



2024-2025

EMPLOYEE BENEFITS GUIDE



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# ENROLLMENT CHECKLIST

## Information You Need to Know

- You can enroll in benefits during your initial enrollment period as a newly eligible associate, during Annual Open Enrollment or if you experience a Qualifying Life Event (QLE).
- The plan year is December 1<sup>st</sup> through November 30<sup>th</sup>.
- Choose your elections carefully. Section 125 of the IRS Internal Revenue Code (IRC) governs how employers provide benefits to employees on a pre-tax basis. Employers may choose to permit mid-year elections based on specified Qualifying Life Events (QLE) defined by IRS regulations. After an employee has made an initial enrollment election, Section 125 permits changes outside of annual Open Enrollment for specific reasons as outlined in the Permitted Election Changes Regulation of Section 125 (1.125-4). Britax Child Safety has chosen to permit QLE changes as outlined in the benefit Summary Plan Descriptions and Certificates. Britax Child Safety is required to follow the IRC consistently, or all Britax Child Safety employees could become immediately responsible for paying taxes on benefits, therefore Britax Child Safety adheres to the IRC for the protection of all employees. Contact Human Resources if you have questions on mid-year benefit election changes.
- Before enrollment begins, take the time to educate yourself on all of the benefit options that are available to you. Review this Benefits Guide carefully as you consider your plan choices.
- If you are electing coverage for your eligible dependents, proof of dependent eligibility may be required.

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## Current Employees

- Actively enroll between October 14, 2024 and October 31, 2024.
- You must make active benefit elections to be enrolled in coverage for the 2024-2025 plan year. Flexible Spending Account (FSA) and Health Savings Account (HSA) contributions **require active enrollment elections each year.**
- Verify your 2024-25 benefits elections and deductions on the first paycheck you receive after your December 1<sup>st</sup> effective date to confirm everything is correct. If you see any errors, notify Human Resources immediately, otherwise corrections will not be honored.
- Reminder: After open enrollment ends, you cannot make benefit changes until the next annual open enrollment, unless you experience a qualifying life event.

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## New Hires

- Be sure to make your elections **before your benefits effective date.** If you do not make elections, then you may not be able to enroll until the next Open Enrollment period.
- When you elect certain benefits, you may receive an ID card in the mail. Your ID card contains important information about you, your employer group and the benefits to which you are entitled. Always remember to carry your ID card with you, present it when receiving health care services or supplies, and make sure your provider always has an updated copy of your ID card.
- If you need to replace your ID card, or need an additional card, you can request another by contacting the carrier or by visiting the carrier's website online to print another copy.
- Verify your 2024-25 benefits elections and deductions on the first paycheck you receive after your benefits effective date to confirm everything is correct. If you see any errors, notify Human Resources immediately, otherwise corrections will not be honored.

# 2024 - 2025 BENEFIT HIGHLIGHTS

## Vendors

- Medical coverage will remain with Blue Cross Blue Shield of South Carolina (BCBSSC); New ID cards & ID # will be issued for those newly enrolling or making a change
- Dental coverage will remain with Delta Dental of SC
- Vision coverage will remain with Community Eye Care (CEC)
- FSA & HSA administration will remain with Flores & Associates
- Basic Life, Voluntary Life, STD and LTD will remain with Prudential
- Voluntary Accident and Voluntary Critical Illness will remain with Prudential

## Employee Contributions

- Medical: Premiums went up slightly; see page 17 in this enrollment guide
- Dental: Premiums went up slightly; see page 17 in this enrollment guide
- Vision: No change to the premiums, see page 17 in this enrollment guide
- All Other Benefits: No change!

## Benefit Plan Design Changes

- PPO Plan: No changes to current benefits
- HSA Plan: No changes to current benefits

### **Health Incentive Account (HIA) with BCBSSC PPO Plan only: Buy down your deductible for Employee & Spouse**

Go to [www.southcarolinablues.com](http://www.southcarolinablues.com) and register for My Health Toolkit; Complete Wellness Activities

# ELIGIBILITY & ENROLLMENT

Britax Child Safety is proud to offer a comprehensive program of benefits to service the diverse needs of our workforce, and we are committed to continually enhancing and expanding our offerings. The information in this document is meant to familiarize you with the benefits and programs currently in place. During each annual Open Enrollment period, the benefits you elect will be effective December 1<sup>st</sup>. For New Hires, benefits are effective on the 31<sup>st</sup> day of continuous employment. Please remember that this guide is not intended to cover all provisions of all plans, but rather is a quick reference tool to help answer most of your basic questions. Please see each carrier’s Benefits Summary Plan Description or Certificate of Coverage for complete details of the benefits.

## Am I Eligible?

Eligibility and required contributions for these benefits and programs depend on both your employee classification and whether you elect to extend coverage to your dependents.

Individuals eligible for coverage under the plans include:

- Your legal spouse
- Your domestic partner: Deductions for Domestic Partners are taken out post-tax, must complete affidavit
- Your dependent child(ren) up to age 26, regardless of full-time student status or marital status
- Your unmarried child(ren) of any age who, prior to age 26, has been declared incapable of self-support due to mental or physical disability

Additional information on the eligibility requirements is available in the Summary Plan Description. Once eligible, you will enroll in benefits using an online portal called Dayforce ([www.dayforcehcm.com](http://www.dayforcehcm.com)).

## Qualifying Life Events (QLE)

Once you have made your benefit elections and your enrollment is closed, you **cannot** make changes until the next Open Enrollment period unless you experience a QLE such as:

- Marriage, divorce or legal separation
- Birth, adoption or placement for adoption
- Change in child’s dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan
- Gain or loss of eligibility for CHIP or Medicare\*

\*You have 30 days from the date of the QLE to notify Human Resources and provide appropriate documentation to change your benefits. The exception to this rule is in the case of CHIP or Medicare benefits which allow a 60-day notification period.

**Please Note:** Not every QLE permits a change in benefit plan elections. A change in election is permitted only when it is determined that the QLE affects eligibility for coverage of the employee, a spouse or a dependent under a benefit plan and in accordance with Section 125 regulations.

Plan	Eligibility	Benefits Effective Date
<b>Medical &amp; Prescription Drugs</b>		
<b>Dental</b>		
<b>Vision</b>		
<b>Flexible Spending Accounts</b>	Full-time, actively at work and scheduled to work 30+ hours per week	Benefits are effective the 31st day of employment
<b>Basic &amp; Voluntary Life</b>		
<b>Short-Term &amp; Long-Term Disability</b>		
<b>Critical Illness &amp; Accident</b>		
<b>EAP</b>		
<b>401(k)</b>	After three months of employment	

# MEDICAL INSURANCE – HDHP PLAN

Britax Child Safety gives employees the option between two medical plans: an HDHP (HSA) Plan and a PPO (Copay) Plan provided through Blue Cross Blue Shield of South Carolina (BCBSSC). Below is a brief summary of the High-Deductible Health Plan (HDHP). If you elect this plan option, you may also participate and contribute to a Health Savings Account (HSA). However, you may not participate in a Health Care FSA plan, unless it is a Limited Purpose FSA. In order to make the best use of your benefits and out-of-pocket expenses, we strongly encourage the use of in-network providers, Tier 1 drugs whenever possible and Urgent Care Facilities instead of Emergency Room visits when appropriate.

BCBSSC HDHP Plan		
Services	In-Network (You Pay)	Out-of-Network (You Pay)
<b>Plan Year Deductible</b> Individual/Family	\$3,200 / \$6,400	\$6,400 / \$12,800
<b>Coinsurance</b> Individual/Family	\$3,000 / \$6,000	\$6,000 / \$12,000
<b>Plan Year Out-of-Pocket Maximum</b> Individual/Family	\$6,200 / \$12,400 (includes deductible and coinsurance)	\$12,400 / \$24,800 (includes deductible and coinsurance)
<b>Coinsurance Percentage</b>	20%	50%
<b>Preventive Care Services*</b>	100% covered, no charge	Not Available
<b>Virtual Visits – Blue CareOnDemand</b>	20% after deductible	Not Available
<b>Retail Clinics</b>	20% after deductible	50% after deductible
<b>Primary Care Office Visit</b> (in-person or virtual)	20% after deductible	50% after deductible
<b>Specialist Office Visit</b>	20% after deductible	50% after deductible
<b>Urgent Care Facility</b>	20% after deductible	50% after deductible
<b>Emergency Room</b>	20% after deductible	
<b>Inpatient Services</b>	20% after deductible	50% after deductible
<b>Outpatient Services</b>	20% after deductible	50% after deductible
<b>Prescription Drugs</b>	<b>Retail (up to 30-day supply)</b>	<b>Mail Order (up to 90-day supply)</b>
<b>Generic</b>	20% after deductible	50% after deductible
<b>Preferred Brand Name</b>	20% after deductible	50% after deductible
<b>Non-Preferred Brand Name</b>	20% after deductible	50% after deductible
<b>Specialty</b>	20% after deductible	50% after deductible (31-day supply)

\*You can find a list of preventive services at <https://www.healthcare.gov/coverage/preventive-care-benefits/>

When both preventive and diagnostic or therapeutic services occur at the same visit, members will pay a cost share for the diagnostic or therapeutic services. Additionally, when a preventive service turns into a diagnostic or therapeutic service in the same visit, the appropriate cost sharing will apply.

# HEALTH SAVINGS ACCOUNT

If you enroll in the High-Deductible Health Plan (HDHP), you should consider contributing to the Health Savings Account (HSA), administered by Flores & Associates. With an HSA, you can gain more control over your health care expenses because contributions, interest and withdrawals for qualified health care expenses are all tax-advantaged. This plan is not available for those enrolled in a PPO Plan, including one other than the Britax PPO Plan.

## Why Have an HSA?

- If you elect the High-Deductible Health Plan (HDHP) and select the HSA, the Company will contribute to your HSA annually.
- Contributions are pre-tax.
- Withdrawals to pay for eligible expenses are never taxed.
- Accumulated interest earnings are tax-deferred, and if used to pay for eligible expenses, are not taxed upon withdrawal.
- Use the money in the account to pay for eligible health care expenses throughout your life— including in retirement, there is no time limit on spending your HSA funds.
- The balance in your HSA account can be invested.

## Eligibility Requirements for Contributing to an HSA

- Must be enrolled in a High-Deductible Health Plan (HDHP).
- Must not be enrolled in Medicare.
- Must not be covered by other medical insurance(s) which do not meet the definition of a HDHP such as a Health Care Flexible Spending Account (FSA), Health Reimbursement Arrangement (HRA), Tricare, VA benefits (including your spouse’s).
- May not be claimed as a dependent on another individual’s tax return.

Health Savings Account (HSA)			
Coverage Level	IRS 2024 Contribution Limits*	Employer 2024-25 Contribution	Employee 2024-25 Maximum Contribution**
Employee Only	\$4,150	\$500	\$3,650
Employee + Spouse	\$8,300	\$1,000	\$7,300
Employee + Child(ren)	\$8,300	\$1,000	\$7,300
Family Coverage	\$8,300	\$1,000	\$7,300

\*If you are married and your spouse is enrolled in an HDHP and has an HSA, the combined total of you and your spouse’s HSA cannot exceed the federal maximum for family level coverage.

\*\*If you are age 55 or older, you may make an additional pre-tax catch-up contribution of \$1,000 per year.

All HSA participants will receive an HSA debit card from Flores & Associates. Use your debit card for doctor’s office visits, prescription drug copays or any other valid medical, dental or vision expenses. Please retain all receipts to verify expenses, if required.

A full list of qualified expenses can be found in IRS Publication 502, at [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).



# MEDICAL INSURANCE – PPO PLAN

Britax Child Safety’s medical and prescription drug insurance is provided through Blue Cross Blue Shield of South Carolina (BCBSSC). Below is a brief summary of the PPO Plan. In order to make the best use of your benefits and out-of-pocket expenses, we strongly encourage the use of in-network providers, Tier 1 drugs whenever possible, and Urgent Care Facilities instead of Emergency Room visits when appropriate.

BCBSSC PPO Plan		
Services	In-Network (You Pay)	Out-of-Network (You Pay)
<b>Plan Year Deductible</b> Individual/Family	\$2,000 / \$4,000	\$4,000 / \$8,000
<b>Coinsurance</b> Individual/Family	\$5,500 / \$11,000	\$11,000 / \$22,000
<b>Plan Year Out-of-Pocket Maximum</b> Individual/Family	\$7,500 / \$15,000 (includes deductible, coinsurance and copays)	\$15,000 / \$30,000 (includes deductible, coinsurance and copays)
<b>Coinsurance Percentage</b>	30%	50%
<b>Preventive Care Services*</b>	100% covered, no charge	Not Available
<b>Virtual Visits – Blue CareOnDemand</b>	\$35 copay	Not Available
<b>Retail Clinics</b>	Up to \$70	50% after deductible
<b>Primary Care Office Visit</b> (in-person or virtual)	\$35 copay	50% after deductible
<b>Specialist Office Visit</b>	\$70 copay	50% after deductible
<b>Urgent Care Facility</b>	\$70 copay	50% after deductible
<b>Emergency Room</b>	\$500 copay, then 30% after deductible	
<b>Inpatient Services</b>	30% after deductible	50% after deductible
<b>Outpatient Services</b>	30% after deductible	50% after deductible
Prescription Drugs	Retail (up to 30-day supply)	Mail Order (up to 90-day supply)
<b>Generic</b>	\$15 copay	\$25 copay
<b>Preferred Brand Name</b>	\$40 copay	\$90 copay
<b>Non-Preferred Brand Name</b>	\$70 copay	\$175 copay
<b>Specialty</b>	\$125 copay	\$125 copay (31-day supply)

\*You can find a list of preventive services at <https://www.healthcare.gov/coverage/preventive-care-benefits/>

When both preventive and diagnostic or therapeutic services occur at the same visit, members will pay a cost share for the diagnostic or therapeutic services. Additionally, when a preventive service turns into a diagnostic or therapeutic service in the same visit, the appropriate cost sharing will apply.

# HEALTH INCENTIVE ACCOUNT

## HEALTH INCENTIVE ACCOUNT

It pays to make healthy choices

With a health incentive account (HIA), it pays to take care of your health. This is a **free** incentive program that encourages you to take simple steps toward a healthier lifestyle. By participating, you can lower your health insurance deductible!

### How does it work?

Complete health-related activities to lower your deductible each benefit period. When you complete two activities, you can receive the maximum deductible credit.

### Deductible credit amount:

**PPO: \$250 per Credit**

### Activities include:

- ◆ Getting a wellness or OB-GYN exam.
- ◆ Having a preventive screening: prostate-specific antigen exam, colorectal exam, mammogram or cervical exam.
- ◆ Enrolling in or engaging with a My Health Novel<sup>SM</sup> chapter.

### Who can participate?

Employees and their spouses can earn deductible credits. Dependents are not eligible.

### Where can you see the deductible credits you've earned?

The deductible credits will appear inside **My Health Toolkit**®.

### To view your deductible credits:

- ◆ Log in to **My Health Toolkit**.
- ◆ Select **Claims & Authorizations**.
- ◆ Select **Claims** and then **Health Claims**.  
(Note that your HIA credit claim initially will appear as denied.)



### To get started:

Go to [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com). Log in to **My Health Toolkit**. If you do not already have a **My Health Toolkit** account, select **Register Now** and enter your ID card number and date of birth.

# HEALTH INCENTIVE ACCOUNT



## **Option 1: Wellness or OB-GYN Exam**

Complete your annual wellness exam using an in-network doctor. Women may complete a routine wellness exam or an annual gynecological exam. Once your doctor files the claim for your visit, you will receive your reward. Schedule your exam as far in advance as possible to ensure you receive the credit before the end of your benefit year.

## **Option 2: Preventive Screening**

Complete a preventive screening using an in-network doctor. Preventive screening includes a prostate-specific antigen exam, colorectal exam, mammogram or cervical exam. Once your doctor files the claim for your visit, you will receive your reward.

## **Option 3: My Health Novel**

Enroll in or engage with a My Health Novel chapter of your choice — weight loss, mental health, or fitness and physical therapy. This is a free program that links you with mobile apps and other resources and tools to make a doable plan for reaching your health goals. If you have already completed the My Health Novel quiz, you will earn the credit by engaging with the program you are matched with.



South Carolina

# MEDICAL COMPARISON

## Single Employee in Good Health with occasional Cold/Flu (illustrative purposes only)

### Buy-Up \$2,000 Deductible

#### **\$350 Preventive Care Exam**

100% paid by BCBSSC

#### **\$190 PCP Visit for Cold/Flu**

\$35 copay paid by Member

#### **\$280 Specialist Follow-Up Office Visit**

\$70 copay paid by Member

### Total Medical Expenses \$820

How expenses are paid: **\$105 paid by Member**

Annual Employee Premium: **\$2,191**

Expenses: **\$820**  
Member Paid: **\$105**

**Total Annual Cost to Member:**  
**\$2,296**

### HDHP with HSA

#### **\$350 Preventive Care Exam**

100% paid by BCBSSC

#### **\$190 PCP Visit for Cold/Flu**

\$120 paid by Member (negotiated rate)

#### **\$280 Specialist Follow-Up Office Visit**

\$200 paid by Member (negotiated rate)

### Total Medical Expenses \$820

How expenses are paid: **\$320 paid by Member**

Annual Employee Premium: **\$1,122**

Expenses: **\$820**  
Member Paid: **\$320**

Britax HSA Contribution: **\$500**

**Total Annual Cost to Member:**  
**\$942**

# WHEN & WHERE TO GET HEALTH CARE

1

## Telehealth Virtual Visits

- **Average wait time:** 5 minutes.
- Available 24/7/365.
- Basic physician care from your PC, phone, laptop or tablet.

2

## Retail Health Clinics

- **Average wait time:** 15 minutes.
- Available extended hours.
- Basic care from a nurse practitioner.

3

## Primary Care Physician

- Scheduled visits.
- Diagnose & treat a range of issues for the whole family
- Refer you to the right care when you need a specialist.

4

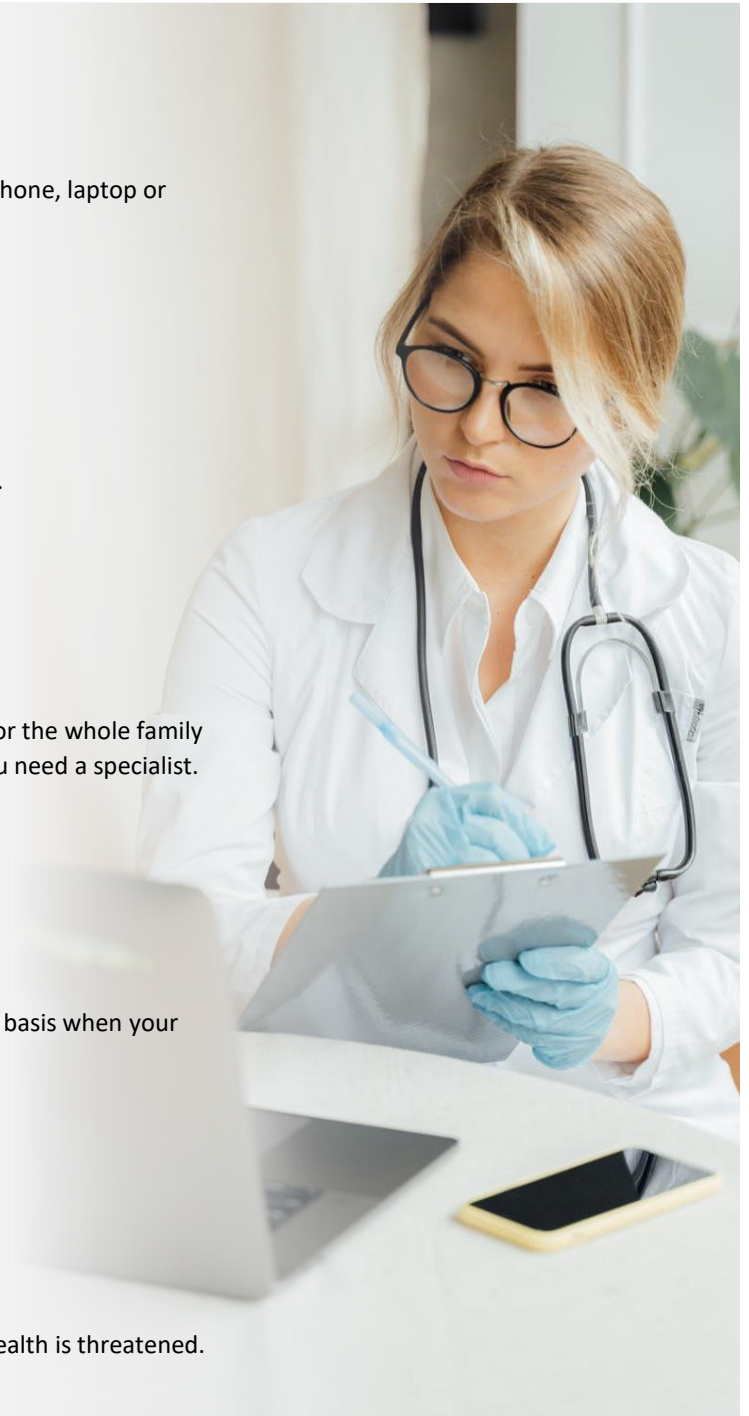
## Urgent Care Clinic

- **Average wait time:** 45 minutes.
- Immediate quality care on a walk-in basis when your doctor is unavailable.

5

## Emergency Room

- **Average wait time:** 4 hours.
- Available 24/7/365.
- Emergency care when your life or health is threatened.



## Things to Think About

- Non-emergency care delivered in the Emergency Room (ER) costs 5 times more than in a doctor's office or clinic.
- Research studies indicate that between 8-27% of ER visits could have been treated in a less expensive care setting.
- ER doctors do not typically have your full medical history, so they must order expensive tests to determine a diagnosis and course of treatment.
- Patients, when possible, should be treated by their primary care physician for non-emergency conditions in order to promote consistent, preventive and quality care.

# PRESCRIPTION DRUG PLAN HIGHLIGHTS

## National Preferred Formulary Drug List

A preferred drug list helps keep healthcare costs down for everybody. It's a list of medicines that have been reviewed and approved for safety, effectiveness and cost by a panel of doctors and pharmacists. This list is continually reviewed and updated as new medicines become available.

## Generic Drug Program

At Wal-Mart, Sam's Club, Target, and Walgreens you can get generic drugs that are on their "approved" list for a lower cost than your normal drug copay. Some of them offer \$4.00 per prescription, per month. This list is available on each of their respective websites (Walmart.com, Samsclub.com, Target.com, Walgreens.com) for further information.

## Mail Order Program

The mail order program offers the convenience of obtaining home delivery of certain covered maintenance Prescription Drugs and Related Supplies through designated mail order pharmacies. You can save money and take advantage of 24/7 access to a pharmacist. Order refills online, on the phone, or register for auto-refills. For more information contact BCBSSC at 800-760-9290 or visit [www.southcarolinablues.com](http://www.southcarolinablues.com).

## Dispense as Written

When your doctor writes a prescription for you or a covered family member, unless the doctor specifically designates "DAW" (Dispense As Written), the pharmacist will dispense a generic medication, if one is available. Your doctor must write DAW on your prescription to avoid incurring a higher cost. Always talk to your doctor about what is right for you and your family.

## Prior Authorization (PA)

The PA Program encourages safe and cost-effective medication use. The program applies to certain high-cost drugs that have the potential for misuse. Before medications in the PA Program can be covered under your benefit plan, your doctor will need to receive approval. If you are already taking or are prescribed a drug from the PA listing, your doctor must submit a request for consideration for coverage. Be sure to visit [www.southcarolinablues.com](http://www.southcarolinablues.com) for a listing of the drugs requiring PA.

## Step Therapy

Step Therapy helps you choose the most cost effective and appropriate medicine for certain medical conditions. The first step in the step therapy process, "first-line therapy," is usually a simple, inexpensive treatment that is known to be safe and effective for most people. First-line therapy is usually a generic drug in the same therapy class. If the first-line therapy does not work, the next step is to try second-line therapy.

## Specialty Pharmacy

A Specialty Pharmacy provides medicine and therapy for patients with serious, chronic conditions like cancer, rheumatoid arthritis and hepatitis C. These medications normally have to be stored or handled in special ways. Your Specialty Pharmacy offers specialized teams of pharmacists, nurses and clinicians who are specially trained on your condition. This level of specialization gives you the most comprehensive and customized care available. Specialty medications must be filled through the specialty pharmacy.

## Mobile Apps for Prescription Savings

There are free mobile apps available on most smart phones. These apps will compare prescription drug costs in your area. You provide the drug name and quantity, and it compares the costs at various pharmacies in your area. Rx Saver and GoodRx are just two available mobile apps.

## Partnership for Prescription Assistance

As the cost of prescription drugs rise, Partnership for Prescription Assistance (PPA) is a free service that connects individuals with payment assistance programs for prescriptions and other medical supplies. PPA provides a single point of access to more than 475 patient assistance programs. For a full list of patient assistance programs visit [www.pparx.org/](http://www.pparx.org/).



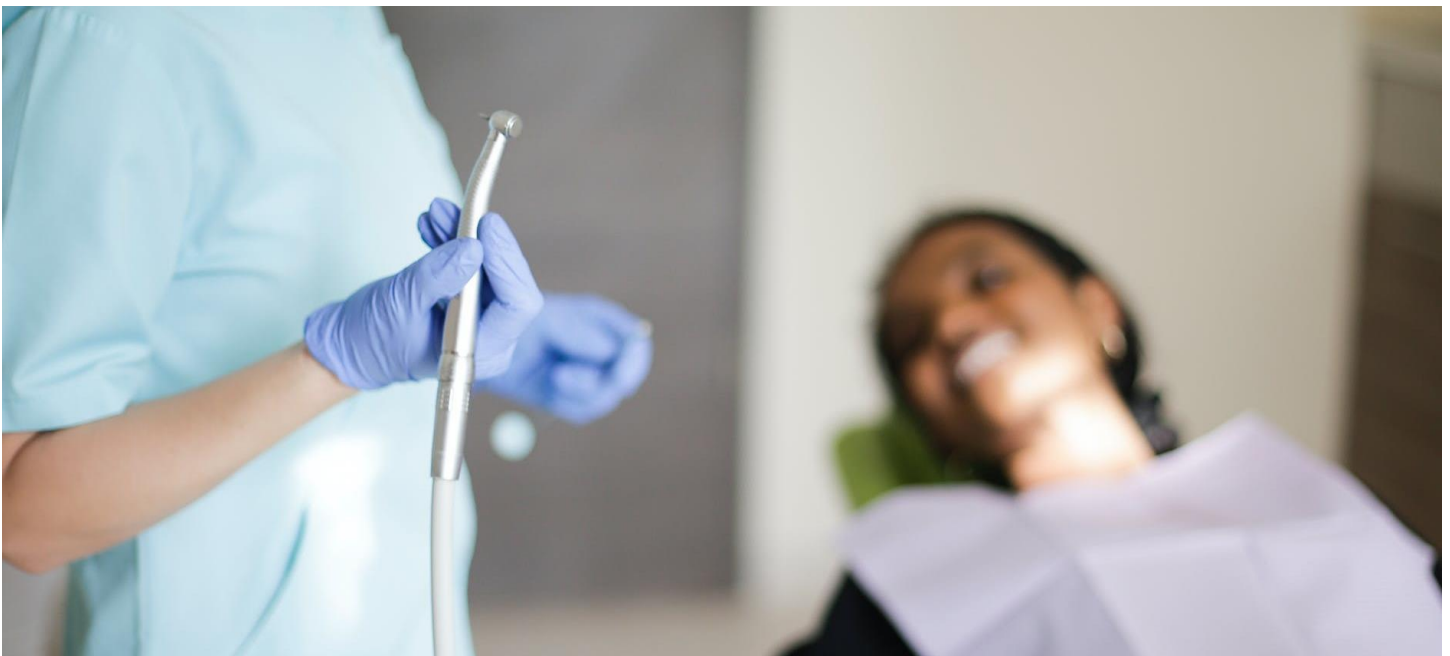
# DENTAL INSURANCE

Britax Child Safety's dental plan is administered by Delta Dental of South Carolina. You may continue to seek treatment from the dentist of your choice, but you will always realize your biggest savings by visiting in-network providers whenever possible. The chart below provides a summary of your dental benefits.

Dental Plan			
Services	PPO Dentist** (You Pay)	Premier Dentist (You Pay)	Nonparticipating Dentist (You Pay)
<b>Calendar Year Deductible</b> Individual/Family	\$50 / \$150	\$50 / \$150	\$50 / \$150
<b>Calendar Year Maximum</b>	\$1,000	\$1,000	\$1,000
<b>Preventive Care Services</b> (Covered services include exams, cleanings, fluoride, space maintainers, sealants and x-rays)	Covered at 100%, not subject to deductible	Covered at 100%, not subject to deductible	Covered at 100%, not subject to deductible*
<b>Basic Services</b> (Fillings, crown repair, periodontics, endodontics and oral surgery)	20% after deductible	20% after deductible	20% after deductible*
<b>Major Services</b> (Crowns, bridges, implants and dentures)	50% after deductible	50% after deductible	50% after deductible*
<b>Orthodontia child(ren) up to age 19</b>	50% with a lifetime maximum of \$1,000	50% with a lifetime maximum of \$1,000	50% with a lifetime maximum of \$1,000

\*Out-of-network claims will be paid at 90% of Usual & Customary. Usual & Customary charges are based on prevailing cost of services within geographic areas for the insurance company.

\*\* Seeing a Delta Dental PPO provider offers deeper discounts from standard charges than a Premier provider.



# VISION INSURANCE

Britax Child safety’s vision plans are administered by Community Eye Care, utilizing the CEC network of providers. You may seek treatment from the provider of your choice, but you will realize your biggest savings by visiting in-network providers whenever possible. Please see the summary below for an outline of covered services.

Vision Plans		
Services	Core Vision Plan	Buy-Up Vision Plan
<b>Eye Exam</b>	\$10 copay	\$10 copay
<b>Standard Lenses (instead of contacts)</b>		
<ul style="list-style-type: none"> <li>• Single</li> <li>• Bifocal</li> <li>• Trifocal</li> <li>• Lenticular</li> <li>• Progressive</li> </ul>	Not Covered	\$25 copay \$25 copay \$25 copay \$25 copay Member costs vary by prescription, option chosen and retail locations
<b>Frames (instead of contacts)</b>	Not Covered	\$25 copay; \$140 allowance, then 20% discount
<b>Contact Lenses (instead of glasses)</b>		
<ul style="list-style-type: none"> <li>• Elective</li> <li>• Medically Necessary**</li> </ul>	Not Covered	\$140 allowance, then 10% discount \$25 copay
<b>Frequency</b>	Based on Date of Service	
<ul style="list-style-type: none"> <li>• Exam</li> <li>• Lenses</li> <li>• Contacts</li> <li>• Frames</li> </ul>	12 months 12 months 12 months 12 months	

\*Out-of-network amounts are reimbursed to member.

\*\*Contact lenses may be deemed medically necessary when vision cannot be corrected with glasses due to extreme vision problems. Contact lenses will be deemed elective when vision can be corrected by glasses, but contacts are worn.



# FLEXIBLE SPENDING ACCOUNTS

Britax Child Safety continues to offer Health Care and Dependent Care Flexible Spending Accounts (FSAs), administered by Flores & Associates. FSAs allow you to pay for eligible health care and dependent care expenses with pre-tax dollars which can increase your take-home pay. The Dependent Care FSA is offered to everyone, no matter what medical plan you may be covered under, through Britax or elsewhere.

## There are Three Types of FSAs to Choose From

### Health Care FSAs

May be used to pay for eligible medical, prescription, dental and vision expenses not fully covered by your insurance plans for you and your tax eligible dependents.

**If you are enrolled in the HDHP Plan, you are not eligible to participate in the Health Care FSA.**

### Limited Purpose FSAs

Are available to those who are enrolled in a qualified High-Deductible Health Plan (HDHP). Limited Purpose FSAs can only be used for eligible dental and vision expenses. When coordinated with an HSA, this account can further reduce your taxable income while allowing you to allocate your HSA funds to other purposes, including medical costs.

### Dependent Care FSAs

May be used to pay for eligible expenses related to the care and supervision of your child (to age 13) or adult dependent on your tax return. Eligible expenses include child or adult daycare, after school care, nursery school, nanny or babysitter. You must accumulate the funds in your Dependent Care FSA before you can be reimbursed.

A full list of qualified expenses can be found in IRS Publication 502, at [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

2024 IRS Contribution Limits	Minimum	Maximum	Rollover
<b>Health Care FSA</b>	\$0	\$3,200	\$640
<b>Limited Purpose FSA</b>	\$0	\$3,200	\$640
<b>Dependent Care FSA</b>	\$0	\$5,000 (or \$2,500 if married and filing separately)	Not Available

### FSA Rollover

Britax Child Safety allows participants to carry over up to \$640 in unused money in the Health Care and/or Limited Purpose FSA at the end of the plan year to be used to reimburse expenses incurred in the next year. Any amount in excess of \$640 will be forfeited, so plan accordingly.

FSA	Expense Incurred	Submit Expense for Reimbursement
<b>Health Care FSA</b>	December 1, 2024 – November 30, 2025	December 1, 2024 – February 28, 2025
<b>Limited Purpose FSA</b>	December 1, 2024 – November 30, 2025	December 1, 2024 – February 28, 2025
<b>Dependent Care FSA</b>	December 1, 2024 – November 30, 2025	December 1, 2024 – February 28, 2025

# COST OF COVERAGE

BCBSSC Medical – HDHP Plan		Bi-Weekly / 26 Pay Period Deduction
Employee Only		\$49.62
Employee + Spouse/Domestic Partner		\$167.88
Employee + Child(ren)		\$142.25
Family		\$238.18

BCBSSC Medical – PPO Plan		Bi-Weekly / 26 Pay Period Deduction
Employee Only		\$96.89
Employee + Spouse/Domestic Partner		\$275.36
Employee + Child(ren)		\$233.31
Family		\$390.66

Delta Dental Plan		Bi-Weekly / 26 Pay Period Deduction
Employee Only		\$2.87
Employee + Spouse/Domestic Partner		\$6.54
Employee + Child(ren)		\$7.49
Family		\$10.96

CEC Vision Plan	Core Plan Deduction	Buy-Up Without Medical	Buy-Up With Medical
Employee Only	\$0.00	\$2.58	\$1.97
Employee + Spouse/Domestic Partner	\$0.44	\$5.15	\$4.54
Employee + Child(ren)	\$0.59	\$5.30	\$4.70
Family	\$0.90	\$8.06	\$7.46

Britax Child Safety is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Human resources and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

# LIFE AND AD&D INSURANCE

## Basic Life Insurance

Britax Child Safety provides full-time employees with Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurance administered through Prudential. Please remember to review and update your beneficiary designation annually.

Benefit	Basic Life and AD&D Insurance
Employee Life	\$20,000
Basic AD&D Amount	Matches Employee Life Amount
Age Reduction Schedule	35% at age 65 50% at age 70
Dependent Life	Spouse: \$2,000 Child(ren): \$1,000
Waiver of Premium	Yes, if disabled prior to age 60
Conversion and Portability Options	Included (must apply within 31 days of termination date)



# VOLUNTARY LIFE AND AD&D INSURANCE

## Voluntary Life and AD&D Insurance

Britax Child Safety is offering employees who would like to supplement their Basic Term Life and AD&D insurance benefits the opportunity to purchase additional coverage through Prudential. You may elect Voluntary Life and AD&D for yourself, your spouse and your dependents in the amounts shown in the table below. Please note, you must elect Voluntary Life for yourself in order to enroll your spouse and/or eligible dependents. Dependent children are eligible for coverage up to age 26.

If you did not purchase voluntary coverage when you first became eligible and would like to purchase coverage now, or you are increasing your coverage to an amount that exceeds the guarantee issue amount, you will need to complete an Evidence of Insurability form. Coverage is subject to approval by Prudential and may be denied. However, those currently enrolled in Voluntary Life can increase coverage in \$10,000 increments up to \$50,000 up to the guarantee issue amount without needing an EOI form.

Benefit	Voluntary Life and AD&D Insurance
<b>Employee Life and Matching AD&amp;D Amount</b>	\$10,000 increments up to the lesser of 5x annual earnings or \$500,000
<b>Employee Guarantee Issue Amount</b>	\$120,000
<b>Spouse Life and Matching AD&amp;D Amount</b>	\$5,000 increments up to the lesser of 100% of employee amount or \$250,000
<b>Spouse Guarantee Issue Amount</b>	\$50,000
<b>Dependent Child and Matching AD&amp;D Amount</b>	\$1,000 – birth to 6 months \$2,000 increments to \$10,000 max – up to age 26
<b>Age Reduction Schedule</b>	35% at age 70 50% at age 75
<b>Waiver of Premium</b>	Yes, if disabled prior to age 60
<b>Conversion and Portability Options</b>	Included (must apply within 31 days of termination date)

Voluntary Life and AD&D Insurance	
Employee/Spouse Age*	Monthly Premiums (per \$1,000)
<35	\$0.070
35 – 39	\$0.100
40 – 44	\$0.150
45 – 49	\$0.260
50 – 54	\$0.400
55 – 59	\$0.670
60 – 64	\$0.735
65 – 69	\$1.400
70+	\$2.300
<b>Child Rate per \$1,000</b>	\$0.200

\*Spouse rate based on Employee age

# SHORT-TERM DISABILITY

## Short-Term Disability

Britax Child Safety provides all full-time eligible employees with Short-Term Disability (STD) Benefits administered through Prudential. There is **no cost** to you for this valuable coverage. Disability benefits protect a portion of your income in the event of any injury, accident or illness that keeps you from working.

Benefits are provided in the event of becoming disabled for more than 7 days due to a non-work-related illness, or in the case of a non-work-related accident or injury. The plan pays 66.67% of an eligible employee's pre-disability base weekly earnings, to a maximum of \$1,000 per week for a qualified disability.

Benefit	Short-Term Disability
<b>Elimination Period</b>	7 days for accident or illness
<b>Benefits Duration</b>	Up to 12 weeks
<b>Benefits Percentage</b>	66.67% of weekly income
<b>Maximum Benefit</b>	\$1,000 per week



# LONG-TERM DISABILITY

## Long-Term Disability

Long-Term Disability (LTD) Benefits provide continued protection if you are still deemed disabled when STD benefits are exhausted.

Britax Child Safety provides all full-time eligible employees with Long-Term Disability Benefits administered through Prudential. There is **no cost** to you for this valuable coverage. Benefits are provided on the 91st day of disability, payable up to Social Security Normal Retirement Age (SSNRA). Income loss is replaced at 60% of your base monthly earnings, to a maximum of \$12,000 per month for a qualified disability.

Benefit	Long-Term Disability
<b>Elimination Period</b>	90 days
<b>Benefits Duration</b>	Benefits are paid to the later of either age 65 or Social Security Normal Retirement Age (SSNRA)
<b>Benefits Percentage</b>	60% of monthly income
<b>Maximum Benefit</b>	\$12,000 per month
<b>Definition of Disability</b>	24 months own occupation, thereafter any occupation
<b>Pre-Existing Conditions*</b>	Pre-existing conditions may not be covered by this plan

\*A pre-existing condition is a condition, regardless of cause, for which a medical device, diagnosis, care or treatment was recommended or received in the 3 months prior to your enrollment date. The plan will not pay benefits for any pre-existing conditions that result in disability during your first 12 consecutive months of coverage.



# VOLUNTARY CRITICAL ILLNESS

Britax Child Safety provides eligible full-time employees with the opportunity to purchase Critical Illness Insurance through Prudential. **You pay the full cost of this coverage.** Critical Illness insurance helps you cover the costs associated with being diagnosed with a specified condition. The table below outlines some of the conditions that are covered, as well as the benefit amount. The benefit is paid as a lump sum to you.

Condition (including but not limited to...)	Percentage of Payout
Alzheimer's Disease	100%
Benign Brain Tumor	100%
Blindness	100%
Cancer (invasive)	100%
Cerebral Palsy	100%
Coma	100%
Cystic Fibrosis	100%
Heart Attack	100%
Major Organ Failure	100%
Occupational HIV Infection	100%
Paralysis of Limbs	100%
Renal (kidney) Failure	100%
Stroke	100%
Cancer (non-invasive, other than skin cancer)	25%
Severe Coronary Artery Disease	25%
Severe Heart Valve Malfunction	25%

Benefit	Voluntary Critical Illness
Employee	\$10,000, \$15,000 or \$20,000
Spouse/Domestic Partners (under age 70)	\$2,500 increments up to \$20,000
Dependent Child	Birth to 26 years – \$2,500 or \$5,000
Guarantee Issue Amount	Employee – \$20,000 Spouse/Domestic Partner – \$20,000
Wellness Benefit	\$50 per year (for eligible employees and their dependent spouses)
Pre-Existing Conditions*	Pre-existing conditions may not be covered by this plan

\*A pre-existing condition is a condition, regardless of cause, for which a medical device, diagnosis, care or treatment was recommended or received in the 3 months prior to your enrollment date. The plan will not pay benefits for any pre-existing conditions that result in disability during your first 12 consecutive months of coverage.

# VOLUNTARY ACCIDENT

Britax Child Safety provides eligible full-time employees with the opportunity to purchase Accident Insurance through Prudential. You pay the full cost of this coverage. Accident Insurance helps you cover the costs associated with being in a covered accident. The table below highlights some of the accidents and conditions that are covered, as well as the benefit amount. This benefit is paid as a lump sum to you.

<b>Initial Care and Emergency – within 72 hours of accident; Once per accident</b>	
<b>Emergency Room</b>	\$150
<b>Urgent Care Center</b>	\$75
<b>Initial Physician Office Visit</b>	\$75
<b>Ambulance (air/ground)</b>	\$1,500/\$400
<b>Specified Injuries</b>	
<b>Fractures (surgical/non-surgical)</b>	Up to \$7,500/Up to \$3,750
<b>Dislocations (surgical/non-surgical)</b>	Up to \$6,000/Up to \$3,000
<b>Lacerations</b>	Up to \$600
<b>Burns</b>	Up to \$10,000
<b>Dental</b>	Up to \$300
<b>Hospital, Surgical and Diagnostic</b>	
<b>Admission</b>	\$1,000
<b>Daily Confinement</b>	\$200 per day (up to 365 days per accident)
<b>Wellness Benefit</b>	
<b>\$100 per year (for eligible employees and their dependent spouses)</b>	
<b>Prudential Accident Insurance</b>	
	<b>Bi-Weekly / 26 Pay Period Deduction</b>
<b>Employee Only</b>	\$7.05
<b>Employee + Spouse</b>	\$10.93
<b>Employee + Child(ren)</b>	\$11.38
<b>Family</b>	\$18.06

# ADDITIONAL BENEFITS

## GuidanceResources®



## An Overview of Your MyGuidanceResources® Program

### No matter what's going on in your life, GuidanceResources® is here to help.

Personal problems, planning for life events or simply managing daily life can affect your work, health and family. GuidanceResources is a company-sponsored service that is available to you and your dependents, at no cost, to provide confidential support, resources and information to get through life's challenges. This flyer explains how GuidanceResources can help you.

#### Confidential Counseling on Personal Issues

Your Employee Assistance Program (EAP) is a confidential assistance program to help address the personal issues you and your dependents are facing. This service, staffed by experienced clinicians, is available by phone 24 hours a day, seven days a week. A GuidanceConsultant<sup>SM</sup> is available to listen to your concerns and refer you to a local provider for in-person counseling – up to three sessions are available free of charge – or to resources in your community. Call any time with personal concerns, including:

- Depression
- Stress and anxiety
- Marital and family conflicts
- Alcohol and drug abuse
- Job pressures
- Grief and loss

#### Financial Information, Resources and Tools

Financial issues can arise at any time, from dealing with debt to saving for college. Our financial professionals are here to discuss your concerns and provide you with the tools and information you need to address your finances, including:

- Saving for college
- Tax questions
- Getting out of debt
- Estate planning
- Retirement planning

#### Beneficiary Financial Counseling

FinancialPoint® provides no-cost financial planning assistance to beneficiaries with an approved life claim or employees with an approved Accelerated Benefit Option claim. Your beneficiary may call or go online to receive a welcome kit containing helpful information and a questionnaire, which may be completed via the form provided or electronically through GuidanceResources Online. Upon completion of the questionnaire, a personalized financial planning report will

be prepared. The report can help with confusing issues such as budgeting, loss of income, creditors, planning for college and more. In addition, your beneficiary will receive one year of access to financial professionals through a toll-free number.

#### Online Will Preparation, Final Arrangements and Answers to Other Legal Questions

You may complete a legally binding will or plan your final arrangements online through EstateGuidance® at no cost to you. Also, when a legal issue arises, our attorneys are available to provide confidential support with practical, understandable information and assistance. If you require representation, you can also be referred to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call any time with legal issues including:

- Divorce and family law
- Bankruptcy
- Debt obligations
- Criminal actions
- Landlord and tenant issues
- Civil lawsuits
- Real estate transactions
- Contracts
- Prepare a final arrangements document

#### Online Information, Tools and Services

GuidanceResources® Online is your one stop for expert information to assist you with the issues that matter to you, from personal or family concerns to legal and financial concerns. Create your own account by going to [www.guidanceresources.com](http://www.guidanceresources.com). Each time you return to the site, you will find personalized, relevant information based on your individual life needs. You can:

- Review in-depth HelpSheets<sup>SM</sup> on topics you select
- Get answers to specific questions
- Search for services and referrals
- Use helpful planning tools

**WE ARE AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK.**

Call: 800.311.4327

TDD: 800.697.0353

Online: [guidanceresources.com](http://guidanceresources.com)

Your company Web ID: MGR311

# 401(K) RETIREMENT SAVINGS PLAN

Britax Child Safety's 401(k) Retirement Savings plan represents one of the best opportunities available for building your retirement nest egg. The plan makes investing easy, convenient and flexible. Employees make contributions on a pre-tax basis reducing current Federal, State and Social Security taxes. Taxes are deferred until you are ready to withdraw from the account. You may elect to contribute 1% to 100% of your pay up to the IRS Contribution Limits.

Internal Revenue Service (IRS) regulations limit the amount of your salary you may defer/contribute annually to \$24,000 for 2025. Employees who are age 50 or older by the end of the calendar year may defer an additional \$10,00 in catch-up contributions for a total contribution limit of \$34,000.

IRS Contribution Limits	2025
<b>Pre-Tax Contributions</b>	\$24,000
<b>Catch-Up (Age 50+)</b>	\$10,000

Benefit	401(k) Retirement Savings Plan
<b>Eligibility</b>	Full-time employees
<b>Enrollment</b>	You may enroll and begin contributing once you have completed three months of service
<b>Automatic Contribution Arrangement</b>	Employees are automatically enrolled at 4% and automatically; you can change your contribution rate each pay period
<b>Contributions</b>	1% - 60% of pay

# PARENTAL LEAVE POLICY

Britax Child Safety believes that family life should be lived without limit, a world where parents and children have the freedom to make the most of every moment. Consistent with this philosophy, Britax provides Parental Leave for the birth of a child or placement in the home for adoption to employees who have been employed for at least 1 year.

## **Pay during leave is as follows:**

- Employee who has given birth:
  - 12 weeks of pay:
    - The employee will receive 5-7 weeks of pay under STD since 1 week applies towards the elimination period and there is no pay during the elimination period.
- Employee who is a parent of a newborn or a newly adopted child will receive 2 weeks of paid leave at 100% of pay.

Employees eligible for FMLA will qualify for this benefit and Parental Leave will run concurrent with FMLA.



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# WELL-BEING

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## **Notice Regarding Wellness Program**

Britax Child Safety's Health Incentive Account (HIA) with the BCBSSC PPO Plan is a voluntary wellness program available to all employees on the Medical Plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening, which may include a blood test.

You are not required to complete the HRA or to participate in the blood test or other medical examinations. However, if covered on the Medical Plan, employees or spouses who choose to participate in the HIA wellness program will be able to "Buy Down" their individual (EE and/or Spouse) Medical Plan Deductible: PPO Plan: One Activity = \$250; Two Activities = \$500. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive this Medical Plan Deductible "Buy Down" option. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

## **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Britax Child Safety may use aggregate information it collects to design a program based on identified health risks in the workplace, the information for the Health Incentive Account (HIA) will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is a health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately. You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Shadonia Hill at [Shadonia.hill@britax.com](mailto:Shadonia.hill@britax.com) or 704-409-3190.

# TERMINOLOGY TIP SHEET

## Annual Limit

A cap on specific benefits your insurance plan will pay for services in a year while you're enrolled in a particular health insurance plan. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service. After an annual limit is reached, you must pay all associated health care costs for that particular service for the rest of the year.

## Brand Formulary Drugs

The brand formulary is an approved, recommended list of brand-name medications. Drugs on this list are available to you at a lower cost than drugs that do not appear on this preferred list.

## Coinsurance

Your share (a percentage) of costs of a covered health care service you must pay after you have met your deductible.

## Copayment

A fixed amount (\$20, for example) 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. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest. Many plans pay for in-network preventive care before you meet your deductible or may pay the balance for a service, after you pay a copayment, prior to satisfying the deductible. Some of your dental options also have a deductible.

## Generic Drugs

These drugs are usually the most cost-effective. Generic drugs are chemically identical to their brand-name counterparts. Purchasing generic drugs allows you to pay a lower out-of-pocket cost than if you purchase formulary or non-formulary brand name drugs.

## Maintenance Drugs

Prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

## In-Network

The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services. These providers agree to accept pre-determined rates when servicing members, and will cost you the least out-of-pocket.

## Non-Formulary Drugs

These drugs are not on the recommended formulary list. These drugs are usually more expensive than drugs found on the formulary. You may purchase brand-name medications that do not appear on the recommended list, but at a significantly higher out-of-pocket cost to you.

## Out-of-Pocket Maximum

The most a plan member must pay towards covered medical expenses in a benefit period for both in-network and out-of-network services. Once you meet this out-of-pocket maximum, the plan pays 100% of the cost of covered services for the remainder of the benefit period.

## Patient Protection and Affordable Care Act (ACA)

The Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA) is a United States federal statute signed into law by President Obama in March 2010. The law puts in place comprehensive health insurance reforms.

## Primary Care Physician (PCP)

The health care professional who monitors your health needs and coordinates your overall medical care, including referrals for tests or specialists.

## Qualifying Life Event (QLE)

An occurrence that qualifies the subscriber to make an insurance coverage change, most often to pre-tax benefits, outside of Open Enrollment.

## Specialty Drugs

Prescription medications that require special handling, administration or monitoring. These drugs may be used to treat complex, chronic and often costly conditions. Injectable drugs are an example of Specialty Drugs.

# CONTACT INFORMATION

Service	Vendor/Contact	Phone Number	Website
<b>Human Resources</b>	Shadonia Hill	704-409-3190	<a href="mailto:Shadonia.Hill@britax.com">Shadonia.Hill@britax.com</a>
<b>Medical Plan or Prescription Drugs</b>	Blue Cross Blue Shield of South Carolina (BCBSSC)	1-800-760-9290	<a href="http://www.southcarolinablues.com">www.southcarolinablues.com</a>
<b>Health Savings Account (HSA)</b>	Flores & Associates	1-800-532-3327	<a href="http://www.flores247.com">www.flores247.com</a>
<b>Flexible Spending Account (FSA)</b>	Flores & Associates	1-800-532-3327	<a href="http://www.flores247.com">www.flores247.com</a>
<b>Dental</b>	Delta Dental of South Carolina	1-800-335-8266	<a href="http://www.deltadentalsc.com">www.deltadentalsc.com</a>
<b>Vision</b>	Community Eye Care	1-888-254-4290	<a href="http://www.cecvision.com">www.cecvision.com</a>
<b>Life or Disability</b>	Prudential	1-888-598-5671	<a href="http://www.prudential.com/mybenefits">www.prudential.com/mybenefits</a>
<b>Accident or Critical Illness</b>	Prudential	1-888-598-5671	<a href="http://www.prudential.com/mybenefits">www.prudential.com/mybenefits</a>
<b>401(k)</b>	Empower	1-800-338-4015	<a href="http://www.empowermyretirement.com">www.empowermyretirement.com</a>







The information in this Enrollment Guide is presented for illustrative purposes and was taken from various summary plan descriptions and benefit information. While every effort was made to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Enrollment Guide, contact Human Resources.