

# 2023 Benefits Guide



EMPLOYEE  
BENEFITS



## Here's where to find ...

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Jack Cooper Investments appreciates your commitment to our success. We're equally committed to providing you with competitive, affordable health benefits to help you take care of yourself and your family. We marketed our benefit plan this year as part of our due diligence. By switching carriers, we were able to find savings without sacrificing your quality of care or diminishing your network of providers.

### New carriers!

#### Medical

Meritain Health, a subsidiary of Aetna

#### Pharmacy

SmithRx

#### Dental and vision

Guardian

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefit plans. We understand that you may have questions about annual enrollment, and we'll do our best to help you understand your options and guide you through the process.

This guide is not your only resource, of course. Anytime you have questions about benefits or the enrollment process, you can contact your human resources representative. Although this guide contains an overview of benefits, for complete information about the plans available to you, please see the summary plan description (SPD).

# ENROLLING IN BENEFITS

If you want health benefits in 2023 for yourself or your family, you must enroll in one of the plan options during the open enrollment period. If you need to add or remove coverage for yourself or your dependents after the enrollment period, you must wait until the next open enrollment period, unless you have a qualifying life event as defined by the IRS.

The IRS requires that you make changes to your coverage within 30 days of your qualifying life event. You'll need to provide proof of the event, such as a marriage certificate, divorce decree, birth certificate or loss-of-coverage letter.

**IMPORTANT:** If you have a qualifying life event, you may do so through [myadp.com](https://myadp.com) or contact Terry Vasko ([tvasko@jackcooper.com](mailto:tvasko@jackcooper.com)) or a member of the HR Team ([hrcommunications@jackcooper.com](mailto:hrcommunications@jackcooper.com)) for assistance.

## Qualifying life events

It is your responsibility to notify human resources within 30 days of the qualifying life event. Failure to do so may result in an inability to change your benefit election(s).

Here are some examples of qualifying life events:

- Birth, legal adoption or placement for adoption
- Marriage, divorce or legal separation
- Dependent child reaches age 26
- Spouse or dependent loses or gains coverage elsewhere
- Death of your spouse or dependent child
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or the state children's health insurance program
- Change in residence that changes coverage eligibility
- Court-ordered change
- Spouse's open enrollment that occurs at a different time than yours





## Eligibility

Open enrollment is your opportunity to elect coverage in Jack Cooper Investments' benefit plans. All elections made during this period will be effective Jan. 1 through Dec. 31.

Outside this open enrollment period, you will not have the chance to add, change or remove benefits unless you have a qualifying life event.

### Eligible employees

You may enroll in the benefits program if you are a regular full-time employee who is actively working a minimum of 30 hours per week. As a benefits-eligible employee, you have the opportunity to enroll in benefit plans as a new hire or during the annual open enrollment period.

**If you're enrolling as a new employee**, you become eligible for benefits on the 15th day after hire.

### Dependent eligibility

As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:

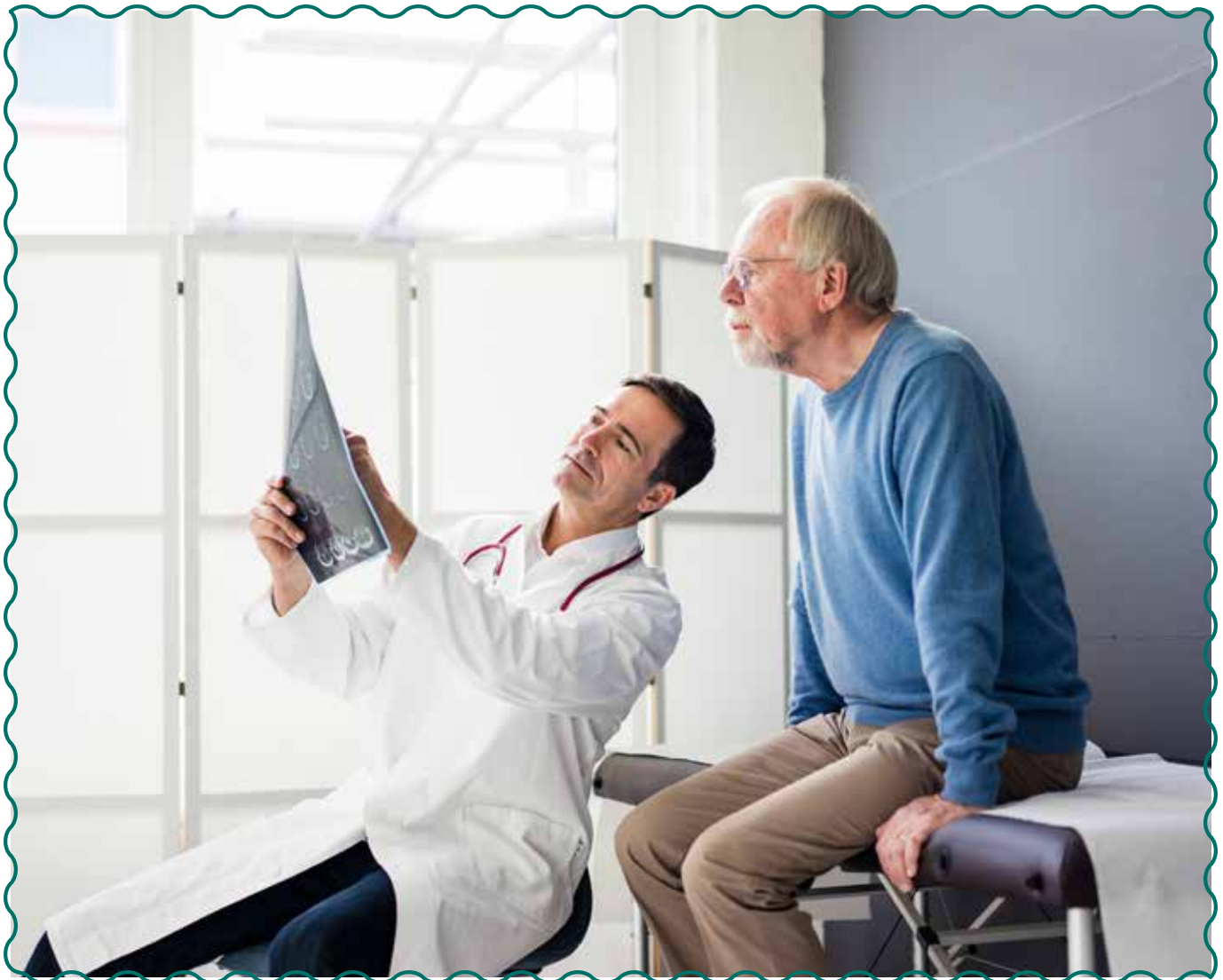
- Your legal spouse.
- Your children up to the age of 26. This includes your natural children and those of your spouse, adopted children, stepchildren, foster children, or children obtained through court-appointed legal guardianship. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided to and approved by HR. Additionally, children who have been named in a qualified medical child support order are covered by our plan.

# MEDICAL

Meritain – Aetna | [meritian.com](https://meritian.com)

Jack Cooper Investments will be mirroring your current plan design as closely as possible in order to decrease the disruption to you and your family. The deductible and out-of-pocket maximums will not be changing. Meritain utilizes the Aetna Choice POS II network, which has a broad array of providers in your area and nationally. Jack Cooper Investments is committed to helping you and your dependents maintain health and wellness by providing you with access to the highest levels of care.

If you were precertified by TeamCare for an inpatient admission or surgery scheduled for after Jan. 1, 2023, you may have your provider contact Meritain's utilization management department (AHH) for approval under the new plan. Approvals will be on a case-by-case basis. Your provider can reach out after Dec. 5 by calling 800.242.1199.





## Medical plan summary

PPO — In-network	
<b>Deductible</b>	
Employee	\$200
Family	\$400
<b>Out-of-pocket maximum</b>	
Employee	\$1,000
Family	\$2,000
<b>Benefits</b>	
Preventive care	No charge
Primary care visits	\$20 copay
Specialist visits	\$20 copay
Inpatient services	Facility fee: no charge Physician fee: 20% coinsurance Surgeon fee: 10% coinsurance
Outpatient services	Facility fee: no charge Physician/surgeon fee: 10% coinsurance
Telemedicine	\$0 copay
MinuteClinic	\$0 copay
Emergency room	20% coinsurance
Urgent care	20% coinsurance
Out-of-network	For non-emergency medical care, your cost is 10% greater than an in-network provider plus all charges above allowed amount.

This document is intended to merely highlight or summarize certain aspects of the employer's benefit program(s). It is not a Summary Plan Description (SPD) or an official plan document. Your rights and obligations under the program(s) are set forth in the official plan documents. All statements in this summary are subject to the terms of the official plan documents, as interpreted by the appropriate plan fiduciary. In the case of an ambiguity or outright conflict between a provision in this summary and a provision in the plan documents, the terms of the plan documents control. The employer reserves the right to review, change, or terminate the plan, or any benefits under it, for any reason, at any time and without advance notice to any person.

## Prescription drug summary

We are excited to announce our new partner for pharmacy benefits, SmithRx. SmithRx is dedicated to giving you the best service and resources to help you and your family make better healthcare decisions. **As an added enhancement, we are including infertility prescriptions in the formulary.** Please present your medical/Rx ID card along with your prescription to your pharmacy.

## Pharmacy plan at a glance

In-network	
Tier 1	25% coinsurance retail
Tier 2	20% coinsurance mail order
Tier 3	Member's maximum expense is \$200 copayment per prescription. However, if you purchase a brand name prescription when a generic is available, you are responsible for the cost difference plus any copayment and the \$200 copayment per prescription maximum does not apply.
Specialty	25% coinsurance retail 20% coinsurance mail order \$200 copayment

# PRESCRIPTION DRUG COVERAGE TOOLS

SmithRx | [mysmithrx.com](http://mysmithrx.com) | 844.454.5201

SmithRx is your prescription benefit provider. SmithRx is dedicated to giving you the best service and resources to help you and your family make better healthcare decisions. Please present your medical/Rx ID card along with your prescription to your pharmacy.

You save money when you use generic drugs, and preventive generic medications are covered at 100% prior to meeting your deductible. Generics offer the same ingredients as brand-name drugs at the same level of quality and safety. Always ask your doctor if a generic is available for your condition. To locate an in-network pharmacy, find the cost of a drug, or get questions answered, contact SmithRx at 844.454.5201 or visit the website at [mysmithrx.com](http://mysmithrx.com).

**YOUR HEALTH PLAN COMES WITH A FORMULARY, WHICH IS A LIST OF DRUGS COVERED BY THE PLAN. THE FORMULARY HAS DIFFERENT LEVELS (OR TIERS) FOR DIFFERENT DRUGS.**

Generic drugs



These drugs are lowest in cost because many companies can make them.

Preferred brand-name drugs



These drugs cost more because only one company makes them.

Non-preferred-name drugs



These cost even more. Typically, you can get a comparable drug which is a preferred brand-name or a generic.

Specialty drugs



These are high-cost drugs to treat rare and/or complex conditions.

## SmithRx tools

- Review pharmacy transactions
- Access important forms
- Locate a pharmacy
- Find Member Support contact information

## SmithRx Connect

The SmithRx Connect program identifies alternate sources for your high-cost specialty and branded medications to be covered at little to no cost for you. The SmithRx team helps you navigate the process, doing much of the heavy lifting. If you are taking medications that qualify for the program, you will receive communication from the SmithRx team to start the process of saving you money.

### Is my drug on the formulary?

The health plan may not cover the exact same drug you take; however, it may cover a very similar drug. For example, your plan may not cover the preferred brand-name drug you take, but it may cover a generic version of this drug. The generic drug has the exact same medicine as the brand-name drug. Find out more about your plan's specific formulary by visiting [mysmithrx.com](http://mysmithrx.com) or calling SmithRx at 844.454.5201.



## Meritain tools

### Your personalized member website

Once enrolled as a Meritain Health member, you will have access to the Meritain Health Member Portal. When you log in, you'll find everything you need to know about your benefits — from eligibility, to enrollment, to what's covered. It's another way we're working with you to help you get the most from your benefits — so you can live a life that's balanced and informed.

Registration for the member website is easy

If you're already registered to access your online account, simply enter [meritain.com](https://meritain.com) into your browser and login from the homepage. If you're not yet registered, it's OK. Registration on is an easy three-step process.

1. Go to [meritain.com](https://meritain.com). Then, in the top right corner, click Register.
2. Next, select Member under I am a and enter your group ID. You can find your group ID on the front of your member ID card. (If you are new to the plan, you will soon receive your member ID card in the mail.) Then, click Continue. Please note: you may set up a login for yourself, as well as any children under age 18 who are covered by your plan. For privacy purposes, your spouse and dependents over the age of 18, covered by the plan, must each establish logins to access their individual information.
3. You will need to fill in your:
  - A. Group ID (located on your member ID card).
  - B. Member ID (located on your member ID card).
  - C. Date of birth.
  - D. Name.
  - E. ZIP code.
  - F. Email address.

A username will be provided to you. After you create a password and confirm your email address — you're done! You'll automatically be logged into your new [meritain.com](https://meritain.com) account. The next time you log in, just use the same username and password from Step 3.

Members have the right to ask their health plan to place restrictions on (i) the way the health plan uses or discloses their PHI for treatment, payment or healthcare operations; and (ii) the health plan's disclosure of their PHI to persons who may be involved in their healthcare or payment thereof (e.g., family members, close friends).

### Important plan contacts

What do you need help with?

- My medical benefits
- In-network doctors or hospitals  
Meritain Health Customer Service  
800.925.2272 | [meritain.com](https://meritain.com)
- The Aetna Choice® POS II provider network  
Aetna provider line 800.343.3140  
[aetna.com/docfind/custom/mymeritain](https://aetna.com/docfind/custom/mymeritain)
- Precertification Meritain Health Medical Management 800.242.1199
- Support for chronic conditions  
Meritain Health Disease Management  
888.610.0089



# Set up your Teladoc account in 4 easy steps



**Download the app to talk to a doctor anytime, anywhere by phone or video.**

- 1 Download the app**  
Search for "Teladoc" in the App Store or on Google Play.
- 2 Set up your account**  
Once you've downloaded the app, select "Set up your account."
- 3 Enter basic contact information**  
Provide some information about yourself to confirm your eligibility. We'll confirm we found your benefits and you'll continue creating your account.
- 4 Create your account**  
Enter your address and phone number, create a username and password, pick security questions, and agree to terms and conditions.

When you need affordable care,  
**you've got Teladoc!**

Stretch your healthcare dollars by connecting with Teladoc the next time you're sick. With Teladoc, you can speak with a U.S. board-certified doctor 24/7 by phone or video for many non-emergency illnesses.

Receive affordable care for:

- Sinus infection
- Flu
- Cough
- Sore throat
- Rash
- Allergy
- Upset stomach
- Nausea and more

**Talk to a doctor today**



# FLEXIBLE SPENDING ACCOUNTS (FSA)

Flexible spending accounts (FSAs) are designed to help you save money on taxes. They work in a similar way to a savings account. Each pay period, funds are deducted from your pay on a pretax basis and credited to a healthcare and/or dependent care FSA. You then use your funds to pay for eligible healthcare or dependent care expenses.

## Important information about FSAs

Your FSA elections are effective from Jan. 1 through Dec. 31. Claims for reimbursement must be submitted by March 15 of the following year. Please plan your contributions carefully. Any money remaining in your account as of March 15 will be forfeited. This is known as the “use it or lose it” rule and it is governed by the Internal Revenue Service regulations. Note that FSA elections do not automatically continue from year to year; you must actively enroll each year.

If your employment terminates, you have 30 days to submit claims for reimbursement. The dates of service have to be on or before the termination date in order to be eligible for reimbursement.

Account type	Eligible expenses	Annual contribution limits	Benefit
Healthcare FSA	Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over the counter medications).	Maximum contribution is \$2,650 in 2023. There is a minimum annual contribution of \$500.	Saves on eligible expenses not covered by insurance; reduces your taxable income
Dependent care FSA	Dependent care expenses (such as day care, after school programs or elder care programs) so you and your spouse can work or attend school full-time.	Maximum contribution is \$5,000 per year (\$2,500 if married and filing separate tax returns).	Reduces your taxable income

## What are the advantages of an FSA?

Your contributions are not taxed, nor are you taxed when you receive reimbursements from the account. And you are not taxed when you file your income tax returns at the end of the year.

Account type	With FSA	Without FSA
Your taxable income	\$50,000	\$50,000
Pretax contribution to healthcare and dependent FSA	\$2,000	\$0
Federal and Social Security taxes*	\$11,701	\$12,355
After-tax dollars spent on eligible expenses	\$0	\$2,000
Spendable income after expenses and taxes	\$36,299	\$35,645
Tax savings with the medical and dependent care FSA	\$654	N/A

\*This is an example only. It assumes a 25% Federal income tax rate marginal rate and a 7.7% FICA marginal rate. State and local taxes vary and are not included in this example. However, you will also save on any state and local taxes.

# DENTAL

Guardian | [guardianlife.com](https://guardianlife.com)

Although you can choose any dental provider, when you use an in-network dentist, you will generally pay less for treatments because your share of the cost will be based on negotiated discount fees. With out-of-network dentists, the plan will pay the same percentage but the reimbursement will be based on out-of-network rates. You may be billed for the difference.

Dental exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

To see a current provider directory, please visit [guardianlife.com](https://guardianlife.com).

	In-network	Out-of-network
<b>Deductible</b>		
Employee only	\$0 deductible	\$0 deductible
Family	\$0 deductible	\$0 deductible
Is the deductible waived for preventive services?	Yes	Yes
Annual plan maximum (per individual)	\$2,500 (applies to all levels)	\$2,500 (applies to all levels)
<b>Diagnostic and preventive</b>		
Oral exams, X-rays, cleanings, fluoride, space maintainers, sealants	100%	100%
<b>Basic</b>		
Oral surgery, fillings, endodontic treatment, periodontic treatment, repairs of dentures and crowns	85%	85%
<b>Major</b>		
Crowns, jackets, dentures, bridge implants	70%	70%
<b>Orthodontia</b>		
Adults and dependent children	50%	50%
Lifetime orthodontia plan maximum (per individual)	\$2,500 (applies to all levels)	\$2,500 (applies to all levels)

## Oral health rewards program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases. That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a maximum rollover account (MRA). This can be used in future years if your plan's annual maximum is reached.

### Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

## How maximum rollover works\*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
\$2,500 Maximum claims reimbursement	\$900 Claims amount that determines rollover eligibility	\$450 Additional dollars added to a plan's annual maximum for future years	\$700 Additional dollars added if only in-network providers were used during the benefit year	\$1,500 The limit that cannot be exceeded within the maximum rollover account

\* This example has been created for illustrative purposes only.

\*\* If a plan has a different annual maximum for PPObenefits vs. non-PPObenefits, (\$1500 PPO/\$1000 non-PPOfor example) the non-PPOmaximum determines the Maximum Rollover plan. May not be available in all states.



# VISION

VSP | [vsp.com](http://vsp.com)

VSP's vision care benefits include coverage for eye exams, standard lenses and frames, and contact lenses and discounts for laser surgery. The vision plan is built around a network of eye care providers, with better benefits at a lower cost to you when you use providers who belong to the VSP Choice network. When you use an out-of-network provider, you will have to pay more for vision services.

Eye exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

Copay		
Copay	\$10	
Sample of covered services	You pay (after copay if applicable):	
	In-network	Out-of-network
Eye exams	\$0	Amount over \$39
Single vision lenses	\$0	Amount over \$23
Lined bifocal lenses	\$0	Amount over \$37
Lined trifocal lenses	\$0	Amount over \$49
Lenticular lenses	\$0	Amount over \$64
Frames	80% of amount over \$150***	Amount over \$46
Costco, Walmart and Sam's Club frame allowance	Amount over \$80	
Contact lenses (elective)	Amount over \$150	Amount over \$100
Contact lenses (medically necessary)	\$0	Amount over \$210
Contact lenses (evaluation and fitting)	15% off UCR	No discounts
Cosmetic extras	Avg. 20%-25% off retail price	No discounts
Glasses (additional pair of frames and lenses)	20% off retail price**	No discounts
Laser correction surgery discount	Up to 15% off the usual charge or 5% off promotional price	No discounts
Service frequencies		
Exams	Every calendar year	
Lenses (for glasses or contact lenses)*	Every calendar year	
Frames	Every calendar year	
Network discounts (glasses and contact lens professional service)	Limitless within 12 months of exam	
Dependant age limits	26	
To find a provider	Register at <a href="http://vsp.com">vsp.com</a> to find a participating provider.	

\*Benefit includes coverage for glasses or contact lenses, not both.

\*\*For the discount to apply, your purchase must be made within 12 months of the eye exam.

\*\*\*Extra \$20 on select brands

Charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use. The only exception would be if a member purchases contact lenses from an out of network provider, members can use the balance towards additional contact lenses within the same benefit period.

Members can use their in-network benefits online at [eyeconic.com](http://eyeconic.com).

In-network routine retinal screening covered after no more than a \$39 copay.

# LIFE INSURANCE, SHORT- AND LONG-TERM DISABILITY

## Life and accidental death and dismemberment (AD&D) insurance coverage

Life insurance is an important part of your financial security, especially if others depend on you for support. Accidental death and dismemberment (AD&D) insurance is designed to provide a benefit in the event of accidental death or dismemberment.

The Company provides basic life and AD&D insurance to all eligible employees at no cost equal to one times your base annual earnings, up to a maximum benefit of \$50,000

## Disability insurance coverage

The goal of the disability plan is to provide you with income replacement if you become disabled and are unable to work due to a non-work related illness or injury. Jack Cooper Investments provides eligible employees with disability income benefits at no cost. You are eligible for this benefit the first of the month after 6 months of employment.

The Company will require you to use your eligible PTO during the 30-day wait period before the benefit becomes effective. Please contact Terry Vasko ([tvasko@jackcooper.com](mailto:tvasko@jackcooper.com)) or HR ([hrcommunications@jackcooper.com](mailto:hrcommunications@jackcooper.com)) for more details about this benefit.

These lines of coverage are provided by New York Life (formerly Cigna).

Coverage	Benefit
Short-term disability/salary continuation	<ul style="list-style-type: none"> <li>Covers 60% of your base annual earnings, to a \$1,000 weekly maximum</li> <li>Benefit begins after 30 days of disability</li> </ul>
Long-term disability	<ul style="list-style-type: none"> <li>Covers 60% of your base annual earnings, to a \$10,000 monthly maximum</li> <li>Benefits begin after 90 days of disability</li> </ul>





# VOLUNTARY LIFE

## Group voluntary life

You also have the opportunity to purchase voluntary life for yourself, your spouse and dependent children. Your cost for this coverage is based on the amount you elect and your age. You must purchase voluntary life insurance for yourself in order to purchase spouse and/or dependent child(ren) coverage.

## Benefit plan highlights

- **Employees:** Elect in increments of \$10,000 with a guaranteed issue of \$200,000 without evidence of insurability. Increase greater than one level or any amount above the guarantee issue is subject to medical underwriting.
- **Spouse:** Elect in increments of \$5,000 with a Guaranteed Issue of \$50,000 without evidence of insurability.
- **Child(ren):** Increase or enroll up to \$10,000.
- An increase greater than one level, or any amount above the GI limit is subject to medical underwriting.
- Employees without existing supplemental life coverage can enroll. However, any amounts elected will be subject to medical underwriting.
- Employee and spouse premiums are calculated separately. Spouse rates are the same as employee and are based on employee age.
- Rate information will be provided in the Jack Cooper Benefits Portal.
- Plan is insured by New York Life (formerly Cigna).

## Life assistance program (LAP)

If you find yourself in need of some professional support to deal with personal, work, financial, or family issues, your life assistance program (LAP) can assist. This program also includes up to three face-to-face visits. You and your immediate family (spouse or dependent children) can use this program for a variety of issues, including:

- Marital and family conflicts
- Job related difficulties
- Stress, anxiety and depression
- Parent and child relationships
- Legal and financial counseling
- Identity theft counseling
- Financial planning
- Various other related issues

Our provider is New York Life (formerly Cigna). If you need help or guidance, call 800.3543 or visit [cignabehavioral.com/cgi](http://cignabehavioral.com/cgi).





## RETIREMENT PLANNING

### 401(k) retirement savings plan

The Jack Cooper Investments 401(k) retirement savings plan offers an easy way to save for your future through payroll deductions.

### Eligibility

You are eligible to participate in the plan as of the first of the month after completion of three months of employment with the Company.

### Employee contributions

Contributions from your pay are made on a pre and/or post-tax (Roth IRA) basis up to the IRS annual limit. If you are 50 years of age or older, (or if you will reach age 50 by the end of the plan year), you may make a catch-up contribution in addition to the normal IRS annual limit.

### For more information

For additional details about the 401(k) retirement savings plan or to enroll or change your contribution rates or investment elections, please refer to [trsretire.com](https://trsretire.com) or call 800.755.5801.

### Vesting

Vesting refers to your right of ownership to the money in your account. You are immediately vested in all your contributions and earnings.

# Whatever life throws at you – throw it our way.

Life Assistance Program from  
New York Life Group Benefit Solutions.



Life. Just when you think you've got it figured out, along comes a challenge. Whether your needs are big or small, New York Life Group Benefit Solutions (NYL GBS) is there for you with our NYL GBS Life Assistance Program. It can help you and your family find solutions and restore your peace of mind.

### Call us anytime, any day

We're just a phone call away whenever you need us. At no extra cost to you. An advocate can help you assess your needs and develop a solution. He or she can also direct you to community resources and online tools.

### Visit a specialist

You have three face-to-face sessions with a behavioral counselor available to you – and your household members. Call us to request a referral.

### Monthly webinars

Educational seminars on a variety of relevant topics such as managing your life, work, money and health, are available in a quarterly calendar of monthly webcasts distributed to your employer.

### Achieve work/life balance

For help handling life's challenges, go online for articles and resources on family, care giving, pet care, aging, grief, balancing priorities, working smarter, and more.



### Legal consultation and referrals\*

Receive a free 30-minute consultation with a network attorney. And up to a 25% discount on select fees.



### Financial consultations

Receive a free 30-minute consultation and 25% discount on tax planning and preparation.

### Life Assistance Program 24/7 support

Phone: **(800) 538-3543**

Website: [www.nylgbs-lap.com](http://www.nylgbs-lap.com)

\*Legal consultations and discounts are excluded for employment-related issues.

These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. The Life Assistance Program products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Evernorth Behavioral Health, Inc. and Evernorth Care Solutions, Inc. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description, and are subject to change. Program availability may vary by plan type and location, and are not available where prohibited by law. These programs are not available under policies insured by New York Life Group Insurance Company of NY.

Cigna Corporation and its subsidiaries are not affiliated with New York Life Insurance Company and its subsidiaries. New York Life Group Insurance Company of NY is not authorized in New York and does not conduct business in New York.

New York Life Group Benefit Solutions products and services are provided by Life Insurance Company of North America and New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company.

New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010

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GROUP BENEFIT  
SOLUTIONS







# NOTES

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

**EMPLOYEE  
BENEFITS**