

EMPLOYEE BENEFITS 2027

nations benefits



WELCOME

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2027 EMPLOYEE BENEFITS GUIDE

Please read this guide carefully. It summarizes your plan options and provides helpful tips for optimizing your benefits. If you have questions about benefits and the annual enrollment process, contact your Human Resources representative for assistance.

This guide provides a summary of your benefit offerings. For complete plan details, including eligibility requirements, limitations, exclusions, and participant rights, please refer to the Summary Plan Description (SPD) available through nb.ultipro.com.

Manage Your Benefits Online



nb.ultipro.com

WHO IS ELIGIBLE?

Benefits are available to all full-time Employees (minimum 30 hours per week) and their dependents. If you enroll during Open Enrollment, your benefits will become effective on 1/1/2027. If you are newly hired, your benefits will become effective on the first of the month following your date of hire.

Eligible dependents include:

	Legal spouse or domestic partner
	Your children from birth to age 26

(Includes your natural, legally adopted, stepchildren and/or your unmarried dependent children of any age who are mentally or physically disabled or are dependent on you for support).

HOW TO ENROLL

To sign up for benefits, visit nb.ultipro.com or the UKG Pro mobile app before the end of your enrollment period.

MAKING CHANGES

You may only change your elections during Open Enrollment each year or when you experience a qualifying life event. Qualifying life events include, but are not limited to:

- Birth, legal adoption, or placement for adoption.
- Change in marital status.
- Dependent child reaches age 26.
- Spouse gains or loses employment or eligibility with current employer.
- Death of a covered dependent.
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or SCHIP.
- Change in residence that changes eligibility for coverage.
- Court-ordered change.

Changes to your coverage due to a qualifying life event must be made within 30 days of that life event. Proof of the qualifying life event is required (marriage certificate, divorce decree, birth certificate, or loss of coverage letter).

Note: Any change you make to your coverage must be consistent with the change in status.

Florida law may permit eligible dependent children to continue medical coverage through age 30.

ENROLLMENT DEADLINES

Current Employee	New Hire	Qualified Life Event
Enrollment Opportunity November 9 - November 22, 2026	Enrollment Opportunity Must enroll within 30 days of hire	Enrollment Opportunity Changes must be made within 30 days of life event
Coverage Effective Date January 1, 2027	Coverage Effective Date First of the month following date of hire	Coverage Effective Date Date of life event

BI-WEEKLY PAYROLL CONTRIBUTIONS

Medical	HDHP	Mid PPO	Buy Up PPO
Employee Only	\$22.52	\$61.84	\$144.63
Employee + Spouse	\$133.64	\$293.66	\$401.55
Employee + Child(ren)	\$80.86	\$232.35	\$267.38
Family	\$179.69	\$387.25	\$445.63

Dental	Dental HMO	Dental PPO
Employee Only	\$7.19	\$14.76
Employee + Spouse	\$12.58	\$28.28
Employee + Child(ren)	\$15.57	\$34.02
Family	\$19.76	\$52.34

Vision	Vision PPO
Employee Only	\$3.06
Employee + Spouse	\$4.90
Employee + Child(ren)	\$5.01
Family	\$8.07

Accident	Low Plan	High Plan
Employee Only	\$4.20	\$6.51
Employee + Spouse	\$7.02	\$10.80
Employee + Child(ren)	\$7.86	\$11.85
Family	\$10.62	\$16.06

Hospital Indemnity	Low Plan	High Plan
Employee Only	\$5.88	\$11.28
Employee + Spouse	\$11.58	\$22.44
Employee + Child(ren)	\$8.64	\$16.80
Family	\$13.74	\$26.52

	Legal Services	Identity Theft Protection	Legal Services + Identity Theft Protection
Employee	\$7.62	\$3.00	\$10.15
Family		\$5.19	\$11.88

All other lines of coverage are age-banded. Please refer to your enrollment portal for contribution details and rates.

MEDICAL

Our company offers medical plans administered through BCBS that support different healthcare needs and budgets. Key plan features are outlined below to help you compare your options. All plans include access to both in-network and out-of-network providers, with the highest level of coverage available when using in-network providers.

To locate an in-network medical provider, please visit myhealthtoolkitfl.com.

Medical Plan Design	HDHP	Mid PPO	Buy Up PPO
	In-network	In-network	In-network
Annual deductible (individual/family)	\$4,000 / \$8,000	\$3,000 / \$6,000	\$1,000 / \$3,000
Out-of-pocket maximum (individual/family) *	\$7,500 / \$15,000	\$7,500 / \$15,000	\$5,000 / \$15,000
Coinsurance	30%	30%	20%
Primary physician office visit	30% after deductible	\$35 copay	\$20 copay
Specialist office visit	30% after deductible	\$65 copay	\$45 copay
Inpatient hospital services	30% after deductible	\$100 copay then 30% after deductible	20% after deductible
Outpatient hospital services	30% after deductible	30% after deductible	Facility: \$500 copay Provider: \$50 copay
Urgent care	30% after deductible	\$70 copay	\$50 copay
Emergency room care	30% after deductible	\$500 copay	\$400 copay
Prescription drugs (30-day supply)			
Prescription deductible	Subject to medical deductible	None	None
Generic	\$10 copay after deductible	\$10 copay	\$10 copay
Preferred Brand	\$50 copay after deductible	\$50 copay	\$50 copay
Non-Preferred Brand	\$80 copay after deductible	\$80 copay	\$80 copay
Out-of-network coverage			
Annual deductible (individual/family)	\$8,000 / \$16,000	\$6,000 / \$12,000	\$3,000 / \$9,000
Out-of-pocket maximum (individual/family) *	\$16,000 / \$32,000	\$15,000 / \$30,000	\$15,000 / \$45,000
Coinsurance	40%	50%	50%

This is a summary of coverage; please refer to your summary plan description for the full scope of coverage. In-network services are based on negotiated charges; out-of-network services are based on a percentage of Medicare charges.

* Includes deductible and copayments

TIPS FOR MEDICAL BENEFITS

Pharmacy

- Ask about generic medications when available.
- Consider 90-day home delivery for maintenance prescriptions.
- Certain generic contraceptives may be covered at no cost.
- Contact the drug manufacturer to inquire about Patient Assistance Programs (PAPs), which may provide financial assistance.

Member Assistance Line

Phone: 800-830-1501

- Choose appropriate medical care
- Find a doctor or hospital
- Understand treatment options
- Achieve a healthier lifestyle
- Get answers to medical questions

Cost Comparison Tools

Healthcare and prescription drug costs can vary significantly by provider and pharmacy, even for the same covered service or medication. Taking a few minutes to compare options can help you maximize your benefits and potentially lower your out-of-pocket expenses.

Log in to myhealthtoolkitfl.com to compare costs, review plan information, and find high-quality providers and prescription options that fit your needs.

Virtual Care

When you need care, anytime day or night, or when your primary care provider is not available, telemedicine can be a convenient option. You don't have to drive to the office or sit in a waiting room when you're sick!

Virtual visits can help treat a variety of common conditions including colds, flu, allergies, and more.

- For easy access log in at: myhealthtoolkitfl.com, and search for **Teladoc** under the **Resources** tab.

MyHealthToolkit® Mobile App

The **MyHealthToolkit® for BCBS** mobile app makes it easy to manage your health benefits anytime, anywhere. Access your digital member ID card, find care, review benefits and claims, and connect with support directly from your mobile device.

Stay connected to your care with convenient tools and resources designed to help you get the most from your BCBS health plan. Members can also review virtual care options and quickly find the care they need, whether at home or on the go.



DENTAL

Our dental plans offered through Lincoln provide comprehensive coverage for preventive, basic, and major dental services to meet a variety of oral healthcare needs. You can visit any dentist, but you'll generally receive the greatest value when staying in-network.

Lincoln's **MaxRewards®** program lets you and your covered family members roll a portion of unused dental benefits from one year into the next, so you have extra benefit dollars available when you need them most.

- Eligible range (claim threshold): \$800
- Rollover amount: \$400 per calendar year
- Rollover amount with preferred provider: \$600 per calendar year
- Maximum rollover account balance: \$1,500

To locate an in-network dental provider, please visit lincolnfinancial.com.

Dental Plan Design	Dental HMO	Dental PPO
	In-network only	In-network
Network	Lincoln DentalConnect DHMO	Lincoln Dental PPO
Annual deductible (individual/family)	\$0 / \$0	\$50 / \$150
Annual maximum (per person)	None	\$2,000
Diagnostic and preventive care (includes oral exams, routine X-rays, cleanings, sealants, and fluoride)	Copays vary by service, see copay schedule	Covered at 100%
Basic services (includes problem-focused exams, palliative treatment, fillings, anesthesia, and oral surgery)	Copays vary by service, see copay schedule	20% after deductible
Major services (includes extractions, bridges, dentures, crowns, inlays, onlays, and related services)	Copays vary by service, see copay schedule	50% after deductible
Orthodontia	Copays vary by service, see copay schedule (adult and children)	Covered at 50% (children, up to age 19)
Orthodontia lifetime maximum	None	\$1,000
Out-of-network reimbursement	Not available	Maximum allowable charge

The Dental PPO includes out-of-network benefits; the Dental HMO provides in-network coverage only. See the plan summary for additional details. Employees can enroll in dental/vision coverage regardless of medical coverage.

VISION

Our vision care benefits through VSP include coverage for eye exams, lenses and frames, contact lenses, and discounts for laser surgery.

The vision plan is built around the VSP Choice network providers who offer you higher benefits at a lower cost. Consider using an in-network provider for the most bang for your buck when you need services! Benefits are also available when using an out-of-network provider, subject to the applicable reimbursement schedule.

To locate an in-network vision provider, visit vsp.com/eye-doctor.

Vision Plan Design	Vision PPO	
	In-network	Out-of-network
Examination (every calendar year)	\$10 copay	Up to \$45 reimbursement
Material	\$25 copay	See schedule below:
Lenses (every calendar year)		
Single	\$25 copay	Up to \$30 reimbursement
Bifocal	\$25 copay	Up to \$50 reimbursement
Trifocal	\$25 copay	Up to \$65 reimbursement
Standard progressive lenses	\$0 copay	Up to \$50 reimbursement
Frames (every other calendar year)		
New frames	\$150 allowance + 20% off overage	Up to \$70 reimbursement
Contact lenses (every calendar year instead of glasses)		
Elective contact lenses	\$150 allowance	Up to \$105 reimbursement

See plan summary for additional details. Employees can enroll in dental/vision coverage regardless of medical coverage.



HEALTH SAVINGS ACCOUNT (HSA)

What is a Health Savings Account?

A health savings account (HSA) is a tax-advantaged account used for qualified healthcare expenses. You own your HSA and fund it with pre-tax payroll deductions.

Did you know an HSA provides triple tax benefits?

- The money you contribute is pre-tax.
- Interest accumulates in the account tax-free.
- Money withdrawn from an HSA isn't taxed, provided you use it for eligible expenses*.

*Eligible expenses include office visits, eye exams, prescriptions, and LASIK. IRS Publication 502 provides a complete list and can be found on [irs.gov](https://www.irs.gov).

You Are Eligible If	HSA Advantages
• You are enrolled in the HDHP plan. • You are not covered by a spouse's plan. • No one else can claim you as a dependent. • You are not enrolled in Medicare, TRICARE, or TRICARE for Life. • You have not received VA benefits in the past 3 months.	• Receive a company contribution of up to \$750 per calendar year. • Use the account to pay for qualified healthcare expenses. • Unspent dollars roll over each year and are yours to keep, even if you leave the company. • Invest your HSA funds so your healthcare dollars can grow over time.

How Much Can Be Deposited into an HSA in 2027?

Under Age 55*	Age 55 and Older*
• Up to \$4,500 for individual coverage. • Up to \$9,000 for family coverage.	• The maximum contribution increases by an additional \$1,000 catch-up amount.

*Not enrolled in Medicare

As an added benefit, our company will contribute up to \$750 per calendar year to your HSA! The first disbursement of \$375 is in March and the second disbursement of \$375 is in October.

How Do I Manage My HSA?

Manage your HSA through Consolidated Admin Services (CAS) at consolidatedadmin.com. Set up your payroll contributions during enrollment and adjust your contribution amount at any time. For enrollment details, visit nb.ultipro.com or the UKG Pro mobile app.

FLEXIBLE SPENDING ACCOUNTS

What is a Flexible Spending Account?

A flexible spending account (FSA) is a tax-advantaged account that can reimburse you for qualified healthcare or dependent care expenses. You can fund qualified expenses with pre-tax dollars deducted from your paycheck.

When electing an FSA, you will set an annual contribution amount. The goal is to choose an amount that will adequately cover healthcare or dependent care expenses throughout the plan year. Up to \$680 of unused Healthcare FSA funds will automatically roll over to the next plan year; amounts above the carryover limit will be forfeited. Dependent Care FSA does not allow for rollovers from year to year.

You can choose to participate in either the Healthcare FSA, the Dependent Care FSA or both, and it's unnecessary to "sign up" specific family members for these accounts. Eligible dependents covered under the Dependent Care FSA include children younger than the age of 13 and qualified dependents of any age who are incapable of caring for themselves. For plan details, account management, and reimbursement submissions visit consolidatedadmin.com.



Healthcare & Limited-Purpose FSA

The Healthcare FSA reimburses employees for eligible medical, pharmacy, dental, and vision expenses, up to the amount contributed for the plan year.

The Healthcare FSA is not available to HSA participants.

The Limited-Purpose FSA is only available to employees enrolled in the HDHP medical plan and can only be used for eligible dental and vision expenses.

You may contribute up to \$3,400* annually (funds will be available as of the election effective date). Visit irs.gov for a full list of eligible expenses.



Dependent Care FSA

You may use pre-tax dollars from your Dependent Care FSA to pay eligible expenses for the care of a dependent child, spouse, or elderly parent while you (and your spouse, if married) are working, looking for work, or attending school full-time.

Eligible expenses may include care provided inside your home by a qualified provider, as well as care provided outside your home, such as babysitters, nursery schools, and daycare centers.

You may contribute up to \$7,500* annually (or \$3,750* if you are married and file a separate tax return). You can only be reimbursed up to the amount that you have contributed.



Transit FSA

The Transit FSA allows employees to pay for eligible commuting expenses with pre-tax dollars, including public transportation, qualified vanpool services, and workplace parking.

You may contribute up to \$340* per month for transit expenses and/or up to \$340* per month for parking expenses. Funds can be used for qualified expenses incurred by travelling to and from work.

*Reflects 2026 IRS contribution limits. 2027 limits are pending IRS release.

LIFE AND DISABILITY INSURANCE

Life Insurance

Our company now provides Basic Life and Accidental Death & Dismemberment (AD&D) insurance at no cost to you!

Insurance Coverage	Benefit
Basic Life / AD&D	\$25,000*

*Benefit reduction: By 35% at age 65, 60% at age 70, and 75% at age 75. Benefits end when you retire.

If you would like additional coverage, Voluntary Life and AD&D insurance are available to you, your spouse, and your dependent children. You must enroll in coverage for yourself to cover your spouse or children. If you don't enroll in Voluntary Life when it's first available or elect an amount over the Guaranteed Issue, you may be required to complete an Evidence of Insurability (EOI) form.

Insurance Coverage	Benefit
Voluntary Employee Life / AD&D	5x salary up to \$500,000* / Guaranteed issue: \$150,000
Voluntary Spouse Life / AD&D	50% of EE benefit up to \$250,000* / Guaranteed issue: \$30,000
Voluntary Child Life / AD&D (14 days – 6 mo)	\$250 / Guaranteed issue: full benefit
Voluntary Child Life / AD&D (6 mo – 19 years)	\$10,000 / Guaranteed issue: full benefit

*Employee reduction: By 35% at age 65, 60% at age 70, and 75% at age 75. Benefits end when you retire. Spouse reduction: by 35% at age 65. Benefits end when you reach age 70 or retire.

Disability

These voluntary plans provide income protection if you become ill or suffer a non-work-related injury that prevents you from working, replacing a portion of your income during a covered disability. Evidence of Insurability (EOI) and pre-existing condition limitations may apply; refer to the policy documents for additional details.

Short-Term Disability Benefits		Long-Term Disability Benefits	
Elimination period	7 days (accident/sickness)	Elimination period	90 days
Weekly benefit	60% of weekly earnings	Monthly benefit	60% of monthly earnings
Maximum weekly benefit	\$1,000	Maximum monthly benefit	\$10,000
Maximum benefit period	12 weeks + elimination period	Maximum benefit period	Social Security normal retirement age (w/RBD)
Pre-existing condition limitations	3-month lookback; 12-month exclusion period	Pre-existing condition limitations	3-month lookback; 12-month exclusion period

SUPPLEMENTAL HEALTH

Our medical plans cover many healthcare expenses, but they don't cover everything. Deductibles, copays, coinsurance, and out-of-pocket costs can add up quickly – especially after an unexpected injury, illness, or hospital stay.

Supplemental benefits are designed to help bridge those gaps. These voluntary plans through Lincoln pay cash benefits directly to you, which can be used to help offset medical out-of-pocket expenses or other everyday costs while you focus on recovery. For plan details, visit lincolnfinancial.com.

Accident Insurance

Accidents can create unexpected out-of-pocket expenses, even when you have medical coverage. The accident plan provides cash benefits for covered injuries, helping reduce the financial impact of services like emergency care, fractures, and follow-up treatment.

- **Low Example:** You dislocate your shoulder in an accident, submit a claim, and receive cash benefits (up to **\$400** for the dislocation and **\$100** for emergency care).
- **High Example:** You dislocate your shoulder in an accident, submit a claim, and receive cash benefits (up to **\$3,500** for the dislocation and **\$250** for emergency care).

Critical Illness Insurance

A serious diagnosis can result in significant financial strain beyond medical bills. The critical illness plan provides a lump-sum cash benefit if you are diagnosed with a covered condition, providing flexibility to cover treatment-related costs or everyday expenses during recovery.

- **Example:** You are diagnosed with an invasive cancer, submit a claim, and receive a lump-sum cash benefit (options of **\$10,000**, **\$20,000**, or **\$30,000**).

Hospital Indemnity Insurance

A hospital stay can result in significant out-of-pocket costs, even with medical insurance. Hospital indemnity insurance provides cash benefits when you are admitted to the hospital due to a covered illness or injury, helping offset expenses such as deductibles, copays, coinsurance, and other everyday costs during recovery.

You can choose between a Low Plan and a High Plan, with higher benefit amounts available under the High Plan.

- **Low Example:** You are admitted to the hospital and receive cash benefits of **\$1,000** for admission plus **\$100** for each additional day of your hospital stay.
- **High Example:** You are admitted to the hospital and receive cash benefits of **\$2,000** for admission plus **\$200** for each additional day of your hospital stay.

ADDITIONAL BENEFITS

EmployeeConnect – Employee Assistance Program

Description	- Confidential support for personal, family, financial, and workplace concerns. Up to five face-to-face counseling sessions per person, per issue, at no cost. - Unlimited 24/7 access to counselors, work-life resources, legal consultations, and financial guidance. - Financial and family support resources, online estate planning through EstateGuidance®, and discount programs through WorkingAdvantage®.
Contact Information	Phone: 888-628-4824 guidanceresources.com Web ID: LFGSupport
Who Pays?	Employer

Pet Insurance

Description	- Protect your pets with customizable coverage for accidents, illnesses, and preventive care. Spot Pet Insurance lets you visit any licensed veterinarian in the U.S. or Canada and receive reimbursement for eligible veterinary expenses. - Coverage is available for pets of any breed or age, with plan options to fit a variety of budgets.
Contact Information	spotpet.link/nationsbenefits Partner ID: EB_NATIONSBENEFITS
Who Pays?	Employee: NationsBenefits employees receive up to a 20% discount!

Legal Services

Description	- Access legal advice and consultations for everyday personal legal matters. - Support for family law, real estate transactions, landlord/tenant issues, powers of attorney, and consumer disputes. - Coverage extends to your spouse or domestic partner, parents and in-laws, and eligible dependent children up to age 26.
Contact Information	shieldbenefits.com/nationsbenefits/legal
Who Pays?	Employee: NationsBenefits employees receive a 25% discount!

Identity Theft Protection

Description	• Monitor your personal information and receive alerts about potential identity and credit threats. • Access full-service identity restoration support if your identity is compromised. • Protect your online privacy with tools including a VPN, password manager, and anti-malware protection. • Receive credit score tracking, fraud protection coverage, and 24/7 emergency assistance.
Contact Information	shieldbenefits.com/nationsbenefits/idshield
Who Pays?	Employee

TravelConnect – Global Assistance Program

Description	• 24/7 travel and medical assistance when traveling 100+ miles from home. • Assistance with emergency medical evacuations and travel disruptions. • Support services including translation services, lost document recovery, legal referrals, and identity recovery assistance. • Access to medical, dental, and pharmacy referrals, medication assistance, and medical record coordination while traveling.
Contact Information	U.S. & Canada: 866-525-1955 Worldwide (Collect): 603-328-1955 myoncallportal.com Group ID: LFGTravel123
Who Pays?	Employer

Lincoln WellnessPATH

Description	• Personalized financial wellness programs designed to help employees take control of their financial future. • Tools and resources to create a budget, build an emergency fund, reduce debt, and work toward short- and long-term financial goals. • Interactive online platform that provides customized guidance and action plans based on individual financial needs.
Contact Information	lincolnfinancial.com/wellnesspath
Who Pays?	Employer

GLOSSARY OF TERMS

COINSURANCE: The percentage of covered healthcare costs you pay after meeting your deductible, while your health plan pays the remaining share.

COPAYMENT: A copayment (copay) is the fixed dollar amount you pay for certain in-network services on a PPO-type plan. In some cases, you may be responsible for coinsurance after a copay is made.

DEDUCTIBLE: A deductible is the amount of money you must meet before your plan begins paying for services covered by coinsurance. Some services, such as office visits that require copays, do not apply to the deductible. For example, if your plan's deductible is \$1,000, you'll pay 100 percent of eligible healthcare expenses until you have met the \$1,000 deductible. After that, you share the cost with your plan by paying coinsurance.

FORMULARY: A list of prescription drugs covered by the plan. Also called a drug list.

GUARANTEED ISSUE (GI): The amount of insurance coverage you can elect without providing medical evidence or answering health questions.

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP): This type of medical plan requires that members reach a deductible prior to having services covered by coinsurance. All expenses paid by a member count toward the deductible and out-of-pocket maximum.

IN-NETWORK: A group of doctors, clinics, hospitals, and other healthcare providers that have an agreement with your medical plan provider. You pay a negotiated rate for services when you use in-network providers.

OUT-OF-NETWORK: Care received from a doctor, hospital, or other provider not part of the plan agreement. You'll pay more when you use out-of-network providers since they don't have a negotiated rate with your plan provider. You may also be billed the difference between what the out-of-network provider charges for services and what the plan provider pays.

OUT-OF-POCKET MAXIMUM: This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.

BENEFITS OVERVIEW VIDEOS

Scan the QR codes or click anywhere to watch.

Qualifying Life Event



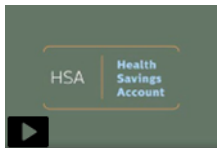
Prescription Drugs: Benefits Overview



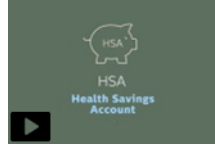
Prescription Drugs: Tips to Manage Costs



Health Savings Account (HSA)



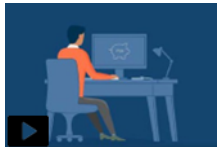
How to Optimize Your HSA



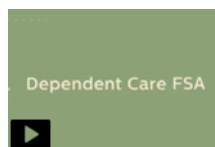
Flexible Spending Account (FSA)



How to Optimize Your FSA



Dependent Care FSA



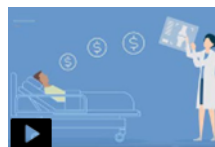
Accident Insurance



Critical Illness Insurance



Hospital Indemnity Coverage



Dental Insurance



Vision Insurance



Life and AD&D Insurance



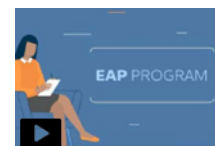
Disability Insurance



Benefits Key Terms Explained



Employee Assistance Program



Medical Plans: HDHP



CONTACTS



QUESTIONS ABOUT YOUR BENEFITS?

Contact the NationsBenefits People Team for assistance with enrollment, eligibility, payroll deductions, and general benefits questions: benefits@nationsbenefits.com

Benefit Type	Carrier	Contact Information
Medical & Pharmacy	BCBS	Phone: 800-830-1501 Web: myhealthtoolkitfl.com
Dental	Lincoln Financial Group	Phone: 800-423-2765 Web: lincolnfinancial.com
Vision	VSP	Phone: 800-877-7195 Web: vsp.com
Health Savings Account	Consolidated Admin Services (CAS)	Phone: 877-941-5956 Web: consolidatedadmin.com
Flexible Spending Accounts	Consolidated Admin Services (CAS)	Phone: 877-941-5956 Web: consolidatedadmin.com
Life and Disability	Lincoln Financial Group	Phone: 800-423-2765 Web: lincolnfinancial.com
Accident, Critical Illness, & Hospital Indemnity	Lincoln Financial Group	Phone: 800-423-2765 Web: lincolnfinancial.com
EmployeeConnect	ComPsych	Phone: 888-628-4824 Web: guidanceresources.com
Pet Insurance	Spot Pet Insurance	Web: spotpet.link/nationsbenefits Partner ID: EB_NATIONSBENEFITS
Legal Services	LegalShield	Web: shieldbenefits.com/nationsbenefits/legal
Identity Theft Protection	IDShield	Web: shieldbenefits.com/nationsbenefits/idshield
TravelConnect	On Call International	U.S. & Canada: 866-525-1955 Worldwide (Collect): 603-328-1955 Web: myoncallportal.com Group ID: LFGTravel123

Annual Notices are available here: online.flippingbook.com/view/775147348/



The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.