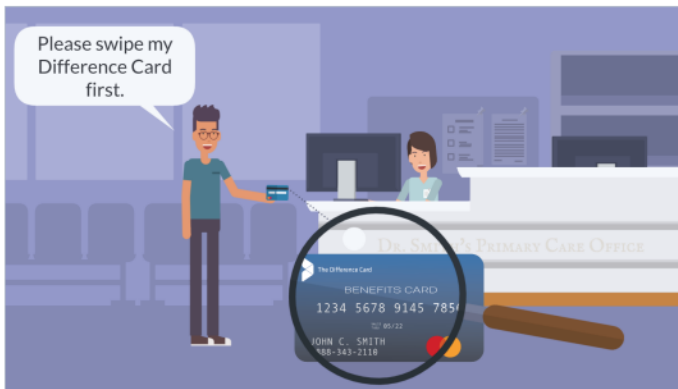
HOW TO SWIPE YOUR DIFFERENCE CARD



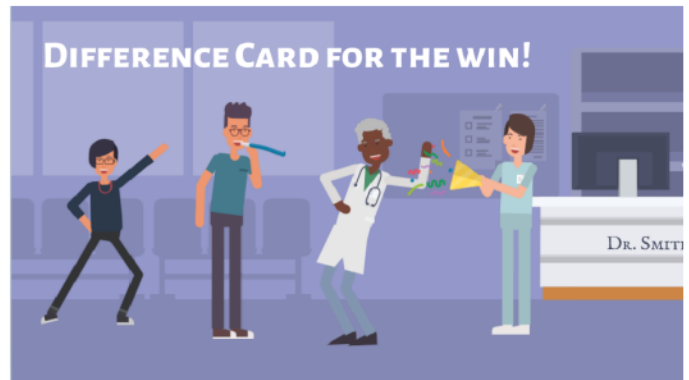
1. When visiting his doctor or a pharmacy, Danny gives them his Insurance Card first.



2. The provider or pharmacist will advise the costs.



3. For prescriptions Danny can swipe his Difference Card for the full cost. For medical services, once Danny receives his bill (and/or EOB) he may use his Difference Card for payment.



4. The amount requested is now satisfied using The Difference Card. It's that easy!

If Danny receives a substantiation request, he will just want to submit his carrier **explanation of benefits** into The Difference Card and link to the transaction needing attention.

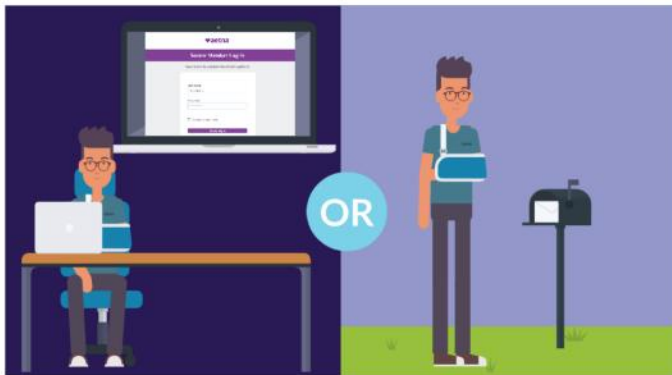
HOW TO GET HELP WITH YOUR MEDICAL BILLS



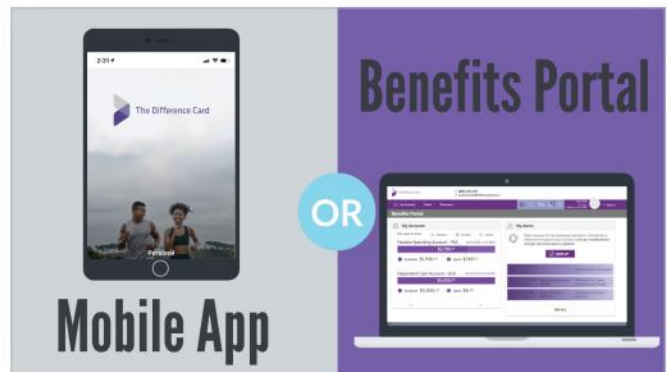
1. When Danny goes to the doctor, he does not pay for some services up front like major medical services.



2. Instead, he will present his Insurance Card to the medical provider and will get a bill and an insurance statement* later.



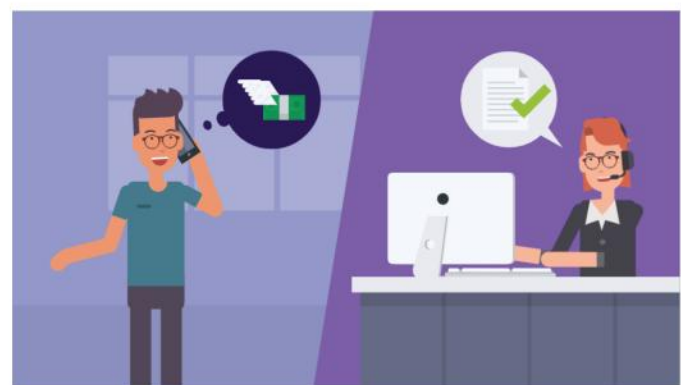
3. Danny will get his insurance statement* either through the Insurance Provider's website or in the mail.



4. Danny then logs into his account online or through the mobile app to upload his insurance statement* to submit his claim.



5. Claims on average are processed in 2 business days. If Danny's claim is eligible for reimbursement, his funds will be direct deposited or mailed to his home.



6. Danny compares the medical bill to the insurance statement and pays the amount he owes. *Danny may have to pay a portion out of pocket before he is eligible for reimbursement.

*An Insurance Statement, sometimes called an Explanation of Benefits (EOB), describes what costs your Insurance Provider will cover for medical care.

WAYS TO SUBMIT YOUR CLAIM



MOBILE

Download the Difference Card Smart Mobile App to submit your claim with a picture.



ONLINE

Login to your account at DifferenceCard.com to submit your claim online.



MAIL

Fill out a Reimbursement Form and submit your documents via mail.



FAX

Fill out a Reimbursement Form and submit your documents via fax.



DIRECT DEPOSIT

The fastest way to get your money.

Money will come back to you via direct deposit if you select that as your Reimbursement Preference.

TOOLS ON THE GO

Scan this code with your camera app to get helpful resources at your fingertips.



SCAN ME

CRASH COURSE

A quick guide to commonly used terms.

Coinsurance: A form of cost sharing. A percent you pay after you have met your deductible.

Copay: A fixed amount that you pay for a covered health care service.

Deductible: The amount you pay for covered health care services before your insurance plan starts to pay.

Dependent Care Account: A DCA is a type of Flexible Spending Account where the pre-taxed funds are set aside to be used for childcare expenses for children age 13 and under. It can also be used to pay for the care of adult dependents.

Difference Card: An employer funded benefit that goes hand-in-hand with your medical insurance provider. It works by paying portions of copays and deductibles you may incur through your insurance plan.

Explanation of Benefits: An EOB is generated by your insurance provider after a medical visit. An EOB explains what was paid by your health insurance and the payment you owe to the medical provider.

Flexible Spending Account: An FSA is an employer-sponsored benefit that allows you to set aside pre-tax dollars into an account to be used for eligible medical expenses.

Health Savings Account: An HSA is a type of savings account for people with High Deductible Health Plans (HDHP) that lets you set aside money on a pre-tax basis to pay for qualified medical expenses.

In-Network: This means that your doctor or facility providing your care has negotiated a contracted rate with your health insurance company.

Out-of-Network: This means that the doctor or facility providing your care does not have a contract with your health insurance company.

Out-of-Pocket Maximum: The absolute most you would have to spend for in-network costs throughout the year. This includes your copays, your deductible, and your coinsurance.



Know where to go for care:

Guide to help save money & time

Cost Comparison	No Cost	Low Cost	Low Cost	Low Cost	Higher Cost	Highest Cost
Deciding where to go:	24/7 NurseLine	Telemedicine	Retail Health Clinic	Primary Care Doctor	Urgent Care Center	Emergency Room
Sprains, strains, stitches	•			•	•	
Mild Asthma	•			•		
Back pain	•			•		
Nausea, vomiting, diarrhea	•	•		•		
Minor allergic reactions	•	•	•	•		
Bumps, cuts, scrapes	•	•	•	•	•	
Rashes, minor burns	•	•	•	•		
Minor fevers, colds, ear or sinus pain	•	•	•	•		
Eye swelling, irritation, redness or pain	•	•	•	•		
Broken bones						•
Sudden loss of consciousness						•

When to go to the ER	Resource	Note
<p>If you feel you are experiencing a medical emergency, call 911 or head straight to the emergency room. Examples of a medical emergency include severe shortness of breath, chest pain, a cut or wound that won't stop bleeding, possible broken bones, sudden or unexplained loss of consciousness, facial drooping, arm weakness, and speech difficulty.</p>	<ul style="list-style-type: none"> • Health Plan Carrier – Visit www.mycigna.com to locate facilities near home, school and work. • Telemedicine - Connect with a doctor via video chat by visiting www.mycigna.com. 	<p>For less serious issues, skip the emergency room and save time and money by using telemedicine, visiting your PCP or urgent care center.</p>

Emotional Health Resources

Cost Comparison	No cost	Low cost	Low cost	Higher cost	Highest cost
Deciding where to go	Employee Assistance	Telemedicine	Primary Care Doctor	Urgent Care Center	Emergency Room
Non-emergency (feeling blue, work or general stress & anxiety)	•				
Need help caring for an elderly parent or family member?	•		•		
Addiction or substance abuse issues	•	•	•	•	
Workplace/work-life services	•				
Need quick access to a licensed counselor?	•	•	•		
Need legal or financial consultation	•				
Eating disorders, adjustment/mood disorders		•	•		
Suicidal thoughts or emergencies		•	•		•
Pediatric or adult counseling	•	•	•		

➤ For less serious issues, skip the Emergency Room and **save time and money** by using telemedicine, visiting your PCP or urgent care center.

When to go to the ER	Need care now?
<p>If you feel you are experiencing a medical emergency, call 911 or head straight to the emergency room. Examples of a medical emergency include severe shortness of breath, chest pain, a cut or wound that won't stop bleeding, possible broken bones, sudden or unexplained loss of consciousness, facial drooping, arm weakness, and speech difficulty.</p>	<ul style="list-style-type: none"> • Employee Assistance: Call confidential member services number at 833-256-5115. • Telemedicine: Call your provider MDLive va Cigna at 888-726-3171. • Urgent Care Center: For available centers in your area, visit Cigna's website at www.mycigna.com or call Cigna's member services line 866-494-2111.

NEW: 988 Suicide & Crisis Lifeline (SAMHSA): Call or text 988 or chat 988lifeline.org

The Lifeline accepts calls, texts, and chats from anyone who needs support for a suicidal, mental health and/or substance use crisis.

Know your providers

Common Provider Types

Behavioral health specialist	What do they do?	When do you need them?
Licensed Professional Counselor (LPC), Licensed Clinical Social Worker (LCSW) or Licensed Substance Abuse Professional (LSAP)	Licensed Professional Counselor (LPC), Licensed Clinical Social Workers (LCSW) and Licensed Substance Abuse Professionals (LSAP) generally follow a traditional psychological approach towards counseling and primarily concentrates on providing individual treatment.	Family counseling, marriage counseling, substance abuse or addiction issues.
Psychologist (Masters or PhD)	A licensed (non-MD) mental healthcare clinician with either a Masters or Doctorate (PhD).	Typically, they treat adults. Child Psychologists typically treat patients under the age of 18.
Child Psychologist (PhD)	Child psychologists typically conduct educational and IQ (Intelligence Quotient) testing in children. They also diagnose and recommend treatments for children struggling with learning disabilities and behavioral adjustment problems.	For children under the age of 18 with learning disorders or disorders on the autism spectrum. Also treats children with eating disorders, personality adjustment disorders and other child behavioral health disorders.
Pediatric Psychiatrist (MD)	Diagnoses disorders, including nature and extent, determines the appropriate course of treatment, and discusses these treatment plans with the child or adolescent and the responsible adults. Prescribes medication when necessary. May need to act as an advocate for the best interests of the patient.	If the child or adolescent needs to be hospitalized in a treatment facility, medicated and or monitored through medication (whether it is in an inpatient or outpatient setting).
Psychiatrist (MD or DO)	Psychiatry is the branch of medicine focused on the diagnosis, treatment and prevention of mental, emotional and behavioral disorders. A psychiatrist is a medical doctor (an M.D. or D.O.) who specializes in mental health, including substance use disorders.	If the adult patient requires medication, highly likely the patient will need to see a psychiatrist during the initial period of taking a medication to level off any side effects or enhance the efficacy of the medication.

NEW: 988 Suicide & Crisis Lifeline (SAMHSA): Call or text 988 or chat 988lifeline.org

The Lifeline accepts calls, texts, and chats from anyone who needs support for a suicidal, mental health and/or substance use crisis.

Health Savings Accounts

A Health Savings Account (HSA) is a personal savings account that you own and can use to pay for qualified out-of-pocket medical expenses. Your contributions to the HSA are taken out of your paycheck and are tax-free. Once you enroll in the HSA through **Ameriflex**, you'll received a debit card to pay for qualified out-of-pocket medical expenses. Your HSA can be used to pay for your health care expenses and those of your spouse and dependents, even if they are not covered by the High-Deductible Health Plan (HDHP). **Employee's enrolled in the Base Medical Plan option are eligible to contribute to an HSA.**

How a Health Savings Account (HSA) Works

Eligibility

Anyone who is:

- Covered by a High-Deductible Health Plan (HDHP);
- Not covered under another medical plan that is not a High-Deductible Health plan (HDHP);
- Not entitled to Medicare benefits;
- Not eligible to be claimed on another person's tax return;
- Not in receipt of VA benefits within the last three months; or
- Not covered under your or your spouse's Flexible Spending Accounts (FSA) , except for a Limited Purpose FSA

Your Contributions

You choose how much to contribute from each paycheck on a pretax basis.

Contribute up to the IRA maximum of **\$4,400 for single coverage** or **\$8,750 for family coverage**, less any employer contribution outlined below.

You can make an additional "catch-up" contribution of up to \$1,000 per year if you are age 55 or older.

You can update your contributions any time throughout the year without a Qualifying Life Event.

If you select employee only coverage under the HSA Eligible Plan, **Equitable Commercial Realty** will make monthly contributions of **\$179.56 (\$2,154.72 annually)** for the plan year spanning from **June 1, 2026 to May 31, 2027**.

In the event of mid-plan year enrollments, the employer contributions will be pro-rated based on the number of months remaining in the plan year.

Eligible Expenses

You can use your HSA to pay for medical, dental, vision, and prescription drug expenses incurred by you and your eligible family members. **Please note: Funds available for reimbursement are limited to the balance in your HSA.**

Using Your Account

Use your debit card linked to your HSA to cover eligible expenses – or pay for expenses out of your own pocket and save your HSA dollars for future health care needs.

Your HSA is always yours – no matter what

One of the best features of an HSA is that money left over at the end of the year remains in the account so you can use it the following year or at anytime in the future. If you leave **Equitable Commercial Realty** your HSA goes with you.

The amount you choose to contribute should be based on the qualifying expenses you anticipate your family incurring during the plan year. First, look at your family's health care expenses over the past year; then determine whether you'll have the same expenses again and if there will be any new expenses.

Register/log on at <https://myameriflex.com/> to monitor your balance.

The Triple Tax Advantage

HSA offer three significant tax advantages:

1. You can use your HSA funds to cover qualified medical expenses, including dental and vision expenses – tax-free.
2. Unused funds grow and earn interest over time – tax-free.
3. You can save your HSA dollars to use for your health care even if you leave **Equitable Commercial Realty** – tax-free.

If you want to pay less per paycheck for health care coverage and save tax-free money for future medical expenses, consider enrolling in the HDHP with HSA.

What you need to know about an HSA

HSA Distribution Rules	Frequently Asked Questions
Distribution from the HSA are tax-free for “qualified medical expenses” following the date the HSA is opened.	<p>Can I contribute to both an HSA and an FSA in the same year?</p> <p>Enrollment in a Medical FSA will cause you to be ineligible to make contributions to your HSA. The only exception is if the FSA is a “limited purpose” FSA, which can only be used for dental and vision expenses.</p>
Medical expense incurred by or on behalf of domestic partners or their children are ineligible for tax-free reimbursement for an HSA unless the domestic partner qualifies as a dependent under IRC Section 152.	<p>What if I enroll in an HSA in the middle of the year?</p> <p>If you enroll in an HSA mid-year, you are allowed to make a full year’s contribution to your HSA, provided you remain covered by the HDHP for at least the 12-month period following the partial year.</p>
If HSA funds are used for non-qualified medical expenses before the age of 65, the amount withdrawn is subject to both income tax and a 20% penalty.	<p>Can I contribute to an HSA if I have Medicare?</p> <p>No. You lose HSA eligibility once you enroll in Medicare, so you can’t make additional contributions. You can only contribute for months that you were eligible before you enrolled in Medicare.</p>
Individuals must keep detailed records to validate eligible expenses were incurred in the case of an IRS audit.	
There is no set time limit in which you must reimburse yourself (i.e., withdraw the money).	

Dental Highlights

A confident smile starts with oral health. The dental plan offered to you by **Equitable Commercial Realty** through **Equitable** makes it easy for you and your family to take care of your smiles. As with all other coverage, it's important to stay in-network. Before each appointment, verify your dentist is still in network and be sure to present your ID Card to your dentist each visit.

If your dentist recommends services other than a preventive cleaning, ensure you ask for and receive a pre-treatment estimate *before the work is performed.*

This Dental PPO plan lets you choose any provider you want each time you need care. There are no requirements to choose a primary dentist to coordinate your care. However, network providers have contracted with the **Equitable Network** to provide services at a reduced rate.

		Dental Plan	
In-Network Plan Details	In-Network	Out-of-Network	
Network	Equitable Network	N/A	
Calendar Year Deductible (CYD) Deductible Waived for Preventive	\$50 Individual / \$150 Family		
Annual Maximum	\$2,000 per Covered Person		
Preventive Services	100% Covered Deductible Waived		
Basic Services	80% Covered after Deductible		
Major Services	50% Covered after Deductible		
Orthodontia Children up to age 19	50% Covered, \$1,500 Lifetime Max		
Out-of-Network Reimbursement Level	90% of Usual and Customary		

You can choose from one of the 132,000 credentialed providers nationwide in the Equitable Dental Network. You can locate an in-network provider by visiting: www.equitable.com/finddentist. Using a network dentist will significantly lower your out-of-pocket expense because these dental professionals have agreed to provide covered services at discounted fees.

Equitable does not contract directly with dentists. Equitable's dental network is supported by several partner companies which may vary by state. This information is provided on our website at www.equitable.com/dentalprovider.

Please reference the following network names when confirming in-network participation with your provider.

- Careington
- Dental Benefit Providers (DBP)
- Dentemax Plus
- HealthSmart
- PPO USA Connection Dental Network (GEHA)
- Total Dental Administrators (TDA)
- Zelis Dental Network
- United Concordia AdvantagePlus

Dental Payroll Deductions – Bi-Weekly (24)

Employee Only	\$0.00
Employee + Spouse	\$22.38
Employee + Child(ren)	\$26.11
Employee + Family	\$54.70

Please refer to the benefit summary and policies for exclusions and limitations.

Find a Provider

Online: www.equitable.com/finddentist

Phone: 866-274-9887

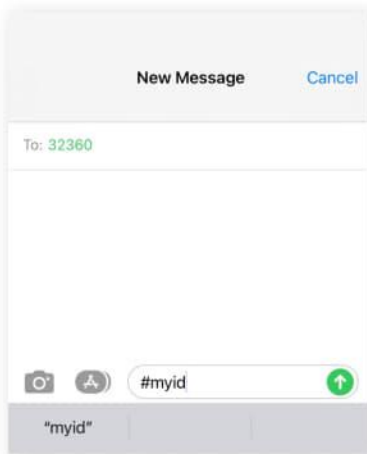
Receive your dental ID card via text

You can receive your dental ID card in seconds by texting Equitable. Easily save it directly to your smartphone and share with all members of your household.

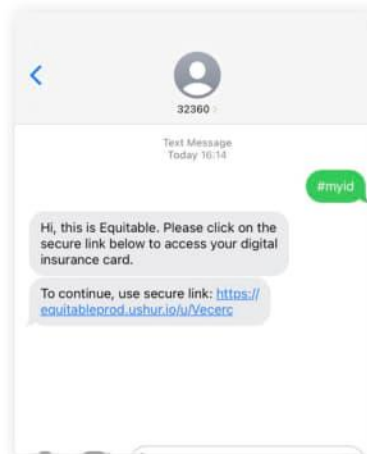
Scan QR code



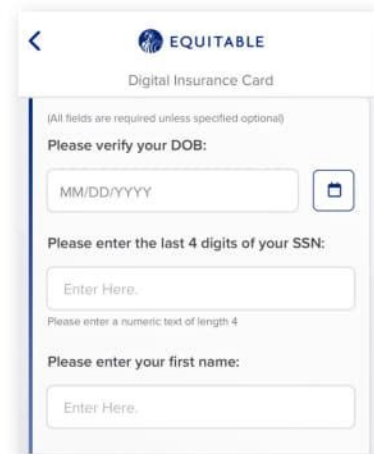
Follow these steps:



1 Text **#myid** to **32360** or scan the QR code.

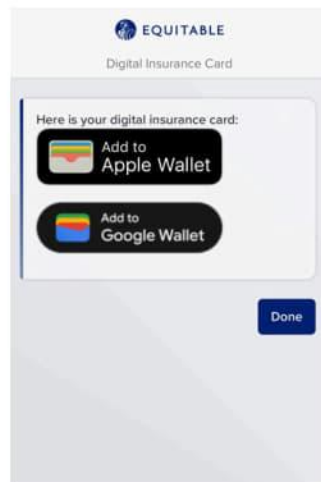


2 Click the link and follow the prompts.

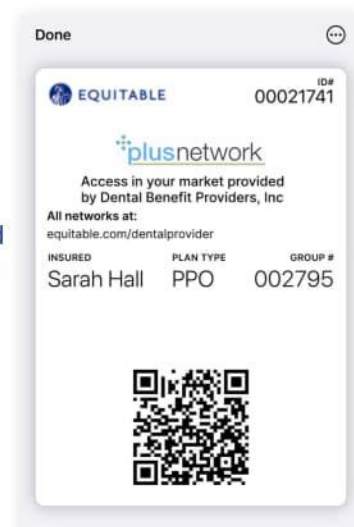


3 Input Primary Insured's information (date of birth, last four digits of SSN, first and last names).

4 Instantly save to your digital wallet or take a screenshot.



5 Share with members of your household by clicking the three dots.



Voluntary Vision Highlights

Eyesight is critical to your overall health. Did you know that a regular eye exam can detect high-cholesterol or even a brain-tumor? **Equitable Commercial Realty** offers you vision insurance through **Equitable**.

Annual preventive eye exams are covered under each plan. Make sure to stay in network. When you schedule your appointment, verify your provider is in the **VSP Choice's network**. If you have a contact lens exam, this is not covered at 100% and you are responsible for this additional cost.

This vision plan allows you to choose any provider you want each time you need care. There are no requirements to choose a primary doctor to coordinate your care. However, network providers have contracted with Equitable to provide services at a reduced rate. When you use the **VSP Choice Network** providers, your out-of-pocket expenses are kept to a minimum. When you use non-network providers, your out-of-pocket expenses are higher.

	Vision Plan
Plan Details	In-Network
Network	VSP Choice Network
Exams	Every 12 Months, one exam is covered in full after \$5 copay
Prescription Glasses	\$5 copay
Lenses – 1 pair covered every 12 months	Single / Bifocal / Trifocal / Lenticular
Frames – covered up to \$130 every 24 months; 20% off amount over allowance	Polycarbonate for dependent children under age 18
Elective Contacts (<i>in lieu of glasses</i>)	Covered up to the \$130 allowance every 12 months, plus 20% off balance
Contact Fitting and Evaluations	Up to \$60 Copay
Necessary Contacts (<i>in lieu of glasses</i>)	Covered in full, every 12 months
Out-of-Network Reimbursement	Out-of-Network coverage available, see benefit summary for details. Reimbursement Only
Vision Payroll Deductions – Bi-Weekly (24)	
Employee Only	\$0.00
Employee + Spouse	\$1.80
Employee + Child(ren)	\$1.80
Employee + Family	\$4.95

Please refer to the benefit summary and policies for exclusions and limitations.

Find a Provider

Online: www.equitable.com/findvision

Phone: 866-274-9887

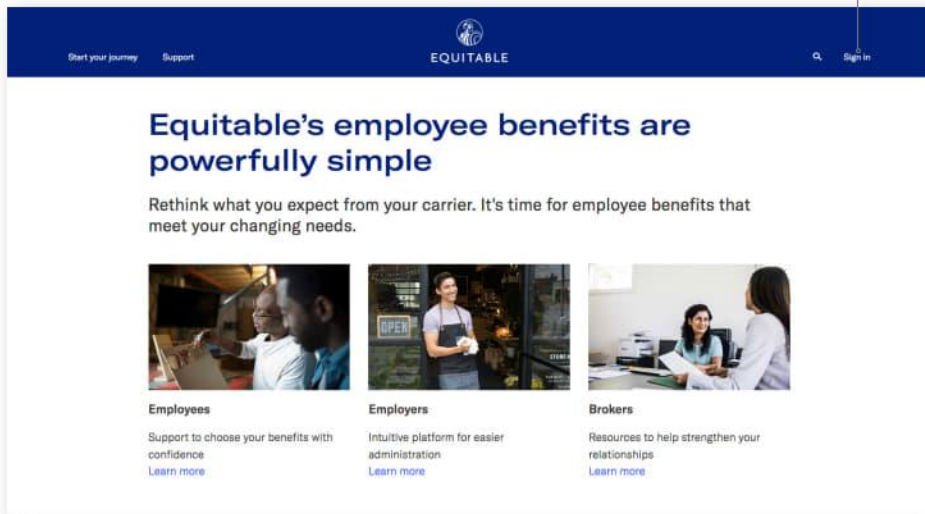
How to print your member vision card and view benefits

Employees can simply use their Social Security number to verify coverage with their provider. To easily download a member vision card, you have two options: From EB360® or directly from VSP® at any time. Simply review vision information on your smartphone or tablet via your EB360® personalized dashboard through VSP®. Effortlessly print your own card so you can carry it with you.

Welcome to Equitable!

Access your Member Vision Card on the VSP® Vision Care's website by following the instructions below:

- 1 Go to equitable.com/employeebenefits and click **Sign in**



- 2 Enter the User ID and password you set up during registration.

- 3 Click **Visit Website** to the right of the details of your vision policy. The VSP® website will open up in a separate tab in your browser.



- 4 Create an account and log in at <https://www.vsp.com/register.html>.

- 5 Access and print your Member Vision Card.

- 6 Don't forget to view special offers from VSP® by visiting: vsp.com/specialoffers.

For additional assistance, contact our Customer Service Team at **(866) 274-9887**, Monday - Thursday 8:00 a.m.-6:30 p.m. ET, Friday 8:00 a.m.-5:30 p.m ET.

Life Insurance Highlights

Discussing what might happen to your family if you were not around to provide for them isn't always the easiest conversation. Life insurance can help you plan for your family's future needs. When the unthinkable happens, you want to know your family is covered. **Equitable Commercial Realty** provides full-time eligible employees with Basic Life and Accidental Death & Dismemberment (AD&D) insurance through **Equitable** at no cost to you. Additionally, you may supplement your own policy as well as purchase life insurance for your spouse and dependent children. *To cover your spouse and your dependent children you must also cover yourself.*

Basic Life and Accidental Death & Dismemberment Insurance

In the event of your death, the Basic Life coverage would pay your beneficiary a flat benefit amount. In the event of accidental death, your beneficiary would receive an additional benefit equal to your life benefit amount. If you lose a limb or suffer other permanent disability as the result of an accident, you may be eligible for other benefit payments under the AD&D plan. These are determined according to the injury.

Employee	Flat \$50,000
Age Benefit Reduction	35% reduction of in-force benefit at age 65 50% reduction of original in-force benefit at age 70

Voluntary Life and Accidental Death & Dismemberment Insurance

If you would like additional protection, you can purchase Voluntary Life coverage through **Equitable** for you, your spouse and/or children through convenient payroll deduction. The cost of the coverage is based on your age and the amount of coverage you elect. Premiums are deducted from your pay on an after-tax basis. *See Employee Navigator for Individual Rates.*

Employee	\$10,000 increments, \$10,000 up to \$300,000 or 5x your annual salary (the lesser of) Guaranteed Issue (New Hire Only): \$50,000
Spouse	\$5,000 increments, \$5,000 up to \$150,000 Guaranteed Issue (New Hire Only): \$30,000 <i>Amount cannot exceed 100% of employee benefit</i>
Child(ren)	Children up to age 26: \$1,000 increments, starting at \$2,000, up to a maximum of \$10,000 Guaranteed Issue (New Hire Only): \$10,000 <i>Amount cannot exceed 100% of employee benefit</i>
Age Benefit Reduction	Employee: same as Basic Life/AD&D Coverage Spouse: none - <i>spouse benefits term at age 70.</i>

Guarantee Issue amounts apply to timely eligible applicants. A timely applicant is one who applies for coverage within 31 days from the date that all eligibility requirements are met. You may enroll at a later time, but you must complete an Evidence of Insurability form and can be declined coverage.

Beneficiary Information

Please verify that your beneficiary information is correct and up-to-date. In the event of your death, policy proceeds will be paid according to your most recent beneficiary designation. You may name primary and contingent beneficiaries in Employee Navigator.

Evidence of Insurability (EOI)

Evidence of Insurability (EOI) is a record of a person's past and current health events. It is often required by insurance companies when an employee applies for certain types of insurance coverage, such as life or disability insurance, beyond the initial enrollment period or for amounts exceeding guaranteed issue limits. An EOI helps insurance carriers assess the risk of insuring an individual based on their health history. This ensures that the coverage provided is appropriate and sustainable.

Submitting an EOI is necessary to determine eligibility for additional coverage. Going through the EOI process can allow employees to access higher coverage amounts, offering greater financial protection for themselves and their families. Without it, employees may be limited to the basic coverage amounts offered during the initial enrollment.

You must submit an Evidence of Insurability (EOI) if you choose not to enroll within 31 days of your insurance eligibility (date of hire). If you are interested in purchasing supplemental term life insurance, after your initial eligibility date, you have that option at Open Enrollment. The following rules would apply:

- **Initial Enrollment (2026 OE & New Hires):** Evidence of Insurability (EOI) is only required for amounts over the guaranteed issued amount. EOI is NOT required, if electing less than the Guaranteed issued amount.
2026 Only: Everyone can elect up to GI amount without EOI.
- **Late Enrollment (After Initial Enrollment Period Ends):** Evidence of Insurability (EOI) is required for any amount if you did not purchase at least the minimum amount when you first became eligible.
- **Annual Open Enrollment (Already Enrolled):** Employees may increase their supplemental life insurance up to two (2) increments without providing Evidence of Insurability (EOI). Increases of more than two (2) increments will require EOI. Spouses may increase their supplemental life insurance up to one (1) increments without providing Evidence of Insurability (EOI). Increases of more than one (1) increments will require EOI.

If you apply for more than what is stated above, then an Evidence of Insurability is required. *Please refer to the benefit summary for more detailed benefit information and for exclusions and limitations.*

To complete your digital EOI form online, you will need the following:

Scan the QR code to submit your EOI form.

Your Social Security Number
Group ID # **027265**
Related medical history information



Disability Insurance Highlights

Disability insurance is insurance for your paycheck!

The unexpected could happen at any time. Disability Insurance provides you and your family with peace of mind if you are unable to work due to illness or injury. **Equitable Commercial Realty** proudly provides full-time salary employees Short-Term Disability Insurance and Long-Term Disability Insurance through **Equitable** at no cost to you.

Employer Paid Short-Term Disability Insurance

Benefit Amount	60% of earning up to \$1,000 weekly
Elimination Period	Injury 7 day - Illness 7 days
Benefits Payment Period	12 weeks
Other Limitations	A complete list is included in your booklet.

Employer Long-Term Disability Insurance

Benefit Amount	60% of earning up to \$6,000 monthly
Elimination Period	90 days
Benefits Payment Period	Up to Social Security Retirement Age
Own Occupation Definition	2 years
Pre-Existing Limitations	3 months prior and 12 months insured - A pre-existing condition is a sickness or injury for which you have received treatment within 3 months prior to the effective date of this plan. Any disability contributed to or caused by a pre-existing condition within the first 12 months of your coverage date will not be covered.
Other Limitations	A complete list is included in your booklet.



Scan Me!

Access your online account or speak to a representative.

Online: www.equitable.com/employeebenefits

Phone: 866-274-9887

How to file a claim

 **Over the phone (preferred)****1 Gather the necessary information**

- Employer name
- Group policy number
- Last day of work
- Manager and/or HR contact name and phone number
- Reason for medical leave
- Employee information and medical providers' information (names, addresses and phone numbers), as information will be requested from your physician.

3 Collect all the information needed

The Equitable benefit analyst will collect all the information needed from you, as well as your verbal authorization to contact your healthcare provider.

2 Call our disability team

- Call our disability team at (866) 274-9887.
- Select the prompt for employees.
- Then, select the prompt for disability.

4 Contact your healthcare provider

The Equitable benefit analyst will then contact your healthcare provider and your employer to obtain the other necessary information to process your claim.

 **On paper****1 Obtain a claim form**

Obtain an Equitable Short-Term Disability claim form from your employer or download it from equitable.com/employee-benefits/customer-service/forms.

3 Complete the Employer Statement

Have your employer complete the Employer Statement and healthcare provider complete Attending Physician Statement.

2 Complete the Employee Statement

Complete the Employee Statement.

4 Fax the claim

Fax the completed claim packet to (855) 864-0530; or scan and e-mail the .pdf completed claim packet to: claimsubmission@groupclaims.com; or mail the completed claim package to:

Group Claims Department
P.O. Box 14294
Lexington, KY 40512-4294

Added Value Benefits

Telemedicine – included with Medical Coverage

Under the weather and need a fast doctor visit? Telemedicine gives you 24/7 access to U.S. board certified doctors through the convenience of your phone. You and a practitioner can speak or video chat to answer questions, make a diagnosis, and even prescribe some medications. This convenient and affordable option provides you on-demand access to treat many medical conditions. As always, call 911 for any emergency. List of minor medical needs includes:

- Bladder infection/Urinary tract infection
- Bronchitis
- Pinkeye
- Fever
- Rash
- Stomachache
- Sinus problems

How to access Telemedicine

- Provided through Cigna, MDLive online at www.cigna.com or by phone at **888-726-3171**
- Download the mobile app, available on the APP Store and Google Play
- With virtual visits, you can:
 1. Video visit with a physician from one of our U.S. board-certified doctors.
 2. Immediately video visit with a doctor 24 hours a day, 7 days a week from any location.
 3. Your primary care physician can access your telemedicine visit records at your request.
 4. If medically necessary, the provider can send a prescription to a preferred pharmacy.

Employee Discount Marketplace via Benefit Hub

An all-in-one portal for employer-sponsored perk programs and discount marketplace.

It's easy to access and start saving!

1. Go to <https://employeeperks.benefithub.com/Welcome>
2. Enter referral code: **Q2NTZA**
3. Complete registration

Questions? Call **866-664-4621** or email customercare@benefithub.com



Learn more here!

Member Support Center

We are pleased to provide **Equitable Commercial Realty** with access to our Member Support Center. You may contact a dedicated account representative at MMA via phone or email with any questions or concerns Monday through Friday from 8:00 am - 6:00 pm CST, regarding your benefits:

Service Email Address: ECR@marshmma.com
Service Phone Number: 800-207-2265 / PIN # 2285

Whether you need assistance with a claim or simply have a benefits question you may use the email address above or call MMA directly. An account representative with MMA will respond promptly.

The representatives responding to the Service Email and taking your calls are insurance professionals who know your benefit plans. Their goal is to resolve your benefits related issues. In certain situations, it will be necessary for the representative to contact a provider or insurance carrier on your behalf. If your issue cannot be resolved in one email or phone call, you will always be informed of the status until resolution has been reached.

Inquiries not handled by the Member Support Center –

Please contact Jennifer Schwartz or Brent Boyer for:

Enrollment transactions and verification of eligibility



Employee Assistance Program

Your well-being doesn't begin or end with your finances. It starts with — and is always about — you. Our team is here to help, anytime and anywhere. Read on for information about no-cost, confidential support you can access for life's challenges.



Need to speak with someone? Receive up to three face-to-face sessions per issue/year.



Confidential emotional support

Our highly trained clinicians will listen to your concerns and help you or your immediate family members with a variety of issues and, if needed, refer you to other resources. Talk to us for:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts



Work/life solutions

Our specialists provide qualified referrals and resources for everyday tasks, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events
- Locating pet care



Legal guidance

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

- Divorce, adoption, family law, wills, trusts and more



Financial resources

Our financial experts can assist with a wide range of issues. Talk to us about strategies pertaining to:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

Need representation? Get a free 30-minute consultation and a 25% reduction in fees.



Contact your Employee Assistance Program for 24/7 support, resources and information

Call
(833) 256-5115

TDD
(800) 697-0353

Online
guidanceresources.com

App
GuidanceNowSM

Web ID
EQUITABLE3



Identity theft services

We can help you repair your credit and your good name with tools, such as:

- Support from legal and financial professionals
- Counseling to address emotional issues
- Work/life assistance



Online will preparation

EstateGuidance® lets you quickly and easily create a will online at no cost. You can:

- Specify your wishes for your property
- Provide funeral and burial instructions
- Choose a guardian for your children



Online support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand training
- “Ask the Expert” personal responses to your questions



Phone/live support

Your Employee Assistance Program provides someone to talk to, and resources to consult whenever and wherever you need them.

Call: (833) 256-5115 **TDD:** (800) 697-0353

Direct, 24/7 access to a GuidanceConsultantSM who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: guidanceresources.com

App: GuidanceNowSM

Web ID: EQUITABLE3

Employee Assistance Program (EAP) work/life services, which are provided by ComPsych® Corporation, are not insurance, and the charge is segregated from the insurance cost, but included in the total amount billed. ComPsych®, GuidanceResources® and EstateGuidance® are registered trademarks and service marks of ComPsych® Corporation. EAP By DesignSM is not a service provided in partnership with ComPsych® Corporation. ComPsych® is not affiliated with Equitable, and services they provide are separate and apart from the insurance provided by Equitable.

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Emergency Travel Assistance Program








Support before, during and after travel

Congratulations! You and your dependents are now part of the Emergency Travel Assistance Program provided by AXA Assistance USA, Inc. As a member, you can access a broad range of worldwide travel, emergency medical transportation and concierge services 24 hours a day, 365 days a year. Wherever you are, one simple phone call to our response center will connect you to a global network of providers who can support you while you are away from home.



Call AXA Assistance if you require

- | | | | |
|--|---|---|--------------------------------------|
|  | Medical and dental referrals |  | Lost document and luggage assistance |
|  | Emergency medical evacuation or repatriation |  | Emergency cash and bail assistance |
|  | Hospital admission and critical care monitoring |  | ID theft assistance |
|  | Return of mortal remains |  | General travel information |
|  | Dispatch of prescription medication |  | Concierge services |



Within the United States
(855) 327-1476



Outside the United States
1 (312) 356-5980





Travel web portal

Our web portal, Travel Eye, offers useful intelligence designed to provide necessary knowledge throughout the life cycle of your trip.



Through the portal, you have access to the most accurate real-time information on global events, security and medical risks per country,



as well as access to AXA's global medical network.

Visit www.mytripcompanion.us/?utm_source=certificate&utm_medium=Equitable-US



Travel assistance services¹



Travel assistance services

- Lost document and luggage assistance
- Emergency cash/bail assistance
- Emergency message transmission
- Legal referrals
- General travel information



Identity theft

You also have access to identity theft assistance while at home or traveling. This service provides:

- Awareness and education — providing a guide on identity theft
- Recovery and resolution — guidance in taking the necessary steps if your identity is compromised



Concierge services

Make your life simpler and easier. Concierge services are designed to fulfill various travel and entertainment requests, including restaurant and entertainment recommendations, locating available business services, airfare and car rental, and much more.





Medical assistance services¹



Emergency medical transportation

- Emergency medical evacuation
- Medical repatriation
- Return of mortal remains
- Transportation of travel companion
- Transportation of family member to accompany patient
- Escort of dependent children



Medical assistance

- Medical and dental referrals
- Coordination of hospital admission
- Critical care monitoring
- Dispatch of physician
- Dispatch of prescription medication

Services must be authorized and arranged by AXA Assistance USA, Inc. No reimbursements will be accepted.



International medical teleconsultation²

24/7 virtual medical care while abroad

Doctor Please! enables you to book a video appointment or request a phone call with a healthcare professional at any time of day or night for minor ailments and conditions, treatment options, assistance with prescription refills and provider referrals, when needed.

Prior to your trip, download the Doctor Please! app via Google Play or Apple Store. Access code US1020.



**Contact AXA Assistance USA
24 hours a day, 7 days a week**



Within the United States
(855) 327-1476



Outside the United States
1 (312) 356-5980

Staying Connected

MMA Member Benefits Support Center

The MMA member support center is here to answer your questions regarding insurance claims, eligibility, obtaining ID cards, locating in-network providers, or other benefits-related questions.

Contact them via email at ECR@marshmma.com or call **800-207-2265, PIN 2285**.

Representatives are available Monday through Friday, from 8 a.m. – 6 p.m. Central. Spanish speaking representatives are also available.

Important Contacts

Please refer to this list when you need to contact one of your benefit administrators. For general information contact Jennifer Schwartz or Brent Boyer.

Coverage	Administrator	Group #	Phone Number	Website
Medical	Cigna	00650169	866-494-2111	www.mycigna.com
Pharmacy	Cigna	00650169	866-494-2111	www.mycigna.com
Telemedicine via Cigna	MDLive	00650169	888-726-3171	www.mycigna.com
Medical Reimbursement Plan	Difference Card	TBD	888-343-2110	www.differencecard.com
Health Savings Account (HSA)	Ameriflex	N/A	888-868-3539	www.myameriflex.com
Dental	Equitable	027265	866-274-9887	www.equitable.com/employeebenefits
Vision	Equitable	027265	866-274-9887	www.equitable.com/employeebenefits
Life and AD&D	Equitable	027265	866-274-9887	www.equitable.com/employeebenefits
Disability	Equitable	027265	866-274-9887	www.equitable.com/employeebenefits
Benefit Hub	MMA	Q2NTZA	866-664-4621	customercare@benefithub.com
Employee Assistance Program	ComPsych	N/A	833-256-5115	www.guidanceresources.com Web ID: EQUITABLE3
Travel Insurance	AXA Assistance	N/A	855-327-1476 312-356-5980	www.mytripcompanion.us/?utm_source=certificate&utm_medium=Equitable-US

The information in this Benefits Guide is intended for illustrative and informational purposes only. The information contained herein was taken from various summary plan descriptions, certificates of coverage and benefit information. While every effort was taken to accurately report your benefits, discrepancies and errors are always possible. It is not intended to alter or expand rights or liabilities set forth in the official plan documents or contracts. It is not an offer to contract, nor are there any expressed or implied guarantees. In the case of a discrepancy between this information and the actual plan documents, the actual plan documents will prevail. If you have questions about this summary, please contact your Jennifer Schwartz or Brent Boyer Department.