

2023-2024
Benefit Summary
All Employees

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This document is an outline of the coverage provided under your employer’s benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the “plan documents”). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer’s benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Benefits Overview

Gossner Foods is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week and have 60 days of service. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical and dental), and Gossner Foods provides other benefits at no cost to you (life, accidental death & dismemberment). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

Benefit Plans Offered

- ✦ Medical Insurance
- ✦ Dental Insurance
- ✦ Health Savings Account (HSA)
- ✦ Flexible Spending Accounts (FSAs)
- ✦ Voluntary Vision Insurance
- ✦ Life and Accidental Death & Dismemberment (AD&D) Insurance
- ✦ Long-term Disability Insurance
- ✦ Accident Insurance
- ✦ Critical Illness Insurance
- ✦ Hospital Indemnity Insurance

Eligibility

You and your dependents are eligible for Gossner Foods benefits on the first of the month following 60 days of employment.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or Gossner Foods eligible dependents.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

2023-2024 Rates

Rates	
MEDICAL	
Option A – HSA Preferred Medical Plan	\$0 for employee, \$15 per dependent per check
Option B – PPO Medical Plan	\$35 per person per check
HSA Match	Gossner Foods will match the employee’s contribution with double the amount they put in up to \$1,000. (employee contributes \$50, Gossner puts in \$100; employee contributes \$500, Gossner puts in \$1000).
DENTAL	
Option A – EMI Health Choice PPO	\$10.50 per person per check
Option B – HealthSmart Direct Reimbursement	\$14.50 per person per check
VISION	
Employee	\$4.25
Employee + 1	\$8.26
Family	\$13.15



Medical Insurance

Administered by UMR, a UnitedHealthcare Company

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Gossner Foods.

Gossner Foods offers you a choice of a traditional PPO plan and a HSA Preferred Health Care Plan, you may select where you receive your medical services. If you use in-network providers, your costs will be less.

	Option A – HSA Preferred Medical Plan		Option B – PPO Medical Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Individual / family)	\$1,750 / \$3,500	\$3,000 / \$6,000	\$1,000 / \$3,500	\$2,000 / \$4,000
	Note: Deductibles have increased. The new amounts shown will begin to apply starting January 1st, 2024			
Embedded Deductible	Note: If family coverage is elected, the full family deductible amount must be met before the plan will begin paying at the plan participation level.		\$1,000	\$2,000
Out-of-Pocket Maximum (Individual / family)	\$3,000 / \$6,000	\$6,000 / \$12,000	\$3,000 / \$9,000	\$3,500 / \$9,500
Embedded Out-of-Pocket Maximum	Note: If family coverage is elected, the full family out-of-pocket maximum amount must be met before the plan will begin paying covered expenses in full.		\$3,000	\$3,500
Preventive Care	100% covered	40% AD	100% covered	40% AD
Physician Services (PCP / SCP)	20% AD	40% AD	\$20	40% AD
Urgent Care	20% AD	40% AD	\$35	40% AD
Telehealth	100% AD	60% AD	100% covered (deductible waived)	
Emergency Room Services	20% AD		\$350	
Hospital/Facility Services	20% AD	40% AD	\$200 + 20% AD	\$200 + 40% AD
Outpatient Surgery	20% AD	40% AD	20% AD	40% AD
Coinsurance	20/80	40/60	20/80	40/60
Prescription Drugs	10% AD / 20% AD / 30% AD / 50% AD		\$10 or 10% / \$30 or 30% / \$60 or 30%	
Pharmacy Deductible	Combined with Medical		None	



Remember to call ahead



Make sure you're covered before receiving care

Any time you or a family member is admitted to the hospital or receives certain outpatient services, it is important to let UMR know. We want to make sure you receive the appropriate care and that you understand whether your benefit plan will pay for any portion of the treatment cost.

You or your health care provider can call the number on the back of your medical ID card to verify the level of benefits available. Our decisions are for payment purposes only. All decisions about the types of care you receive remain between you and your providers.

There are two reasons you or your provider should call UMR before a medical service or procedure:

Prior authorization of care

Some types of care require a review to determine if they are medically necessary. This means they meet generally accepted standards of care and are considered effective in treating your illness or injury. We also review if the length of your inpatient stay and type of facility are clinically appropriate.

Failure to obtain prior authorization may result in a penalty or increased out-of-pocket costs.

Predetermination of benefits

We recommend you and your health care provider also call ahead regarding treatments that do not require a review. This is to verify the amount, if any, your medical plan will pay toward the cost of care you plan to receive.

Any payment for an expense that is not covered under the plan is the patient's responsibility.

We will send a letter to you and your provider, notifying you whether the treatment is covered.

Procedures we commonly review:¹

- Inpatient hospitalization and surgeries²
- Inpatient rehabilitation and behavioral health
- Skilled nursing facility
- Home health care
- Durable medical equipment
- Radiology services such as MRA, MRI, PET and CT scans
- Chemotherapy and radiation
- Dialysis
- Transplants and transplant related services
- Clinical trials and experimental procedures
- Specialty injectable drugs

¹- This list is not all-inclusive. Please refer to your summary plan description (SPD) for a full list of services requiring prior authorization. UMR pays providers according to the coverage terms, benefits, limitations and exclusions of your benefit plan documents.

²- Except stays of 48 hours or less following a normal vaginal delivery or 96 hours or less following a Cesarean section.

Choose the right health care setting

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. The chart below can help you select the right setting for your needs:



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TYPE OF CARE	WAIT TIME	COST**
 <p>NurseLineSM – 877-950-5083</p> <p>You may speak by phone with a registered nurse any time of day, seven days a week.</p> <p>When to call*</p> <ul style="list-style-type: none"> • Help choosing the right health care setting for illness or injury • Information about common health problems or injuries 	<p>20-30 seconds</p> <p>Call answered, on average</p>	<p>\$0</p>
 <p>TeladocSM – 800-835-2362 or Teladoc.com</p> <p>You may request a consultation from a board-certified doctor any time of day, seven days a week, by phone or online. Teladoc physicians can diagnose routine ailments, recommend treatments and prescribe medications.</p> <p>When to go*</p> <ul style="list-style-type: none"> • Cold or flu • Bronchitis • Respiratory infection • Sinus problems • Allergies • Urinary tract infection • Pediatric care • Poison ivy or pink eye 	<p>17 minutes</p> <p>Approximate wait time for doctor to respond</p>	<p>PPO Plan: \$0 per consultation</p> <p>HDHP Plan: \$0 per consultation</p>
 <p>Urgent care/walk-in clinic</p> <p>Urgent care centers, sometimes called walk-in clinics, are often open in the evenings and on weekends.</p> <p>When to go*</p> <ul style="list-style-type: none"> • Sprains and strains • Mild asthma attacks • Sore throats • Minor broken bones or cuts • Minor infections or rashes • Earaches 	<p>20-30 minutes</p> <p>Approximate wait time</p>	<p>PPO Plan: \$35</p> <p>HDHP Plan: 20% AD</p> <p>\$150 - \$200 Average cost</p>
 <p>Clinical care (your doctor's office)</p> <p>Seeing your doctor is important. Your doctor knows your medical history and any ongoing health conditions.</p> <p>When to go*</p> <ul style="list-style-type: none"> • Preventive services and vaccinations • Medical problems or symptoms that are not an immediate, serious threat to your health or life 	<p>1 week or more</p> <p>Approximate wait time for an appointment</p>	<p>PPO Plan: \$20</p> <p>HDHP Plan: 20% AD</p> <p>\$100-\$150 Average cost</p>
 <p>Emergency room (ER)</p> <p>Visit the ER only if you are badly hurt. If you are not seriously ill or hurt, you could wait hours and your health plan may not cover non-emergency ER visits.</p> <p>When to go*</p> <ul style="list-style-type: none"> • Sudden change in vision • Sudden weakness or trouble talking • Large, open wounds • Difficulty breathing • Severe head injury • Heavy bleeding • Spinal injuries • Chest pain • Major burns • Major broken bones 	<p>3 to 12 hours</p> <p>Approximate wait time for non-critical cases</p>	<p>PPO Plan: \$350</p> <p>HDHP Plan: 20% AD</p> <p>\$1,200-\$1,500 Average cost</p>

* This is a sample list of services and is not intended to be all-inclusive.

** Costs are averages only and not tied to a specific condition or treatment. Out-of-pocket costs will vary based on your medical plan design.

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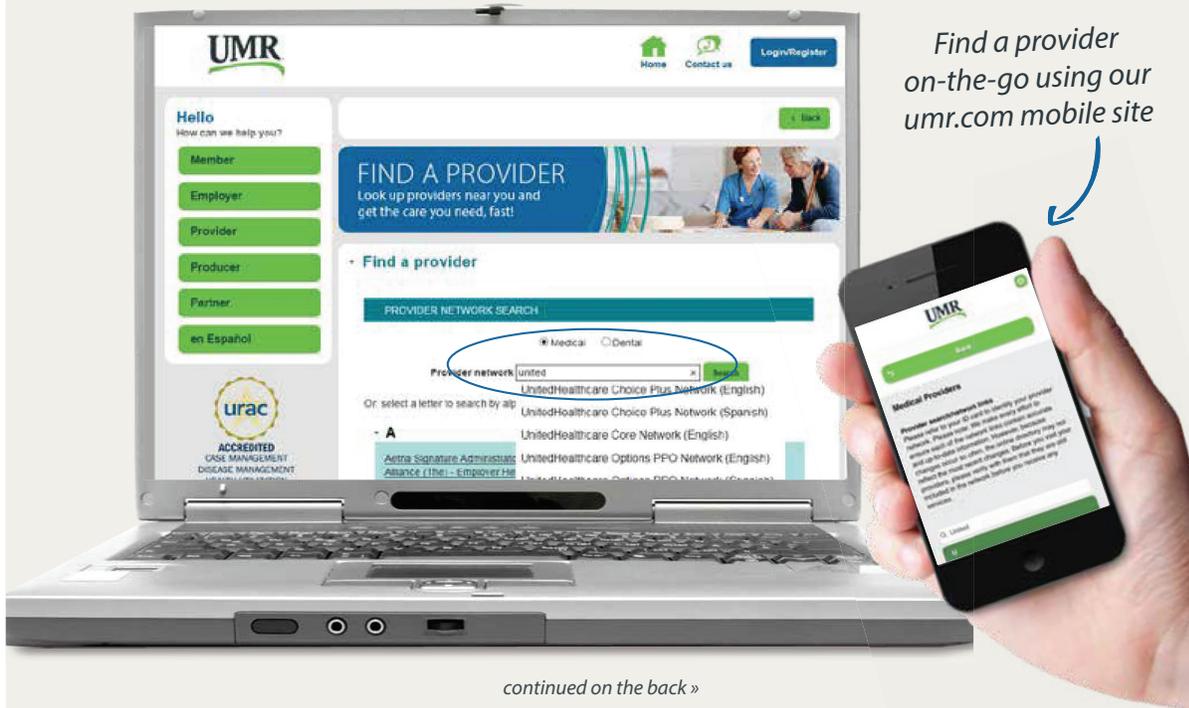
Find a provider

Finding a network provider on umr.com has never been easier

1 Go to **umr.com** and select "Find a provider"



2 Search for **UnitedHealthcare Choice Plus Network** using our alphabet navigation or type **UnitedHealthcare Choice Plus** into the search box



Find a provider on-the-go using our umr.com mobile site

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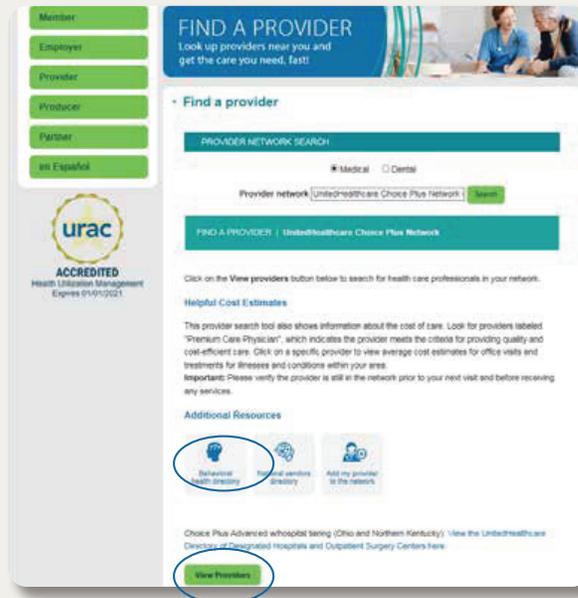


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- 3** For medical providers, choose **View Providers**.
For behavioral health providers (including counseling and substance abuse), select **Behavioral health directory**.

REMEMBER:

Get the most from your benefit plan – use participating network health care providers whenever possible.



UnitedHealthcare Choice Plus:

The UnitedHealthcare online provider directories include network hospitals, primary physicians and specialists. The following information is available:

- Provider name, address and phone number
- Hospital affiliation
- Board certification
- UnitedHealth Premium® Quality & Cost Efficiency designations that highlight physicians by quality of care and cost standards in their specialty
- Average costs for care in your area and how different providers compare to the local average
- Provider ID number
- Office language capabilities (English, Spanish, etc.)
- Map and directions to each office

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24/7 doctor visits via phone or mobile app



Teladoc gives you round-the-clock access to U.S. board-certified doctors, from home or on the go. Call or connect online or using the Teladoc mobile app for affordable medical care, when you need it.



Talk to a doctor anytime, anywhere you happen to be



Receive quality care via phone, video or mobile app



Prompt treatment, median call back, in 10 minutes



A network of doctors that can treat every member of the family



Prescriptions sent to pharmacy of choice if medically necessary



Teladoc is less expensive than the ER or urgent care



Get the care you need

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink eye
- Respiratory infections
- Sinus problems
- Skin problems
- And more

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician.



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Welcome to SmithRx - your new pharmacy benefit partner.

We're excited to partner with you to provide you with world-class pharmacy benefits. We hope the information provided below will be useful to you as you transition to SmithRx. Our goal is to make your experience with us seamless.



Member Portal

By visiting our member portal at mysmithrx.com you may easily create a portal account and gain access to your prescription forms, processing information, most recent history of prescription claims, formulary data, and pharmacy network status.



Rx Processing Information

Your Rx processing information has been updated. Please give your pharmacy the new SmithRx processing information, including the **RxBin (024368)**, **RxPCN (3207)**, and **RxGroup Number (Found on your ID card)**, to prevent interruption.



Prior Authorization

If you are prescribed a medication requiring a prior authorization, you will need to go through an additional authorization process. Our Clinical Team reviews requests for these selected medications to help ensure appropriate and safe use of medications for your medical condition(s).

If your medication requires a PA, our Member Support team can help you and your provider get started. Call **(844) 454-5201** for assistance.



Pharmacy Information

Mail Order Pharmacy: Serve You DirectRx Phone: (800)759-3203 Fax: (866)494-0364
Specialty Pharmacies: Kroger (888) 355-4191, **Senderra** (888) 777-5547



Connect Programs

Your neighborhood retail pharmacy might not always be the most economical choice for a drug you are taking. The **SmithRx Connect Team** (844) 385-7612 will reach out to you if we discover that you are taking a medicine and we can assist you lower your out-of-pocket expenses.

Our team is here to make getting started with SmithRx a seamless experience. If you have any questions, please call **SmithRx Member Support at (844) 454-5201**.

Health Savings Account (HSA)

Administered by OptumBank

When you enroll in the High Deductible Health Plan, you are allowed to open a Health Savings Account (HSA). This allows you to put money away tax free through payroll deductions, let it accrue interest tax free, and then use it for qualified medical, dental and vision expenses tax free.

What is an HSA?

With an HSA, you own the account and it is fully portable. Balances roll over year after year, growing tax-free. You never lose your contributions to your HSA, unlike other health accounts, such as a flexible spending account (FSA). Even if you change jobs, health plans, or retire, you keep your HSA.

HSA's can be used to pay for eligible medical, dental and vision expenses for you, your spouse, and any family member who qualifies as a tax dependent. (See IRS Publications 969 for a list of eligible expenses). This includes things like pre-deductible medical expenses and prescription costs

Who is Eligible for an HSA?

Anyone meeting the following requirements is eligible for an HSA.

- ❖ Be enrolled in a qualified high deductible health plan.
- ❖ Have no other health coverage except what is permitted by the IRS (see IRS Publication 969).
- ❖ Not be enrolled in Medicare.
- ❖ Not be claimed as a dependent on someone else's tax return.

Yearly HSA Contribution Limit

Individual HSA: \$3,850* for 2023
Family HSA: \$7,750 for 2023

Individual HSA: \$4,150* for 2024
Family HSA: \$8,300 for 2024

*A \$1,000 additional catch up contribution is allowed for account holder's age 55+

Benefits of an HSA

- ❖ Pay for qualified medical, dental and vision expenses with tax-free dollars.
- ❖ Lower health insurance premiums with an HSA qualified health plan.
- ❖ Keep your contributions year after year and watch your balance grow. There is no "use it or lose it." It is yours.
- ❖ Invest your balance over the threshold amount to grow your HSA further.

Be sure to save all receipts for your qualified medical expenses in the event that you are audited. At optumbank.com, you can easily upload images of your receipts online and organize them into folders.

Here is How an HSA works

1. You decide the annual amount you want to contribute to your HSA; not to exceed the yearly IRS limits.
2. Your contributions are deducted from each paycheck pretax, and deposited into your HSA.
3. You can pay for eligible medical, dental and vision expenses with your HSA debit card. You may also pay the provider directly through your Optum Bank online account, or you can request a reimbursement if you paid out-of-pocket and did not use your HSA debit card.

To open your Health Savings Account with Optum Bank:

1. Got to <https://www.optumbank.com/>
2. Click on 'Open an HSA' at the top.
3. Read the info and click 'Next'.
4. Enter your information in each section. The Group Number for Gossner is 76413067.
5. Click 'Next' and go to next page.
6. Enter Additional Cardholder info if applicable. Click 'Next'.
7. Verify the info and click 'Next'.
8. Read the info and e-sign at the bottom. Click 'Next'.

Examples of Qualified Medical Expenses:

- ❖ Acupuncture
- ❖ Alcoholism Treatment Ambulance
- ❖ Artificial limbs
- ❖ Artificial teeth
- ❖ Chiropractic services
- ❖ Dental treatments
- ❖ Diagnostic services
- ❖ Doctor's office visits and procedures
- ❖ Eyeglasses and contact lenses
- ❖ Eye exams
- ❖ Laser eye surgery
- ❖ Hearing aids
- ❖ Feminine hygiene products
- ❖ Nursing home
- ❖ Over-the-counter medications
- ❖ Physical therapy
- ❖ Prescriptions
- ❖ Vasectomy
- ❖ Wheelchairs
- ❖ Xrays

(for a full list visit irs.gov and search for Publication 502 or 969)

Access your Optum Financial Health Savings Account (HSA) balance at **umr.com** or on the **UMR app**

Your HSA balance information, in real-time, anytime.

How to access your HSA balance

Accessing your HSA balance information is easy and convenient:

- ▶ Log into the member site at **umr.com** or on the **UMR app**
- ▶ Select **Account balances**
- ▶ View your HSA balance information

What you will see

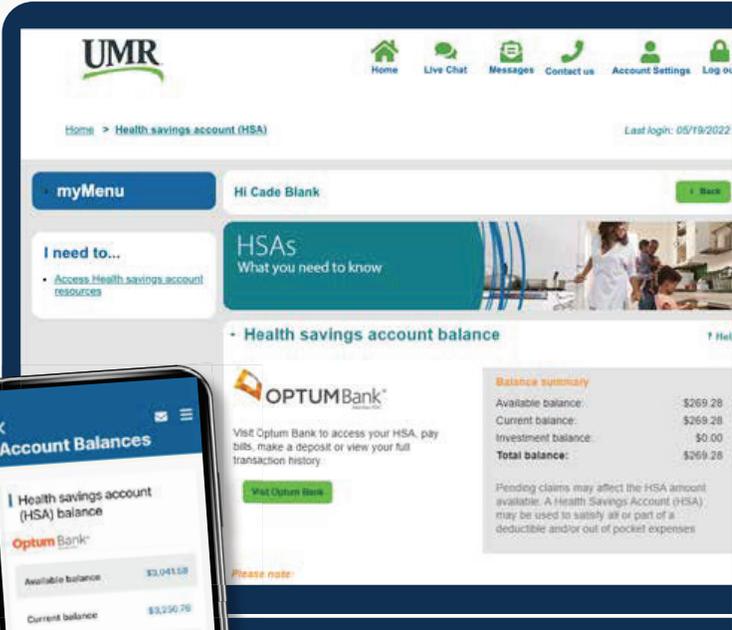
In the HSA section, you'll get real-time access to:

- ▶ Available balance
- ▶ Current balance
- ▶ Investment balance
- ▶ Total HSA balance

Access your Optum Financial information in the HSA section for full account capabilities without having to log in again.

You can:

- ▶ Pay bills
- ▶ Make deposits
- ▶ Manage your investments
- ▶ View your transaction history



Fictionalized data

If you have questions about viewing your HSA balances online, please call the member services number listed on your ID card.



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YOUR PERSONAL INFORMATION IS EXTREMELY IMPORTANT

That's why your Optum Bank Health Savings Account Debit MasterCard® comes with **ID Theft Alerts™** at no extra cost to help detect and resolve Identity Theft.*

HERE'S WHAT THE SERVICE PROVIDES:



ID THEFT ALERTS

A tool that scours the Internet and alerts you if it detects that your personal info – credit or debit card, Social Security Number, driver's license or other sensitive data – is being bought or sold online.



EXPERT RESOLUTION SERVICES

Expert assistance is available to help you 24/7 if you think your identity has been stolen. Call **1-800-MASTERCARD**. You will be assigned your own personal certified specialist, who will guide you through the process every step of the way.

SIGNING UP IS EASY

Simply visit **mastercard.us/idtheftalerts** and enter the first 6 digits of your Optum Bank Debit MasterCard to get started.

To bring you this benefit, MasterCard has partnered with **CSID®**, an **industry leader** in identity protection and fraud detection solutions.

To learn more, please visit
mastercard.us/idtheftalerts

*These are summary descriptions only. Additional terms, conditions and exclusions apply. Contact your issuing financial institution for complete coverage terms and conditions or call **1-800-MASTERCARD**. Applicable to U.S. Cardholders only.

Valid for Optum Bank Health Savings Account Debit MasterCard.
Optum Bank, Member FDIC.

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Flexible Spending Accounts (FSAs)



Administered by National Benefit Services (NBS)

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses.

You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

Healthcare Spending Limit: \$3,050

Dependent Care Spending Limit: \$5,000

NBS is the administrator of two individual Flexible Spending Accounts—one for healthcare expenses and one for dependent childcare and elder care expenses. You can enroll in one or both FSAs. You use each account separately, but they work similarly. If you are an HDHP participant, you may only enroll into a Limited Flexible Spending Account for orthodontia and/or vision claims only.

Here's How an FSA Works

1. You decide the annual amount (up to \$3,050 for healthcare and \$5,000 for dependent care) you want to contribute to either or both FSAs based on your expected healthcare and/or dependent childcare/elder care expenses.
2. Your contributions are deducted from each paycheck before income and Social Security taxes, and deposited into your FSA.
3. You can pay with the Healthcare FSA debit card for eligible healthcare expenses. For dependent care, you pay for eligible expenses when incurred, and then submit a reimbursement claim form or file the claim online.
4. You are reimbursed from your FSA. So, you actually pay your expenses with tax-free dollars.

How do I receive reimbursements?

During the course of the Plan Year, you may submit requests for reimbursement of expenses you have incurred. Expenses are considered "incurred" when the service is performed, not necessarily when it is paid for. You can get a claim form at www.NBSbenefits.com.

Claim forms must be submitted no later than 60 days after the end of the Plan Year for the Health Flexible Spending Account and the Dependent Care Flexible Spending Account. However, if you have unused contributions in your Health Flexible Spending Account following the Plan run-out period, you may roll up to \$500 to the new plan year. Any amount above \$500 in your Health FSA at the end of the Plan run-out period will be forfeited.

Gossner sponsors the use of the NBS Flexcard, making access to your flex dollars easier than ever. You may use the card to pay merchants or service providers that accept credit cards, so there is no need to pay cash up front then wait for reimbursement.

Dental Insurance

Administered by EMI Health and HealthSmart



Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Gossner Foods dental benefit plan.

	Option A – EMI Health Choice PPO			Option B – HealthSmart Direct Reimbursement	
	Advantage	Premier	Out-of-Network	In-Network	Out-of-Network
ANNUAL DEDUCTIBLE					
Individual / Family	\$0 / \$0	\$50 / \$150	\$50 / \$150		
Annual Maximum Calendar or Plan Year	\$1,500	\$1,000			
Preventive	100%	100%	80%		
Frequency	2 per year				
Basic Services	80%	80%	80%		
Waiting Period	None				
Major Services	50%	50%	50%		
Waiting Period	None				
COVERED SERVICES					Reimbursement Plan Only
Endodontics (Root Canal, etc.)	Major				
Periodontics	Major				
Oral Surgery	Basic				
Implants	Not covered				
OTHER SERVICES					
X-Ray Frequency	2 per year				
Age to Fluoride	Children under 19				
Age to Sealants	Up to age 16				
ORTHODONTIA					
Applies to	Children under 19				
Waiting Period	None				
Lifetime Maximum	\$2,000				



EMI Health Dental



Nothing brings a smile like peace of mind.

Take care of your smile with EMI Health dental insurance. You'll get the greatest benefit by visiting in-network providers.

Provider Search

See if your current dentist is in-network or find providers near you.

Go to emihealth.com and click on **Provider Search** along the upper part of the home page.

- Select **Dental** and choose your plan. Plan options are here
- Pick the state in which you'd like to search.
- Now, enter your provider's details and click the **Search** button.



Dental Plan	Network outside Utah
Premier (Choice)	Dentemax
Advantage/Advantage Plus (Choice)	Careington
Value	Careington
Summit	Cigna
Summit Plus	Cigna

That's all there is to it!

You will see a list of participating providers along with their contact information, address, and the ability to map the location of their offices.

You can also download the results as a PDF to keep or take with you.

EMI Health Dental

EMI Health started protecting smiles like yours over 80 years ago. We cover individuals and groups throughout the country with headquarters in Utah.

Your EMI Health dental plan offers access to hundreds of thousands of in-network providers throughout the country.

Both you and your providers can have peace of mind due to our quick payment process and broad coverage.

Be sure to present your EMI Health ID Card to your provider when you have a dentist visit.

Questions?

As always, we are here to help.

Call customer service at 801-262-7475



EMI.MKTG.AB.DENTSRCH.0419.1216

EMI Health 5101 South Commerce Drive, Murray, Utah 84107 Toll Free: 800.662.5851 Web: emihealth.com



**Gossner Foods, Inc.
Direct Reimbursement Dental Care Benefits**

Good dental care is important to your health and your appearance! For that reason, Gossner Foods, Inc. makes available a dental plan described below:

The Plan

- Allows you to use the provider of your choice and to obtain the service you and your provider agree upon.
- Has no waiting periods before certain procedures are covered.
- Has no excluded procedures except cosmetic procedures.
- Has no requirement for pre-approval of the procedure.
- Has no maximum fee schedule for each procedure. The provider’s normal fees are allowable expenses.
- Allows orthodontic care to be covered the same as any other procedure.
(Commencement of orthodontic treatment begins the date the braces are placed on the teeth. Orthodontists typically require a down payment and collect the balance of their fees over the duration of the treatment. For claims ¼ (25%) of the entire treatment plan charge will be reimbursed under the benefit formula. The balance of the charges ¾ (75%) will be reimbursed monthly by the plan over the period of treatment. Benefit checks will be sent monthly until the treatment plan is finished or coverage terminates.

How The Plan Works

Every year beginning January 1st, you and your covered dependents each have set maximum to use for dental care. The plan reimburses you:

1st year of employment:	2nd year of employment:	3rd year of employment:
<ul style="list-style-type: none"> ❖ 100% of the first \$300 of expenses, then 50% of the next \$400 of expenses. ❖ Maximum Annual Benefit of \$500 per person. ❖ Orthodontia is included. 	<ul style="list-style-type: none"> ❖ 100% of the first \$300 of expenses, then 50% of the next \$900 of expenses. ❖ Maximum Annual Benefit of \$750 per person. ❖ Orthodontia is included. 	<ul style="list-style-type: none"> ❖ 100% of the first \$300 of expenses, then 50% of the next \$2,400 of expenses. ❖ Maximum Annual Benefit of \$1,500 per person. ❖ Orthodontia is included.

How Direct Reimbursement is Used and How Reimbursements are Made

1. The patient selects a dentist and agrees to a treatment plan.
2. The itemized bill is mailed in by the employee or dentist along with a claim form.
3. The benefit check is mailed to the employee or to the dentist if there is assignment of benefits.

To Enroll

Complete the dental enrollment form and return it to your human resource department. Your coverage election is irrevocable and will continue for the plan year unless there is a significant family status change, such as a marriage, divorce, death, birth or change in the employment status of your spouse.

If you do not enroll when first eligible and elect benefits at a later time, you will have reduced benefits for the first year. (50% reimbursement with a \$500 maximum benefit).

Filing for Reimbursement

Claim forms should be sent to:
HealthSmart Benefit Solutions, Inc.
P.O Box 16887
Lubbock, TX 79490
Fax: (806) 473-3134
nngdrclaims@healthsmart.com

Voluntary Vision Insurance



Administered by EMI Health

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Your coverage from a VSP doctor:

	VSP Plus 10 – 130	
Network: VSP Choice Plus	In-Network	Out-of-Network
Basic Examination Copay	\$10 copay	\$10 copay
LENS		
Single Vision	\$10 copay	Up to \$30
Bifocals		Up to \$50
Trifocals		\$Up to \$65
Lenticular		Up to \$100
Frames	\$130 Allowance	Up to \$80
Contact Lenses (in lieu of eyeglasses)	\$130 Allowance	Up to \$115
LENS OPTIONS		
Standard Plastic Progressive	\$55 copay	Up to \$50
Scratch Resistance	\$17 copay	Not covered
UV Protection	\$16 copay	
Premium Progressive Options	\$95-\$105 copay	
Custom Progressive Options	\$150-\$175 copay	
Plastic Gradient Dye	\$17 copay	
Solid Plastic Dye	\$15 copay	
Photochromic Lenses	\$70 copay / \$82 copay multifocal	
Polycarbonate for Adults	\$31 copay / \$35 copay multifocal	
Polycarbonate for Children (under 18)	\$0 copay	
Laser Correction	\$500 in savings	
Frequency (Exam / Lens / Frames or Contacts)	12/12/12	



Getting Started with VSP



Create an account. Schedule a visit. Save money.

1 Create an Account

Get started by creating a vsp.com account to view your coverage details and discover money-saving offers. Already have an account? Log in to review your coverage before your eye exam .

2 Schedule an eye exam

Find a VSP™ in-network eye care provider who is right for you at vsp.com. We recommend you get an eye exam once a year. Don't forget to check out the featured frame brands to find your perfect style

3 See your savings

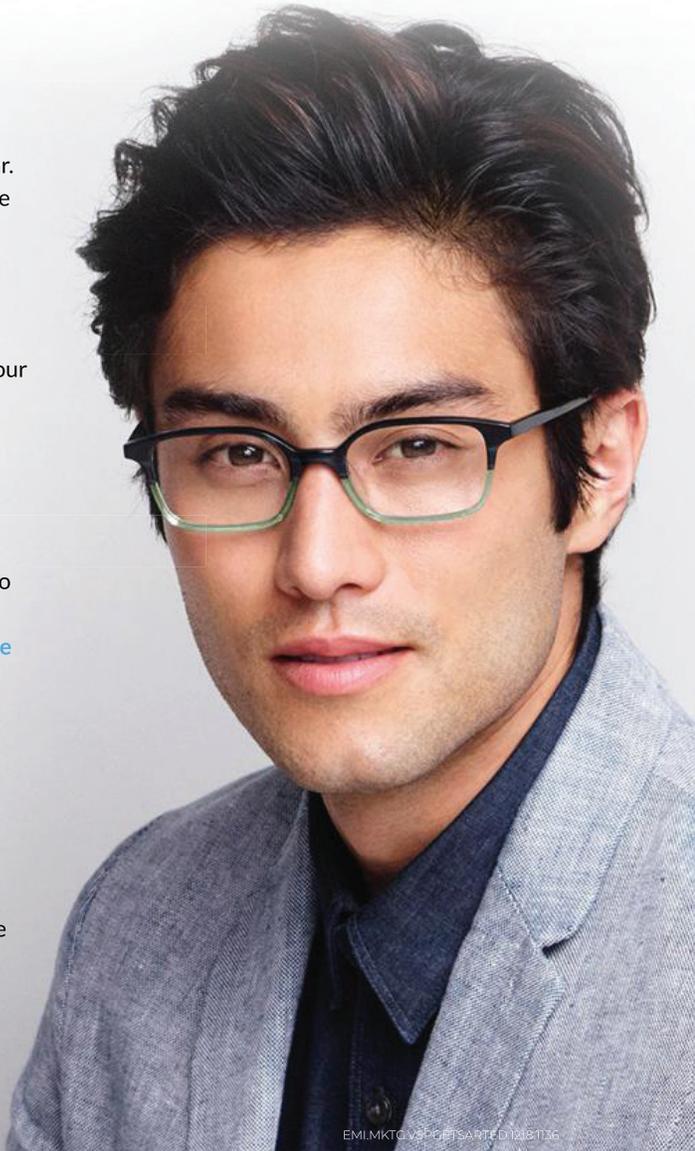
Log into your account on vsp.com to view your personalized Savings Statement to see how much you saved.

4 Re-enroll in VSP

Vision insurance is a simple benefit option to review and select. Still on the fence? Here's one more reason - members **save an average of \$456** when they select VSP™.

Did you know...

- You have access to more than 39,000 network doctors.
- 9 out of 10 members reported satisfaction in the past five years.*
- As a member, you'll get exclusive member extras that you won't find anywhere else.



EMI.MKTG.VSP.GETSTARTED.1218.1136

EMI Health: 5101 South Commerce Drive, Murray, Utah 84107 Toll Free: 800 662 5851 Web: emihealth.com

The EMI Health Mobile App

Your benefits. Anytime. Anywhere.

Provider Search

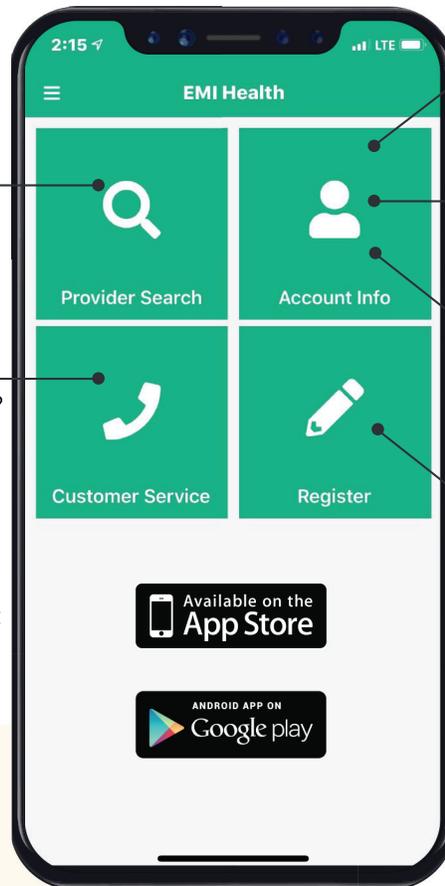
Find in-network providers and facilities.

Customer Service

Need to talk to a person? No problem. Call us from the app.

Other Features

- Access current and past issues of the Hope Health newsletter.
- Update your profile information like email address, password, or security questions.



ID Card

Access your ID Card from anywhere at any time.

EOBs

View your EOBs and search by person, service, date, and more.

Plan Information

View and download your plan grids so you always know the benefits you have.

Log in/Register

Download the app and log in using your My EMI Health username and password.

If you haven't registered your account, you can do so in the app or online at emihealth.com.

Scan this QR code with your phone to download.



Life Insurance and AD&D Insurance



Insured by MetLife

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump-sum payment if you die while employed by Gossner Foods. The company provides basic life insurance at no cost to you! Gossner Foods also provides life insurance for your dependents.

Accidental Death & Dismemberment (AD&D) Insurance

Accidental Death & Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Gossner Foods provides Employee AD&D coverage at no cost to you! This coverage is in addition to your company-paid life insurance described above.

Class 1	
All Full Time Employees working at least 30 hours per week	
Basic Life	An amount equal to 2 times Your Basic Annual Earnings, rounded to the next higher \$1,000.
Accidental Death & Dismemberment	An amount equal to Your Basic Life Insurance.
Plan Maximum	\$500,000
Non-Medical Maximum	\$500,000
Age Reduction Formula (reduces by)	None
Dependent Life	Spouse - \$2,000 Child - \$2,000
Employee Contribution	
• Basic Life	0%
• AD&D	0%
• Dependent Life	1%

Class 5	
Lead Lines and Clerical Employees working at least 30 hours per week	
Basic Life	An amount equal to 2 times Your Basic Annual Earnings, rounded to the next higher \$1,000 plus \$30,000.
Accidental Death & Dismemberment	\$500,000
Plan Maximum	\$500,000
Non-Medical Maximum	\$500,000
Age Reduction Formula (reduces by)	None
Dependent Life	Spouse - \$2,000 Child - \$2,000
Employee Contribution	
• Basic Life	0%
• AD&D	0%
• Dependent Life	1%

Will Preparation – How to Get Started

- ❖ Visit www.willscenter.com and register as a new user. Be sure to enter your Employer/Association name.
- ❖ Follow the simple instructions to create your online document
- ❖ Return at your convenience to complete or update stored documents

Long-Term Disability Insurance



Insured by MetLife

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Disability insurance provides protection for your most valuable asset—your ability to earn an income. **Gossner Foods provides Long-Term Disability insurance (LTD) coverage for you at no cost!**

How is “Disability” defined under your plan?

Generally, you are considered disabled and eligible for long term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and are complying with the requirements of the treatment and you are unable to earn more than 80% of your predisability earnings at your own occupation for any employer in your local economy.

Following the Own Occupation period, you are considered disabled if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of the treatment and you are unable to earn 80% of your predisability earnings in your local economy at any gainful occupation for which you are reasonably qualified taking into account your training, education and experience.

Long-Term Disability Benefits																	
Monthly Benefit Amount	60% of your predisability earnings																
Monthly Benefit Maximum	\$10,000																
Elimination Period	90 Days																
Benefit Duration	The later of: Your Normal Retirement Age; or The period shown below:																
	<table border="1"> <thead> <tr> <th>Age on Date of Your Disability</th> <th>Benefit Period</th> </tr> </thead> <tbody> <tr> <td>Less than 60</td> <td>To age 65</td> </tr> <tr> <td>60</td> <td>60 months</td> </tr> <tr> <td>61</td> <td>48 months</td> </tr> <tr> <td>62</td> <td>42 months</td> </tr> <tr> <td>63</td> <td>36 months</td> </tr> <tr> <td>64</td> <td>30 months</td> </tr> <tr> <td>65</td> <td>24 months</td> </tr> </tbody> </table>	Age on Date of Your Disability	Benefit Period	Less than 60	To age 65	60	60 months	61	48 months	62	42 months	63	36 months	64	30 months	65	24 months
	Age on Date of Your Disability	Benefit Period															
	Less than 60	To age 65															
	60	60 months															
	61	48 months															
	62	42 months															
	63	36 months															
64	30 months																
65	24 months																
Pre-existing Condition Limitation	This plan will not cover any disability which is caused or contributed to by, or results from a pre-existing condition for which treatment was received during the 3 month period immediately preceding the effective date of coverage, and which begins in the first 12 months after the effective date of coverage.																

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance/ Summary Plan Description provided by your Employer or contact your MetLife benefits administrator with any questions.

Voluntary Accident Insurance



Administered by MetLife

An accidental injury can be costly, especially if you are financially unprepared. Your current medical coverage will help pay for expenses associated with an injury, but won't cover all of the out-of-pocket expenses you may face. Don't wait until you are rushed to the emergency room to realize you need more protection. With accident insurance, you will receive additional coverage that your medical insurance may not cover.

Accident Insurance Benefits	
Benefit Type	Plan Benefits
ACCIDENTAL INJURY BENEFITS	
Fracture Benefit*	\$200 – \$10,000 depending on the fracture and type of repair
Dislocation Benefit*	\$200 – \$10,000 depending on the dislocation and type of repair
Second- or Third-Degree Burn Benefit	\$100 – \$15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$500
Coma Benefit	\$10,000
Laceration Benefit	\$75 – \$700 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown \$300 Filling \$50 Extraction \$150
Eye Injury Benefit	\$400
ACCIDENT – MEDICAL SERVICES & TREATMENT BENEFITS	
Ambulance Benefit	Ground: \$400 Air: \$1,250
Emergency Care Benefit	\$100 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$100
Therapy Services Benefit (Including physical therapy)	\$50
Medical Testing Benefit	\$200
Medical Appliance Benefit	\$150 – \$1,000 depending on the appliance
Transportation Benefit	\$400
Pain Management Benefit (For epidural anesthesia)	\$100
Prosthetic Device Benefit	One device: \$1,000, More than one device: \$2,000
Modification Benefit	\$1,500
Blood/Plasma/Platelets Benefit	\$500
Surgical Repair Benefit	\$200-\$2,000 depending on the type of surgery
Exploratory Surgery Benefit	\$200
Other Outpatient Surgery Benefit	\$400
HOSPITAL BENEFITS	
Admission Benefit	\$1,500 for the day of admission
ICU Supplemental Admission Benefit	\$1,500 for the day of admission
Confinement Benefit (Paid for up to 31 days per accident)	\$300 per day
ICU Supplemental Confinement Benefit (Paid for up to 31 days per accident)	\$300 per day
Inpatient Rehabilitation Benefit (Paid for up to 15 days per accident)	\$200 per day

Accident Insurance Benefits	
Benefit Type	Plan Benefits
ACCIDENTAL DEATH BENEFIT	
Accidental Death Benefit*	\$50,000 \$150,000 for accidental death on common carrier
ACCIDENTAL DISMEMBERMENT, FUNCTIONAL LOSS & PARALYSIS BENEFITS	
Dismemberment/Functional Loss	\$1,000 – \$40,000 depending on the injury
Paralysis	\$20,000 - \$40,000 depending on the number of limbs
OTHER BENEFITS	
Health Screening Benefit* Benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year
Lodging Benefit* For a companion of a covered person who is hospitalized	\$200 per day
Waiver of Premium Benefit if you become disabled, premiums will be waived if requirements for waiver are met	Not Included

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions, and limitations, including the covered persons to whom the rider applies.

* Notes Regarding Certain Benefits

- ❖ **Fracture and Dislocation benefits** – Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- ❖ **Accidental Death Benefit** – The benefit amount will be reduced by the amount of any accidental dismemberment/functional loss/paralysis benefits and modification benefit paid for injuries sustained by the covered person in the same accident for which the accidental death benefit is being paid.
- ❖ **Accidental Death Benefit** – Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- ❖ **Health Screening Benefit** – The Health Screening Benefit is not available in all states. In some states, the list of eligible screening/prevention measures may be limited, and the benefit may be referred to as the Accident Prevention Screening Benefit.
- ❖ **Lodging Benefit** – The lodging must be at least 50 miles from the insured's primary residence.

Voluntary Critical Illness Insurance



Administered by MetLife

No one knows what lies ahead on the road through life. Will you have to undergo a major organ transplant or a coronary artery bypass procedure? Will you suffer a stroke or a heart attack? The signs are pointing to a critical illness are not always clear and may not be preventable, but our coverage can help offer financial protection in the event you are diagnosed. Critical illness coverage can help offer peace of mind when a critical illness diagnosis occurs.

The plan has limitations and exclusions that may affect benefits payable. Below is not a complete summary—for illustrative purposes only.

Critical Illness Insurance Benefits		
COVERAGE OPTIONS:		
Eligible Individual	Benefit Amount	
Employee	\$20,000	
Spouse / Domestic Partner	50% of Employee's Initial benefit	
Dependent Child(ren)	50% of Employee's Initial benefit	
Covered Conditions	Initial Benefit (% of Benefit Amount)	Recurrence Benefit (% of Initial Amount)
Benign Brain Tumor	100%	100%
Invasive Cancer	100%	100%
Non-Invasive Cancer	25%	100%
Skin Cancer	5% (not less than \$250)	None
Coronary Artery Bypass Graft (CABG)	50%	100%
Coma	100%	100%
Loss of: Ability to Speak; Hearing; or Sight	100%	None
Paralysis of 2 or more limbs	100%	None
Heart Attack	100%	100%
Sudden Cardiac Arrest	50%	None
Kidney Failure	100%	100%
Major Organ Transplant (Bone Marrow, Heart, Lung, Pancreas, and Liver)	100%	100%
Stroke	100%	100%
Severe Burn	100%	100%
Childhood Disease (Cerebral Palsy, Cleft Lip or Cleft Palate, Cystic Fibrosis, Diabetes – Type 1, Down Syndrome, Sickle Cell Anemia, Spina Bifida)	100%	None
Progressive Disease (ALS, Alzheimer's Disease, Multiple Sclerosis, Muscular Dystrophy, Parkinson's Disease – Advanced, Systemic Lupus Erythematosus (SLE))	100%	None
Infectious Disease (Bacterial Cerebrospinal Meningitis, COVID-19, Diphtheria, Encephalitis, Legionnaire's Disease, Malaria, Necrotizing Fasciitis, Osteomyelitis, Rabies, Tetanus, Tuberculosis)	25%	None
Health Screening Benefit: MetLife will provide an annual benefit of \$50 per calendar year for taking one of the eligible screening/prevention measures.		

Voluntary Hospital Indemnity Insurance

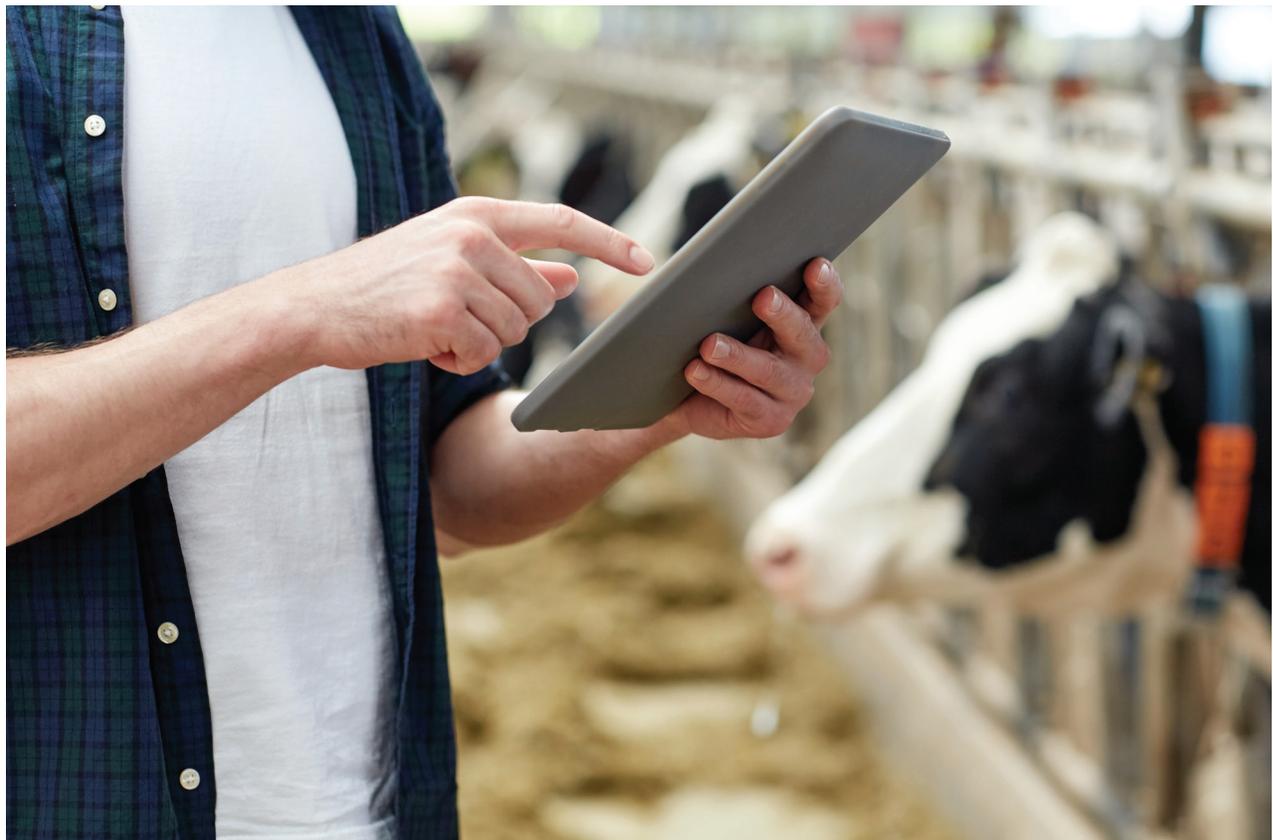


Administered by MetLife

A stay in the hospital can be costly, especially if you are financially unprepared. Your current medical coverage will help pay for expenses associated with an injury or procedure, but won't cover all of the out-of-pocket expenses you may face. Refer to your certificate for complete details, definitions, limitations, and exclusions.

Hospital Indemnity Insurance is designed to reimburse you a cash benefit according to the table below for a hospitalization. In order to receive the benefit, you must be admitted to the hospital. The admittance can be due to illness, an accident, or an inpatient surgery. Having a hospital room charge on your bill is a good indicator to know if the hospitalization will qualify for the cash benefit under the Hospital Indemnity Insurance Plan.

Hospital Indemnity Insurance Benefits		
Benefit	Limits	Amounts
Hospital Admission / ICU Supplemental Admission	5 time(s) per calendar year	\$1,250
Confinement / ICU Supplemental Confinement	31 days per confinement	\$200
	ICU Supplemental Confinement will pay an additional benefit for 15 of those days	
Confinement for Newborn Nursery Care	2 day(s) per confinement	\$50
Health Screening	1 time(s) per calendar year per covered person	\$50



Employee Assistance Program

Professional support and guidance for everyday life

Life doesn't always go as planned. And while you can't always avoid the twists and turns, you can get help to keep moving forward.

We can help you and your family, those living at home, get professional support and guidance to make life a little easier. Our Employee Assistance Program (EAP) is available to you in addition to the benefits provided with your MetLife insurance coverage. This program provides you with easy-to-use services to help with the everyday challenges of life — at no additional cost to you.



Help is always at your fingertips.

Our mobile app makes it easy for you to access and personalize educational content important to you.

Search "LifeWorks" on iTunes App Store or Google Play. Log in with the user name: **metlifeeap** and password: **eap**

Expert advice for work, life, and your well-being

The program's experienced counselors provided through LifeWorks — one of the nation's premier providers of Employee Assistance Program services — can talk to you about anything going on in your life, including:

- **Family:** Going through a divorce, caring for an elderly family member, returning to work after having a baby
- **Work:** Job relocation, building relationships with co-workers and managers, navigating through reorganization
- **Money:** Budgeting, financial guidance, retirement planning, buying or selling a home, tax issues
- **Legal Services:** Issues relating to civil, personal and family law, financial matters, real estate and estate planning
- **Identity Theft Recovery:** ID theft prevention tips and help from a financial counselor if you are victimized
- **Health:** Coping with anxiety or depression, getting the proper amount of sleep, how to kick a bad habit like smoking
- **Everyday Life:** Moving and adjusting to a new community, grieving over the loss of a loved one, military family matters, training a new pet

Convenient and confidential help when you want it, how you want it

Your program includes up to 5 in person, phone or video consultations with licensed counselors for you and your eligible household members, per issue, per calendar year. You can call **1-888-319-7819** to speak with a counselor or schedule an appointment, 24/7/365.

When you call, just select "Employee Assistance Program" when prompted. You'll immediately be connected to a counselor.

If you're simply looking for information, the program offers easy to use educational tools and resources, online and through a mobile app. There is a chat feature so you can talk with a consultant to guide you to the information you are looking for or help you schedule an appointment with a counselor.

Log on to metlifeeap.lifeworks.com, user name: **metlifeeap** and password: **eap**



Navigating life together

Answers to important questions

Are Employee Assistance Program services confidential?

Yes. Any personal information provided to LifeWorks stays completely confidential.*

How do I get help?

Getting professional help is just a phone call away. Simply call 1-888-319-7819 to speak with a counselor or to schedule an in person, phone or video conference appointment. These services are available 24 hours a day, 7 days a week.

When is the right time to call?

That's up to you. Counselors are here whenever you need them —whether you simply need to talk or want guidance on something you are going through.

Is my Employee Assistance Program included with my MetLife coverage?

Yes. There is no cost to you because your employer pays for the services provided within our program. While we offer a broad range of services, there may be some assistance that's not included. You can still work with counselors for these services by arranging to pay for them directly.

Does the program have any limitations?

While we offer a broad range of services, we may not cover all services you may need. Your Employee Assistance Program does not provide:

- Inpatient or outpatient treatment for any medically treated illness
- Prescription drugs
- Treatment or services for intellectual disability or autism
- Counseling services beyond the number of sessions covered or requiring longer term intervention
- Services by counselors who are not LifeWorks providers
- Counseling required by law or a court, or paid for by Workers' Compensation

Does the program offer Cognitive Behavioral Therapy (CBT)?

Many LifeWorks EAP providers are trained in this type of counseling and the foundation of LifeWorks' CareNow digital programs, available through the programs website and mobile app, are built upon Cognitive Behavioral Therapy (CBT) techniques. CareNow provides instant access to a range of self-service programs developed by world leading experts, focused on behavior change in the areas of anxiety, stress, depression, and more.

When you need some support,
we're here to help.



Phone
1-888-319-7819



Web
metlifeeap.lifeworks.com
user name: **metlifeeap**
and password: **eap**



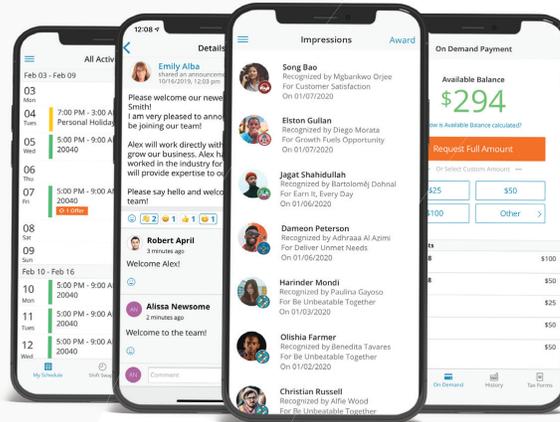
Mobile App
user name: **metlifeeap**
and password: **eap**

*MetLife and LifeWorks abide by federal and state regulations regarding duty to warn of harm to self or others. In these instances, the consultant may have a duty to intervene and report a situation to the appropriate authority.

Some restrictions may apply to all of the above-mentioned services. Please contact your employer or MetLife for details. EAP services provided through an agreement with LifeWorks US Inc. LifeWorks is not a subsidiary or affiliate of MetLife.



Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166
OPT2/3 L0522022604[exp0524][All States][DC, GU, MP, PR, VI] © 2022 MetLife Services and Solutions, LLC



mobile

Paylocity On-The-Go

When you're on the move, your phone is your main source for information and connection.

With the Paylocity Mobile App, we bring our solutions directly to you, wherever you are. From viewing paychecks to requesting time off to staying in touch with coworkers, our app gives you the freedom to stay connected anywhere, anytime.

Features Overview

- View paychecks, accruals, pay history, and tax forms
- Upload photos of receipts and submit expense reports
- Manage your flex benefit accounts
- Edit personal contact information
- Access and complete assigned training**
- Send or receive peer recognition badges with Impressions
- Enroll in benefits, view coverage, and store photos of benefits cards for reference
- Plus, managers can approve time-off requests, review schedule changes and timecards, and more!

Access to HR and payroll has never been easier.

Log in securely from anywhere via password, fingerprint, or face ID for quick, on-the-go access. Whether you're an employee, supervisor, manager, or executive, the Paylocity Mobile App connects you to our solutions wherever your job takes you.

Paylocity Mobile App - It's Free!



*App functionality may vary based on the features your company's Paylocity system includes or has enabled. For questions on accessibility, please reach out to your HR Department.
**Requires internet connection for full functionality.



401(k)

Administered by Merrill



Benefits OnLine
Easy access to your 401(k) account
[Benefits.ml.com](https://benefits.ml.com)

Take charge of your future! Go online or use the app to:



View your current account balance and potential balance at retirement



Manage your investments



Access education, planning and budgeting

Benefits OnLine

Go to benefits.ml.com and select Create your User ID now on the login page. Then, follow the simple steps to create your User ID and password.

Get the Benefits OnLine app

The free app lets your manage your account when you're on the go. To download, visit benefits.ml.com on your mobile device and select your mobile platform when prompted.

For detailed instructions on how to get around Benefits OnLine, view the account access guide go.ml.com/accessguide.

Benefit Advocate Center (BAC)



Need Help? Contact Your Benefit Advocates!

The Benefit Advocate Center (BAC) is here to help you get the most from your benefits!

Benefit programs can be complex and difficult to understand. Gossner partners with Gallagher to provide advocacy services to answer questions and help you and your family resolve benefit inquiries. The Benefit Advocate Center specialize in understanding the technical nature of benefits and how to work with our vendor partners, so you don't have to.

The BAC can help you with:

- **Insurance cards** – If you haven't received your insurance cards, need replacement cards or need to get in touch with an insurance carrier.
- **Benefits questions** – Do you need help with specific benefit questions relating to how plans work, coverage questions or in-network benefits?
- **Eligibility Rules** – Who can be covered under the plan and when?
- **Provider Search** – Do you need help finding an in-network or specialty provider?
- **Prescription/pharmacy issues** – Is the pharmacy telling you that your medication is not covered or charging you full price? Do you need help getting a pre-authorization on your medication?
- **Claims** – Are you unsure if your insurance will pay for a certain procedure? Did you receive a bill from a doctor and don't know why?

Questions?

Contact the Benefit Advocate Center

Phone: 833.380.9475

Email: bac.gossneradvocates@ajg.com

Hours of Operation: 8:00am – 6:00pm ET

A Benefit That Will Save You Money!

Sign up for
Gossner Foods Discount Marketplace

You now have exclusive access to amazing discounts and Cash Back offers on thousands of the brands you love.

Save Big. Every Day.

Take advantage of savings in a variety of categories, including:



- Travel
- Auto
- Electronics
- Apparel
- Education
- Entertainment
- Restaurants
- Health & Wellness
- Beauty & Spa
- Sports & Outdoors

Keep More Of What You Earn.

The average employee can save \$4,900* a year.

Maybe you can beat that.



**It's easy to sign up
and save.**

Log in at: <https://gossner.benefithub.com/>

Need to Register?

1. Go to: <https://gossner.benefithub.com/>
2. Use referral code: NS87YT
3. Register
4. Start Saving!!

Questions?

Call us: 1-866-664-4621

Or email us: customer@benefithub.com

*Based on a normal household annual expenditure of \$26,680 on health, finance, and consumer purchases.

Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local Human Resources department.

Benefit	Administrator	Phone	Website/Email
Medical	UMR	800.826.9781	www.umar.com
Dental	EMI Health	800.662.5851	www.emihealth.com
	HealthSmart	888.745.3274	www.healthsmart.com
Pharmacy	SmithRx	844.454.5201	www.mysmithrx.com
Vision	EMI Health	800.662.5851	www.emihealth.com
Telehealth Doctor Line	Teledoc	800.835.2362	www.teladoc.com
Health Savings Account	Optum Bank	801.963.6040	www.optumbank.com
Flexible Spending Account	National Benefit Services	800.274.0503	www.nbsbenefits.com
Basic Life, Disability, Accident, Critical Illness, & Hospital	MetLife	800.638.5000	www.metlife.com
Employee Assistance Program	MetLife	888.319.7819	www.metlifeep.lifeworks.com
Broker	Gallagher	801.924.1400	todd_wade@ajg.com
Service Contact	Gallagher	801.506.5436	kalli_athens@ajg.com
Will preparation and Estate planning	MetLife Legal Plans, Inc.	1.800.821.6400	www.metlifeworldwide.com
HR Hotline	Gossner Foods	435.890.9679	HR@gossner.com
Discount Services	Benefit Hub	866.664.4621	customercare@benefithub.com
401(k)	Merrill Lynch	866.820.1492	www.ml.com
Benefit Advocacy Center	Gallagher	833.380.9475	bac.gossneradvocates@ajg.com



Notes

Notes



This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting