

BENEFITS

Plan Year: January 1, 2022 – December 31, 2022



WHO IS ELIGIBLE

If you are a full-time employee, and have exceeded your eligibility period, you are eligible to enroll in the benefits described in this guide.

Employees may also cover their eligible dependents and pay the applicable premium for their coverage.

Eligible dependent(s) include: Spouse, Children up to age 26 (regardless of student, marital, or dependent status), and Dependent Children of any age who are incapable of supporting themselves due to mental/physical handicaps (proof of Social Security required).

HOW TO MAKE CHANGES

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period.

Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child, or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, change in spouse's benefits or employment status, or enrollment/loss of other group coverage.

All eligible changes must be communicated to the carrier within 31 days of the Qualifying Event.

WHEN TO ENROLL

Newly hired employees will be eligible **1st of the Month Following 60 days** of employment.

Open Enrollment will be from **11/03/2021 to 11/09/2021** for **Centennial Plastics**.

If you do not wish to make any changes, no action is needed. If you do wish to make changes please see the "How to Enroll" Section below.

Gilsbar is available to help with all questions regarding enrollment and to assist you with the enrollment process. For assistance, please call 1-800-351-1151 to speak with a benefit team member from 7:00am to 7:00pm CST Monday – Friday.

HOW TO ENROLL

To enroll online please follow these steps:

- Go to: <https://Benselect.com/Enroll>
- Enter your social security number (SSN) as your login
 - Enter your PIN – your PIN is the last four digits of your SSN and the last two digits of your birth year.
 - **For example, if your SSN is 462-26-2222, and your birth year is 1985, your pin would be 222285.**
- Once you have registered and are logged in you can:
 - Review your current benefit elections
 - Verify your personal and dependent information
 - Make your new benefit elections

If you need further assistance, please contact:
Debbie Hinrichs - Hastings
Jill Van Antwerp - Nampa

MEDICAL AND PRESCRIPTION DRUGS

Provider: UMR

Prescription: Optum Rx



If you previously waived coverage, you may enroll during open enrollment for a January 1, 2022 effective date.

Benefit	HDHP Plan	
	In-Network	Out-of-Network
Annual Company HRA Contribution		\$750 employee only \$1,500 family coverage*
		(Any unused amount in your bank will be carried forward to the next year, up to \$2,000 for employee and \$4,000 for family)
Deductible		
• Individual	\$1,500	\$3,000
• Family*	\$3,000	\$6,000
Coinsurance	80%	60%
Out-of-pocket maximum (net of Company HRA contribution)		
• Individual	\$1,750	\$4,250
• Family	\$3,500	\$8,500
Lifetime maximum	Unlimited	
Physician visit	80% after deductible	60% after deductible
Urgent care	80% after deductible	60% after deductible
Preventive care	80% after deductible	60% after deductible
Prescription drugs retail 30-day supply		
• Generic	80% after deductible	60% after deductible
• Formulary brand		
• Non-formulary brand		
Mail order	80% after deductible	Not covered
• Generic		
• Formulary brand		
• Non-formulary brand		

*Note, family coverage includes employee/spouse and employee/child

YOUR COST IN 2022

Employee Bi-Weekly Deductions (Per Check)	
Employee Only	\$44.00
Employee/Spouse	\$140.00
Employee/Child(ren)	\$104.00
Family	\$202.00

HOSPITAL PRECERTIFICATION

Any time you or a family member is admitted to the hospital or receives certain outpatient services, it is important to let UMR know. You or your provider can call the number on the back of your medical ID card to verify the level of benefits available.

NEW PREVENTIVE COVERAGE

Did you know that the Plan pays for certain preventive services and vaccinations at 100% and deductible waived? Below are a few of the services and vaccinations available to employees and their eligible family members.

- Colorectal Cancer Screening (all ages)
- Screening Mammography (women of all ages)
- PSA Screening (Men over 40)
- Shingles Vaccination – Shingrix (From Age 50)
- Shingles Vaccination – Zostavax (From Age 50)

For a more comprehensive list of all preventive services and vaccinations covered by the Plan at 100%, please refer to your medical documents.

PREScriptions

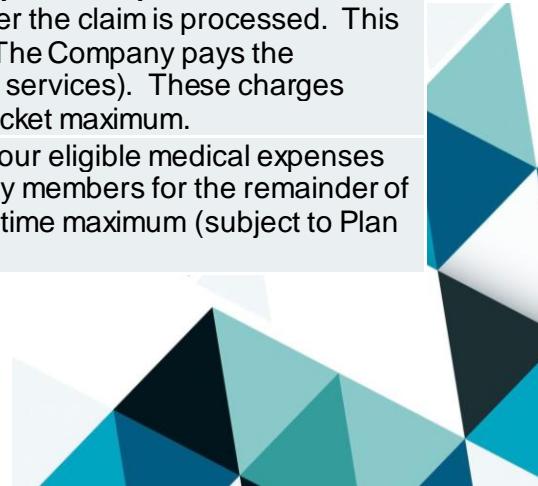
Present your ID card to the pharmacist to obtain any applicable discounts. HRA dollars can be used to pay for prescriptions (if available) prior to reaching your annual out-of-pocket limit.

HOW MEDICAL CLAIMS ARE PAID

Network providers file claims to UMR on your behalf; you do not make any payments at the time you receive services. Non-network providers may file claims if you provide your ID card; otherwise, you need to file a claim. (**Note:** Non-network providers may require you to make a full payment at the time you receive services.)

Here is an overview of how medical expenses are handled depending on the amount of your HRA balance.

If you...	The n...
Have funds in the HRA account	The cost is deducted from your HRA balance with the amount applied toward your deductible. You have no out-of-pocket costs.
Have no funds in your HRA and have not met your annual deductible	Your health care provider bills you directly for the discounted cost of the Services you receive after the claim is processed. The amount is applied to your total annual elections.
Have no funds in your HRA and have met your annual deductible	Your health care provider bills you directly for 20% of the cost of the services you receive after the claim is processed. This is your coinsurance amount. The Company pays the remaining 80% (for in-network services). These charges apply to your annual out-of-pocket maximum.
Reach your annual out-of-pocket maximum	The Company pays 100% of your eligible medical expenses for you and your covered family members for the remainder of the calendar year up to the lifetime maximum (subject to Plan limitations).



HEALTH REIMBURSEMENT ACCOUNT (HRA)

Frequently Asked Questions

What is covered by my HRA?

The pool of money in your HRA is used for all of your healthcare expenses including medical, pharmacy and vision.

How do I access my benefits?

Claims that go through your medical insurance with UMR automatically use HRA funds. Your debit card can be used to pay for pharmacy & vision services only. Keep in mind that in either case, funds must be available in your account.

What happens if I use my debit card at my family physician?

Your card will not work. If there are funds available in your account, they will automatically be used to pay your medical claims through UMR's claims processing system.

I went to Walmart for a pair of glasses but my card was declined and I know I have money in my HRA account. What do I do?

Walmart's submission process with the HRA card causes the card to decline. Just make sure you get a copy of the itemized bill or receipt and you can file a manual claim for reimbursement.

What do I do if the card does not work when I use it for any other vision or pharmacy services but I know I still have funds available?

Keep a copy of your receipt showing each service provided and submit a manual claim to UMR.

How do I file a manual claim to get reimbursement?

Complete a Healthcare Reimbursement Account claim form. In order to have your claims processed as soon as possible, please read and follow the claim instructions found on the form. You must submit a claim form for each claim you submit.

Healthcare Reimbursement Account Claim Forms are available at www.UMR.com. After you register and sign in, there is a Forms link. Click on that link to find the HRA Claim Form. You may also obtain one in Your Human Resources Department, or by calling this toll-free number: 1-800-826-9781. You must submit a claim form for each claim you submit.





REGISTER WITH TELADOC TODAY!

Once registered, you can speak with a licensed doctor within minutes. Anytime. Anywhere.

3 WAYS TO REGISTER



Online

OR



Mobile App

OR



Phone

During registration, you'll complete your medical history so when you need Teladoc®, it'll be fast and easy.

Teladoc is the easy, convenient, and affordable option for quality medical care. Our licensed doctors can treat cold and flu symptoms, respiratory infections, sinus problems, and more!

With your consent, Teladoc is happy to provide information about your Teladoc consult to your primary care physician.

Talk to a doctor anytime for free!

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1-800-TELADOC (835-2362)

Teladoc.com/mobile

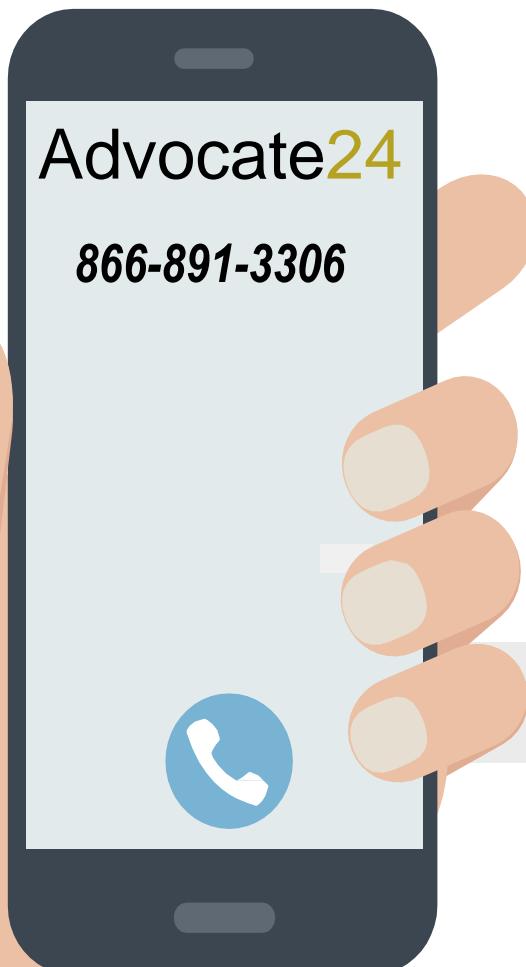
Just one call

Advocate24

To Answer the Important Questions...

Which Doctor is Right for Me?

Recommendations for Primary care providers and Specialists in your area.



Is My Bill Correct?

Advocate24 offers bill review services for Medical, Dental, and Vision bills.

Is This the Best Price for This Procedure?

Our Concierge service offers price comparisons for procedures and prescription drugs at providers near you.

Which Medical Plan is best for me? Does my Insurance Cover This?

Knowing what plans might be the best fit for you and your family, what the plans cover, and how to access care can be daunting. Your Advocate is here to help anytime with understanding coverage and assistance with managing your benefits.

Am I Getting Sick?

With Teladoc, you have access to a doctor at no cost anytime. Day or Night.

gdp ADVISORS
LLC



866-891-3306



caredadvocates@gilsbar.com

The information in this document is presented for illustrative purposes only and meant to outline the services provided by gdpADVOCATE. Specific benefits and resources may change from time-to-time, and are pursuant to specific state and federal law. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about specific benefits, contact Human Resources. The information contained within this document is designed to provide accurate and authoritative information in regard to the subject matter covered. It is provided with the understanding that GDP Advisors and its affiliates are not engaged in rendering legal or accounting services. If legal advice or other professional assistance is required, the services of a licensed professional should be sought. GDP Advisors, its representatives and employees are not engaged in the practice of law or accounting and cannot provide you with legal advice.

DENTAL

Ameritas



In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

Participants can access dental care both in and out of network; however, utilizing an out-of-network provider could result in balance billing by the provider for amounts not covered by the plan. Network providers can be found by visiting www.ameritas.com

Dental Plan	
Plan Benefit	
Type 1- Preventive	100%
Type 2- Basic	80%
Type 3- Major	50%
Deductible	\$25/calendar year, Type 2 & 3 Waived Type 1 Three family maximum
Maximum (per person)	\$1,250
Allowance	90 th U&C
Waiting Period	None
Annual Eye Exam	None
LASIK Advantage	None
Orthodontia Summary – Child Coverage Only	
Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,250
Waiting Period	None

Employee Bi-Weekly Deductions (Per Check)	
Employee Only	\$6.00
Employee/Spouse	\$17.00
Employee/Child(ren)	\$18.00
Family	\$26.00



DENTAL



Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none">• Routine Exam (1 in 6 months)• Bitewing X-rays (1 in 12 months)• Full Mouth/Panoramic X-rays (1 in 5 years)• Cleaning (1 in 6 months)• Fluoride for Children 18 and under (1 in 12 months)• Sealants (age 13 and under)• Space Maintainers	<ul style="list-style-type: none">• Periapical X-rays• Restorative Amalgams• Restorative Composites• Endodontics (nonsurgical)• Endodontics (surgical)• Periodontics (nonsurgical)• Periodontics (surgical)• Denture Repair• Simple Extractions• Complex Extractions• Anesthesia	<ul style="list-style-type: none">• Onlays• Crowns (1 in 10 years per tooth)• Crown Repair• Implants• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)

DENTAL NETWORK INFORMATION

To find a provider, visit ameritas.com and select FIND A PROVIDER, then DENTAL. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

PRETREATMENT

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.



SHORT-TERM DISABILITY PLAN

Centennial Plastics provides eligible employees (working at least 24 hours per week) with a salary continuation benefit in the event of illness or injury. Please remember to notify Human Resources if you think that you may have a short-term disability claim.

	Short-Term Disability
Benefits Begin	After 7 days sickness/injury
Benefits Payable	Weekly (up to 90 days)
Percentage of Income Replaced	60% of your current wage
Minimum Benefit	\$25 per week
Maximum Benefit	Up to \$1,500 per week

LONG-TERM DISABILITY PLAN

Provider: Mutual of Omaha

Centennial Plastics provides eligible employees (working at least 24 hours per week) with a group long-term disability insurance plan and pays the full cost of this benefit. Please remember to notify Human Resources and Mutual of Omaha if you think that you may have a long-term disability claim.

	Long-Term Disability
Benefits Begin	After 90 days sickness/injury
Benefits Payable	Monthly (until age 65 or the Social Security Normal Retirement Age)
Percentage of Income Replaced	60% of your current wage
Minimum Benefit	\$50 per month
Maximum Benefit	Up to \$6,000 per month



EMPLOYEE ASSISTANCE PROGRAM

Centennial Plastics recognizes that employees may have a need for professional assistance to deal with a variety of personal problems, as well as stressful work situations. Therefore, we have established an Employee Assistance Program (EAP) to provide counseling assistance for employees and their immediate, dependent family members. EAP benefits that are available to you include:

- Up to six (6) free visits per person per year by appointment with an EAP counselor for short-term counseling to deal with problem resolution/support. This does not include psychological testing or treatment by a Psychiatrist or APRN. Be sure to tell the staff that you are with the Centennial Plastics EAP.
- 24/7 crisis telephone line is available.
- Information shared with the EAP counselor is always treated as confidential, and will be treated like any other patient-counselor relationship.
- Use the EAP to ultimately improve your life by strengthening troubled relationships, increase job satisfaction, decrease stress and have overall better health.

Hastings Employee Assistance Program:

- **Mary Lanning Healthcare**
- Website: www.marylanning.com
- Phone Number: 402-463-7711

Nampa Employee Assistance Program:

- **BPA Health**
- Login online at www.bpahealth.com/eap-home and enter:
- Employer Name: Centennial Plastics
- Phone Number: 800-726-0003



LIFE INSURANCE

Mutual of Omaha

Life insurance can help provide for your loved ones if something were to happen to you. Centennial Plastics pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums.
Contact HR if you would like to update your beneficiary information.

Group Life & AD&D Benefit

Benefit Amount

Employee	\$50,000
Spouse	\$20,000
Child	\$10,000 per child

Centennial Plastics offers Group Life insurance for employees who may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)?

Depending on your needs, you may want to consider buying supplemental coverage.

With voluntary life insurance, you are responsible for paying the full cost of coverage through Bi-weekly payroll deductions.

Voluntary Life & AD&D Benefit

Employee Amount*

This benefit provides additional Life coverage **in Increments of \$10,000 to a max of \$500,000**, not to exceed 5 times salary

Spouse Amount

This benefit provides additional Life coverage **in Increments of \$5,000 to a max of \$100,000 not to exceed 50% of employee benefit amount.**

Child Amount

If less than six months old, **\$100 benefit**
From six months to age 21, can elect from the following options: **\$2,000; \$4,000; \$5,000; \$10,000**

Guaranteed Issue

If you select a benefit for more than an amount listed below, Mutual of Omaha would like you to answer a few questions about your health before approval.

- Employee
- Spouse
- Child

\$100,000
\$25,000
\$10,000

The above information is intended as a benefit summary only. It does not include all of the benefit provisions, limitations and qualifications. If this information conflicts in any way with the contract, the contract will prevail.



YOUR COST IN 2022

Employee Premium Table (26 Payroll Deductions Per Year)

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 - 29	\$0.37	\$0.74	\$1.11	\$1.48	\$1.85	\$2.22	\$2.58	\$2.95	\$3.32	\$3.69
30 - 34	\$0.48	\$0.95	\$1.43	\$1.90	\$2.38	\$2.85	\$3.33	\$3.80	\$4.28	\$4.75
35 - 39	\$0.57	\$1.14	\$1.72	\$2.29	\$2.86	\$3.43	\$4.01	\$4.58	\$5.15	\$5.72
40 - 44	\$0.72	\$1.43	\$2.15	\$2.86	\$3.58	\$4.29	\$5.01	\$5.72	\$6.44	\$7.15
45 - 49	\$1.12	\$2.24	\$3.36	\$4.49	\$5.61	\$6.73	\$7.85	\$8.97	\$10.09	\$11.22
50 - 54	\$1.86	\$3.72	\$5.58	\$7.44	\$9.30	\$11.16	\$13.02	\$14.88	\$16.74	\$18.60
55 - 59	\$3.16	\$6.32	\$9.48	\$12.65	\$15.81	\$18.97	\$22.13	\$25.29	\$28.45	\$31.62
60 - 64	\$4.75	\$9.51	\$14.26	\$19.02	\$23.77	\$28.52	\$33.28	\$38.03	\$42.78	\$47.54
65 - 69	\$7.64	\$15.28	\$22.92	\$30.55	\$38.19	\$45.83	\$53.47	\$61.11	\$68.75	\$76.38
70+	\$14.44	\$28.87	\$43.31	\$57.75	\$72.18	\$86.62	\$101.06	\$115.50	\$129.93	\$144.37

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. Your spouse's rate is based on your age, so find you age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your Spouse's benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

Spouse Premium Table (26 Payroll Deductions Per Year)

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0 - 29	\$0.18	\$0.37	\$0.55	\$0.74	\$0.92	\$1.11	\$1.29	\$1.48	\$1.66	\$1.85
30 - 34	\$0.24	\$0.48	\$0.72	\$0.95	\$1.19	\$1.43	\$1.67	\$1.90	\$2.14	\$2.38
35 - 39	\$0.29	\$0.57	\$0.86	\$1.14	\$1.43	\$1.72	\$2.00	\$2.29	\$2.58	\$2.86
40 - 44	\$0.36	\$0.72	\$1.08	\$1.43	\$1.79	\$2.15	\$2.51	\$2.86	\$3.22	\$3.58
45 - 49	\$0.56	\$1.12	\$1.68	\$2.24	\$2.81	\$3.36	\$3.93	\$4.49	\$5.05	\$5.61
50 - 54	\$0.93	\$1.86	\$2.79	\$3.72	\$4.65	\$5.58	\$6.51	\$7.44	\$8.37	\$9.30
55 - 59	\$1.58	\$3.16	\$4.74	\$6.32	\$7.91	\$9.48	\$11.07	\$12.65	\$14.23	\$15.81
60 - 64	\$2.38	\$4.75	\$7.13	\$9.51	\$11.88	\$14.26	\$16.64	\$19.02	\$21.39	\$23.77
65 - 69	\$3.82	\$7.64	\$11.46	\$15.28	\$19.10	\$22.92	\$26.74	\$30.55	\$34.38	\$38.19

All Children Premium Table (26 Payroll Deductions Per Year)*

\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000
\$0.22	\$0.33	\$0.44	\$0.55	\$0.66	\$0.78	\$0.89	\$1.00	\$1.11

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



VISION

Ameritas via VSP Network



Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Centennial Plastics vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses. If you seek the services of a provider listed in our Preferred Provider directory, your benefits include the following:

Vision	In Network	Out-of-Network	Frequency
Examinations	\$10 Copay	Up to \$52	Once per 12 Months
Lenses	\$25 Copay	Single Vision: up to \$30 Lined Bifocal: up to \$50 Lined Trifocal: up to \$65 Progressive: up to \$100	Once per 12 Months
Frames	\$130 allowance	Up to \$70	Once per 24 months
Contact Lenses	\$130 allowance plus 15% off the balance	Up to \$105	Once per 12 months

The above information is intended as a benefit summary only. It does not include all of the benefit provisions, limitations and qualifications. If this information conflicts in any way with the contract, the contract will prevail.

Employee Bi-Weekly Deductions (Per Check)	
Employee Only	\$4.32
Employee/Spouse	\$9.30
Employee/Child(ren)	\$7.55
Family	\$12.54



AFLAC BENEFITS



BENEFITS OF HAVING AFLAC

- HELP COVER OUT OF POCKET EXPENSES SUCH AS CO-PAYS, DEDUCTIBLES, TRAVEL EXPENSES OR USE TOWARD EVERYDAY LIVING EXPENSES!
- AFLAC PAYS REGARDLESS OF AND ON TOP OF OTHER COVERAGES
- BENEFITS ARE PAID DIRECTLY TO YOU, NOT THE DOCTOR OR HOSPITAL
- CHILDREN ARE NOW COVERED TO AGE 26 REGARDLESS OF STUDENT OR DEPENDENCY STATUS
- RATES DO NOT INCREASE WITH CLAIMS OR AGE
- ONE DAY PAY WHEN SENT ELECTRONICALLY
- GREAT LOCAL AND CUSTOMER SERVICE AVAILABILITY
- PREMIUMS DEDUCTED ON A PRE-TAX BASIS

NEW-ACCIDENT PLAN

Sample Claim

Torn ACL in your knee: (on the accident plan)

Initial visit to the emergency room with x ray	\$200
Follow-up Visits (\$35/each; up to six visits)	\$210
One day of hospitalization	\$1,250
Surgery Benefit	\$200
Physical therapy visits (\$35/each; up to 10 visits)	\$350
Appliance Benefit (knee brace)	\$150
TOTAL:	\$2,360

INCLUDES: Accidental Death Benefit, yearly wellness benefit, extra 25% benefit when accident occurs during organized sporting event. Three levels of coverage.

CANCER CARE PLAN

One in every two men, and one in every three women will have cancer. Hospitalization, radiation, chemo, surgical, bone marrow, stem cell, skin cancer, travel and lodging, reconstructive, prosthesis and many other benefits. Three levels of coverage, makes it affordable for everyone. No charge for children.

CRITICAL CARE

Covers heart attack, stroke, renal failure, by-pass surgery, Int. Care and several other events other than cancer. There are 3 levels to choose from.

Mario Aguilar

308-380-3354

523 W. 3rd St., Grand Island, NE 68801

Mario_Aguilar@us.aflac.com



Where to Go?

	Company	Coverage Area	Contact Information
	Enroll Assist	Call to enroll in your benefits	1-800-351-1151
	UMR	Medical Administrator: call for medical questions	1-800-826-9781 Group Number: 76-412745 www.umr.com
	Optum Rx	Pharmacy Benefit Manager: call for pharmacy questions	1-800-826-9781 Group Number: 76-412745 www.umr.com
	Ameritas (VSP Network)	Vision Network	1-800-877-7195 Group Number: 10-36095 www.ameritas.com
	Ameritas (Dental)	Dental Network	1-800-487-5553 Group Number: 10-301716 www.ameritas.com
	Mutual of Omaha	Life & Accidental Death & Dismemberment	1-800-877-8805 Group Number: G000 B3K9 www.mutualofomaha.com
		Voluntary Supplemental Life	1-800-877-8805 Group Number: G000 B3K9 www.mutualofomaha.com
		Long-Term Disability	1-800-877-8805 Group Number: G000 B3K0 www.mutualofomaha.com
	Lanning Center	Employee Assistance Program - Hastings	402-463-7711 Group Number: Centennial Plastics http://www.marylanning.org/
	BPA Health (Nampa location only)	Employee Assistance Program - Nampa	1-800-726-0003 www.bpahealth.com
	Teladoc	FREE telehealth vendor: contact to schedule a virtual appointment	www.teladoc.com
	Aflac	Accident, Critical Illness, Cancer Care, Critical Care	Mario Aguilar Direct Line: 308-380-3354 Email: Mario_Aguilar@us.aflac.com
	Advocate 24	Concierge service for medical, dental and vision billing questions, provider locating assistance, plan and benefit questions	866-891-3306 careadvocates@gilsbar.com