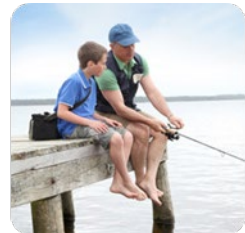
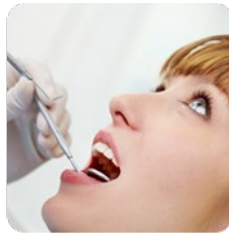


Employee Benefits Open Enrollment Guide

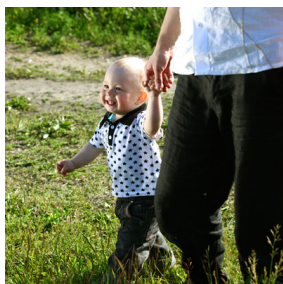
Plan Year: January 1, 2022- December 31, 2022



Welcome to the 2022 Annual Open Enrollment for your Benefits!

We are pleased to offer you our benefits portfolio – made available for the protection of you and your family.

Foam Supplies offers you and your eligible family members a comprehensive and valuable benefits program. Your benefits package is a significant part of your overall compensation package and it is important to us that you understand how best to utilize and access these benefits. We encourage you to take the time to educate yourself about your coverage for you and your family. If you have questions about your current benefits, contact Kerri Johnson in Human Resources: kjohnson@foamsupplies.com or 314-344-3330.



Who is Eligible?

The benefit programs are available for all active full-time employees working 30 hours or more per week and who have met their eligibility period.

For our medical, dental and vision plans, dependent children include those through the end of the month they turn age 26. There is no waiting period for adding dependents during annual enrollment.

How to Enroll/Make Changes

The first step is to review your current benefit elections. Verify your personal information and make any changes if necessary. Once you have made your elections, you will not be able to change them until the next annual enrollment period unless you have a qualified change in status.



What is Annual Enrollment?

Annual Enrollment is the time of year you can make changes to your benefit elections. The Foam Supplies coverages renew on a January 1st cycle.

This year's Annual Enrollment will be December 6th through December 10th, 2022. Any changes made will be effective January 1, 2022.



How to Make Changes after Annual Enrollment

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next annual enrollment period. 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 for you or your spouse
- commencement or termination of adoption proceedings
- change in spouse's or child's benefits or employment status

Key Contact Information

Refer to this list when you need to contact one of your benefit vendors. For general information, you can contact Kerri Johnson in Human Resources at 314-344-3330.

UMR – Medical

Customer Service – 1-800-826-9781 (also listed on the back of your medical card)

www.umar.com – You will need to create a new login this year as we are moving carriers.

RxBenefits/OptumRx – Pharmacy

Member Services- 800-334-8134

Pharmacist Helpdesk- 800-880-1188

Mutual of Omaha – Dental, Vision, Life/AD&D and Long Term Disability

Dental Network administered by Mutual of Omaha: Find a Dentist – MutualofOmaha.com/dental.

Customer Service- 800-927-9197

EyeMed Network, administer by Mutual of Omaha: Find an Eye Doctor-

MutualofOmaha.com/vision. Customer Service – 833-279-4358

WEX – Flexible Spending Account (FSA) and Dependent Care Account

Customer Service – 866-451-3399 by phone or CustomerService@DiscoveryBenefits.com by email

H&H Employee Assistance Program:

Customer Service – 1-800-832-8302

Medical Plan Details –

Below is an overview of your Medical Plan benefits. Please see the full Medical and Rx Summary Plan Descriptions (SPDs) or Summary of Benefits & Coverage (SBCs) for a more detailed listing of benefits. UMR will be the Claims Administrator, the UHC network, **WILL NOT CHANGE!**

	UMR- UHC Choice Plus Network	
	In-Network	Non-Network
Annual Deductible		
Individual	\$2,000	\$5,000
Family	\$4,000	\$10,000
Annual Out-of-Pocket Maximum		
Individual	\$7,150	\$10,000
Family	\$14,300	\$20,000
Coinsurance (UHC's Cost Share)	80%	50%
Office Visits		
Primary Care Physician	\$15 copay	50% after deductible
Virtual Visits – Teladoc Only	\$0 copay, no deductible	50% after deductible
Specialist	\$75 copay	50% after deductible
Preventive Services	100%, no copay or deductible	50% after deductible
Urgent Care Services	\$75 copay	50% after deductible
Emergency Room Services <i>Waived if Admitted</i>	\$300 copay and 20% after deductible	
Prescription Drugs (30 Day Supply)		
Tier 1	\$10 copay	
Tier 2	\$35 copay	
Tier 3	\$60 copay	
Tier 4	\$200 copay	
Mail Order Prescription Drugs Per Tier - up to a 90 day supply	\$25/\$87.50/\$150/\$500	Not Covered out of Network

Virtual Visits through Teladoc!

- 24/7 Access to US Licensed Doctors by phone or video.
- www.Teladoc.com
- Download the Teladoc App Now!
- 1-800-Teladoc
- **FREE** Visit
- Doctors through Teladoc can call in prescriptions to your pharmacy

Follow these easy steps:

Step 1: Register

After the benefit effective date, members can register their account by phone, web, or mobile app. All they need is basic information such as name, date of birth, name of employer, and UMR ID.

- Visit Teladoc.com and click “Set up account”
- Download the app and click “Activate account”
- Call 1-800-Teladoc (835-2362) and a member services agent will set up their account over the phone

Step 2: Complete medical history

Once members register, they will need to complete a medical history that provides our doctors with the information needed to make an accurate diagnosis, or in the case of an Expert Medical Opinion, select the most appropriate physician to review the case. Medical history (including condition) is used to select the most appropriate expert.

The medical history details past conditions, medications, and allergies, as well as information about your family's medical history.

Step 3: Register minor dependents (under 18)

Members also need to register their eligible dependents under the age of 18.

Once logged in to their account:

- Go to the “My Family” tab
- Click “Add Dependents”
- Enter required information
- Follow the instructions to register and complete minors' medical history
- Add adult consenters if you wish to designate another adult who can request a consult for your minor dependent

Adult dependents aged 18 years or older must set up their own account (register and complete medical history).

Eligibility

Teladoc and UMR have a hybrid set-up (Real Time Eligibility & Stored File Eligibility). This allows for real-time verification of member eligibility and responsibility—including deductible status and out of pocket if applicable—at time of requested visit.

Get all your
answers **quick**
and **easy** @
umr.com



A UnitedHealthcare Company

Make umr.com your first stop

You want managing your health care to be fast and easy, right? You got it. At umr.com, you'll find everything you want to know – and need to do – as soon as you log in.

No hassles. No waiting. Just the answers you're looking for anytime, night or day!

Log In now to:

View **My taskbar**, your
personalized benefits to-do list

Check your benefits
and see what's covered

Look up what you owe
and how much you've paid

Find a doctor in your network

Learn about medical conditions
and treatment options

Access tools and trusted resources
to help you live a healthier life

Getting started

If you already have an account, go to **umr.com** and click the **Login/ Register** button in the upper-right corner. If it's your first time visiting us, click the **Login/Register** button in the upper-right corner to open an account. Make sure you have your ID card handy and follow the steps to get started.



WANT A QUICK TOUR?

Use the QR code reader on
your smart phone to watch
a short video.



Note: The images shown reflect available features within our desktop site. These features may or may not be available to all users, depending on your individual and/or company benefits.

Looking for a health care provider?

Compare quality and costs before you go

The next time you're in the market for a new doctor or are wondering how much you'll pay for a possible medical procedure, visit umr.com first. Your online services make it easy to look up UnitedHealthcare network providers and health care facilities and find cost estimates for different services – all in one place.

You'll get the information you need to make the right choices for you and your family and know what to expect before making an appointment

Stay in-network

With umr.com, you have anytime access to a searchable directory of UnitedHealthcare network providers in your area. Choosing a doctor or facility in the network ensures your benefits are paid at the highest level, so you can expect to pay less out of your own pocket. And when you go to a network provider for preventive services, there's typically no cost to you.

FIND HEALTH CARE BY CATEGORY



People
Doctors, medical groups, and other professionals by specialty



Places
Hospitals, clinics, labs, imaging centers



Services and Treatments
Office visits, tests, treatments, surgeries



Care by Condition
Find care for common concerns



Cost Estimates
Costs for services and treatments

You can narrow your search to primary care providers or look up physicians by specialty. Then select a physician from your search results to learn more about where they went to school, where they practice and how to schedule an appointment.



START SHOPPING TODAY

Log into umr.com and select Find a provider.

Then choose View providers to search for medical providers. Or log in and look for the health cost estimator shopping cart icon to get started.

ConnectCare3 Benefits through Medical Plan

Benefit that are completely free for you if you are on the medical plan!

- Patient Advocacy Services-
- Nurse Navigation
- Chronic Disease Management
- Tobacco Cessation Programs
- Nutrition Education
- Health Coaches



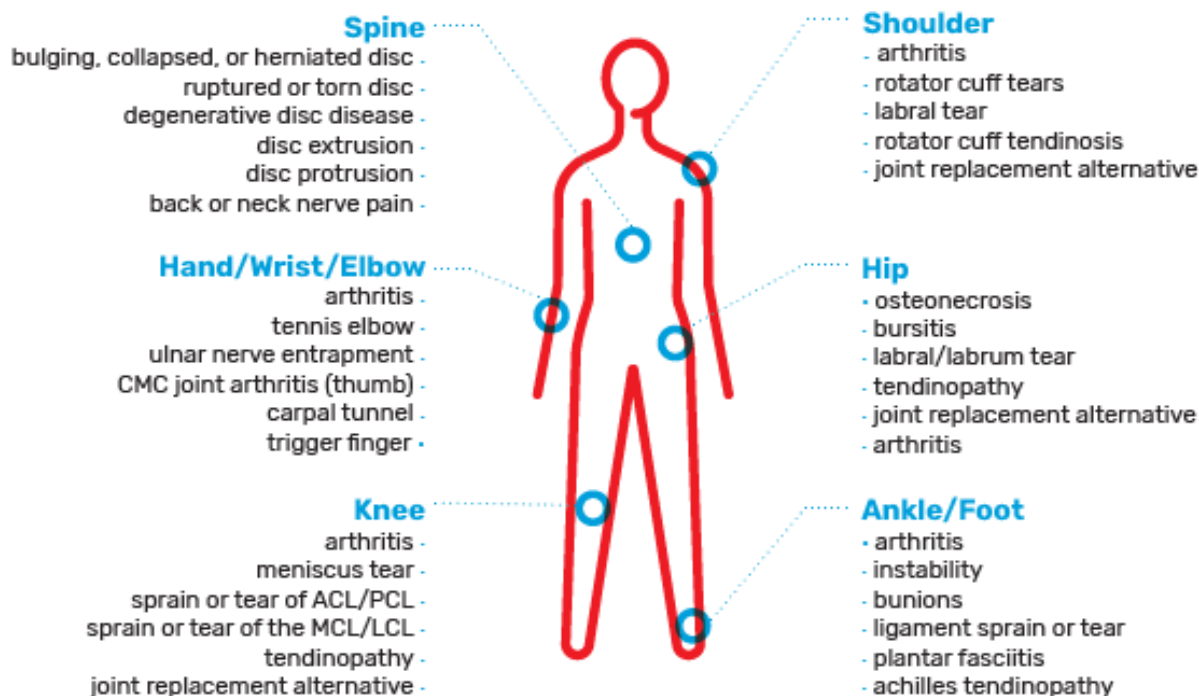
877-223-2350
connectcare3.info

Foam Supplies, Inc. covers Regenexx under your health plan

Regenexx uses your body's natural healing agents to replace the need for up to 70% of elective orthopedic surgeries. Your stem cells and blood platelets are concentrated in our on-site orthobiologics lab and injected under image guidance into the precise area of your injury. With Regenexx, you can get back to doing what you love without invasive surgery and lengthy recovery.



Conditions Treated



Next Steps

To speak with a Foam Supplies, Inc. Regenexx Patient Liaison, call us at **866-269-2871** or visit **regenexxbenefits.com/foamsupplies** to learn more about Regenexx and how we can help you avoid surgery

Dental Plan Details

Your Dental Plan will continue to be administered through Mutual of Omaha.

BENEFITS	Mutual of Omaha PPO Plan	
	In-Network	Non-Network
Annual Deductible Per Person	Waived for Preventive	
Individual	\$50	\$50
Family	\$150	\$150
Annual Plan Maximum Per Person	\$1,000	
Type I Preventive	100%	100%
Routine Exams / Cleanings		
Bitewing X-Rays		
Diagnostic X-Rays		
Type II Basic Services	80%	80%
Fillings		
Oral Surgery – Simple & Complex		
Emergency Exams		
Type III Major Services	50%	50%
Periodontics		
Root Canals		
Crowns		
Bridges		
Orthodontia	50%	50%
Adult		
Child		
Orthodontia Lifetime Maximum	\$1,000	

Employee Dental Monthly Cost Effective January 1, 2022	
Employee Only	\$30.00
Employee & Spouse	\$59.95
Employee & Child(ren)	\$78.87
Employee & Family	\$113.25

Vision Plan Details

Benefits will continue to be administered through Mutual of Omaha.

BENEFITS	In-Network	Non-Network Allowance
Network	EyeMed	
Eye Exam	\$10 copay	up to \$37
Single Vision Eyeglass Lenses	\$25 copay	Up to \$20
Bifocal Eyeglass Lenses	\$25 copay	Up to \$36
Trifocal Eyeglass Lenses	\$25 copay	Up to \$64
Standard Frames	\$150 allowance, plus 20% off amount over allowance	Up to \$66
Elective Contact Lenses	\$150 allowance	Up to \$210
Frequency Guidelines		
Examinations	12 Months	
Frames	24 Months	
Lenses (Eyeglass or Contact)	12 Months	

Employee Vision Monthly Cost Effective January 1, 2022	
Employee Only	\$5.88
Employee & Spouse	\$13.50
Employee & Child(ren)	\$14.95
Employee & Family	\$22.83

Base Life and Voluntary Life

Below is an overview of the Company Paid Life benefits and Employee Paid Voluntary Life benefits. There are no changes to the benefits or cost of these plans for 2022.

Company Paid Life and AD&D Benefits:

BASIC LIFE AND AD&D – 100% Company Paid	
Life and AD&D Benefit	\$50,000
Maximum Benefit Amount	\$50,000
Benefits Will Reduce By	65% at age 65; additional 50% at age 70

Voluntary Life and AD&D Benefits:

VOLUNTARY LIFE – 100% Employee Paid	
EMPLOYEE Life Benefit	\$10,000 increments
Maximum Benefit Amount	\$500,000
Guarantee Issue (non-medical maximum)	\$150,000 under age 65
Benefits Will Reduce By	65% at age 65; additional 50% at age 70
DEPENDENT SPOUSE Life Benefit	\$5,000 increments
Maximum Benefit Amount	\$100,000, not to exceed 100% of the employee's amount
Guarantee Issue (Non-Medical Max)	\$30,000, not to exceeds 100% of the employee's amount
Benefits Will Reduce By	65% at age 65; additional 50% at age 70
DEPENDENT CHILD Life Benefit	Depends on age, see below
Birth to 14 Days	\$0
14 Days to 26 Years	\$10,000
Benefit Maximum	\$10,000
Guarantee Issue	\$10,000

EMPLOYEE and SPOUSE VOLUNTARY LIFE & AD&D – Employee & Spouse Monthly Premium by Coverage Amount					
	\$10,000	\$30,000	\$50,000	\$100,000	\$150,000
Less than 30	\$1.20	\$3.60	\$6.00	\$12.00	\$18.00
30-34	\$1.29	\$3.87	\$6.45	\$12.90	\$19.35
35-39	\$1.79	\$5.37	\$8.95	\$17.90	\$26.85
40-44	\$2.72	\$8.16	\$13.60	\$27.20	\$40.80
45-49	\$4.02	\$12.06	\$20.10	\$40.20	\$60.30
50-54	\$6.38	\$19.14	\$31.90	\$63.80	\$95.70
55-59	\$9.85	\$29.55	\$49.25	\$98.50	\$147.75
60-64	\$13.56	\$40.68	\$67.80	\$135.60	\$203.40
65-69 (Reduced by 65%)	\$16.12	\$48.35	\$80.57	\$161.14	\$241.71
70+ (Reduced by 50%)	\$20.22	\$60.65	\$101.08	\$202.15	\$303.23

DEPENDENT CHILD VOLUNTARY LIFE – Child Monthly Premium by Coverage Amount	
Flat Amount	\$10,000
Up to Age 26	\$2.00 per Family Unit, not per Child

Long Term Disability Insurance

Below is an overview of the Company Paid Long Term Disability benefits.

Long Term Disability Benefits:

<i>100% Employer Paid</i>	
Benefit Amount	60% of your Monthly Base Wages plus any Commissions
Maximum Benefit Amount	\$10,000
Maximum Benefit Duration	To Social Security Normal Retirement Age
Elimination Period	90 days
Definition of Disability	Inability to perform the material duties of your own occupation due to illness or injury and have a loss of earning of at least 1% for the first 2 years. After 2 years, you are unable to perform the material duties of any occupation and have a loss of earnings of at least 15%. Must be under care of a physician.



HEALTH CARE & DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS (FSAs)

Foam Supplies provides you the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through Flexible Spending Accounts. You must enroll/re-enroll in the plan to participate for the plan year January 1, 2022 to December 31, 2022. You can save approximately 25 percent of each dollar spent on these expenses when you participate in an FSA.

A health care FSA is used to reimburse certain IRS-approved medical care expenses incurred by you and your dependents not covered by your insurance. A dependent care FSA is used to reimburse expenses related to care of eligible dependents while you and your spouse work.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means you don't pay federal income tax, Social Security taxes, or state and local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period. For a detailed list of FSA eligible expenses, visit www.irs.gov/publications/p502/index.html. Examples of common expenses are listed in the following pages.

You can elect up to \$2,850 under the Health FSA and up to \$5,000 under the Dependent Care FSA if you are a single employee or married filing jointly, or \$2,500 if you are married and filing separately. The following example shows how you can save money with a flexible spending account.

If you do not use the money you contributed, some of it will be carried forward to a future plan year. The carryover provision allows employees to access up to \$570 of the balance remaining from the prior plan year for claims incurred during the plan's run-out period of 90 days. Balances above \$570 that are remaining from the prior plan year and not used to reimburse prior plan year expenses are forfeited. You must be

EXAMPLE:

Bob and Jane's combined gross income is \$30,000. They have two children and file their income taxes jointly. Since Bob and Jane expect to spend \$2,000 in adult orthodontia and \$3,000 for day care next plan year, they decide to direct a total of \$5,000 into their FSAs.

	Without FSAs	With FSAs
Gross income:	\$30,000	\$30,000
FSA contributions:	0	-5,000
Gross income:	30,000	25,000
Estimated taxes:		
Federal	-2,650*	-1,776*
State	-900**	-750**
FICA	-2,295	-1,913
After-tax earnings:	24,255	20,314
Eligible out-of-pocket Medical and dependent care expenses:	-5,000	0
Remaining spendable income:	\$19,255	\$20,561
Spendable income increase:		\$1,306

*Assumes standard deductions and four exemptions.

**Varies, assume 3 percent.

The example above is for illustrative purposes only. Every situation varies and we recommend that you consult a tax advisor for all tax advice.



FLEXIBLE SPENDING ACCOUNT (FSA)

EMPLOYEE HANDOUT

AN FSA THAT SIMPLIFIES SAVINGS

1

ONE PORTAL, ONE MOBILE APP AND ONE DEBIT CARD FOR ALL OF YOUR BENEFITS



AVERAGE DEBIT CARD AUTO-SUBSTANTIATION RATE OF MORE THAN 85 PERCENT



EASY DOCUMENTATION UPLOADING USING OUR MOBILE APP



THOUSANDS OF ELIGIBLE EXPENSES FOR PURCHASE AT THE FSA STORE

Flexible Spending Account Overview

A Flexible Spending Account (FSA) allows you to budget and save for qualified medical expenses incurred over the course of your plan year. Dollars invested in an FSA are tax-free, and the entire election amount is available on the first day of the plan year. That makes an FSA a great tool for saving money, especially when big expenses are anticipated.

Types of FSAs

Medical FSA

Pair a traditional health plan with a Medical FSA, which covers eligible medical, dental and vision expenses.

Limited FSA

If you have a High-Deductible Health Plan and a Health Savings Account, you're eligible to enroll in a Limited FSA alongside your HSA to maximize savings. These funds can be used for qualifying dental and vision expenses.

Dependent Care Account (DCA)

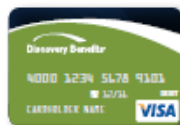
A DCA allows you to put money aside for dependent care for children up to age 13, a disabled dependent of any age or a disabled spouse.

You may receive reimbursement up to the current balance in your account at the time the request is made. To be eligible for a DCA, you and your spouse (if applicable) must work, be looking for work or be full-time students.

Eligible Expenses

Common eligible expenses for a Medical FSA are prescriptions, hearing aids, orthopedic goods, doctor visits and dentist visits, while a Limited FSA is limited to dental and vision expenses. A DCA covers expenses such as work-related daycare and elderly care costs. To find out which specific expenses are eligible, view our searchable eligibility list at www.DiscoveryBenefits.com/eligibleexpenses.

Using Funds

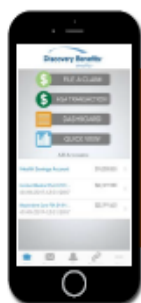


For easy access to your FSA funds, you can swipe your Discovery Benefits debit card and avoid out-of-pocket costs. If you use your card at a provider with an Inventory Information Approval System (IIAS), the expense will automatically be approved at the point of sale. If the card is swiped at a merchant that meets the IRS' 90% rule, you may need to provide documentation to show the expense is eligible.

Substantiation

The IRS requires FSA participants to provide documentation (e.g. an Explanation of Benefits) to show that an expense is FSA-eligible. You can easily upload documentation to a claim by logging in to your online account or taking a photo of your documentation with your phone's camera and uploading it through the Discovery Benefits mobile app.

Our Claims Sync tool helps automate the substantiation process by syncing insurance claims directly into your portal dashboard and instantly searching for matches within your debit card transactions. Or, if it's an expense that wasn't paid for with your benefits debit card, Claims Sync lets you pay and submit documentation for the claim directly from your portal dashboard.



DOWNLOAD THE APP FOR FREE ON APPLE AND ANDROID DEVICES



RESOURCES



ELIGIBLE EXPENSE LIST

www.DiscoveryBenefits.com/eligibleexpenses



FSA CALCULATOR

www.DiscoveryBenefits.com/fsacalculator



MOBILE APP VIDEO

www.DiscoveryBenefits.com/mobileappvideo



FSA IOI VIDEO

www.DiscoveryBenefits.com/fsaioi



FSA STORE

www.DiscoveryBenefits.com/fsastore



Flexible Spending Account (FSA)



ELIGIBLE EXPENSES

Per IRS regulations, the following, while not intended to be complete, illustrates examples of section 213 eligible medical or medical-related expenses.*

- Acupuncture
- Addition treatments *smoking, alcohol, & drug therapy*
- Ambulance fees
- Braille *books and magazines*
- Breast Pump
- Childbirth classes *mother-to-be expenses only*
- Chiropractic & osteopath care
- Coinsurance
- Contact lenses, solutions, & cleaners
- CPAP devices and apparatus cleaner
- Deductibles
- Dental & orthodontia fees
- Dentures & adhesives
- Diagnostic & laboratory testing fees
- Eyeglasses with prescription
- Guide dog
- Hearing aids & batteries
- Hospital bills
- Insulin & diabetic supplies
- Laser eye surgery
- Mobility Aids *crutches, wheelchairs, etc.*
- Nurse fees
- Obstetrical expenses
- Oxygen
- Physician fees
- Psychologist fees or individual therapy
- Routine physicals
- Special communication equipment for the deaf
- Surgical & operation fees
- Prescribed therapy treatments
- Transplants
- Transportation expenses/mileage to receive medical care or services
- Tuition at special school for learning disabled *requires a letter of medical necessity*
- X-rays

*Eligible items subject to change

OVER-THE-COUNTER ITEMS

ELIGIBLE WITHOUT A DOCTOR'S PRESCRIPTION

- Asthma flow meters
- Band-aids
- Blood pressure monitors
- Cholesterol tests
- Contact lens solution
- Crutches
- Dental care products
- Diabetes care: blood test strips, glucose kits, monitors, and tests
- Reading glasses
- First aid kits
- Gauze & gauze pads
- Heating pads
- Incontinence supplies for adults
- Medical bracelets & necklaces
- Medical tape
- Orthopedic shoe inserts
- Rubbing alcohol
- Sunscreen (SPF 15+)
- Supports & braces
- Thermometers

DOCTOR'S PRESCRIPTION REQUIRED

- Acid controllers
- Allergy & sinus
- Antibiotic products
- Anti-itch & insect bite
- Anti-parasitic treatments
- Baby rash ointments/creams
- Callous, corn, & wart removers
- Cold sore remedies
- Cough, cold, & flu
- Feminine anti-fungal/anti-itch
- Hemorrhoidal preps
- Hydrogen peroxide
- Nasal strips
- Nebulizers
- Ointments
- Pain relief
- Respiratory treatments
- Sleep aids
- Sunburn creams
- Stomach remedies

EXPENSES THAT MAY NOT BE CLAIMED

- Cosmetic surgery or treatment not done for the primary purpose of proper functioning of the body or to prevent or treat illness or disease; including but not limited to face lifts, whitening or capping of teeth, hair transplants, or treatments including Retin-A or vein surgery. *[To be eligible, treatments must be proven medically necessary.]*
- Diaper service for infants
- Ear piercing by a physician
- Employment-related expenses (physicals, transportation)
- Fitness programs or physical therapy for general health benefits
- Illegal treatments
- Insurance premiums, including contact lens insurance programs
- Hygiene items
- Expenses reimbursed by an HSA or HRA

DUAL USE - *requires doctor letter*

To be eligible, treatments must be proven medically necessary.

- Accommodations made for disabling medical conditions
- Activity trackers*
- Foot spa
- Gloves and masks
- Herbs
- Humidifier
- Massagers
- Minerals, vitamins, & multivitamins
- Orthopedic shoes *only the cost above a regular shoe qualifies*
- Special supplements
- Weight Loss Programs

*Activity trackers (aka Fitbits, Step Counter) are a wearable device with the primary purpose of tracking activity. The device's purpose is to record a person's daily physical activity, together with other data relating to their health, the number of calories burned, heart rate, number of steps someone walks, sleep quality etc.

Note: Plan restrictions may apply. Check with your plan administrator.

CLAIM FILING PROCESS FOR HEALTH CARE & DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS



FILING CLAIMS EMPLOYEE HANDOUT

FILE CLAIMS QUICKLY



EASILY VIEW OR FILE A CLAIM
THROUGH THE MOBILE APP
OR CONSUMER PORTAL



GET A CLAIM PROCESSED
IN TWO BUSINESS DAYS



SYNC INSURANCE CARRIER
CLAIMS DIRECTLY INTO YOUR
CONSUMER PORTAL DASHBOARD

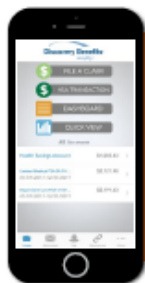
When you pay for eligible expenses out of pocket, filing a claim lets you receive reimbursement and take advantage of your pre-tax benefits. With Discovery Benefits, the claim filing process is quick and simple. Our mobile app and online consumer portal let you file a claim with just a few taps or clicks.

Note: You don't need to file a claim for purchases made with your Discovery Benefits debit card. However, you may still need to submit documentation via our mobile app or consumer portal on those claims.

THE EASIEST WAYS TO FILE CLAIMS

Mobile App

You can file claims and submit documentation in seconds using the Discovery Benefits mobile app. Our app is the quickest and easiest method for filing claims and submitting documentation. Just use your phone's camera to take a picture of documentation and upload it on the spot.



DOWNLOAD THE APP
FOR FREE ON APPLE AND
ANDROID DEVICES



The app also allows you to:

- Get instant notifications on the status of your claims.
- Check your balance and view account activity.
- Reset login credentials and log in with a four-digit PIN.
- Report a card as lost or stolen to keep your account secure.

Consumer Portal

You can also file claims through your consumer portal by clicking on the "I Want to" button at the top right corner of any page and selecting "File a Claim" from the drop-down menu.

To make claim filing even easier, our Claims Sync tool lets you sync claims from insurance carriers directly into your consumer portal, so you can manage all of your eligible expenses directly from your portal dashboard.

Note: You may also file a claim by submitting an Out-of-Pocket Reimbursement Request Form and supporting documentation via fax or mail.

RESOURCES



EASY SUBSTANTIATION VIDEO

www.DiscoveryBenefits.com/easysubstantiation



MOBILE APP VIDEO

www.DiscoveryBenefits.com/mobileappvideo

Discovery Benefits®

www.DiscoveryBenefits.com

08/22/17

EMPLOYEE ASSISTANCE PROGRAM (EAP)

What is the Employee Assistance Program (EAP)?

The EAP is a confidential service designed to help employees and families with personal or work/life balance issues. Your employer is providing the EAP to help you toward an early resolution of most any personal concern.

What kinds of issues are addressed by the EAP?

- Stress Management
- Emotional Issues
- Depression, Anxiety, and Panic Attacks
- Elder Care Resources
- Relationship and Family Problems
- Chemical Dependency
- Eating Disorders
- Domestic Violence
- Job Stress
- Career Frustration
- Child Care Needs
- Grief or Loss
- Work/life Issues
- Financial Resources
- Nutritional Questions
- Legal Resources
- Health Coaching Needs

Types of services included in the EAP

Stress Reduction –

Assessment of stress, burnout, and mental health issues

Crisis Counseling –

Immediate intervention including suicide and violence prevention

Short-term Counseling –

Problem solving oriented for all types of issues including individual and family situations

Child Care Resources –

Research and referral for all types of child care needs

Elder Care Resources –

Research and referral for all types of elder care needs

Legal Assistance –

Legal consultation and referral for most non-employment related issues

Financial Guidance –

Consultation and referral assistance with money management for most financial concerns

Work/Life Resources –

Research and referral to convenient services to help associates balance work and personal life

Online Resources –

Library of resources, self-assessment tools, educational videos, training modules, etc.

Health Coaching –

Telephonic and online health coaching on topics such as weight management, smoking cessation, fitness, pre & post natal care, chronic conditions, gym membership and NutriSystems discounts, etc.

What happens when I call the EAP?

Accessing the EAP is easy. Simply call the EAP. Counselors are available, 24 hours a day, 7 days a week. The EAP will gather some information, evaluate your needs, and suggest a possible plan of action.

What happens next?

The next step will depend on your unique situation. If you are calling about an emotional or family issue, the EAP counselor will always suggest a face to face meeting. This will give you a private opportunity to talk about your concerns in depth. This meeting will take place at a convenient, private office away from the work-site.

What about resources other than counseling?

The EAP has a variety of professionals available to help you free yourself from personal worries at work. Locating day care resources, financial consultations, and legal assistance, are all examples of how the EAP can assist you with work/life balance issues. The EAP also provides Health Coaching services for you and your loved ones on such issues as weight management, fitness and smoking cessation.



314.845.8302 / 800.832.8302

EAP SERVICES—Here to assist you!