



EMPLOYEE | BENEFITS GUIDE

Effective January 1, 2022 - December 31, 2022

2022



Your 2022 Employee Benefits

Our most important asset is our people. That’s why we offer you an exceptional benefits program with many options, designed to meet the needs of you and your family. This guide summarizes the benefits that are available to all benefits-eligible employees and their dependents. Official plan documents contain the details, conditions and restrictions on these benefits.

Please read through all of your materials very carefully. You have many resources available for any questions related to your plans as you enroll and throughout the year. Take advantage of those resources to be sure you receive the full benefits you need and all that is available to you. The health care coverage you elect begins with your initial eligibility date and continues through the end of the enrollment year. Life University’s health care benefit year begins January 1st and ends December 31st.

Your Benefit Resources

More details about the benefits offered to you can be found by:

- Registering on the insurance company websites
- Downloading the insurance company smartphone apps
- Calling the insurance company directly

If you have questions or need assistance enrolling, contact Human Resources.



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Eligibility & Enrollment

Benefits Eligibility

All full-time employees are offered benefits. Spouses and dependent children of the employee are also eligible to participate in our benefit plans. Dependent children include your natural children, legally adopted children, step-children and children for whom you have been appointed guardian up to the age of 26.

If your status changes to Part Time or Adjunct, you are no longer eligible and benefits will be terminated the day of the change.

Enrollment

New Employees' benefits are effective on the first of the month following 30 days for all full-time employees working more than 30 hours per week. Remember, the elections you make now will remain in effect until the next annual Open Enrollment unless you or one of your eligible dependents experiences a Qualifying Life Event.

Open Enrollment is your one time per year to make changes and all elections will remain in effect until December 31, 2022 unless you have a Qualifying Life Event.

All employees must log in and make their elections via the online portal at life.edu. Click on Menu > Faculty and Staff > ADP.

Making Changes to Your Benefits

Most benefit deductions are withheld from your paycheck on a pre-tax basis (medical, dental, vision) and therefore your ability to make changes to these benefits is restricted by the IRS. Once enrolled, most pre-tax benefit elections cannot be changed until the next annual Open Enrollment period, unless you have a qualifying life status change.

Following are some examples of the most common Life Events:

- Marriage or divorce
- Birth or adoption
- Change in your or your spouse's work status
- Change in health coverage due to your spouse's annual Open Enrollment period
- Change in eligibility for you or a dependent for Medicaid or Medicare
- Receipt of a Qualified Medical Child Support Order or other court order

To make benefits changes as a result of a Life Status Change as allowed under Section 125 of the IRS Code, you must notify Human Resources **within 30 days** of the date of the Life Event and provide proof of your life status event.

CLAIM QUESTIONS OR ISSUES

McGriff Insurance Services is the advisory firm representing our employees. They have a team of account managers to help you resolve any problems you have with your employee benefits. If you have a problem or a question about a claim, please call the insurance company first. Most claims can be resolved with a call to the insurance carrier by the employee. If the carrier does not resolve your issue, please call the **Claims Advocacy Line at 833-635-0218**.

Medical Benefits

Cigna is not just a health plan. They are a team of health care providers all working together to provide the right care for you and your family. LIFE employees have the choice between four medical plans offered through Cigna: two traditional copay plans and two High Deductible Health Plans (HDHP) that is compatible with a Health Savings Account (HSA).

Plan 1: OAP Premier National, Open Access Plus Network

Plan 2: Local Plus, Local Plus Network

Plan 3: HDHP OAP Premier National, Open Access Plus Network

Plan 4: HDHP Local Plus, Local Plus Network

All plans offer preventive care at 100%, an out-of-pocket maximum to protect you should a catastrophic event occur, and out-of-network coverage when needed as well as a telehealth benefit. Although out-of-network coverage is available, using in-network providers will save you money. Refer to your Summary of Benefits and Coverages for detailed information or call 800-244-6224.

PREVENTIVE CARE

We encourage you and your dependents to have annual wellness exams. Most preventive exams and well-child exams (including immunizations) are covered at 100% under the plans. Preventive exams can detect if you are at risk for, or already have, a chronic disease that may be preventable. Talk to your health care provider to find out which screenings are recommended for you and when you need them.

Local Plus Network

Local Plus is a narrow group of physicians and hospitals affiliated with Piedmont. To find a Local Plus provider, choose the Local Plus Network on mycigna.com.

In your local area, you must receive care from a health care professional or facility in the Local Plus Network to receive in-network coverage. If you're away from home and need care, look for a participating Local Plus doctor in the area or if Local Plus isn't available, you can use doctors or hospitals in our Away From Home Care feature. If you choose to go outside the Local Plus Network when one is available (or outside the Away From Home Care feature when Local Plus isn't available), you will receive out-of-network coverage.

Balance Billing

Please note if you visit an Out-of-Network facility/provider you may be balanced billed. Balance billing happens after you've paid your deductible, coinsurance or copayment and your insurance company has also paid everything it's obligated to pay toward your medical bill. If there is still a balance owed on that bill and the doctor or hospital expects you to pay that balance, you're being balance billed.

Tobacco Surcharge

On all medical plans, a tobacco surcharge is applied for those who use tobacco based products of \$78.75 per pay period. You will be asked to submit an affidavit online if you make any changes for this upcoming year.

Medical Plan Comparison

	OAP PREMIER	LOCAL PLUS	HDHP OAP PREMIER	HDHP LOCAL PLUS
In-Network Services				
Deductible • Individual/Family	\$4,000 / \$8,000	\$4,000 / \$8,000	\$4,500 / \$9,000	\$4,500 / \$9,000
Out-of-Pocket Max • Individual/Family	\$7,500 / \$15,000	\$7,500 / \$15,000	\$7,000 / \$14,000	\$7,000 / \$14,000
Coinsurance	Plan pays 80%	Plan pays 80%	Plan pays 70%	Plan pays 70%
Office Visit	\$20 / \$45 copay	\$20 copay	\$25 / \$45 copay after deductible	\$25 copay after deductible
Specialist Visit	\$45 / \$70 copay	\$45 copay	\$45 / \$70 copay after deductible	\$45 copay after deductible
Telehealth Visit	\$25 copay	\$25 copay	\$20 copay after deductible	\$20 copay after deductible
Imaging / Diagnostic Test	\$20 copay in Physician office subject to deductible + 20% in Hospital setting	\$20 copay in Physician office subject to deductible + 20% in Hospital setting	Subject to deductible	Subject to deductible
Inpatient Hospital/ Outpatient Surgery	Subject to deductible + 20%	Subject to deductible + 20%	Subject to deductible	Subject to deductible
Emergency Room	\$400 copay	\$400 copay	\$400 copay after deductible	\$400 copay after deductible
Urgent Care	\$100 copay	\$100 copay	\$100 copay after deductible	\$100 copay after deductible
Prescription Drugs • Tiers 1/2/3/4 • Mail Order	No deductible \$10/\$30/\$60/10% to \$500 \$30/\$90/\$180/ N/A	No deductible \$10/\$30/\$60/10% to \$250 \$30/\$90/\$180/ N/A	Subject to deductible then \$10/\$30/\$60/10% to \$500 \$30/\$90/\$180/ N/A	Subject to deductible then \$10/\$30/\$60/10% to \$250 \$30/\$90/\$180/ N/A
Employee Rates per Pay Period				
Employee Only	\$250.90	\$249.45	\$162.36	\$105.85
Employee + Spouse	\$718.38	\$698.35	\$424.29	\$404.74
Employee + Child/ren	\$649.97	\$631.85	\$421.27	\$411.92
Employee + Family	\$735.45	\$748.21	\$488.06	\$477.21

In-network services illustrated only. Refer to ADP for the full plan documents.
Local Plus network utilizes Piedmont facilities and physicians ONLY.

Cigna Tools & Resources

mycigna.com

With mycigna.com, you have fast, easy access to your personalized benefits information, planning tools and wellness resources.

- Find network doctors
- Review coverage
- Manage and track claims
- See cost estimates for medical procedures
- Compare prescription costs
- Compare quality of care for doctors and hospitals
- Access a variety of health and wellness tools and resources
- Sign up to receive alerts
- Access your health information

Comprehensive Oncology

The integrated Oncology program will help improve your quality of care, support standard of care protocols and establish pre-certification as needed. It is important to note that this program focuses on the most appropriate treatment regimen for each individual. Cigna will work directly with your doctors to make sure you receive the appropriate treatment.

Chronic Management

Cigna's Chronic Management program provides assistance to those who have a chronic condition. Within this program, Cigna can provide another layer of assistance to make sure that you obtain the appropriate care for your condition. Your claims will trigger the program to make an outreach call and we encourage those with chronic conditions to enroll in the extra layer of health management.

Cigna Programs

Cigna has many services to help you with your personal health needs. This includes access to a Cigna case manager, trained as a nurse, who works closely with your doctor and contacts you on a regular basis to check on your progress.

You also have access to My Health Assistant on mycigna.com. Get help on your journey to better health and wellness:

- Control stress
- Lose weight and eat better
- Enjoy exercise
- Quit tobacco
- Manage diabetes, COPD, asthma and other conditions

Visit mycigna.com, select "My Health" tab, then "Programs and Resources," then select "Health Assistant" from the drop down menu.

Telehealth

Connect with a board-certified doctor via video chat or phone from your home, office or on-the-go 24/7/365, including weekends and holidays. You can get the care you need – including most prescriptions (when appropriate) – for many minor conditions. Your out-of-pocket costs are typically the same or less than a visit with your primary care provider.

- \$20 copay for the Premier Plans
- \$49 for the HDHPs until the deductible is met, then a \$20 copay

Use MDLIVE for minor conditions such as:

- Allergies, Asthma, Bronchitis
- Minor Burns, Rashes
- Cold and Flu
- Ear Infection, Headache
- Sinus Infection, Sore Throat

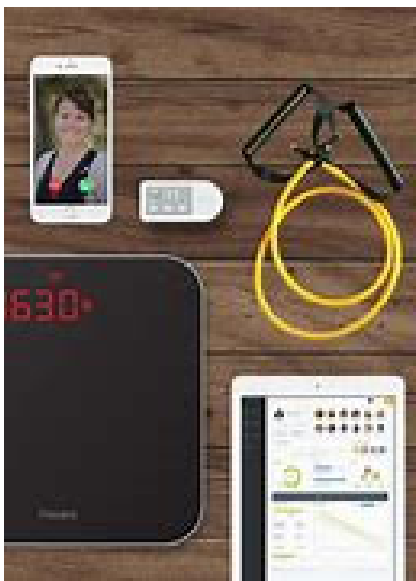
MDLIVE FOR CIGNA

888-726-3171

mdliveforcigna.com

Omada

Omada® is a personalized program designed to help you reach your health goals, whether that's losing weight or improving your overall health. You'll get a dedicated health coach and the latest technology to support you in making lasting changes that fit your life, one step at a time.



Eat healthier—Learn how to enjoy every meal, no deprivation required.

Move smarter—Discover easy ways to increase activity and boost your energy.

Overcome challenges—Gain skills that allow you to break barriers to change.

Strengthen habits—Zero in on what works for you, and find lasting motivation.

Improve your overall health—Make gradual changes to the way you eat, move, sleep, and manage stress.

Omadahealth.com/lifeuniversity

Health Savings Account

For Employees Enrolled in an HDHP Only

A Health Savings Account (HSA) is an account permitted under the federal tax laws that allows you to save money for qualified health expenses on a pre-tax basis. It's an individual account that belongs to you and is not part of the medical plan. It's also portable, which means it is not tied to your employment. Because the HSA has special tax status under the law, it is governed by numerous mandatory tax rules and regulations.

How Does an HSA Plan Work?

Employees enrolled in a qualified HSA plan are eligible to establish an HSA bank account that can be used for qualified health expenses. In addition, you may make pre-tax contributions via payroll deduction up to the IRS contribution limit of \$3,650 single and \$7,300 family. The money accumulated in this account can only be used to pay for qualified health expenses up to age 65. If you withdraw your funds for any other purpose, you will pay income taxes as well as a 20% penalty. After age 65, the 20% penalty no longer applies. Any unused HSA funds roll over year to year.

Use Your HSA for Qualified Medical Expenses

A qualified medical expense is a medical care expense that's primarily for the prevention or alleviation of a physical or mental defect or illness. It also includes money that goes toward the following types of services. Please refer to Health Equity website for a complete list.

- Copays, deductibles, coinsurance
- Eligible medical services or supplies
- Prescription drugs
- Chiropractic services
- Eligible dental services
- Vision care



What Are the Advantages of Participating?

- Pre-tax savings – never pay the federal government taxes on your HSA funds as long as you spend the money on eligible IRS 213(d) health care (medical, dental, vision) expenses
- Unused funds carry over from year to year and can build over time
- Complete control over how and when funds are used
- Balances over \$2,500 have investment opportunities
- Funds remaining in your account after you reach the age of 65 can be used for non-medical expenses with ordinary taxes paid, similar to a 401(k)
- HSAs are portable; if you leave you can take the account and all funds in it with you

Life University contributes \$250 for employee only tier and \$500 to all other tiers on an annual basis. This amount is prorated depending on your hire date.

Flexible Spending Accounts

With a Flexible Spending Account (FSA), you can set aside pre-tax dollars to pay for out-of-pocket expenses incurred for either health care or dependent day care. Because the amount you elect is taken on a pre-tax basis, you have the opportunity to save up to an estimated 25%.

Health Care Flexible Spending Account

The Health Care Flexible Spending Account is available to employees enrolled in the OAP Premier or Local Plus plan. Your money may be used for qualified health care expenses including:

- Copays, deductibles, coinsurance
- Eligible medical services or supplies
- Hospital room and board excess costs
- Prescription drugs
- Acupuncture and chiropractic services
- Eligible dental services and vision care

Limited Purpose Flexible Spending Account

With a Limited Purpose FSA, employees enrolled in an HDHP can set aside money specifically for dental and vision expenses. By eliminating the need to use your HSA funds for these expenses, you have more to spend on regular medical expenses. To establish an LPFSA, you must be enrolled in both an HDHP and an HSA. Under current IRS rules, you cannot deposit money into an HSA if you participate in a standard healthcare FSA. However, because an LPFSA restricts reimbursements to specific dental and vision care expenses, the IRS allows you to participate in both an LPFSA and an HSA at the same time.



FSA Rules

You may contribute a maximum of \$2,850 per year to your Health Care or Limited Purpose FSA. Upon the end of the plan year, you have 30 days to file claims for reimbursement under the prior year. If you are unable to utilize the funds in your account, you may rollover up to \$570 to the next plan year. Debit cards are available to pay for eligible expenses. Please note, if you use the debit card you may still be required to submit supporting documentation (receipts).

Dependent Care FSA

The Dependent Care Flexible Spending Account allows you to set aside pre-tax dollars to pay for certain eligible dependent care expenses so that you and your spouse (or you alone, if you are single or legally separated) can work, or attend school full time.

Use the account to pay eligible dependent care expenses for a:

- Dependent child under the age of 13
- Disabled dependent who lives with you at least eight hours per day and for whom you pay expenses

Eligible expenses can include but are not limited to:

- Licensed day care center fees
- Pre-school or nursery school
- In-home child or elder care
- Summer day camps (not overnight)

If you are married and you and your spouse file a joint federal tax return, the maximum amount of pre-tax dollars you can set aside is \$5,000 per year. If you are married and file separate tax returns, the most each spouse can contribute to an account is \$2,500 per year.

Dental Benefits

Our oral health affects our ability to speak, smell, taste, chew, and swallow. However, oral diseases, which can range from cavities to oral cancer, cause pain and disability for millions of people each year. We offer three dental plan options through Cigna. We encourage you to utilize an in-network dentist which will result in lower out-of-pocket expenses for you and your family. To find out if your dentist is in-network, visit www.mycigna.com and select the Total DPPO network.

We advise you to get a pre-treatment estimate for any extensive dental work. Your dental provider will work directly with the carrier to provide you with an estimated out-of-pocket cost prior to services being performed.

If you choose the MAC plan, you must choose a dentist that is in-network or you will receive a balanced bill. If you currently use an out-of-network dentist and wish to remain with that dentist, please choose the 90th plan as it will reimburse at a higher percentage than the MAC plan. The MAC and 90th plan have a Wellness Plus Incentive. If you obtain one preventive cleaning per year your annual plan maximum increases. Year 2 will increase to \$1,600, year 3 to \$1,700 and \$1,800 in year 4.

Dental Rates are under a rate guarantee until December 31, 2023.

	DHMO	MAC	90TH
In-Network Services			
Annual Deductible	Fee Schedule	\$50 Individual / \$150 Family max	\$50 Individual / \$150 Family max
Annual Plan Maximum	Fee Schedule	\$1,500	\$1,500
Annual Rollover Amount	N/A	Wellness Plus Incentive	Wellness Plus Incentive
Preventive Services	100%, deductible waived	100%, deductible waived	100%, deductible waived
Basic Services	Fee Schedule	100%	80%
Major Services	Fee Schedule	60%	50%
Periodontics	Fee Schedule	100%	80%
Endodontics	Fee Schedule	60%	50%
Orthodontia Max	Fee Schedule	50% to \$1,500 child only	50% to \$1,500 child only
Waiting Periods	N/A	12 month late entrant on Major and Ortho	12 month late entrant on Major and Ortho
R&C Payment Level	Fee Schedule	MAC	90th
Employee Rates per Pay Period			
Employee Only	\$8.94	\$23.37	\$23.37
Employee + Spouse	\$16.34	\$40.71	\$40.71
Employee + Child/ren	\$19.96	\$44.02	\$44.02
Employee + Family	\$29.29	\$77.02	\$77.02

In-network services illustrated only. Refer to ADP for the full plan documents.

Vision Benefits

Vision coverage is offered through Cigna. Your routine vision exams, eyeglasses or contact lenses are available through Cigna’s national network of vision care providers. In addition to the benefits outlined below, you have access to discounts on lens options and laser vision correction. To find an in-network provider, go to mycigna.com.

	IN-NETWORK	OUT-OF-NETWORK
Exam	\$10 copay	Up to \$45
Single/Bifocal/Trifocal Lenses	\$25 copay	\$32 / \$55 / \$65
Frames	\$130 allowance + 20%	Up to \$71
Contact Lenses <ul style="list-style-type: none"> • Conventional • Medically necessary 	\$130 allowance 100% covered	\$105 allowance \$210 allowance
Exam/Frames/Lenses Frequency	Every 12 months	Every 12 months
Employee Rates per Pay Period		
Employee Only		\$3.58
Employee + Spouse		\$6.81
Employee + Child/ren		\$7.16
Employee + Family		\$10.54

In-network services illustrated only. Refer to ADP for the full plan documents.



Life/AD&D Insurance

Basic Life/AD&D

100% Employer Paid Benefit

Life insurance provides protection for those who depend on you financially. We pay 100% of the cost of Basic Life and Accidental Death and Dismemberment for employees. The policy pays a flat benefit amount \$50,000. An Accidental Death and Dismemberment (AD&D) benefit provides an additional benefit to your beneficiary if you are seriously injured or die in an accident.



Voluntary Life Insurance

You may purchase additional insurance coverage for yourself, as well as coverage for your spouse and/or Child/ren. Your need varies greatly due to age, number of dependents, dependent ages and your financial situation. You must elect personal Voluntary Life coverage in order to elect spouse and/or child coverage.

Employees can elect in increments of \$10,000 up to \$500,000 or 5x salary, whichever is less. Spouses can elect in increments of \$5,000 up to \$150,000 (not to exceed 50% of employee election), and a Child/ren's benefit in increments of \$1,000 up to \$10,000.

Medical Underwriting for Voluntary Life

Medical questions are required for amounts elected over the Guaranteed Issued (GI) amount of \$200,000 for employee coverage and \$50,000 for spousal coverage.

Employees and spouses can increase their benefit by two increments up to the Guaranteed Issue amount without providing Evidence of Insurability (EOI) during Open Enrollment Only. If you are increasing your benefit amount above the GI or outside of Open Enrollment or your initial benefit eligibility period is over, please complete an Evidence of Insurability form and return to the carrier for final approval. Once you have been approved for the additional coverage, you will see your new deduction in your paycheck.

Eligibility and Exceptions

This brochure summarizes the health care benefits that are available to all benefit-eligible employees and their dependents. Official plan documents, policies, and certificates of insurance contain the details, conditions and restrictions on these benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail.

Disability Insurance

100% Employer Paid Benefit

Disability coverage can be one of the most important benefits you have. It provides you and your family with financial protection if you are ever unable to work due to an illness or non-work related injury. Benefits will be paid as long as the employee remains eligible for benefits. The plan does not cover any disabilities caused by, contributed to, or resulting from a pre-existing condition. A condition is considered pre-existing if you received medical treatment, consultation, care, services, or took prescribed drugs in the three months just prior to your effective date of coverage. Then after you have been covered under the plan for 12 months, pre-existing condition limitations no longer apply. There is a twelve month waiting period after your hire date on the Short Term Disability plan.

	SHORT TERM	LONG TERM
Elimination Period	Accident/Illness: 14 days	90 days
Benefit Amount	100%	60% of monthly earnings to \$5,000 max
Benefit Duration	13 weeks	Social Security Normal Retirement Age

Employee Assistance Program

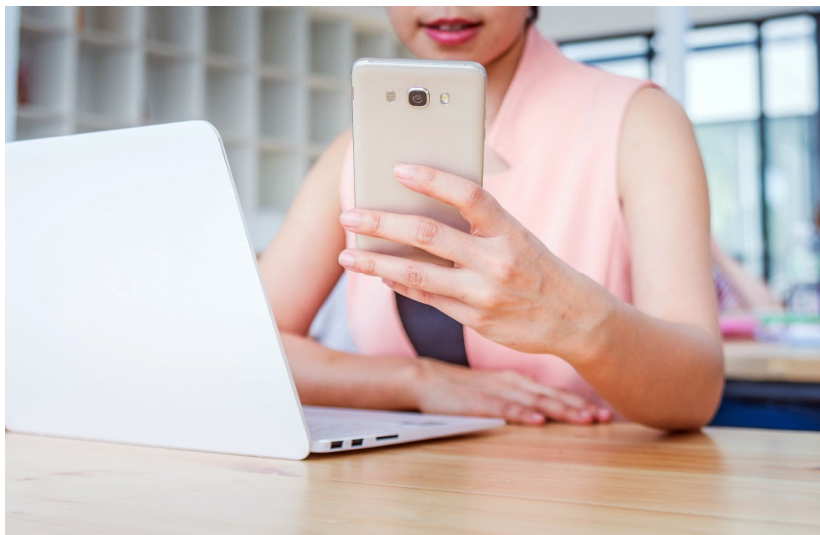
100% Employer Paid Benefit

Life's not always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life. With the Cigna EAP program, you can get the support for everyday issues and life challenges.

- Emotional Health—receive up to 8 sessions per issue per year
- Home Life Referrals—Community resources and services
- Financial and Legal Assistance
- Monthly Wellness Seminars

Visit mycigna.com or call 877-622-4327

Employer ID: lifeu



Supplemental Insurance

Voluntary Supplemental Insurance can help offset costs caused by sudden illness, accident, cancer, or hospital confinements. They can also cover some non-medical expenses that your current insurance might not. Sometimes, receiving proper healthcare can be difficult if money is tight. Our supplemental benefits can provide valuable coverage at an affordable price. Supplemental health insurance can help alleviate worry and help keep your finances strong. Benefits are paid directly to you unless assigned and in addition to any other coverage

Voluntary Accident Insurance

Accident Coverage provides cash benefits for out-of-pocket expenses associated with an accidental injury and can help protect hard-earned savings should an on- or off-the-job accidental injury occur. No one plans to have an accident, but it can happen at any moment throughout the day. Accident coverage can help pick up where other insurance leaves off for injuries such as:

- Sports-related accidental injury
- Dislocations and fractures
- Concussion or coma
- Paralysis
- Back and knee injuries
- Burns and lacerations
- Transportation & lodging associated with treatment

You may elect coverage for yourself, your spouse and your children. This benefit includes a \$50 wellness benefit for Employees, Spouses and Child/ren.

Voluntary Critical Illness Insurance

Critical Illness product provides the ability for an insured to receive a lump sum benefit payment upon first and second diagnosis of any qualified Critical Illness.

Benefits are paid directly to you when you need it the most for a diagnosis of conditions such as Cancer, Heart Attack, Major Organ Failure, Coronary Artery Bypass,

End Stage Renal Failure, Stroke, advanced Alzheimer's, ALS, Parkinson's and Multiple Sclerosis.

This benefit covers 19 conditions. Please refer to the plan documents for additional details.

- Employees, Spouses and Children can elect in lump sum benefit amounts of \$10,000, \$15,000 or \$20,000.
- Spouses can elect up to 50% and children up to 25% of employee benefit amount.
- This benefit includes a \$50 wellness benefit for covered Employees, Spouses and Child/ren.
- No Pre-existing limitation.



Supplemental Benefits Continued

Universal Life with Long Term Care with TransAmerica

Long Term Care provides coverage for you if you couldn't independently perform the basic activities of daily living: bathing, dressing, using the toilet, transferring from one location to another, continence and eating, or if you suffered severe cognitive impairment from a condition such as Alzheimer's disease. Elect up to \$6,000 and a Facility Benefit Duration of 3 or 6 years. Evident of Insurability (EOI) form required for Employees if you did not apply during initial eligibility or are increasing benefit. Spouses and all Family members must complete the Benefit Election Form and the EOI form for approval.

Employees can elect a Universal Life policy up to \$75,000 and their spouses can elect up to \$15,000. Please complete a paper application and return to Human Resources. Please call 888-763-7474 for more information.

- Includes a Long Term Care Rider that will pay up to \$3,000/month for 50 months for a total of \$150,000.
- Tobacco and Non-Tobacco Rates
- 30 day waiting period after the effective date for sickness
- No physical or blood work required

Please review the website at unuminfo.com/LifeUniversity/index.aspx for additional information or you may contact Unum at 800-227-4165. Life University pays \$25 towards the cost of "Employee Only" monthly coverage.

Legal Services Plan

Plan Options

1. Legal Plan "Stand Alone" \$7.98 per paycheck
2. Legal Plan "with Identity Theft Shield" \$12.95 per paycheck
3. Identity Theft Shield only \$7.48 per paycheck

Life Events Legal Plan

- Phone consultation, letter writing, contract and document review
- Wills, Living Wills and related documents
- Motor Vehicle Legal Defense Services
- Trial Defense Legal Services
- IRS Audit Services
- 25% member discount off legal services not covered under the plan

Identity Theft Shield

- Current credit report with detailed analysis and score
- Continuous credit monitoring
- Identity Restoration Services by Kroll licensed investigators

Visit legashield.com/info/lifeedu for more information.



Important Contacts

	PHONE	WEB/EMAIL
Cigna – Medical, Dental, Vision	800-244-6224	mycigna.com
MDLive - TeleHealth	888-726-3171	mdliveforcigna.com
Cigna - Life, Disability	800-997-1654	cigna.com
McGriff – FSA	800-768-4873	mcgriff.com/flex
Health Equity – HSA	866-346-5800	healthequity.com
Transamerica	888-763-7474	transamerica.com
Unum	800-227-4165	unuminfo.com/lifeuniversity/index.aspx
Employee Assistance Program	877-622-4327	mycigna.com
LegalSheild - Nanette Freiman	770-393-8290	nsfreiman@bellsouth.net
McGriff Claims Advocacy Line	833-635-0218	*****



The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by Pediatric Developmental Therapy. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.