



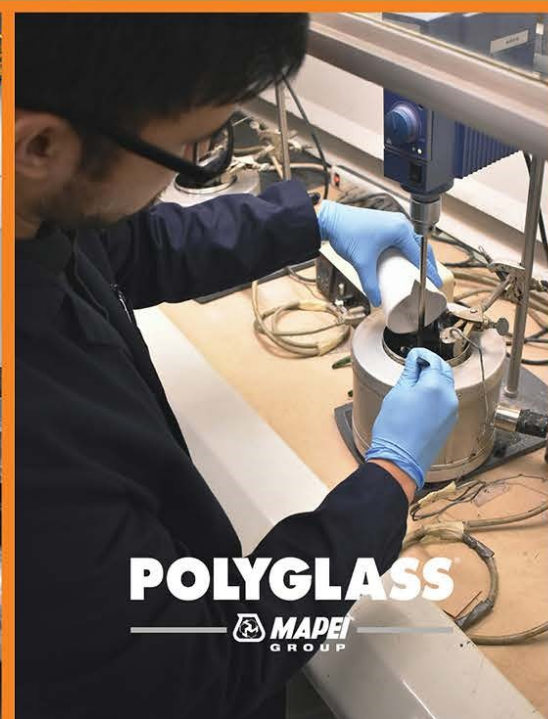
2025

BENEFITS RESOURCES

GUIDE

SUPERIOR BENEFITS

FOR YOU



Benefit Resources

Your Polyglass benefits offer many resources to use for your health, wellbeing, and more. Most are available to you at no additional charge. Review this section now to become familiar with all these resources so you can use them when needed. More details are available in the benefit materials from the carriers. Refer to the Employee Benefits at Polyglass App or the ADP home page for additional summaries.

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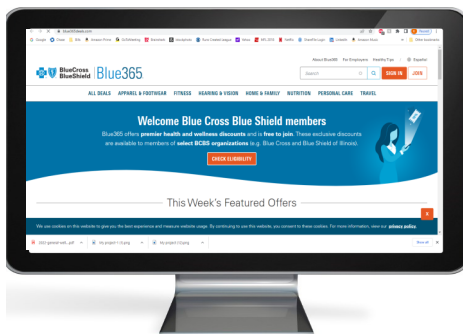
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- Well-Being Coaching
- Financial Connect
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Florida Blue Resources for Help with Healthcare Benefits

FloridaBlue.com

To help get the most out of your Florida Blue medical plan, log in to the Florida Blue website at floridablue.com at any time. Click on **Manage my plan** and follow the prompts. You can also download the mobile app. Find information on your medical plan, access tools to compare quality and cost of healthcare, from office visits to inpatient and outpatient surgery. If you need help, call **800-664-5295**.



Florida Blue 365[®]

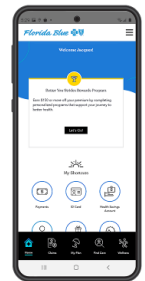
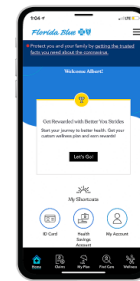
Through Florida Blue 365, you have access to a wide range of savings from top health and wellness brands around the country plus savings from local companies.

Be sure to register at blue365deals.com to receive deals automatically and begin saving. Check back regularly as new discounts and services are added frequently.

Florida Blue App

Stay connected to your medical plan while on the go! In addition to seeing your account information, you can:

- Find the nearest urgent care centers
- See your virtual ID card
- Check your benefits and view your claims and deductible amounts
- Connect to wellness resources
- Connect with Florida Blue resources and contacts



Apple Store

Google Play

Health Information Online

The more you know, the better you can take charge of your health and wellbeing. Florida Blue offers many tools that positively impact your health. To know them is a great starting point for helping you be aware of how your health plan works, saves you money, and helps you be and stay healthy. Go online to floridablue.com to:

- Review your plan benefits
- Find a BCBSFL Network Provider
- Check doctor ratings/see patient reviews
- Get up-to-date information on your out-of-pocket expenses
- Check claims
- Request an ID card
- View health videos and read blogs
- Research your symptoms and conditions with easy-to-understand health content and supplemental videos and articles
- Use your member health statement to track your healthcare expenses
- Find valuable coupons and offers to help you save on health-related items

24-Hour Care Team for Health Answers

Call the Nurse Line at **877-789-2583** for answers to your questions about health, medical treatments, prescription drugs, medication side effects, help with sick children, and to learn more about conditions such as diabetes, asthma, or high blood pressure. Your dedicated team will work with your doctor to manage your care.



Dedicated nurses and other clinical professionals focus on helping you reach your health goals.



Access to community resources that help with transportation, food, finances, and more.



Health support at your fingertips through the secure and convenient BlueForMe app for your smartphone.

Know Where to Go for Healthcare

The emergency room (ER) is the most expensive for care, often with long wait times. In a true emergency always call 911 or go to the ER. If it's not a true emergency, but you need care fast, consider an urgent care center instead or connect with a Revive Health (formerly SwiftMD) telemedicine doctor. You can also call the 24/7 Health Information Line (nurse line) number on your ID card for guidance. The table below offers general guidelines for immediate care.

	Deciding where to go	Your cost (copay)	Who usually provides care	Sprains, strains	Animal bites	X-rays	Stitches	Mild asthma	Minor headaches	Back pain	Nausea, vomiting, diarrhea	Minor allergic reactions	Coughs, sore throats	Bumps, cuts, scrapes	Rashes, minor burns	Minor fevers, colds	Ear or sinus pain	Burning when urinating	Eye pain, swelling	Vaccinations	
<div style="writing-mode: vertical-rl; transform: rotate(180deg);">Lowest</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Highest</div>	Revive Health 833-794-3863 Passcode: Polyglass19	\$0	Internal medicine, family practice, pediatric, and ER doctors		•				•		•	•	•	•	•	•	•	•	•	•	
	Doctor's Office	Network Doctor: Plan 3769: \$35 Plan 3748: \$25	Family practice doctor (primary care physician)					•	•	•	•	•	•	•	•	•	•	•	•	•	•
	Urgent Care	Network Facility: Plan 3769: \$70 Plan 3748: \$50	Physician assistant or nurse practitioner									•	•	•	•	•	•	•	•	•	•
	Emergency Room	Network Facility: Plan 3769: \$350 Plan 3748: \$300	Board-certified doctor	•	•			•	•	•	•	•	•	•	•	•	•	•	•	•	•

Each option offers a different level of service, so call and discuss your health issue before you go. Be sure to know the cost up front and if they are members of the Blue Options network.

- **Revive Health** (formerly SwiftMD): Online telemedicine doctors and pediatricians who can answer health questions, diagnose non-emergency conditions, and prescribe medications (see page 20).
- **Doctor's office:** Your doctor or an in-network doctor.
- **Urgent care center:** For treating conditions that should be looked at right away but aren't as serious as emergencies. These centers often perform x-rays, lab tests, and stitches.
- **Emergency room:** Can be part of a hospital or a stand-alone facility.
- **Other options:** Walk-in or Minute clinics where an appointment is not necessary. Ask about the cost before visiting or treatment.

Benefit Terms to Know

Balance Billing: A charge billed by an out-of-network provider that is above the reasonable and customary cost of a particular healthcare service.

Coinsurance: Your share of the cost of a covered healthcare service, calculated as a percentage. For example, you pay 20% and the plan pays 80%, generally after meeting a deductible.

Copayment (Copay): A fixed amount charged for some healthcare services, after which the plan pays the remaining costs.

Deductible: The out-of-pocket amount you pay for covered services after which the plan pays or you and the plan share costs with coinsurance.

Employee Contribution Rate (Premium): The amount deducted from paychecks after enrolling in an insurance plan.

Flexible Spending Accounts (FSA): Used to set aside pre-tax earnings up to an annual limit to pay for certain qualified expenses during a specific time period (usually a calendar year). There are two types of FSAs: the Healthcare FSA and the Dependent Care FSA.

In-Network Providers: Service providers who have contracted with an insurance company to provide services at discounted rates.

Inpatient Services: Provided to an individual during an overnight hospital stay.

Out-of-Network Providers: Service providers who are not members of an insurance company's network, meaning they do not charge the discounted prices available through network members.

Out-of-Pocket Maximum: A financial safety net that applies when eligible health plan expenses during the plan year reach a specific dollar amount. Once the maximum is met, the plan pays any remaining eligible expenses for the rest of the year at 100%, unless otherwise noted. Does not include contribution rates, charges above a defined Reasonable and Customary amount, or healthcare services the plan doesn't cover. There are separate maximums for in-network and out-of-network expenses.

Outpatient Services: Provided to individuals at a medical facility without an overnight hospital stay.

Primary Care Physician (PCP): A doctor who you would regularly see for your ongoing healthcare (e.g., a family doctor).

Reasonable and Customary: Refers to the normal, acceptable, or average amount charged for a healthcare service, treatment, or supplies for an appropriate level of care in the geographical location where the treatment, services, or supplies are provided.

Specialist Physician: A doctor specializing in a particular branch of medicine (e.g., surgeon).

Prescription Drugs

Brand-Name Drugs: A patented drug sold by a manufacturer and known by its trademark name. A manufacturer of a brand-name drug can make that drug without any competition. An example of a brand name drug is "Advil."

Formulary (Drug List): Lists brand-name and generic prescription drugs covered by the plan, showing its pricing tier for how much it costs. A copy of the formulary is available on the Express Scripts website at [express-scripts.com](https://www.express-scripts.com).

Generic Drugs: Generic drugs have the same intended use, dosage, effects, risks, safety, and strength as their brand-name counterparts.

Mail-Order Pharmacy (Home-Delivery Pharmacy): Pharmacies that fill ongoing medications in 90-day supplies generally at a discount compared to filling the same prescription in three 30-day fillings at an in-network retail pharmacy.

Prior Authorization: Indicates that approval from the insurance company is needed before your doctor can prescribe certain medications.

Specialty Drugs: Are high-cost prescription medications used to treat complex, chronic conditions such as cancer, rheumatoid arthritis, and multiple sclerosis.

Step Therapy: Requires you to try one or more similar, lower-cost drugs to treat your condition before the plan will pay for the prescribed drug.

Resources for Wellness and Preventive Care



Wellness Program Tailored for You

Live healthier with help from Better You Strides, an online health and wellness program personalized to your needs available to all medical plan participants age 18 or older. Get tips and an action plan that will help you eat better, move more and feel happier. As you get healthier, you can earn rewards. Find the Better You Strides program (through Onlife) under Health and Wellness when you log in to your member account at floridablue.com.

Regular Wellness Exams for a Healthy Life

Get your annual wellness exam to review your overall health and keep follow-up visits with your doctor.

- Find out if you are at risk for chronic health conditions such as diabetes, high cholesterol and high blood pressure.
- Get vaccines, preventive screenings, and labs.
- Human Papillomavirus (HPV) vaccine 3 dose series is recommended for men and women ages 19 through 26 years if not previously vaccinated prior to age 13.
- Talk with your doctor about the medications and over-the-counter/vitamins you are taking to reduce side effects and interactions.
- Get a Flu Vaccine every year to prevent illness and related hospitalizations.
- Get a COVID-19 vaccine to prevent severe illness and related hospitalizations. Immunocompromised people should consult their physician on the need for an additional mRNA vaccine dose.

See the next pages for a list of preventive care services covered under the medical plans.





We Care. You Care. Preventive Care

One thing everyone wants is good health. Polyglass health plans focus on helping you maintain your wellbeing through preventive care benefits. But, when you need more extensive medical care, the plans also have your back with comprehensive coverage.

Our health plans cover preventive care for no additional cost when using in-network healthcare providers.

Preventive Care Checkups

Medical	Both plans cover preventive care at 100% from in-network providers—that’s a regular, once-a-year wellness exam with health screenings, appropriate immunizations, and the unique preventive care services for men, women, and children. Be sure to specify at the doctor’s office that your visit is for wellness or preventive care, so the visit is coded correctly for the plan to cover the cost in full.
Dental	Plan covers full cost of exams, cleanings, and bitewing x-rays 2 times a calendar year.
Vision	Covers 100% of a regular annual vision exam after a \$10 copay or \$0 with a PLUS network provider.

Medical Care Wellness Schedule for Adults ages 19+ Covered

Be sure to review your plan benefits to determine any costs for these services.

Routine Health Guide

Annual Wellness and Routine Check-up	Annually: Discuss related screening with your doctor.
Obesity Screening: Diet/Physical Activity/BMI Counseling	Annually.

Recommended Diagnostic Checkups and Screenings for At-Risk Patients

Cholesterol Screening	<ul style="list-style-type: none"> Men: annually starting at age 35 (for at-risk men, annually starting at age 20) Women: annually starting at age 45 (for at-risk women, annually starting at age 20)
Colorectal Cancer Screening and Counseling	Age 45-75: Colonoscopy or fecal occult blood test or sigmoidoscopy. See page 39 for coverage of colorectal testing with Cologuard®.
Mammogram	Women: should have a baseline mammogram at ages 35-40. Thereafter, every two years ages 40-50; every year ages 50+.
Pap Test/Pelvic Exam	<p>Women age 21-29: Should have a Pap Test every 3 years.</p> <p>Women age 30-65: Should have a Pap Test alone every 3 years or combined with HPV testing every 5 years.</p> <p>Women ages 65+: Should discuss with their doctor.</p>
Lung Cancer Screening and Counseling	Ages 50-80: 20-pack smoker history, current smoker/quit within past 15 years
Prostate Cancer Screening	Discuss with your doctor
Skin Cancer Screening	Discuss with your doctor

Immunizations (Routine Recommendations)

Tetanus, Diphtheria, Pertussis (Td/Tdap)	Ages 19+: Tdap vaccine once, then a Td booster every 10 years
Flu (Influenza)	Annually during flu season
Pneumococcal PCV13 and PPSV23	Ages 19-64: if risk factors are present; Ages 65+: 1-2 doses (per CDC); Ages 50+:1 dose (Florida Blue Benefits)
Shingles (Zoster)	Ages 50+: 2 doses Shingrix
Haemophilus Influenzae Type b (HIB) Hepatitis A, Hepatitis B, Meningococcal	Ages 19+: if risk factors are present
Human Papillomavirus (HPV), Measles/ Mumps/Rubella (MMR), Varicella (Chickenpox) & Hepatitis C (HCV) Infection Screening	Physician recommendation based on past immunization or medical history
COVID-19	Recommended for adults ages 19 and older within the scope of the authorization/approval for the particular vaccine



Cologuard® Screening

Your medical plan covers Cologuard® screening as an in-home alternative to a colonoscopy. You are eligible if you are enrolled in a Polyglass medical plan and at least age 45.

What It Is

Cologuard is non-invasive without any preparation needed. It is fully covered as part of your preventive care benefits. If you have questions, talk to your doctor or call Florida Blue using the number on the back of your ID card.

How It Works

Meet with your doctor to discuss and obtain a prescription to send to Cologuard. Go to cologuardtest.com for details.

Collect Your Wellness Benefit

If you enroll in Prudential's Critical Illness, Accident Insurance, or Hospital Indemnity Insurance, you can receive a cash reward for completing an annual wellness exam with your doctor. It's to encourage you to get your annual health screenings and more (see the covered tests listed in the above tables).

The wellness benefit varies by plan:

- Critical Illness Insurance, \$50
- Accident Insurance, \$75
- Hospital Indemnity Insurance, \$50

To claim your reward without documentation, go to prudential.com/mybenefits or call

844-455-1002, Monday—Friday, 8 am to 8 pm, ET, to speak with a Prudential representative.

You will receive a collection kit delivered to your home. Follow the directions and return the sample to the lab in the prepaid, preaddressed box. Your doctor receives the results in about two weeks to discuss with you.

Wellness Schedule for Children & Adolescents (Birth – 18 years of age)

Routine Health Guide

Wellness Exam and Autism/Development Behavioral Assessment	Newborn up to age 3: Frequent Wellness Check-ups; age 3-18: Annual Wellness Check-up
Body Mass Index (BMI): Height and Weight	Every visit, BMI beginning at age 2
Blood Pressure	Annually, beginning at age 3
Hearing/Dental/Vision Screenings (These services may not be covered by your medical benefits plan. Check your plan documents.)	Hearing: Newborn then annually beginning at Age 4; Dental: Regularly, beginning at age 1; Vision: Annually, beginning at age 3

Sources: For more information on preventive care coverage, go to

<https://www.healthcare.gov/preventive-care-adults/>, or <https://www.healthcare.gov/preventive-care-children/>, or call Florida Blue at the number on your ID card.

Childhood Vaccinations

Getting the recommended sequence of vaccinations is always a good idea to protect your child from illnesses from birth to 18 years of age.

Most of these vaccinations require additional doses or boosters over time. As children grow up to become teenagers, they may come in contact with different diseases.

See the list of vaccines that can help protect your preteen or teen from these other illnesses and infections at www.ahrq.gov, and www.cdc.gov.



Resources for Specific Healthcare Issues

Care Consultant

Call **888-476-2227** when planning a medical procedure or dealing with ongoing health issues. Florida Blue Care Consultants can help:

- Explain what's covered by your plan
- Find doctors that participate in your plan
- Estimate out-of-pocket costs and explain ways to help you save money
- Find alternative places to go for treatment
- Refer you to Florida Blue specialized care teams for conditions such as asthma, diabetes, and chronic obstructive pulmonary disease (COPD)
- Refer moms-to-be to the Florida Blue prenatal program

If You Are Contacted by a Care Consultant

A Florida Blue Care Consultant may contact you to learn what's important to you, such as caring for a chronic health condition, making healthy choices, or filling prescriptions. If you participate, you may be eligible for incentives. Every discussion is confidential and private.

You may also call and talk with a Care Consultant at **888-476-2227** or set up an appointment during day or evening hours.

New Directions Behavioral Health Services

Your medical plan offers access to New Directions Behavioral Health, featuring managed mental health services, substance-use treatment, and more. Through this service you can connect with the customer service line, website, or programs to help you:

- Find the right doctors and treatment facilities for your unique needs
- Confirm provider participation in your health plan's network
- Receive information about people and groups in your community for help
- Assist you, your doctors, and your insurance company work together toward your goals
- Keep you updated on the latest on treating depression, anxiety, substance use disorder, autism spectrum disorder, and bipolar disorder
- Obtain coaching and support services through the Care Management program

New Directions 24/7

866-287-9569

ndbh.com





Healthy Addition

Healthy Addition is a prenatal education and early intervention program designed to provide expecting moms with information for a healthy pregnancy and delivery. Contact Healthy Addition at **800-955-7635**, Option 6, for more information.

Support for Serious and Chronic Health Conditions

The Chronic Health Conditions program helps stay aware of trends and treatments for managing your health. The program offers:

Florida Blue Care Team
844-730-2583

- Nurses and other care professionals from our Care Team to work hand-in-hand with you and your doctors to keep you on the path to achieve your health goals. Between consultations with your doctor, your nurse care manager will track your progress and stay in touch with you by phone and email.
- Digital connections to your nurse care manager through a secure mobile app called BlueForMe (through Wellframe). This allows you to interact through secure messaging and to engage daily so you stay on track with a health program designed just for you.

Receive educational support and referrals to clinical and social services to support you through medical conditions and complex needs, such as:

- Diabetes
- Cancer treatment
- High-risk pregnancy
- Neonatal intensive care
- Asthma
- Chronic obstructive pulmonary disease
- Coronary artery disease
- Heart failure
- Organ transplant

Advanced Illness Care and Planning

If you are dealing with an advanced illness, a trained clinical specialist can help you lay out your advanced directives to ensure your care aligns with your wishes. You'll also get hospice and palliative care services, if needed.



Resources for Managing Medications

Managing Home-Delivery Prescriptions

On either the Express Scripts mobile app or on the member website, you can manage your home-delivery prescriptions:

- Check order status
- Refill and renew prescriptions
- Check prices and coverage
- Find network pharmacies
- View your Rx claims
- View therapeutic resource centers for information
- And much more

Access the Member Website

Log in to [express-scripts.com](https://www.express-scripts.com) and register, if it is your first visit. Be ready to use your member ID or Social Security number.

RxBenefits

800-334-8134

7am to 8pm CT

Email: CustomerCare@rxbenefits.com



Filling a New Prescription

First ask your doctor to send a 90-day e-prescription directly to Express Scripts. Or print the form located under “Forms & Cards” from the “Benefits” menu on [express-scripts.com](https://www.express-scripts.com). Print a mail-order form and follow the mailing instructions. Or, call Express Scripts and ask them to contact your doctor for you. Please allow 10-14 days for your first prescription to be shipped.

You can refill and renew prescriptions for yourself and covered dependents online or by using the app. Click “Add to Cart.” Express Scripts will contact your doctor.

If You Already Have a Prescription

You can check the status of an order or track shipments on the Express Scripts website or app.

Transferring Retail Prescriptions to Home-Delivery

For eligible prescriptions, go to the Express Scripts website or use the app and click “Add to Cart” and check out. Express-Scripts will contact your doctor for you and take care of the rest.

Pricing Your Medications

Go to [express-scripts.com](https://www.express-scripts.com) and use your user name and password or register using your ID or Social Security number. Select “Price a Medication” from the menu under Prescriptions. On the next screens, enter the name of the drug you want to price, the strength, and the dosage. (For example: Accupril®, 5 mg, taken once per day.)

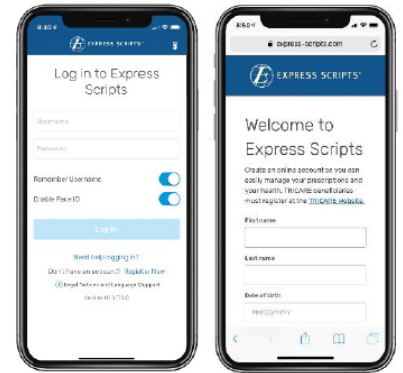
Based on this information, the system will generate pricing information for home delivery and retail, and the brand-name and generic drug, if available. It also indicates whether this drug is covered in your plan. You can use this to compare the costs and then “Add” a drug to the list to track your out-of-pocket expenses, depending on your plan.

Registering with Express Scripts



Go to express-scripts.com and select “Register,” or download the Express Scripts mobile app for free from your mobile device’s app store and select “Register.”

- Complete the information requested, including personal information and member ID number or Social Security number (SSN). Create your username and password along with security information in case you ever forget your password.
- Click “Register now” and you’re registered.
- To set preferences, select “Communication Preferences” from the menu under “Account,” then scroll to “Communication and Viewing Preferences.” Click “Edit Preferences.” Preferences can only be selected on the website.



Members who have touch or facial ID authentication on their mobile devices can enable it to log in to their Express Scripts account on the mobile app, if desired.

Note: The Express Scripts mobile app is available for iPhone®, iPad®, and Android mobile devices.

Sharing Your Information with Other Adult Members

Preferences include the option to share your prescription information with other adult members of your household (aged 18+) covered under your prescription drug plan. All covered adults (aged 18+) in the household need to register separately. When you grant permission to share your prescription information with other registered household members, they can view your information, place orders on your behalf, and more.

Finding a Network Pharmacy

From express-scripts.com:

- Select “Find a Pharmacy” from the menu under Prescriptions.
- Enter the ZIP code or City/State where you wish to find a pharmacy. Click “Locate Pharmacy.”
- The search results provide a map and list showing nearby pharmacies with addresses and contact information. You can also “Get directions.” Click a letter to find pharmacies alphabetically.

From the Express Scripts mobile app:

- Select “Locate a Pharmacy” from the main menu. Enter the ZIP code, City/State, or “Current location.”
- The search results provide a map showing nearby pharmacies. In-network pharmacies are indicated with a star.
- Click on the marker to see the pharmacy name, and click the arrow to view more information. You can also click to call the pharmacy or to get directions from your current location.

Delta Dental Benefit Resources

Use these Delta Dental resources to help manage your oral health. They are included at no additional charge when enrolled in the Polyglass Dental Plan.



Online Tools

From your cellphone, tablet, or desktop computer, log in to deltadentalins.com and create an online account. On your account, you can:

- Check your benefits and eligibility
- Browse claims
- Download plan documents
- Explore dental wellness (articles, recipes, videos)
- Find network dentists
- View your ID card, print a copy
- Update your settings to paperless
- Download the app
- And more



Virtual Dentistry

For answers to questions, quick checkups, second opinions, and other oral health needs use Virtual Dentistry between visits to your dentist's office. These visits do not count toward exam frequency limitations and are covered by your dental plan.

Smile for your camera for a photo assessment within 24 hours to address simple dental concerns when you want expert advice immediately or are experiencing pain. To learn more, scan this QR code with your cellphone or visit



www1.deltadentalins.com/members/virtual-dentistry.html.



8 Ways to Make the Most of Your Dental Plan

1. Be sure your dentist is in the Delta Dental PPO network for the best discounts. Network dentists cannot bill more than the Delta Dental discounted amount. Dentists in the Delta Dental Premier network offer more modest discounts. In addition, in the Low Plan, you are responsible for paying the difference between what a Premier dentist charges and the PPO network discounted charge for the same procedure.
2. Use both of your covered preventive care visits to catch problems before they become more expensive to treat.
3. Set up an online account at deltadentalins.com.
4. Update your settings on your online account to go paperless and receive your statements by email.
5. Coordinate your benefits if you are covered under a second dental plan. Ask your dentists to set that up.
6. Start each visit with a quick chat about any health issues.
7. Ask your dentist to send in a Predetermination of Benefits to know in advance how much any significant dental work (above \$250) will cost you.
8. Stay informed by getting tools and tips on the **SmileWay Wellness** site at mysmileway.com and subscribe to *Grin!* The free dental wellness e-magazine.

Delta Dental Benefit Resources (continued)

Transition of Care for Orthodontics

If you are receiving orthodontic treatments during the transition to the new plan, Delta Dental will review when your treatment started and the amount paid toward treatment. The Orthodontist would submit the claim, including the treatment plan, explanation of the status of treatment, and evidence of any amount paid toward the treatment. Delta Dental will then review the treatment plan and determine its liability (page 21).



Hearing Benefits

As a Delta Dental participant, you have special pricing on hearing aides through Amplifon. Savings average 66% off retail hearing aid prices plus a year of follow-up care. To learn more, go to amplifonusa.com/deltadentalins or call 888-779-1329.



LASIK Benefits

Get discounts averaging 35% on LASIK eye surgery through QualSight. Visit qualsight.com/-delta-dental or call 855-248-2020 for more information.

Vision Care Resources



EyeMed offers resources to help you manage your eye health. They are included at no additional charge when enrolled in the Polyglass Vision Plan.



There's More to Eye Exams than You May Know

Your eyes are windows to your health. So be sure to get an exam each year. It can reveal early signs of health issues, such as for diabetes, high blood pressure, high cholesterol, and heart disease—plus eye diseases such as cataracts and glaucoma. Treat these sooner rather than later for best health outcomes.

It's not too early to start eye exams. Babies and toddlers should have their first exam between ages six and 12 months. The eye doctor can check for nearsightedness, farsightedness, astigmatism, amblyopia ("lazy eye"), proper eye movement, and eye alignment as well as how the eye reacts to light and darkness.

For ages three to five, eye doctors recommend an eye exam every year. To learn more, visit eyesiteonwellness.com.



Computers and Eye Care

Spending hours on cellphones, computers, and tablets can result in blurred vision and retinal damage. Be sure to get an eye exam and discuss your digital device and computer use with your eye doctor.



New York Life Insurance Benefit Resources



Survivor Assurance Account

Helps beneficiaries manage their loved one's insurance benefits and cope with the pressures during such a difficult time. The program offers:

- A Survivor Assurance deposit account in your name for making benefit payments.
- 24/7/365 access to emotional support for you and family members.
- Access to legal, estate, and tax consultants, identity theft and fraud resolution services, online tools for state-specific wills, and more.

Survivor Assurance

800-570-3778

Weekdays 8am-7pm EST

guidanceresources.com



Survivor Support Specialists

Compassionate assistance is available from Survivor Support Specialists who provide grief and bereavement resources and can help you understand your Life and AD&D coverage.

Survivor Support Specialists

888-842-4462, ext 1013382

9am-5pm EST



Secure Travel

Secure Travel offers services when traveling 100 miles or more from home:

- **Pre-trip planning** includes knowing local immunization requirements as well as visa and passport requirements, where to find embassy and consular offices, foreign exchange rates, travel advisories, and more.
- **Travel assistance** includes 24-hour translation services, referrals to local medical and legal professionals, help with medical expenses and lost items, and access to emergency cash.
- **Emergency assistance** for returning home following an emergency.

Call **888-226-4567** and access the Secure Travel benefits summary.



Empathy Care Services

Connect with the Empathy Care Team for grief support, probate and estate guidance, obituary writing, closing accounts, and more. Services are available for up to 10 family members. For more information, see the Empathy summary, scan the QR code, visit the website at newyorklife.com/empathy, or email Empathy at newyorklife@empathy.com.



Filing a Disability Claim

For information on filing a Disability Insurance claim watch this video:

[New York Life Group Benefit Solutions – Connecting you to your benefits \(mynylgbs.com\)](http://NewYorkLifeGroupBenefitSolutions-Connectingyou toyourbenefits(mynylgbs.com)).

New York Life Insurance Benefit Resources (continued)



Employee Assistance Program (EAP)

The EAP is sponsored by New York Life Insurance but administered through ComPsych. It is available to all employees and family members at no cost to you.

How It Works

EAP counselors, attorneys, therapists, and other specialists are available to help you find the right resources for personal and family matters.

To learn how they can help you, call the EAP and connect with a Master's or PhD-level counselor who will collect some general information to use in referring you or a family member to the appropriate resource. If you retain the specialist you may be charged.

Six Free Sessions: However, to help you get started, the company pays for up to **six** confidential sessions, including face-to-face meetings, per person, per issue, per year at no charge. This is available to each household family member, regardless of whether they are eligible for or enrolled in another benefit.

To continue consulting with the service after the six free sessions, check if your medical plan or another benefit can provide the coverage. You can also pay charges for ongoing services out-of-pocket.

Here are some of the resources available:



Guidance Resources®

Visit [guidanceresources.com](https://www.guidanceresources.com) to access articles, podcasts, videos, slideshows, on-demand trainings, and the "Ask the Expert" feature for personal answers to your questions at no charge. Topics include health and wellness, legal regulations, family and relationships, work and education, money and investments, and home and auto.



Family Source®

Managing the everyday concerns of home, work and family can be difficult. To help resolve those concerns, you have access to family care service specialists for customized research, educational materials, and prescreened referrals for childcare, adoption, elder care, education, and pet care.



Health Care Support

Get 24/7 help navigating health benefits, answering clinical questions, resolving claims and billing issues, and understanding the claims appeals process. Use this service to make educated decisions for you and your family members.

Talk to an experienced insurance specialist to understand what your plan does and does not cover as well as help filing claims and negotiating discounts. A registered nurse is also available for customized care and help preparing for doctor visits, lab work, and medical procedures.



Employee Assistance Program (continued)



Well-Being Coaching

You and your family members have five free sessions per year, conducted by phone to help you achieve your health goals. Certified coaches will work with you one-on-one to address health and well-being issues such as burnout, time management, and coping with stress.



Financial Connect[®]

You and your family members have unlimited access to a team of qualified experts, including Certified Public Accountants (CPAs), Certified Financial Planners[™] (CFPs), and other financial professionals. If additional help is needed, you can request referrals to financial professionals in your community.

Visit guidanceresources.com for financial information on a wide range of topics, including debt management, family budgeting, estate planning, and tax planning, as well as interactive tools and financial calculators.



Legal Connect[®]

LegalConnect gives you access to unlimited phone consultations with attorneys for guidance on divorce, adoption, estate planning, real estate, identity theft, and more. If needed, you can be referred to a local attorney for a free 30-minute consultation and a 25% reduction in fees thereafter. Also, get information on

low- or no-cost legal options as well as referrals to consumer advocacy groups and governmental organizations.



EstateGuidance[®]

This online tool allows you and family members to write a last will and testament, a living will, and other documents outlining your wishes for final arrangements quickly, easily, and cost effectively. It will ask questions to guide you through the process. Access is available anytime, anywhere via tablet, desktop, or mobile app.

“Never stop  pedalling”

Giorgio Squinzi

POLYGLASS®

