

2026 BENEFIT GUIDE

January 2026 – December 2026

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

Benefits to fit your unique situation.



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

- Eligibility

PHYSICAL & MENTAL HEALTH

- ICHRA
- Partial Self Funding
- 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
- Important Notices Regarding Your Medical Plan

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 Youth & Shelter Services



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 and end?

- 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 January 1

GRAVIE ICHRA™

Introducing Gravie ICHRA

We've partnered with your employer to provide an exciting new benefit— the **Individual Coverage Health Reimbursement Arrangement (ICHRA).** With Gravie ICHRA, you can easily apply pre-tax funds toward the cost of an individual health plan.



How it works

Your employer will announce an annual enrollment window for ICHRA, just like they would with any other group insurance. **To use ICHRA, you must enroll in your Health Reimbursement Arrangement (HRA)** during those dates and complete all enrollment steps for your chosen health plan.

If you become eligible for ICHRA mid-year, you'll receive a notification about how to enroll in a plan. Generally, you have 60 days prior to and 60 days after becoming eligible to enroll in your HRA. We recommend taking action as soon as possible to determine the best plan start date for you.

Getting started

1. **Visit** Gravie.com/enroll to learn more about your ICHRA benefit and explore helpful resources about enrollment and health plan options.
2. **Create your Gravie account.** When you're ready, click the Enroll Now button on the page. You'll be prompted to create an account—it only takes a minute!
3. **View and compare plans** Create your Gravie account. When you're ready, click the Enroll Now button on the page. You'll be prompted to create an account—it only takes a minute!
4. **Checkout**
   a. If you choose an Easy Enroll plan, you can complete your HRA enrollment online after choosing your plan on member.gravie.com.
   b. If you choose a Self-Enroll plan, you must complete the checkout process and all enrollment steps with your selected insurance carrier. Then you must upload Proof of Coverage in the Gravie portal.

GRAVIE care

Gravie Care® advisors help you evaluate plan options, verify network coverage, locate providers, decipher EOBs and bills, and so much more.

You're just a phone call or secure message away from someone who's willing to go the extra mile to help make the most of your health plan year-round.

Questions?

Call:
800.501.2920

Secure message:
member.gravie.com/contact

Frequently Asked Questions

What is ICHRA?

ICHRA stands for Individual Coverage Health Reimbursement Arrangement. It is a group health benefit plan provided by your employer. Unlike a traditional group, you get the power to choose a plan from a marketplace. This lets you tailor your health benefits to your own personal needs.

Additionally, you pay for your health plan premium using pre-tax funds. Spending pre-tax dollars lets you save money in the long run by decreasing how much you would typically pay in income taxes each year.

Eligible ICHRA expenses with Gravie are:

- Premiums for qualified health plans purchased through the individual market
- Premiums for Medicare Part A, B, C, D, or Supplemental

What are Gravie ICHRA virtual funds accounts and how do I access mine?

A Gravie ICHRA virtual funds account is a virtual bank account that is created to house your ICHRA funds. This includes the pre-tax contribution your employer makes, as well as any remaining amount you are responsible for that is deducted from your paycheck.

To access your Gravie ICHRA virtual funds account, go to your Gravie member portal at member.gravie.com. If you're using ICHRA funds toward Medicare premiums, you'll need to submit an enrollment form that our Gravie Care team can provide you with.

How much money is available to me?

When you log in to your Gravie member portal, you'll see your monthly pre-tax contribution amount. This amount depends on how much your employer contributes to your plan.

When viewing plan options while shopping, premiums will be offset by that amount. If you enroll in a health plan directly with the insurance company, any premium remainder owed by you will be paid with pre-tax payroll deductions.

How does my premium get paid?

Depending on if you choose an Easy Enroll or Self-Enroll plan, you will have a different experience:

- **Easy Enroll:** Gravie will coordinate the payment of your medical premiums with your employer to your chosen health plan provider using your Gravie ICHRA virtual funds account, regardless of which individual health plan you've selected. This allows Gravie to monitor payments to your carrier in order to help eliminate payment issues with your plan.
- **Self-Enroll:** You will need to submit your first month's payment directly to your health plan carrier. Then, set up autopay through your carrier for ongoing monthly premium payments to ensure your plan remains active throughout the year.

I'm covered by a spouse or parent's group plan. Can I use ICHRA funds toward those premiums?

No, you cannot use ICHRA funds toward the cost of a spouse or parent's group plan. ICHRA funds can only be used to pay for individual health plans as part of Gravie's ICHRA benefit, as arranged by your employer.

Are my premium payments made automatically?

- **For Easy Enroll plan members:** Gravie facilitates your payments to the carrier via Gravie ICHRA virtual funds account. We'll audit to make sure that your coverage remains active and funds are being applied to your premium correctly. However, we are not notified directly in the event of a payment issue. Review your monthly invoices and call Gravie Care if you ever notice a past-due amount.
- **For Self-Enroll plan members:** In certain situations such as Medicare-eligible members or other situations where you pay the insurance carrier directly and are reimbursed for your ICHRA contribution, Gravie will attempt to verify the status of your coverage each month. Keep in mind that your Gravie ICHRA virtual account funds must be used toward premiums, so your coverage needs to remain active to keep using the benefit. In limited scenarios, if Gravie is unable to verify coverage on your behalf, we may ask that you complete a simple form each month.

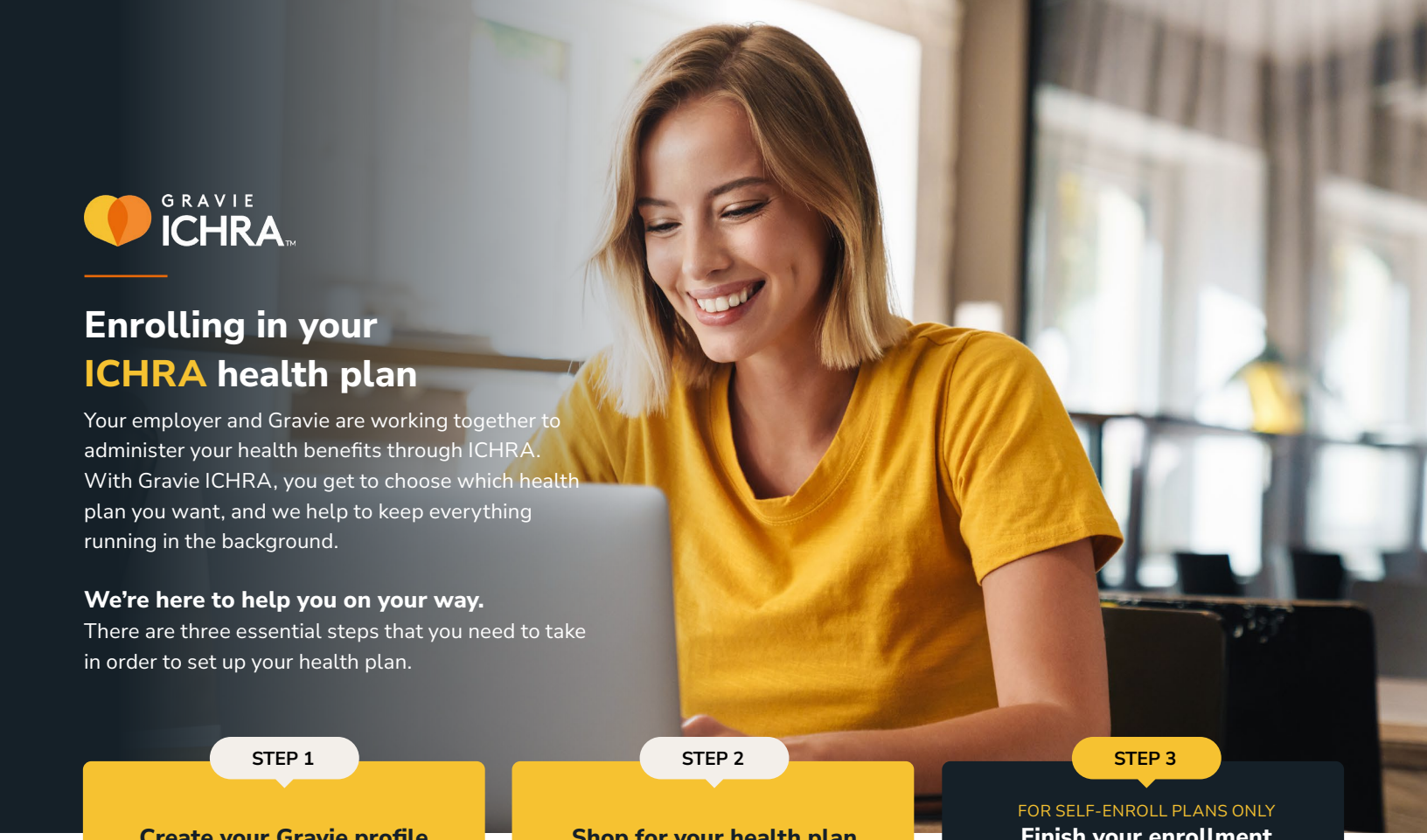
I'm currently receiving a government tax credit toward the cost of my health plan. Will this be impacted if I enroll in an ICHRA?

If your employer offers you an ICHRA that meets federal affordability standards, you and your household will not qualify for premium tax credits. But if your employer's contribution does not meet the affordability standards set by the Department of Labor and the IRS, you may still be able to apply for premium tax credits.

If you have experienced a qualifying life event and are currently enrolled in a marketplace plan, you can switch to a Gravie ICHRA plan. To do so, you must notify the Gravie Care team if you've had a qualifying life event in the last 60 days or expect to have one in the upcoming 60 days. This qualifying life event will trigger your ability to make changes to your individual plan and update your ICHRA allowance to match your current situation.

Have more questions?

Visit gravie.com/enroll and scroll to the bottom of the page for our full list of Frequently Asked Questions.



Enrolling in your ICHRA health plan

Your employer and Gravie are working together to administer your health benefits through ICHRA. With Gravie ICHRA, you get to choose which health plan you want, and we help to keep everything running in the background.

We're here to help you on your way.
There are three essential steps that you need to take in order to set up your health plan.

STEP 1
Create your Gravie profile

STEP 2
Shop for your health plan

STEP 3
FOR SELF-ENROLL PLANS ONLY
Finish your enrollment through your carrier

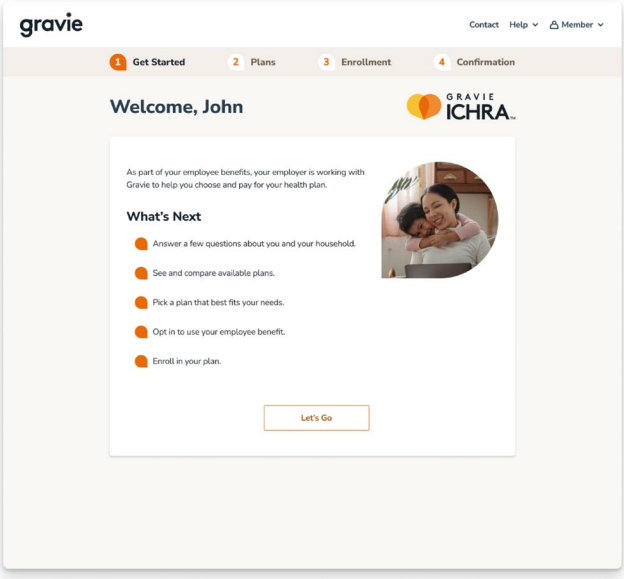
These steps are required in order to start and keep your coverage. This guide will walk you through the process with confidence and ease. If you need assistance, Gravie Care® is only a phone call or message away!

STEP 1

Create your Gravie account

Start by visiting gravie.com/enroll to learn more about your ICHRA benefit and explore helpful resources about enrollment and your health plan options.

When you're ready to get started, click the Enroll Now button on that page. You'll be prompted to create your Gravie account—it only takes a minute!



You'll need to have the following ready:

- Date of birth and Social Security number for yourself and all dependents who will be covered by your plan.
- Names of doctors, preferred clinics, and other providers you want covered by your plan.
- Names and dosage of prescription drugs you need covered.
- A list of any planned medical procedures for you or your covered family members in the upcoming plan year, including ongoing and future procedures.

Creating your account & profile

Follow the prompts to set up your account and complete your Gravie profile on the "Get Started" page using your personal and family information. This profile information will be used to complete your enrollment forms and applications.

GRAVIE ICHRA™

STEP 2

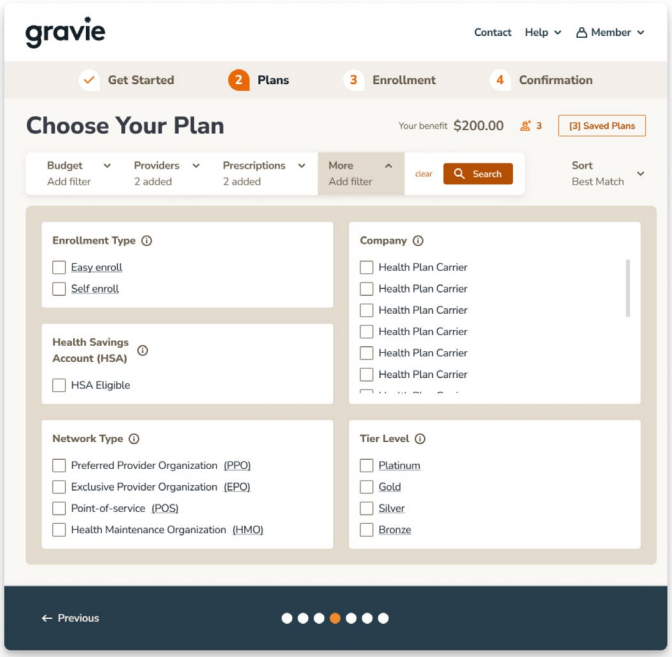
Shop for your health plan

View and compare plans to find the coverage that's best for you.

On the Choose Your Plan screen, you can see the plans available to you in your geographic area. Find all the information you'll need to help you make your selection: plan details, network coverage, premium amounts, Easy Enroll plan options, and more.

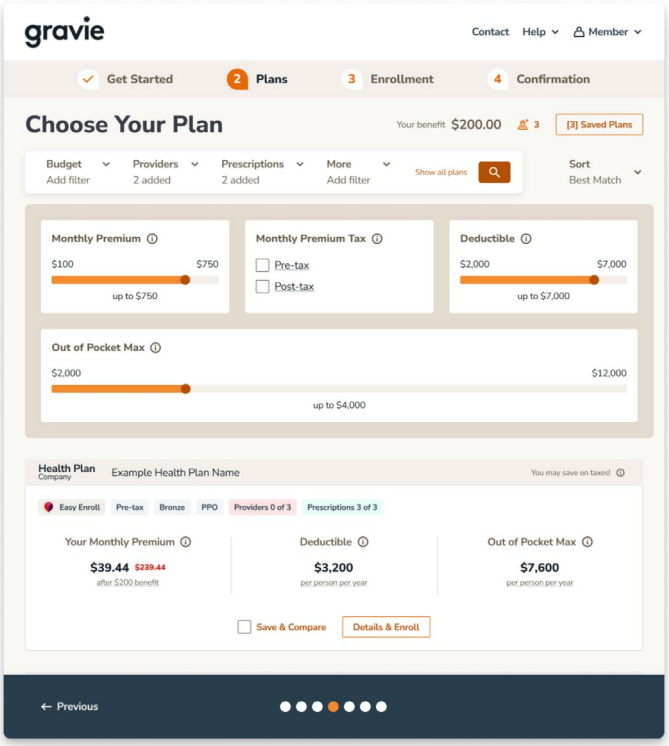
Have questions while shopping?

Call Gravie Care® at **800.501.2920**.



Pro Tip: Simplify your enrollment by filtering your search to view Easy Enroll plans. These plans don't require you to take any extra steps through the carrier directly. This will allow you to finish your enrollment through our website without needing to work separately through your carrier after checking out.

1. **Customize your search:** Filter the available plans by features such as deductible level, monthly cost, and out-of-pocket-maximum amounts to narrow down choices.
2. **Compare and save:** View side-by-side comparisons of plans that interest you. To bookmark them for later, click Save.
3. **Monthly Premium:** "Your Monthly Premium" will show the final amount you will be responsible for on a monthly basis after your employer funds are deducted.
4. **Plan Details:** View plan options and choose the coverage that's right for you.



Check out on the Gravie site and finalize your enrollment

Here, you will verify the following for the plan you've chosen:

- Monthly premium
- Prescription coverage
- If your preferred providers are in-network
- Deductibles and out-of-pocket maximums
- How common appointments will be covered

GRAVIE ICHRA™

Easy Enroll

If you have selected an Easy Enroll plan, then you're all set! We'll send you a confirmation email within 24 hours of checkout confirming your enrollment.

Self-Enroll

If you selected a Self-Enroll plan, you will need to follow the list of instructions shown at checkout to ensure you complete your enrollment through your chosen carrier.

- **Follow the exact instructions** to submit your application. This is required in order to complete enrollment in your selected health plan.
- **Upload a screenshot** of your enrollment confirmation to your Gravie member portal.

STEP 3

Finish your enrollment through your carrier

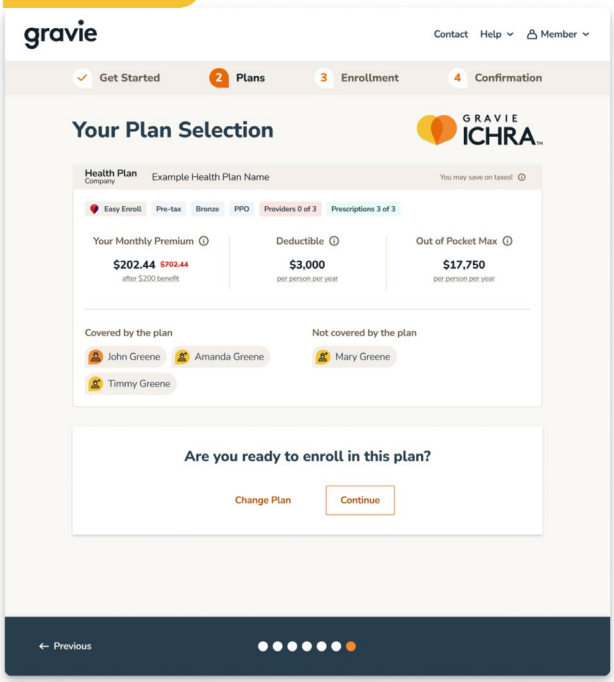
This step is only needed for members who select a Self-Enroll plan. Easy Enroll plan members are all set and don't need to take any other steps!

When you enrolled in ICHRA, Gravie created a virtual bank account, called your Gravie ICHRA virtual funds account, that will be used to make premium payments to your carrier. Each month, your account is funded by your employer. Then, premium payments to your carrier are sent from the account.

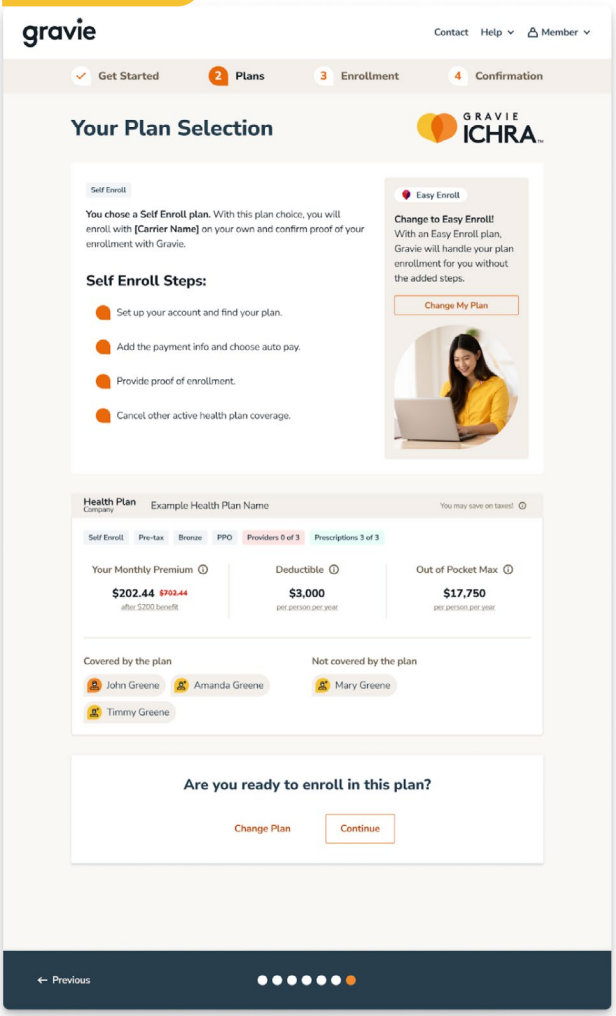
Depending on the carrier you've chosen, the email you'll receive from Gravie will prompt you to follow one of these two processes to set up autopay using your Gravie ICHRA virtual funds account:

- **Scenario 1:** Set up autopay as part of the application process. Enter your Gravie ICHRA virtual funds account details while completing your application directly with your insurance carrier.
- **Scenario 2:** Set up autopay with your carrier after you've submitted your application and before the deadline. First, you'll submit your health plan application directly with the carrier on their enrollment site. Then, you'll provide your Gravie ICHRA virtual funds account details to the carrier while your application is being processed. In this case, you'll need to pay attention to your carrier's specific payment deadline so that you set up autopay in time to activate your coverage.

EASY ENROLL



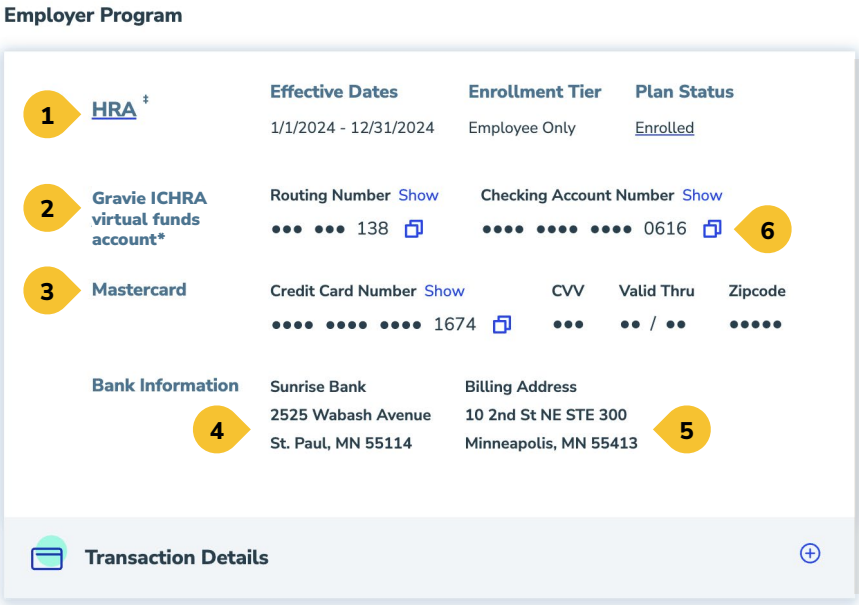
SELF-ENROLL



GRAVIE ICHRA™

Understanding your account details

You can find the detailed Gravie ICHRA virtual funds account account information you need, including your account numbers and bank details, on the My Plans section of your Gravie account (also on the Self-Enroll checklist). Below is a guide to the info shown in your Gravie ICHRA virtual funds account:



1. HRA enrollment details
2. Gravie ICHRA virtual funds checking account details
3. Gravie ICHRA virtual funds credit card details
4. Bank address for your Gravie ICHRA virtual funds account
5. Billing address for your Gravie ICHRA virtual funds account
6. Copy/Paste button to copy account numbers into carrier's site

* Gravie ICHRA virtual funds account information must only be used for payment of ICHRA premium to your carrier

‡ Group coverage administered by Gravie Administrative Services LLC

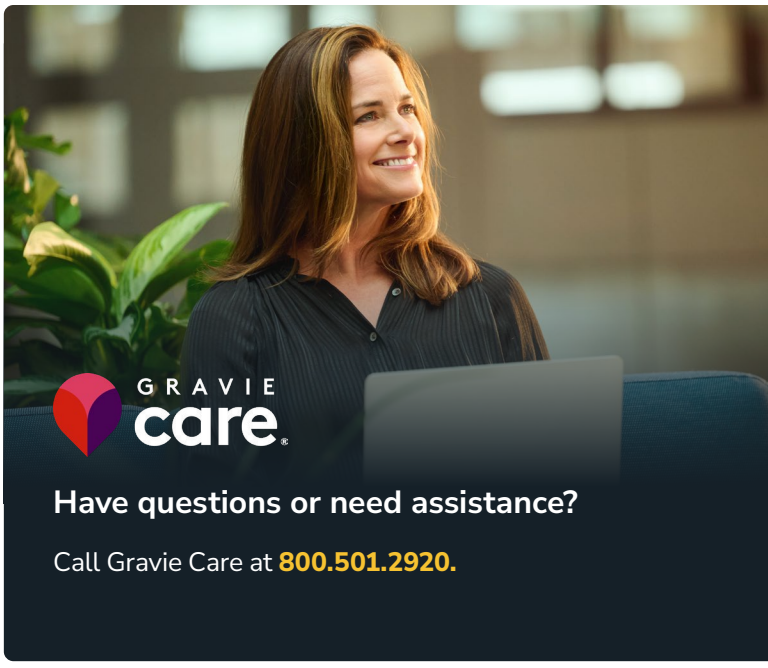
Complete steps 1-3 right away to ensure coverage is active when you need it.

When you complete checkout in your Gravie account, Gravie will load your Gravie ICHRA virtual funds account with funds from your employer. This process may take up to 7 business days. To ensure that your account is funded prior to your payment due date, we encourage you to complete your checkout process on Gravie's platform as soon as possible.

> **Important note:**
> Depending on your carrier's policy, you may need to submit your first month's premium payment using your Gravie ICHRA virtual funds account, and then set up autopay using the same account.

Once you've completed all the steps, you're all set!

You will receive your ID cards from your carrier. Review any communications from your carrier to ensure that everything is on track from month to month.

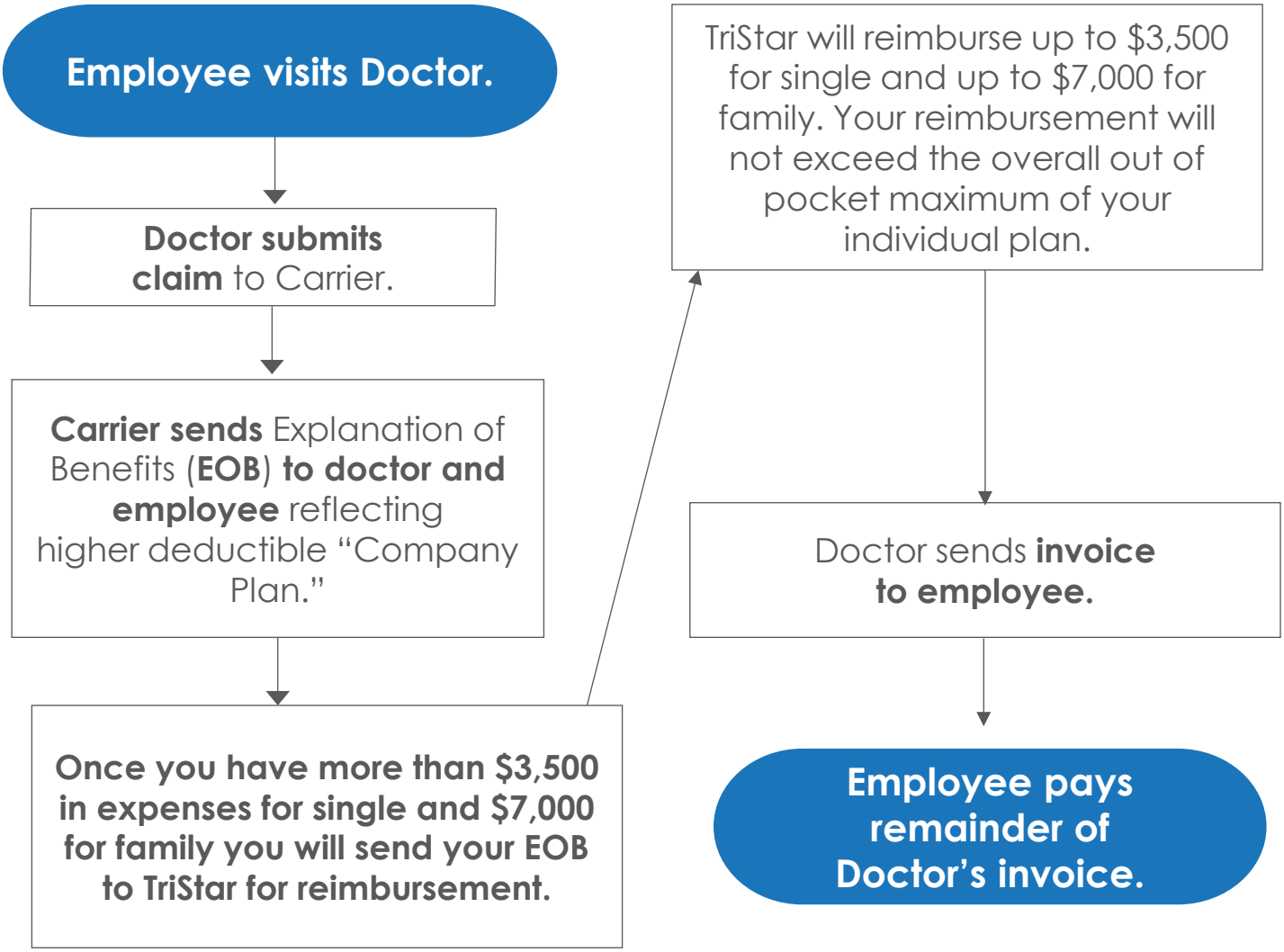


gravie
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Deductible Reimbursement Program

What does that mean?

- The Deductible Reimbursement Program is when your employer purchases a higher deductible/lower cost plan from the insurance carrier ("Company Plan") but offers you a lower deductible plan ("Employee Plan").
- This new plan is lower in cost to you than other plans available through the insurance carrier.
- To utilize the program, your employer has contracted with a Third-Party Administrator.



HEALTH SAVINGS ACCOUNT

Administered by HSA Bank

AN HSA CAN HELP YOU

Lower your taxes, cover some expenses your plan doesn't, and even help save for retirement.

HEALTH SAVINGS ACCOUNT (HSA)

To be eligible you must: ***Note:** If your eligible dependent 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
Maximum contributions	Single: $4,400 Family: $8,750 Catch-up: $1,000 (those 55+)
Pre-tax contributions?	Yes
Eligible Expenses Beyond your plan coverage	More common examples: • Medical • Dental • Vision • Prescription Less common examples: • Special education • Seeing eye dog • Braille literature • Hair loss pieces Download a full list from the IRS - Publication 502.
Availability of funds	Funds must accumulate before using
Use it or lose it?	No, unused funds roll over from year to year
Can take it with you if you leave the company?	Yes

FLEXIBLE SPENDING ACCOUNTS

Administered by Isolved

AN FSA CAN HELP YOU

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

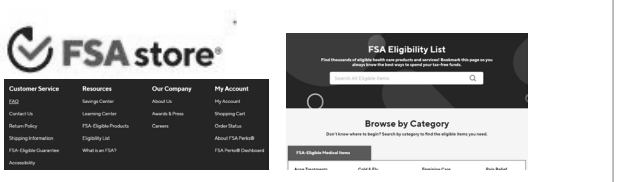
HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)

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		
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 of Iowa

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.

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

SERVICES	PPO DENTIST
Preventive Services	100% covered
Deductible	$15 Single / $45 Family
Annual Maximum	$1,000 per person per year
Basic Services	You pay 10% coinsurance (after deductible), plan pays 90%
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 $1,000

	Bi-Weekly Per Pay Rates
Employee	$16.18
Employee + Spouse	$32.32
Employee + Child(ren)	$41.29
Employee + Family	$67.72

Refer to the plan certificate to determine if a procedure is considered Basic or Major

VISION

Administered by VSP

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.vsp.com to search for providers.

SERVICES	IN-NETWORK
Exam 1 every 12 months	$10
Eyeglasses	
Frames 1 every 24 months	$130 allowance and 20% discount off the balance
Lenses 1 every 12 months	Single Lined-$25 Bifocal Lined-$25 Trifocal-$25 Lenticular-$25
Contacts	**Please note:** Contact lenses are in place of lenses and frame.
Elective Contacts 1 every 12 months	$130 allowance applies to the cost of contacts, exam, fitting and evaluation with 15% off any balance over the allowance.
Medically Necessary 1 every 12 months	100% Covered

	Bi-Weekly Per Pay Rates
Employee	$4.53
Employee + Spouse	$7.24
Employee + Child(ren)	$7.39
Employee + Family	$11.91

LIFE / AD&D

Administered by Reliance Standard

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	1.5 times your annual earnings, rounded to the next higher $1,000, subject to a maximum of $2000,000
Age Reduction	65% at age 70 50% at age 75



DISABILITY

Administered by Reliance Standard

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.

EMPLOYER PAID LONG-TERM BENEFITS	Class 1 Executives and Managers	Class 2 All Other Eligible Employees
Coverage amount	60% of monthly income	
Benefits begin	After 90 consecutive days of disability	
Benefits Payable	Benefits will not extend beyond the longer of: Social Security Normal Retirement Age or Duration of benefits listed in the Benefit Summary.	
Maximum Payment	$8,000 Monthly	$6,000 Monthly

**Age reductions may apply. Refer to the benefit plan document.*

Designate Your Beneficiary(ies)

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



ADDITIONAL PROTECTION

Accident

Stay ahead of the medical and out-of-pocket expenses that add up so quickly after an accident. When you have a covered accident, you can receive cash benefits to use however you see fit. Coverage typically includes ambulance services, emergency room visits, intensive care unit confinement, etc.

Critical Illness

Typically pays a lump-sum benefit directly to you at the time a covered illness (such as a stroke, heart attack or stroke) occurs or is diagnosed. When you are sick, the last thing you want to think about is your finances. You can typically use the money for everyday expenses like mortgage payments, utility bills or childcare.

Hospital Indemnity

Similar to Accident and Critical Illness Plans, Hospital Indemnity provides a lump-sum benefit to use for expenses related to a hospital stay. Expenses covered include: hospital admission, hospital confinement, lodging, transportation and more.

RESOURCES

Coverage	Carrier/Plan Sponsor	Phone & Website
844-Physical & Mental Health		
ICHRA	Gravie	844-540-8702 www.member.gravie.com
HSA	HSA Bank	800-357-6246 www.hsabank.com
FSA	iSolved	800-300-3838 www.isolvedbenefits.com
Dental	Delta Dental of Iowa	800-544-0718 www.deltadentalia.com
Vision	VSP	800-877-7195 www.vsp.com
Life Insurance	Reliance Standard	800-351-7500 www.reliancestandard.com
Disability Insurance	Reliance Standard	800-351-7500 www.reliancestandard.com
Additional Protection		
Accident Insurance	Reliance Standard	800-351-7500 www.reliancestandard.com
Critical Illness Insurance	Reliance Standard	800-351-7500 www.reliancestandard.com
Hospital Indemnity Insurance	Reliance Standard	800-351-7500 www.reliancestandard.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



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

yss

TRUENORTH



REQUIRED ANNUAL NOTICES

IMPORTANT NOTICES FROM YSS

REGARDING THE GROUP HEALTH PLAN

In compliance with insurance regulations, we provide information regarding the health benefits we offer and what options you have as an employee.

DOWNLOAD YOUR COPY AT www.myyssbenefits.com

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