



2019

Employee Benefits

BISHOP
GADSDEN
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CLARKE & COMPANY
BENEFITS LLC

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The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents are controlling. The plan documents will govern all plans covered in this Guide. The Guide is not a contract or a guarantee of your eligibility or benefit. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources. If you sign up for coverage that requires evidence of insurability, even though deductions may start, you are not considered enrolled in the plans until confirmed by the carrier. If declined, you will be reimbursed. This guide is not an express or implied contract of employment.

At **Bishop Gadsden**, we understand the importance of group benefits. Our goal is to offer protection, peace of mind, and savings in our overall package.

Whether it's healthcare, disability protection, or other benefits, we've got you covered. This guide provides a general overview of your benefit choices and enrollment information to help you select the coverage that's right for you and your family.

KNOW YOUR BENEFITS

Annual Enrollment:

- ❖ Annual Enrollment will run from November 9th - December 7th.
- ❖ Log into Dayforce to elect benefits, submit changes, and print your confirmation statement.
- ❖ If you do not actively participate in annual enrollment, all elections, except FSA and HSA, will continue into 2019. FSA and HSA elections will revert to \$0.
- ❖ All other current elections will rollover into the new plan year.
- ❖ The medical plans offered to you by Bishop Gadsden meet all necessary ACA requirements for minimum value and affordability.

What's New in 2019:

- ❖ New 4 tier coverage structure for our medical, dental, and vision plans. The 2019 tiers are Employee Only, Employee & Spouse, Employee & Child(ren), and Employee + Family coverage. If you are currently enrolled in "Employee +1" or "Family" tier and only cover dependent children, you must log into Dayforce and select a new level of coverage.
- ❖ The Prescription Drug Coverage on our Standard Health Plan has been enhanced. Tier 2 Preferred will change from 30% to 20% co-insurance with a max \$200 co-pay and Tier 3 Non-Preferred to 30% co-insurance, with a max \$200 co-pay. Tier 2 Preferred mail order will change to 20% co-insurance with a maximum \$500 co-pay. Tier 3 Non-Preferred mail order will change to 30% co-insurance, with a maximum \$500 co-pay. The Generic drug co-pay will remain at \$10 for retail and \$20 for mail order.
- ❖ Increased annual Firm contribution into HSA: **\$650** for single coverage and **\$1,250** for family coverage. To receive the Firm Contribution, you must be enrolled in the HDHP and enrolled in the HSA.
- ❖ Prudential will now be administering the employer paid life insurance, voluntary life buy-up option, employer paid long-term disability insurance, and the voluntary LTD buy-up option.



Enrollment

During the annual enrollment period you must complete the enrollment elections in Dayforce.

Annual Enrollment is your once-per-year opportunity to make changes to your benefit elections. After Annual enrollment concludes, to make any changes you will have to have a qualifying change in status. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer, commencement or termination of adoption proceedings, or change in spouse's employment status.

Enrollment Checklist

- ❖ **Learn about your benefit options in this guide.**
- ❖ **Decide the best benefit options** for you and your family.
- ❖ **Consider an FSA or HSA** to set aside pretax dollars from each paycheck to pay for out-of-pocket health care and dependent day care expenses.
- ❖ **Prepare to log into Dayforce and enroll** if any changes need to be made or you are enrolled in the Medical or Dependent Care FSA and/or Health Savings Account and want to continue contributions for 2019.
- ❖ If you are enrolled in an **“Employee+1 or Family”** tier and only cover dependent children, you must log into Dayforce and select a new level of coverage.

WHO IS ELIGIBLE

If you are a regular full time employee, you are eligible for benefits. Employees who work 30 or more hours a week and are not temporary are considered full time employees. You are also eligible to cover your eligible family members in the medical, dental, vision, and life insurance plans.

HOW TO ENROLL

The first step is to review the benefit plans offered in this enrollment guide. You will then log into Dayforce and make your 2019 plan elections. If you are enrolled in an “Employee+1” or “Family” tier and only cover dependent children, you must log into Dayforce and select a new level of coverage. Save your changes, print your confirmation statement, and submit enrollment.



Premium Summary

Employee
Only

Employee &
Spouse

Employee &
Child(ren)

Family

Employee Bi-Weekly Deductions

Medical Standard Plan	\$71.54	\$279.23	\$256.15	\$413.07
Medical High Deductible Plan	\$27.69	\$189.23	\$166.15	\$233.08
Dental Plan	\$10.62	\$29.54	\$44.77	\$54.00
Vision Plan	\$2.69	\$5.07	\$5.33	\$7.69

Employee Semi-Monthly Deductions

Medical Standard Plan	\$77.50	\$302.50	\$277.50	\$447.50
Medical High Deductible Plan	\$30.00	205.00	\$180.00	\$252.50
Dental Plan	\$11.50	\$32.00	\$48.50	\$58.50
Vision Plan	\$2.91	\$5.49	\$5.78	\$8.34

Cobra Rates

Medical Standard Plan	\$759.90	\$1,524.00	\$1,382.10	\$2,448.00
Medical High Deductible Plan	\$606.90	\$1,305.60	\$1,229.10	\$1,892.10
Dental Plan	\$41.82	\$83.64	\$117.30	\$137.70
Vision Plan	\$5.95	\$11.20	\$11.78	\$17.01

Tobacco User Surcharge Rates

Bi-weekly	Semi-Monthly	Monthly
\$23.08	\$25.00	\$50.00



Plan Benefits	In Network Benefits BlueCross BlueShield National Network	
	Standard Plan	High Deductible Plan*
Primary Care Physician	Deductible then 20%	Deductible then 10%
Specialist Physician	Deductible then 20%	Deductible then 10%
Preventive Screenings Preventive Maximum	100% of Allowable Charge	100% of Allowable Charge
Blue CareOnDemand (Telehealth)	\$59 Consult fee (applies to OOP)	\$59 Consult fee (applies to OOP)
Urgent Care	Deductible then 20%	Deductible then 10%
Chiropractic Benefits	Deductible then 50%	Deductible then 10%
Emergency Room Facility	Deductible then 20%	Deductible then 10%
Prescription Drugs Monthly at Pharmacy (Mail-order Available in Standard Plan)	Tier 1: \$10 co-pay Tier 2: 20% co-insurance, max \$200 Tier 3: 30% co-insurance, max \$200 Tier 4: 30% co-insurance, max \$200	Deductible then 10%
Deductible	\$1,000 (Individual); \$3,000 (Family) with no one person meeting more than \$1,000	\$2,500 Single coverage; \$5,000 Family coverage. No individual maximum
Coinsurance Percentage (after deductible is met)	80% BCBS / 20% Employee	90% BCBS / 10% Employee
Max Out of Pocket	\$4,000 (\$8,000 Family)	\$5,000 Single coverage; \$10,000 Family coverage. No one person can meet more than \$6,750
Hospital/ In and Out-Patient	Deductible then 20%	Deductible then 10%
Life Maximum	Unlimited	Unlimited
	Out of Network Benefits	
	Standard Plan	High Deductible Plan*
Deductible	\$1,000 (Individual); \$3,000 (Family) with no one person meeting more than \$1,000	\$6,000 (\$12,000 Family)
Max. Out of pocket	Unlimited	\$10,000 Single coverage \$20,000 Family coverage
Coinsurance	60% BCBS / 40% Employee	60% BCBS / 40% Employee
Lifetime maximum	Unlimited	Unlimited

If you are enrolled in the High Deductible Health Plan with employee only coverage then the company will contribute \$650 annually to a Health Savings Account on your behalf. If you cover a spouse and/or dependent children then the Firm will contribute \$1,250 annually to a Health Savings Account on your behalf. New hires within a plan year will receive a pro-rata share of the Employer Contribution.



Blue CareOnDemandSM Video Visits

Why wait for the care you need now? Blue CareOnDemand is a faster, easier way to see doctors. You can consult U.S. board-certified physicians 24/7/365 through the convenience of video visits.

When to use it

Blue CareOnDemand is a great solution when:

- You need to see a doctor, but can't fit it into your schedule
- Your doctor's office is closed
- You, or your child, feel too sick to leave the house
- You're traveling

Doctors can treat many of the most common health conditions through video visits, including:

- Cold and flu symptoms
- Allergies
- Bronchitis and other respiratory infections
- Urinary tract infections
- Skin irritations
- Sinus problems
- Migraines
- And more!

They can even write prescriptions, when needed, according to your state's regulations.

How to use it

There are two easy ways to use Blue CareOnDemand:

1. Download the **Blue CareOnDemand** mobile app from the App Store or Google Play
2. Visit www.BlueCareOnDemandSC.com

Register now

You will need to register and create a patient profile on your first visit to the mobile app or website. So grab your BlueCross membership card and register now — the next time you need care, the doctor is only a few clicks away!



South Carolina

SouthCarolinaBlues.com

Plan Benefits	In and Out of Network Benefits	
	In Network	Out of Network
Preventive	Pays 100% of costs	Pays 100% of UCR* costs
Basic Services	Pays 80% of costs	Pays 80% of UCR* costs
Major Services	Pays 50% of costs	50% of UCR* costs
Deductible	\$50/Individual \$150/Family	
Annual Maximum/Insured	\$1,500 (Per Person Per Calendar Year Maximum Payable Benefit)	
Orthodontia Coverage	50% of Allowable Charges for Adults & Children	
Orthodontia Maximum	\$2,000 (Lifetime Maximum) / \$1,000 (Per Calendar Year Payable Benefits)	

Bishop Gadsden offers employees and their families a comprehensive dental plan. Our dental plan is administered by Delta Dental. Our plan includes coverage for preventive, basic, major and orthodontia services (see certificate for full coverage details). You may visit the dental provider of your choice but we also have a network available. Costs using a network provider are lower than an out of network provider. You can access the provider network by going to www.deltadentalsc.com and enter your zip code or your dentist's name. You do not have to be enrolled in the medical plan to enroll in dental coverage. The Dental plan offers annual enrollment every other year absent a family status change. The next enrollment period will be in the Fall of 2020 for plan year 2021.

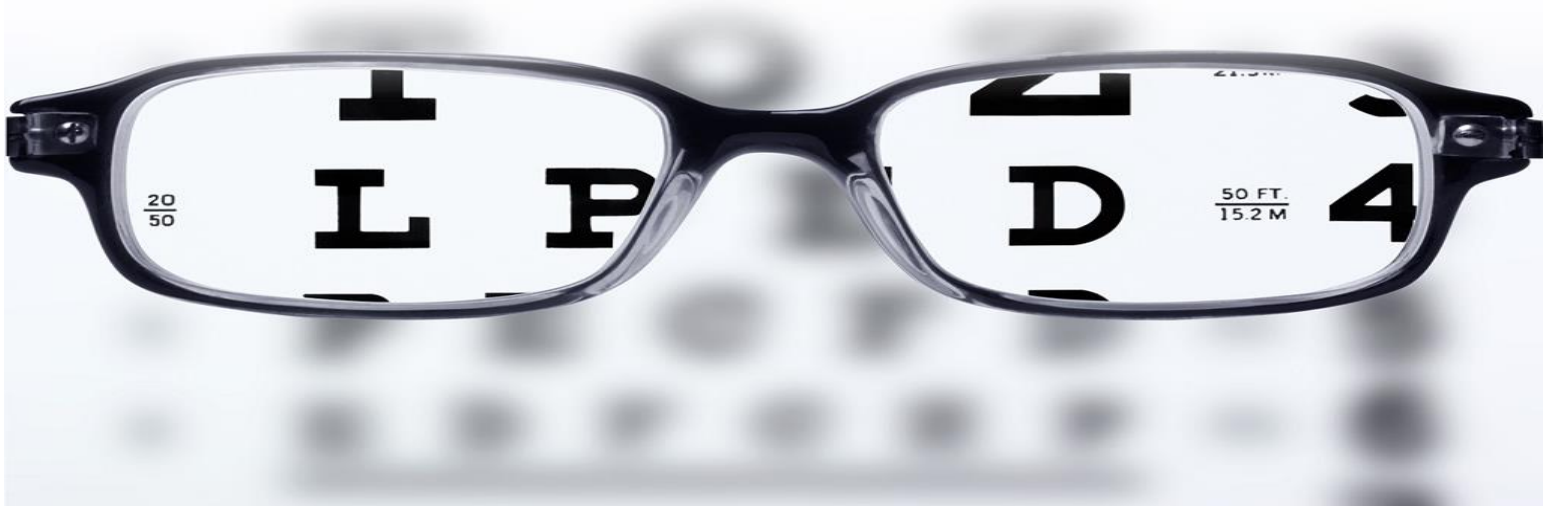
*UCR = Usual, Customary, and Reasonable Costs



Plan Benefits	In and Out of Network Benefits	
	In Network	Out of Network
Exam with Dilation as Necessary (once per 12 months)	\$20 Co-Pay	Up to \$35 reimbursement
Retinal Imaging Benefit	Up to \$39 Co-Pay	N / A
Standard Contact Lens Fitting and Follow-Up Care	\$0 Co-Pay	Up to \$40 reimbursement
Frames (Once per 24 months)	\$100 allowance plus 20% off balance over \$100	Up to \$45 reimbursement
Standard Plastic Lenses	\$20 Co-Pay	Up to \$55 reimbursement
Other Lens Options (UV coating, Anti-Reflective, Progressive Bi-Focal, Scratch-Resistance)	\$15 co-pay to \$65 co-pay each option	May be available
Contact Lenses	\$115 allowance / pay balance over \$115	Up to \$92 reimbursement
Network	www.eyemedvisioncare.com 1-866-939-3633	N/A

Locate Network Providers: www.eyemedvisioncare.com, “Find a Provider”

Bishop Gadsden offers employees and their families a comprehensive vision plan. Our vision plan is administered by EyeMed. Our plan includes an annual eye exam, material allowances, material co-pays and other discounts. You may visit the vision provider of your choice but we also have a network available consisting of retail stores such as Sears, Target, JC Penny Optical, Pearle Vision & other private optical centers. Costs using a network provider are lower than an out of network provider. You can access the provider network by going to www.eyemedvisioncare.com and entering your zip code in the provider search, choose Access network. You do not have to be enrolled in the medical plan to enroll in the vision coverage.



Basic Term Life and Accidental Death & Dismemberment Insurance

- ❖ **Employee Group Term Life** is provided to all eligible staff. The life benefit is 1.5 times your annual base salary, rounded up to the next higher thousand, to a maximum benefit of \$150,000. The life insurance benefit reduces by age: 35% at 65; 50% at 70; and 75% at 75.
- ❖ The **AD&D** benefit matches your Basic Term Life insurance benefit.
- ❖ **Employees** have the option to purchase Voluntary Life insurance on themselves, spouses, and dependent children to age 26. This coverage is **guarantee issue** at **date of hire**.
- ❖ **Employee Option**: \$10,000 increments to a max of 2x your annual salary that cannot exceed \$250,000. The same benefit reduction scale applies as noted above.
- ❖ **Dep Spouse Option**: \$10,000 life benefit on an eligible spouse. The monthly premium for this benefit is \$4.86 per month.
- ❖ **Dep Child(ren) Option**: \$5,000 life benefit for each eligible child to age 26. The monthly premium for this benefit is \$1.00 per month.
- ❖ **Evidence of Insurability** will need to be completed on additional life insurance requests during Annual Enrollment. Guarantee Issue is only at date of hire. Prudential will send EOI information in January 2019.
- ❖ **Additional Supplemental Insurance**: You may purchase additional plans offered by BenefitFirst. Plans include additional life insurance, cancer coverage, intensive care coverage, and short term disability plans. For more information, contact The Benefit Company helpline at 888-682-4886. You will not be enrolled in any plan until approved by the insurance company.



Long Term Disability (LTD)



Plan Benefits	Long Term Disability
Monthly Benefit	Up to \$15,000 per month
Income Replaced	60%
Elimination Period	180 Days
Partial Disability Paid	Yes
Benefit Payable	To age 65/SSNRA (See Schedule of Benefits for more information)

Group Long Term Disability (LTD) benefits are provided by Bishop Gadsden to all eligible staff, associates, of counsel attorneys, and Directors. The disability benefit amount is 60% of eligible base monthly earnings to a maximum benefit of \$15,000 per month. The premiums are paid on your behalf; therefore, any benefit you receive will be taxable to you.

LTD Buy-Up Option



Employees have the option to purchase additional long-term disability coverage, guarantee issue, at date of hire. Premiums are paid with after-tax dollars; therefore, any benefit received would not be taxable to you. Employees may purchase an additional 10% of their base monthly earnings, up to a maximum benefit of \$2,500 per month. If not taken during enrollment at date of hire, the next opportunity to enroll will require evidence of insurability.

Short Term Disability (STD)



Plan Benefits	Short Term Disability by Bishop Gadsden
Income Replaced	60% (1-4 years of service) & 100% (5 or more years of service)
Elimination Period	15 Calendar Days
Benefit Payable	24 weeks
Eligibility	1 year of employment

Employees who are classified as regular full-time are eligible for STD benefits following the completion of one year of active employment. The STD benefit payment is based on “per pay period” earnings (excludes overtime, bonuses or special compensation). STD benefit payment is paid based on the Firm’s established pay schedule. All payments are subject to any required withholding or other authorized deductions.

Tax Advantaged Accounts: Health Savings Account

Why a Health Savings Account may be right for you.

- 1 You are eligible to contribute to the Health Savings Account if you enroll in our HDHP. The HSA max is **\$3,500** for single / **\$7,000** when covering dependents, less Firm contributions. If you are turning 55 during the plan year then you are eligible to contribute an additional **\$1,000** annually towards your HSA.
- 2 If you are enrolled in the HDHP, **Bishop Gadsden** will contribute **\$650** annually towards your HSA account if you are enrolled in single coverage and **\$1,250** annually if you cover dependents. You must elect to enroll in the HSA in order to receive the firm contribution. The company will make this contribution on a monthly basis into your HSA. On top of the monthly Bishop Gadsden contribution, we encourage you to make additional contributions through payroll deduction. This amount can be changed throughout the year as your needs change, you do not have to have a qualifying event for an HSA contribution change.
- 3 Why should I participate in a Health Savings Account: **money** goes in tax free, **money** comes out tax free, and your **savings** in the account can earn interest, again tax free.
- 4 The **balance** in your Health Savings Account will roll over year to year and is your Money in the event you leave the firm. The money in the account may earn interest, and any **money** you do not spend continues to grow tax free until you use it.
- 5 For more information on why the Health Savings Account may be right for you please follow the links below:
 - ❖ Full **overview** on the Health Savings Account:
 - ❖ Check your savings with an **HSA calculator**:
 - ❖ To **compare** which tax advantaged account is right for you:
- 6 **Additional** tool on:



HSA Fact Sheet



HSA Contribution Tips



HSA Calculator



HSA Video Library

Flexible Spending Accounts

The purpose of a Flexible Spending Account is to allow you to set aside dollars on a pre-tax basis to cover medical expenses that are not otherwise covered under a traditional medical, dental or vision plan, such as deductibles, co-pays, or out of pocket expenses, as well as dollars to cover the cost of childcare expenses because both parents work.

How Does an FSA Work?

- ❖ Employees elect the amount they will use pre-tax for healthcare expenses and/or dependent care expenses for the full plan year. (January 1st—December 31st)
- ❖ The annual election is deducted in equal increments from each paycheck.
- ❖ The monies are held until the employee submits an eligible expense claim.
- ❖ You save up to \$0.40 on every dollar you spend through your FSA depending on your tax bracket.
- ❖ The Healthcare Account plan offers a pre-funded debit card feature, which allows you to pay for certain expenses at the time of service.
- ❖ The Dependent Care Account does not offer a debit card. You must submit a claim for reimbursement.

Important Notes:

- 1 You have until March 31st to submit claims for expenses incurred during the previous plan year.
- 2 Your Health Care FSA annual maximum is \$2,650 and you can rollover up to \$500 of unused monies.
- 3 Your Dependent Care FSA annual maximum is \$5,000 (if you are married and filing a joint return or you are head of the household); \$2,500 (if you are married and filing separate returns).

Visit the Flores website for additional FSA information:

Be sure to review the Flores website at www.Flores247.com. You will find helpful resources such as an FSA calculator, extensive lists of eligible and ineligible expenses, forms, provider links and answers to frequently asked questions.



Eligible and Ineligible Expenses under a HSA/FSA

Eligible Expenses	Ineligible Expenses
<ul style="list-style-type: none"> ❖ Office Visit and prescription drug copays ❖ Deductibles and Coinsurance ❖ Insulin and diabetic supplies ❖ Braces and other orthodontic expenses ❖ Weight loss programs prescribed to treat a medical condition ❖ Infertility treatments ❖ Orthopedic shoes ❖ Hearing aids ❖ Lasik / laser eye surgery ❖ Medical equipment (wheelchair, crutches, braces) ❖ Adoption expenses ❖ Breast pumps ❖ Prosthetics and artificial limbs 	<ul style="list-style-type: none"> ❖ COBRA premiums ❖ Prescription drugs for cosmetic purposes ❖ Vitamins ❖ Teeth bleaching / bonding ❖ Physical treatments or personal trainers for non-medical conditions ❖ Cosmetic surgery for non-medical conditions ❖ Dermatology work for non-medical condition ❖ Diet foods or nutritional supplements ❖ Gym or athletic club memberships ❖ DNA testing ❖ Domestic partners ❖ Doula / birthing coach expenses ❖ Ear piercing ❖ Over the counter drugs (other than insulin)

DEPENDENT CARE REIMBURSEMENT ACCOUNT

The Dependent care account is specifically for:

- ❖ Child care expenses for children up to age 13.
- ❖ Adult day care expenses for dependents who you claim on your income taxes that are mentally or physically unable to care for themselves.
- ❖ Before and after school programs up to age 13
- ❖ Day care centers
- ❖ Nursery and pre-school tuition
- ❖ Au pair / nanny expenses
- ❖ Summer and sports day camp
- ❖ Care at home by a licensed provider

Important Notes for Dependent Care Accounts:

- 1 Dependent care benefits elected under an FSA plan offset the federal tax credit for dependent care allowable on your federal tax return.
- 2 If you are married, both spouses must work or attend school full time to take advantage of this benefit.
- 3 Only the amount that had been deducted year to date from your paycheck can be submitted for expense reimbursement.
- 4 Discrimination testing – highly compensated participant elections may be reduced depending on required discrimination testing.

Employee Assistance Program

GuidanceResources®



An Overview of Your GuidanceResources® Program

No matter what's going on in your life, GuidanceResources® is here to help.

Personal problems, planning for life events or simply managing daily life can affect your work, health and family. GuidanceResources is a company-sponsored service that is available to you and your dependents, at no cost, to provide confidential support, resources and information to get through life's challenges. This flyer explains how GuidanceResources can help you.

Confidential Counseling on Personal Issues

Your Employee Assistance Program (EAP) is a confidential assistance program to help address the personal issues you and your dependents are facing. This service, staffed by experienced clinicians, is available by phone 24 hours a day, seven days a week. A GuidanceConsultant™ is available to listen to your concerns and refer you to a local provider for in-person counseling or to resources in your community. Call any time with personal concerns, including:

- Depression
- Stress and anxiety
- Marital and family conflicts
- Alcohol and drug abuse
- Job pressures
- Grief and loss

Financial Information, Resources and Tools

Financial issues can arise at any time, from dealing with debt to saving for college. Our financial professionals are here to discuss your concerns and provide you with the tools and information you need to address your finances, including:

- Saving for college
- Tax questions
- Getting out of debt
- Estate planning
- Retirement planning

Legal Information, Resources and Consultation

When a legal issue arises, our attorneys are available to provide confidential support with practical, understandable information and assistance. If you require representation, you can also be referred to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call any time with legal issues including:

- Divorce and family law
- Bankruptcy
- Debt obligations
- Criminal actions
- Landlord and tenant issues
- Civil lawsuits
- Real estate transactions
- Contracts

Online Information, Tools and Services

GuidanceResources® Online is your one stop for expert information to assist you with the issues that matter to you, from personal or family concerns to legal and financial concerns. Create your own account by going to www.guidanceresources.com. Each time you return to the site, you will find personalized, relevant information based on your individual life needs. You can:

- Review in-depth HelpSheetsSM on topics you select
- Get answers to specific questions
- Search for services and referrals
- Use helpful planning tools

**WE ARE AVAILABLE 24 HOURS A DAY,
7 DAYS A WEEK.**

Call: 800.311.4327

TDD: 800.697.0353

Online: guidanceresources.com

Your company Web ID: GEN311

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Important Contacts

Please contact the individual company/provider listed here to learn more about a specific benefit plan.

Bishop Gadsden Benefits Resources/Annual Enrollment Benefits Guide

	For questions about	Contact	@	Online
Health	Blue CareOnDemand (Telehealth)	Download the smartphone app		www.bluecareondemandsc.com
	Medical Benefits	BlueCross BlueShield	1-800-760-9290	www.southcarolinablues.com
	Prescription Drug Benefits	CVS Caremark	1-800-963-7290	www.caremark.com
	My Health Toolkit	BlueCross BlueShield	1-800-760-9290	www.southcarolinablues.com (My Health Toolkit)
Dental	Dental Benefits	Delta Dental	1-800-335-8266	www.deltadentalsc.com
Vision	Vision Benefits	Eyemed Vision Care	1-866-939-3633	www.eyemedvisioncare.com
Health Care	Health Care FSA/HSA	Flores	1-800-532-3327	www.flores247.com
Disability	Long Term Disability	Prudential	1-800-842-1718	www.prudential.com
	Short Term Disability	Human Resources		
Life	Basic and Voluntary Life Insurance Plans	Prudential	1-800-842-1718	www.prudential.com
Work/Life	Dependent Care FSA	Flores	1-800-532-3327	www.flores247.com
	Employee Assistance Plan	Guidance Resources	800-311-4327	www.guidanceresources.com Company ID: GEN311
Additional Supplemental Benefits	Cancer Plans, Intensive Care Plans, Universal & Term Life Insurance, & additional Short Term Disability Coverage	BenefitFirst	1-888-682-4886	
Enrollment	Dayforce	Human Resources		

