



WOLFE **W** HOMES

# 2025-2026 BENEFIT GUIDE

July 1, 2025 - June 30, 2026



# ELIGIBILITY INFORMATION



## WELCOME!

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

### Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself.

Eligible family members include:

- Your legally married spouse
- Your children who are your natural children, stepchildren or adopted children to age 26 or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

### When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 30 days of full-time employment.

If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits).

**Open Enrollment:** Changes made during Open Enrollment are effective **July 1, 2025 - June 30, 2026.**

To enroll online, go to [www.employeenavigator.com](http://www.employeenavigator.com).

### Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP

### Making Changes

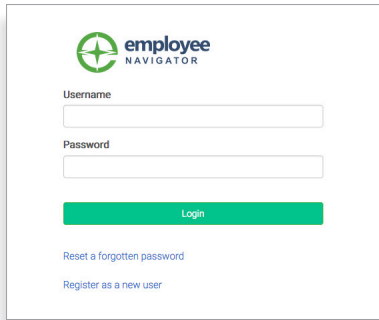
- **To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified life event (including newborns).**
- Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

### Summary of Benefits and Coverage (SBC)

A Summary of Benefits and Coverage (SBC) for the medical plan offered to full-time employees of Wolfe Homes has been prepared by our insurance carrier in accordance with the requirements of the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act (collectively referred to as "PPACA"). The SBC is available in your account online at the website listed on your ID card. If you have not registered on the website in the past, you will want to register and view this notice prior to electing coverage. A paper copy is also available, free of charge, by calling the toll-free number on the back of your ID card. Also, a paper or electronic copy is available from HR if you don't have online access or if you are not yet enrolled.

**Required Information**—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

# ENROLL IN YOUR BENEFITS: One step at a time

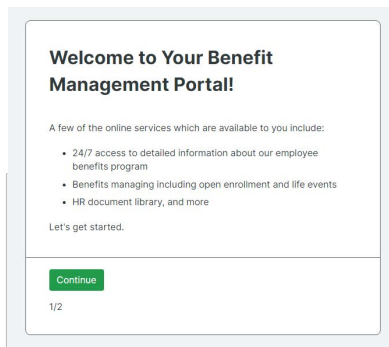


The login page features the Employee Navigator logo at the top left. Below it are two input fields: 'Username' and 'Password'. A green 'Login' button is positioned below the password field. At the bottom left, there are two links: 'Reset a forgotten password' and 'Register as a new user'.

## Step 1: Log In

Go to [www.employeenavigator.com](http://www.employeenavigator.com) and click **Login**

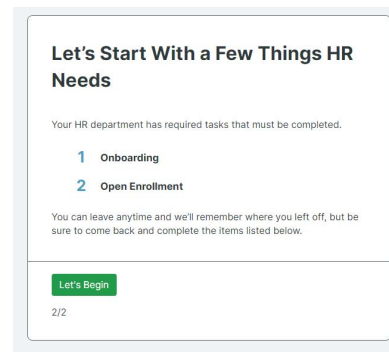
- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.



The page has a heading 'Welcome to Your Benefit Management Portal!'. Below the heading is a list of services: '24/7 access to detailed information about our employee benefits program', 'Benefits managing including open enrollment and life events', and 'HR document library, and more'. A 'Continue' button is at the bottom left, and '1/2' is at the bottom center.

## Step 2: Welcome!

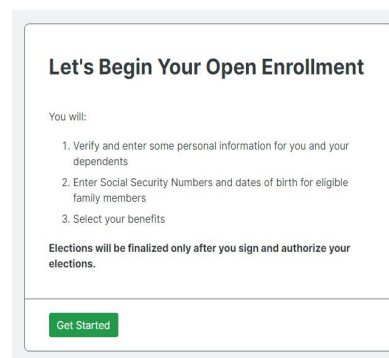
After you login click **Continue**



The page has a heading 'Let's Start With a Few Things HR Needs'. Below it is a message: 'Your HR department has required tasks that must be completed.' A numbered list follows: '1 Onboarding' and '2 Open Enrollment'. A 'Let's Begin' button is at the bottom left, and '2/2' is at the bottom center.

## Step 3: Let's Begin

Once you get to this screen click **Let's Begin** to complete your required tasks (for first time users, if applicable) and enrollment.



The page has a heading 'Let's Begin Your Open Enrollment'. Below it is a message: 'You will:'. A numbered list follows: '1. Verify and enter some personal information for you and your dependents', '2. Enter Social Security Numbers and dates of birth for eligible family members', and '3. Select your benefits'. A 'Get Started' button is at the bottom left.

## Step 4: Start Enrollments

After clicking **Get Started**, you'll need to complete some personal & dependent information before moving to your benefit elections.

### TIP

*Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.*

## Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select**.

**Who am I enrolling?**

Myself

Elizabeth Reynolds (Spouse)

Gwen Reynolds (Child)

Which plan do I want?

2023-24 BCBS Medical HSA Plan

**\$0.00** Effective on 08/01/23  
Cost per pay period Employee

Compare Details Selected

2023-24 BCBS Medical PPO Plan

**\$14.66** Effective on 08/01/23  
Cost per pay period Employee

Compare Details Select

Save & Continue

Don't want this benefit?

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

## Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

Enrollment Summary

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions or would like to make changes, please contact HR.

**Enrollment Not Complete!**  
Please complete the required highlighted steps from your enrollment progress menu.

Enrolled Plans

Medical Collapse

Key Care HSA PPO2017 404E2435 Long Plan Name

Progress 6 of 8

- ✓ 1. Personal Information
- ✓ 2. Dependent Information
- ✓ 3. Medical
- ⚠ 4. Dental
- ✓ 5. Vision
- ✓ 6. HSA
- ✓ 7. FSA
- 8. Enrollment Summary

## Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

### TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

Enrollment Summary Print

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions about your enrollment or would like to make changes, please contact HR.

✓ **Acknowledged and Submitted**

Enrollment completed on Tuesday, June 6, 2023 11:34 AM

## Confirmation

After you have completed your enrollment you will receive a confirmation email.



You can login to review your benefits 24/7

# MEDICAL INSURANCE



## Blue Cross Blue Shield of NC

Key Medical Benefits (In-Network)	BCBSNC July 1, 2025 - June 30, 2026		
	PPO No Copay (1)	HDHP (5)	Buy-Up PPO Copay (10)
<b>Deductible</b> (per policy year)			
Individual	\$6,000	\$2,000	\$3,000
Family Member Deductible	\$6,000	\$4,000	\$3,000
Family	\$12,000	\$4,000	\$6,000
<b>Out-of-Pocket Maximum</b> (includes copays, deductible, coinsurance, including Rx)			
Individual	\$8,300	\$4,000	\$6,000
Family Member OOP Max	\$8,300	\$7,000	\$6,000
Family	\$16,600	\$8,000	\$12,000
<b>Covered Services</b>			
<b>Routine Preventive Care</b>	100% Covered	100% Covered	100% Covered
<b>Office Visits</b>	50% after deductible	20% after deductible	Primary Care: \$35 copay Specialist: \$70 copay
<b>Virtual Visit (Teledoc)</b>	50% after deductible	20% after deductible	\$10 copay
<b>Urgent Care Facility</b>	50% after deductible	20% after deductible	\$70 copay
<b>Emergency Room</b>	50% after deductible	20% after deductible	\$500 copay
<b>Inpatient Hospital Stay</b>	50% after deductible	20% after deductible	20% after deductible
<b>Outpatient Hospital Services</b>	50% after deductible	20% after deductible	20% after deductible
<b>Prescription Drugs</b>			
Tier 1	\$10 copay		\$10 copay
Tier 2	\$25 copay		\$25 copay
Tier 3	\$40 copay	20% after deductible	\$40 copay
Tier 4	\$80 copay		\$80 copay
Tier 5	25% up to \$200 max.		25% up to \$200 max

*This is just a summary of benefits. For a complete list of Covered Services please see your Group Medical Certificate.  
If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.  
\*First three visits are \$0 copay if PCP is designated on BlueConnect.*

Your Share of the Cost per Bi-Weekly Paycheck (26x)	Elections	PPO	HDHP	Buy-Up
	Employee Only	\$23.44	\$70.76	\$107.33
	Employee & Spouse	\$256.99	\$361.09	\$441.54
	Employee & Child(ren)	\$192.83	\$282.74	\$352.22
	Employee & Family	\$426.38	\$573.07	\$686.43



## A PERSONALIZED WAY to manage your health care

Blue Connect from Blue Cross and Blue Shield of North Carolina (Blue Cross NC) is your source for tools and information about your health plan, health management and health care options. It is designed to make health care easier, with the tools and information you need only one click away. And with the Blue Connect Mobile<sup>SM</sup> app, you have on-the-go access to tools, resources and support when, where and how you want it.

Register today to:

- Choose your primary care provider, find other in-network providers, read patient reviews and estimate the cost of procedures
- View your benefits, claims and expenses applied toward your deductible and out-of-pocket limits in an instant so you know exactly where you stand
- View and share your digital member ID card<sup>1</sup>
- Send secure messages to Customer Service in your Blue Connect inbox
- Access preventive care and wellness resources

**Blue Connect Mobile** is a free app that's available for Apple and Android mobile devices. Key features include:

- Fingerprint/Touch ID sign-in<sup>2</sup>
- Connect with a Customer Service representative through chat or in-app messaging
- Access to your digital member ID card<sup>1</sup> whenever you need it

### Log in or register

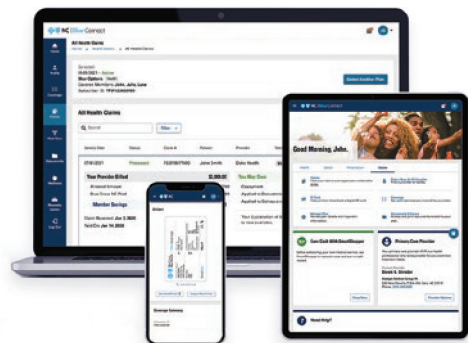
at [BlueConnectNC.com](http://BlueConnectNC.com). Download the free app, Blue Connect Mobile, from the App Store (iOS) and Google Play (Android).



Scan to register your Blue Connect account



Scan to download our mobile app



# TELEHEALTH

See a doctor from home, at work or on the go

**Your Blue Cross and Blue Shield of North Carolina (Blue Cross NC) health plan includes telehealth services from Teladoc.** Because telehealth is such a convenient and effective option, Blue Cross NC encourages you to set up your account today.

## Convenient care for your total health

- **Range of services.** Your telehealth offering includes acute care as well as behavioral health services and substance use support.\*
- **Affordable care.** Costs vary depending on your benefits and whether you have a \$10 copay or deductible/coinsurance plan. Telehealth is typically less expensive than a visit to urgent care.
- Available 24 hours a day, seven days a week (even holidays) for acute care.
- Low wait times.<sup>1</sup>
- Prescriptions sent electronically to your local pharmacy if needed.<sup>2</sup>
- On the couch, at work or traveling – you can use Teladoc anywhere in the U.S.<sup>3</sup>
- Pediatricians available if your child gets sick.<sup>4</sup>
- Teladoc doctors are board-certified with an average of 20 years' experience.<sup>6</sup> Specialties range from primary care and internal medicine, to pediatrics and family medicine.

## Acute/non-emergency health problems

- Allergies
- Cough, cold and flu
- Diarrhea
- Ear problems
- Fever<sup>4</sup>
- Headaches
- Insect bites
- Nausea and vomiting
- Sinus problems
- Sore throat
- Urinary problems<sup>4</sup>
- And more

Learn more at [Teladoc.com](https://www.teladoc.com) or by calling **1-800-835-2362 (1-800-TELADOC)**.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact the Customer Service number on the back of your ID card for assistance.

*Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Comuníquese con el número para servicio al cliente que aparece en el reverso de su tarjeta del seguro para obtener ayuda.*

3 ways to sign up today  
So it's ready when you need it!



**Download the Teladoc mobile app**

(iOS- / Android-supported)



**Go to [Teladoc.com](https://www.teladoc.com) and click "Log in/Register"**



**Call 1-800-835-2362 (1-800-TELADOC)**

## Please Note:

You must wait until your health plan effective date before registering for telehealth services.

## Happy customers

Teladoc has a >90% satisfaction rate with 92% of issues resolved after the first visit.<sup>5</sup>

\* Behavioral health telehealth is currently only available to members 18+.

1 [www.teladoc.com/start](https://www.teladoc.com/start) (Accessed June 2021).

2 In some states, laws require that a doctor only prescribe medication in certain situations and subject to certain limitations.

3 Consults can only be held within the United States.

4 Children under 36 months who present with fever must be referred to their pediatrician (medical home), child friendly urgent care center or emergency department for clinical evaluation and care. Teladoc doctors may not treat any children with urinary symptoms. Parent/guardian will be required to complete a different medical history disclosure form for children under the age of 36 months prior to making an appointment with an Teladoc doctor.

5 2017-2020 Teladoc member satisfaction survey. Teladoc Health Post Visit Survey Data 2020.

6 Source: Teladoc Health General Medicine brochure: [assets.ctfassets.net/13v9j0tzt3yi/73VhGDN96SJn2DTdtZsDXV/42ec6017429167ea0645ad2b8b183c04/General\\_Medical\\_Sell\\_Sheet.pdf](https://assets.ctfassets.net/13v9j0tzt3yi/73VhGDN96SJn2DTdtZsDXV/42ec6017429167ea0645ad2b8b183c04/General_Medical_Sell_Sheet.pdf).

Teladoc is an independent company that is solely responsible for the telehealth services it is providing. Teladoc does not offer Blue Cross or Blue Shield products or services. Teladoc interactive consultations are available 24 hours a day, 7 days a week. Telehealth services are subject to the terms and conditions of the member's health plan, including benefits, limitations and exclusions. Telehealth services are not a substitute for emergency care.

Teladoc does not replace your primary care doctor and is not an insurance product. Teladoc is subject to state regulations. Teladoc does not prescribe DEA-controlled substances and may not prescribe nontherapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc does not guarantee patients will receive a prescription. Health care professionals using the platform have the right to deny care if, based on professional judgment, a case is inappropriate for telehealth or for misuse of services. Teladoc and the Teladoc logo are registered trademarks of Teladoc, Inc. and may not be used without written permission. For complete terms of use, visit [member.teladoc.com/terms/terms\\_of\\_use](https://member.teladoc.com/terms/terms_of_use).

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**BlueCross BlueShield  
of North Carolina**



# DENTAL INSURANCE



## Principal

- Save money using a network provider ([www.principal.com](http://www.principal.com))
- Before treatment begins for a service estimated to be more than \$200, it is recommended that your dentist file a dental treatment plan with the carrier. The dental carrier will provide a written response indicating benefits that may be payable for proposed treatment.

Key Dental Benefits		Dental Benefit Notes
<b>Deductible</b> (per calendar year)		
Individual	\$50	Applies to Basic and Major Services only
Family	\$150	
<b>Benefit Maximum</b> (per calendar year; Preventive, Basic, and Major Services combined)		
Benefit Period Max	\$1,000	Per covered individual
Orthodontic Lifetime Max	\$1,000	For covered Children (to age 19)
Covered Services	Member Responsibility	
<b>Preventive Services</b>	0%, no deductible	Exams & Cleanings, X-Rays, Space Maintainers, Fluoride Treatment & Sealants for children
<b>Basic Services</b>	20%, after deductible	Fillings, Periodontics, Endodontics
<b>Major Services</b>	50%, after deductible	Oral Surgery, General Anesthesia, Crowns, Inlays, Onlays, Bridges, Dentures, Implants
<b>Orthodontia</b>	50%, no deductible	Ortho Plan Only - Child

*This is just a summary of benefits. For a complete list of Covered Services please see your Group Dental Certificate. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.*

Your Share of the Cost per Bi-Weekly Paycheck (26x)	Elections		Dental
	Employee Only		\$8.70
	Employee & Spouse		\$25.08
	Employee & Child(ren)		\$34.05
	Employee & Family		\$53.46

Group benefits

# Check your benefits when, where and how you want to

It's easy to keep track of your benefits from Principal® anytime — online or on your mobile device



## Start by creating your account

- 1 | From your favorite browser, go to [principal.com](https://principal.com), select Log In, then Personal. Or, download the **Principal app** for free from the App Store or Google Play.
- 2 | Select **Create an account**.
- 3 | Enter personal information such as your date of birth and identification number.
- 4 | **Create a username** and password, and provide an email address.
- 5 | You'll receive an email within a few minutes to confirm your account is ready to go. You can access your account information anytime, 24/7, with the username and password you've just set.



## Manage your benefits on Principal.com and the Principal mobile app

After logging in, you can manage your benefits and other Principal products you have when, where and how it's convenient for you. Depending on your coverages, you can:

- View and manage claims
- Get a 24-month history of your explanation of benefits (EOB)
- Access your summary of benefits, as well as benefit booklets
- Find a list of covered dependents
- View and print your dental ID card
- Search for and contact a network dentist
- Find discounts and services
- Calculate coverage needs and more



## Keeping your account safe

Your information is important to us. That's why we use verification codes to prevent others from accessing your account — even if they have your password. The first time you log in — on Principal.com or the mobile app — you'll need to choose how you'll receive the codes, either by text or email.

If you log in from an unrecognized device, forget your password or we notice anything out of the ordinary, the codes help us confirm it's really you accessing your account. You can choose to receive a code every time you log in or only when we detect unusual activity.

# VISION INSURANCE



## Principal

Key Vision Benefits	In-Network Benefit	Out-of-Network Reimbursement
<b>Vision Plan Available Using VSP Network</b>		
<b>Exam</b> (once every 12 months)	\$10 copay	Up to \$45
<b>Lenses</b> (once every 12 months) Single Vision Bifocal Trifocal Lenticular	\$25 copay	Up to \$30 Up to \$50 Up to \$65 Up to \$100
<b>Frames</b> (once every 24 months)	\$130 Allowance (after \$25 copay)	Up to \$70
<b>Contact Lenses</b> (once every 12 months; in lieu of glasses)	Standard Fitting: \$60 copay	Not Covered
	Elective Contacts: Up to \$130 Allowance	Up to \$105

*This is just a summary of benefits. For a complete list of Covered Services please see your Group Vision Certificate. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.*

<b>Your Share of the Cost per Bi-Weekly Paycheck (26x)</b>	<b>Elections</b>		<b>Vision</b>
	Employee Only		\$2.57
	Employee & Spouse		\$5.50
	Employee & Child(ren)		\$6.62
	Employee & Family		\$10.35

# Set your sights on healthy eyes

Vision coverage that gives you choice of provider options for exams and eyewear

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Everyone likes choices – especially when it comes to choosing your eye doctor and eyewear. Managed care vision insurance through Principal® and vision expert VSP® Vision Care puts you in the driver’s seat.

Whether you’re looking to visit an eye doctor or want to enjoy the convenience of online shopping, we’ve got you covered. Through an established network of providers, you’ll get access to the highest level of care and low out-of-pocket costs.<sup>1</sup>

## VSP

Full-service locations with satisfaction guaranteed, offering a WellVision Exam® that can detect signs of eye and overall health conditions, such as diabetes. Plus, a wide selection of eyewear and 24-hour access to emergency care.

- Early morning, evening and weekend appointments offered by 91% of providers
- Special savings on preferred frame brands, contact lens services and sunglasses
- Integrated medical management with VSP’s Eye Health Management Program®
- Extra \$20 to spend on featured frame brands, like bebe®, ck Calvin Klein®, Flexon®, Lacoste®, Nike®, Nine West® and more
- 20% off any amount over the allowance for frames

## Online shopping

With Eyeconic®, you get the convenience of shopping online plus the personal touch from a VSP® network doctor. Visit [eyeconic.com](http://eyeconic.com).

- Free shipping and returns
- Virtual try on tool
- Free frame adjustment or contact lens consultation
- All-inclusive pricing
- Average savings of \$220

## Retail chains

5,100+ retail parter chain locations, plus 3,400+ independent chain locations nationwide.

- Same benefits you’d receive if you visited a VSP doctor<sup>2</sup>
- No required forms – you pay only copays, costs over coverage amounts and/or for non-covered options
- Providers report Eye Health Management Program data to VSP
- Retail partners include Walmart®, Sam’s Club®, Costco® Optical, Visionworks®, Wisconsin Vision, Heartland Vision, RxOptical®, Cohen’s Fashion Optical® and Pearle Vision.

## Out-of-network

Coverage includes a reimbursement schedule for any out-of-network provider.

- Visit [VSP.com](http://VSP.com) or call **800-877-7195** to submit claims.

# How to access your vision benefits

It's as easy as 1-2-3 to look up your benefits, locate providers near you and use your benefits.

## 1 Access your benefits

- Visit **VSP.com** and click on "Create an account."
- Follow the online Member Registration form using your member ID found on your vision ID card.

## 2 Search for providers

- Visit **VSP.com** or **principal.com/vsp**.
- Enter your ZIP code or address and click Search.

## 3 Use your benefits

- Schedule your appointment with your provider of choice.
- At your appointment, present your vision ID card and remind the provider to look up your benefits using the member ID on your card (not your Social Security number).

**Prefer to access your vision ID card on your mobile device? It's simple.**

1. Set up your username and password at **principal.com**.
2. Download Principal® Mobile from the App Store® or Google Play™.
3. Log in to the app using your principal.com username and password.



### Let's connect

Contact your employer or call the VSP member support line at **800-877-7195**.

<sup>1</sup> Based on your coverage options and national averages for comprehensive eye exams and most commonly purchased brands.

<sup>2</sup> Frame allowances can vary at participating retailers.



[principal.com](https://www.principal.com)

Managed care vision insurance is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392, and is administered by VSP. VSP is not a member of the Principal Financial Group.

This is an overview of the benefits vision insurance provides, but there are limitations and exclusions. For additional details, contact your employer.

VSP and WellVision Exam are registered trademarks of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other company names and brands are trademarks or registered trademarks of their respective owners.

Principal, Principal and symbol design and Principal Financial Group are trademarks and service marks of Principal Financial Services, Inc., a member of the Principal Financial Group.

# LIFE + AD&D INSURANCE



## Principal

Wolfe Homes provides full-time employees with a Group Term Life and Accidental Death and Dismemberment (AD&D) insurance benefit through Principal and at **NO COST** to you.

**Life Insurance** provides your named beneficiary with a benefit in the event of your death. **Accidental Death and Dismemberment (AD&D) Insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

### Employee Basic Life (Company-paid)

<b>Benefit Amount*</b>	\$20,000
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**REMINDER:** Update your beneficiary! Unlike other benefits that require a qualifying event to make changes – you can change your beneficiary when needed. Log in to Employee Navigator to make any updates!

\*Benefit reduces per age schedule, please refer to your Group Life Certificate for details. This is a summary of benefits. Please refer to your Group Life Certificate for details.

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

## Magellan Healthcare (through Principal)

All full-time benefit eligible employees are covered automatically in the Employee Assistance Program through Principal. The Program is available to all full time employees and their immediate family members at **NO COST**.

This is a completely confidential counseling program that covers issues such as marital and family concerns, depression, substance abuse, grief and loss, financial issues, and other personal stress issues. Three (3) face to face sessions and phone support are included.

You can contact the Principal Employee Assistance Program toll free at (800) 450-1327, or you can visit their website at [www.member.magellanhealthcare.com](http://www.member.magellanhealthcare.com).

# Help handling life's ups and downs



**Life can be unpredictable.** And it's not always easy. So it's a big deal to know there's help available when you need it. That's what the employee assistance program (EAP), provided by Magellan Healthcare, is all about.

With an EAP, you and your family have access to **free, confidential** resources to help handle life's everyday—and not so everyday—challenges.

You might use your EAP to help: manage stress, handle relationship issues, balance work and life, work through grief, cope with anxiety, and more. Plus, your EAP gives you access to discounts on major brands and everyday needs.

## Services for you and your family

Your EAP offers these services to help you and your family deal with the big and little things.

### In-person or virtual counseling

One valuable way to work through personal or work issues is by talking with a professional. You and your family can meet with a licensed, EAP professional in person, via text message, or by live chat, video, or phone sessions. Three counseling sessions per year are included.

### Legal, financial, and identity theft services

You and your family have access to these services:

- **Legal services.** Receive a free 60-minute consultation to help deal with issues such as car accidents or family law.

- **Financial wellness.** Receive three free 30-minute consultations. This may include help with budget planning, debt consolidation, or retirement planning.
- **Identity theft resources.** Receive a free 60-minute consultation to help restore your identity if stolen.

### Work-life web services

You and your family can access webinars, live talks, and articles on topics such as child and elder care, education, parenting, and more.

## Help when and where you need it—day or night

Life's challenges don't always happen during regular business hours. That's why you and your family have 24/7 access to your EAP.



**800-450-1327**

International: 800-662-4504

TTY: 711



**Member.MagellanHealthcare.com**

When you create an account, enter **Principal Core** as the program name.

# VOLUNTARY LIFE + AD&D INSURANCE



## Principal

Employees who want to supplement their group life insurance benefits may purchase additional life coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions.

	Benefit Option*	Guarantee Issue
<b>Employee*</b>	Up to \$300,000 maximum; Increments of \$10,000	\$100,000
<b>Spouse*</b> (Based on Spouse's age)	100% of Employee Amount up to \$100,000 maximum; Increments of \$5,000	\$25,000
<b>Child(ren)</b>	Choice of \$2,500, \$5,000 or \$10,000 <i>(Please note there is a \$1,000 payable benefit from birth - 14 days)</i>	All

## Evidence of Insurability (EOI)

- Required for amounts over the Guaranteed Issue
- Required for anyone enrolling outside of their new hire eligibility

*\*Benefit reduces per age schedule, please refer to your Group Life Certificate for details. This is a summary of benefits. Please refer to your Group Life Certificate for details.*

## Voluntary Life + AD&D Rates \*Spouse Rate based on spouse's age



# DISABILITY INSURANCE



## Principal

Wolfe Homes offers Long-Term Disability Insurance on a voluntary basis through Principal. Disability Insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Long-Term Disability (Employee-paid)^	
Benefit Percentage	60%
Monthly Benefit Maximum	Up to \$6,000
When Benefits Begin	91st day
Maximum Benefit Duration	Social Security Normal Retirement Age
Pre-Existing Conditions	3 Month Look-Back / 12 Month Wait

### Rates can be found on Employee Navigator.

*This is just a summary of benefits. For a complete list of Covered Services please see your Group Disability Certificate.*

*^since employee pays 100% of the LTD premium cost, the benefit is non-taxable.*



# Everything you need to know about disability claims

Get answers to frequently asked questions about the short- and long-term disability claim process

It's never ideal to have an employee out of the office on disability, but understanding the claim process can help make the situation go more smoothly. These answers to frequently asked questions can bring clarity to disability claims.



## Filing disability claims

### How can claims be filed?

There are 5 ways:



**Online:** Access the claim form available in the forms library on Principal.com to print or complete and submit electronically



**Email:** Send completed form to [SBDClaims@Principal.com](mailto:SBDClaims@Principal.com)



**Fax:** Send completed form to 800-255-6609



**Mail:** Principal Life Insurance Company  
Attn: Group Life & Disability Claims Department  
711 High St.  
Des Moines, IA 50392-0002



**Phone:** Claim submission by phone is available by request for employers with 300+ employees

### What if I need to reach the claims department?

Claims are administered at the Principal® office in Des Moines, Iowa, and the claims area is staffed from 7:00 a.m. to 5:00 p.m. central time. Or, you can leave a message 24/7.

**Phone:** 800-245-1522  
**Fax:** 800-255-6609

### When should a short-term disability (STD) or long-term disability (LTD) claim be filed?

The short answer for STD—as soon as possible, however, no more than 30 days prior to the date of disability. When the employee is aware they'll be off work longer than the time before benefits kick in, known as the elimination period, they should begin the filing process. For employees who have LTD coverage only, we recommend the LTD claim be filed no later than halfway through the LTD elimination period.

There are plenty of advantages to filing a claim early. Having early notification helps us be proactive in getting additional information we need to make the initial claim decision. It also leads to timely decisions. Once the claim is filed, a claim analyst is assigned to the claim and will be your point of contact for any claim questions you have.



# HUB Carolinas

## Employee Benefits Service Team

*Have an insurance problem? Let us help you!*

As a valued client of HUB International, you will receive access to our Employee Benefits Service Team! You should expect to get a live person on the phone.

This team is responsible for aiding you in:

- Membership Verification
- ID Card requests
- Enrollment and claim form requests
- Provider Searches
- Claim Inquiries
- Benefit Inquiries

The goal of this team is to resolve employee issues as quickly as possible. In the event your inquiry cannot be answered quickly or requires additional research, the call will be handed to your Primary Account Manager.

***Should your call be referred, you should expect communication back within 24 to 48 hours with a status update or resolution.***

Please reach out to 1-833-367-2743 or  
[CARemployeebenefitsservice@hubinternational.com](mailto:CARemployeebenefitsservice@hubinternational.com)

Business Hours: Monday–Friday, 8:00am–5:00pm EST



Have an Insurance Question? We are here to help!



## HUB International | Carolinas

The insurance industry has a language all their own! Your service team speaks that language and is ready to assist. Contact the Employee Benefits Service team for assistance, we are here to help!

### Employee Benefits Service

Toll Free: (833) 367-2743

Email: [CAREmployeeBenefitsService@hubinternational.com](mailto:CAREmployeeBenefitsService@hubinternational.com)

Contact your Employee Benefits Service team for help with items such as:

- *Membership Verification*
- *ID Card Requests*
- *Enrollment and Claim Form Requests*
- *Claim Inquiries*
- *Benefit Inquiries*

Coverage	Carrier	Phone #	Website/Email
Medical	BCBSNC	(877) 258-3334	www.bluecrossnc.com
Virtual Visits	Teladoc	(855) 549-2214	www.teladoc.com
Dental	Principal	(800) 986-3343	www.principal.com
Vision	Principal	(800) 986-3343	www.principal.com
Life + AD&D	Principal	(800) 986-3343	www.principal.com
Employee Assistance Program (EAP)	Magellan Healthcare	(800) 450-1327	www.magellanhealthcare.com
Long-Term Disability	Principal	(800) 986-3343	www.principal.com

**Important Note:** The material in this benefits brochure 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 Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The Company will distribute all required notices annually.

