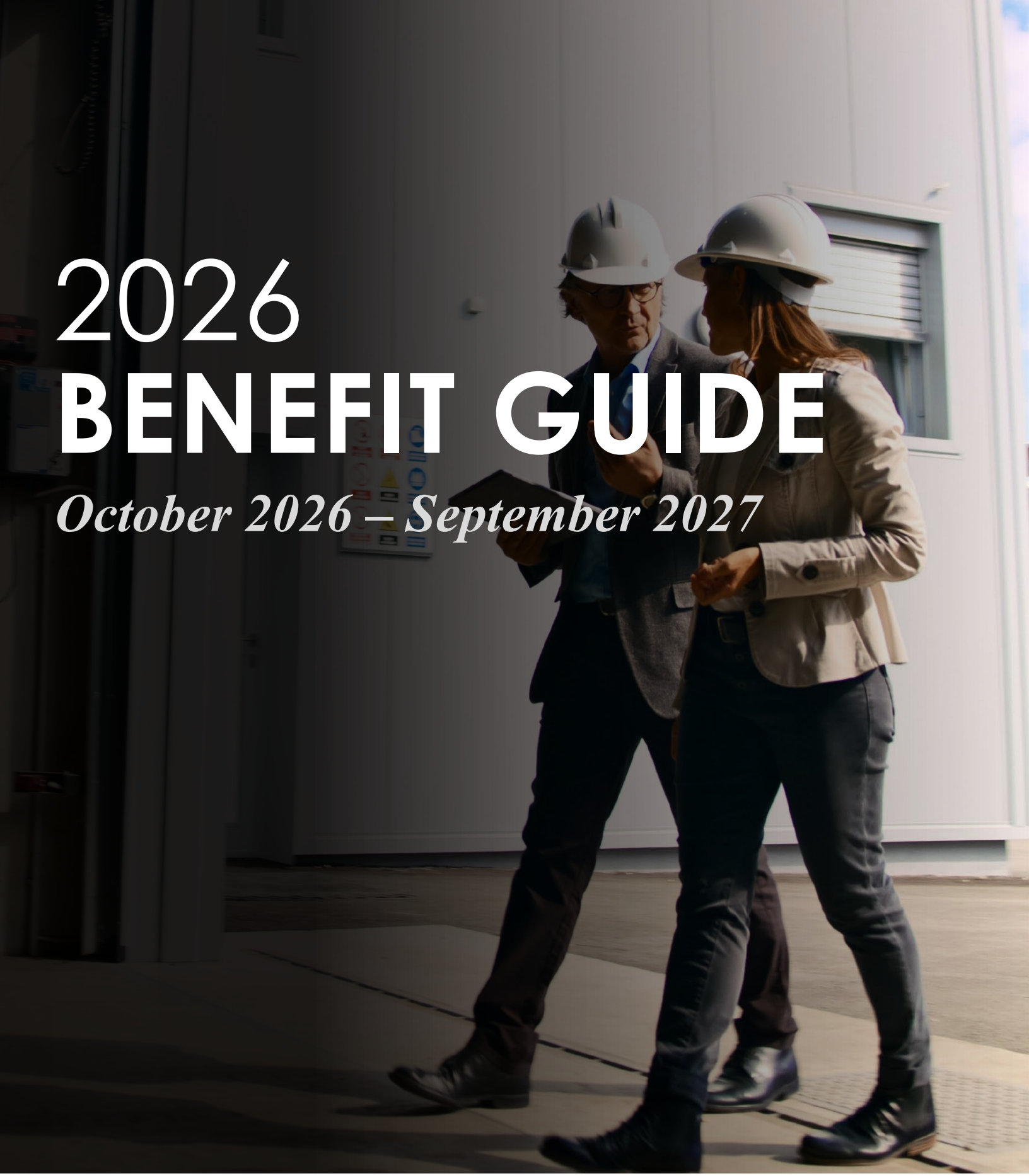


2026 BENEFIT GUIDE

October 2026 – September 2027

***Your* benefits, *your* story**

Benefits to fit your unique situation.

CITY CONSTRUCTION

COLLABORATE CONSTRUCT DELIVER



A NOTE FROM LEADERSHIP:

We strive to provide you and your family with a comprehensive and valuable benefits package that enables you to have a better life. We invite you to review the information in this booklet to gain a better understanding of how these benefits can support you and your family.

BENEFIT ELIGIBILITY & ENROLLMENT

- What's Changing This Enrollment
- Eligibility
- Enrollment Blueprint

PHYSICAL & MENTAL HEALTH

- Medical & Prescription Drug
- Telemedicine
- Dental
- Vision
- Employee Assistance Program (EAP)
- Life and AD&D
- Disability

ADDITIONAL PROTECTION

- Accident
- Critical Illness
- Hospital Indemnity
- Legal & ID Theft
- Pet Insurance
- Retirement 401(k)

RESOURCES

- Contact Information
- TrueAdvocate Team

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. If you have any questions about your Guide, contact Human Resources. ***The information provided in this summary is for comparative purposes only. Actual claims paid are subject to the specific terms and conditions of each contract. This benefit summary does not constitute a contract.*** *The information in this booklet is proprietary. Please do not copy or distribute to others.*

Created by TrueNorth Companies, LC for City Construction



WHAT'S CHANGING?

Every year, City Construction reviews the benefit package offering to ensure you and your family have access to benefits that best fit your needs. Changes listed below will be in effect October 1, 2026 through September 30, 2027.

Medical & Rx:

- Staying with Wellmark

Dental

- Staying with Delta Dental

Vision:

- Staying with EyeMed

HSA/FSA:

- Staying with WageWorks

Life:

- Staying with Mutual of Omaha

Disability:

- Staying with Mutual of Omaha

Additional Coverages:

- Staying with Supplemental Insurance



BENEFITS ELIGIBILITY

Who is eligible to participate?

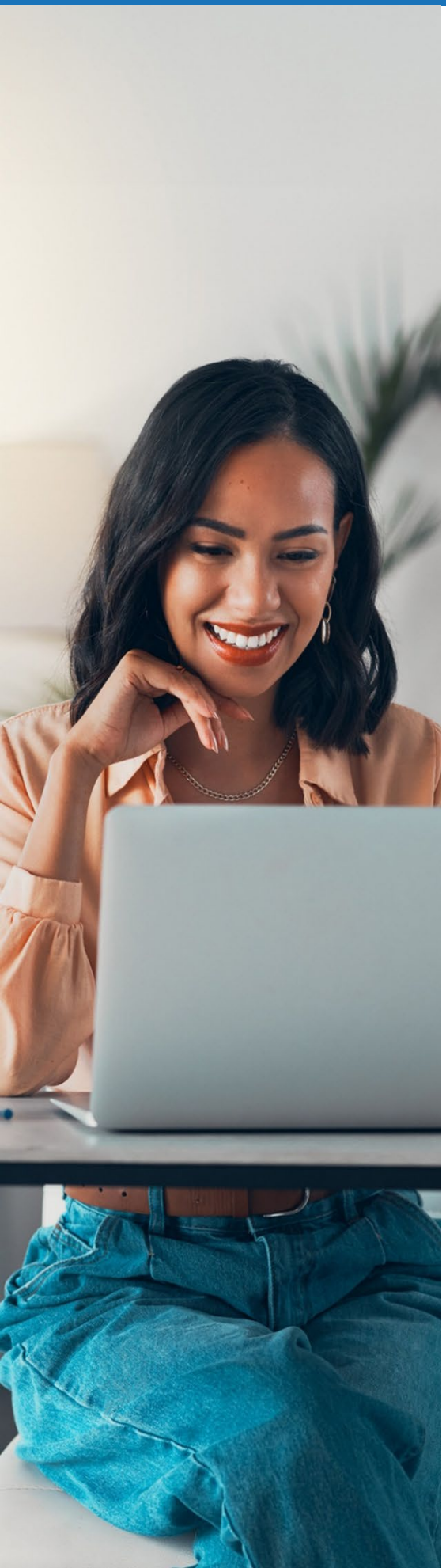
- Full-time employees working an average of 30 hours per week
- Your legal spouse
- Your unmarried dependent child (natural, adopted or step) up to age 26

When does coverage start?

- New Hire coverage starts 1st of the month following 60 days

When can I enroll in or make changes to benefits?

- **New Hires:** Must submit your elections within 30 days of hire date
- **Qualified Life Events:** Must notify Human Resources with 30 days of the event. Coverage goes into effect on the date of event. Some examples of qualified events include:
    - Gain or loss of eligibility for another employer's coverage
    - Marriage
    - Divorce or legal separation
    - Birth of your child, adoption or placement for adoption
    - Death
    - Change in employment status that impacts your eligibility for benefits
    - Child support order
    - New entitlement or loss of Medicare or Medicaid (60 days to notify HR)
- **Open Enrollment**: Occurs annually with an effective date of October 1st



YOUR ENROLLMENT BLUEPRINT

Here are some last-minute reminders:

STEP 01

EVALUATE YOUR OPTIONS

- Review available benefit options for the year.
- Use carrier resources and tools to make decisions.

STEP 02

ENROLL IN YOUR BENEFITS

- Employee Benefit Portal
  Visit the site at: http://city.mybenefitportal.com
  Class Code Login: city
- Be mindful of your enrollment deadline!

STEP 03

NEED HELP DECIDING?

Contact TrueNorth's TrueAdvocate Team

Phone: 888-655-9980

Email: trueadvocate@truenorthcompanies.com

BENEFITS VOCABULARY

WELCOME TO YOUR BENEFITS!

To better understand your coverage, it's helpful to be familiar with **benefits vocabulary**. Take a moment to review these terms, which may be referenced throughout this guide.

Balance Bill – When a health care provider bills a patient for the difference between what the patient's health insurance chooses to reimburse and what the provider chooses to charge.

Copay – A fixed dollar amount you pay the provider at the time of service; for example, a $25 copay for an office visit or a $10 copay for a generic prescription.

Coinsurance – The percentage paid for a covered service, shared by you and the plan. Coinsurance can vary by plan and provider network. Review the plans carefully to understand your responsibility. You are responsible for coinsurance until you reach your plan's out-of-pocket maximum.

Deductible – The amount you pay each calendar year before the plan begins paying benefits. Not all covered services are subject to the deductible; for example, the deductible does not apply to preventive care services.

Emergency Room Care – Care received at a hospital emergency room for life- threatening conditions.

In-Network Care – Care provided by contracted doctors within the plan's network of providers. This enables participants to receive care at a reduced rate compared to care received by out-of-network providers.

Out-of-Network Care – Care provided by a doctor or at a facility outside of the plan's network. Your out-of-pocket costs may increase and services may be subject to balance billing.

Out-of-Pocket Maximum – The maximum amount you pay per year before the plan begins paying for covered expenses at 100%. This limit helps protect you from unexpected catastrophic expenses.

Premium – The complete cost of your plans. You share this cost with your employer and pay your portion through regular paycheck deductions.

Preventive Care – Routine health care including annual physicals and screenings to prevent disease, illness, and other health complications. In-network preventive care is covered at 100%.

Urgent Care – Urgent care is not the same as emergency care. Visit urgent care for sudden illnesses or injuries that are not life-threatening.

Urgent care centers are helpful when care is needed quickly to avoid developing more serious pain or problems.

Preferred generic drugs – Generic drugs have the same active ingredients and work the same way as the brand-name drugs they copy. They usually cost less than the brand-name versions.

Preferred brand drugs – These drugs are included in a plan's list of covered drugs and may not have a generic version. They cost more than generic drugs but less than non-preferred brand drugs.

Specialty drugs – These drugs are used to treat ongoing health conditions and can be costly. They often require special handling and may have to be ordered through a specialty pharmacy.

MEC Plan – Minimum Essential Coverage. A MEC plan is health insurance that meets the federal government's standard for coverage.

BENEFITS 101

Deductible

Amount you pay for healthcare **BEFORE** your insurance starts to pay.

Coinsurance (aka Cost Share)

A **percentage** of the cost of care you are responsible to pay for **AFTER** you have met the deductible.

Co-Payment (aka Copay)

Fixed amount of money you pay each time you or your dependents receive care.

Out of Pocket Maximum (OPM)

Greatest amount of money you can spend on healthcare for the year.

- Does not include premiums or costs that your insurance plan does not cover.

DEDUCTIBLE

+

COINSURANCE

COPAYMENT

Out of Pocket Maximum

MEDICAL & RX

Administered by Wellmark

The medical insurance benefit that uses a network of providers, hospitals, and pharmacies to provide employees and their families access to quality healthcare and protection against the cost of illness or injury.

Use In-Network Providers for the best value! Visit www.wellmark.com to search for providers.

IN-NETWORK BENEFITS	PLAN 1 COMPLETE BLUE PRIMARY PPO	PLAN 2 ENHANCED BLUE 1500 HMO
Preventive Care	100% Covered	100% Covered
	Preventive Care is defined by the Affordable Care Act (ACA) Visit **HealthCare.gov** to access a list of covered preventive services by gender and age	
Office Visit Copay	$15 PCP $80 Non-PCP $0 Dr. On Demand $15 Urgent Care	$25 PCP $60 Non-PCP $0 Dr. On Demand $40 Urgent Care
Emergency Room	30% after Deductible & Coinsurance	$500 Copay
Rx Copays	Deductible & Coinsurance Tier 1 waived $15 copay	$15 Tier 1 $50 Tier 2 $100 Tier 3 $150 Tier 4 $200 Tier 5 $500 Tier 6
Deductible	$6,250 Single $12,500 Family	$1,500 Single $3,000 Family
Coinsurance	You pay 30%, plan pays 70%	You pay 20%, plan pays 80%
Out of Pocket Maximum	$8,700 Single $17,400 Family	$7,000 Single $14,000 Family

MEDICAL RATES PER MONTH

The Wellmark Medical Plan premiums are Age Rated. Below are the steps to calculate your monthly medical premium.

Find the Age: Locate the Employee, Spouse, or Child's age in the Age column.

Find the Rate: The corresponding monthly rates are listed in the Total Monthly Rate columns next to the Age column.

AGE	Plan 1 CompleteBlue Primary PPO	Plan 2 EnhancedBlue 1500 HMO
0-14	$314.30	$327.25
15	$342.24	$356.34
16	$352.92	$367.46
17	$363.61	$378.58
18	$375.11	$390.56
19	$386.61	$402.54
20	$398.53	$414.94
21-24	$410.86	$427.78
25	$412.50	$429.49
26	$420.72	$438.04
27	$430.58	$448.31
28	$446.60	$464.99
29	$459.75	$478.68
30	$466.32	$485.53
31	$476.18	$495.79
32	$486.04	$506.06
33	$492.20	$512.48
34	$498.78	$519.32
35	$502.07	$522.74
36	$505.35	$526.17
37	$508.64	$529.59
38	$511.93	$533.01
39	$518.50	$539.85
40	$525.07	$546.70

AGE	Plan 1 CompleteBlue Primary PPO	Plan 2 EnhancedBlue 1500 HMO
41	$534.93	$556.97
42	$544.38	$566.80
43	$557.53	$580.49
44	$573.96	$597.60
45	$593.28	$617.71
46	$616.28	$641.67
47	$642.17	$668.62
48	$671.75	$699.42
49	$700.92	$729.79
50	$733.79	$764.01
51	$766.25	$797.80
52	$801.99	$835.02
53	$838.14	$872.66
54	$877.18	$913.30
55	$916.21	$953.94
56	$958.53	$998.00
57	$1,001.25	$1,042.49
58	$1,046.86	$1,089.98
59	$1,069.46	$1,113.50
60	$1,115.06	$1,160.99
61	$1,154.50	$1,202.05
62	$1,180.39	$1,229.00
63	$1,212.84	$1,262.80
64+	$1,232.57	$1,283.33

VIRTUAL DOCTOR VISITS – Doctor on Demand

It's now easier than ever to meet your providers online. All you need is a smartphone, tablet, or computer/laptop to have a successful online doctor visit.

WHEN CAN I USE DOCTOR ON DEMAND?

- You don't have time to wait a week to see a doctor
- If you're considering the ER or urgent care center for a non-emergency issue
- You don't want to infect (or be infected by) another person
- On vacation, on a business trip, or away from home
- For short-term prescription refills
- You need a lower-cost option.

GET THE CARE YOU NEED

Request a medical consultation anytime and anywhere you need it for:

- Urgent care issues like colds, coughs, allergies, sore throat and stomach aches
- Recurring conditions like migraines or urinary tract infections
- Skin conditions
- Prescription management

DoctorOnDemand.com

1-800-997-6196

Download the Teladoc app

- **App Store**
- **Google Play**

GETTING STARTED IS EASY

1. Scan the QR code to download the Doctor on Demand app or visit Doctorondemand.com
2. Create an account or sign in

App Store

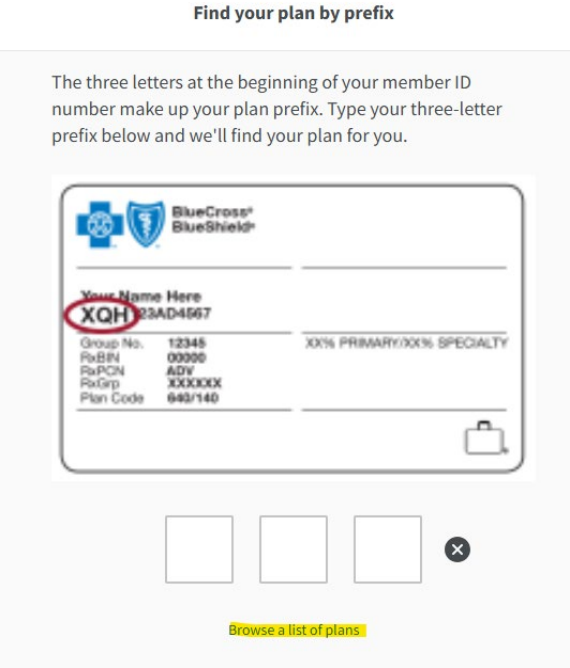
Google Play

FINDING A PROVIDER

Administered by Wellmark

To search for a provider, visit www.wellmark.com or by scanning the QR code below.

1. Click on Member Resources and then Find a Provider
2. Click the Search Now button which will take you to a new site
3. You will first need to select your Location and Plan
   a. You can enter your City/State or Zip Code
4. Next you will select your plan by clicking on Browse a List of Plans
5. For PPO choose Wellmark Blue PPO
6. For HMO choose Wellmark Blue HMO
7. Now you can search by Provider Name, Specialty or Facility



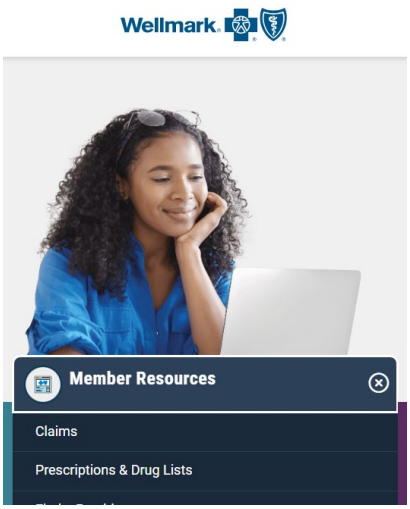
To search Providers scan here

MEDICAL PLAN

HOW TO CHECKTHE DRUG LIST

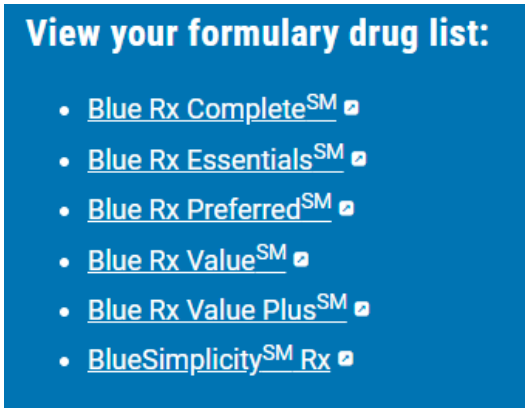
STEP 1:

go to wellmark.com



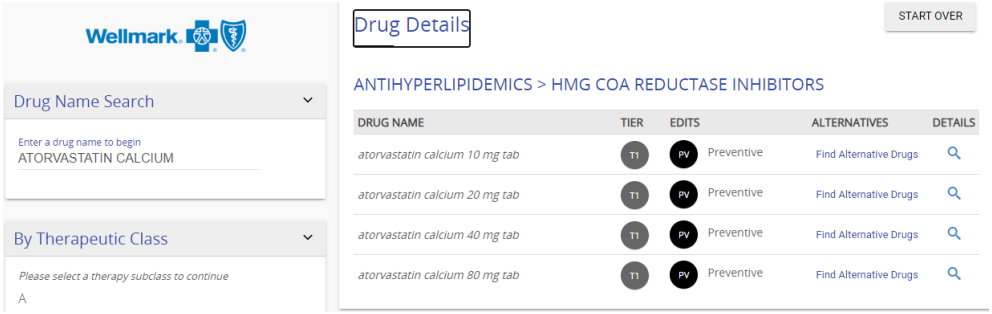
STEP 2:

click on Blue RX Complete



STEP 3:

enter your prescription



MEDICAL PLAN

BLUE365

Savings are just a click away

Register for Blue365 at Wellmark.com/Blue365. It's free and you can start saving right away. Browse the discounts and be the first to know about the latest deals to hit Blue365 through a weekly email sent right to your inbox.

Wondering what types of deals are available? Here are just a few ways you can save money while meeting your health and personal goals:



APPAREL AND FOOTWEAR. Save up to 20 percent on Reebok® shoes or 30 percent on Skechers®.



FITNESS. Get access to a network of gyms near you and virtual classes for as low as $19.99 per month. Plus, track your health with discounted wearables from FitBit®, Garmin® and Polar®. If you'd rather work out at home, you can save up to 40 percent on bikes, rowers, and treadmills.



HEARING AND VISION. Save an average of $1,000 on LASIK eye surgery. Or, get discounts on eyeglass and frames, and up to 60 percent off hearing aids.



HOME AND FAMILY. Get up to $2,000 off closing costs through Rocket Mortgage®. Or, make sure your pet's health is covered with 10 percent off pet insurance.



NUTRITION. Eat well for less by saving $200 in food purchases through Jenny Craig® or 50 percent off all Nutrisystem auto-delivery program orders.



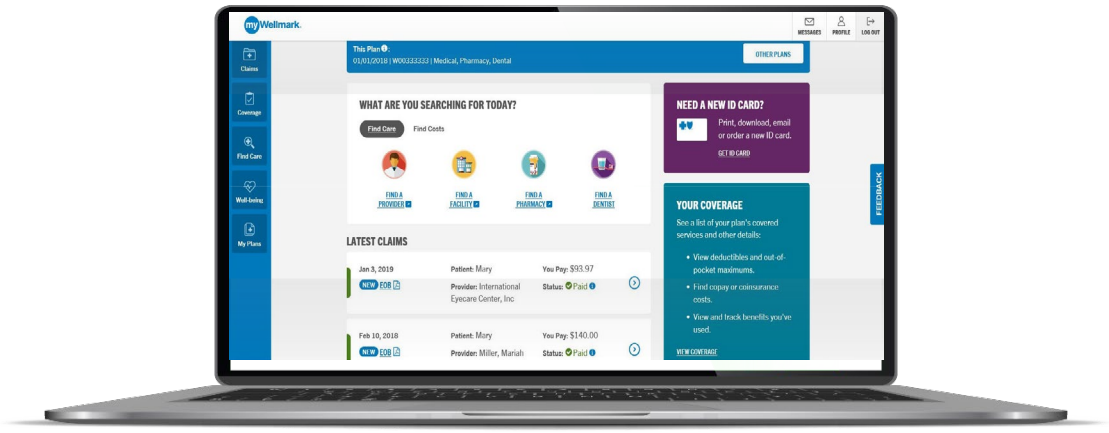
TRAVEL. Travel for less with 20 percent off Fairmont Hotels and Resorts.

Visit WELLMARK.COM/BLUE365 for a full list of deals and discounts available to you.

MEDICAL PLAN

myWELLMARK@Wellmark.com

- **Find a provider**
- **Estimate health care costs**
- **Check your benefits**
  (i.e. - confirm if your deductible/out-of-pocket are met to date)
- **Review detailed claims information and status**
- **Compare prescription drug costs**
- **Order, view, and print ID card(s)**
- **Access year-to-date spend reports**
- **Connect to other valuable Wellmark services**



myWELLMARK MEMBER PORTAL

All your tools in one convenient box.

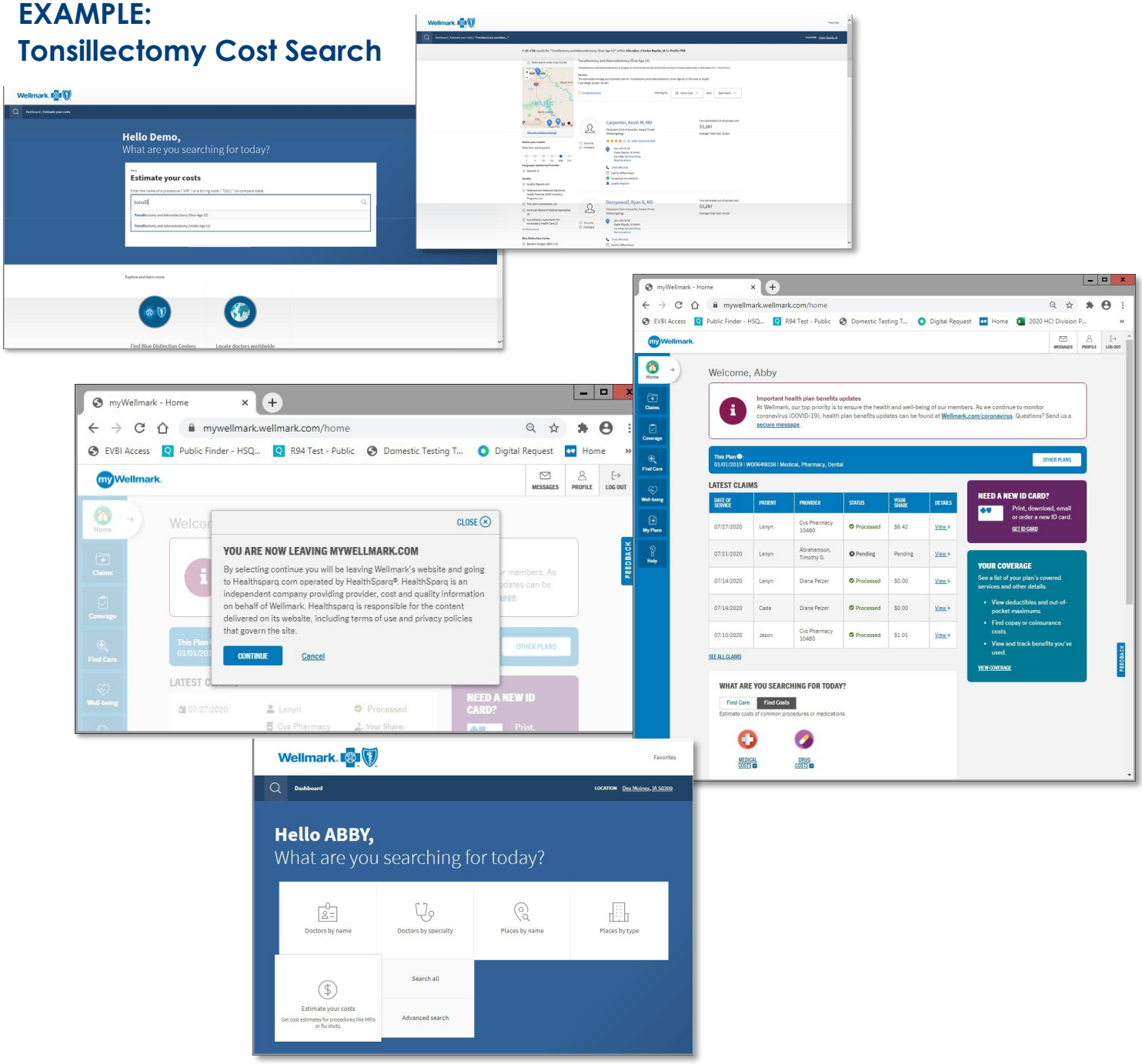
MEDICAL PLAN

Health Care Cost Tool

HOW TO USE IT

1. Log in to myWellmark and select find costs
2. Click through to access cost tool

EXAMPLE:
Tonsillectomy Cost Search



FLEXIBLE SPENDING ACCOUNTS

Administered by << Carrier>>

AN FSA CAN HELP YOU

use pretax money to pay for certain out-of-pocket health expenses or dependent care expenses.

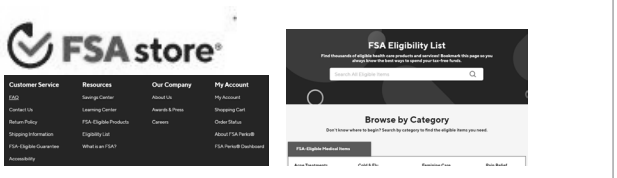
HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)

Eligibility rules	If you are **enrolled in a High-Deductible Health Plan** (HDHP) you can only enroll in a **Limited Flexible Spending Account**		
Maximum contributions	Healthcare: $3,400 Dependent Day Care: $7,500		
Pre-tax contributions?	Yes		
Eligible Expenses Beyond your plan coverage	• Medical • Dental • Vision • Prescription • Dependent care	For **Health Care and Limited FSAs** download a full list from the IRS - Publication 502.	For information on **Child and Dependent Day Care Expenses** download the IRS Publication 503
Availability of funds	Healthcare and Limited: Available on day 1 Dependent Day Care: Funds must accumulate before using		
Use it or lose it?	Yes, however, the Healthcare FSA allows you to rollover up to $680 of unused money into the next plan year.		
Can take it with you if you leave the company?	No		

START WITH THE RIGHT TOOLS:

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

GETTING STARTED



FSAstore.com/FSA-Eligibility-List.aspx

DENTAL

Administered by Delta Dental

Dental care is an important part of your overall health. This plan provides you with no-cost, in-network preventive care, as well as coverage for basic care and major procedures.

Dental Network: PPO or Premier Dentist
Use In-Network Providers for the best value! Visit deltadentalia.com to search for providers.

SERVICES	PPO DENTIST	PREMIER/NON-PAR
Preventive Services	100% covered	
Deductible	$25 per person	$50 per person
Annual Maximum	$2,000 per person per year	
Benefit Roll-over		
Basic Services	You pay 20% coinsurance (after deductible), plan pays 80%	You pay 30% coinsurance (after deductible), plan pays 70%
Major Services	You pay 50% coinsurance (after deductible), plan pays 50%	
Orthodontic For dependent children up to age 19	You pay 50% coinsurance (after deductible), plan pays 50% coinsurance, up to a lifetime maximum of $1,500	

WEEKLY EMPLOYEE RATES			
EMPLOYEE	**EMPLOYEE & SPOUSE**	**EMPLOYEE & CHILD(REN)**	**FAMILY**
$8.82	$17.64	$8.82 $6.67 per child (3+)	$17.64 $6.67 per child (3+)

DENTAL PLAN

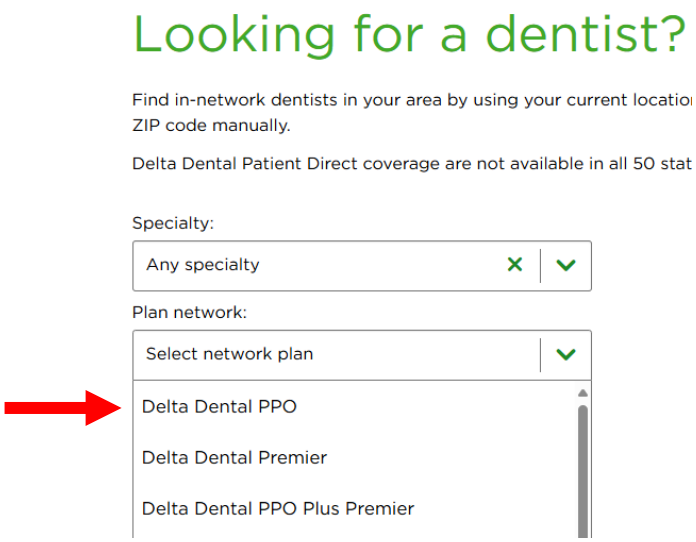
HOW TO FIND A PROVIDER

Step 1 – go to Delta Dental of Iowa

Step 2 – click on Find a Provider and choose Delta Dental Network Dentist



Step 3 – Choose your network and search

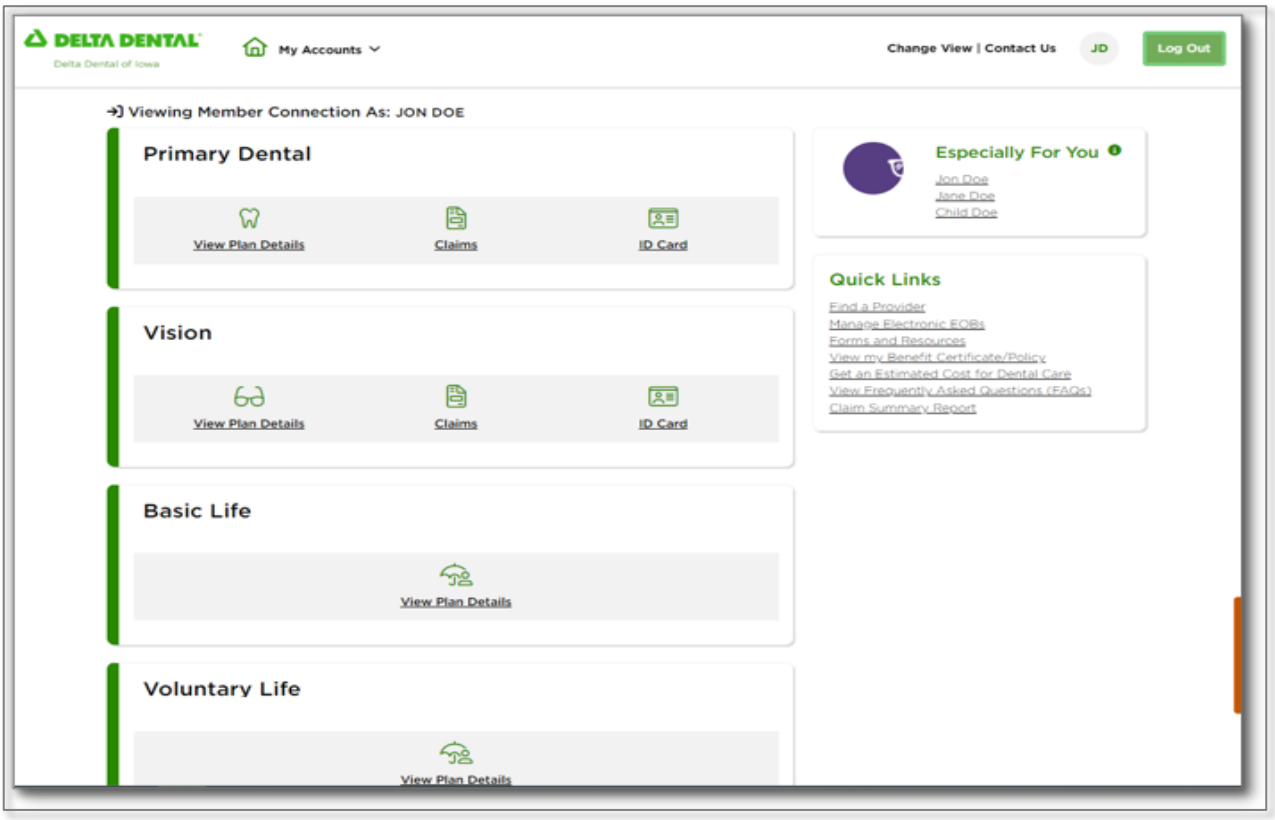


STAY IN THE KNOW – MEMBER CONNECTION

Administered by EyeMed

Integrated benefit experience

- View details on your dental plan in one place
- View dental claim details and status
- Find a dental provider
- Check eligibility and benefit information
- Print ID cards
- View on mobile or desktop



VISION

Administered by EyeMed

Enroll in vision coverage to save money on eligible vision care expenses, such as eye exams, glasses and contact lenses.

Use In-Network Providers for the best value!
Visit www.eyemed.com to search for providers.

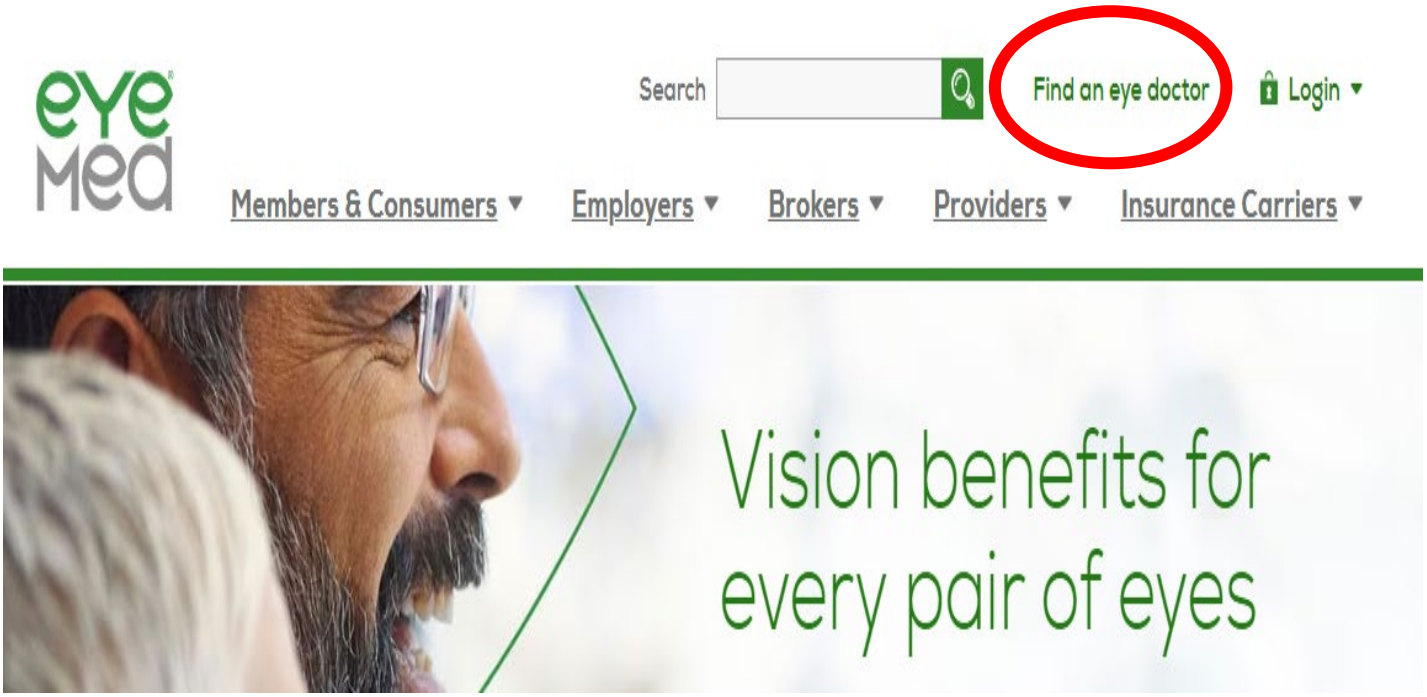
SERVICES	IN-NETWORK
Exam 1 every 12 months	$10 Plus Provider $0
Eyeglasses	
Frames 1 every 24 months	$150 allowance Plus Provider: $0 copay with up to $200 allowance
Lenses 1 every 12 months	Single Lined-$25 Bifocal Lined-$25 Trifocal-$25
Contacts	**Please note:** Contact lenses are in place of lenses and frame.
Elective Contacts 1 every 12 months	$0 copay with up to $150 allowance. Plus Provider: $0 copay with up to $200 allowance
Medically Necessary 1 every 12 months	100% Covered
Contact Lens Fitting & Evaluation 1 every 12 months	$00

WEEKLY EMPLOYEE RATES

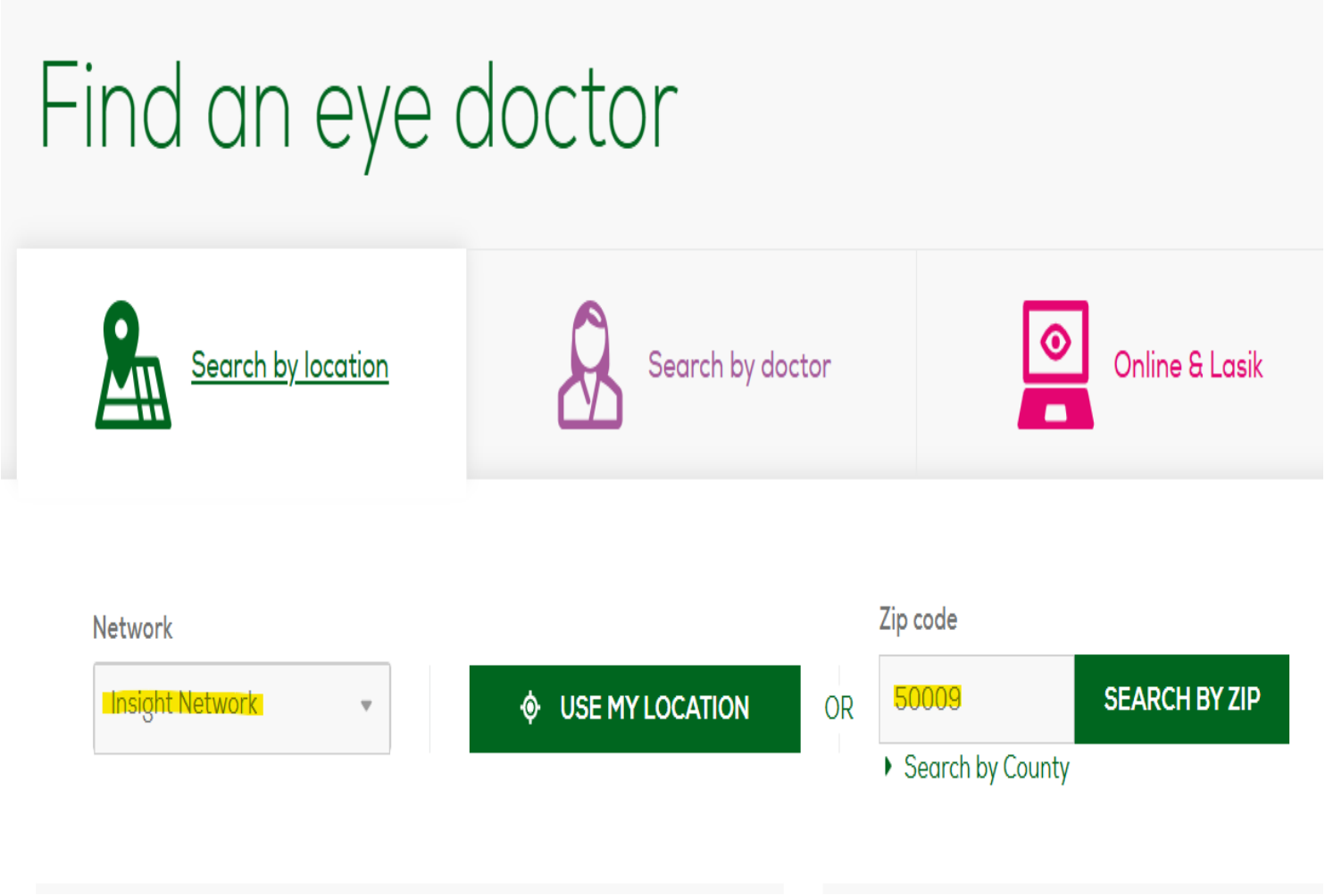
EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	FAMILY
$1.69	$3.20	$3.62	$4.79

PROVIDER LOOKUP

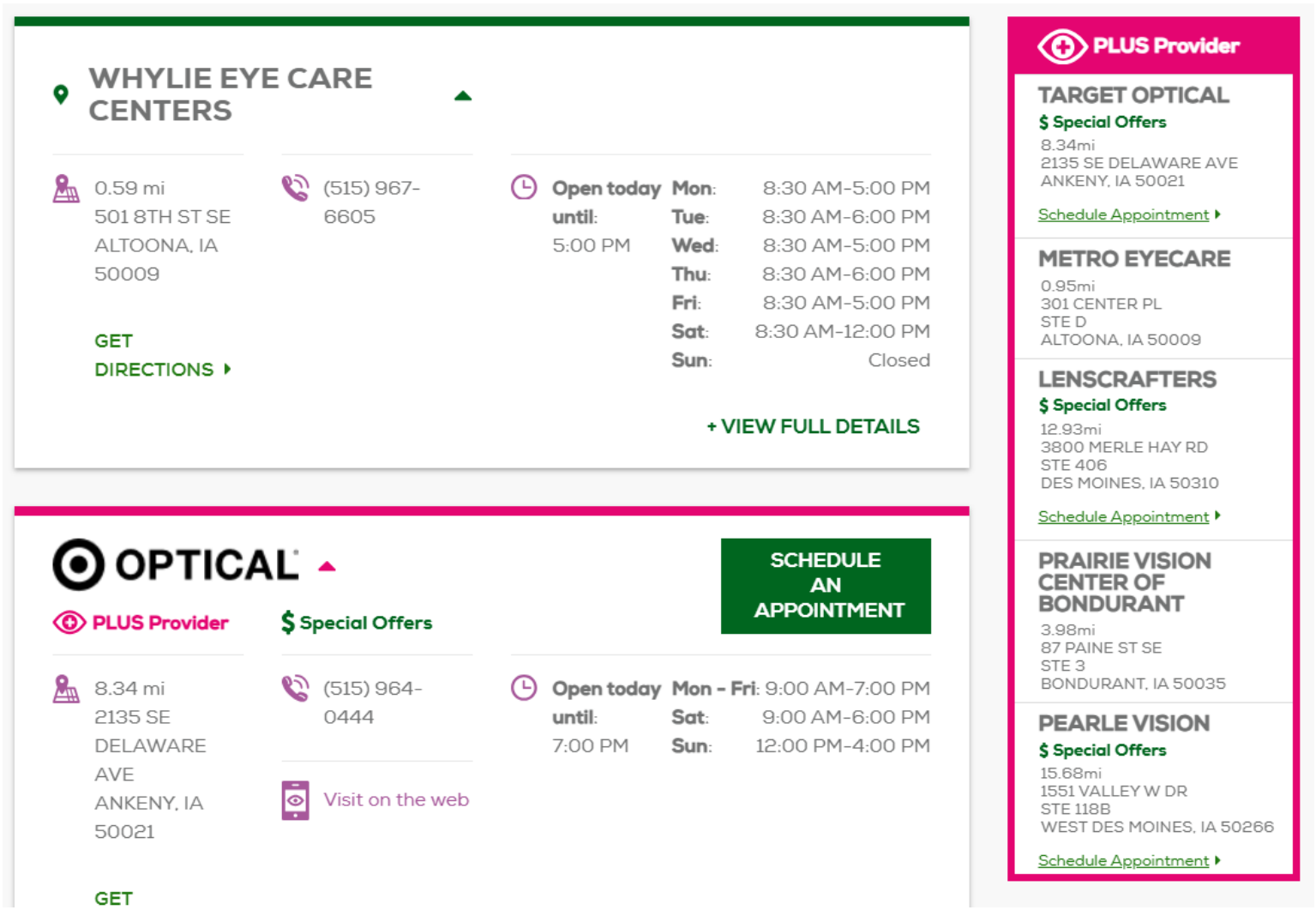
www.eyemed.com



PROVIDER LOOKUP



PROVIDER LOOKUP



LIFE / AD&D

Administered by Mutual of Omaha

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death. Accidental Death and Dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes death or dismemberment (i.e., the loss of a hand, foot or eye).



Designate Your Beneficiary(ies)

Designate your beneficiary(ies) and review them annually to ensure they are up to date.

BASIC LIFE / AD&D (COMPANY-PAID)

This benefit is provided at NO COST to you.

	Benefit
Employee	$50,000



DISABILITY

Administered by Mutual of Omaha

Short-term and long-term disability insurance provides you benefits to replace part of your lost income when you become unable to work due to a covered injury or illness.

BENEFITS*	SHORT-TERM Employee	LONG-TERM Employer Paid
Coverage amount	60% of weekly income	60% of monthly income
Accident benefits begin	Day 15	90-day elimination period or the date your STD ends (later of)
Illness benefits begin	Day 15	
Maximum payment period	11 weeks	Social Security Normal Retirement Age (SSNRA)
Maximum Benefit	$500 per week	$6,000 per month

Disabilities that occur during the first 3 months of coverage, due to a pre-existing condition during the 6 months prior to coverage, are excluded.

Designate Your Beneficiary(ies)

Designate your beneficiary(ies) and review them annually to ensure they are up to date.

Evidence of Insurability (EOI): If you are a late enrollee or requested coverage over the Guaranteed Issue amount, your coverage may require an additional approval from the insurance company. Please note you are considered a late enrollee if you did not elect coverage when initially offered.

ACCIDENT

Administered by ALLSTATE

- Benefits paid out based on injuries or treatments you have that are covered under the policy
- Can collect **multiple** times per year
- 24 hour a day coverage
- Some benefits might include:
  - Initial treatment
  - Coverage for dislocations and fractures as stated in policy
  - Hospital confinement benefit
  - Follow-up treatment
  - 30+ more

SEMI MONTHLY RATES	Plan 1	Plan 2
Employee	$9.00	$12.34
Employee & Spouse	$16.93	$23.61
Employee & Children	$18.42	$25.84
Family	$22.45	31.73

CANCER

Administered by Properity

	Cancer Plan
First Occurrence	$2,500 or $5,000
Chemo/Radiation/ Immunotherapy	Actual charges up to $2,500, $5,000 or $10,000 per month
Surgery/Anesthesia	Up to $1,000, $2,000 or $3,000 per surgery/30%
Wellness benefit	$50 or $75 per calendar year
Intensive Care Unit	$350/day

***You can purchase coverage for yourself or whole family under the cancer plan.**

Semi-Monthly Premiums

Coverage	Plan 1	Plan 2	Plan 3
Employee	$11.16	$14.33	$18.19
Employee & Children	$15.02	$19.32	$24.18
Employee & Spouse	$20.53	$27.42	$35.28
Family	$22.72	$30.37	$39.01

CANCER – Lump Sum

Administered by Bankers Fidelity

	Cancer Plan
Lump Sum	$5,000, $10,000, $15,000, $20,000 or $25,000
Invasive Melanoma Skin Cancer	May be covered
Basal or Squamous Cancer	Pays $1,000 on diagnosis
Waiting Period	30-day wait for benefits after effective date.

Monthly Rates Ages 18-69

Riders Included in plan – Carcinoma In Situ 100% (internal cancer only), Cancer Additional Occurrence, Second Opinion and Travel, and $1,000 Skin Cancer Benefit (Basal and Squamous)					
Plan Level	$5,000	$10,000	$15,000	$20,000	$25,000
Employee Only	$9.01	$15.76	$22.50	$29.25	35.99
Employee + Spouse	$16.94	$29.70	$42.45	$55.21	$67.96
Employee + Children	$9.41	$16.43	$23.43	$30.45	$37.47
Family	$17.44	$30.54	$43.64	$56.74	$69.84

CRITICAL ILLNESS

Administered by Allstate

	CRITICAL ILLNESS
Types of illnesses	Benefit amount paid upon diagnosis of that condition
Benefit	$10,000 to $20,000
Spouse and Child	Can choose family coverage
Wellness Benefit	$100 per person per year

You must be diagnosed after your effective date

PET INSURANCE

Administered by Pet Partners

	Cancer Plan
Annual Maximum	$5,000
Annual Deductible	$300
Diminishing Deductible	$50 per year the pet is claim-free
Reimbursment	80% of covered vet bill after deductible up to annual maximum
Wellness Rider	Optional
Minimum Issue Age	8 weeks/maximum issue age 10 years
Maximum Age	Can keep coverage on the pet after age 10. Must be enrolled before turning 10.

Animal	Without Wellness Benefit	With Wellness Benefit
Dog (Age 0-10)	$26.58 Semi Monthly	$36.07 Semi Monthly
Cat (Age 0-10	$13.45 Semi Monthly	$20.83 Semi Monthly

EMPLOYEE ASSISTANCE PROGRAM

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

To access go to…. WWW.PASEAP.COM

Use organization code: assistance

BENEFITS WEBSITE

www.cityconstructionbenefits.com Password: City

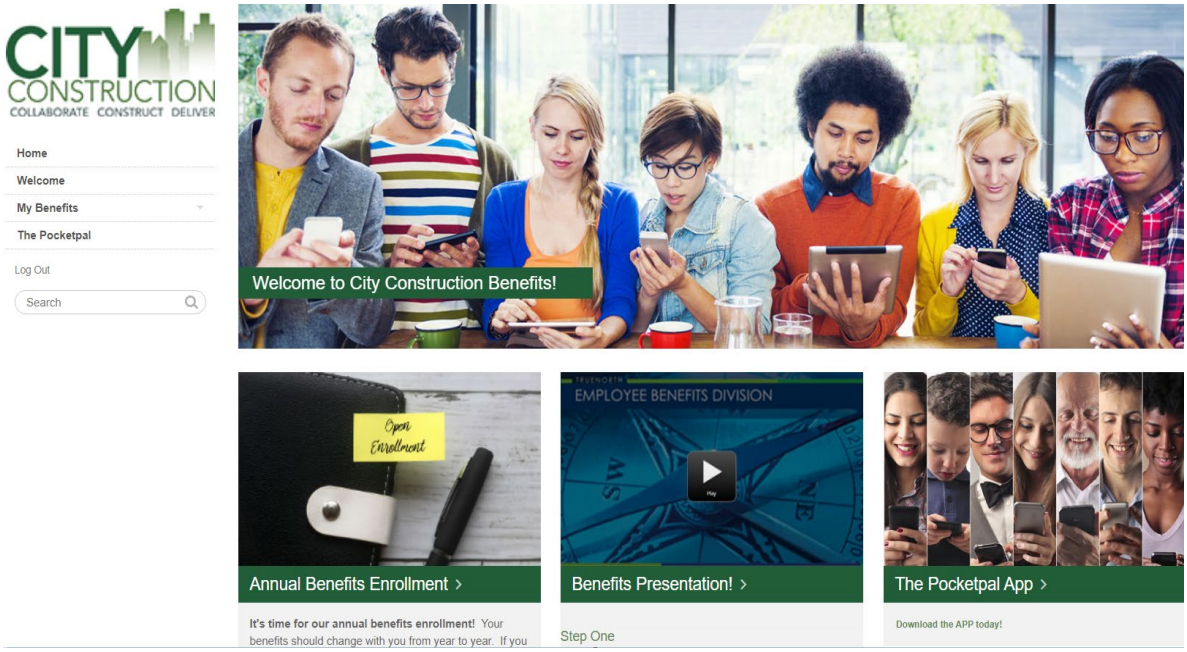
As an employee of City Construction, you now have 24/7 access to an Employee Benefit Portal.

By accessing your Benefits Portal, you will have access to:

- Benefit plan details, rates, and forms
- Links to provider resources
- HR required notices and employee documents
- Contact information when you need help

Find Answers to Questions Such As...

- "What benefits are offered by my employer?"
- "What is my deductible and copay?"
- "How to add a spouse or child to my plan?"
- "Where can I download an enrollment form?"



RESOURCES

Coverage	Carrier/Plan Sponsor	Phone & Website
Physical & Mental Health		
Medical & Prescription Drugs	Wellmark	800-524-9242 www.wellmark.com
Telemedicine	Doctor on Demand	800-997-6196 www.doctorondemand.com
Spending Accounts	WageWorks	877-924-3967 www.wageworks.com
Dental	Delta Dental	800-544-0718 www.deltadentalia.com
Vision	EyeMed	866-939-3633 www.eyemed.com
Life Insurance	Mutual of Omaha	800-775-8805 www.mutualofomaha.com
Disability Insurance		
Additional Protection		
Accident Insurance	Supplemental insurance Services	800-936-6813 563-652-6813 supins@supinsurance.com
Critical Illness Insurance		
Cancer		
Pet Insurance		



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
@truenorthccompanies.com

TRUE NORTH

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