

BENEFITS GUIDE

October 1, 2024 - September 30, 2025

YOUR

Health

YOUR

Family

YOUR

Life

Inside

Benefit Terms

Medical Benefits

Health Savings Account (HSA)

SIHRA

HealthJoy

Dental Benefits

Vision Benefits

Disability Income Benefits

Employer-Paid Life Insurance

Supplemental Life Insurance

Whole Life Insurance

Critical Illness

Accident Insurance

Hospital Indemnity

Identity Theft Protection

Employee Assistance Program

Benefit Contacts

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family, and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you may receive.

Eligibility

You are eligible for benefits if you work an average of at least 1,560 hours per year, on a rolling 12 month basis. You may also enroll your eligible family members under certain plans you choose for yourself.

Eligible family members include:

- Your legally married spouse. *Effective 1/1/2025 spouses who have access to health insurance through their own employer-sponsored plan are NOT eligible for medical coverage through FMT.
- Your children who are your natural children, stepchildren, adopted children or children for whom you have legal custody (to age 26). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

New Hires: You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 60 days of full-time employment. If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).

Open Enrollment: Changes made during Open Enrollment are effective October 1, 2024.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year.

Common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- Change in child custody
- Change in coverage election made by your spouse during his/her employer's Open Enrollment period
- You and/or your dependents lose coverage under another health plan

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes. When dropping a dependent(s) if you exceed the required 31 day time period you will possibly be responsible for the difference in PREMIUM paid of ineligible dependents.

Required Information - When you enroll, you will be required to enter a Social Security Number (SSN) for all covered dependents. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage and are not subject to a federal tax penalty. This information will be securely submitted to the IRS and will remain confidential.

BENEFIT TERMS

COINSURANCE:

The percentage the plan or you pay for a covered service or supply. For example, the plan may pay 80% while you pay 20%.

COPAYMENT (COPAY):

A copay is a flat-dollar amount you pay for a specific covered service upon each visit to the provider. It is not impacted by the plan deductible, coinsurance, or out-of-pocket maximum.

DEDUCTIBLE:

The amount you pay each year before the plan begins to pay coinsurance.

EVIDENCE OF INSURABILITY (EOI):

The documentation of the good health condition of the insurance beneficiary and his/her dependent's health in order to be approved for coverage. It is required only in certain circumstances.

EXPLANATION OF BENEFITS (EOB):

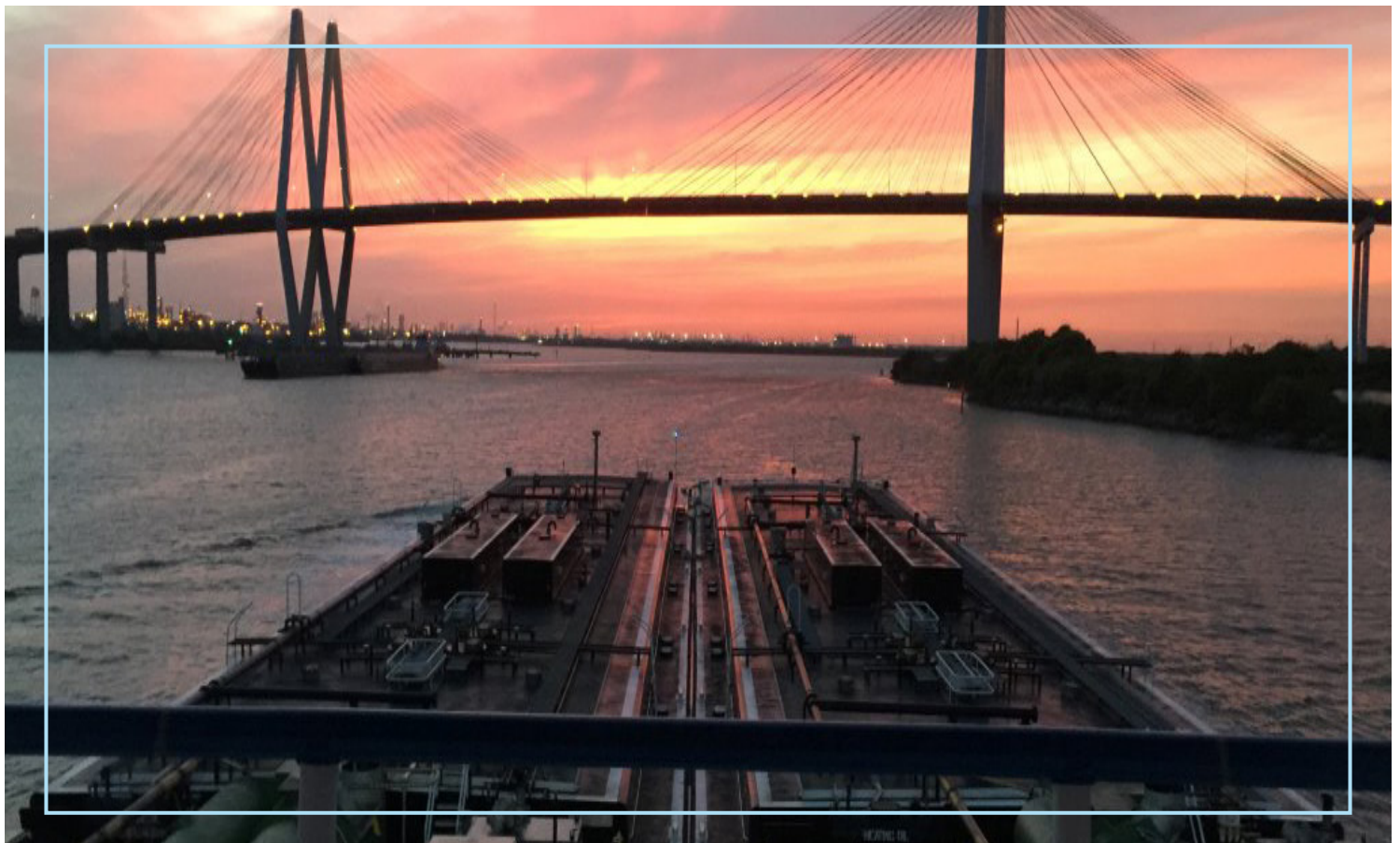
After you receive medical services, your insurance will provide you with an EOB. It will outline details regarding how much insurance processed your medical claim, including what portion of the charges your insurance paid and what portion, if any, you are responsible for.

IN-AND OUT-OF NETWORK PROVIDERS:

Benefit plans develop networks by contracting with doctors, hospitals, labs, etc., who have agreed to provide health care services to members at negotiated rates. You generally pay less out of pocket when you use in-network providers.

OUT-OF-POCKET MAXIMUM:

The maximum amount you will pay out of pocket for covered medical expenses per calendar year, including your deductible. After your share of covered expenses reaches this annual limit, the plan pays 100% for eligible network services and supplies for the remainder of the calendar year.



MEDICAL BENEFITS

Under this PPO Plan you have the opportunity for lower copays if you utilize an Ochsner provider or facility for select services. By selecting this plan you are also able to participate in Ochsner's Digital Medicine Program and Ochsner's Anywhere Care Virtual Visits at no cost to you!

Services	UMR (PPO)		
	Ochsner In-Network	UnitedHealthcare Choice Plus In-Network	Out-of-Network
Physician Visit			
Preventive Care Services	100% Covered		No Coverage
Primary Care	\$0 Copay	\$25 Copay	Deductible + 40%
Specialist	\$20 Copay	\$40 Copay	Deductible + 40%
Urgent Care Facility	\$0 Copay*	\$75 Copay	Deductible + 40%
Emergency Room	\$300 Copay	\$300 Copay	\$300 Copay
Deductible			
Individual	\$1,500		\$3,000
Family (Embedded)	\$3,000		\$6,000
Coinsurance			
	10%**	20%	40%
Hospitalization			
Inpatient	Deductible + 10%**	Deductible + 20%	Deductible + 40%
Outpatient	Deductible + 10%**	Deductible + 20%	Deductible + 40%
Out-of-Pocket Max			
Individual	\$4,500		\$9,000
Family (Embedded)	\$9,000		\$18,000
Prescription Drugs			
Pharmacy Type	In-Network		Out-of-Network
Deductible	\$100-Individual \$300-Family		Not Covered; visit optumrx.com to find an in-network pharmacy near you.
Tier 1	\$7 Copay		
Tier 2	\$30 Copay		
Tier 3	\$65 Copay		
Tier 4	\$150 Copay		
Mail Order	3 times retail		Not Covered
Bi-Weekly Premiums (26 deductions per year)			
Employee Only	\$89.10		
Employee + Spouse	\$183.70		
Employee + Children	\$171.60		
Employee + Family	\$234.30		

*Ochsner-owned Urgent Cares have a \$0 Copay.

**You are responsible for 10% coinsurance for services at Ochsner unless otherwise specified in the Plan Document.

MEDICAL BENEFITS

PBC Management, LLC offers employees medical coverage through UMR with the United Healthcare Choice Plus Network that not only provides coverage for illness and injury, but also enables you and your family to focus on staying well.

Services	UMR High Deductible Health Plan (HDHP)	
	In-Network	Out-of-Network
Physician Visit		
Preventive Care Services	100% Covered	No Coverage
Primary Care	Deductible + 20%	Deductible + 40%
Specialist	Deductible + 20%	Deductible + 40%
Urgent Care Facility	Deductible + 20%	Deductible + 40%
Emergency Room	Deductible + 20%	Deductible + 20%
Deductible		
Individual	\$3,500	\$7,000
Family (Embedded)	\$7,000	\$14,000
Coinsurance		
	80%	60%
Hospitalization		
Inpatient	Deductible + 20%	Deductible + 40%
Outpatient	Deductible + 20%	Deductible + 40%
Out-of-Pocket Max		
Individual	\$5,500	\$11,000
Family (Embedded)	\$11,000	\$22,000
Prescription Drugs		
Pharmacy Type	In-Network	Out-of-Network
Deductible	After medical deductible, below copays apply	Not Covered; visit optumrx.com to find an in-network pharmacy near you.
Tier 1	\$7 Copay	
Tier 2	\$30 Copay	
Tier 3	\$65 Copay	
Tier 4	\$150 Copay	
Mail Order	3 Times Retail	Not Covered
Bi-Weekly Premiums (26 deductions per year)		
Employee Only	\$42.00	
Employee + Spouse	\$85.05	
Employee + Children	\$79.80	
Employee + Family	\$109.20	

HDHP HSA PLAN

Take advantage of participating in the Health Savings Account if you elect the High Deductible Health Plan (HDHP).

WHAT IS A HDHP HSA?

An HDHP features a health savings account (HSA) that enables you to pay for current, qualified health care expenses and save for future expenses on a tax-free basis. You have the opportunity to set aside funds in your HSA before taxes through convenient payroll deductions.

HOW IT WORKS

The HDHP, along with your HSA, puts health care spending in your hands, allowing you to choose how to spend your health care dollars. You can either pay for eligible services by using funds in your HSA, or you can pay for them out of your own pocket. Note: You can only use HSA funds that are available in your account. You can always reimburse yourself later once you have accumulated funds in your account.

ANNUAL CONTRIBUTION LIMITS

Tiers	2024	2025
Individual	\$4,150	\$4,300
Family	\$8,300	\$8,550

ELIGIBILITY

To be eligible for contributions to the HSA bank account, the IRS requires that you:

- Must be enrolled in a qualified high deductible health plan (HDHP)
- Do not have any other health coverage that is not an HDHP
- Are not active military
- Cannot be claimed as a dependent on another person's tax return

QUALIFIED EXPENSES

HSAs enable you to pay for the following qualified health care expenses on a tax-free basis:

Qualified expenses not covered by insurance, as defined by the IRS, online at <http://www.irs.gov/pub/irs-pdf/p502.pdf>

HSA ADVANTAGES

Triple Tax Advantage:

You contribute pre-tax funds through payroll deductions, meaning the money comes out of your paycheck before federal income tax is calculated. This, in turn, reduces the amount of taxable income, so less tax is withheld from your paycheck.

Control:

You own and control the money in your HSA. You decide how you want to spend it or if you want to spend it. You can use it to pay for doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

Savings Potential:

There is no "use it or lose it" rule. Your account grows over time as you continue to roll over unused dollars from year to year.

Portability:

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans,* retire or leave the company.

**You must be enrolled in a qualified High Deductible Health Plan (HDHP) to contribute to an HSA.*

NEW! SPOUSAL INCENTIVE HEALTH REIMBURSEMENT ACCOUNT (SIHRA)

COMING SOON! JANUARY 1, 2025

If your spouse enrolls in an alternative group medical plan such as their employer's medical plan and leaves Florida Marine's Health Plan, the SIHRA through Catilize Health will reimburse 100% of your covered out-of-pocket medical expenses, up to the Affordable Care Act (ACA) out-of-pocket limits.* This includes your deductible, coinsurance, and copays, but does not include your medical premiums. You have the option of enrolling yourself and other dependents in your spouse's plan and the entire family's out of pocket cost will be reimbursed OR you have the option of keeping your coverage under Florida Marine's medical plan. Out of pocket amounts are only reimbursed for members who are enrolled in the alternate plan. If you and/or your family have high medical expenses throughout the year, this is a great opportunity to save on those out-of-pocket costs!

*ACA Out-of-Pocket Limits:

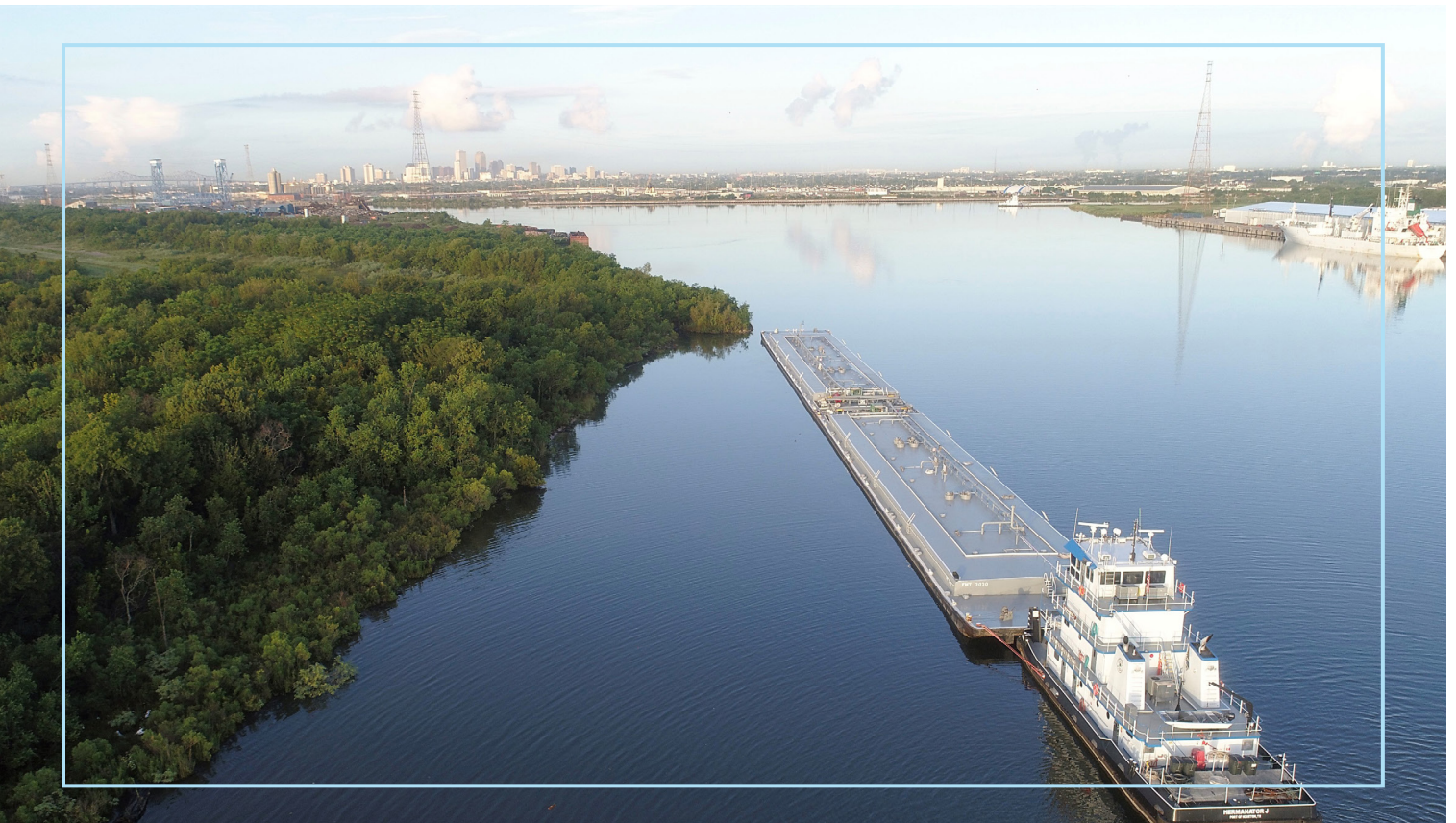
Self-only: \$9,200

Family: \$18,400

Please note, effective 1/1/2025 working spouses with other coverage offered through their own employer will no longer be eligible for Florida Marine's Health Plan.

Alternate coverage in the following types of medical plans do not meet SIHRA eligibility requirements:

- High Deductible Health Plan (HDHP) with an active Health Savings Account (HSA)
- Medicaid, Medicare or Tricare
- Healthcare Exchange Policy made available thru the Affordable Care Act
- Individual policy
- Limited Benefit Health Plan
- If an employee and spouse both work for Florida Marine



HealthJoy is the first stop for all your healthcare and employee benefits needs. This is a free service for employees who elect the medical plan and their immediate family members. You'll have instant access to an up-to-date benefits wallet with all your ID cards. Our healthcare concierge is available to help you. We'll save you time, money and a ton of aggravation.

Don't try and navigate your benefits alone. Our healthcare concierge and online doctors are available LIVE. You can get personalized recommendations for a local doctor, consult with a medical provider in the middle of the night, or have an expert review and negotiate your confusing medical bills. HealthJoy is here to help you and your family anytime, anywhere.

HEALTHJOY BEHAVIORAL HEALTH

- ✓ **FREE!** A therapy option at no cost to you.
- ✓ **NEW!** You can now also schedule a therapy appointment with licensed psychologists and/or therapists for minor dependents (between the ages of 13 and 17).
- ✓ **PSYCHIATRIC MEDICATION MANAGEMENT (Ages 18+) FREE**
Consult with a board-certified psychiatrist to receive medication evaluation and management support for anxiety, depression, mood disorder, PTSD and a variety of other mental health diagnoses (ages 18+)

HEALTHJOY BEHAVIORAL HEALTH PROVIDES ACCESS TO LONG-TERM, VIRTUAL THERAPY THAT CAN HELP WITH DEPRESSION, ANXIETY, TRAUMA, AND OTHER MENTAL HEALTH CONCERNS.

HOW IT WORKS

- 1 Access Behavioral Health**
From the HealthJoy app, access HealthJoy Behavioral Health through the main menu or wallet card.
- 2 Personalize Your Visit**
Enter some personal information about yourself and then select the provider, date, time, and meeting type that works best for you. You can review provider bios, including licensure, training, and areas of expertise. Flexible scheduling is available including nights and weekend appointments.
- 3 Provider Meeting**
After scheduling your session, you'll meet with a provider for an initial 50-minute session via phone or video. Afterward, you will receive a personalized treatment plan from your provider.
- 4 Follow-Up Visits**
You can continue to meet with the same provider for 50-minute sessions for the duration of care. They will perform periodic assessments to measure progress, outcomes, and treatment success.

HEALTHJOY BENEFITS



BENEFITS
WALLET



ONLINE DOCTOR
CONSULTATIONS



HEALTHCARE
CONCIERGE



RX SAVINGS
REVIEW



MEDICAL BILL
REVIEW



APPOINTMENT
BOOKING



PROVIDER
RECOMMENDATIONS

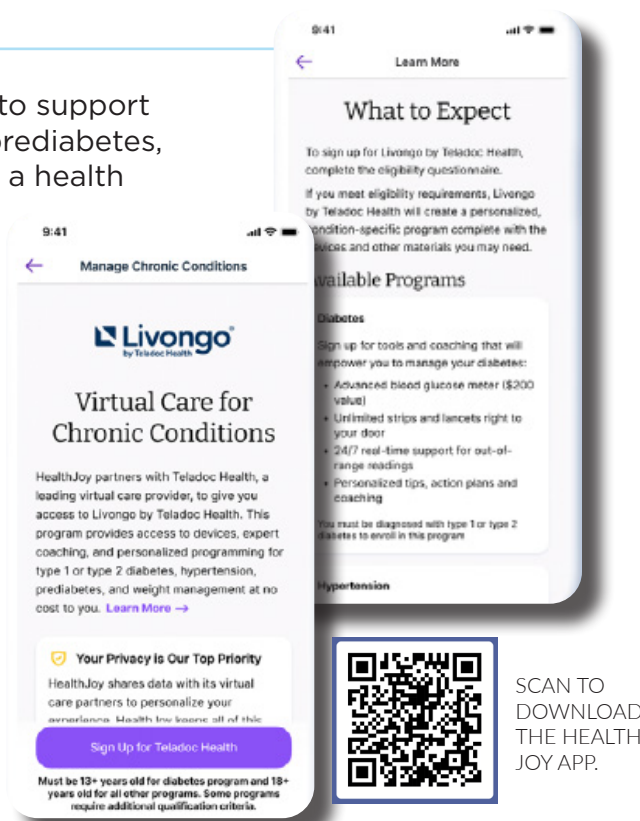


HSA / FSA
SUPPORT

CHRONIC CARE

Livongo's Chronic Care Management Programs are available to support individuals with chronic health conditions such as diabetes, prediabetes, hypertension, and obesity. These programs connect you with a health coach to deliver a personalized program to manage conditions and improve the quality of your health.

- Connected glucometers, scales, and blood pressure monitors provide real-time feedback and personalized calls to action.
- Health coaches offer ongoing support based on individual conditions, motivations, and lifestyles. These coaches provide 24/7 remote monitoring with emergency outreach.
- Coaches interpret health metrics, social determinants, preferences, clinical needs, and more to trigger realtime, actionable feedback that drives behavior change.
- Empowers individuals by simplifying and lightening the burden of self management.

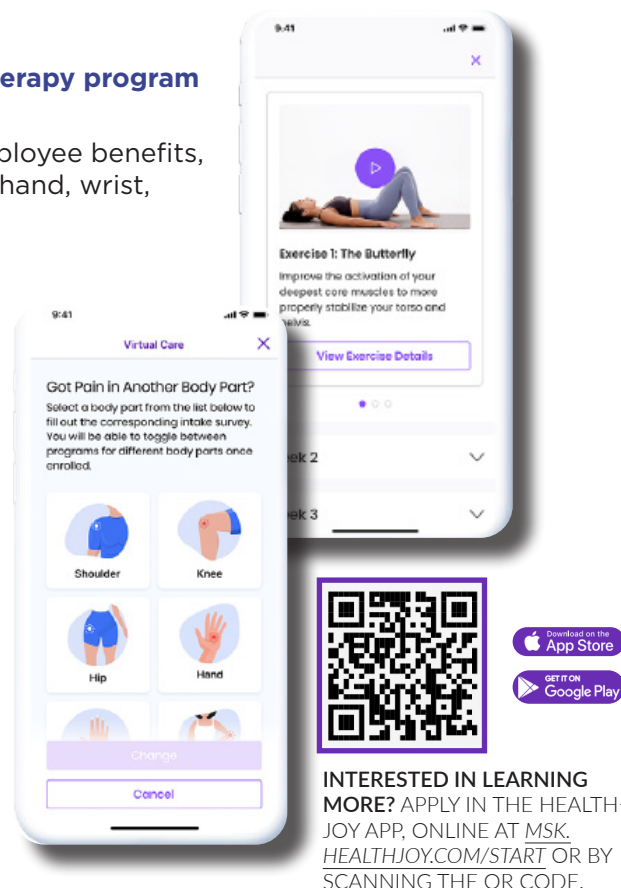


VIRTUAL MSK THERAPY

HealthJoy's Virtual MSK Therapy program is an effective exercise therapy program for individuals struggling with back and joint pain.

With HealthJoy's virtual exercise therapy included as part of your employee benefits, you can address chronic pain such as back, neck, shoulder, knee, hip, hand, wrist, elbow, ankle, and/or foot pain in just 15 minutes per day from home.

- Convenient**
Our program is more convenient than alternatives, like in-person physical therapy. Members can access the program from home or on-the-go, from their mobile device or a desktop, and it only requires 15 minutes out of their day. Equipment or sensors aren't needed to complete any of the exercises.
- Coach-Led**
Participants are matched with a personal coach who will assign them a personalized program and support them throughout. The coach helps to ensure participant adherence and results. On average, members interact with their coach 40+ times throughout the program.
- Cost-Effective**
FMT covers the cost of this program so there are no barriers to getting the care you need.



INTERESTED IN LEARNING MORE? APPLY IN THE HEALTHJOY APP, ONLINE AT [MSK.HEALTHJOY.COM/START](https://www.healthjoy.com/start) OR BY SCANNING THE QR CODE.

DENTAL BENEFITS

PBC Management, LLC provides employees dental coverage with UMR. This is a passive PPO and allows you to seek treatment from the dentist of your choice. However, if you use an in network dentist, you will not be responsible for any amounts charged over reasonable and customary.

Services	Benefits
Calendar Year Deductible	\$50 individual, limit 3 per family
Preventive Services	Covered at 100% (Does not apply to annual maximum)
Annual Maximum	\$3,000 per covered person per calendar year
Orthodontia Lifetime Maximum	\$3,000 per lifetime per covered child up to age 19
Basic Services	Covered at 80%
Major Services	Covered at 60%



Bi-Weekly Premiums

	Premium
Employee Only	\$15.22
Employee + Spouse	\$29.98
Employee + Children	\$37.51
Employee + Family	\$54.64

VISION BENEFITS *NEW* SPECTERA VISION NETWORK

PBC Management, LLC offers employees vision coverage with the Spectera Vision Network. This is an enhanced plan that provides coverage for glasses and contacts. Vision coverage can only be elected when you enroll in one of FMT's medical plans.

Services	Benefits
Vision Screening / Exam	\$15 copay
Frames	\$130 allowance once every 24 months
Lenses	\$130 allowance once every 12 months
Contact Lenses*	\$200 allowance once every 12 months for lenses

*Contact lenses are in lieu of glasses.

Bi-Weekly Premiums

	Premium
Employee Only	\$3.49
Employee + Spouse	\$5.46
Employee + Children	\$6.21
Employee + Family	\$8.49



DISABILITY BENEFITS

In the event you become disabled from a non work-related injury or sickness, FMT provides disability income benefits through Prudential. Evidence of Insurability may be required to receive these benefits.

SHORT-TERM DISABILITY

Employees have the option to purchase short-term disability and pay the full cost through bi-weekly post-tax payroll deductions. Premiums may increase annually based on your salary and age.

LONG-TERM DISABILITY

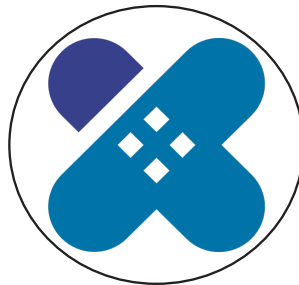
FMT pays the full cost of long-term disability for full-time employees.

Services	Short-Term Disability	Long-Term Disability
Benefits Begin	31 st day of disability	181 st day of disability
Benefits Duration	22 weeks	Social Security Normal Retirement Age
Percentage of Income Replaced	60% of pre-disability earnings	60% of pre-disability earnings
Maximum Benefit	\$1,000 per week	\$5,000 per month

Note: You will be automatically enrolled in the short-term disability plan unless you waive the benefit.

EMPLOYER-PAID LIFE INSURANCE

As an added benefit, FMT provides full-time employees with group life and accidental death and dismemberment (AD&D) insurance through Prudential. This insurance is provided at no cost to you! Coverage will pay a death benefit to your beneficiary and the AD&D insurance will pay benefits if you lose life, limb, or sight due to accidental injury. Benefits reduce by 35% at age 65 and 50% at age 70. The benefit is 2x annual salary to a max of \$1,000,000.



SUPPLEMENTAL TERM LIFE INSURANCE

FMT provides employees the opportunity to purchase additional life insurance coverage for themselves and dependents at group rates. Evidence of Insurability may be required to receive these benefits.

Note: Spouse and child coverage is only available when the employee elects coverage.

Services	Amount	Guaranteed Issue
Employee	\$10,000 increments to a maximum of the lesser of 5x annual earnings or \$1,000,000	\$300,000
Spouse	\$5,000 increments to a maximum of \$100,000	\$30,000
Child(ren)	\$1,000 to \$10,000 in \$1,000 increments	\$10,000

WHOLE LIFE INSURANCE

UNUM Whole Life Insurance provides much more than a death benefit -- it also offers valuable “living benefits” that you can use during times of need. You can keep your Whole Life coverage after you retire, making it an essential complement to Term Life.

WHOLE LIFE: BENEFITS FOR A LIFETIME

WHAT IS WHOLE LIFE?

Whole Life offers “living” benefits you can use when you need them, as well as a death benefit.

HOW DOES IT WORK?

- **Your premiums are level for life.** Premiums will be conveniently deducted from your paycheck.
- **Your death benefit is level, too.** The benefit does not decrease with age.
- **You own the policy.** You can keep the policy if you leave or retire. You'll pay the same amount.

WHAT FEATURES ARE AVAILABLE?

- **Cash value.** This policy accumulates cash value. You can borrow funds from this value as needed.
- **Living benefit option rider.** If you are diagnosed with a terminal illness, you can request up to 100% of your policy's benefit amount and use it for any purpose.
- **Long term care benefits.** Your policy may include a long term care rider-- see your plan administrator.

ACCIDENT INSURANCE

Accident insurance can soften the financial impact of an unexpected accident by providing a monetary benefit to help cover unexpected costs related to treating your injuries. The coverage can be used on its own or to fill a gap left by other coverage and pays a benefit up to a specified amount for accidental death, dismemberment, dislocation/fracture, initial hospitalization confinement, intensive care, ambulance service, medical expenses, outpatient physician's treatment, and more. For comprehensive information about your accident insurance coverage, please refer to the benefit summary.

Accident Plan Bi-Weekly Rates	
Employee Only	\$3.01
Employee + Spouse	\$4.68
Employee + Children	\$5.00
Employee + Family	\$7.26

CRITICAL ILLNESS

Heart attack, stroke, major organ transplant, permanent paralysis, end-stage renal failure or coronary artery bypass surgery: These critical illnesses are unpleasant to consider. However, if you were to have an occurrence, how would you withstand the financial impact? Critical Illness coverage through Prudential allows you to select a lump sum dollar up to \$30,000 that would be paid directly to you (not to hospitals or doctors) in the event that you are diagnosed with one of these illnesses. You are then able to spend this amount however you like, including out of pocket medical costs and everyday living expenses. Rates are based on current age and level of coverage. Critical Illness Insurance may cost less than you think. Your monthly rates per \$1,000 of coverage are outlined below.

Attained Age of Employee	Employee	Spouse
< 25	\$0.209	\$0.213
25-29	\$0.276	\$0.278
30-34	\$0.353	\$0.343
35-39	\$0.501	\$0.493
40-44	\$0.691	\$0.674
45-49	\$1.087	\$1.097
50-54	\$1.511	\$1.593
55-59	\$2.010	\$2.210
60-64	\$2.547	\$2.858
65-69	\$3.405	\$3.841
70-74	\$4.438	\$4.950
75-79	\$4.438	\$4.950
80-84	\$4.438	\$4.950
85+	\$4.438	\$4.950

Children up to Age 26

\$0.511

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insureds.

Spouse rate is based on Spouse's date of birth

FOLLOW THIS WORKSHEET TO DETERMINE THE COST OF INSURANCE FOR YOU

- Select the desired amount of coverage \$_____
- Locate the monthly rate The monthly rate per \$1,000 is \$_____
- Divide the selected amount of coverage by \$1,000. Then multiply the result by the monthly rate to get the monthly cost of insurance.

\$_____ divided by \$1,000 is \$_____

_____ multiplied by \$_____

= \$_____

HOSPITAL INDEMNITY

Hospital Indemnity Insurance through Prudential pays you regardless of what your medical plan covers. These benefits are paid directly to you to spend however you like, including out of pocket medical and non-medical costs including everyday living expenses.

The plan pays \$1,000 (up to 5 times per calendar year) for hospital admissions and \$2,000 (up to 5 times per calendar year) for Intensive Care Unit (ICU) admissions. An additional \$150 per day up to 30 days per confinement is paid for standard hospital confinement, and \$300 per day up tp 30 days per confinement is paid for ICU confinement.

Hospital Indemnity Bi-Weekly Rates	
Employee Only	\$6.06
Employee + Spouse	\$11.72
Employee + Children	\$11.43
Employee + Family	\$17.09

IDENTITY THEFT ASSISTANCE

Identity Theft Assistance, provided by LifeLock, helps you and your dependents understand the risks of identity theft, learn how to prevent it, and most importantly, notify and assist you if your information is compromised.

Identity Theft Assistance Bi-Weekly Rates	
Employee Only	\$3.69
Employee + Spouse	\$6.91
Employee + Children	\$6.91
Employee + Family	\$6.91

EMPLOYEE ASSISTANCE PROGRAM

Your personal wellbeing is important to us. Through Compsych at no cost to you, we automatically provide you and your family with an Employee Assistance Program (EAP). Call the EAP 24/7 for unlimited confidential and professional assistance with nearly any personal matter you may be experiencing. A GuidanceConsultantSM is available to listen to your concerns and refer you to a local provider for in-person counseling or to resources in your community. Call anytime with personal concerns, including:

- Legal Services: Consultations for issues relating to civil, consumer, personal and family law, financial matters, business law, real estate, estate planning, and more
- Financial Services: Budgeting, credit and financial guidance, retirement planning, and assistance with tax issues
- Childcare and Eldercare Assistance: Needs assessment along with referrals to childcare and eldercare providers
- Mental Health Assistance Including:
 - Depression
 - Stress and Anxiety
 - Marital and Family Conflicts
 - Alcohol and Drug Abuse
 - Job Pressures
 - Grief and Loss



BENEFIT CONTACTS

Coverage	Carrier	Group #	Phone #	Website
Benefits Concierge	HealthJoy		877-500-3212	24/7 support through the HealthJoy App
Medical	UMR	76413595	800-207-3172	umr.com
Pharmacy Coverage	Optum Rx	76413595	855-896-9779	optumrx.com
Dental	UMR	76413595	800-207-3172	umr.com
Vision	UMR	76413595	800-207-3172	umr.com
Short Term Disability	Prudential	59794	800-842-1718	prudential.com/mybenefits
Long Term Disability	Prudential	59794	800-842-1718	prudential.com/mybenefits
Life and AD&D	Prudential	59794	800-842-1718	prudential.com/mybenefits
Whole Life	UNUM		800-635-5597	unum.com
Critical Illness	Prudential	59794	800-475-6021	prudential.com/mybenefits
Accident Insurance	Prudential	59794	800-475-6021	prudential.com/mybenefits
Hospital Indemnity	Prudential	59794	800-475-6021	prudential.com/mybenefits
Identity Theft Assistance	LifeLock		800-607-9174	
State and Federal Benefits Advocacy	FEDlogic		877-837-4196	fedlogicgroup.com
Ochsner Digital Medicine	UMR/Ochsner	76413595	855-781-8737	ochsner.org/digitalmedicine
Ochsner Anywhere Care (Telemedicine)		76413595		ochsner.org/anywherecare
Employee Assistance Program	Compsych		800-311-4327	guidanceresources.com Web ID: GRS311

EMPLOYEE ADVOCATE

If you have questions regarding your employee benefits that you cannot resolve with the insurance company, you can contact your confidential Employee Advocate! We are always here to help with any questions you have and can assist you in resolving issues that arise.

Employee Advocates can provide assistance with:

- Claim and billing review
- Benefit Inquiries
- Eligibility Inquiries

There is no charge for contacting your Employee Advocate.



Lauren Dixon
Employee Advocate
504-836-2642
lauren.dixon@hubinternational.com
hubinternational.com

DISCLAIMER: The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken 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.



HUB International Gulf South
3510 N. Causeway Blvd. Suite 300
Metairie, LA 70002
504-834-2424
800-256-2842