



NON-DRIVERS EMPLOYEE BENEFIT ANNUAL ENROLLMENT & RESOURCE GUIDE

AUGUST 1, 2025 – JULY 31, 2026

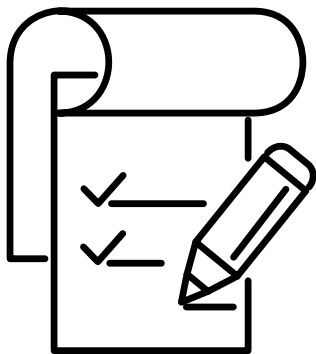
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Miller Truck Lines, LLC Benefits Overview

Miller Truck Lines, LLC is concerned about your financial security, and we offer benefit plans designed to protect our employees. Our benefit plans have been structured to meet the diverse needs of our workforce. In our efforts to provide enhanced benefit coverage and plan options, we continuously search for ways to make this possible.

Only you can determine which benefits are best for you. Use this guide to understand your benefit options. You can also find detailed benefit summaries, plan documents, links to provider networks, and other helpful resources in your benefit portal, Employee Navigator.



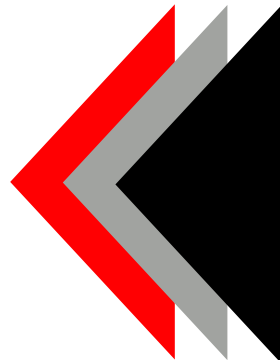
YOUR ENROLLMENT CHECKLIST

- ✓ Review all plan information carefully
- ✓ New Hires enroll within 60 days of your date of hire using your online portal, Employee Navigator (enrollment link below)
- ✓ Watch your mail for ID and/or healthcare spending cards
- ✓ Check the deductions on your paycheck to confirm they match your elections

ENROLLMENT LINK OR SCAN THE QR CODE

<https://www.employeenavigator.com/benefits/account/login>

Use Your Company Identifier: **Miller Truck Lines**



IMPORTANT NOTES

- ✓ **Benefit Start Date:** Your benefits will become effective on the first day of the month following your full-time hire date.
- ✓ **Open Enrollment Changes:** Any benefit elections or changes made during Open Enrollment are effective August 1st.
- ✓ **Eligibility for Changes:** You cannot enroll or make election changes outside of Open Enrollment/New Hire Eligibility window without a Qualifying Life Event (QLE)

Frequently Asked Questions

WHO IS ELIGIBLE?

- Full-time employees working 30+ hours a week
- Spouses and domestic partners
- Your children (including step-children and those for whom you are legal guardian)
- *Proof of dependent eligibility will be required. Examples include marriage certificate, birth certificate, etc.*

WHEN DOES COVERAGE BEGIN?

- The first of the month following 60 days of employment

WHEN AND HOW CAN I MAKE CHANGES?

Changes can be made annually during Open Enrollment. Typically, this process occurs in July, and elections are effective August 1st. You can only make enrollment changes outside of Open Enrollment if you have an IRS approved qualifying event such as:

- Marriage
- Birth or adoption
- Divorce
- Death
- Loss of other coverage
- Eligibility for new coverage (spouse's employment, Medicare, etc.)

Request a change by logging in to Employee Navigator and clicking **Adjust Coverage** within 31 days of the qualifying event (documentation may be required)

WHEN DOES COVERAGE END?

- Coverage ends at midnight on the last day of the month after your termination date

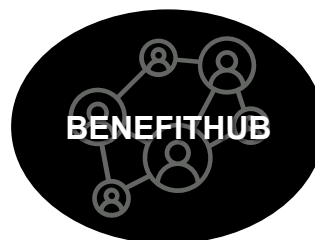
CAN COVERAGE BE CONTINUED AFTER TERMINATION?

- You may continue some of your benefits for a limited period of time under your COBRA rights
- You may convert your life coverage to an individual policy

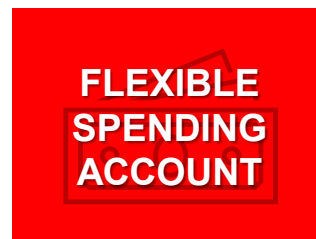
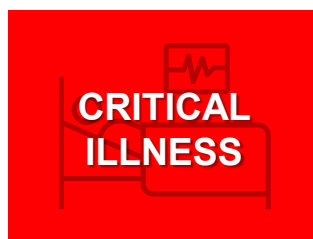
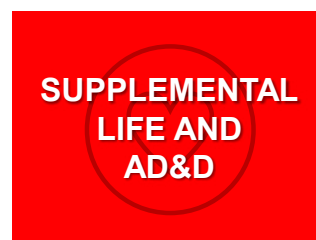
2025-26 Benefit Program

You can choose the benefits that best meet your unique needs. Carefully review your options to determine the coverage you need.

Benefits Provided at No Cost to You



Benefits You May Choose



Medical Benefits

BLUE CROSS BLUE SHIELD OF OKLAHOMA		
NETWORK	MOBAP0035 BLUE ADVANTAGE PPO	
BENEFITS AT A GLANCE	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible Individual Family	\$2,600 \$7,800	\$5,200 \$15,600
Co-Insurance	You Pay 20%	You Pay 30% - 40%
Out-of-Pocket Limit Individual Family	\$6,250 \$12,500	\$18,750 \$37,500
Primary Physician Required	No	No
COMMON SERVICES		
Preventive Care	No Charge	30% after deductible
Telemedicine Visits	No Charge	30% after deductible
Primary Physician Copay	\$35	30% after deductible
Specialist Physician Copay	\$60	30% after deductible
Standard Labs and X-Rays	No Charge	30% after deductible
Complex Imaging (CT, MRI, PET)	20% after deductible	40% after deductible
Urgent Care	\$50	30% after deductible
Emergency Room	\$300 + 20% after deductible	\$300 + 20% after deductible
Inpatient Hospital	\$750 + 20% after deductible	\$750 + 40% after deductible
Outpatient Surgery & Other Care	\$250 + 20% after deductible	\$250 + 40% after deductible
PRESCRIPTIONS	RETAIL & SPECIALTY	OUT-OF-NETWORK
Preferred Generic	\$0 or \$10	Retail: \$10
Non-Preferred Generic	\$10 or \$20	Retail: \$20
Preferred Brand	\$50 or \$70	Retail: \$70
Non-Preferred Brand	\$100 or \$120	Retail: \$120
Specialty	Up to \$350	Up to \$350 + 50% additional charge
Mail Order	90-day supply 3x retail cost	N/A

Your 2025-26 Medical Benefit Costs

MOBAP0033 BLUE ADVANTAGE PPO	YOUR BI-WEEKLY COST
Employee	\$90.00
Employee + Spouse	\$200.00
Employee + Child(ren)	\$175.00
Employee + Family	\$285.00

Virtual Visits

Convenient, FREE and at your fingertips!

Powered by MDLIVE

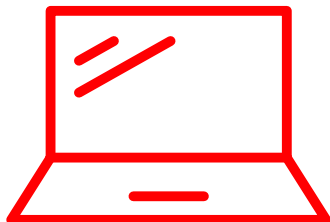


- Talk to a doctor anytime, anywhere
- Prompt treatment, median call back in 10 minutes
- Prescriptions sent to pharmacy of your choice
- Available 24/7, 365
- No need to wait in line at Urgent Care!
- **NO COST!**

WEBSITE

MDLIVE.com/BCBSOK

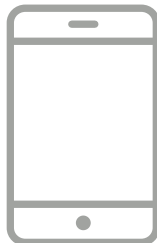
- Video chat with a doctor
- Also available through Blue Access for Members



MOBILE APP

MDLIVE app

- Download, open & chat with a doctor

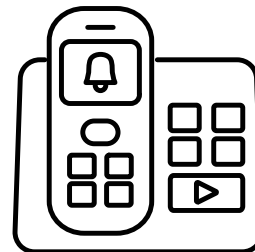


PHONE

MDLIVE by phone

888-970-4081

- Speak with a doctor



BlueCross BlueShield
of Oklahoma

[Activate Now](#)

Already Registered?

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Board-certified doctors.
Licensed therapists.

Get care for 80+ conditions from the comfort of home.

[Activate Now](#)

Dental Benefits

MUTUAL OF OMAHA DENTAL BENEFITS AT A GLANCE	
NETWORK	IN-NETWORK DENTIST**
Annual Deductible	\$50 Individual - \$150 Family
Plan Year Maximum	Plan Pays \$2,000 per person
Orthodontics Maximum	\$1,000 Lifetime Maximum Per Person
Type A – Diagnostic & Preventive Services	Plan pays 100% (Deductible Waived)
Type B – Basic Services Fillings, Stainless Steel Crowns, Simple Extractions, Palliative Treatment, Periodontal Maintenance	Plan pays 80%
Type C – Major Services Oral Surgery, Endodontics, Periodontics, Dentures, Crowns, Bridges, Implants, Surgical Extractions, General Anesthesia/IV Sedation	Plan pays 50%
Orthodontia (Dependent Children to age 26)	Plan pays 50%

YOUR BI-WEEKLY COST	
Employee Only	\$16.02
Employee + Spouse	\$33.42
Employee + Child(ren)	\$38.08
Employee + Family	\$59.55

Your benefit dollars will go further when you use in network providers due to negotiated fee schedules.

***Out of network providers may balance bill you for the difference in their rate and the contracted rate.*

HELPFUL TIP!

Know your cost. Always ask your dentist to submit a pre-determination of benefits for anything other than routine services just like you would ask for an estimate on car repair. Contact the Benefits Helpline at 800-335-3295 if you have any questions about the charges before you receive treatment.

MUTUAL OF OMAHA

Network: Mutually Preferred

800-927-9197

www.mutualofomaha.com/dental

Vision Benefits

EYEMED VISION PLAN	
BENEFITS AT A GLANCE	IN-NETWORK
Examination	\$20 Copay
Lenses (Single Vision, Bifocal, Trifocal, Lenticular)	\$20 Copay
Contact Lenses	\$130 allowance plus 15% off balance over
Frames	\$130 allowance plus 20% off balance over
BENEFIT FREQUENCY	
Examinations, Lenses or Contacts	Once Every 12 Months
Frames	Once Every 24 Months

YOUR BI-WEEKLY COST	
Employee Only	\$2.26
Employee + Spouse	\$4.29
Employee + Child(ren)	\$4.52
Employee + Family	\$6.64

HELPFUL REMINDERS

- Use In Network providers for significant savings. Out of network benefits are paid at a lower reimbursement rate.
- Know your cost. Always ask for confirmation of insurance payment. Additional charges often apply.

MUTUAL OF OMAHA

Network: EyeMed Insight

1-833-279-4358

www.mutualofomaha.com/vision

Disability Benefits

If you can't work due to non-occupational illness or injury, these plans provide income replacement protection.

BENEFITS AT A GLANCE	SHORT TERM DISABILITY
Weekly Benefit	60% of your gross weekly earnings
Maximum Weekly Benefit	\$1,385 Weekly
Benefits Begin After	14 Days
Maximum Period of Payment	24 Weeks
Pre-Existing Conditions	Conditions for which you receive medical attention 3 months prior to your effective date of coverage that results in a disability during the first 6 months of coverage, will not be covered.

Your cost for this benefit is determined by your income and benefit amount. You can see your benefit amount and your cost by logging into your enrollment portal, Employee Navigator, at www.employeenavigator.com/benefits/account/login

IMPORTANT REMINDERS!

- Group disability benefits are for off-the-job injuries and illness.
- Worker's Compensation benefits provide income replacement for work related injuries and illness.
- Disability benefits will be reduced by other sources of income.

Basic Life Insurance

Life insurance plans with Mutual of Omaha protect your loved ones from a loss of income in the event of your death. AD&D insurance provides additional protection in the event of your accidental death or loss of limb or eyesight. Miller Truck Lines, LLC provides Basic Life insurance to all full-time employees at **no cost to you**.

BENEFITS AT A GLANCE	
Employee Life Benefit	\$10,000
Employee Accidental Death and Dismemberment	\$10,000
Spouse and Child Life Benefit	\$2,000
Accelerated Benefit, payable upon diagnosis of a terminal illness	Up to \$8,000
Age Reduction Schedule	Employee Benefit Reduces to \$6,500 at age 65 and to \$5,000 at age 70

Supplemental Life Insurance

You may choose to purchase additional Life and AD&D coverage. **When you are first eligible, you may purchase up to the Guarantee Issue limit without underwriting approval.** All supplemental life elections beyond the guarantee issue amount will require a completed health questionnaire called an Evidence of Insurability form and are subject to underwriting approval. **Guarantee issue is a one-time opportunity only available to new hires.**

BENEFITS AT A GLANCE	EMPLOYEE	SPOUSE	CHILD(REN)
Benefit Amount	Increments of \$10,000	Increments of \$5,000	\$2,000
Maximum Benefit	5x Salary up to \$500,000	100% of Employee's Benefit up to \$250,000	100% of Employee's Benefit up to \$10,000
New Hire Guarantee Issue	5x Salary up to \$200,000	100% of Employee's Benefit up to \$25,000	\$10,000
Current Participants Only Annual Increase Allowed	Increase by \$10,000 <i>EOI not required if total amount of insurance does not exceed the GI</i>	N/A	Up to \$10,000 total benefit
Age Reduction Schedule	To 65% at age 65 & 50% at age 70	To 65% at age 65 Terminates when employee turns 70	Covered to age 26

Premiums are based on age and benefit amount and will be viewable when you log in to your enrollment portal. Spouse premium is based on employee's age. Individuals may not be covered on the policy twice (as both employee and spouse). Children may not be covered on the policy by two employees.

IMPORTANT REMINDER!

Help your loved ones in the time of their greatest need. Always keep your life insurance beneficiary(ies) up to date. You can change your beneficiary any time in your Employee Navigator portal.

Accident Plan

An accident insurance policy supplements your medical coverage and provides a cash benefit for injuries you or an insured family member sustain from an accident. This benefit can be used to pay out-of-pocket medical expenses, help supplement your daily living expenses and cover unpaid time off work. 24-hour coverage provides you with benefits for both on and off the job accidents. Mutual of Omaha pays **YOU** the benefit – not your doctor.

BENEFITS AT A GLANCE	MUTUAL OF OMAHA
PLAN INFORMATION	
Coverage Type	24 hour (on and off-job)
Express Benefit	\$100 (paid immediately on notification of a claim)
Health Screening	\$50
INITIAL CARE & EMERGENCY WITHIN 72 HOURS OF ACCIDENT	
Emergency Room	\$200
Urgent Care Center	\$125
Initial Physician Office Visit	\$100
Ambulance (Ground / Air)	\$300 / \$1,500
HOSPITAL, SURGICAL & DIAGNOSTIC	
Inpatient Admission (Daily Confinement)	\$1,500 + \$300 per day Up to 365 days per accident
Inpatient Admission (ICU Confinement)	\$1,500 + \$600 per day Up to 15 days per accident
Surgical	Up to \$2,000
Diagnostic	Up to \$300
SPECIFIED INJURIES	
Fractures (Surgical / Non-Surgical)	Up to \$6,000 / Up to \$3,000
Dislocations (Surgical / Non-Surgical)	Up to \$9,000 / Up to \$4,500
Lacerations	Up to \$800
Burns	Up to \$15,000

Please refer to the full benefit summary posted in your online portal for more details and additional benefits, including follow-up visits, physical therapy, etc.

ACCIDENT BI-WEEKLY COST	
Employee Only	\$9.72
Employee + Spouse	\$14.41
Employee + Child(ren)	\$18.03
Employee + Family	\$23.82

CLAIM FORMS ARE AVAILABLE ONLINE

- Visit www.mutualofomaha.com/forms
- Select I am... "a Plan Member (Employee)" from the drop down
- Select the state from the dropdown

Critical Illness Benefits

As an active employee of Miller Truck Lines, LLC you can give your family the extra security they need to lessen the financial impact of a serious illness by purchasing Critical Illness insurance through Mutual of Omaha. A critical illness insurance policy provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke or cancer. The benefit can be used to pay out-of-pocket expenses or to supplement your daily cost of living.

CRITICAL ILLNESS PLAN	
BENEFITS AT A GLANCE	LUMP-SUM PAYMENT
Employee Benefit	\$10,000
Spouse Benefit	\$10,000
Child(ren) Benefit	\$5,000 per child
Age Reduction	Original amount will be reduced to 50% for employee and spouse at age 70
Health Screening (1 per calendar year)	\$50
Pre-Existing Conditions	Pre-existing conditions are excluded the first 12 months you have coverage

BENEFIT CATEGORY	CONDITION	BENEFIT
Heart/Circulatory/Motor Function	Heart Attack, Heart Transplant, Stroke, ALS, Advanced Alzheimer's, Advanced Parkinson's	\$10,000
	Heart Valve Surgery, Coronary Artery Bypass, Aortic Surgery	\$2,500
Organ	Major Organ Transplant/Placement on UNOS List, End-Stage Renal Failure	\$10,000
	Acute Respiratory Distress Syndrome (ARDS)	\$2,500
Childhood/Development	Cerebral Palsy, Structural Congenital Defects, Genetic Disorders, Congenital Metabolic Disorders, Type 1 Diabetes	\$5,000
Cancer	Cancer (Invasive)	\$10,000
	Bone Marrow Transplant	\$5,000
	Carcinoma in Situ	\$2,500

YOUR BI-WEEKLY COST		
Your Age	Employee	Employee + Spouse
0-29	\$1.94	\$3.88
30-39	\$3.42	\$6.83
40-49	\$7.48	\$14.95
50-59	\$16.02	\$32.03
60-69 (benefit reduces by 50% at age 70)	\$33.92	\$67.85

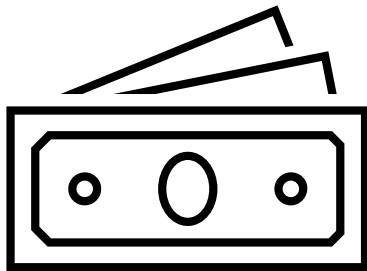
Children are covered automatically. Be sure you have your eligible children listed.

Flexible Spending Accounts (FSA)

HEALTH CARE REIMBURSEMENT PLAN

Save money on your money! Set aside up funds in your Health Care FSA to pay for your qualified medical, dental, and vision expenses. Money is deducted from your paycheck before it is taxed and deposited into your FSA, so you save money. Access your funds easily with your FSA debit card. Your entire annual election is available to you from the first day of the plan but will be deducted equally in small amounts from each paycheck for the remainder of the year. You may think of your FSA as a tax-free, paycheck advance with no interest.

PLAN CAREFULLY!



- Set aside up to \$3,300 during the plan year
- At the end of the year, no more than \$660 of unclaimed funds can carryover into your 2025 FSA. **Any unclaimed funds over \$660 will be forfeited.**
- Claims must be incurred prior to the last day of the plan year (07/31/2025) and must be submitted within 90 days after the applicable plan year.
- Don't lose your money! Search for websites like www.fsastore.com or search your pharmacy's website for ways to spend down any unused funds at the end of the year.

EXAMPLES OF ELIGIBLE MEDICAL CARE EXPENSES

- | | | |
|---|--|--|
| <ul style="list-style-type: none">• Acupuncture• Ambulance• Anesthesiologist fees• Childbirth classes• Chiropractic treatment• Coinsurance amounts• Contact lenses, cleaning solutions, etc.• Contraceptive prescriptions• Copayments | <ul style="list-style-type: none">• Crutches, canes, walkers, etc.• Dentist fees• Eye exams• Health insurance deductibles• Hearing aids & batteries• Lasik eye surgery• Medical records charges• Mileage (for travel for eligible health care)• Nursing services• Orthodontia | <ul style="list-style-type: none">• Physical exams• Physical therapy• Prescription drugs• Psychiatrist's and psychologist's fees• Radial keratotomy• Speech therapy• Surgery (non-cosmetic purposes)• Weight loss programs (for treatment of a medical condition with letter from doctor) |
|---|--|--|

Over-the-Counter Medications are an **ALLOWABLE** expense

Examples: allergy & cold meds, stomach relief, feminine care products, pain relievers, etc.

To access your account, register at www.consolidatedadmin.com and select **PARTICIPANT LOGIN** to create your account or scan the QR Code.

You can also download the free, secure CAS mobile app.



Due to IRS regulations, regarding eligible expenses, occasionally, participants will be required to submit itemized documentation to substantiate purchases for eligibility.

You should keep itemized documentation for all transactions

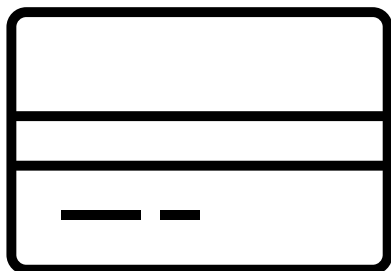
Example of Income Savings for FSA Participants

This example is based on an employee earning \$2,000 per month. Your exact savings will vary based on your personal tax situation.

HEALTHCARE SPENDING ACCOUNT	WITH FSA DEDUCTIONS	WITHOUT FSA DEDUCTIONS
Monthly Earnings	\$2,000	\$2,000
Monthly Pre-Tax Contribution	\$42	\$0
Taxable Earnings	\$1,958	\$2,000
Taxes (FICA, Federal, State)*	\$454	\$464
Earnings After Taxes	\$1,504	\$1,536
Post-Tax Expense	\$0	\$42
Take Home Earnings	\$1,504	\$1,494
FSA Savings	\$10	N/A
Net Medical Expense	\$32	\$42

**Assumes 23.19% tax bracket (13.5% Federal, 7.65% FICA, and 2.04% State)*

FSA Smart Card – How it Works



- Acts as a debit card and will come **pre-loaded** with the amount of your annual contribution
- It's a "Smart Card" – Only Eligible Expenses will be allowed using your card
- You will receive the MasterCard upon Plan enrollment (mailed directly to your home (arriving in a non-descript white envelope)
- Questions? Contact 877-947-5956 or email info@consolidatedadmin.com

CAS MOBILE APP



If you'd like to check your healthcare account balances and submit receipts from anywhere, the Consolidated Admin Services (CAS) mobile app lets you easily and securely access your health benefits accounts, submit claim, and upload receipts at any time.

Search: Consolidated Admin Services in App Store for iPhone & Android



BlueCross BlueShield
of Oklahoma



Get to Know Your Employee Assistance Program

**Find professional support when you
need it for challenging life events.**

ComPsych GuidanceResources is an Employee Assistance Program (EAP) included with your Blue Cross and Blue Shield of Oklahoma plan. You and your family members have access to a suite of EAP services — no copays or deductibles attached.

Connect with the EAP Today!

Don't be afraid to reach out for help. Your personal records are kept private from your employer, as required by law.



- Call: **844-222-9325**
- Online: **guidanceresources.com**
- App: **GuidanceNow**
- Web ID: **BCBSOKEAP**

COMPSYCH®
GuidanceResources® Worldwide

Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an independent Licensee of the Blue Cross and Blue Shield Association



Make a Positive Change

Connect with a therapist for confidential emotional support. A trained mental health professional can counsel you through a variety of concerns, such as:

- Sadness, worry and stress
- Alcohol or drug use
- Grief, loss and personal struggles
- Personal relationship issues

Your EAP benefit includes five free therapy sessions per issue. Once you've used these free sessions, you can transition to your BCBSOK network benefits and keep seeing the same therapist in most cases.

Check Off Your To-dos

ComPsych GuidanceResources specialists can save you time by searching for local, professional services so you don't have to. They can help you find:

- Child, elder or pet care
- Movers or home repair services
- And much more

Have Your Legal Questions Answered

Talk to an attorney for help with legal questions, including:

- Divorce, adoption and family law
- Wills and trusts
- Landlord/tenant issues

Get Help with Your Finances

Financial experts can help with a wide range of money matters, including:

- Retirement planning or taxes
- Relocation, mortgages or insurance
- Budgeting, debt or bankruptcy

Access Online Tools 24/7

The ComPsych GuidanceResources website and mobile app provide information and support whenever you need it. Log on for:

- Articles, podcasts, videos and slideshows
- On-demand trainings
- "Ask the Expert" responses to your questions
- Other self-service tools

Online Tools & Resources

Log onto your plan's website for online tools such as spending account balances, claims information, ID cards, doctor or provider search, claim payment details, member discount programs and more! Login links to Miller Truck Lines' plans are listed in the table below. **More contact information is listed in the Contact Information table on page 21.**



DON'T FORGET

Most insurance companies have easy access to your information and additional resources online, so don't forget to utilize your online tools & resources.

Also check to see if provider mobile apps are available for your iPhone or Android on Google Play or Apple App Store.

Plan & Carrier	Member Portal / Online Resources
Medical Blue Cross Blue Shield of Oklahoma	www.bcbsok.com/member
Dental Mutual of Omaha	www.mutualofomaha.com/dental <i>*Select "Visit Member Portal" under Resources</i>
Vision Mutual of Omaha	www.mutualofomaha.com/vision <i>Select "View my vision benefits" under Easy, online tools & resources to be directed to the online member portal</i>
Employee Assistance Program ComPsych	www.guidanceresources.com
Life, Accident & Critical Illness Mutual of Omaha	www.mutualofomaha.com <i>Select "Sign In" under the Employee Portal option</i> <i>New Users: Select "Register"</i>
Flexible Spending Account (FSA) Consolidated Admin Services	www.consolidatedadmin.com <i>Select "Participant/Employee Login"</i>

Provider links, plan documents, claim forms, phone numbers and additional resources are available in Employee Navigator.

Resource Center and Discount Marketplace



Don't discount your financial well-being! Through the BenefitHub website, you can access products and services at a discount. **The BenefitHub includes Financial Wellness** services by Prudential*, including financial tools and strategies to help navigate these challenging times.

PRODUCTS & SERVICES AVAILABLE



ACCESS BENEFITHUB

USE LINK

<https://miller.benefithub.com>

USE CODE

EO4ZN9

– OR –

**SCAN
QR CODE**



Contact Information

BENEFITS HELPLINE

BENEFITS PARTNER - BROWN & BROWN INSURANCE

1-800-335-3295

Jimmie.Greenson@bbrown.com

ENROLLMENT WEBSITE

EMPLOYEE NAVIGATOR

<https://www.employeenavigator.com/benefits/account/login>

Company Identifier: Miller Truck Lines



MEDICAL PLAN

BLUE CROSS BLUE SHIELD OF OKLAHOMA

Group Number: 321175

Customer Service: 1-800-942-5837

Provider Directory & Member Services: www.bcbsok.com/member

DENTAL PLAN

MUTUAL OF OMAHA

Group Number: G000BKVG

Member Services: 1-800-927-9197

Provider Directory & Member Services: www.mutualofomaha.com/dental

VISION PLAN

MUTUAL OF OMAHA

Group Number: G000BKVG

Member Services: 1-833-279-4358

Provider Directory & Member Services: www.mutualofomaha.com/vision

LIFE & DISABILITY PLANS

MUTUAL OF OMAHA

Group Number: G000BKVG

Member Services: 1-800-775-8805

Provider Directory & Member Services: www.mutualofomaha.com

EMPLOYEE ASSISTANCE PLAN

BLUE CROSS BLUE SHIELD OF OKLAHOMA

Member Services: 844-222-9325

Online: www.guidanceresources.com

ACCIDENT & CRITICAL ILLNESS

MUTUAL OF OMAHA

Group Number: G000BKVG

Claims Assistance: 800-775-8805

Member Services: www.mutualofomaha.com

BENEFITHUB

BenefitHub Portal: <https://miller.benefithub.com>

Access Code (first-time users): EO4ZN9

First-time users: Click "Don't have an account? Sign up"





Your Employee Benefits Representative

*If your question is concerning your spouse or child aged 18 or older, please see HR for a HIPAA authorization **before calling**. Brown & Brown needs a copy of this signed form in order to help with those questions due to federal law.*

Your Benefits Helpline
Brown & Brown Insurance
800-335-3295

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