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Corporate / Lawrenceburg

EMPLOYEE BENEFITS OVERVIEW

January 1, 2023 thru December 31, 2023

Medical | Flexible Spending Account | Dental | Vision | Group Life/AD&D | Voluntary Life | Short & Long Term Disability | 401(k)

Benefits overview intended for summary purposes only.

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As we have seen while navigating a global pandemic together throughout the past two years, our health and wellness is more important than ever. The goal at Florida Tile is to provide benefits that give maximum opportunity to take care of the physical and mental wellbeing of employees and families.

Because we are a self-insured organization, Florida Tile is responsible for every dollar spent on healthcare. Using the insurance plan effectively and managing our individual health with preventative care helps to keep costs down.

For Plan Year 2023, we have expanded our Preferred Provider network to allow for greater cost savings to both employees and the plan, while continuing to utilize high quality providers. Providing enhanced benefits based on the place of service helps us all to be better stewards of the financial resources we contribute to the plan.

In 2023 Florida Tile will experience an increase in health insurance premiums, but the company is covering most of this increase. Employees in the plan will notice a slight monthly premium increase of less than $20.

Through one-on-one coaching or via telehealth, Aspirant Solutions will continue to offer elevated clinical support for participants identified as having a chronic disease or trending towards a chronic disease such as asthma, diabetes, and pulmonary disease. In addition, all adult participants covered under the plan will be required to complete a new Health Risk Assessment (HRA) to be eligible for the lowest payroll deduction.

Florida Tile's contributions to benefits are substantial and represent a significant percentage of total compensation. Also, and importantly for those who participate, our employee payroll deductions are very competitive with other employer sponsored benefit plans.

The information provided in this booklet is a description of employee benefits available at Florida Tile. I thank you for taking the time to review and understand this information to make the best heath decisions for you and your family. The company recognizes that a strong benefits program is essential in supporting employees, creating a positive environment, and maintaining a high-quality team.

Thank you for all you do to make Florida Tile a great company!

Best of Health to you and your families,

Michael Franceschelli
Chief Executive Officer

The health of our employees is a priority and we recognize the importance of providing quality benefits as part of our overall compensation package. This Employee Benefits Overview (EBO) is provided as a convenient reference document of your benefit options. Please refer to the carrier's Summary of Benefits and Coverage (SBC) and/or Certificate of Coverage for detailed descriptions of all available employee benefit programs and exclusions. If you require further explanation or need assistance regarding claims processing, please refer to the customer service telephone numbers at the back of this guide.

Eligibility & Change in Family Status

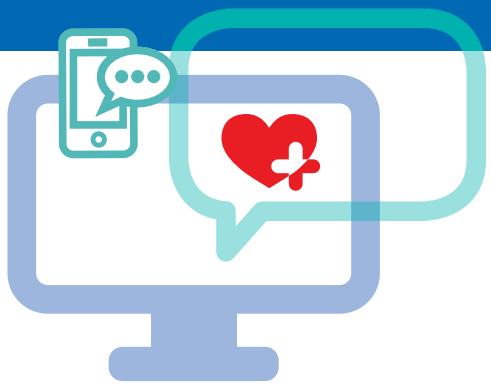
All full-time employees (minimum of 30 hrs/wk) are eligible for Medical, Vision, Dental, Flexible Spending Accounts, Group Life & AD&D, and Short and Long-Term Disability.

As a new hire, your coverage is effective first of the month after 60 days from your date of hire or date of eligibility (with the exception of 401(k)). Covered participants can include the employee, spouse, and dependent children of the employee up to the age specified by the carrier. Florida Tile allows the Subscriber's spouse as recognized under the laws of a state or government agency to qualify for coverage under the Florida Tile benefit plans.

Spouses who have medical coverage available to them through another employer will not be eligible to be enrolled on the Florida Tile medical plan. If you wish to elect employee + spouse coverage or employee + family coverage, you are required to fill out an affidavit stating that your spouse does not have coverage offered through their employer. This is regarding the medical plan only. All other benefits are available to spouses regardless of their employment status.

Your enrollment must be received by the Human Resources Department at least 2 weeks prior to your effective date. If you have not enrolled by your 60th day + first of the month, all coverages will be automatically waived except the company paid basic life and AD&D, STD & LTD. You will not receive the opportunity to elect coverage until the next open enrollment, unless you experience a qualifying event. No exceptions.

In order to make changes in your benefit elections, you must submit a notice of family status change to HR within 30 days of the qualifying event. These events can include: marriage, divorce, birth or adoption of a child, guardianship, death of a dependent, change in your spouse's employment and/or benefit coverage, or change in dependent eligibility.



Anthem LiveHealth® ONLINE

See a doctor 24/7 on your smartphone, tablet, or computer.

LiveHealth Online is a convenient way to interact with a Board-Certified Doctor via live, two-way video on your computer or mobile device 24 hours a day/7 days a week! Doctors can ePrescribe to your local pharmacy, as needed.

Members with LiveHealth Online benefits can access video visits with doctors and mental health professionals **free of charge***.

Behavioral Health Services are offered, by appointment, for the same cost as an in-office Behavioral Health visit. Behavioral Health professionals can help with depression, stress, anxiety, trauma, and other non-emergency behavioral health concerns.

Visit www.Livehealthonline.com or download the app.

Download on the App Store | GET IT ON Google Play

***Subject to change**

Florida Tile believes that our people are our greatest resource and recognizes the value in providing a competitive package that attracts and retains a talented workforce. In addition to the benefits described in this brochure, Florida Tile also offers a competitive paid time off program, nine paid holidays, tuition reimbursement, an employee discount on our world-class tile, and other employee discounts. Please contact Human Resources for additional information regarding these employee benefits.

Medical Benefits

This plan is offered through the Anthem Blue Access National Network and administered by Aspirant. **Claims and coverage questions should be directed to Aspirant at 1-855-982-2583**. You may view your claims, search the provider directory or request new ID cards via the Aspirant website at **www.aspirant.us**. See chart at right for medical summary.

If you access care from a Lexington Clinic Provider or Facility, you will have discounted Copays and Deductibles. The Anthem in-network (Tier 2) and the Lexington Clinic (Tier 1) Deductibles are separate but accumulate toward one another. **Please note Deductibles reset each year on January 1st**.



Medical Benefits Summary

Member Cost Share		In-Network Tier 1 Lexington Clinic	In-Network Tier 2 Anthem Network	Out-of-Network Tier 3
	Calendar Year Annual Deductible	$250 individual $500 family	$2,500 individual $5,000 family	$7,500 individual $15,000 family
	Coinsurance (Plan / Member)	80% / 20%	80% / 20%	60% / 40%
	Medical Maximum Out-of-Pocket[1]	$5,000 individual $10,000 family	$9,100 individual $18,200 family	$27,300 individual $54,600 family
	Aggregate or Embedded Accumulators	Embedded	Embedded	Embedded
Benefit Overview [2]		**Member Cost Share**		
	Primary Care Office Visit	$0 Copay	$25 Copay	Deductible then 40%
	Specialist Office Visit	$15 Copay	$75 Copay	Deductible then 40%
	Preventive Care	No Charge	No Charge	Deductible then 40%
	Emergency Room	n/a	$250 Copay	$250 Copay
	Urgent Care Center	$35 Copay	$100 Copay	Deductible then 40%
	Inpatient Facility Services	n/a	Deductible then 20%	Deductible then 40%
	Outpatient Services	Deductible then 20%	Deductible then 20%	Deductible then 40%

Services	Place of Service	Tier 1	Tier 2	Tier 3
Surgery	ASC / Freestanding Facility	Deductible then 10%		Deductible then 40%
	Outpatient Hospital	Deductible then 20%		Deductible then 40%
	Doctor & Other Services - ASC / Freestanding	Deductible then 10%		Deductible then 40%
	Doctor & Other Services - Outpatient Hospital	Deductible then 20%		Deductible then 40%
Laboratory	Office	No Charge		Deductible then 40%
	Freestanding / Facility / Reference Lab	No Charge		Deductible then 40%
	Outpatient Hospital	Deductible then 20%		Deductible then 40%
X-Ray	Office	No Charge		Deductible then 40%
	Outpatient Hospital	Deductible then 20%		Deductible then 40%
Advanced Imaging	Office	No Charge		Deductible then 40%
	Freestanding Radiology Center	Deductible then 10%		Deductible then 40%
	Outpatient Hospital	Deductible then 20%		Deductible then 40%
Rehabilitative Services (PT / OT/ Speech)	Office	**Tier 1:** $0 | **Tier 2:** $15 Copay		Deductible then 40%
	Outpatient Hospital	Deductible then 20%		Deductible then 40%

1. Maximum Out-of-Pocket includes all copays, coinsurance, and deductibles when applicable for fully ACA compliant plans.

2. For a complete listing of covered services, see the carrier's Certificate of Coverage and/or plan document.

2023 Medical Payroll Deductions

Tobacco User
(No Health Risk Assessment Participation)

Medical Payroll Deductions	Weekly	Semi-Monthly
Employee	$78.76	$170.66
Employee + Spouse	$150.06	$325.13
Employee + Child(ren)	$109.16	$236.52
Family	$177.36	$384.28

Non-Tobacco User
(No Health Risk Assessment Participation)

Medical Payroll Deductions	Weekly	Semi-Monthly
Employee	$52.92	$114.66
Employee + Spouse	$124.21	$269.13
Employee + Child(ren)	$83.31	$180.52
Family	$151.51	$328.28

Tobacco User
(One Adult Completes Health Risk Assessment)

Medical Payroll Deductions	Weekly	Semi-Monthly
Employee	$53.69	$116.32
Employee + Spouse	$124.98	$270.79
Employee + Child(ren)	$84.08	$182.18
Family	$152.28	$329.94

Non-Tobacco User
(One Adult Completes Health Risk Assessment)

Medical Payroll Deductions	Weekly	Semi-Monthly
Employee	$27.84	$60.32
Employee + Spouse	$99.14	$214.79
Employee + Child(ren)	$58.24	$126.18
Family	$126.44	$273.94

Tobacco User
(Both Adults Complete Health Risk Assessment)

Medical Payroll Deductions	Weekly	Semi-Monthly
Employee	$53.69	$116.32
Employee + Spouse	$99.90	$216.46
Employee + Child(ren)	$84.08	$182.18
Family	$127.20	$275.61

Non-Tobacco User
(Both Adults Complete Health Risk Assessment)

Medical Payroll Deductions	Weekly	Semi-Monthly
Employee	$27.84	$60.32
Employee + Spouse	$74.06	$160.46
Employee + Child(ren)	$58.24	$126.18
Family	$101.36	$219.61

Reasonable Alternative Method

A results based wellness program for the plan must allow a reasonable alternative method for obtaining the discount for any individual who is unable to meet the initial standard. If you have questions on how to participate in meeting the Reasonable Alternative Standard as it relates to being Tobacco Free, see Human Resources for details.

If you cannot complete the initial standard to receive the lower payroll deductions and you have questions about how to participate in meeting the Reasonable Alternative Standard, as it relates to completing the Health Risk Assessment, please contact Human Resources.

Due to the currently undetermined impact on wellness regulations, the wellness incentive limit may change at some point. We will notify participants of any, and all, changes and adjust incentive accordingly.

Pharmacy Benefits Summary

CVS/caremark™	Pharmacy Tier
Retail Copays (30 day supply)	Tier 1: $10 Tier 2: $35 Tier 3: $80
Mail Order Rx (90 day supply) **Mail Order Information:** **1-844-253-1825**	Tier 1: $10 Tier 2: $70 Tier 3: $160
Specialty Drugs* (30 day supply)	Tier 4: -$0 Member Cost if script filled through PrudentRx. -30% coinsurance if PrudentRx is not used.

*** Caremark has a large network of retail pharmacies.**

PrudentRx

Copay Assistance Program

- $0 Member out-of-pocket cost for every specialty fill with PrudentRx.
- All members are eligible to participate.
- You will receive communication from PrudentRx if currently on or should you be prescribed a specialty medication.

Due to Caremark's association with CVS pharmacies, the mail order program is extended to CVS retail outlets. You can get a 90-day supply of your maintenance medications filled at CVS retail pharmacies. Using mail order or CVS retail pharmacies allows you to get a 90-day supply.

PPO Medical Benefits Definitions

The information below provides key definitions and a review of your PPO medical benefits. The benefit summary grid will outline your out-of-pocket expenses and the benefit period specific to your plan.

PPO MEDICAL PLAN

- **Copays** are flat dollar amounts listed on your Benefit Summary for certain services. Typically, copays apply to physician office visits and prescriptions.
- When you use services such as MRIs, CT Scans, lab work, hospitalization, or surgeries you must meet the **deductible** as indicated on your plan. **Copays do not apply to your deductible**.
- **Coinsurance** is a percentage of costs that you share with the insurance carrier after your deductible has been met.
- **The Maximum Out-of-Pocket** is the maximum amount you will pay, during a benefit period, and includes all deductible, copay, and coinsurance expenses. When an individual meets the maximum out-of-pocket, covered services are paid in full by the plan for that individual until the end of that benefit period. If the family maximum is met, services are covered in full by the plan for the entire family until the end of the benefit period.



Take Advantage of Preventive Care Benefits

Preventive care is covered in full when performed in a preventive capacity by an in-network provider. The types of tests or procedures typically covered as preventive may include mammograms, pap smears, prostate specific antigen (PSA) tests, colonoscopies, and preventive screenings for newborns and children. Some testing may have age or gender requirements.

Healthcare Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSAs) offer you the opportunity to payroll deduct some of your income on a **pre-tax basis** to pay for certain healthcare expenses that may not be covered as part of your benefit plans. In addition to the pre-tax savings benefit, your total election amount will be available at the beginning of the plan year! You will "pay back" the program with future paycheck deductions.

Healthcare Flexible Spending Account Details	
Annual Contribution Limits (limits subject to change)	Up to $3,050
Medical FSA (Available with PPO Plans or stand-alone)	Qualified Expenses: Medical, Dental, Vision, Pharmacy, Over-the-Counter Medications
Debit Card Included	Yes/ Visa
Plan Year	2023
Extension period to file claims from previous plan year	Claims Due by March 31 after the plan year ends
Rollover Provision?	Participants who enroll in the Health FSA for 2023 may carryover up to $610 of unused funds into the next plan year per IRS guidelines

The Dependent Care Account

(for use with either medical plan or stand-alone)

This account allows you to payroll deduct **tax-free dollars** to fund the daycare of children under the age of 13, or a disabled spouse, child, or parent. This account can be used for daycare, preschool, after school care, summer day camp or elder care.

The annual maximum contribution is $5,000 for individuals or married couples filing jointly, or $2,500 for married individuals filing separately. Married couples have a combined $5,000 limit, even if each has access to a separate dependent care FSA. This account can only be used as the money accumulates from your paycheck and must be spent by the end of the Plan Year or may be forfeited. Please refer to plan policy for specific details regarding rollover allowances or extension periods.

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Health Risk Assessment (HRA)

The Health Risk Assessment (HRA) is an online health questionnaire that will ask questions of you and your covered spouse similar to what would be asked at a physician office visit. The goal of the HRA is to obtain an overview of an individual's basic health and habits.

The payroll deductions on page 5 for Health Risk Assessment (HRA) completion will apply for those employees and covered spouses who choose to be engaged and complete the HRA.

Simply acknowledge during your online enrollment that you and your spouse (if applicable) will be completing the HRA. Human Resources will provide further instructions/details on the dates the HRA will be open for completion.

To get started, you will need to login your personal Aspirant account and complete the Health Risk Assessment (HRA). If you haven't already done so, please visit **www.aspirant.us** and setup your account by clicking the "New Member" link. Once logged in, click on the **"My Wellbeing"** tab at the top of the page and then select **"Take HRA."**

The Aspirant Clinical Solutions Team, which includes experienced clinicians, will review your health data from prior medical claims and your HRA. If there is a risk factor identified, the information will be utilized to offer chronic and preventive programs for your participation consideration.

Aspirant Chronic Condition Management & Preventive Care

Florida Tile employees enrolled in the medical plan will have access to Chronic Condition Management service through Aspirant.

Aspirant's mission is to provide access to quality care and improving the health of plan members. To fulfill this mission, Florida Tile has partnered with Aspirant who has developed solutions that create an innovative approach to managing health, while reducing healthcare costs.

Aspirant combines your claims data, the results of a Health Risk Assessment (HRA) along with their proprietary data analytics platform to identify high-risk conditions before they begin which allows our team to engage with the member and encourage behavior change.

The management of chronic conditions is key to the overall health of plan members and a leading cost control measure.

Aspirant utilizes local resources and providers to supplement care delivery, including referral to specialists and treatment programs. Chronic Condition Management includes the following:

ASPIRANT
CLINICAL SOLUTIONS

- Anxiety/Depression
- Asthma
- Cardiovascular Disease
- Chronic Back Pain
- Diabetes
- Hypertension
- Obesity
- Tobacco Cessation

Preventive Care

This service allows plan members direct interaction with one of Aspirant's Nurse Practitioners for Preventive care.

Your Privacy

Your privacy and the confidentiality of your health information is of the utmost importance to Florida Tile. ***No HIPAA protected health information or employee specific health information will ever be shared with Florida Tile.***



Dental Benefits

Your Delta Dental Plan allows you access to two dental network options that are both considered In-Network: the PPO Network and the Premier Network. PPO and Premier Network providers agree to contracted amounts for their services, which prevents the provider from balance billing you for any amount that is discounted by Delta Dental.

To confirm if your provider participates with either the PPO or Premier Networks, you may contact Delta Dental (contact info provided at back of this booklet).

Which network is better? The PPO Network offers the deepest negotiated discounts, which results in more savings to you! The Premier Network includes more providers, but the discounts are not as deep as the PPO Network.

If you choose an out-of-network provider, dental services are paid by Delta Dental, but you may be subject to paying additional money, over what Delta Dental has paid, since this is not a contracted provider. This is called balanced billing.

Below is a comparison of the three networks:

Here is an example:	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Out-of-Network Dentist
Dentist's Normal Fee	$750	$750	$750
Allowed Amount	$590	$680	$680
Dentist's Fee Write-off Due to Delta Agreement	$160	$70	None
50% Benefit Paid by Plan	$295	$340	$340
Your Responsibility	$295	$340	$410
Balanced Billing?	No	No	Yes

The Purpose of Dental Coverage

Dental insurance is designed to help you offset the cost of your dental care and to help you maintain good overall oral health. That's why we focus on preventive care to catch signs and symptoms of dental disease early. This could reduce the chance that you will need more complex treatment later.

If an issue does arise, dental insurance will usually help cover a portion of the treatment cost, so you don't have to pay the full bill yourself. This combination of preventive services covered at 100% and lower out-of-pocket costs makes dental insurance a valuable benefit.

Dental Benefits Summary

DELTA DENTAL®

Dental Benefits / Member Cost Share	PPO Dentist	Premier Dentist
Calendar Year Annual Dental Deductible	$50 individual $150 family	$50 individual $150 family
Dental Maximum Benefit per Year (per member)	$1,000	
Orthodontia Lifetime Max	$1,000 (children to age 19)	
Covered Services	**Member Cost Share**	
Diagnostic & Preventive - Exams, cleanings, fluoride, space maintainers - Emergency Palliative Treatment - Sealants - Brush Biopsy - X-rays	No member cost	No member cost
Basic Services ***(deductible applies)*** - Minor Restorative Services - Occlusal Guards/ Adjustments - Denture Repair	20%	20%
Major Services ***(deductible applies)*** - Major Restorative - Endodontic Services - Periodontic Services - Oral Surgery - Relines and Rebase - Fixed Prosthodontic Repair - Implant Repair - Adjustments to Dentures - Implants - Prosthodontic Services	50%	50%
Orthodontic Services -Braces (Ortho age limit to age 19)	50%	50%
Dependent Age Limit	To age 26	

Dental Payroll Deductions	Weekly	Semi-Monthly
Employee	$5.54	$12.00
Employee + Spouse	$11.74	$25.45
Employee + Child(ren)	$11.07	$23.99
Family	$17.85	$38.68

***12 month waiting period applies to major and ortho for new enrollees.**

Vision Benefits

We are pleased to provide access to a comprehensive vision program through Delta Dental which uses VSP's nationwide **Choice Network**. The amount you pay for vision services depends upon whether you visit a network or non-network provider. To find a network provider, contact VSP (contact info at back of this booklet). A brief description of benefits is provided here.

Vision Benefits Summary

DELTA DENTAL® VSP®

In-Network Benefits / Member Cost Share	VSP 150
Copays	
Exams	$10 Copay
Fitting Fee	Up to $60 Copay
Lens Coverage	
Single Vision Lenses	$10 Copay
Lined Bifocal Lenses	$10 Copay
Lined Trifocal Lenses	$10 Copay
Frames	$150 retail allowance then 20% off remaining balance
Contact Lenses	
Elective	$150 allowance
Disposable	$150 allowance
Medically Necessary	No Charge
Service Frequency	
Exams	12 months
Lenses	12 months
Frames	24 months

Vision Payroll Deductions	Weekly	Semi-Monthly
Employee	$1.71	$3.72
Employee + Spouse	$3.43	$7.43
Employee + Child(ren)	$3.67	$7.95
Family	$5.87	$12.71

The above references in-network benefits only; for out-of-network benefits see full summary of benefits.

401(k) Benefits

Florida Tile offers employees a 401(k) retirement savings plan through Fidelity. Employees are auto enrolled at 6% unless an employee contacts Fidelity to change or cancel. There is an automatic 1% increase every June 1st unless you turn off this feature in Fidelity. Your enrollment and contribution will begin after 5 weeks of employment. Employees are encouraged to register with Fidelity online to review balances, manage the account, and access planning tools. Go to **www.fidelity.com** and use the Customer Log In link to register or log in to the site once enrolled.

The defined contribution employer match will be 25 cents for every dollar for first 6% of income contributed (subject to change).

For further details, refer to the summary plan description and/or contact Human Resources.

Fidelity INVESTMENTS



TheStandard®

Disability
Employer-Paid Group Life and AD&D
Voluntary Life and AD&D

Disability Benefits

Disability benefits are designed to provide income replacement in case you are unable to work due to an illness and/or injury. Details on disability benefits are provided here. Short-Term Disability lasts for a specified amount of time. If you are unable to return to work beyond that time, Long-Term Disability would begin subject to the policy limitations outlined below.

Disability Benefits Summary	Short-Term	Long-Term
Benefits begin after	7 days	90 days
Duration	12 weeks	Social Security Normal Retirement Age
Amount of income protection	70%	60%
Maximum Amount	$1,000 weekly	$9,000 monthly

Supplemental Group Term Life & AD&D

- Option to purchase additional Supplemental Life and matching AD&D at low group rates (pricing available from HR)

TheStandard®

- **Employee:** Employees can elect coverage in $10,000 increments up to 5X annual salary or a maximum of $500,000, whichever is less. The Guarantee Issue amount is 5X salary or $250,000, whichever is less. Anything over the Guarantee Issue amount requires an Evidence of Insurability form to be completed.
- Dependent coverage available for spouse/child(ren) as follows:
  - $0 spouse/$5,000 child(ren)
  - $5,000 spouse/$2,500 child(ren)
  - $10,000 spouse/$5,000 child(ren)
  - $15,000 spouse/$7,500 child(ren)

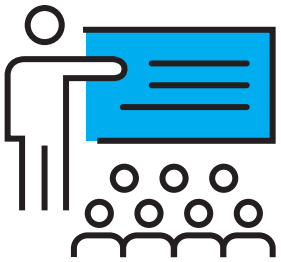
Child age limit is 19 or 26 if full time student.

- If you fail to elect supplemental life when initially offered, you must submit EOI to apply later.

Employer-Paid Group Life and AD&D

Life insurance is a critical component of financial planning and is used to support your loved ones in the event of your death. Basic life insurance is employer-paid. This policy also includes Accidental Death & Dismemberment (AD&D). AD&D insurance provides benefits to you or your beneficiary if you suffer loss of life or limb due to an accident. AD&D is considered "double indemnity" which means that if your death is due to an accident, your beneficiary would receive double the life insurance benefit. Your policy may include benefit reductions based on specific ages, so please refer to the carrier's policy for details.

Your basic life insurance policy is equal to one times base annual earning to a maximum of $250,000.



Group Life and AD&D Benefits

Supplemental AD&D

Florida Tile offers its employees the opportunity to purchase an additional AD&D policy through Zurich Life. This policy provides 24-hour accident protection. You may elect a benefit amount from $10,000 to a maximum of $500,000 in increments of $10,000. This policy is employee paid. If you elect to cover dependents, their benefit amount will be a percentage based on your elected amount. See HR for details on this benefit.

There is also a travel assistance benefit included in this coverage that provides emergency medical, legal, and personal assistance if 100 miles or more from home.

ZURICH

Employee Assistance Program (EAP)

Florida Tile's Employee Assistance Program (EAP) is managed by The Standard.

There are many services available to you through the EAP. If you have not had a chance to review the services available or use the services, please take a moment to consider what they may be able to assist you with. Services are confidential and provided by Florida Tile at **no cost to you**. At no time will the EAP share information with Florida Tile about the services you receive. Your program includes up to three face-to-face assessment and counseling sessions per issue. EAP services can help with:

- Depression, grief, loss and emotional well-being
- Family, marital and other relationship issues
- Life improvement and goal-setting
- Addictions such as alcohol and drug abuse
- Stress or anxiety with work or family
- Financial and legal concerns
- Identity theft and fraud resolution
- Online will preparation

Getting Help is Easy

Connect with EAP support by phone, email, online and live chat. There's even a mobile app.

Contact EAP 24 Hours a Day, Seven Days a Week

888.293.6948 (phone) | For TTY services dial 711
email: **answers@healthadvocate.com**

https:healthadvocate.com/standard3

Online Resources

Visit healthadvocate.com/standard3 to explore articles, webinars, financial calculators, health assessments, and web links to many government and nonprofit services.

Who is Eligible to Use EAP Services?

- You and your spouse or Domestic Partner
- Married or unmarried dependent children to age 26
- All other household members

EAP services are available for up to 30 days after your coverage and/or employment ends. If you pass away, your dependents can use the services for up to 90 days.

Get the EAP Mobile App

1. Visit Google Play or the App Store.
2. Find the EAP Mobile App.
3. Choose The Standard – EAP – 3 Visits.

TheStandard®

Download on the App Store

GET IT ON Google Play

Health Advocacy Services

TheStandard®

Find your way through the healthcare system maze with the help of a Personal Health Advocate.

When you're sick or injured, the last thing you want to do is line up doctors, figure out bills and try to get straight answers about your healthcare. A Personal Health Advocate can help during these times, as well as when routine care or other services are needed. It's one of the benefits of the Health Advocacy Solution available through your group insurance coverage from Standard Insurance Company (The Standard).

A Personal Health Advocate isn't just for you - your spouse or domestic partner, children, parents and parents-in-law can also take advantage of this valuable benefit.

There's no need to take on the healthcare system by yourself. A Personal Health Advocate will stay with your case until it's resolved. Personal Health Advocates - typically registered nurses - can help:


Coordinate care between you, physicians, medical institutions and insurers


Locate doctors, dentists, hospitals, alternative medicine practitioners and wellness services


Answer questions about your prescription drug coverage and options to help control costs


Explain information and medical terminology associated with your medical condition


Obtain appropriate approvals from insurance companies for needed services or negotiating billing and payment arrangements


Locate care and services for eldercare or for people with special needs, and assistance with Medicare and Medicaid

HealthAdvocate™
Always at your side

Phone: **866.695.8622** / 24 hours a day, seven days a week
Email: **answers@healthadvocate.com**
Web: **members.healthadvocate.com**

Personal Health Advocates are available
Monday - Friday, 8 a.m. - 11 p.m. Eastern time

* Health Advocacy services are provided through an arrangement with Health Advocate™, a leading health assistance and support company. Health Advocate is not affiliated with The Standard or with any insurance or third-party provider. Health Advocate does not replace health insurance coverage, provide medical care or recommend treatment. The Health Advocacy service is not an insurance product.

Contact Information At-A-Glance

General Information	floridatile	Donna Magers Human Resources Phone: 859-219-5211 email: donna.magers@floridatile.com www.floridatile.com
Medical Benefits	ASPIRANT	Customer Service: 1-855-982-2583 www.aspirant.us
Pharmacy Benefits	CVS/caremark™	www.caremark.com Customer Service: 1-855-402-2583 Mail Order Rx: 1-844-253-1825
Flexible Spending Account Administrator	BMS LLC	Customer Service: 1-800-919-2674 www.bmsllc.net
Dental Benefits	DELTA DENTAL®	Customer Service: 1-800-955-2030 www.deltadentalky.com
Vision Benefits	DELTA DENTAL® vsp	Customer Service: 1-800-877-7195 www.vsp.com
Disability Benefits	TheStandard®	Customer Service: 1-866-756-8116 www.standard.com
Employer-Paid Group Life and AD&D Benefits **Voluntary Life and AD&D Benefits**	TheStandard®	Customer Service: 1-800-628-8600 www.standard.com
Employee Assistance Program (EAP)	TheStandard®	Customer Service: 1-888-293-6948 For TTY Services dial 711 https:healthadvocate.com/standard3
Voluntary AD&D / Travel Assistance Benefits	ZURICH	(USA/Canada) 1-800-263-0261 (worldwide) 1-416-977-0277 www.zurichna.com
401(k) Administrator	Fidelity INVESTMENTS	Customer Service: 1-800-835-5097 www.fidelity.com
Additional Assistance **Claims, Billing, & Enrollment Resolution** **Benefit Planning Firm**	BimGroup	Rose Taylor Client Service Concierge Phone: 859-255-9455 ext. 102 email: rose@bimgroup.us

The benefits overview is intended for summary purposes only. It is not to be relied upon for the determination of any policy benefits, limitations or exclusions. The master insurance policies issued by the respective carriers will be relied upon exclusively to determine all benefits.