

2026 BENEFITS ENROLLMENT

July 2026 - June 2027

TRUE NORTH®
Insurance and Financial Strategies

OUR BENEFIT OFFERINGS

How to Choose a Plan

Vision

Medical & Prescription Drug

Life

Dental

Disability

THINGS TO KNOW

3

GOOD NEWS! Benefits are staying the same! If you are happy with your benefits you don't have to do anything! If you want to make changes or waive coverage, please see Karen or do so on the election form provided.

1. IF YOU DO WANT TO MAKE A CHANGE DON'T WAIT!

Right now is your one chance to choose your benefits until the next annual Open Enrollment period. After this, the only way you'll be able to change your plans before the following enrollment period is if you have a **qualifying life event,** such as getting married or having a baby. **Go to healthcare.gov for a full list of qualifying life events.**

2. TO ENROLL OR NOT TO ENROLL?

This year you aren't required to enroll in and/or waive your benefits, with the exception of FSA elections. Those must be made every year.

3. UP YOUR BENEFITS IQ

Please see Karen and she will help you with enrollment including your FSA. Have questions about your benefit options? Not sure what is right for you? Make sure you review your benefit options and make your elections. And don't forget about the TrueAdvocate Team! They are available from 7:30 a.m. - 5 p.m. CST to answer your benefits questions. Just call 888-655-9980 OR email trueadvocate@truenorthcompanies.com.

The plan information outlined in this enrollment guide is intended to be a snapshot of the benefits and does not provide full plan details. For complete plan information and any policy restrictions, refer to your plan document. If any discrepancy exists between the summary displayed in this guide and the policy, the policy will govern.

Wise Consumer Tips

WHAT CAN *you* DO?

Be an educated consumer.

- Don't hesitate to question tests, treatment, procedures and outcomes
- Talk through the results with your doctor and make sure you understand
- Review your EOB to make sure you received the services noted. (EOB's are not detailed for privacy reasons, so contact your physician to request details if needed.)
- Make sure you are seeing the correct care provider for your illness, and that they are in-network
- Use the tools provided on Wellmark.com to assist with finding lowest cost services
- Such as the Health Cost Estimator on the Wellmark site.
- Or the GoodRX app
- Use lower cost pharmacies-not all pharmacies are created equal (Costco is one of the lowest cost pharmacies you can go to, and you don't have to be a member!)
- Fill maintenance medications via mail order for added convenience and lower cost
- Talk to your doctor about tablet splitting
- Get a flu shot a participating Provider and it will be covered at 100%

CONSUMER CHECKLIST

- ✓ Communicate & Ask Questions
- ✓ Understand Your Test Results
- ✓ Review Your Bills & Benefits
- ✓ Doctor Networks
- ✓ Wellmark Tools
- ✓ Pharmacy Shop
- ✓ Mail Order Medications
- ✓ Tablet Splitting
- ✓ In-Office Flu Shots

Medical Plan: Traditional PPO Plan



PPO PLAN OPTION

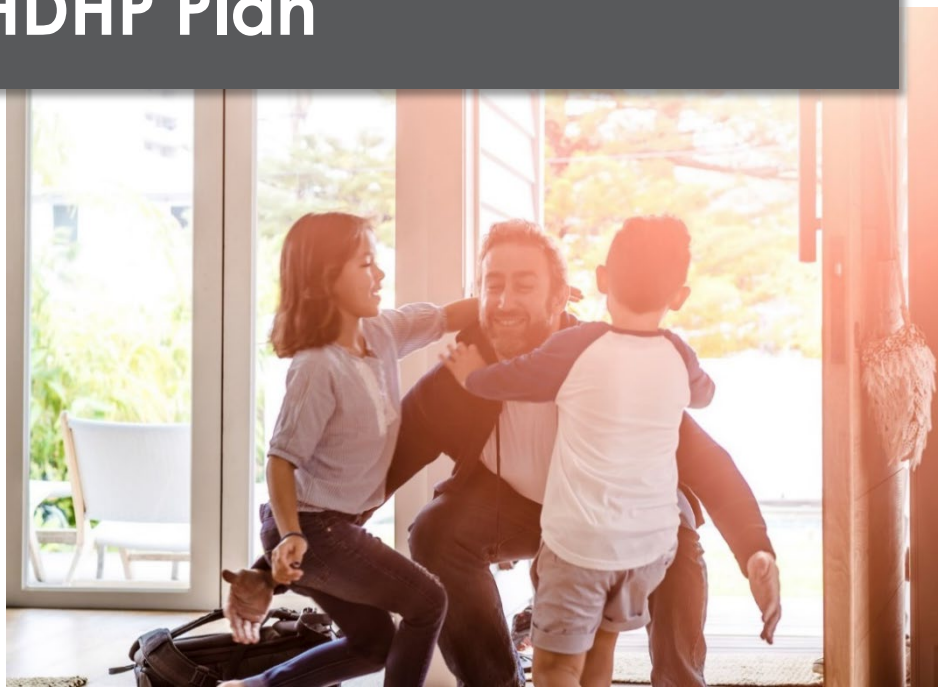
To help you and your family get the best care possible, JE Adams provides the option to enroll in medical coverage. We offer 2 medical plans for you to choose from. See the information below for a quick overview of plan details. For a full summary of plan details, please view your Summary of Benefits and Coverage.

BENEFITS	Plan 1 Traditional PPO	Partial Self-Funded Plan (What the Employee Pays)
Deductible	$5,000 Single $15,000 Family	$2,500 Single $5,000 Family
Coinsurance	30%	30%
Out of Pocket Maximum	$8,550 Single $17,100 Family	$5,000 Single $10,000 Family
Office Visit Copay	$40 Primary Care $80 Specialist $40 Urgent Care	$25 Primary Care $80 Specialist $40 Urgent Care
Preventive Office Copay	Covered at 100%	Covered at 100%
Emergency Room Copay	$500 copay	$250 copay
Prescription Drug	$30/$65/$100/$240/$275/$325	$30/$65/$100/$240/$275/$325

Medical Plan: HDHP Plan

HDHP PLAN OPTION

To help you and your family get the best care possible, JE Adams provides the option to enroll in medical coverage. We offer 2 medical plans for you to choose from. See the information below for a quick overview of plan details. For a full summary of plan details, please view your Summary of Benefits and Coverage.



IN-NETWORK BENEFITS	Plan 2 HDHP PPO	Partial Self-Funded Plan (What the Employee Pays)
Deductible	$6,500 Single $13,000 Family	$3,500 Single $7,000 Family
Coinsurance	0%	0%
Out of Pocket Maximum	$6,500 Single $13,000 Family	$3,500 Single $7,000 Family
Office Visit Copay	0% after deductible	0% after deductible
Preventive Office Copay	Covered at 100%	Covered at 100%
Emergency Room Copay	0% after deductible	0% after deductible
Prescription Drug	0% after deductible	0% after deductible

Medical Rates

Phone Number 800-524-9242
Provider Search www.wellmark.com/finder

To search for a provider, visit the site above, click on "Find a Provider" and then fill in the first three letters listed on your member ID card. If you do not have your ID card on hand, click "Browse a list of plans," and enter "Wellmark Blue PPO."

Employee Weekly Cost

Coverage Level	Plan 1 PPO	Plan 2 HDHP PPO
Employee Only	$23.35	$23.35
Employee + Spouse	$58.59	$58.59
Employee + Child (ren)	$52.55	$52.55
Family	$75.88	$75.88

Partial Self-Funding

As part of our ongoing commitment to simplify and improve payment transactions, Employee Benefit Systems (EBS) has partnered with ECHO SelectPay to offer more flexible options for receiving reimbursement payments. As a result, we have discontinued the use of Zelis Payments effective January 2026.

With ECHO SelectPay, after a claim is adjudicated and it is determined that payment is due to you, or your covered family members, you will receive a text message or email asking how you would like to receive your reimbursement.

You may choose a different payment method for each payment or set a preferred method for all future payments. A sample of this communication is included with this notice. We want to make you aware that this outreach is legitimate and not spam or fraudulent. Please be sure to whitelist the ECHO phone number and email address in your contact information.

ECHO SelectPay Payment Options:

- **Direct Deposit:** Funds are transferred directly to the member's bank account.
- **Zelle:** A fast, secure digital payment service (availability subject to member's bank)
- **Direct to Debit:** Funds are deposited into the member's bank account via their existing debit card.
- **Digital Check:** Member will receive a check electronically that can be printed and deposited via their mobile banking app
- **Paper Check:** Member will receive a traditional check mailed via USPS (this is the default option if no electronic selection is made)

Your payment method and EOB delivery method must match. If you choose an electronic payment option, your EOB will also be delivered electronically, and a paper copy will not be mailed. If you do not select an electronic option within seven (7) days, the payment will automatically be issued as a paper check.

These payment options apply only to medical, dental, vision, and prescription claim payments. Members who already receive direct deposits for flexible spending accounts or dependent care accounts processed by EBS will not experience any changes to those processes.

Members may view, download, and print EOBs on VBA Gateway (https://ebs.vbagateway.com).

For any ECHO SelectPay payment questions or concerns, please contact the ECHO customer service department at **1-888-834-3511 (Option 2)** or **support@echoselect.com.**

Partial Self-Funding

EBS will continue assisting JE Adams with the two medical plans. Wellmark is still the insurance company for the medical plans.

WHAT DOES THAT MEAN?

We have contracted with EBS to help control our medical insurance costs. The primary way JE Adams and EBS are doing this is by buying higher deductible medical plans on the back-end, but offering employees the same medical plans as last year.

When you visit a health care provider, your claims will be filed with Wellmark. Wellmark will process your claim under the higher deductible, back-end plan and send you an Explanation of Benefits (EOB) reflecting the higher deductible plan.

This is not a bill and does not reflect your actual deductible.

Wellmark sends the same EOB to EBS, who will review this and process payments based on your actual deductible. EBS electronically sends you an adjusted EOB that reflects your member responsibility.

NOTE: you will not receive a paper EOB from EBS!

EBS **pays you directly** the difference between the back-end plan and your actual plan.

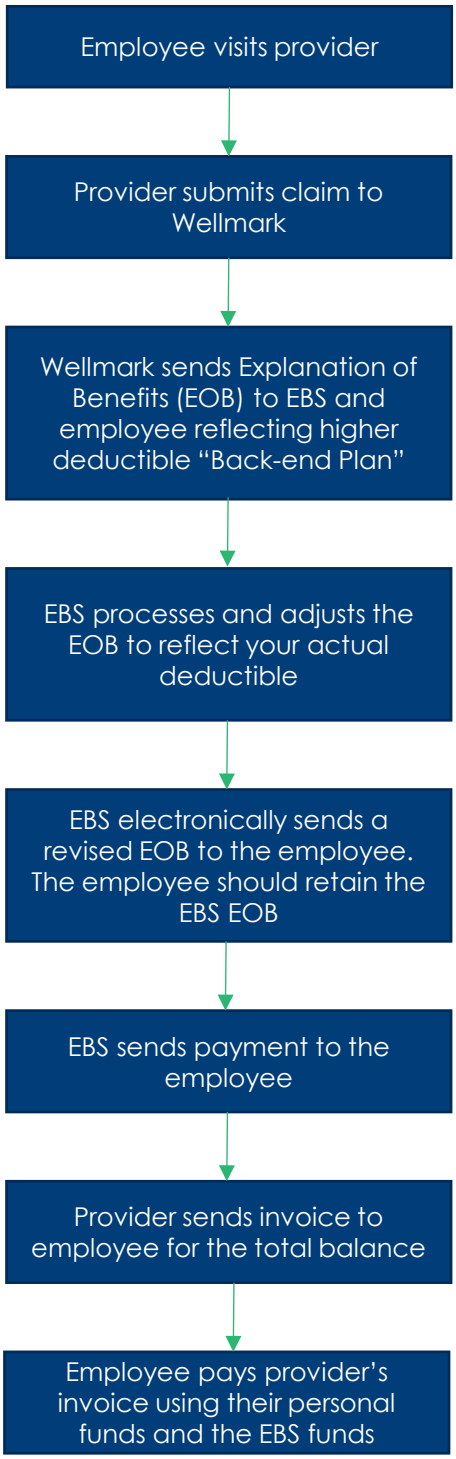
You will receive a bill from your health care provider. You pay the provider the total owed; this will be a combination of money out of your pocket and money received from EBS, if needed.

If you have any questions about your EOBs or bills, please contact:

EBS
Customer Service
800-373-1327
www.ebs-tpa.com

To the right is a flow chart to help visualize the process.

Insurance Claims Process



Partial Self-Funding



WHAT DOES THAT MEAN?

It means that JE Adams pays for a higher deductible plan from Wellmark ("Company Plan") but offers you a lower deductible plan ("Employee Plan"). This plan is lower in cost to you than other plans available through Wellmark.

To utilize a partially self-funded plan, we have contracted with a Third-Party Administrator, EBS.

Claims Examples

Traditional Plan ($2,500/$5,000 deductible & $5,000/$10,0000 OPM)

Assume you incur a $1,000 doctor's bill

You will receive a bill from your doctor for $1,000 and you will be responsible for paying $1,000.

You did not hit your $2,500 deductible

Assume you incur a $5,000 doctor's bill
You will be responsible for $3,250
$2,500 deductible + $750 co-insurance (30% of $2,500)

You will get an EOB from EBS showing you owe the doctor $3,250.
You will get a bill from your doctor for $5,000
You will get a check from EBS for $1,750 to cover the full payment to the doctor.

Total Bill	Employee Responsibility: Deductible + Co-Insurance	J.E. Adams Industries Funding (through EBS)
$5,000	$3,250	$1,750

HDHP Plan ($3,500/$7,000 deductible & $3,500/$7,000 OPM)

Assume you incur a $1,000 doctor's bill
You will receive a bill from your doctor for $1,000 and you will be responsible for paying $1,000.

You did not hit your $3,500 deductible

Assume you incur a $5,000 doctor's bill
You will be responsible for $3,500
You hit your $3,500 deductible

You will get an EOB from EBS showing you owe the doctor $5,000.
You will get a bill from your doctor for $5,000
You will get a check from EBS for $1,500 to cover the full payment to the doctor.

Total Bill	Employee Responsibility: Deductible + Co-Insurance	J.E. Adams Industries Funding (through EBS)
$5,000	$3,500	$1,500

Healthcare Hacks

Still need assistance with picking a plan or saving money on healthcare? Don't worry, you have all the right tools at your fingertips!



EVEN MORE WAYS TO SAVE

Check out these tools from Wellmark to help you save more and get educated!

- **myWellmark:** Member portal with customized information on your benefits & claims.
- **Blue365:** Receive discounts on gym memberships, fitness equipment & more!
- **ID Theft Protection:** Free protection for members.
- **BeWell 24/7:** Talk to a real person when you have questions about care navigation or need to speak with a nurse.

How To Register

1 HAVE WHAT YOU NEED

Two ways to register:

If you have your Wellmark ID and number:

- Date of Birth
- Last four digits of your Social Security Number

If you DO NOT have your Wellmark ID and number:

- Date of Birth
- Last name
- Full Social Security Number

2 START YOUR ACCOUNT

1. Go to **welcome.wellmark.com.**
2. Enter your email address and password. (make note of these for future use)
3. Follow the registration process.

3 COMPLETE REGISTRATION

You will receive an email confirmation. Click on 'activate my account' in the email. Do this **within seven days** to prevent your new registration from expiring.

After clicking the link, you can login to **myWellmark**.

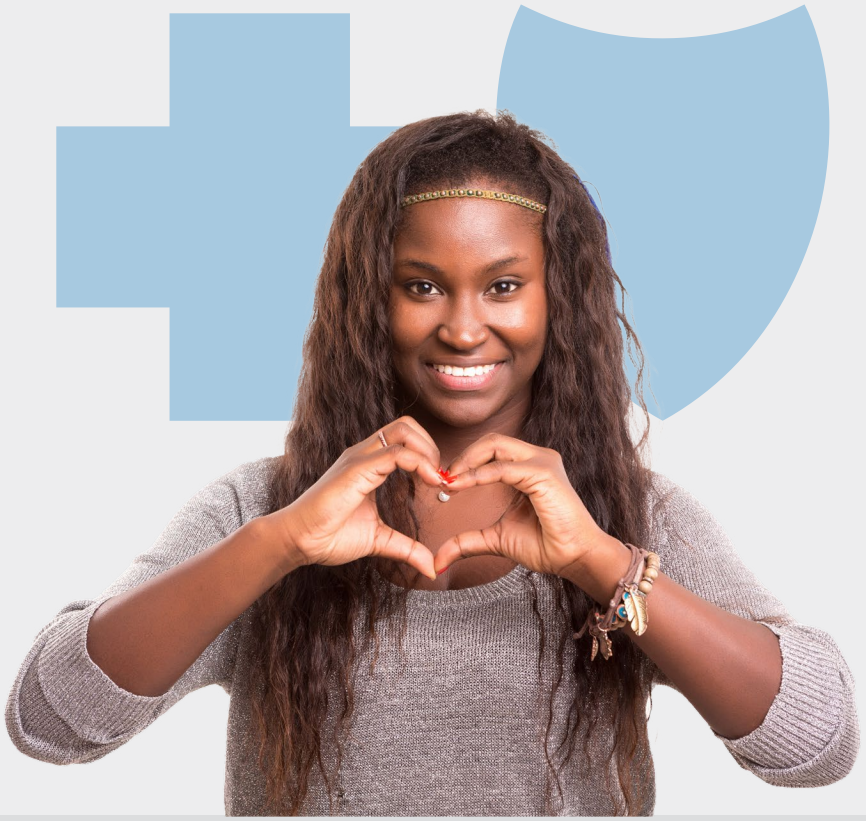
FREE MOBILE APP

Manage your healthcare on the go.

1. Download the app from the App Store or Google Play.
2. Sign up for myWellmark.
3. Gain access to:
   - Your benefits, claims and spending
   - Wellness information
   - Your Wellmark ID card
   - Network Providers
   - … and more.

Wellmark

Feeling better **should be easy**



Visit a doctor on your smartphone, tablet or computer from virtually anywhere.

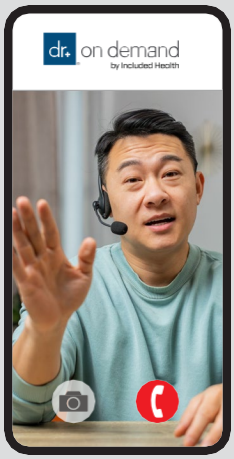
Connect in minutes

Same day mental health appointments are available. You can also choose your provider and see a therapist or psychiatrist within days rather than months. Plus, get treatment for 90 percent of all common ER complaints, from common colds to uncommon rashes, whenever and wherever you're comfortable.

Get treatment for:

- **Mental health**[1]
- **Cold and flu**
- **Bronchitis and sinus infections**
- **Urinary tract infections**
- **Sore throats**
- **Allergies**
- **Fever**
- **Headache**
- **Pink eye**
- **Skin conditions**

[1] Mental health coverage includes psychiatry services and medication management along with treatment for psychological conditions, emotional issues and chemical dependency. For more information, call Wellmark with the number on the back of your ID card.



Getting started is easy.

1. Scan the QR code to visit. DoctorOnDemand.com/Wellmark and download the Doctor On Demand® app.
2. Have your Wellmark Blue Cross and Blue Shield member ID card ready.
3. Create an account or sign in to begin your visit.
4. Pick your provider. Select the next available appointment or find the time best for your schedule.

24/7 QUESTIONS: Call 800-997-6196

Callers could experience longer wait times between 10 p.m. and 6 a.m. CST or may be directed to schedule an appointment in some instances.

HSAs: Healthcare on Sale

IF YOU COULD BUY HEALTH CARE SERVICES DURING A 30% OFF SALE, WOULD YOU?

There are programs available that save you money on health-related expenses, no strings attached.

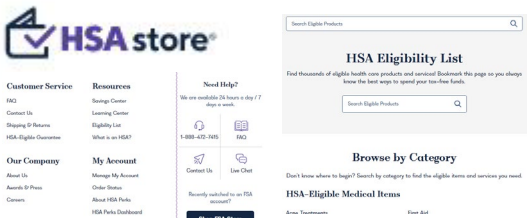
HEALTH SAVINGS ACCOUNT (HSA)	
Specific health insurance coverage required to contribute?	Yes, you must be enrolled in a High Deductible Health Plan (HDHP)
Pre-tax contributions	Yes
Eligible Expenses	Most qualified health care expenses (medical, dental, vision, prescription drug expenses your plans do not cover)
Availability of funds in account	Funds must accumulate before using
Use it or lose it	No, unused funds roll over to the next year
Can take it with you if you leave the company	Yes
Maximum Contributions	Single: $4,400 Family: $8,750 Catch-up: $1,000 (those 55+)
To be eligible for an HSA you must: ***Note:** If it's your eligible dependent that is covered under Medicare, you can continue contributing to the HSA	• Be covered under a High Deductible Health Plan (HDHP) • Not be claimed as a dependent on someone else's tax return • Not maintain a Healthcare FSA • Not be enrolled in Medicare* • Not have received VA benefits within the past three months • Not have a spouse with an FSA plan through their employer

If you would like to open a Health Savings Account (HSA) to coincide with your enrollment into the $3,500/$7,000 HDHP Plan option, you may do so through Collins Community Credit Union. Contact Human Resources for additional information.

START WITH THE RIGHT TOOLS:

HSAstore.com provides lists of eligible purchases using your account, as well as help to understand, manage and USE this great benefit!

Getting Started



HSAstore.com/HSA-Eligibility-List

FSAs: Healthcare on Sale

IF YOU COULD BUY HEALTH CARE SERVICES DURING A 30% OFF SALE, WOULD YOU?

There are programs available that save you money on health-related expenses, no strings attached.

	Benefit Amount
Full Medical Reimbursement Account	Allows you to pay for unreimbursed medical, dental or vision expenses with tax-free dollars. Out of pocket health care expenses include: deductible, co-pays and co-insurance.
Limited Reimbursement Account	Allows you to pay for unreimbursed **dental or vision** expenses with tax-free dollars. Must be enrolled in the HDHP Plan to be eligible.
Dependent Care Reimbursement Account	Allows you to pay for dependent care expenses with tax free dollars.
	Care during working hours for children under age 13.
	Care during working hours for disabled spouse, child or parent living with you.
Plan year	Runs from July 1st - June 30th
Full Medical & Limited Reimbursement Account Elections	Maximum $3,400 Rollover: $680
Dependent Care Reimbursement Account Election	Maximum $7,500

isolved Benefit Services



Flexible Spending Accounts.

Real Savings. Real Simple.

Using a Flexible Spending Account (FSA) is a great way to stretch your benefit dollars. You use pre-tax dollars in your FSA to reimburse yourself for eligible out-of-pocket medical and dependent care expenses. That means you can enjoy tax savings with the convenience of a prepaid benefits card. And that makes real sense.

What is an FSA?

With an FSA, you elect to have your annual contribution (up to the annual limit set by the IRS) deducted from your paycheck each pay period in equal installments throughout the year. The amount of your pay that goes into an FSA will not count as taxable income, so you will have immediate tax savings. FSA dollars can be used during the plan year to pay for qualified expenses and services. Please check with your employer to see what plans are offered.

- **A Health FSA** allows reimbursement of qualifying out-of-pocket medical expenses.
- **A Dependent Care FSA** allows reimbursement of dependent care expenses, such as day care, incurred by eligible dependents.
- **A Limited Purpose Health FSA** is compatible with a Health Savings Account (HSA). A limited FSA only allows reimbursement for preventive care, vision and dental expenses, keeping the employee eligible to contribute to an HSA.

With all FSA account types, you'll receive access to a secure, easy-to-use web portal where you can track your account balance, view your investment accounts and submit requests for reimbursements.

In addition, your plan might offer a convenient prepaid benefits card to make it easy to pay for eligible services and products. When you use the card, payments are automatically withdrawn from your account, so there are no out-of-pocket costs and you likely won't have to submit receipts to verify the purchase. Just swipe the card and go. **It's that easy!**

Throughout the year, you'll likely incur expenses for yourself and your family that insurance won't cover. By taking advantage of a health care FSA, you can actually reduce your taxable income and reduce your out-of-pocket expenses when you use your FSA to pay for health care services and products you'd purchase anyway.

Is an FSA right for me?

An FSA is a great way to pay for expenses with pre-tax dollars. A Health Care FSA could save you money if you or your dependents:

- Have out-of-pocket expenses like **co-pays, coinsurance, or deductibles** for health, prescription, dental or vision plans
- Have a **health condition that requires the purchase of prescription medications** on an ongoing basis
- Wear **glasses or contact lenses** or are planning **LASIK surgery**
- Need **orthodontia care, such as braces,** or have dental expenses not covered by your insurance

A Dependent Care FSA provides pre-tax reimbursement of out-of-pocket expenses related to dependent care. This benefit may make sense if you (and your spouse, if married) are working or in school, and:

- Your **dependent children under age 13 attend day care, after-school care** or **summer day camp**
- You **provide care for a person of any age who you claim as a dependent on your federal income tax return** and who is mentally or physically incapable of caring for himself or herself

An FSA is a great way to pay for expenses with pre-tax dollars.

- Enjoy significant tax savings with pre-tax contributions and tax-free distributions used for qualified plan expenses
- Quickly and easily access funds using the prepaid benefits card at point of sale, or request to have funds directly deposited to your bank account via online or mobile app
- Reduce filing hassles and paperwork by using your prepaid benefits card
- Enjoy secure access to accounts using a convenient Consumer Portal available 24/7/365
- Manage your FSA "on the go" with an easy-to-use mobile app
- File claims easily online (when required) and let the system determine approval based on eligibility and availability of funds
- Stay up to date on balances and action required with automated email alert and convenient portal and mobile home page messages
- Get one-click answers to benefits questions



With the convenience of a mobile device, you can see your available balance anywhere, anytime, as well as file claims and upload receipts.

Plan Ahead

Before you enroll, you must first decide how much you want to contribute to your account(s). You will want to spend some time estimating your anticipated eligible medical and dependent care expenses for the calendar year.

As of October 31, 2013, the U.S. Treasury Department modified its Health Flexible Spending Account (FSA) Use-or-Lose rule to allow up to a $550 carryover of Health FSA funds. The carryover option is based solely on your employer's plan design. Not every company allows a carryover. Some employer plans may establish a lower maximum limit than $500, but it must be uniformly applied to all eligible participants. The carryover is applicable only to Health FSAs (not to Dependent Care FSAs). Any unused amount above the carryover limit is subject to forfeiture and cannot be cashed out or transferred to other taxable or nontaxable benefits (e.g., HSAs).

For questions, contact us at: **FSA@isolvedbenefitservices.com** or **800-300-3838**

Dental Plan

Delta Dental of Iowa | 800-544-0718

www.deltadentalofia.com

To search for a provider, visit https://www.deltadental.com/us/en/member/find-a-dentist.html, search Delta Dental PPO Plus Premier



Services	PPO	Premier/Non Par
Preventive Services	100%	100%
Deductible	$15 Individual $45 Family	$25 Individual $75 Family
Basic Services	90% covered	80% covered
Major Services	50% covered	50% covered
Annual Maximum	$2,000	$2,000
Orthodontic children up to age 18 only	50% up to $1,000 Lifetime maximum	50% up to $1,000 Lifetime maximum

	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
Monthly Premium	$29.80	$61.36	$76.10	$127.06

J E Adams pays 100% of the premium for you and your family.

Vision Plan

EyeMed | 800-939-3633

www.eyemed.com



Save even more if you visit a **PLUS Provider. $0 copay for an Exam and $0 copay for Frames, plus 20% off balance over $180 allowance. All other benefits are the same as shown below.

Services	Benefit
Exam - 1x every plan year	$20 copay
Contacts (in lieu of glasses) - 1x every plan year	$130 allowance Contact fitting & evaluation not to exceed $40 copay
Frames - 1x every other plan year	$0 copay; 20% off balance over $130 allowance
Lenses - 1x every plan year	Single Vision, Bifocal, Trifocal - $20 copay

	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
Monthly Premium	$5.25	$9.98	$10.50	$15.44

J E Adams pays 100% of the premium for you and your family.

Life and AD&D Insurance

Lincoln Financial | 800-423-2765

www.lfg.com

J E Adams provides full-time employees with a $20,000 life insurance policy and accidental death and dismemberment (AD&D) insurance. **J E Adams pays the full cost of this benefit and is provided by Lincoln Financial.** Contact Human Resources to update your beneficiary.



BASIC LIFE AND AD&D BENEFIT	$20,000*

* Subject to age reduction. 50% at age 70, 55% by age 75, 70% by age 80, and 80% by age 85

J E Adams understands that each employee has unique financial planning needs. Some employees may want additional life insurance protection for themselves and their family and we are offering an affordable solution

VOLUNTARY LIFE AND AD&D BENEFITS	
Employee	Increments of $10,000 up to $500,000 or 5 times earnings. Guarantee Issue up to $100,000.
Spouse	Increments of $5,000 up to $250,000 or 100% of employee. Guarantee Issue 100% of Employee Amount up to $25,000.
Children	Increments of $2,000 up to $10,000 or 100% of employee Guarantee Issue 100% of Employee amount
Age Reductions	50% at age 70, 55% by age 75, 70% by age 80, and 80% by age 85

Age	Rate per $1,000 in Coverage
0-29	0.111
30-34	0.120
35-39	0.138
40-44	0.201
45-49	0.318
50-54	0.515
55-59	0.785
60-64	0.956
65-69	2.133
70-74	3.850
75+	6.376
Dependent Children .134 per $1,000. Regardless of number of children covered.	

ANNUAL INCREASE:

You can increase your coverage amount by $20,000 without providing evidence of insurability . If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.

Disability Insurance

Lincoln Financial | 800-423-2765

www.lfg.com

VOLUNTARY SHORT-TERM DISABILITY

An illness or injury that keeps you out of work for a long period of time can be financially devastating for you and your family. J E Adams will continue to offer to split the cost of the short-term disability plan. The plan is designed to help protect your financial security by providing replacement income if you are ever disabled due to a non-work related injury or illness, including pregnancy. This benefit provides weekly income benefits to covered employees who are disabled from working.

Short-Term Disability	
Benefits Begin	1st day accident/8th day illness*
Benefits Payable	For 13 weeks
Percentage of Income Replaced	60%
Maximum Benefit	Weekly Maximum of $750

Premium Calculation
$.227 per $10 of weekly benefit Annual Salary / 52 * 60% = Weekly Benefit (if more than $750 use $750) Weekly Benefit * $.227 = Monthly Premium Monthly Cost / 2 = Employee Monthly Cost

VOLUNTARY LONG-TERM DISABILITY

JE Adams is also providing their employees with the opportunity to purchase a long-term disability policy at their own expense. The LTD policy would provide continued income protection should you remain unable to return to work upon the exhaustion of your short-term disability benefit.

Voluntary Long-Term Disability	
Benefits Begin	90 days*
Benefits Payable	Social Security Normal Retirement (SSNR) or Reduced Benefit Duration
Percentage of Income Replaced	60%
Maximum Benefit	Monthly Maximum of $5,000

Premium Calculation
$.626 per $100 of monthly pay Annual Salary / 12 = Monthly Pay Monthly / $100 * $.626 = Monthly Premium

***Disabilities that occur during the first 3 months of coverage, due to a pre-existing condition during the 12 months prior to coverage, are excluded.**

Employee Assistance Programs

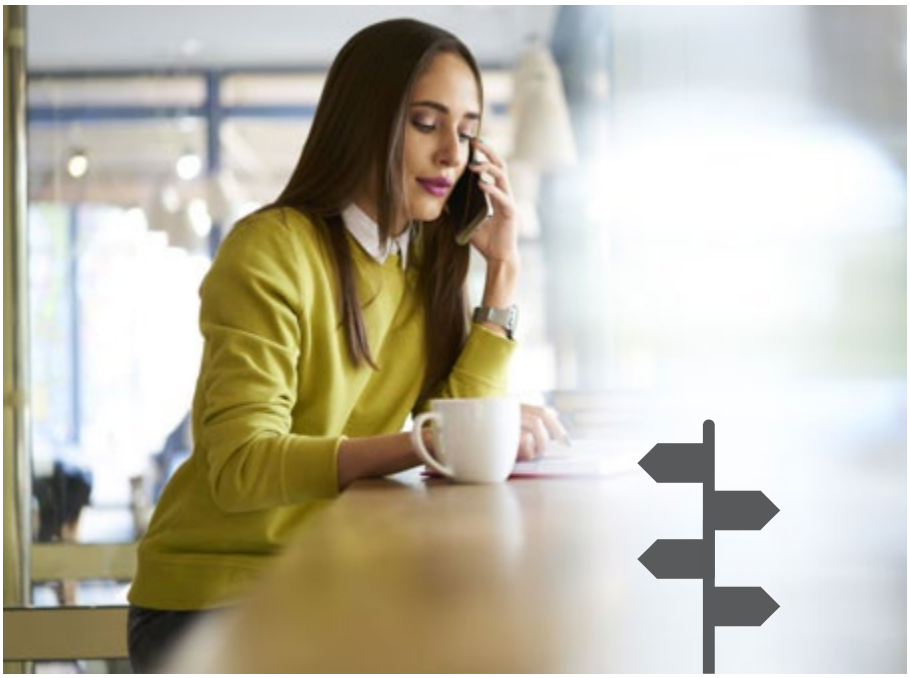
EMPLOYEE ASSISTANCE PROGRAM (EAP)

You have access to easy, **convenient and confidential** experienced clinicians and professional staff **24 hours a day**.

The Employee Assistance Program (EAP) is **available to all employees and members of your household**, whether you are enrolled in a medical plan or not.

The EAP can help with challenges like:

- financial planning
- retirement planning
- stress & anxiety
- substance abuse
- and more



CALL: Guidance Resources

888-628-4824

Mobile App Download:

GuidanceNow

LOG IN ONLINE

GuidanceResources.com

Username: **LFGSupport**

Password: **LFGSupport1**

In-person guidance

Some matters are best resolved by meeting with a professional in person. With *EmployeeConnect*℠, you and your family get:

- In-person help for short-term issues (up to five sessions with a counselor per person, per issue, per year)
- In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and **25% off** subsequent meetings

Unlimited 24/7 assistance

You and your family can access the following services anytime — online, on the mobile app or with a toll-free call:

- Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning and more
- Legal information and referrals for family law, estate planning, consumer and civil law
- Financial guidance on household budgeting and short- and long-term planning

Online resources

EmployeeConnect℠ offers a wide range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit GuidanceResources.com or download the GuidanceNow℠ mobile app. You'll find:

- Articles and tutorials
- Videos
- Interactive tools, including financial calculators, budgeting worksheets and more

EMPLOYEE BENEFITS PORTAL

By accessing your Benefits Central website, you will have access to:

- Up-to-the-minute Benefit plan details, rates and forms
- Open Enrollment information
- Links to provider resources
- Contact information when you need help

Go to…

Myjeadamsbenefits.com



Need Help?

Contact these Enrollment VIPs for Assistance!

MEDICAL & PRESCRIPTION DRUG
Carrier: Wellmark
Phone: 800-524-9242
Website: www.wellmark.com

THIRD PARTY ADMINISTRATOR
Carrier: EBS
Phone: 800-373-1327
Website: www.ebs-tpa.com.com

DENTAL
Carrier: Delta Dental
Phone: 800-544-0718
Website: www.deltadentalia.com

VISION
Carrier: EyeMed
Phone: 866-939-3633
Website: www.eyemed.com

FLEXIBLE SPENDING
Carrier: ISolved
Phone: 800-300-3838
Website: www.isolved.com

LIFE & Disability
Carrier: Lincoln Financial
Phone: 800-423-2765
Website: www.lfg.com

HSA Account Manager
Carrier: Collins Community Credit Union
Phone: 800-475-1150
Website: www.collinscu.org

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DO YOU HAVE QUESTIONS ABOUT YOUR BENEFIT PROGRAMS AND AREN'T SURE WHO TO CONTACT?

THE TRUENORTH TRUEADVOCATE TEAM IS HERE TO HELP!

You can contact one of our Advocates
Monday – Friday from 7:30 am – 5:00 pm CT

Our team can assist with:

- Benefit coverage questions
- Ordering an ID card
- Claim questions and explanation of benefits
- Finding a form
- Provider search
- Choosing a plan that works for you

(888) 655-9980

trueadvocate
@truenorthcompanies.com

TRUE NORTH
Insurance and Financial Strategies