

2022 Government Solutions, Inc. Employee Benefits Guide



Dear Tyto Associate,

We are pleased to offer competitive benefits to our employees and their families. We hope you take the time to review the information in this booklet before you select the benefits that best meet your needs.

We have worked with Anthem to offer premiums, deductibles and plan designs that will be affordable and usable.

Please note that if you select the Anthem HSA 2800 plan, you may also open a Health Savings Account and save money tax free for certain medical expenses now and in the future. We will contribute to your HSA to help you build savings.

In addition to our medical, dental and vision plans, we are proud to help you protect your financial well being with company-paid life insurance, short-term disability and long-term disability plans. If you want even more security, you have the option of purchasing voluntary life, accidental death and dismemberment, accident and critical illness coverages.

Within these pages, you will also find discounts and how to connect with a cost-free employee assistance program that you can access for advice on a myriad of topics.

We've also included a contacts matrix, so it is easy for you to reach our carriers and partners.

Thank you for your efforts this year and beyond.

## What's Inside this Benefits Guide?

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## Benefits Eligibility

You are eligible for benefits when you are an active, full-time employee. Many of the plans offer coverage for eligible dependents, including:

### NEW

- Your legal spouse or domestic partner – If they do not have access to benefits through their employer
  - Spouses who have access to benefits and decide to stay on Tyto's plan will pay an additional surcharge of \$100 per month
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, a legally-adopted child, or a child for whom you are the legal guardian)
- Your dependent children of any age who are physically or mentally unable to care for themselves

## Electing Benefits

You can sign up for or change your benefits elections at the following times:

- During annual benefits open enrollment period (elections take effect January 1st)
- On the 1st day of employment, election must be made within 30 days of eligibility as a newly hired employee
- Within 30 days of experiencing a qualifying life event
- On the first day of the month following your hire as an active full-time employee

## Termination of Coverage

Your benefits coverage will terminate on the earliest of:

- The end of the month following the date of termination
- The date in which you no longer meet the eligibility requirements
- The date in which contribution payments are not received
- The date any benefit plan is terminated
- The date you enter the armed forces on active, full-time duty except as covered under USERRA



# Medical Program



Tyto Athene will partner with Anthem to provide you with your 2022 Medical and Prescription Plan options. Anthem offers many resources and discounts for you and your family. Some of these include the below:

## Fitness & Health

- **Active & Fit:** Choose a participating fitness center for only \$25/month
- **SelfHelpWorks:** Receive discounts towards your weight loss programs
- **GlobalFit:** Access discounts on gym memberships and much more

## Family & Home

- **23andMe:** Receive \$40 off each Ancestry Service Kit.
- **Pet Insurance:** Save up to 15% when insuring your pet(s)
- **WINFertility:** Save up to 40% on infertility treatments

## Vision & Hearing

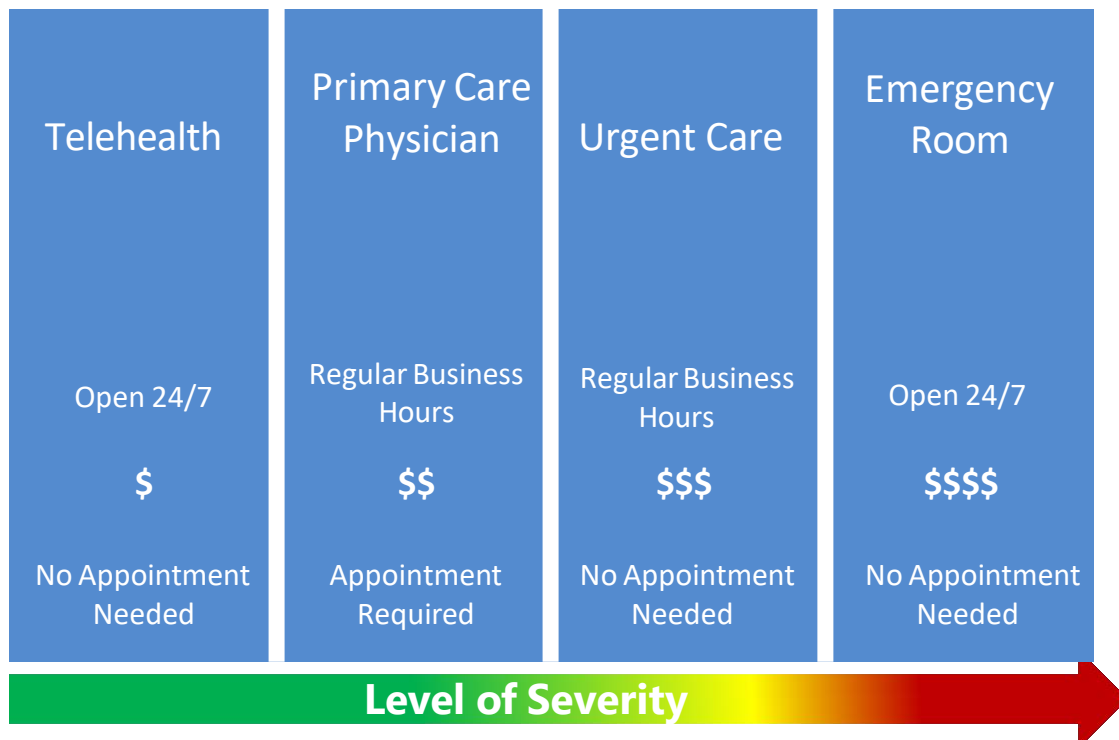
- **Routine Vision Exam**
- **Frames:** Get the latest brand name frames for just a fraction of the cost
- **Contact Lenses:** 15% off retail price for conventional contact lenses
- **LASIK:** Save up to \$800 when selecting a Premier LASIK Network provider.
- **Hearing Care Solutions:** take advantage of a free hearing exam and money off your digital instrument

## Other Extras

- **Allergy Control Products:** Receive discounts on allergy free bedding, and air purifiers and much more
- **Puritan's Pride:** chose from a large selection of discounted vitamins, minerals and supplements

## Where To Go For Care

When it comes to taking care of yourself or your loved ones, you want to get the best care as quickly and affordably as possible. It's important to know, you have options:



# Anthem KeyCare 30-1000



## How This Plan Works

**Preventive Care:** The plan pays 100% for in-network preventive care.

**Annual Deductible:** For non-preventive care there is an annual deductible that must be met. The annual deductible is \$1,000 for Individual coverage and \$2,000 for Family Coverage when you use in-network providers.

**Out-of-Pocket Maximum:** This is the most that you will have to pay for covered services in a plan year. All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum. Once you meet the out-of-pocket maximum then the plan pays 100% of your eligible expenses, including the cost of all office visits and prescription drugs, for the remainder of the year.

Benefits		
	In-Network	Non-Network
Calendar Year Deductible (Individual/Family)	\$1,000/\$2,000	\$2,000/\$4,000
Coinsurance	20% after deductible	40% after deductible
Maximum Out of Pocket Limit (Individual/Family)	\$4,000/\$8,000	\$8,000/\$16,000
Office Visit	\$15 copay	40% after deductible
Specialist Office Visit	\$25 copay	40% after deductible
Surgical Services	20% after deductible	40% after deductible
Complex X-Ray and Lab – CT, PET, MRI, MRA	20% after deductible	40% after deductible
Urgent Care Centers	\$25 copay	40% after deductible
Emergency Medical Care	20% after deductible	20% after deductible
Inpatient Hospital Services	20% after deductible	40% after deductible
Outpatient Hospital Services	20% after deductible	40% after deductible
Prescription Drugs		
Retail (30-day supply)	Tier 1 - \$15   Tier 2 - \$50   Tier 3 - \$85   Specialty 20% up to \$300	40% coinsurance
Mail Order (90-day supply)	Tier 1 - \$38   Tier 2 - \$125   Tier 3 - \$213   Specialty 20% up to \$300	N/A



## How This Plan Works

**Preventive Care:** The plan pays 100% for in-network preventive care.

**Annual Deductible:** For non-preventive care there is an annual deductible that must be met. The annual deductible is \$2,000 for Individual Coverage and \$4,000 for Family Coverage when you use in-network providers.

**Out-of-Pocket Maximum:** This is the most that you will have to pay for covered services in a plan year. All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum. Once you meet the out-of-pocket maximum then the plan pays 100% of your eligible expenses, including the cost of all office visits and prescription drugs, for the remainder of the year.

Benefits		
	In- Network	Non-Network
Calendar Year Deductible (Individual/Family)	\$2,000/\$4,000	\$4,000/\$8,000
Coinsurance	30% after deductible	50% after deductible
Maximum Out of Pocket Limit (Individual/Family)	\$4,500/\$9,000	\$9,000/\$18,000
Office Visit	\$15 copay	50% after deductible
Specialist Office Visit	\$25 copay	50% after deductible
Surgical Services	30% after deductible	50% after deductible
Complex X-Ray and Lab – CT, PET, MRI, MRA	30% after deductible	50% after deductible
Urgent Care Centers	\$25 copay	50% after deductible
Emergency Medical Care	30% after deductible	30% after deductible
Inpatient Hospital Services	30% after deductible	50% after deductible
Outpatient Hospital Services	30% after deductible	50% after deductible
Prescription Drugs		
Retail (30-day supply)	Tier 1 - \$15   Tier 2 - \$50   Tier 3 - \$85   Specialty 20% up to \$300	50% coinsurance
Mail Order (90-day supply)	Tier 1 - \$38   Tier 2 - \$125   Tier 3- \$213   Specialty 20% up to \$300	N/A



## How This Plan Works

**Preventive Care:** The plan pays 100% for in-network preventive care.

**Annual Deductible:** You pay all non-preventive care costs, including prescription drugs, up to the annual deductible. The annual deductible is \$2,800 for Individual and \$5,600 for other levels of coverage when you use in-network providers.

**Coinsurance:** Once you have met the deductible, you will pay coinsurance for services received. When you use in-network providers, your coinsurance cost will be 20%

**Out-of-Pocket Maximum:** This is the most that you will have to pay for covered services in a plan year. All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum. Once you meet the out-of-pocket maximum, then the plan pays 100% of your eligible expenses, including the cost of all office visits and prescription drugs for the remainder of the year.

Benefits		
	In-Network	Non-Network
Calendar Year Deductible (Individual/Family)	\$2,800/\$5,600	\$5,400/\$10,800
Coinsurance	20% after deductible	40% after deductible
Maximum Out of Pocket Limit (Individual/Family)	\$4,000/\$8,000	\$8,000/\$16,000
Office Visit	20% after deductible	40% after deductible
Specialist Office Visit	20% after deductible	40% after deductible
Surgical Services	20% after deductible	40% after deductible
Complex X-Ray and Lab – CT, PET, MRI, MRA	20% after deductible	40% after deductible
Urgent Care Centers	20% after deductible	40% after deductible
Emergency Medical Care	20% after deductible	20% after deductible
Inpatient Hospital Services	20% after deductible	40% after deductible
Outpatient Hospital Services	20% after deductible	40% after deductible
Prescription Drugs		
Retail (30-day supply)	Tier 1 - \$15   Tier 2 - \$50   Tier 3 - \$85   Specialty 20% up to \$300- after deductible	40% after deductible
Mail Order (90-day supply)	Tier 1 - \$38   Tier 2 - \$125   Tier 3- \$213   Specialty 20% up to \$300- after deductible	N/A

This plan is compatible with a Health Savings Account!

# Telehealth



**When you can't get to your doctor, Anthem's Telehealth is there for you!**

Anthem provides access to LiveHealth Online as part of your medical. This service lets you get the care you need for a wide range of minor conditions including most prescriptions. Now you can connect with a board-certified doctor via video chat or phone without leaving your home or office when, where and how it works best for you!

- When:** Day or night, weekdays, weekends and holidays
- Where:** Home, work or on the go
- How:** Phone or video chat
- Who:** LiveHealth Online

Say it's the middle of the night and your child is sick. Or you're at work and not feeling well. If you pre-register with LiveHealth Online, you can quickly speak with a doctor for help with:

Cold & Flu

Rash

UTI

Stomachache

Fever

Allergies

Acne

Headache

& Many More!

Televisits can be a cost-effective alternative to a convenience care clinic or urgent care center and cost less than going to the emergency room. The cost of a phone or online visit is the same or less than with your primary care provider.

This service is intended for nonlife threatening conditions. In an emergency, call 911 or go to the nearest hospital.

**Register Today!**



**1-888-548-3432**



[www.livehealthonline.com](http://www.livehealthonline.com)





## How This Plan Works

**Preventive Care:** The plan pays 100% for in-network preventive care.

**Out-of-Pocket Maximum:** This is the most that you will have to pay for covered services in a plan year. All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum. Once you meet the out-of-pocket maximum, then the plan pays 100% of your eligible expenses, including the cost of all office visits and prescription drugs for the remainder of the year.

Benefits		
	In-Network	Non-Network
Calendar Year Deductible (Individual/Family)	\$0/\$0	N/A
Coinsurance	0%	N/A
Maximum Out of Pocket Limit (Individual/Family)	\$2,000/\$4,000	N/A
Office Visit	\$20 copay	N/A
Specialist Office Visit	\$30 copay	N/A
Surgical Services	20%	N/A
CT, PET, MRI, MRA	\$50/procedure	N/A
Urgent Care Centers	\$20 copay	Only covered if you are out of the service area
Emergency Medical Care	\$250 copay	Covered if true emergency
Inpatient Hospital Services	\$500 copay	N/A
Outpatient Hospital Services	\$100 copay	N/A
Prescription Drugs		
Retail (30-day supply)	Tier 1 - \$15   Tier 2 - \$40   Tier 3 - \$40   Specialty 20% up to \$150	N/A
Mail Order (90-day supply)	Tier 1 - \$30   Tier 2 - \$80   Tier 3 - \$80	N/A



## How This Plan Works

**Preventive Care:** The plan pays 100% for in-network preventive care.

**Annual Deductible:** You pay all non-preventive care costs, including prescription drugs, up to the annual deductible. The annual deductible is \$200 for Individual and \$600 for other levels of coverage when you use in-network providers.

**Out-of-Pocket Maximum:** This is the most that you will have to pay for covered services in a plan year. All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum. Once you meet the out-of-pocket maximum, then the plan pays 100% of your eligible expenses, including the cost of all office visits and prescription drugs for the remainder of the year.

Benefits		
	In-Network	Non-Network Will be responsible for difference between actual and eligible charge
Calendar Year Deductible (Individual/Family)	\$200/\$600	\$200/\$600
Coinsurance	20%	20%
Maximum Out of Pocket Limit (Individual/Family)	\$2,200/\$6,600	\$2,200/\$6,600
Office Visit	\$12 copay	\$12 copay
Specialist Office Visit	\$12 copay	\$12 copay
Surgical Services	20% after deductible	20% after deductible
CT, PET, MRI, MRA	20% after deductible	20% after deductible
Urgent Care Centers	\$12 copay	\$12 copay
Emergency Medical Care	20% after deductible	20% after deductible
Inpatient Hospital Services	20% after deductible	20% after deductible
Outpatient Hospital Services	20% after deductible	20% after deductible
Prescription Drugs		
Maximum Out of Pocket Limit (individual/Family) Drug Only	\$3,600/\$4,200	
Retail (30-day supply)	Tier 1 - \$7   Tier 2 - \$30   Tier 3 - \$75   Tier 4/5 - \$100/\$200	20%
Mail Order (90-day supply)	Tier 1 - \$11   Tier 2 - \$65   Tier 3- \$200	N/A

# Health Savings Account



## What is a Health Savings Account?

A Health Savings Account (HSA) is like a 401(k) for healthcare. It is a tax-advantaged personal savings or investment account that individuals can use to save and pay for qualified healthcare expenses, now or in the future. Paired with a qualified consumer driven health plan (CDHP), an HSA is a powerful financial tool that empowers consumers to be more actively involved in their healthcare decisions.

However, unlike other financial savings vehicles (Roth IRA, Traditional IRA, 401K, etc.), an HSA has the unique potential to offer triple tax savings through:

- Federal & State Tax-deductible contributions to the HSA.
- Tax-free interest or investment earnings.
- Tax-free distributions when used for qualified healthcare expenses.

## Contributions to your HSA

**Great News!** If enrolled in the HSA 2800 Plan, Tyto will contribute funds to your HSA, available through Optum Bank:

- Single Coverage: \$1,000 (\$250 contributed quarterly)
- Any Other Coverage Tier: \$2,000 (\$500 contributed quarterly)

You are also able to contribute to your HSA. Tyto will payroll deduct your contributions and deposit them directly into your Health Savings Account. Please keep in mind the IRS sets annual maximums. These annual maximums include **both** employee and employer contributions:

Coverage Type	2022 IRS Annual Maximum Contribution Limit
Individual	\$3,650
Family	\$7,300

55+ Members:

- Members can contribute an additional \$1,000 per year

65+ Members:

- It is the member's responsibility to ensure eligibility requirements are met
- One should consult a tax advisor as individual factors and situations vary

# Flexible Spending Account



## Healthcare FSA

A Healthcare Flexible Spending Account (FSA) provides important tax advantages that can help you pay healthcare expenses on a pre-tax basis. By anticipating your family's health care costs, you can lower your taxable income - Keep more of what you earn!

The Healthcare FSA is available only to those enrolled in the KeyCare 30 1000, KeyCare 30 1500 or KeyCare 30 2000 medical plan. If you enroll in an HSA-eligible plan, you cannot enroll in the Healthcare FSA. If you are eligible for the Healthcare FSA, funds in the account must be used for qualified healthcare expenses.

The total amount you elect for the year is available to you at the beginning of the plan year, regardless of how much you have contributed via payroll deduction. The annual maximum contribution is \$2,750 per calendar year (based on 2022 IRS limits).

You have 90 days after the plan year ends to submit claims for 2021. You may also rollover \$550 from your 2021 balance for use in 2022. All other funds in the account will be forfeited - Plan carefully so you do not lose money!

## Dependent Care FSA

The Dependent Care Flexible Spending Account (FSA) lets employees use pre-tax dollars toward qualified dependent care such as caring for children under the age of 13 or caring for elders. Only expenses incurred to enable you to work qualify. Thus, if you are married and your spouse is not employed, you cannot use the account unless your spouse is a full-time student or disabled. You do not have to be enrolled in a medical plan to open and use a Dependent Care FSA.

The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year. The amount reimbursed to you under the Dependent Care FSA is limited to the amount you have contributed through payroll deductions at the time reimbursement is claimed.

**The individual receiving care must reside with you for expenses to qualify.** Qualified dependent care expenses include:

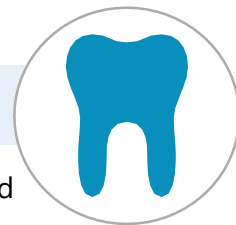
- Preschool (but not kindergarten) tuition
- Daycare, babysitting, before-or-after school care for your child under age 13
- Adult daycare for a dependent over age 13 if they are physically or mentally incapable of self-care.

The same types of dependent care expenses that qualify for the Dependent Care FSA are eligible for a federal income tax credit, but you cannot use both tax advantages for the same expenses. Consult a tax advisor to confirm which would be best for you. Carefully consider what your out-of-pocket daycare expenses will be as unused funds in a Dependent Care FSA are forfeited.

## Commuter Parking and Mass Transit Benefits

You can set aside up to \$270/month of your pre-tax income to pay monthly costs for transit passes, van- pooling, parking, and bicycle commuting.

# Dental Program



Tyto Athene partners with Lincoln to offer you your 2022 Dental Program. This plan offers in and out-of-network benefits, orthodontia coverage which features 50% coverage up to age 25, and preventive care coverage (waived against the deductible).

Benefits	In-Network	Non-Network
Preventive Care	100%	100%
Restorative Care	80%	80%
Major Care	50%	50%
Orthodontic Care	50% (up to age 25)	50% (up to age 25)
Deductible (single/family)	\$50/\$150	\$50/\$150
Waived against	Preventive	Preventive
Annual Maximum	\$1,500/ Person	\$1,500/ Person
Orthodontic Maximum	\$2,500/Person	\$2,500/Person



To find more information about in-network providers and additional discounts, visit [www.lfg.com](http://www.lfg.com)



# Vision Program

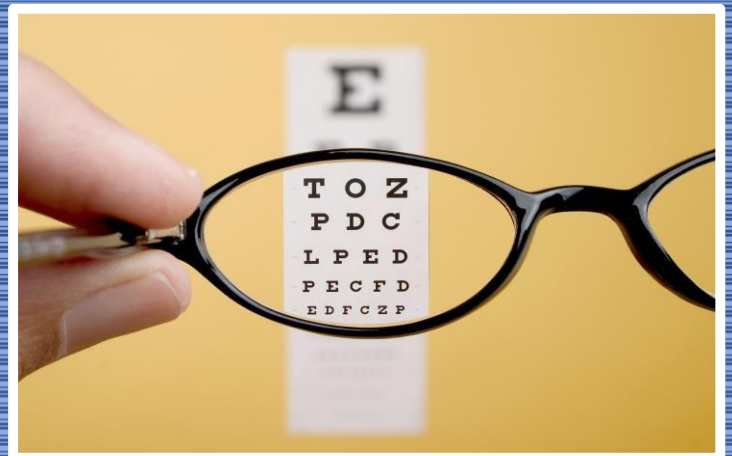


Tyto Athene partners with Lincoln to offer your 2022 Vision Program. This plan offers in and out-of-network benefits. This plan features annual exams and a \$130 allowance on frames or contacts.

Benefits	In-Network	Non-Network
Corrective Exam	\$0 Copay/ Annual	Up to \$40
Single Vision Lenses	\$0 Copay/ Annual	Up to \$40
Bifocal Lenses	\$0 Copay/ Annual	Up to \$60
Trifocal Lenses	\$0 Copay/ Annual	Up to \$80
Lenticular	\$0 Copay/ Annual	Up to \$80
Frames	\$0 Copay \$130 Allowance	Up to \$45
Contacts (instead of glasses)	\$0 Copay/ Annual \$125 Allowance	Up to \$125

## Additional Savings!

- Get 20% off the cost for additional prescription glasses and non-prescription sunglasses, including lens enhancements.
- Free LASIK consultation for In-Network providers. Flexible 0% financing options available to qualified applicants. Visit [www.vision.qualsight.com](http://www.vision.qualsight.com) or call 855-250-2020



To find more information about in-network providers and additional discounts, visit [www.lfg.com](http://www.lfg.com)





# Basic Life and AD&D Insurance

Offered through Lincoln, Tyto Athene provides Basic Life and AD&D Insurance at no cost to employees.

- Full-time employees receive a basic life benefit in the amount of 1 times your annual salary, rounded to the next \$1,000 up to \$200,000
  - Plus a matching cash benefit if you die in an accident
- Employees have the option to cover spouses up to \$2,000
- Employees have the option to cover children up to \$2,000

Accidental death and dismemberment (AD&D) insurance is provided at the same level as an employee's Basic Life amount.

## Voluntary Life and Voluntary AD&D

If you want more protection and a greater sense of financial security, you can purchase voluntary life and AD&D plans for you and your dependents through Lincoln.

### Voluntary Life Insurance

#### Employee

- \$10,000 increments
- Guarantee issue up to 3x salary up to \$200,000 (new hire)
- Guarantee issue up to \$20,000 (open enrollment)

#### Spouse

- \$5,000 increments
- Guarantee issue up to \$50,000 (new hire)
- Guarantee issue up to \$10,000 (open enrollment)

#### Children

- Guarantee issue of \$10,000 if 6 months to age 19 or age 25 if full-time student
- Guarantee issue (14 days to 6 months) of \$250 coverage

To find the bi-monthly premium amount:

$$\text{\$ } \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \text{\$ } \underline{\hspace{2cm}}$$

coverage amount      premium rate      bi-monthly premium

Employee Age Range	Employee Bi-Monthly Rate	Spouse Bi-Monthly Rate
Age		
Up to 24	\$0.0000360	\$0.0000360
25-29	\$0.0000360	\$0.0000360
30-34	\$0.0000470	\$0.0000470
35-39	\$0.0000580	\$0.0000580
40-44	\$0.0000715	\$0.0000715
45-49	\$0.0001045	\$0.0001045
50-54	\$0.0001925	\$0.0001925
55-59	\$0.0003025	\$0.0003025
60-64	\$0.0004870	\$0.0004870
65-69	\$0.0009075	\$0.0009075
70-99	\$0.0014630	\$0.0014630
Dependent Child	Flat \$1.00	

### Voluntary AD&D Insurance

#### Employee

- Up to salary purchased in \$10,000 increments
- Maximum cannot exceed 4 times your salary or \$1,000,000

#### Family AD&D

- Purchase as % of employee coverage
- **Spouse Only:** 50% employee amount of coverage up to \$100,000
- **Child(ren) Only:** 20% of employee amount of coverage up to \$25,000
- **Spouse and Child(ren):** 40% of employee amount of coverage up to \$25,000

Coverage Amount	Bi-Monthly Employee Rate	Bi-Monthly Family Rate
\$10,000	\$0.15	\$0.24
\$200,000	\$3.00	\$4.80
\$500,000	\$7.50	\$12.00
\$1,000,000	\$15.00	\$24.00

# Disability



## Short-Term Disability

Employees are automatically enrolled at no cost in our Short-Term Disability. Benefits begin on the 8th day of disability due to accidental injury and the 8th consecutive day of disability due to sickness. After this time, you will be eligible to receive a weekly benefit of 70% of your basic weekly earnings for up to 26 weeks. The duration period of 26 weeks includes the 7-day elimination period. This benefit is fully taxable.

## Long-Term Disability

Employees are automatically enrolled at no cost in our Long-Term Disability insurance. The coverage allows for income replacement if you are disabled for more than 180 days. The plan will pay you 60% of your pay (minus taxes) up to a maximum of \$10,000 each month.







## Critical Illness

This coverage, provided by Lincoln, pays you a lump sum upon diagnosis of a critical illness. For full benefit details, please review all plan summaries. All rates are based on coverage type and age of employee.

Covered Condition	Initial Benefit
Invasive Cancer	100%
Non-Invasive Cancer	25%
Heart Attack	100%
Stroke	100%
Arterial/Vascular Disease	100%
Kidney Failure	100%
Alzheimer's Disease	100%
Major Organ Failure	100%



## Accident Insurance

You can't always avoid accidents — but you can protect yourself from accident-related costs that can strain your budget. Accident insurance, offered through Lincoln, pays a benefit directly to you if you have a covered non-workplace injury and need treatment.

Coverage Type	Bi-Monthly Employee Rate
Employee	\$3.70
Employee + Spouse	\$6.24
Employee+ Child(ren)	\$6.90
Family	\$9.37

Benefit Type	Lincoln Pays You
Fracture	\$100- \$3,500
Dislocations	\$100- \$2,625
2 <sup>nd</sup> & 3 <sup>rd</sup> Degree Burns	\$100- \$10,000
Concussions	\$150
Cuts and Lacerations	\$35- \$400
Eye Injuries	\$300
Ambulance/Air Ambulance	\$225/\$1,125
Hospital Confinement	\$200/day
Emergency Care	\$150



## LegalShield

- Available 24/7
- Bi-Monthly rate of \$9.63
- Estate Planning Documents
- Identity Theft Defense
- Document Review
- Family Law: Including Adoption and Name Change
- Available to employee, spouse and dependent children up to age 26





## EmployeeConnect Experts are just a phone call away!

Available at **no cost to you**, your spouse, dependent children, parents and parents-in-law.

### Where to Turn? Unlimited 24/7 Assistance

Access the following services anytime, online or with a toll-free call:

- Information, resources, and referrals on family matters, such as child and elder care; kennels and pet care; event and vacation planning; moving and education; car buying; college planning; and more
- Legal information and referrals for situations requiring expertise in family law, estate planning, landlord/tenant relations, consumer and civil law, and more
- Guidance with financial matters including household budgeting, and short- and long-term planning.

### Prefer to meet in-person? No problem!

If you prefer to meet in person, **EmployeeConnect** will arrange for up to four sessions at no cost to you or your family members. You can meet with a trained counselor or obtain legal advice for short-term issues. Longer term assistance is offered at discounted rates.

Reach Out Today!



1-888-628-4824



[www.GuidanceResources.com](http://www.GuidanceResources.com)

User ID: LFGSUPPORT  
Password: LFGSUPPORT1

## TravelConnect

**TravelConnect** can bring help, comfort and reassurance if you are faced with a medical emergency while traveling 100 or more miles from home. Services include:

- Arrange and Pay for Transportation
- Coordinate Travel and Airfare
- Monitor Medical Care and Recovery
- Language Translation Services
- Medication and Vaccine Delivery
- Updates to Your Family, Employer and Home Physician
- Evacuation Coordination
- General Destination Information- Currency, Weather, and Much More!

Group ID: LFGTravel123



[www.mysearchlightportal.com](http://www.mysearchlightportal.com)

# Contact Information

Benefit	Provider	Group Number	Phone Number	Website
Medical	Anthem	VA2076	1-833-592-9956	<a href="http://www.anthem.com">www.anthem.com</a>
Medical	Kaiser	235230	800-464-4000	<a href="http://www.kaiserpermanente.org">www.kaiserpermanente.org</a>
Medical	HMSA	115964-1	800-776-4672	<a href="http://www.hmsa.com">www.hmsa.com</a>
Prescription Drugs	Anthem	VA2076	1-833-592-9956	<a href="http://www.anthem.com">www.anthem.com</a>
Dental	Lincoln	TYTOVA	1-800-423-2765	<a href="http://www.lfg.com">www.lfg.com</a>
Vision	Lincoln	TYTOVA	1-800-877-7195	<a href="http://www.lfg.com">www.lfg.com</a>
Critical Illness	Lincoln	CI-0000001678	1-800-423-2765	<a href="http://www.lfg.com">www.lfg.com</a>
Accident	Lincoln	ACC-0000001677	1-800-423-2765	<a href="http://www.lfg.com">www.lfg.com</a>
Legal	LegalShield	302198	1-888-807-0407	<a href="http://benefits.legalshield.com/tyto">benefits.legalshield.com/tyto</a>
Life / AD&D (Basic)	Lincoln	TYTOVA 010246643	1-800-423-2765	<a href="http://www.lfg.com">www.lfg.com</a>
Voluntary Life	Lincoln	TYTOVA 40-0001000-24452	1-800-423-2765	<a href="http://www.lfg.com">www.lfg.com</a>
Voluntary AD&D	Lincoln	TYTOVA 000403007118	1-800-423-2765	<a href="http://www.lfg.com">www.lfg.com</a>
Long Term Disability	Lincoln	TYTOVA 010246644	1-800-423-2765	<a href="http://www.lfg.com">www.lfg.com</a>
Employee Assistance Program (EAP)	Lincoln	TYTO ATHENE	1-888-628-4824	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a>

This summary of benefits is designed to provide a high-level overview of Tyto Athene's 2022 Employee Benefits. Should there be any conflict between the explanation in this summary and the actual terms and provisions of the plan documents, the terms of the plan documents and contracts will govern in all cases. You will not gain any new benefits because of a misstatement or omission in this overview.

