

360X STAFFING

2026

360X STAFFING BENEFITS GUIDE

FIELD EMPLOYEES

EFFECTIVE JANUARY 1 THROUGH DECEMBER 31



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www.360Xstaffing.com

Welcome to your 360X Staffing Benefits Enrollment Guide.

Our Employees are our most valuable asset.

360X Staffing offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.



Who is eligible?

If you are a full-time regular employee working 30 hours or more per week you are eligible to enroll in the benefits described in this guide. Your spouse, biological or adopted child, or any dependent that you or your spouse has legal guardianship or custody over are also eligible to enroll.

When do I enroll?

#1 - Upon New Hire, you are eligible to enroll in the benefits highlighted in this document and your coverage will be effective first of the month following 60 days of employment.

#2 - During Annual Open Enrollment you are eligible to enroll and benefits will be effective January 1, 2026.

#3 - Rehired employees that return to work within 60 days and wish to re-enroll in the benefits your coverage will be effective the first of the month following the date of rehire. It will be your responsibility to notify the HR/Benefits Department for coverage reinstatement.

How do I enroll?

The first step is to review your current benefit elections or if you are a newly eligible employee review your current benefit options. Verify your personal information and add or make any changes necessary.

How and when can I make changes?

Unless you have a qualified change in status, you cannot make changes to the benefits you selected until the next Open Enrollment period or you experience a qualifying life event. A change in status would include marriage, divorce, legal separation, birth, adoption, change in child dependent status, death of a spouse, child, or other qualified dependent, change in residence due to employment, or a change in employment status for a spouse.

Important: Employees only have 30 days from a date of event to make an election change. Contact Human Resources for complete details.



Please Note Once you are enrolled in benefits, your elections are locked in for the duration of the plan year. Changes to your coverage-such as starting or stopping benefits-can only be made if you experience a Qualifying Life Event. All such changes are subject to review and approval by the Benefits Team.

Employee Navigator Online Enrollment & Benefits Portal

All enrollments, waivers, and changes must be completed online in the Employee Navigator Portal. For this enrollment, all employees will be required to GO ONLINE and verify their current information and make their enrollment selections.

All dependent information must be entered in the portal if you wish to carry them on the Medical, Dental, or Vision benefits the upcoming plan year. Please be prepared with their dates of birth and their Social Security Numbers as those are required for enrollment per the IRS.

*Employee Navigator rates are based on 52 paychecks per year when signing up during Open Enrollment.

To enter the portal, you will need to go to:
<https://www.employeenavigator.com/benefits/Account/login>

Use your previously created username and password to log in OR, if this is your first-time using Employee Navigator: select "register as a new user" and follow the simple steps to register. Forgot your username and/or password? No worries. You can reset it.

Enter your First Name:
Enter your Last Name:
Company Identifier: **360XS** (must be exactly as displayed here)
The last four digits of your SSN
Birthdate must be entered as MM/DD/YYYY



Click on the Open Enrollment button and the system will prompt you to review and/or add any dependent information. All dependent information must be entered into the portal to add them to your benefits.

Once inside the portal please verify your personal information. It is VERY important to enter your preferred email address as this is how all future benefit communications will take place. To add a dependent, click the "add dependent" button and enter the required information. (SSNs are required for all dependents per Federal regulations.

Click "SAVE"

On the left-hand side of the screen the current benefit offerings and cost of all benefits being offered for the coming year are displayed. These benefits will be discussed in detail in the employee benefits meeting or by digital presentation.

Review the benefits and select your coverage. Click on the "details" icon for more information regarding each benefit. Click on the enrollment summary to review and clarify elections made for the new plan year. Read the enrollment agreement and print or save as a PDF for your records.



Critical: you must click "AGREE" at the end of your enrollment session or your enrollment selections may not be captured.

Medical Plans

The following is a brief description of the types of medical plans we offer.

PPO

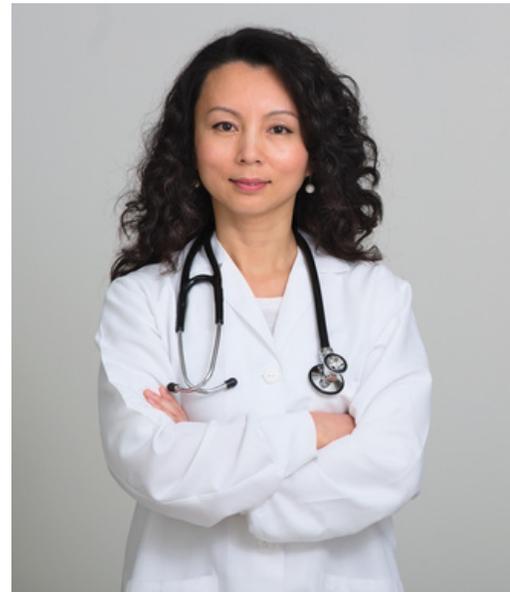
This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the network. The calendar-year deductible must be met before certain services are covered.

HDHP

Like the PPO plans, a High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the network.

HSA

In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars¹ to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drugs, dental, and vision expenses. For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.



Here's how the plan(s) work:

Annual Deductible: You must meet the annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. There are two types of deductibles:

- Embedded - each person only has to meet the single deductible before the plan begins to pay.(our plan is embedded)
- Non-Embedded - any participant must meet the family deductible before the plan begins to pay.

Coinsurance: Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.

Out-of-Pocket Maximum: Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year.

NOTE: If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay covered services at 100 percent for any one individual under a non-embedded deductible plan.

Health Savings Account (HSA): You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B, TRICARE programs or any other health plan. See the plan documents for full details. Employer contributions count towards the annual maximum.

2026 HSA Contribution Limits: Employee Only - \$4,400 | Employee + Spouse, Child(ren), Family is \$8,750

DISCLAIMER: The material in this benefits guide is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.

Annual Compliance Notices: ERISA and various other state and federal laws require employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually per the guidelines.

MEDICAL - EMI Health MEC Enhanced Plan



All services are subject to the EMI Health Maximum Allowed Charges. There will be no benefit when using a non-participating provider. This is a MINIMUM ESSENTIAL Medical Plan. Benefits are not intended to cover ALL medical expenses. Read your plan documents carefully.

MEC Plan by EMI In-Network Benefits ONLY

Prescription Drug Benefits

(If brand is purchased when a generic is available, member pays the copay plus the difference)

Participating Pharmacy (30-day supply) ACA Preventive Care Mandates – Covered at 100%

- Long-term (maintenance medications) must be purchased through mail order or a Walgreens Pharmacy to receive benefits. Generic – 10% Cost Share
- Preferred – 50% Cost Share
- Non-Preferred – Not Covered

Non-Participating Pharmacy NOT COVERED

Mail Order (90-day supply) ACA Preventive Care Mandates – Covered at 100%

Long-term (maintenance medications) must be purchased through mail order or a Walgreens Pharmacy to receive benefits.

- Generic – 10% Cost Share
- Preferred – 50% Cost Share
- Non-Preferred – Not Covered
- Specialty Pharmacy NOT COVERED

Preventive Services

- Routine Physical Exams (1 per year) Covered at 100%
- Routine Gynecological Exam (1 per year) Covered at 100%
- Routine Pap Smear & Mammogram (1 per year) Covered at 100%
- Routine Well -Baby Exams Covered at 100%
- Covered Immunizations Covered at 100%
- Routine Vision Exam (1 per year) Covered at 100%
- Routine Hearing Exam (1 per year) Covered at 100%
- Eligible Preventive Facility Services Covered at 100%
- Physicians & Professional Services YOU PAY
- Convenience Clinic (max 3 per year) \$20 Copay
- Physicians Office Visit
- (primary care, max 3 per year) \$20 Copay
- Physicians Office Visit
- (secondary care, max 3 per year) \$50 Copay
- Major Diagnostic (max 1 per year) \$250 Copay
- Minor Diagnostic (max 3 per year) \$50
- Injections (office, max 3 per year) Covered at 100%
- Surgery (office, max 1 per year) Covered at 100%
- Anesthesiology (office, max 3 per year) Covered at 100%
- Diabetic Testing Supplies (max 3 per year) 30% Cost Share
- Medical Supplies (office, max 3 per year) Covered at 100%



MEC Plan Employee Election Tier

Employee Cost Per Pay

Employee	\$29.77
Employee + Spouse	\$44.77
Employee + Child(ren)	\$51.23
Family	\$63.92



Medical with Meritain using Aetna's extensive network



This summary reflects in-network benefits only. For complete details on these benefits refer to your SBC, SPD, or Benefit Booklets

Benefit Type	HSA \$4000 Plan In-Network	POS \$9000 Plan In-Network
Deductible	\$4,000 single \$8,000 family	\$9,000 single \$18,000 family
Co-insurance Employee (EE) Cost Share	100% Plan after deductible	100% Plan after deductible
Out-Of-Pocket Max (includes Deductible, Coinsurance, Copays)	\$5,000 single \$10,000 family	\$9,000 single \$18,000 family
Preventive	100% In-Network	100% In-Network
Office Visit / Specialty Visit(Chiropractor)	100% Plan after deductible	\$40 Copay \$80 Copay
Urgent Care	100% Plan after deductible	\$50 Copay
Emergency Services	100% Plan after deductible	0% EE 100% Plan after deductible
Outpatient Services	100% Plan after deductible	0% EE 100% Plan after deductible
Inpatient Services	100% Plan after deductible	0% EE 100% Plan after deductible
Prescription Drugs	30-Day 90-Day Supply Copays apply after deductible	30-Day 90-Day Supply
Generic	\$10 Copay \$25 Copay	\$10 Copay \$25 Copay
Formulary	\$35 Copay \$87.50 Copay	\$35 Copay \$87.50 Copay
Non-Formulary	\$70 Copay \$175 Copay	\$70 Copay \$175 Copay
Specialty Drug	\$10 Copay \$25 Copay (for specialty prescriptions available over the counter)	\$500 Copay (30-day only)
Election Tier	Employee Cost Per Pay	Employee Cost Per Pay
Employee	\$52.62	\$50.77
Employee + Spouse	\$288.00	\$277.70
Employee + Child(ren)	\$229.16	\$225.64
Family	\$484.16	\$478.24



Our Medical plan is with Meritain using the Aetna | Banner Network. You do not have to choose a primary care physician, and you are not required to obtain a referral to see a specialist. It is important to remember if using a non-network provider that the provider can bill for any charges over and above the contracted rates.

Medical Benefits with Meritain using Aetna's extensive network



This summary reflects in-network benefits only. For complete details on these benefits refer to your SBC, SPD, or Benefit Booklets

Benefit Type	POS \$1000 Plan In-Network	POS \$2500 Plan In-Network
Deductible	\$1,000 single \$2,000 family	\$2,500 single \$5,000 family
Co-insurance Employee (EE) Cost Share	20% EE 80% Plan After Deductible	20% EE 80% Plan After Deductible
Out-Of-Pocket Max (includes Deductible, Coinsurance, Copays)	\$5,000 single \$10,000 family	\$7,500 single \$15,000 family
Preventive	100% In-Network	100% In-Network
Office Visit / Specialty Visit (Chiropractor)	\$30 Copay \$60 Copay	\$40 Copay \$80 Copay
Urgent Care	\$50 Copay	\$50 Copay
Emergency Services	\$400 Copay	\$400 Copay
Outpatient Services	20% EE 80% Plan	20% EE 80% Plan
Inpatient Services	20% EE 80% Plan	20% EE 80% Plan
Prescription Drugs	30-Day 90-Day Supply	30-Day 90-Day Supply
Generic	\$10 Copay \$25 Copay	\$10 Copay \$25 Copay
Formulary	\$35 Copay \$87.50 Copay	\$35 Copay \$87.50 Copay
Non-Formulary	\$70 Copay \$175 Copay	\$70 Copay \$175 Copay
Specialty Drug	\$500 Copay (30-day only)	\$500 Copay (30-day only)
Election Tier	Employee Cost Per Pay	Employee Cost Per Pay
Employee	\$71.79	\$62.89
Employee + Spouse	\$330.20	\$310.59
Employee + Child(ren)	\$265.60	\$248.67
Family	\$545.53	\$517.02

Our Medical plan is with Meritain using the Aetna | Banner Network. You do not have to choose a primary care physician, and you are not required to obtain a referral to see a specialist. It is important to remember if using a non-network provider that the provider can bill for any charges over and above the contracted rates.

Meritain Medical Benefits



Your DocFind® Online Directory Aetna Choice® Point of Service (POS) II

It's easy to find doctors and hospitals in your network

When you and your family need care, you can look for doctors and hospitals in the Aetna Choice POS II network. It's easy when you use the online DocFind directory from Aetna.* With up-to-date listings, you can search for providers by name, specialty, gender, hospital affiliations and more.

Find Aetna providers online in just a few quick steps. Search as guest or a member. You can use the DocFind directory anywhere you have internet access.

Just: Visit <http://www.aetna.com/docfind/custom/mymeritain/>.

Key in the ZIP code, city, county or state of the desired geographical area in the Enter location here field.

Click Search. Key in Aetna Choice® POS II (Open Access) under Select a Plan. Or you can select Aetna Choice® POS II (Open Access) from the list of plans. Click Continue.

There are two options available to search for providers. The guided flow search uses some of our most commonly searched terms and easily organizes them for our users to find. To use the guided search flow, choose and click on one of the categories under Find what you need by category. Or

Use the search box, which includes type-ahead suggestions and will present provider, facility, specialty and condition search options based on what is entered.

Choose your provider from the list of providers displayed on the results screen. You can learn more about each by clicking on the provider's name.

Why choose a primary care physician (PCP)?

Meritain Health® does not require you to choose a PCP, but we encourage you to choose one. Your PCP knows your health care needs, so they can help manage your health and coordinate your care. To find and choose a PCP, use the Find Care & Pricing tool on your member portal.

Find providers by phone

Need a provider when you're not near a computer? No problem. Simply call the Aetna Provider Line at 1.800.343.3140 from 8:00 a.m.–9:00 p.m. ET, Monday through Friday.

Registering

Your Meritain Health member website has everything you need to manage your health care benefits.

If you've ever wondered how much you can do when you visit your website, now is your chance to learn more!

Go to the Meritain Health website at www.meritain.com and click Register in the upper right-hand corner of the Login page.



Now offering access to MinuteClinic at no cost* to the member

High-quality care that's convenient and reliable MinuteClinic makes it easy for your employees to get the care they need, when and where they need it. And now your employees can get access to all covered MinuteClinic services at no cost to them—not just preventive care.*

MinuteClinic is a walk-in clinic inside select CVS Pharmacy® and Target stores, and is the largest provider of retail health care in the United States—with over 1,100 locations in 33 states and the District of Columbia.

It's opened every day, including evenings. MinuteClinic offers both walk-in and scheduled appointment options.

MinuteClinic health care providers treat a variety of illnesses, injuries and conditions. They can also write prescriptions, when medically appropriate.

Virtual Care Services with Clever Health

Average visit time of 6 minutes and 44 seconds from intake questionnaire to diagnosis

The cost is \$25 per virtual visit, if the provider is unable to provide treatment, your visit is free!

How it works: before your appointment, you answer a quick "Async" AI-driven questionnaire which assists in a quicker diagnosis.

Note: if you would prefer to skip the "Async" questionnaire, the visit will be \$39

1

download the clever health app by scanning the qr code:



2

enter your mobile phone number then create your clever story

3

select type of care: virtual care visit

4

start using clever health by selecting the family member who is ready to receive the care

Health Savings Account



HDHP with HSA Plan — Your Bank Account

A Health Savings Account (a bank account) is a special account owned by an individual to pay for current and future medical expenses. An HSA account is very similar to an IRA account. You can make your contributions via payroll deduction and administer your withdrawals. Everyone is eligible to enroll in the HSA qualified medical plan, but not everyone is eligible to establish or contribute to a Health Savings Account.

Who can establish an HSA account?

An individual may contribute to an HSA account in any month in which he or she is:

- Covered under a high deductible health plan on the first day of the month
- Not covered by another health plan. You cannot have coverage under your spouse, a military plan, a retiree plan from another employer. You cannot be entitled to benefits under Medicare
- Not eligible to be claimed as a dependent on another person's tax return

How much can you contribute to the account?

Each year the IRS sets the maximum contribution amounts for the HSA.

2026 HSA Contribution Limits: Employee Only - \$4,400 | Employee + Spouse, Child(ren), Family is \$8,750

Individuals age 55 or older by the end of the tax year are permitted to make “catch up” contributions up to a maximum of \$1,000. Contributions may be deducted pre-tax from your paycheck, and you can change your contribution amounts throughout the year.

What expenses are eligible for reimbursement from the account?

An HSA may reimburse qualified medical expenses incurred by the account beneficiary, spouse, or other legal tax dependent as defined by IRS Sec. 152. Qualified medical expenses are defined within IRC Sec. 213(d) and include:

- Medical expenses such as prescriptions, office visits, lab and x-ray charges, any medical-surgical, or hospital charges.
- Dental and vision expenses are also eligible.
- COBRA premiums, or health insurance premiums while receiving unemployment benefits, qualified long-term care premiums.
- Individuals over age 65 with funds in their Health Savings Account may use them to pay for health insurance premiums, other than for a Medicare supplemental policy.

What expenses are not eligible for reimbursement from the account?

- Premiums for Medicare supplemental policies.
- Expenses covered by another insurance plan.
- Expenses incurred before the date the HSA was established.
- After age 65, withdrawals for non-approved reasons (non-medical, boat, vacation, etc.) are subject to ordinary income taxes but not the penalty. Before age 65 penalties and taxes apply if you use funds for non-qualified medical expenses.

How does the HSA work if I also use a Flexible Spending Account?

If your employer offers an FSA, regulations require that if you have an HSA you cannot use an FSA except for “limited purposes.” The approved limited purposes are for Dental and Vision expenses. If you participate in the HSA, you should adjust your FSA election to account for only Dental and Vision expenses. The regulations do not allow reimbursement for over-the-counter medications in your FSA if you are covered under the HDHP with HSA.

Where can I find more information on HSAs?

You can visit treasury.gov/resource-center/faqs/taxes

United Concordia Dental Benefits

We are pleased to present this Dental Plan as part of our benefits offering. Your plan provides two levels of coverage (in-network and out-of-network) each time you or a family member receives care. The coinsurance is different for in-network and out-of-network services; you may be balance billed for any difference in cost between the contracted allowed amount and the provider's standard fee when receiving services by an out-of-network provider

Manage your benefits anywhere, anytime.

Create your My Dental Benefits member account to easily manage your United Concordia Dental coverage online. Most benefit inquiries can be handled conveniently online using the self-service member portal.

Use your My Dental Benefits Account to:

- Check claims status quickly
- See that your plan coverage and how much you will pay
- Print ID cards
- Find a dentist
- Evaluate your oral health with the My Dental Assessment tool.

To create an account, go to www.unitedconcordia.com/MDb

1. Click on create an account
2. Select member
3. Enter the ID number found on your insurance card and your date of birth.
You can also use your social security number for the policyholder id.
4. Each dependent must create their own My Dental account.



DENTAL BENEFITS (Advantage Plus Network)

BENEFIT TYPE	IN-NETWORK	NON-NETWORK
Deductible	\$50 single \$150 family	\$50 single \$150 family
Plan Maximum	\$1,500	\$1,500
Preventive	100%	100%
Basic Services	100%	80%
Major Services	60%	50%
Orthodontics	50%	
Ortho Lifetime Max	\$1,500	\$1,500
Election Tier	Employee Cost Per Pay	
Employee	\$3.54	
Employee + Spouse	\$13.43	
Employee + Child(ren)	\$16.22	
Family	\$26.47	





Superior Vision Benefits

We are pleased to present this Vision Plan as part of our benefit offering. Your plan provides two levels of coverage (in-network and out-of-network) each time you or a family member receives care. The coinsurance is different for in-network and out-of-network services; you may be balance billed for any difference in cost between the contracted allowed amount and the provider's standard fee when receiving services by an out-of-network provider.

BENEFIT TYPE	IN-NETWORK	NON-NETWORK	FREQUENCY
Exam	\$10 Copay	Up to \$34	1 Every 12 Months
Single	\$25 Copay	Up to \$29	1 Every 12 Months
Bifocal	\$25 Copay	Up to \$43	1 Every 12 Months
Trifocal	\$25 copay	Up to \$53	1 Every 12 Months
Frames	\$130 Allowance	Up to \$63	1 Every 12 Months
Elective Contacts	\$130 Allowance	Up to \$100	1 Every 12 Months
Contact Lens Fitting	\$30 Copay	Not Covered	1 Every 12 Months

Contact lenses can be purchased in place of eyeglasses
Medically Necessary contacts are to protect your eyes from an injury or an illness
Elective contacts are to correct a vision issue

Election Tier	Employee Cost Per Pay
Employee	\$1.46
Employee + Spouse	\$2.92
Employee + Child(ren)	\$3.42
Family	\$5.25



Take your Superior Vision anywhere, anytime. Get the App. Go to Google Play or the APP Store; or go to www.superiorvision.com.

You can view member benefits, member eligibility, and details, locate a network provider, and view provider details.

Shop at some of your favorite retail chain stores or your local network provider.

- COSTCO
- Walmart
- JC Penny Optical
- America's Best
- Visionworks
- Sams Club

Insurance Options - Buy-Up: These options are Voluntary and Employees pay the cost of these premiums.

Critical Illness

Critical Illness coverage not only provides benefits when someone is critically ill, but during the stages leading up to those illnesses as well.



COVERAGE	Benefit
Employee	Minimum of \$5,000 Increments of \$5,000 Guaranteed Issue = \$30,000 Maximum Benefit = \$50,000
Spouse	Minimum of \$5,000 Increments of \$5,000 Guaranteed Issue = \$30,000 Maximum Benefit = 100% of employee's benefit up to \$50,000
Children	Guaranteed Issue = \$5,000 Maximum Benefit = 25% of employee benefit up to \$10,000



Accident & Injury

Accident & Injury coverage protects against non-occupational injuries. Help relieve financial strain for your loved ones in the event of a covered accident, while also helping to curb costs.

COVERAGE	Employee per pay cost
Employee	\$2.98
Employee+Spouse	\$4.28
Employee+Child(ren)	\$6.04
Family	\$7.87



Examples of covered injuries include but are not limited to:

- Broken bones
- Dislocations
- Lacerations
- Burns



Important Insurance Definitions:

Conversion - conversion allows an employee to convert their policy into a whole life insurance policy, regardless of their current health status IF the election to convert is made within 30 days from the date of termination of employment. A whole life insurance policy provides lifelong coverage (until death or the policy maturity date), however, premium payments may be a lot higher than the group rate.

Portability - portability allows an employee to convert their group term life insurance policy into a personal term life insurance policy. Term life insurance provides coverage for a certain period of time (term) and the employee would submit premium payments directly to the carrier. Like a converted policy, employees are eligible for portability regardless of health status if they apply within the time frame listed on the certificate of insurance or in the policy (usually 31 days after coverage is lost). "Ported" coverage typically costs less than "converted" coverage.

Guaranteed Issue - A plan's guaranteed issue (GI) is the amount of life insurance available to an employee without having to provide Evidence of Insurability (EOI).

Age Reduction - The life insurance age reduction schedule is a group term life insurance provision. It reduces the face amount of your group life insurance when you reach certain ages like 65 and 70.

Accidental Death and Dismemberment (AD&D) - accidental death and dismemberment insurance is usually a rider (add-on) to a life insurance policy. The rider covers the unintentional death or dismemberment of the insured party. Dismemberment includes the loss or loss of use of body parts or functions (e.g. limbs, speech, eyesight or hearing).

Our Human Resource Department is here to help you with questions or concerns regarding your employee benefits. To better assist you it is recommended you contact your Benefit Administrators Customer Service department first to clarify the claim, enrollment, eligibility, or benefit concern. Please make note of the date you contact the service center, who you spoke to, and how you were advised.

Please contact our Human Resource Department at 602-903-7999 or email Benefits@360XStaffing.com for additional information or assistance.

Contacts

Benefit | Carrier | Policy No.

Website

Phone Number

Medical Meritain Aetna	www.meritain.com	1-866-300-8449
Dental United Concordia 000288768	www.unitedconcordia.com	1-800-332-0366
Vision Superior Vision 03826001	www.superiorvision.com	1-800-507-3800
Accident & Critical Illness Mutual of Omaha G000C2F6	www.mutualofomaha.com	1-800-775-6000
HSA Optum Bank	www.optumbank.com	1-866-234-8913
Virtual Care Clever Health	www.cleverhealth.ai/360Industrial	chat in-app
Medical- MEC Enhanced	www.emihealth.com	800-662-5851

We have partnered with Employee Benefits International (EBI) to help us provide a comprehensive benefits package.

