



2027 Benefits Change Guide

2027 Plan Year
1/1/2027-12/31/2027

At St. Olaf, we value our faculty and staff and are committed to providing a comprehensive and competitive benefits package. Please use this guide as a reference to understand the changes for the upcoming plan year and to choose what is best for you and your family.

Open Enrollment Period

For many employees, this will be a “passive enrollment” year – meaning that if you do not take action, your benefit elections will remain the same as last year. You must take action in the benefit election this year if you: have a spouse on the St. Olaf health care plan, wish to enroll in an FSA, and/or want to change your HSA contribution. Elections must be made between November 2nd – November 13th. Any elections that you make during open enrollment will become effective on January 1, 2027.



507-786-3068 | [AskHR](#)

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What's New for 2027?

Medical Plan Changes

Below you will find a brief outline of updates taking place to our existing medical plans:

- Changes in plan design.
- Some medical premiums are increasing.

Nice Healthcare

- Preventive Care is easier than ever! Schedule your annual exam and labs with Nice Healthcare in the convenience of your own home.

Health Savings Account (HSA) Changes

Below you will find a brief outline of changes taking place to the Health Savings Account (HSA):

The HSA contribution limits (employer and employee contributions combined) in 2027 are as follows:

- Single: \$4,500
- Family: \$9,000

Jan. 1, 2027

- St. Olaf's total contribution to the HSA will remain the same; contributions will still be made on a *per-pay period* basis.

<u>0.75 and above FTE</u>	<u>Bi-weekly pay period</u>	<u>Monthly pay period</u>	<u>Total Annual</u>
○ Employee	\$50.00	\$100.00	\$1,200.00
○ Employee + Child(ren)	\$75.00	\$150.00	\$1,800.00
○ Employee + Spouse	\$60.00	\$120.00	\$1,440.00
○ Family	\$100.00	\$200.00	\$2,400.00

<u>0.5 – 0.749 FTE</u>	<u>Bi-weekly pay period</u>	<u>Monthly pay period</u>	<u>Total Annual</u>
○ Employee	\$40.00	\$80.00	\$960.00
○ Employee + Child(ren)	\$60.00	\$120.00	\$1,440.00
○ Employee + Spouse	\$48.00	\$96.00	\$1,152.00
○ Family	\$80.00	\$160.00	\$1,920.00

Flexible Spending Account (FSA) Changes

- Flexible Spending Account – contribution maximum is \$3,400 (2027 limits are still pending)
- Employees may continue to actively enroll in a Dependent Care Flexible Spending Account in 2027 with an increased contribution maximum of \$7,500

Eligibility

Full-time employees who are at 0.5 FTE or above are eligible to participate in St. Olaf benefit program on the first of the month following your date of hire.

Eligible Dependents*

You may also enroll your eligible dependents in certain benefit coverage, including medical, dental, vision and voluntary life insurance.

Eligible dependents include:

- Your spouse, and
- Your child(ren) up to age 26



*Spouses eligible for coverage under another group plan are not eligible for coverage under the Plan.

Changing Elections During the Year

The benefit elections you make during your initial or annual enrollment remain in effect for the entire calendar year. However, you may be allowed to make changes if you experience a qualifying life event (QLE). QLEs include changes in:

Dependent status – change due to age or other circumstance which causes your dependent to satisfy or cease to satisfy eligibility requirements under the plan

Medicare or Medicaid eligible status – you or your spouse become Medicare or Medicaid eligible

Legal marital status – marriage, death of spouse, divorce, legal separation, or annulment

Number of dependents – birth, adoption, placement for adoption, divorce or death of a dependent, or assuming primary support of a child of an unmarried dependent child

Employment status – eligible dependent gains or loses access to employer-sponsored coverage

If you experience a QLE, **you must request a change within 30 days of the life event date** to make changes to your current coverage (or within 60 days for changes involving Medicaid and state child health plans). Otherwise, you will have to wait until the next annual enrollment period to change your benefits. The new election becomes effective the first of the month following the date of the event.

Health Plan Comparison

St. Olaf offers three health plans and two provider networks through AmeriHealth, a Blue Cross Blue Shield company.

	Current Gold Plan		Effective 1/1/27 Renewal Gold Plan	
	\$1,500/\$3,000 CORE (Gold Plan)		\$1,750/\$3,500 CORE (Gold Plan)	
	In Network	Out of Network	In Network	Out of Network
Deductible <i>per plan year</i>	\$1,500/single \$3,000/family	\$2,500/single \$5,000/family	\$1,750/single \$3,500/family	\$2,500/single \$5,000/family
Out of Pocket Max <i>per plan year</i>	\$4,500/single \$9,000/family	\$7,000/single \$14,000/family	\$5,000/single \$10,000/family	\$7,000/single \$14,000/family
Physician Services <i>Office visits, Urgent Care Clinic, Retail Clinics,</i>	You pay 25% after deductible	You pay 50% after deductible	You pay 25% after deductible	You pay 50% after deductible
Preventive Services <i>Well child, Immunizations, Prenatal, Screening</i>	You pay \$0	You pay 50% after deductible	You pay \$0	You pay 50% after deductible
Office Visits	You pay 25% after deductible	You pay 50% after deductible	You pay 25% after deductible	You pay 50% after deductible
Emergency Room, Ambulance,	You pay 25% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay 25% after deductible
Outpatient/Inpatient Hospital Care	You pay 25% after deductible	You pay 50% after deductible	You pay 25% after deductible	You pay 50% after deductible
Prescription Drugs <i>Retail (31-day supply)</i>	SmithRx Formulary		SmithRx Formulary	
Preventive	N/A (HDHP only)		N/A (HDHP only)	
Generic	You pay \$10		You pay \$15	
Preferred Brand	You pay \$50		You pay \$65	
Non-Preferred Brand	You pay \$100		You pay \$130	
Preferred Specialty	20% coinsurance, \$200 max		20% coinsurance, \$300 max	
Non-Preferred Specialty	40% coinsurance		40% coinsurance	

Refer to your summary of benefits and coverage (SBC) for a more detailed explanation about your health plan benefits. SBCs coming soon.

	Current Silver Plan		Effective 1/1/27 Renewal Silver Plan	
	\$3,550/\$7,100 HIGH DEDUCTIBLE WITH HSA (Silver Plan)		\$3,750/\$7,500 HIGH DEDUCTIBLE WITH HSA (Silver Plan)	
	In Network	Out of Network	In Network	Out of Network
Deductible <i>per plan year</i>	\$3,550/single \$7,100/family	\$4,800/single \$9,600/family	\$3,750/single \$7,500/family	\$4,800/single \$9,600/family
Out of Pocket Max <i>per plan year</i>	\$4,800/single \$9,600/family	\$7,200/single \$14,400/family	\$5,300/single \$10,600/family	\$7,200/single \$14,400/family
Physician Services <i>Office visits, Urgent Care Clinic, Retail Clinics,</i>	You pay 20% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible
Preventive Services <i>Well child, Immunizations, Prenatal, Screening</i>	You pay \$0	You pay 50% after deductible	You pay \$0	You pay 50% after deductible
Office Visits	You pay 20% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible
Emergency Room, Ambulance,	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible
Outpatient/Inpatient Hospital Care	You pay 20% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible
Prescription Drugs <i>Retail (31-day supply)</i>	SmithRx Formulary		SmithRx Formulary	
Preventive	You pay \$0		You pay \$0	
Generic	You pay 20% after deductible		You pay 20% after deductible	
Preferred Brand	You pay 20% after deductible		You pay 20% after deductible	
Non-Preferred Brand	You pay 20% after deductible		You pay 20% after deductible	
Preferred Specialty	You pay 20% after deductible		You pay 20% after deductible	
Non-Preferred Specialty	You pay 20% after deductible		You pay 20% after deductible	

Refer to your summary of benefits and coverage (SBC) for a more detailed explanation about your health plan benefits. SBCs coming soon.

	Current Bronze Plan		Effective 1/1/27 Renewal Bronze Plan	
	\$5,000/\$10,000 HDHP WITH HSA (Bronze Plan)		\$5,250/\$10,500 HDHP WITH HSA (Bronze Plan)	
	In Network	Out of Network	In Network	Out of Network
Deductible <i>per plan year</i>	\$5,000/single \$10,000/family	\$6,250/single \$13,000/family	\$5,250/single \$10,500/family	\$6,250/single \$13,000/family
Out of Pocket Max <i>per plan year</i>	\$6,500/single \$13,000/family	\$8,400/single \$16,800/family	\$7,000/single \$14,000/family	\$8,400/single \$16,800/family
Physician Services <i>Office visits, Urgent Care Clinic, Retail Clinics,</i>	You pay 20% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible
Preventive Services <i>Well child, Immunizations, Prenatal, Screening</i>	You pay \$0	You pay 50% after deductible	You pay \$0	You pay 50% after deductible
Office Visits	You pay 20% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible
Emergency Room, Ambulance,	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible
Outpatient/Inpatient Hospital Care	You pay 20% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible
Prescription Drugs <i>Retail (31-day supply)</i>	SmithRx Formulary		SmithRx Formulary	
Preventive	You pay \$0		You pay \$0	
Generic	You pay 20% after deductible		You pay 20% after deductible	
Preferred Brand	You pay 20% after deductible		You pay 20% after deductible	
Non-Preferred Brand	You pay 20% after deductible		You pay 20% after deductible	
Preferred Specialty	You pay 20% after deductible		You pay 20% after deductible	
Non-Preferred Specialty	You pay 20% after deductible		You pay 20% after deductible	

Refer to your summary of benefits and coverage (SBC) for a more detailed explanation about your health plan benefits. SBCs coming soon.

QUESTIONS?

Call customer service at the phone number on the back of your ID card or visit www.myahabenefits.com. To find a provider visit BlueCross BlueShield at www.findadoctormn.AwareNetwork.



Monthly Health Plan Premiums

Core Plan (Gold Plan) - \$1,750/\$3,500 Monthly Premium			
	> 0.75 FTE Employee Premium Contribution	> 0.75 FTE College Premium Contribution	Total Monthly Premium
Employee	\$234.74	\$747.86	\$982.60
Employee + Child(ren)	\$468.15	\$1,288.87	\$1,757.02
Employee + Spouse	\$669.17	\$1,319.97	\$1,989.14
Family	\$987.45	\$2,015.52	\$3,002.97
	0.50 to 0.749 FTE Employee Premium Contribution	0.50 to 0.749 FTE College Premium Contribution	Total Monthly Premium
Employee	\$384.31	\$598.29	\$982.60
Employee + Child(ren)	\$752.92	\$1,031.10	\$1,757.02
Employee + Spouse	\$933.16	\$1,055.98	\$1,989.14
Family	\$1,390.55	\$1,612.42	\$3,002.97

High-Deductible Health Plan (Silver Plan) - \$3,750/\$7,500 Monthly Premium			
	> 0.75 FTE Employee Premium Contribution	> 0.75 FTE College Premium Contribution	Total Monthly Premium
Employee	\$161.88	\$747.86	\$909.74
Employee + Child(ren)	\$366.14	\$1,288.87	\$1,655.01
Employee + Spouse	\$574.45	\$1,319.97	\$1,894.42
Family	\$871.91	\$2,015.52	\$2,887.43
	0.50 to 0.749 FTE Employee Premium Contribution	0.50 to 0.749 FTE College Premium Contribution	Total Monthly Premium
Employee	\$311.45	\$598.29	\$909.74
Employee + Child(ren)	\$623.91	\$1,031.10	\$1,655.01
Employee + Spouse	\$838.44	\$1,055.98	\$1,894.42
Family	\$1,275.01	\$1,612.42	\$2,887.43

Premiums continued on next page.

High-Deductible Health Plan (Bronze Plan) - \$5,250/\$10,500 Monthly Premium			
	>.75 FTE Employee Premium Contribution	>.75 FTE College Premium Contribution	Total Monthly Premium
Employee	\$83.80	\$747.86	\$831.67
Employee + Child(ren)	\$228.74	\$1,288.87	\$1,517.61
Employee + Spouse	\$418.32	\$1,319.97	\$1,738.28
Family	\$638.75	\$2,015.52	\$2,654.27
	0.50 to 0.749 FTE Employee Premium Contribution	0.50 to 0.749 FTE College Premium Contribution	Total Monthly Premium
Employee	\$233.38	\$598.29	\$831.67
Employee + Child(ren)	\$486.51	\$1,031.10	\$1,517.61
Employee + Spouse	\$682.30	\$1,055.98	\$1,738.28
Family	\$1,041.85	\$1,612.42	\$2,654.27

Blue Card PPO Network

The Blue Card PPO Network is a nationwide network that allows members to access in-network doctors and hospitals across the United States. There are more than 98% of doctors and hospitals in this network in Minnesota and gives you broad, open access to the largest selection of providers. No referrals are needed to see specialists.

To locate a provider in your network, visit www.findadoctormn.AwareNetwork, or call the number on the back of your ID card. It is important to make sure your provider or hospital is in the network to receive the best benefit. If you do not visit an in-network provider, you will incur higher out-of-pocket costs.



PRESCRIPTION DRUG BENEFITS



St. Olaf partners with SmithRx to provide you with prescription drug benefits.

ONLINE MEMBER PORTAL

SmithRx's online Member Portal allows you to access important forms, review your pharmacy transactions, find Member Support contact information, and more.

To register for your account, go to member.mysmithrx.com and click on "Create An Account". Please have your SmithRx prescription benefits card available.

QUESTIONS?

If you are contacted by SmithRx please respond at your earliest opportunity for continued savings. Additionally, if you have any questions, please call SmithRx Member Support at:

(844) 454-5201 or visit www.smithrx.com to chat with a Member Support agent

BALANCE BILLING

The amount that the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. Always use an in-network provider for the highest coverage of services.

SUMMARY OF BENEFITS COVERAGE

Refer to your summary of benefit coverage (SBC) for a more detail explanation about your health plan benefits, including mail order prescriptions and out-of-network benefits.

Formulary*: A formulary is a list of drugs that your doctor may prescribe for you that includes information related to coverage and cost of these drugs. This list may change over time, the drugs being listed on the formulary does not guarantee coverage. You can access your drug formulary by visiting the SmithRx member portal at member.mysmithrx.com.

* If your medication is not covered on the formulary, there may be a lower cost alternative available. If you have explored all alternatives, your doctor can work with SmithRx to determine if an exception to coverage can be made. Please contact SmithRx Member Support to assist with finding alternatives if your medication is not covered.

Extra Savings Opportunity: If you're taking a qualifying drug, you may hear from SmithRx about additional cost savings programs. These programs can help you achieve no cost for expensive drugs. It is important that you engage with them and provide them the information they request. You cannot opt out of this program.

Low-Cost Insulin: The SmithRx Low-Cost Insulin program helps lower the cost of insulin to reduce your cost to \$35 or less for a 30-day supply for Lily insulin products. Download Lily Diabetes Savings Card at www.insulinaffordability.com to get started.

Finding a Pharmacy

SmithRx partners with over 83,000 retail pharmacies across the nation including the major national chains, regional chains, grocers, and independent pharmacies. In addition, SmithRx has three preferred mail order pharmacies and two specialty pharmacies.



You can always find the pharmacy with the best price by using the “Find My Meds” search tool in the Member Portal at www.mysmithrx.com. For specific in-network pharmacy questions or to check whether your local pharmacy is in-network, please contact SmithRx’s dedicated Member Support team at (844) 454-5201, email at help@smithrx.com, or live chat at www.smithrx.com.

Retail pharmacies: Here are just a few of the retail pharmacies in the SmithRx network.



Mail order pharmacies

	Register at www.amazon.com/smithrx. Doctors can send prescriptions via electronic prescribing, fax, or phone: • Name/E-scribe: Amazon Pharmacy Home Delivery • Amazon Pharmacy fax: (512) 884-5981 • Amazon prescriber and pharmacy line: (855) 206-3605
	Doctors can send prescriptions via electronic prescribing, fax, or phone: • Costco prescriber and pharmacy line: (800) 607-6861 • Website: http://rx.costco.com/mail-order
	See whether your medications are available: https://costplusdrugs.com/medications Doctors can send prescriptions via electronic prescribing to: • Mark Cuban Cost Plus Drug Company (MCCPD)

Specialty pharmacies

	For enrollment assistance patients and prescribers can call: (855) 213-0070. Faxed prescriptions will only be accepted from the prescriber.
	For enrollment assistance patients can call: (888) 777-5547. Prescribers can visit https://www.senderrarx.com/ and fill out the appropriate forms for the appropriate department. Faxed prescriptions will only be accepted from the prescriber.

HEALTH SAVINGS ACCOUNT (HSA)

St. Olaf offers a Health Savings Account through HealthEquity if you elect a High-Deductible Health Plan.

HSA Eligibility

You must be enrolled in a HDHP (high-deductible health plan) to be eligible to contribute to an HSA, and you *cannot be*:

- Covered by other non-HDHP health insurance.
- Contributing to or participating in a Medical Flexible Spending Account.
- Claimed as a dependent on someone else’s tax return.
- Children over age 19 covered by one of the high-deductible health plans are not eligible for HSA reimbursement unless they are a dependent on your tax return.
- Enrolled in a government health plan, such as Medicare or Medicaid.

HSA Contributions

St. Olaf is pleased to make the following contribution to your HSA account. Per Pay Period installments of the St. Olaf annual contribution will begin in January and continue through 2027.

Tier of Coverage	
Employee	\$100
Employee + Child(ren)	\$150
Employee + Spouse	\$120
Family	\$200

We encourage eligible employees to make pre-tax contributions to your own HSA as well. The IRS limits the annual amount contributed to an HSA, but you can start, stop or change your contribution amount anytime throughout the year.



Know Your Limits

How much can you put in your health savings accounts?

Maximum contributions are **\$4,500** for single coverage **\$9,000** for family coverage for 2027 (employer and employee contributions combined).

NOTE: If you are age 55 or over, you can contribute up to an additional **\$1,000** per year beyond the current contribution limits.



TOP REASONS TO HAVE AN HSA

Tax Saving & Earned Interest — Contributions are tax-deductible and earn tax-free interest.

Portability — You own your account, so even if you change jobs, your HSA funds are yours to keep.

Affordable Health Coverage — Use the HSA to cover 100% of out-of-pocket costs for routine medical expenses, such as office visits, lab tests, and prescription medications.

Long-Term Savings — Contributions to your HSA accumulate and roll over year-to-year with no limit, which allows the account to grow tax-deferred.

Retirement Bonus — After age 65, funds may be withdrawn for any reason with no penalties. If used for non-medical purposes, however taxes will be imposed.

Safety Net — An HSA has no “use it or lose it” restrictions, so balances can be built up to use for major medical events.

Coverage for the “Extras” — HSA funds may be used to pay for services often not covered by a medical plan, including dental and vision expenses.

Money That Works for You — Balances over a certain amount may be invested.

Empowerment — Take control of your health care decisions, including which providers you want to use, to ensure your health care dollars are spent wisely.

BE A SMART HEALTH CARE CONSUMER!

You have different care options to choose. Gaining a better understanding of your options now can help you save both time and money when you need to seek care.

Options for treatment include:

Nice Healthcare: Unlimited virtual and home visits, lab work, virtual physical therapy, mental health therapy, and 550+ **free** medications.

Cost: Free

Convenience Care, Online Care: Located inside of retail stores or online, visit these for common ailments like strep throat, pink eye, bladder infection, etc. **Cost: \$**

Doctor's Office: Staffed by doctor, PA and nurses, visit this for care of illnesses, injuries, preventive care, etc.

Cost: \$\$

Urgent Care Clinic: Staffed by doctor, PA and nurses, visit this for care of minor illnesses or injuries that require **immediate** attention.

Cost: \$\$\$

Emergency Room: Located inside of a hospital, visit this for serious illnesses, injuries or life-threatening issues, such as, chest pains, shortness of breath, burns, head injuries, etc.



How do I find information about medical costs and quality so I can make informed choices?

Visit www.myahabenefits.com or

www.findadoctormnAwareNetwork to search for providers and clinics that offer the medical services you need at the best cost.

Using Your HSA

You will be issued a debit card to pay for qualified health care expenses. If you prefer, you may also reimburse yourself from your HSA at a later date. The funds in your HSA are yours to keep even if you leave St. Olaf.

For more information about HSAs, contact Health Equity at (844)-351-6856 or visit <https://www.healthequity.com/>.

Can I withdraw money from an HSA for non-medical expenses?

Yes, but if you withdraw funds for nonmedical expenses before you turn 65, you have to pay taxes on the money and a 20% penalty. If you take money out after you turn 65, you pay normal income taxes but no penalties.

Visit hsastore.com/healthequity from HealthEquity where members can easily shop HSA-qualified healthcare expenses.



FLEXIBLE SPENDING ACCOUNT (FSA)

St. Olaf offers three types of Flexible Spending Accounts (FSAs) administered by HealthEquity. FSAs allow you to set aside money to pay certain out-of-pocket expenses. You make contributions to your FSAs from your paycheck with pre-tax dollars, which reduces your taxable income.

Medical FSA

If you have non-HDHP coverage through your spouse's employer, you can use the Medical FSA to pay medical, dental, and vision expenses not paid by your health plan, such as deductibles, coinsurance, and copayments.

The maximum amount you can contribute to this account for 2026 is \$3,400. The minimum is \$200. (2027 IRS limits have not been released)

Limited FSA

If you enroll in the high-deductible health plan and utilize a Health Savings Account (HSA), you can use the Limited FSA to pay qualified dental and vision.

The maximum amount you can contribute to this account for 2026 is \$3,400. The minimum is \$200. (2027 IRS limits have not been released)

Dependent Care FSA

You can use this account to pay for work-related daycare expenses that are necessary to allow you and your spouse to work or attend school. Expenses can include daycare, preschool, summer day camp, or before or after school programs. Eligible dependents include children under age 13.

The maximum amount you can contribute to this account for 2026 is \$7,500 (\$3,750 if married and filing separately).



Maximize your benefits

To fully utilize your FSA, check out the list of eligible health care and dependent care expenses on the HealthEquity website at <https://www.healthequity.com/fsa-qme>.



MORE ABOUT FSA'S

- You choose the annual amount you want to contribute to your FSA(s), up to the IRS limits for each account.
- This amount is taken out from your paycheck in equal installments throughout the year before federal and social security taxes are withheld.
- You cannot change your contribution amount during the year unless you experience a qualifying life event (see page 4).
- The money in one account cannot be used to pay expenses in another account.
- The Dependent Care FSA has a "use it or lose it" rule, so plan your contribution amount carefully. Any funds remaining in your account at the end of the calendar year will be forfeited.
- The Medical and Limited FSAs allow you to carry over up to \$680 of unused funds at the end of the calendar year.
- You can pay for eligible expenses using the FSA debit card or by submitting a claim form (this method is required for dependent care reimbursement).

Expenses must be incurred between January 1, 2027, and December 31, 2027. You will have until March 31, 2027, to submit claims for reimbursement during the 2026 run-out period.



Online Member Portal: Log on for personalized information, find a doctor, view claims, view and order ID cards and access health and wellbeing benefits. Register at www.myahabenefits.com to have all of your plan information at your fingertips. You will need your member ID card to get started. To search for providers visit BlueCross BlueShield www.findadoctormn.AwareNetwork



Mobile App: Download the **myAHABenefits** Mobile app and access your information, deductible and out of pocket totals, digital ID card and cost estimates for procedures.

Well-being Platform

Access online tools and resources such as a well-being profile to create an action plan, get reminders about health goals, stay motivated with tokens and badges, and sync up fitness apps and devices to track your progress.

Case Management

If you are diagnosed with a complex, catastrophic, or chronic illness or injury, case management can help support you and your health care providers by locating, coordinating, and evaluating services across various levels and places of care.

Registered Nurse Case Manager

When you call our Health Information Line, Registered Nurse Case Managers are available 24/7 for questions about your health and treatment options.

Exclusive Discounts and Savings

The AmeriHealth Insider discount program is your exclusive pass to discounts on family events, amusement park tickets, sporting events, online shopping, and more. You can save up to 60 percent at a wide range of national, regional, and local businesses, attractions, and events.

Baby Beginnings

Baby Beginnings is a maternity management program specifically designed to help expecting mothers successfully manage their health before, during and after a baby is born. To get started, call **(80) 598-2229** or email babybeginnings@ahatpa.com with "Enroll" in the subject line. A nurse will reach out to you within two business days.

NICU Care Management

Support is available if your newborn needs treatment in the Neonatal Intensive Care Unit (NICU), including telephone and in-person support from the day the baby is admitted through discharge planning and the transition home.

Log in at myahabenefits.com to check out all the exciting member perks.



Husk Marketplace

Achieving optimal health and wellness doesn't have to be complicated or expensive. Access exclusive best-in-class pricing with some of the biggest brands in fitness, nutrition, and wellness with HUSK Marketplace.

YOUR LANDING PAGE:

Marketplace.huskwellness.com/paretohealth

Click on Activate Benefit to register for the program and unlock your discounts and exclusive offers.
Be sure to use the provided "Eligibility ID" to register.

Have questions? Reach out to our Customer Support team at
customerservices@huskwellness.com or call 800-294-1500



GYMS & FITNESS CENTERS

HUSK Marketplace members can access exclusive savings and flexible membership options to a variety of facilities. From national chains to specialty studios, HUSK has something for every workout.



HUSK NUTRITION

HUSK Nutrition provides evidence-based virtual health and nutrition programs. You will meet with a Registered Dietitian who will implement a complete 1-on-1 nutrition program specifically designed to answer your nutrition related questions, meet your health goals, individual needs and busy lifestyle.



HOME EQUIPMENT & TECH

Whatever your fitness level is, HUSK has exclusive equipment and wearable technology to help support you on your wellness journey. Whether you want to monitor an everyday activity or start a new fitness routine, find the best products and deals here.



ON-DEMAND FITNESS

Take advantage of all the benefits of group exercise classes in the comfort of your own home. HUSK's streaming membership options will take your wellness and workouts to the next level.



MENTAL HEALTH

We all need help sometimes. We all go through difficulties and struggles. HUSK Mental Health connects you with licensed therapists through technology. Our therapists empower you through guidance and support using evidence-based practices.



Cancer CARE for LifeSM
an INTERLINK[®] Health Company

What is Cancer CARE for Life?

Cancer CARE for Life is a free program that comes with your health plan.

If you are ever diagnosed with cancer, the program is here to guide you through every step of your journey. You'll have expert support, a nurse to help you navigate care, and access to top treatment centers. Our goal is to make sure you get the best care possible when you need it most.

Day One Help

Cancer treatment can feel stressful and overwhelming. We are here to support you every step of the way. Our care team helps you stay informed, organized, and confident. Our oncology nurses coordinate your care, manage symptoms, and make sure nothing is missed.

Sign up on-line or by phone at 877-640-9610.

What We Offer

- Dedicated Oncology Nurse Experts
- Ongoing Care Coordination
- Symptom and Side Effect Support
- Understanding Your Treatment Plan
- Support for Family and Caregivers

Expert Medical Team

During your first call, our staff will gather your medical and insurance information. You will then be connected with your personal Oncology Nurse Expert. The nurse will listen to your concerns and answer questions about your diagnosis and treatment options. The entire Cancer CARE for Life team will be with you every step of your journey.



Cancer CARE for LifeSM
an INTERLINK® Health Company



Frequently Asked Questions

What is Cancer CARE for Life?

Cancer CARE for Life is part of your company's health plan. It helps you and your family during and after cancer. Providing support, advice, and helpful resources to make things easier.

How do I use the program?

To gain access to our services, register online at [CancerCAREprogram.com](https://cancercareprogram.com), or call us at 1-877-640-9610. Once you are registered, a nurse will be assigned to you, and they will help you for the rest of your cancer journey.

Are you going to deny my care or tell my doctor what to do?

No. We do not replace or overrule your doctor. Our nurses work alongside your care team to give you extra support, answer questions, and help you understand your options. Your doctor always makes the final decisions about your care.

I don't have cancer; do I still need to register?

You only need to register if you have been diagnosed with cancer. If you had cancer before and are now cancer-free, you can still sign up as a survivor. We'll help you deal with any lasting issues or concerns. Covered dependents can also register for Cancer CARE for Life.

Will I still get support after my treatment ends?

Yes. When your treatment ends, you'll move into our Survivorship Program. We'll support you with follow-up visits, healthy lifestyle guidance, returning to work, and regular checkups to lower the chance of cancer coming back or starting again.

The Nicest Benefit

Nice is the clinic that comes to you. Any time you or your benefit eligible dependents feel under the weather, suffer an injury, or want to talk to a clinician about a healthcare need, we're here to provide convenient, clinical care. Start with our app to get virtual help from our friendly team. We can even send a clinician to your home or workplace for things like labs, x-rays, and in-person exams! You won't pay anything. No copays, no deductibles, no mystery bills, and no waiting rooms.

Nice Healthcare offers the following services:

-  Virtual chat and video visits
-  In-person visits with 35+ free labs and physical tests
-  Hundreds of free medications
-  Virtual physical therapy
-  Virtual mental health therapy
-  In-home X-rays and EKG services
-  Specialized programs for complex or chronic conditions
-  Care coordination support

**Available services may vary based on your employer's selected options*

“

They were so personable and made me feel as comfortable as possible, and really made time to learn about me and my health issues. I highly recommend Nice.

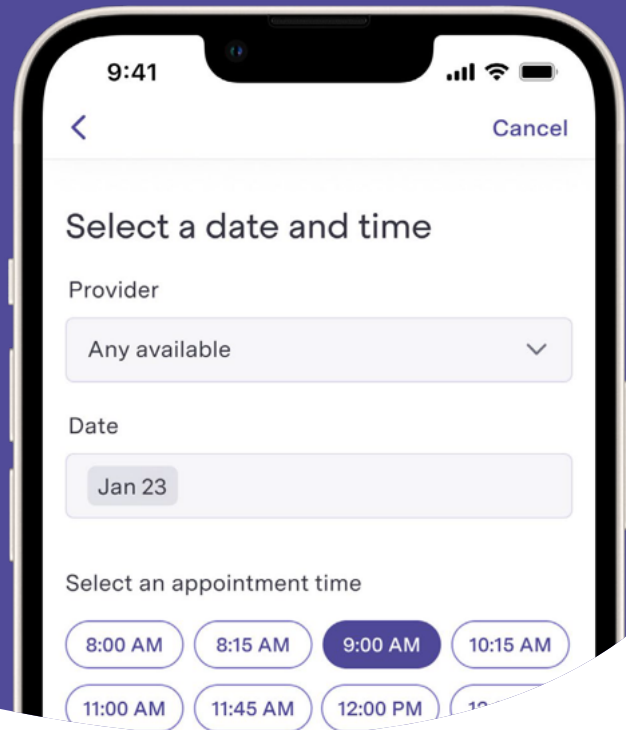
Angela K.

Nice Healthcare Patient



It All Starts With The Nice App

Download the app. Complete the intake form and schedule your first appointment to start using Nice. All virtual services, including chat and video visits, are conducted in the Nice app.



The Clinic That Comes To You

Nice offers clinical services in parts of Arizona, Colorado, Idaho, Indiana Iowa, Minnesota, Nebraska, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, and Wisconsin.

In-Person Visit Hours (local time)

Mon - Fri 9am - 5pm

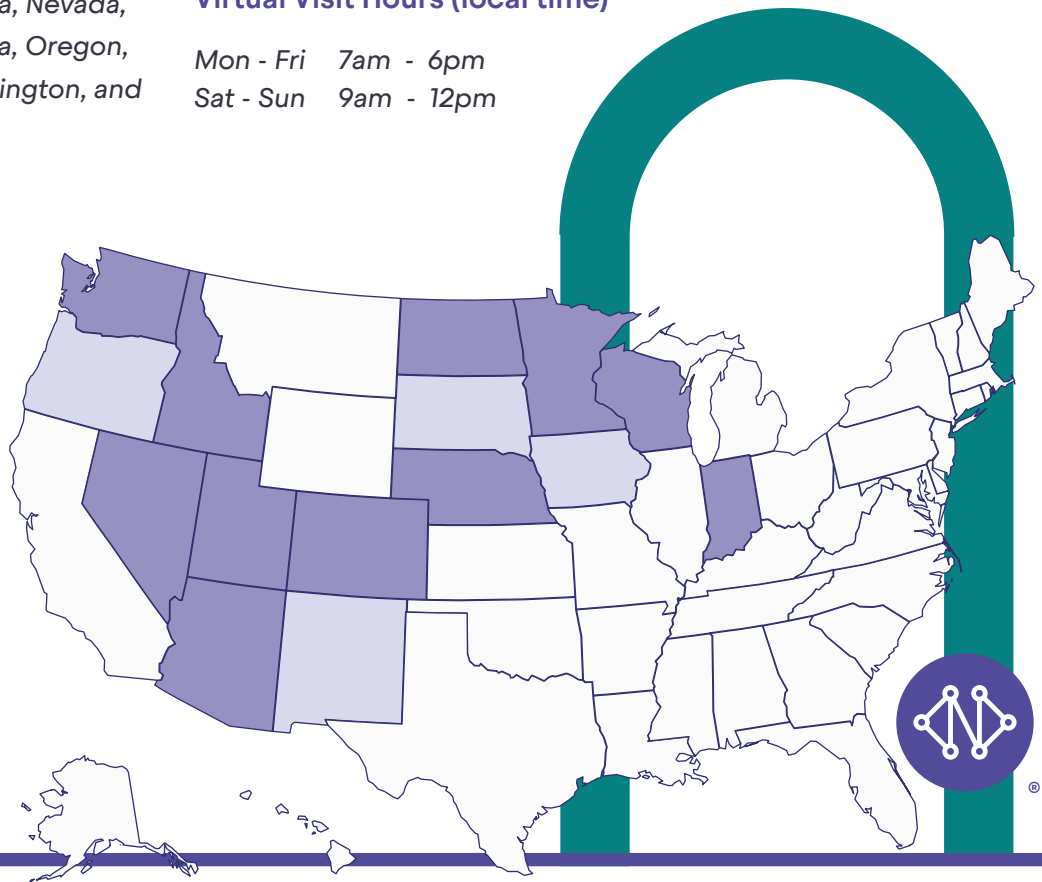
Virtual Visit Hours (local time)

Mon - Fri 7am - 6pm
Sat - Sun 9am - 12pm

- ☐ Virtual only
- ☒ Virtual & in-person

*Our mission
is simple*

Make getting amazing
everyday care easy and
affordable.



When to Use Nice®



EVERYDAY CARE WHENEVER YOU NEED IT



Routine Checkups

Annual Wellness Exam - Sports Physicals - Child Checkups



Chronic Care

Liver Health - Thyroid Conditions - Sleep Disorders



Sick Care

Cold/Flu - Strep Throat - Sinus & Ear Infection - UTIs - Pink Eye - Rashes



Short-Term Mental Health

Anxiety - Depression - Grief & Loss



Virtual Physical Therapy

Back Pain - Neck Pain - Injury Recovery



Specialized Programs

Diabetes - Hypertension - Weight Management - Peri/Menopause



Imaging

X-Rays - EKGs



35+ Labs

Blood Work - A1c



Using the The Nice® App



Create Your Account

Open the app and select “Sign Up.”
Using your personal email address,
fill out the required fields.



Sign In To Your Account

Open the app and enter your email
and password. You’ll be taken to your
homepage where you can book and
view upcoming appointments.



Add Dependents *(if necessary)*

Navigate to the
“Accounts” tab and
select “Add a Patient.”
Fill out the necessary
information and repeat
for each dependent.

Eligible dependents that are 18+ need to create
their own accounts, and dependents under 17
can be added to an adult’s account.

The patient should join through the Nice-eligible employer,
which may not be their personal employer.



Schedule Your First Visit

On the homepage, select “Schedule a Visit” and follow the prompts to complete a
health history and intake form (this usually takes about 5-6 minutes).

Finalize the details of your appointment by selecting a date and time that works for
you, and confirm. You’ll see your upcoming appointment on your homepage.



It All Starts With the App

Use the Nice app to schedule visits,
chat with clinicians, attend video
visits, review treatment plans,
upload documents, and more.



Mental Health Therapy

SHORT-TERM MENTAL HEALTH SUPPORT

Mental and physical health are intertwined and equally important. We can help you manage stressors and maintain whole-person health.

Nice can support you when you're stressed, overwhelmed, grieving, or facing other mental health challenges. Select "Mental Health therapy" under "How can we help?" on the intake form. Our team can provide up to 8 sessions to support you. Note that our mental health services are not intended to address serious mental illness or chronic mental health needs including (but not limited to) suicidal/homicidal ideation, self-injurious behavior, substance abuse, eating disorders, psychosis, trauma, or severe mood dysregulation. For these conditions, you may be guided to long-term or other mental health services better suited to your needs.

Who's eligible?

- Must be at least 18 years old
- Must not already be in therapy

Nice can help patients:

- Enhance mindfulness
- Navigate parenthood or other life transitions
- Increase confidence in managing social situations
- Improve stress management
- Develop boundary setting skills
- Strengthen conflict resolution skills
- Refine their ability to regulate emotions
- Live in better alignment with their values
- Communicate more effectively in relationships



Nice does not prescribe controlled substances or antipsychotic medications, and does not provide evaluations for ADHD, ASD, or other disorders.



Physical Therapy

IMPROVE MOBILITY • REDUCE PAIN • RESTORE FUNCTION

Aches, pains, or strains? From injuries to nagging back pain, our licensed physical therapists can help you address all kinds of musculoskeletal issues.

Nice's physical therapy service can help you:

- Enhance mobility and movement
- Alleviate discomfort and pain
- Restore your strength and improve your functional abilities
- Learn and implement strategies to prevent future injuries

Our therapists collaborate closely with you to craft a personalized plan to meet your specific goals and requirements. If needed, you'll receive a resistance band for exercises you can do between check-ins.

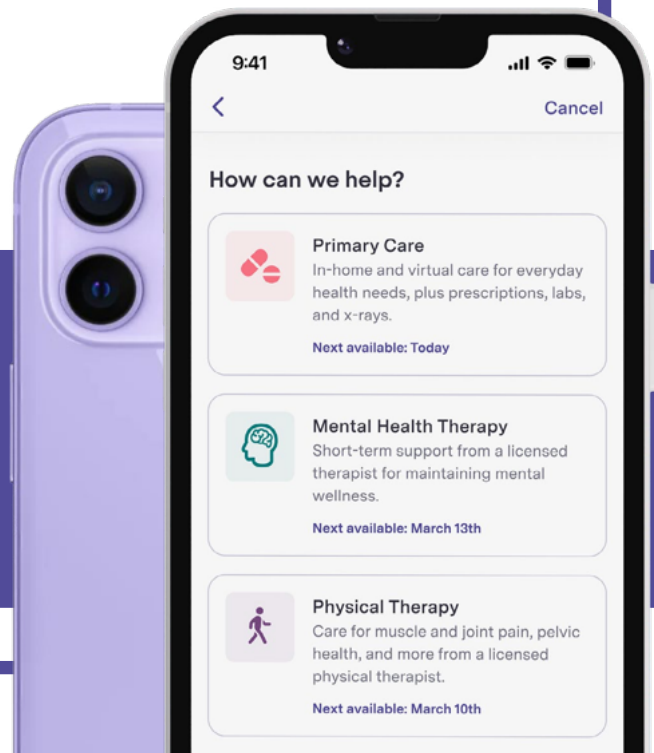
As always, we'll work with your other Nice clinicians to coordinate whole-person care.

Schedule a physical therapy visit simply by selecting Physical Therapy when prompted with "How can we help?" while filling out the intake form.



It All Starts With the App

Use the Nice app to schedule visits, chat with clinicians, attend video visits, review treatment plans, upload documents, and more.



Nice clinicians can help you manage your medications and write new ones for you. Nice covers hundreds of the most common medications, which can be prescribed with no out-of-pocket costs for patients.

1. Schedule a chat or video visit in your Nice app.

Your clinician will determine whether you need a prescription and send the order to your preferred pharmacy.

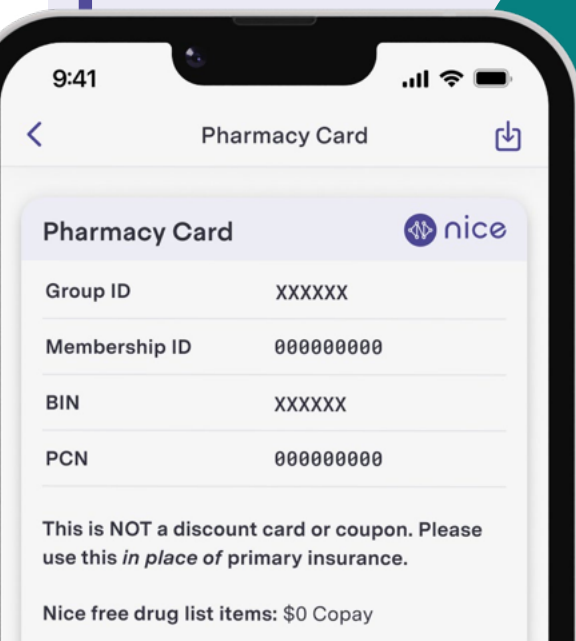
2. Pick up your prescription at one of Nice's 60,000 in-network pharmacies.

Your prescription will be waiting when you arrive. Show your Nice Rx card, printed or in the app, and check out. You will have to use your health insurance, or pay in cash, for any non-covered medications.

*Walgreens is not included

Nice offers free medications and select vitamins and supplements for conditions like:

- Allergies and chronic sinus
- Asthma
- COPD (chronic obstructive pulmonary disease)
- Diabetes
- Gastrointestinal issues
- High cholesterol
- Hypertension
- Mental health
- Osteoporosis
- Smoking cessation
- Women's health conditions



Specialized Programs

ONE-ON-ONE SUPPORT FOR YOUR HEALTH GOALS

Managing an ongoing health concern can feel overwhelming. Nice's specialized programs provide personalized education, guidance, and ongoing support for some of the most common health needs.

Each program takes a whole-person approach, helping you better understand your health, build realistic habits, and create a plan that fits your life.



Diabetes

Personalized support to help you better understand and manage diabetes.

- Work toward healthier A1c levels
- Monitor your condition and help prevent complications
- Build sustainable nutrition, movement, and lifestyle habits



Hypertension

Practical guidance to help manage your blood pressure and support long-term heart health.

- Understand and monitor your blood pressure
- Take medications consistently and safely
- Develop heart-healthy habits

Ongoing health support should feel practical, personal, and easy to access.





Weight Management

Judgment-free support centered on your health, lifestyle, and personal goals.

- *Work toward a healthy weight or BMI*
- *Address concerns early*
- *Create a realistic nutrition and movement plan*



Perimenopause and Menopause

Support for the physical and emotional changes that can happen during perimenopause and menopause.

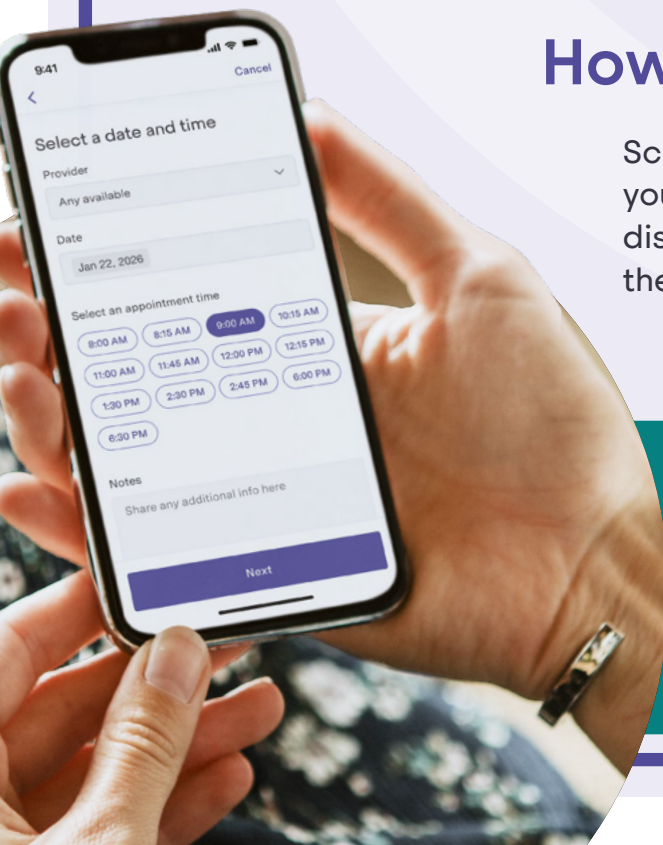
- *Understand and manage symptoms*
- *Address changing cardiovascular health risks*
- *Support your comfort, well-being, and quality of life*

What to expect

You'll work one-on-one with a Nice clinician who can help you understand your health, set realistic goals, and develop a personalized care plan. Your support may include education, follow-up visits, lifestyle guidance, medication management, and coordination with other Nice services when appropriate.

How to get started

Schedule a primary care visit in the Nice app and tell your clinician what you would like help with. They can discuss your goals and help determine whether one of these programs may be right for you.



It All Starts With the App

Use the Nice app to schedule visits, chat with clinicians, attend video visits, review treatment plans, upload documents, and more.

Dental Plan Summary

St. Olaf offers dental coverage through Delta Dental.

This is a comprehensive plan for all dental services and covers preventive care at 100% in-network, with no deductible.

You may use any dentist you choose; however, using an in-network provider will reduce your out-of-pocket costs. If you use an out-of-network provider, the plan will pay the allowed amount for in-network services; you will pay the balance.

Features	In-Network <i>Delta Dental PPO or Delta Dental Premier</i>	Out-of-Network
Annual Maximum <i>per person Combined in and out-of-network</i>	\$1,000	\$1,000
Annual Deductible <i>Does not apply to diagnostic & preventive</i>	\$25/person; \$75/family	\$25/person; \$75/family
Diagnostic & Preventive <i>Exams, cleanings, x-rays, fluoride, sealants, space maintainers</i>	You pay \$0	You pay \$0
Basic Services <i>Fillings, emergency pain relief services</i>	You pay 20%	You pay 20%
Oral Surgery <i>Basic & complex surgery</i>	You pay 20%	You pay 20%
Endodontics Therapy <i>Root canal therapy</i>	You pay 20%	You pay 20%
Periodontics <i>Gum disease treatment</i>	You pay 20%	You pay 20%
Major Services <i>Crowns, bridges, dentures</i>	You pay 50%	You pay 50%
Orthodontics <i>For dependents through age 18</i>	You pay 50% Plan covers up to \$2,000	



INFORMATION ON THE GO!

Access your dental account information from your smartphone or mobile device with Dental Delta's app. With this app, you can:

- View your summary of benefits or claims
- Access your ID card
- Find a network dentist
- Brush with toothbrush timer

AMPLIFON HEARING HEALTH CARE

As a Delta Dental member, you receive discounts and savings on hearing diagnostic testing, along with the guaranteed lowest pricing on hearing aids. Call (877) 846-7074 or visit www.amplifonusa.com for information.

QUESTIONS?

Call customer service at (800) 448-3815 or call the phone number on the back of your ID card or visit www.deltadentalmn.org.

Dental Plan Premiums: The following monthly premium rates are effective January 1, 2027:

Monthly Contribution		
	0.75 – 1.0 FTE	0.50 to 0.749 FTE
Employee	\$18.50	\$22.20
Employee + Child(ren)	\$35.00	\$42.00
Employee + Spouse	\$53.50	\$64.20
Family	\$70.50	\$84.60

Vision Plan Summary



St. Olaf offers vision coverage through VSP Vision. **The VSP Choice Plan is a full-service plan that offers choice, care, and maximum value through a VSP network provider.**

Under the VSP Vision plan, you have the freedom to receive services from any provider. You will, however, receive a greater level of benefit if you use a provider who participates in the VSP network. These providers have agreed to discounts on prescription glasses and contact lenses, as well as other vision-related items. By using a network provider, you may also receive discounts for services not otherwise covered by the vision plan (e.g. sunglasses, LASIK).

Always use an in-network provider to obtain the highest level of benefits.

QUESTIONS?

Visit [VSP.com](https://www.vsp.com) call 1(800) 877-7195. To find an VSP provider near you, visit [VSP.com/eye-doctor](https://www.vsp.com/eye-doctor).

VISION BENEFITS	IN-NETWORK <i>Insight Network</i>	OUT-OF-NETWORK
WellVision Exam Contact Lens Exam, Fitting, and Evaluation Routine Retinal Scanning	Covered in full after \$10 copay Covered in full after copay, not to exceed \$60 Covered in full after copay, not to exceed \$39	Reimbursed up to \$45 Not applicable Not applicable
Frames	Covered in full after copay, up to \$150 frame allowance 20% off any amount above the allowance Extra \$20 allowance on Featured Frame Brands	Reimbursed up to \$70
Lenses Single Vision Lined Bifocal Lined Trifocal Lenticular Standard Progressive Lenses	Covered in full after copay	Reimbursed up to \$30 Reimbursed up to \$50 Reimbursed up to \$65 Reimbursed up to \$100 Reimbursed up to \$50
Contact Lenses (Instead of lenses and frame) Elective Necessary	Covered in full, up to \$130 Allowance Covered in full after copay	Reimbursed up to \$105 Reimbursed up to \$210

This chart does not describe all the services covered. Please review the plan summary for complete coverage information or call VSP at **1(800) 877-7195**.

Vision Plan Premiums: The following monthly premium rates are effective January 1, 2027:

Monthly Contribution	
	0.50 – 1.0 FTE
Employee	\$7.54
Employee + 1	\$10.94
Family	\$19.61

Life and AD&D Insurance

St. Olaf offers Life and Accidental Death & Dismemberment (AD&D) benefits through New York Life.

Basic Term Life and AD&D Insurance

St. Olaf automatically provides Basic Term Life and AD&D insurance at no cost to you. Coverage is equal to lesser of 2 times your annual salary, up to a maximum of \$600,000 (minimum \$10,000). The Life insurance pays a benefit to your beneficiary in the event of your death. An additional AD&D benefit is payable if your death is the result of an accident or a covered dismemberment (e.g., loss of sight, speech, hearing, limbs). Coverage over \$600,000 requires you to provide evidence of good health to Reliance Standard.

NOTE: If you are still employed, your benefits will reduce to 50% at age 70.

Voluntary Life and AD&D Insurance

You have the option to supplement the coverage St. Olaf provides by purchasing additional Life insurance and AD&D through New York Life for yourself, your spouse, and your dependent children (up to age 26). You are required to purchase coverage for yourself to elect coverage for your dependents. You pay the full cost on an after-tax basis, which varies depending on your age and the amount of coverage you choose.

Voluntary Life and AD&D Benefit paid resulting in death	Employee	Spouse	Child(ren)
Benefit Amount	\$10,000 to the lesser of 10 times salary or \$600,000	100% of employee amount up to \$200,000	\$10,000 per child

* Guarantee issue refers to the amount of coverage you can purchase without providing evidence of good health. If you have previously declined coverage, you will be required to provide Evidence of Insurability and be approved in order to gain coverage. Any increases to your life insurance will require an Evidence of Insurability document.

Voluntary Life Insurance Rates

Cost is based off employee's age for Voluntary Employee Life and Voluntary Spouse Life.

Employee/Spouse Age	Rate per \$1,000
0-24	\$0.050
25-29	\$0.060
30-34	\$0.080
35-39	\$0.090
40-44	\$0.110
45-49	\$0.220
50-54	\$0.363
55-59	\$0.598
60-64	\$0.960
65-69	\$1.617
70-74	\$2.685
75+	\$4.841
Child(ren) per \$1,000 <i>Regardless of number of children</i>	\$0.250
AD&D Per \$1,000	Employee - \$0.017 Family - \$0.030



Short-Term Disability (STD)

St. Olaf provides short-term disability insurance through New York Life. This coverage is 100% employer paid. Short-Term Disability can help you protect your income for off-the-job illnesses or injuries allowing you to continue to provide financially for yourself and your loved ones even when you cannot work and earn a paycheck. Please see the summary plan description for complete plan details.

BENEFIT AMOUNT

70% of your weekly base salary up to a maximum of \$2,000 per week.

ELIMINATION PERIOD

Benefits begin on the 1st day of injury/accident and 8th day for illness. The benefits are payable for 12 weeks after the elimination period is satisfied.

Long Term Disability (LTD)

After you have been disabled for 13 weeks, you may apply for LTD benefits. If approved, you will receive 60% of your monthly covered earnings, up to a maximum of \$7,500 per month. Your LTD benefit will be offset by any other disability payments you may receive, like Social Security or Workers' Compensation. Benefits continue until you are no longer disabled, or you reach Social Security Normal Retirement Age, whichever comes first.



Affordable Legal and Identity Theft Protection



Legal and identity theft matters can strike anytime, don't get caught without protection!

Shield your identity, privacy and legal rights with LegalShield and IDShield.

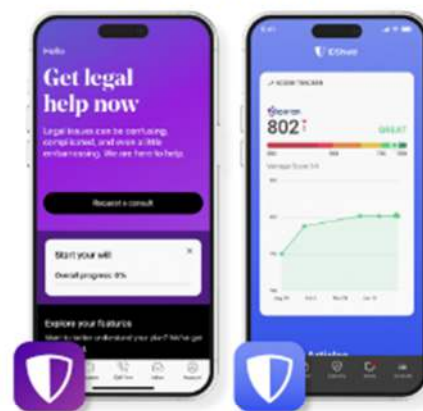
LegalShield

- ✓ Direct Access to your Own Provider Law Firm
- ✓ Unlimited Advice and Consultation
- ✓ Document Review and Preparation
- ✓ Speeding Ticket Assistance
- ✓ Will Preparation
- ✓ Debt Collection Assistance
- ✓ Letters and Phone Calls Made on your Behalf

IDShield

- ✓ \$3 Million Identity Fraud Protection Plan
- ✓ Online Privacy and Reputation Management
- ✓ Financial Account Monitoring
- ✓ Identity, Credit and Social Media Monitoring
- ✓ Credit Score Tracker
- ✓ Real-Time Alerts

**Always Connected.
Always Protected.**



LegalShield
\$22.00/monthly
Family Plan

IDShield
\$8.45/monthly **\$15.95/monthly**
Employee Plan Family Plan

LegalShield & IDShield
\$30.45/monthly **\$37.95/monthly**
Employee Plan Family Plan



Direct Access to a Dedicated Provider Law Firm

You will receive unlimited legal consultation and advice on personal legal matters. 100% of matters are covered in-network and your provider firm is even available 24/7 for covered emergencies.

Fast Response

A lawyer will respond to your legal matter within four business hours or less.

Letters And Phone Calls

Letters and phone calls can be made on your behalf to resolve legal matters such as warranty disputes or a dispute with a creditor.

Document Review And Preparation

A lawyer can help you review and prepare common legal documents for Wills, Trusts, and more.

Mobile App

The LegalShield mobile app allows you to call your provider law firm directly and makes it easy to upload and prepare documents for fast legal review.

Court Representation

You will receive representation for legal matters such as traffic tickets and even house closings.

Speeding Ticket Assistance

Your provider law firm will review your speeding ticket and even attend court on your behalf if required. You can easily upload your ticket using the LegalShield mobile app.

360° Degree Protection

IDShield monitors your identity, credit, financial accounts, social media accounts, and provides device and online privacy reputation management services.

Real-Time Alerts

If a threat is detected to your identity or credit you will receive an alert. You can view your alerts on the IDShield mobile app, member portal and receive them by email.

Financial Protection

Financial account monitoring and a \$3 Million Identity Fraud Protection Plan for unauthorized electronic fund transfers and identity theft related expenses.

Mobile App

The IDShield mobile app makes it easy for you to protect your identity and privacy and track your credit score with IDShield's monthly credit score tracker.

Privacy & Reputation Management

IDShield scans your social media accounts for content that could damage your reputation and provides ways to keep your online privacy safe.

Full-Service Restoration and Unlimited Consultation

If your identity is stolen, you get direct access to a Licensed Private Investigator who will restore your identity to its pre-theft status, guaranteed. You can also talk to an identity theft specialist about any identity theft or online privacy concern and get 24/7 emergency assistance.

Pre-Paid Legal Services, Inc. ("PPLSI") provides access to legal services offered by a network of provider law firms to its members through membership-based participation. Neither PPLSI nor its officers, employees or sales associates directly or indirectly provide legal services, representation, or advice. See a legal plan overview for specific state of residence for complete terms, coverage, amounts and conditions. IDShield provides access to identity theft protection and restoration services and plans are available at individual or family rates. A family plan covers the named member, named member's spouse or domestic partner and eligible dependent children under the age of 18. Consultation and Restoration Services or eligible dependent children under the age of 26. For complete terms, coverage, and conditions, please see an identity theft plan. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Protection Plan ("Plan") is issued through a nationally recognized carrier. PPLSI is not an insurance carrier. This covers certain identity fraud expenses and legal costs as a result of a covered identity fraud event, with the amount of coverage dependent on the type of identity theft plan. See a Plan for complete terms, coverage, conditions, limitations, and family members who are eligible under the Plan.

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Contact Information

Plan Benefit	PHONE NUMBER	WEBSITE
Health Plan AmeriHealth	For the most direct service, call the number on the back of your AmeriHealth ID card.	To create an account visit - www.myahabenefits.com To search providers visit - www.findadoctormn.AwareNetwork
Prescription Drug Plan SmithRx	Member Services: (844) 454-5201	www.mysmithrx.com
Nice Healthcare	Member Services: (763) 412-1993	www.nice.healthcare/schedule
Dental Insurance Delta Dental Networks: PPO & Premier	Member Services: (800) 448-3815	www.deltadentalmn.org
Vision Insurance VSP Vision	Member Services: 800-877-7195	www.vspdirect.com/
Health Savings Account (HSA) HealthEquity	Member Services: (866) 346-5800	https://www.healthequity.com/
Flexible Spending Account (FSA) HealthEquity	Member Services: (877) 924-3967	https://www.healthequity.com/
Life and AD&D Insurance Vol. Life and AD&D Insurance Paid Leave Short Term Disability Long Term Disability New York Life	Member Services: (888) 842-4462	www.newyorklife.com/
Employee Assistance Program (EAP) New York Life	Member Services: (800) 344-9752	guidanceresources.com Organization Web ID: NYLGBS Company Name: "ST. O"