



Your Benefits

Guide

Effective January through December 2021

Benefit plans that fit your budget and life

Carefully Designed with You in Mind

We're committed to making sure you get the benefits package that's right for both you and your family. Our package combines the peace of mind that comes with excellent medical care.

Please take the time to read through this booklet and understand all the options available to you. As a whole, we think we've created a benefit package that gives you outstanding support, whether you're at work, at home or even on vacation.

Enrollment and Eligibility

Eligibility for New Hires

Field employees are initially eligible to enroll in the benefit plan after the requirements of the Affordable Care Act (ACA) have been met. The requirements include 6 months of employment and 780 hours worked during this period. Subsequent eligibility requires 780 hours be worked during a defined measurement or working period of which there are two defined six month measurement periods per year. Your benefit coverage begins the first of the month following eligibility and enrollment and after a 45 day administrative window which begins after your defined 6 month measurement period ends. Your benefits are in effect for a period of 6 months provided you are actively working.

Qualified Status Changes

The only time other than Annual Enrollment an employee can make changes to their benefits is with a qualified status change. It is the employee's responsibility to notify TBX or the Benefits Team within 31 days of the date of the qualifying event. Failure to contact TBX or the Benefits Team within the specified period of time will result in no changes being allowed. Qualified status changes include, but are not limited to:

- marriage
- · death

divorce

loss of coverage, etc.

birth

Documentation of the status change is required and must include the effective date of the change. Adding dependents will require appropriate documentation for the change to be effective.

Annual Enrollment

Annual Enrollment is your opportunity once each year to evaluate your benefit options and make selections for the following year.

- · Annually each November for two weeks
- Active enrollment, which means that everyone who wants benefits must re-enroll for the new plan year
- Failure to make elections will result in the employee not having benefits for the new plan year
- Plan year is January 1 through December 31

Dependent Eligibility

	Spouse	Children	
Medical	\checkmark	\checkmark	up to age 26 regardless of marital or student status
Dental	\checkmark	\checkmark	up to age 26 regardless of student status
Vision	\checkmark	\checkmark	up to age 26, and solely dependent on you for support.
Life Insurance			up to age 26 regardless of student status

Documentation is required to prove dependent eligibility and must be provided during the 30 day enrollment period.

Spouses with medical coverage provided by their employer are not eligible for a Tradesmen medical plan.

Beneficiary information must be provided when an employee enrolls in certain benefits. Beneficiaries are not necessarily qualified dependents; they could be the employee's mother, father, sibling, etc.

Employees designate beneficiaries; in the event of a death, these are listed in the system and will be validated if there is a claim.

Disabled dependents: children who became disabled before age 26 and rely on you for support are eligible for health coverage. Contact Human Resources if this applies to you.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department. This guide is meant to serve as a summary. If there are differences between this guide and the carrier contract, the contract will govern.

Making Your Benefit Choices

You're able to access our benefit enrollment and information system, **TBX** (The Benefits expert), from anywhere you are. Through TBX, you can:

- · Submit benefit enrollments as a new hire, at annual enrollment, or if you have a life change
- Get help making benefit choices using the Decision Support Tool
- · Access benefit information
- · Link out to your carrier websites
- · Confirm your benefit selections and their cost at any time
- · Submit and update your life insurance beneficiaries

Enrollment assistance from TBX is available

1.855.482.9669

Monday-Friday, 7:00am - 7:00pm CST

How to Enroll

Our benefit site is available anywhere you are! Go online to https://my.tbx360.com/tradesmen. The first time you access the site, enter your email address and you will be prompted to log in.

- Benefits sends an email with enrollment information after one week of hire date
- Username: your 5-or 6-digit Employee ID Number; provided to new hires
- **PIN**: the last four digits of your SSN and the last two digits of your birth year

Example:



George Smith EID: 12345

SSN: 987-65-4321 **DOB**: 7-16-1978

Username: 12345 **PIN**: 432178

Once you've selected all of your benefits, make sure you click **Sign & Submit** to electronically sign your enrollment. Your enrollment is complete when you receive the **Congratulations**, **Your Enrollment is Now Complete!**

Cancellation of Benefits:

- Benefits end when an employee's employment with Tradesmen terminates.
- · Benefits end on the last day worked unless otherwise specified.
- If an employee is not working for a period greater than 13 weeks, benefits end on the last paid through date; this also includes not working due to a leave of absence.
- · Benefits are not active through the end of the month.
- Benefits can also be canceled due to non-payment (end date is based on the last paid through date).

Medical Plan Details

Traditional

Consumer Choice

In-Network Coverage			
Deductible DED	\$2,000 per person \$4,000 family maximum	\$3,000 per person \$6,000 family maximum	
Coinsurance (your share)	30% after the deductible	30% after the deductible	
Out-of-Pocket Maximum	\$5,000 per person \$10,000 family maximum	\$6,000 per person \$12,000 family maximum	
Preventive Care	Covered 100% in-network	Covered 100% in-network	
Primary Doctor Visit	\$30 copay	DED then 30%	
Teladoc Visit (telemedicine)	\$15 copay	\$47	
Specialist Doctor Visit	\$50 copay	DED then 30%	
Independent Labs	DED then 30%	DED then 30%	
X-Rays	DED then 30%	DED then 30%	
Imaging: MRI / CT / PET	DED then 30%	DED then 30%	
Urgent Care Center	\$30 copay	DED then 30%	
Emergency Room	DED then 30%	DED then 30%	
Inpatient Hospitalization	\$200 then DED then 30%	DED then 30%	
Outpatient Surgery	\$100 then DED then 30%	DED then 30%	
Out-of-Network Coverage (<i>plus balance billing</i>)			
Deductible DED	\$4,000 \$8,000	\$6,000 \$12,000	
Coinsurance (your share)	50% after the deductible	50% after the deductible	
Out-of-Pocket Maximum	\$10,000 \$20,000	\$10,000 \$20,000	

Pharmacy Coverage (OptumRx)

Pharmacy Deductible DED	\$100 per person	Combined with Medical DED	
Preventive Medication	Covered same as other medications	No cost to you	
Retail (up to 30 days) and Mail Order (90 days)			
Generic	DED then 20%	DED then 30%	
Preferred brand name	DED then 30%	DED then 30%	
Non-preferred brand name	DED then 45%	DED then 30%	

Maintenance Medication Savings CVS90 Saver Plus program

This program allows you to obtain a 90-day supply of your maintenance medications at any CVS Pharmacy location or through OptumRx home delivery. Your pharmacy benefit covers a limited number of 30-day refills of a maintenance medication. After the allowed refills, you must choose to fill your prescription at a CVS Pharmacy location or through OptumRx home delivery. Failure to do so will result in you paying the full cost of your maintenance medication.

Medical Insurance

Be an educated health consumer

Both of our medical plans cover in-network preventive care at 100%. Beyond that, your responsibility depends on the plan you choose, the services you need, and where you receive your care.

Your Plans At-a-Glance	Traditional	Consumer Choice
Network Coverage	Coverage is available both in and out-of-network.	Coverage is available both in and out-of-network.
How you pay for care	Doctor visits and urgent care have a copay. Most other services require you to meet the deductible and then pay a share of the cost (coinsurance).	You are responsible for your deductible and then a share of the cost (coinsurance) until you reach your out-of-pocket maximum.
Pre-tax Health Accounts	No pre-tax health account options exist for the Traditional plan.	You may contribute to a Health Savings Account (HSA) to pay for eligible health expenses with pretax money. See pages 8-9 for more information.
Prescription Coverage	All prescriptions are subject to an annual pharmacy deductible of \$100 (separate from your medical deductible) and then you pay a portion of the cost.	Certain generic medications are at no cost. You are responsible for your deductible and coinsurance for all other prescriptions.

Important terms

Copay – a flat fee you pay whenever you use certain medical services, like a doctor visit.

Deductible – the dollar amount you pay before your medical insurance begins paying deductible-eligible claims.

Coinsurance – the percentage of covered medical expenses you continue to pay after you've met your deductible and before you reach your out of pocket maximum.

Out-of-pocket maximum – the most you will pay during the calendar year for covered in-network expenses. This includes copays, deductibles, coinsurance, and prescription drugs.

In-Network – providers and facilities that contract with the insurance company. When you remain in the network, your cost for care is lower due to negotiated costs.

Out-of-Network – Use of a health care provider that does not participate in a plan's network.

Balance billing – the amount you are billed to make up the difference between what your out-of-network provider charges and what insurance reimburses. This amount is in addition to, and does not count toward your out-of-pocket maximum.

Aetna Medical Coverage	OptumRx Pharmacy Coverage
Group : 868653	Group: CT1TRAD20
Website: www.aetna.com	Website: www.optumrx.com
Phone : 1.855.217.2835	Phone : 844.775.7416

Health Savings Account (HSA)

More than a savings account!

HSA can provide a smart way to save for current and future healthcare needs.

- Your funds never expire and always belong to you even if you retire or leave the company.
- Investment opportunities are available.
- You may change your HSA contribution amount (paycheck deduction) during the year as long as you do not exceed the annual maximum.

The HSA Triple Tax Advantage

- Contributions are tax free (exempt from federal taxes).
- Any interest earned on the account balance is tax free.
- Withdrawals for qualified health expenses are tax-free.

Annual Maximum Contributions

Your annual maximum HSA contribution depends on who you cover on your Consumer Choice medical plan.

Individual Coverage: If you cover only yourself

\$3,600 per year

Family Coverage: If you cover any dependents

\$7,200 per year

The minimum HSA contribution is \$5.00 bi-weekly.

Maximums are set by the IRS, include contributions from all sources, and assume 12 months of coverage in the Consumer Choice plan (a qualifying HDHP plan). HDHP coverage lasting less than 12 months generally results in contribution maximums pro-rated on a monthly basis.

PayFlex monthly administration fee is \$2.75

Age 55 or older? You may contribute an extra \$1,000 per year in catch-up contributions.



Marc has an individual HSA

He saves directly from his paycheck into his HSA

\$900 annually (\$17.31 per paycheck)

-\$0 (No income tax is applied)

\$900

Tax-free money to cover medical expenses



Claudia doesn't have an HSA

She saves for medical expenses from her paycheck

\$900 annually (\$17.31 per paycheck)

- \$225 (25% federal income tax)

\$675

Post-tax money to cover medical expenses

Once you have a minimum balance (typically \$1,000) in your HSA, you may open an investment account. There are a variety of mutual funds to choose from, no transfer or trading fees, and no minimum investment amount for a trade request.

Aetna (PayFlex) Website: www.aetna.com (access your HSA by signing into your Aetna account)

Phone: 1.888.678.8242

Making smart choices when you need medical care.

Health care can be expensive, but there are steps you can take to keep your costs in check while ensuring quality health care for you and your family.



Save the Emergency Room for Emergencies

Emergency rooms are crowded with long wait times and very expensive. <u>True emergencies</u> are life threatening conditions or symptoms including:

- chest pain
- head injuries
- traumatic injuries
- · severe burns
- · asthma attacks
- · severe allergic reactions
- · heart attack
- stroke



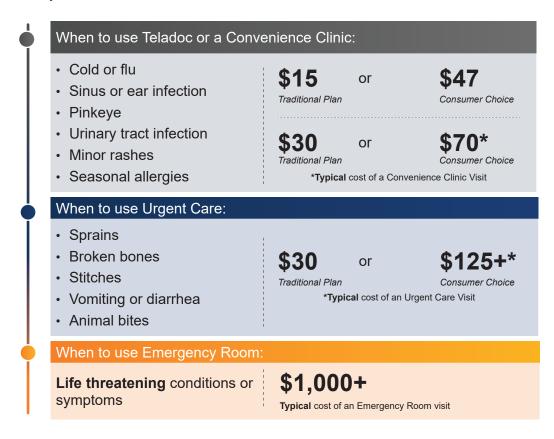
Use Outpatient Testing Centers

When possible, have your lab work and scans (MRI, CT, x-ray, etc.) at smaller outpatient diagnostic facilities instead of the hospital. Smaller centers have the same - or better - quality treatment and will save you money.



Try Teladoc

Getting sick at work, at night, or on weekends can be disruptive and inconvenient. Teladoc allows you to see a doctor from your couch, the parking lot at work, or while traveling 24 hours a day, 7 days a week from your computer or smartphone. Visit https://member.teladoc.com/signin and register for Teladoc today so it's available when you need it.



Stay Healthy!

Preventive care and routine wellness visits are covered at 100%

Regardless of the plan you select, all annual wellness visits for you and your covered dependents are 100% covered with no cost to you, as long as you receive this care from in-network providers. It is recommended that you receive a physical each year, along with other exams and tests based on your age and gender. Talk to your doctor about what preventive care is best for you. Childhood immunizations are also covered at 100%.

Dental Insurance

Dental coverage is available through Aetna's PPO Dental network. Although out-of-network coverage is available, you will receive greater savings by using an in-network provider. To find an in-network provider, go to www.aetna.com.

With an in-network provider, not only are they monitored for quality, cleanliness and safety, but you also receive reduced fees, no pre-payment costs for services, and no balance billing.

Review the chart below for services and coverage that is available under the plan. Make certain that you review the waiting periods listed as well. If you do not enroll in dental when you are first eligible, you will be subject to a 6-month waiting period for Major Services.



	In-Network Coverage	Out-of-Network Coverage	Waiting Period
Annual Deductible DED	\$15 per person	\$100 individual; \$300 family	N/A
Annual Maximum Benefit	\$1,500 per person	\$1,200 per person	N/A
Preventive Services (Exam, cleaning, x-rays)	100% covered	DED then 20%	No waiting period
Basic Services (Root Canal, Extractions, Fillings)	You pay 10% (no deductible)	DED then 30%	No waiting period
Major Services (Inlays, Onlays, Crowns, Dentures)	DED then 30%	DED then 50%	6 months from effective date
Orthodontics and Implants	Not Covered	Not Covered	N/A

Aetna Dental

Group: 868653

Website: www.aetna.com

Phone: 1.855.217.2835



Vision Plan Details

Although you can see an out-of-network provider, you will receive greater savings by going to an in-network provider. To find an in-network provider, go to www.aetnavision.com, and search the Aetna Vision Preferred network. Except for frames, all services are available every 12 months; frames are every 24 months.

Routine eye exams can help detect serious health conditions, such as diabetes and heart disease, even before symptoms appear. Make sure you and your family receive routine eye exams.

	In-Network	Out-of-network
Exam	\$20 Copay	\$20 Reimbursement
Eyeglass Lenses/Lens Options		
Use your lens coverage once eve eyeglasses OR 1 order of contact		e either 1 pair of
Standard Plastic Single	\$20 Copay	\$15 Reimbursement
Standard Plastic Bifocal	\$20 Copay	\$30 Reimbursement
Standard Plastic Trifocal	\$20 Copay	\$60 Reimbursement
Standard Plastic Lenticular	\$20 Copay	\$60 Reimbursement
Standard Progressive	\$85 Copay	\$30 Reimbursement
Contact Lenses		
Conventional Contacts	\$105 Allowance	
Additional 15% off balance over the allowance	\$75 Reimbursement	
Disposable Contacts	\$105 Allowance	\$75 Reimbursement
Medically Necessary Contacts	\$0 Copay	\$200 Reimbursement
Frames		
Use your Frame coverage every other calendar year		
Any Frame available, including frames for prescription sunglasses	\$100 Allowance Additional 20% off balance over the allowance	\$50 Reimbursement



Aetna Vision

Website: www.aetnavison.com

Phone: 877.973.3238

ID Cards will be mailed to home address on file.

Paycheck Deductions

Your weekly cost for coverage

We do our very best to get the most competitive prices while getting you the best possible coverage. Health care deductions are taken from your paycheck 52 times per year to cover your portion of the benefits' cost.

Remember that these amounts are pre-tax, which can lower your taxable income.

Medical Insurance

Coverage Level	Traditional plan	Consumer Choice plan	Consider contributing to your HSA: (1)
Employee Only	\$43.43	\$21.72	\$21.72 weekly
Employee + 1	\$86.63	\$43.32	\$43.32 weekly
Employee + Family	\$131.72	\$65.87	\$65.87 weekly

Consider contributing the difference in cost between the Consumer Choice and Traditional plans to your HSA each paycheck.

You'll have the same amount of money come out of your paycheck as if you enrolled in the Traditional plan, but you'll be paying yourself instead of the insurance company.



Dental Insurance

Coverage Level	Dental plan
Employee Only	\$5.83
Employee + 1	\$12.94
Employee + Family	\$17.55

Vision Insurance

Coverage Level	Vision plan
Employee Only	\$1.15
Employee + 1	\$2.19
Employee + Family	\$3.38

Life and AD&D Insurance

Coverage for the unexpected

Basic Life and AD&D Insurance

As an employee of Tradesmen enrolled in either the Consumer Choice or Traditional medical plan, you are provided with life insurance and accidental death and dismemberment (AD&D) coverage at no cost to you through OneAmerica in the amount of \$15,000.

AD&D coverage is equal to your life insurance and may pay your beneficiary if your death is due to an accident, or may pay a partial benefit due to loss of specified functions.

Defining AD&D

AD&D, or Accidental Death & Dismemberment insurance, is attached to the basic life insurance policy you receive through Tradesmen and may pay a benefit in one of two ways:

- 1. If your death is caused due to an accident, the AD&D benefit pays in addition to your life insurance. This is sometimes called a "double indemnity" because your beneficiary receives both the life insurance amount and the AD&D amount.
- 2. If, as the result of an accident, you either lose a covered body part (such as a limb) or lose the function of a covered body part, you may receive a percentage of the total AD&D benefit depending on the functions that have been lost.

Additional Voluntary Life Insurance

To supplement the life and AD&D insurance coverage provided by Tradesmen, you have the option to purchase additional life insurance for yourself and your dependents through OneAmerica. You must cover yourself to cover your dependents. Your cost for coverage depends on your age and coverage options and is available at enrollment.

	For you	For your spouse	For your child(ren)
Available increments	\$10,000	\$5,000	\$5,000
Coverage maximum	5 times your salary to \$500,000	50% of your coverage to \$100,000	\$10,000 (age 14 days to 26
Medical question maximum	នំ) \$100,000	\$30,000	\$10,000 years)



As a **newly eligible employee**, you may elect up to the medical question limit with no medical questions required. At annual enrollment you have the ability to increase your coverage by one increment (\$10,000) without medical questions, as long as you don't exceed \$100,000. Any increase above \$10,000 will require medical questions.



Website: www.employeebenefits.aul.com

Phone: 1.800.553.5318

Disability Insurance

There are two STD plan options. Both options provide the same benefit begin date (after 10 business days) and will pay you up to 60 days if you remain unable to work. The difference in the plans is the amount of coverage and how much you pay for coverage.

Short-Term Disability

How much it pays	\$70 per working day (\$350 per week)
How much will it cost	\$3.50 per weekly paycheck

Short-Term Disability Buy-Up - NEW

How much it pays 60% of salary to a max of \$750 weekly benefit

How much will it cost Varies dependent on your salary. See examples below.

The monthly rate is \$.53 per \$10.00 of weekly benefit. **For example:**

- An employee with a \$40,000 base salary will pay \$5.64 weekly for a weekly benefit amount of \$462.
- An employee with a \$65,000 base salary will pay \$18.35 weekly for a weekly benefit amount of \$750 which
 is the maximum benefit provided under the plan.

New vendor for STD!

Sedgwick

Phone: 888.436.9530 **Fax:** 888.436.9535

To file or view a claim: timeoff.sedgwick.com

Pre-existing condition limitations do apply for this policy. You will not be covered for any disability that happens in the first six months of coverage if you received treatment during the 3 month period before coverage began.

You must contact Sedgwick for all leaves of absence – FMLA, Non-FMLA, STD, Military leave, state leaves, etc. – in order to receive payment, job protection, and protection of hours based on your eligibility.

Lump Sum Disability Insurance

Administered by One America

Lump Sum Disability Insurance can provide you and your family with lasting income protection in the event you become disabled and are not able to return to work. You have the opportunity to purchase this coverage through OneAmerica. Your cost for coverage depends on your income, this information is available at the time of enrollment in TBX.

OneAmerica's One Lump Sum plan provides you and your family with a lump sum benefit in the event of total disability, You may utilize the funds you receive any way you see fit to take care of yourself and your family.

Increments of	\$1,000	
Minimum Amount	\$10,000	
Maximum Amount	\$50,000	
How long benefits last	If you cannot do your job: Up to 2 years	
	If you cannot do any job: Until your Social Security Normal Retirement Age	

After you are unable to work for 90 days due to disability, you enter a two year Benefit Eligibility period. In the event you are determined to be totally disabled during the Benefit Eligibility Period, you become eligible to receive you Lump Sum amount. This coverage is portable if you leave Tradesmen. Your cost for coverage depends on your age and the lump sum amount you choose. This information is available at the time of enrollment. Beginning at age 65 your available lump sum amount will decrease.

OneAmerica

Website: www.employeebenefits.aul.com

Phone: 1.855.517.6365

Voluntary Benefit Options

The benefits below are offered to you on a voluntary basis. You pay 100% of the premiums. Payment is made directly to you to help offset deductibles, copayments and assist you in filling in any financial gaps you may experience when dealing with an illness or accident. These policies are portable, you can keep them and set up direct payments to Voya if you leave Tradesmen.

Benefit Enhancer Bundle - NEW Carrier!

Critical Illness

This coverage pays you a lump sum benefit upon the diagnosis of a covered critical illness.

- Two coverage options: \$15,000 or \$25,000 lump sum paid regardless of any other insurance you have.
- · You decide how you would like to use the benefits paid to you.
- · Family coverage is available:

Lump Sum Option	Spouse (50% benefit)	Child (50% benefit)
\$15,000	\$7,500	\$7,500
\$25,000	\$12,500	\$12,500

- **Wellness benefit**: Earn a \$75 benefit payment each year for receiving preventive exams, screenings, and more (available after coverage has been in effect for 30 days)
- Coverage is portable, which means you can take it with you if you leave Tradesmen.

Accident Insurance

This coverage is designed to help you with the cost of an accident. Benefits are paid based on the injuries received and treatment associated with a covered accident.

- Family coverage available
- Additional benefits available when the accident is due to participation in organized sports
- Hospital, transportation, follow-up care, and injury benefits available
- Wellness benefit: Earn a \$50 benefit payment each year for receiving preventive exams, screenings, and more (available after coverage has been in effect for 30 days)
- Coverage is portable, which means you can take it with you if you leave Tradesmen.

Hospital Indemnity – NEW!

Hospital Indemnity provides a cash payment to you when you are hospitalized.

- Plan options include coverage employee, spouse and children.
- Plan provides a lump sum payment and a daily benefit rate for each day you are in the hospital.
- Coverage for all hospital stays including pregnancy and COVID19 related hospitalizations.

Additional policy documents and cost information available on the TBX enrollment website.

Voya Financial

Website: www.voya.com
Phone: 877.236.7564

Permanent Life Insurance with Long-Term Care

The Permanent Term Life Insurance with Long-Term Care (LTC) is a great complement to traditional term life insurance. It can be taken with you into retirement while also providing a benefit for Long-Term Care should there be a need as you age.

- Base insurance premiums are guaranteed never to increase through age 100 with no medical exam required.
- Must be actively at work to elect.
- Spouse and child coverage is available.
- Coverage is portable, which means you can take it with you if you leave Tradesmen.

Bankers Worksite

Website: www.bankersworksite.com

Phone: 1.866.458.7502 Opt. 2

Perks at Work Program

Tradesmen employees have access to a free discount program that brings perks and exclusive local and national offers to the table. Employees can save on big purchases such as electronics, home appliances, car buying and travel and on everyday items such as food, meal kits, home entertainment and learning and fitness. Take advantage of these discount plans and programs offered to you and your family members as an employee of Tradesmen.

Simply log onto <u>www.perksatwork.com</u>, click "register for free", sign up with your work email and start saving! More information on the program can be found on our intranet portal. See information below for details.



Retirement Savings Plan and Employee Assistance Program

401(k) Retirement Savings Plan

Eligibility

You are eligible to participate in the Tradesmen 401(k) plan after 6 months of employment.

You will receive an email notifying you that you are eligible to enroll. However, you can enroll in the plan at any time after 6 months of employment.

Company Match

Tradesmen will match \$0.50 for every \$1.00 you contribute up to 6% of your compensation.

Vesting

You are fully vested in Tradesmen's matching contributions after 3 years of continuous service.

Prudential

Website: www.prudential.com/

online/retirement

Phone: 1.877.PRU.2100

Investments

Our high quality, low cost investment menu makes selecting your investments easy.

- A line-up of actively managed mutual fund across each asset type
- · A suite of Index Funds
- GoalMaker, the "Do It for Me" solution of pre-built portfolio based on your age and risk tolerance Keep in mind that application of asset allocation and diversification concepts does not assure a profit or protect against loss in a declining market. It is possible to lose money by investing in securities.

Note: Highly Compensated Employees (HCE's) as defined by the IRS are not eligible to participate in the 401(k) plan. For 2021 this includes employees who earn more than \$130,000.

Employee Assistance Program (EAP)

Help when you need it

Tradesmen offers all employees and their families access to a **confidential** Employee Assistance Program (EAP) tailored to your needs.

You can access our OneAmerica GuidanceResources® services **24/7** to reach a licensed, professional counselor available for immediate assistance. Our program offers telephone, face-to-face, and web-based assistance.

Up to three no-cost face-to-face visits per issue per year are included.

Our EAP can help you navigate some of life's challenges, including:

- · adoption
- anxiety
- · child and elder care

- · fitness
- grieving
- military life
- managing a major illness (diabetes, cancer
- opioid/alcohol addiction
- pregnancy
- tobacco use
- wills
- debt and bankruptcy
- divorce and child custody
- PTSD
- · financial planning
- · disaster preparedness
- · marriage and living together
- and more



Website:

www.guidanceresources.com

Web ID: ONEAMERICA3

Phone: 1.855.387.9727 (available 24/7)

Need Help?

Use the contact information in this guide to contact the specific vendor for assistance

OR

TBX for website and enrollment issues my.tbx360.com/tradesmen

Phone: 855.482.9669

OR

Contact the Tradesmen Benefits Team at Benefits@TradesmenInternational.com

Phone: 888.809.4025

Life Change Contacts

TBX Login: my.tbx360.com/tradesmen Benefit Service Center: 1.855.482.9669

Documentation email: <u>lifeevents@tbxbenefits.com</u>

This benefit summary prepared by



