

2025

# BENEFITS Guide



January 1, 2025—December 31, 2025



HEALTH • FINANCIAL • WORK-LIFE

# Welcome

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Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse including Common law spouse (*Domestic partners are not covered*)
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. **If you enroll on time, coverage is effective on the first of the month following 30 days of full time employment.**

If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).

- **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2025.

## Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. The following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP

## Making Changes

**To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns).**

Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

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**Required Information**—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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# Enrollment

To enroll for your benefits this year you will be able to enroll through your ADP account.

Simply log into your account <http://workforcenow.adp.com>

For questions please contact Shelly Casey the Benefit Administrator.

[shellyc@rae-corp.com](mailto:shellyc@rae-corp.com)

918-825-7222 x177

# Medical

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD). To search for providers with Meritain in the Aetna Choice Network go to [www.meritain.com](http://www.meritain.com), under Resources select For Members. Scroll down to Provider network finder and under ABC select Aetna. Or call 800-343-3140 for a list of network providers.

Key Medical Benefits	Meritain Health Buy Up Plan PPO		Meritain Health Base Plan PPO		Meritain Health HDHP with HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b> (per calendar year)						
Individual / Family	\$1,000 / \$2,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$3,300 / \$6,600	\$5,000 / \$10,000
<b>Out-of-Pocket Maximum</b> (per calendar year)						
Individual / Family	\$4,000 / \$8,000	\$8,000 / \$16,000	\$5,000 / \$10,000	\$10,000 / \$20,000	\$3,500 / \$7,000	\$10,000 / \$20,000
<b>Covered Services</b>						
Office Visits (physician/specialist)	\$25 / \$50 copay	Ded + 50%	\$25 / \$50 copay	Ded + 50%	Ded + 10%	Ded + 30%
Telemedicine through Teladoc	\$25 copay	N/A	\$25 copay	N/A	Ded + 10%	N/A
Routine Preventive Care	No charge	Ded + 50%	No charge	Ded + 50%	No charge	Ded + 30%
Outpatient Diagnostic (lab/X-ray)	Ded + 20%	Ded + 50%	Ded + 20%	Ded + 50%	Ded + 10%	Ded + 30%
Complex Imaging	Ded + 20%	Ded + 50%	Ded + 20%	Ded + 50%	Ded + 10%	Ded + 30%
Ambulance	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 10%	Ded + 10%
Emergency Room	\$150 copay + Deductible + 20%		\$150 copay + Deductible + 20%		Deductible + 10%	
Urgent Care Facility	\$50 copay	Ded + 50%	\$50 copay	Ded + 50%	Ded + 10%	Ded + 30%
Inpatient Hospital Stay	Ded + 20%	Ded + 50%	Ded + 20%	Ded + 50%	Ded + 10%	Ded + 30%
Outpatient Surgery	Ded + 20%	Ded + 50%	Ded + 20%	Ded + 50%	Ded + 10%	Ded + 30%
<b>Prescription Drugs</b>						
Retail Pharmacy (30, 60, or 90 day supply)					Deductible then	Deductible then
Generic	\$10	\$10	\$10	\$10	\$10	\$10
Preferred brand	\$35	\$35	\$35	\$35	\$35	\$35
Non-preferred brand	\$60	\$60	\$60	\$60	\$60	\$60
Specialty	\$150	Not covered	\$150	Not covered	\$150	Not covered
Mail Order (90-day supply, 30 day Specialty)					Deductible then	
Generic	\$25		\$25		\$25	
Preferred brand	\$87.50	N/A	\$87.50	N/A	\$87.50	N/A
Non-preferred brand	\$150		\$150		\$150	
Specialty	\$150		\$150		\$150	

If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount. Dispense as written and step therapy provisions apply. Specialty drugs must be obtained directly from specialty pharmacy. Prior authorization required for injectables costing over \$2000 per month.

**NOTE:** All plans have embedded deductibles. This means that if you are enrolled with one or more family members you will be responsible for the family deductible and out of pocket, however only one person will need to meet the individual deductible before coinsurance starts to pay until the individual out of pocket is met. The rest of the family deductible and out of pocket can be met by one or more members of the family, but one individual will not have to meet the full family deductible or out of pocket. Another way to say this is "no one family member can contribute more than the single amount toward the family deductible".

# Medical

## IMPORTANT INFORMATION ABOUT DEPENDENT COVERAGE ON YOUR MEDICAL PLAN

A \$300 monthly spousal surcharge will be added to your RAE Corporation health care premium if you have elected coverage for your spouse and your spouse, is eligible for coverage through his/her employer but elects not to enroll in the spouse's employer plan. If your spouse is not eligible for coverage surcharge is waived.



## ZERO HEALTH

- **COST**—We are a marketplace platform like Uber or Etsy, but we are focused on healthcare and the coolest part is you always pay ZERO.
- **QUALITY**— Healthcare can be confusing, expensive and sometimes scary. We think you deserve world-class support and a world-class experience every time.
- **CONVENIENCE**— We also think things should be easy, so you get your own Personal Health Assistant (PHA) who you can reach by chat, phone, or email.

## NO Deductibles, No Copays, No Coinsurance

Once you find out you need a certain procedure or service, like lab, imaging, physical therapy or even surgery, all you have to do is connect with your PHA and you will always pay Zero.

1. Connect with your PHA to see if the service or procedure you need is covered.
2. We will help you find the healthcare provider that works best for you and take care of all the details.
3. You save your hard earned cash and get the care you need for Zero.

## What is Covered?

- Labs/Imaging (MRI, CT's)
- Physical Therapy
- Gastro (colonoscopy)
- Orthopedic Surgery
- Spine Surgery
- General Surgery
- Ear Nose and Throat
- Pain Management
- Sleep Studies
- Women's Health
- and More.

## What's Next?

You are automatically eligible but will need to do the following:

- Visit zero.health and login to my ZERO
- Access your ID Card. You will need your ID to visit any Quest lab locations.
- Let the doctor know to send your lab orders to the nearest DLO location
- When you arrive be sure to share your member ID
- DLO will send the lab results back to your prescribing doctor.

We are committed to delivering a great experience each and every time!

### Chat Live!

You can chat live at zero.health or just use my ZERO, our member application.

### Give Us A Shout!

You can reach us on the phone at 855-816-0001

### Drop Us A Line!

You can email us at help@zero.health



# HDHP HSA PLAN

## MERITAIN HEALTH HSA

Like the PPO plans, a High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Meritain Health Network. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. HSA Plan administered by HSA Bank. For eligible expenses and to login for plan administration visit: [www.hsabank.com](http://www.hsabank.com).

### WHAT IS AN HDHP HSA?

**A High Deductible Health Plan (HDHP) offers comprehensive health care coverage at a lower premium and higher deductible than traditional health care plans.** An HDHP also features a health savings account (HSA) that enables you to pay for current, qualified health care expenses and save for future expenses on a tax-free basis. You have the opportunity to set aside funds in your HSA before taxes through convenient payroll deductions.

### HOW IT WORKS

The HDHP, along with your HSA, puts health care spending in your hands, allowing you to choose how to spend your health care dollars. You can either pay for eligible services by using funds in your HSA, or you can pay for them out of your own pocket. **Note:** You can only use HSA funds that are available in your account. You can always reimburse yourself later once you have accumulated funds in your account.

### HSA FUNDING

#### Your Contributions

There are several ways to contribute money into your HSA:

- Pre-tax contributions through payroll deductions
- After-tax cash contributions that are deductible when you file your taxes
- Catch-up contributions up to \$1,000 per year if you are over age 55 (until you enroll in Medicare)

### ANNUAL CONTRIBUTION LIMIT

It is important to note that your contributions may not exceed the IRS annual maximum:

HSA Contribution Limit	2025
Employee Only	\$4,300
Family (employee + 1 or more)	\$8,550
Catch-up (age 55+) <sup>1</sup>	\$1,000

<sup>1</sup>Additional amount you can contribute to your HSA each year, until you enroll in Medicare

### ELIGIBILITY

**To be eligible for contributions to the HSA bank account, the IRS requires that you:**

- Must be enrolled in a qualified high deductible health plan (HDHP) (our Meritain Health PPO with HSA is a qualified medical plan)
- Do not have any other health coverage that is not a HDHP or permitted insurance
- Are not covered:
  - By a spouse's medical or pharmacy plan that are not a HDHP
  - Through Medicare Parts A,B,C and/or D, or TRICARE programs
  - Through a general purpose Flexible Spending Account (FSA) plan (such as your spouse's plan)
- Are not active military
- Cannot be claimed as a dependent on another person's tax return

# HDHP HSA PLAN (Con't)

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## QUALIFIED EXPENSES

HSAs enable you to pay for the following qualified health care expenses on a tax-free basis:

- Qualified expenses not covered by insurance, as defined by the IRS, online at <http://www.irs.gov/pub/irs-pdf/p502.pdf>
- COBRA premiums
- Qualified long-term care insurance and expenses
- Health insurance premiums when receiving unemployment compensation
- Medicare/retiree health insurance premiums (excluding Medicare Supplement/Medigap insurance premiums)

## HSA ADVANTAGES

### Triple Tax Advantage

1. You contribute pre-tax funds through payroll deductions, meaning the money comes out of your paycheck before federal income tax is calculated. This, in turn, reduces the amount of taxable income, so less tax is withheld from your paycheck.
2. Funds grow tax-free, and unused funds roll over year to year.
3. You withdraw funds tax-free to pay for qualified health care expenses now and in the future— even in retirement.

### Control

You own and control the money in your HSA. You decide how you want to spend it or if you want to spend it. You can use it to pay for doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

### Investment Opportunities

Once you reach and maintain a minimum threshold, you can make investments to help your money grow tax-free.

### Portability

There is no “use it or lose it” rule, your HSA is yours for life. Your account grows over time as you continue to roll over unused dollars from year to year. The money is yours to spend or save, regardless of whether you change health plans,\* retire or leave the company.

\*You must be enrolled in a qualified health plan to contribute to an HSA.

## HERE'S HOW THE PLAN WORKS

### Annual Deductible

You must meet the individual annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses.

### Coinsurance

Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 90 percent and you may pay 10 percent.

### Out-of-Pocket Maximum

Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year.

### Please note:

**If you choose the High Deductible Health Plan (HDHP) you will not be eligible for The Zero Card program until you have reached your deductible.**

## Questions?

Contact Shelly Casey at  
[shellyc@rae-corp.com](mailto:shellyc@rae-corp.com) or  
918-825-7222 x177

# TELADOC

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Revolutionary Health Care Access and Lower Health Care Costs

## 24—hour access to board-certified, licensed doctors

Teladoc is the on-demand health care solution that provides members with the medical care they need, when they need it. Convenient, appropriate care helps create healthier employees, leading to health care savings for employers and members alike.

### The value of telemedicine

Members need a convenient, affordable way to access the services they need. Telemedicine provides prompt medical advice, steers members toward appropriate care— such as treating non-emergent conditions without an ER or office visit— and helps members jump the hurdles of care presented by cost and lack of timely access.

### The Teladoc solution

Teladoc members can consult with a physician 24/7 by phone, online video or mobile app at any time, from anywhere. Members can get advice and treatment for non-emergency medical concerns. They can also use Teladoc for medical advice and care in the following situations:

- When their primary care physician is not available or accessible.
- After normal business hours, nights and weekends.
- When they are at home, traveling, or do not want to take time off work for a doctor's appointment
- When they want to request a prescription or refills (although there is no guarantee a member will be prescribed medication).

### Common conditions treated:

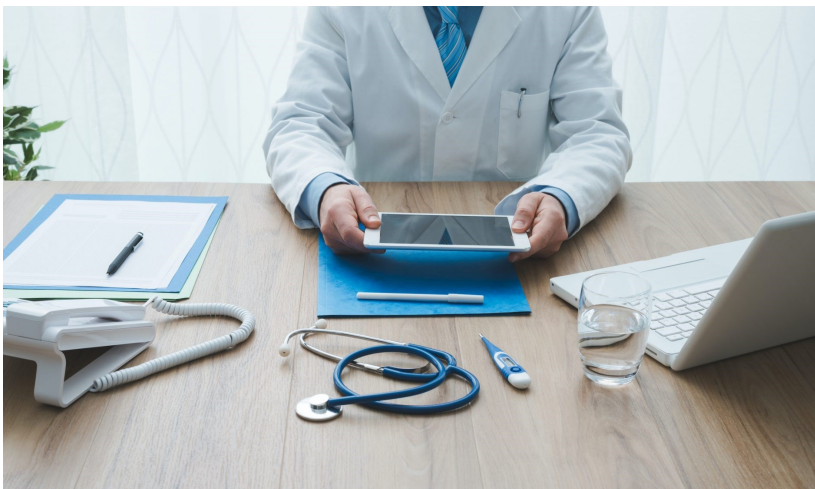
- Allergies
- Bronchitis
- Cold/flu
- Headaches/migraines
- Respiratory Infections
- Sinus Infections
- Stomach ache/diarrhea
- Urinary tract infections
- Many other conditions

### Highly Qualified, experienced physicians

When members use Teladoc, their medical questions will be addressed by a highly qualified medical professional.

### Teladoc physicians are:

- EXPERIENCED. With an average of over 10—15 years practicing experience.
- PROGRESSIVE. Using the latest technology to provide unparalleled access to care
- U.S. BOARD CERTIFIED & STATE LICENSED
- SPECIALLY TRAINED IN TELEMEDICINE



### Benefits to Members

- Saves time and money
- Quicker recovery from illness
- Convenient prescriptions
- Choice of consultation method
- Good health improves peace of mind



# Dental

## Delta Dental PPO

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental PPO network.

Following is a high-level overview of the coverage available. To search for an In-Network provider go to [www.deltadentalok.org](http://www.deltadentalok.org), under For Members click on Find a Dentist, enter location and search criteria. If you select Savings under search criteria it will only show you providers in the PPO network. If you select Convenience under search criteria it will show you providers in both the PPO and Premier networks.

Key Dental Benefits	Delta Dental PPO + Premier		
	PPO—In-Network	Premier—In-Network	Out-of-Network
<b>Deductible</b> (per calendar year)			
Individual / Family	\$100 / \$300		
<b>Benefit Maximum</b> (per calendar year;)			
Per Individual	\$1,500		
<b>Covered Services</b>			
<b>Preventive Services (Class 1)</b>	100%	90%	80%
<b>Basic Services (Class 2)</b>	80% after Deductible	70% after Deductible	60% after Deductible
<b>Major Services (Class 3)</b>	50% after Deductible	40% after Deductible	30% after Deductible

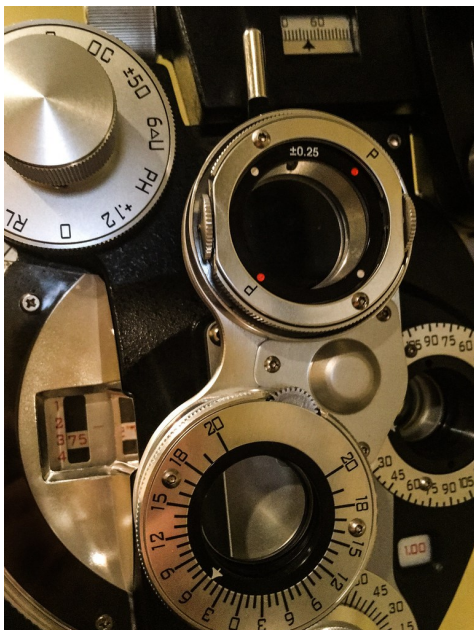
**Benefits paid by the plan for covered oral evaluations and cleaning will not reduce your Annual Maximum benefit per person for class 1, class 2, and class 3 combined services.**

Endodontics, periodontics, and oral surgery are covered benefits under Class 3 services.

# Vision

The **VSP Choice** vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the **VSP Choice** network.

The Following is a high-level overview of the coverage available.



Key Vision Benefits	In-Network	Frequency
<b>Exam</b>	\$10 copay	Every calendar year
<b>Prescription Glasses</b>	\$30 copay	N/A
Lenses	Single vision, lined bifocal, lined trifocal, impact resistant for dep children. Included in prescription copay	Every calendar year
Frame	\$150 featured frame brands allowance \$130 frame allowance 20% savings on amount over allowance	Every other calendar year
Lens enhancements	Standard progressive, premium progressive, custom progressive, average savings of 30% on other lens enhancements	\$0, \$95-\$105, \$150-\$175
Contacts (instead of glasses)	\$130 allowance for contacts, copay does not apply (contact fitting and eval up to \$60)	Every calendar year
Extra savings	Glasses and sunglasses—extra \$20 to spend on featured frame brands, 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. Routine Retinal Screening No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam. Laser Vision Correction average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.	



# Flexible Spending Accounts

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through BRI. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

### Health Care FSA

For 2025, you may contribute up to **\$3,300** to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions
- Dental treatment
- Orthodontia
- Eye exams/eyeglasses
- Lasik eye surgery

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf). You may also use your FSA funds at [www.fsastore.com](http://www.fsastore.com) or on Amazon's FSA store.

### Dependent Care FSA

For 2025, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some qualified expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf).

HSA Participants are not eligible to participate in a Health Care FSA.

## FSA Rules

### YOU MUST ENROLL EACH YEAR TO PARTICIPATE

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

**Health care FSA:** Going into 2026 you can carryover the Maximum amount of \$660. You will also have 60 days once the plan year (2025) ends to file claims for reimbursement. Once this 60 days ends you will not be able to file any additional claims for expenses incurred in 2024.

**Dependent care FSA:** Unused funds will NOT be returned to you or carried over to the following year.

# Life and AD&D

### Life/AD&D Insurance

**Life Insurance** provides your named beneficiary(ies) with a benefit in the event of your death.

**Accidental Death and Dismemberment (AD&D) Insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

### Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through Equitable and is Guarantee Issue.

<b>Benefit Amount</b>	<b>Full time Hourly &amp; Non-Exempt:</b> Employee \$15,000, Spouse \$5,000, Child \$2,500
	<b>Full time Salary Exempt:</b> Employee \$35,000, Spouse \$5,000, Child \$2,500
<b>Age Reduction Schedule</b>	Age 65-69 benefit reduces to 65% Age 70+ benefit reduces to 50%

### Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through for yourself and your eligible family members.

	Benefit Option	Guaranteed Issue <sup>1</sup>
<b>Employee</b>	\$10,000 to \$500,000 in \$10,000 Increments; Maximum 5x Salary	\$200,000
<b>Spouse</b>	\$5,000 to \$150,000 in \$5,000 Increments; Maximum 50% employee life amount (Spouse premium based on Employee Age)	\$50,000
<b>Child(ren)</b>	\$2,000 to \$10,000 in \$2,000 Increments. Under age 26	\$10,000
<b>Age Reduction Schedule</b>	Age 65-69 benefit reduces to 65%; Age 70+ benefit reduces to 50%. Will take place on policy anniversary following insured's birthday.	

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

# Disability

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

All Active Full-time owners, salaried exempt and non-exempt employees excluding hourly factory employees working at least 30 hours weekly.

Long-Term Disability	
Provided at NO COST to you/an affordable group rate through Equitable	
Benefit Percentage	60% of pre-disability earnings based on regular monthly pay
Monthly Benefit Maximum	\$5,000
When Benefits Begin	After 90th day of disability
Maximum Benefit Duration	Social Security Retirement Age
Pre-Existing Condition	3 month look back / no coverage for 12 months

# Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through Community Care.

**The EAP can help with the following issues, among others:**

- Mental health
- Relationships or marital conflicts
- Child and eldercare
- Substance abuse
- Grief and loss
- Legal or financial issues

## EAP Benefits

- Assistance for you and your household members
- Up to three in-person sessions with a counselor per issue, per year, per individual
- Unlimited toll-free phone access and online resources

# Valuable Extras

**We also offer the following additional benefits:**

Group Legal Plan, please speak to your benefits specialist for any questions.

# Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Sun Life Financial are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

## Accident Insurance

Accident Insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries

## Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000<sup>1</sup>? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

# Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend upon the plan you select and if you choose to cover eligible family members.

**To obtain costs for your benefits this year you will need to login to your ADP account.**

**<https://workforcenow.adp.com>**

**Important Reminder:** A \$300 monthly spousal surcharge will be added to your RAE Corporation health care premium if you have elected coverage for your spouse and your spouse is eligible for coverage through his/her employer but elects not to enroll in the spouse's employer plan. If your spouse is not eligible for coverage as an employee under another company's plan, the spousal coverage surcharge is waived.

# Contact Information

Coverage	Carrier	Phone	Website/Email
Medical	Meritain Health	800-566-9311	www.meritain.com
Pharmacy	RxBenefits	800-334-8134	www.rxbenefits.com or www.caremark.com
HSA Plan	HSA Bank	800-357-6246	www.hsabank.com
Zero	Zero	855-816-0001	www.zero.health
Teladoc	Teladoc	800-835-2361	www.teladoc.com
Dental	Delta Dental	800-522-0188	www.deltadentalok.org
Vision	VSP	800-877-7195	www.vsp.com
Flexible Spending Accounts (FSAs)	BRI (Benefit Resources, Inc.)	800-339-7493	www.benefitresource.com
Life/AD&D—Basic/AD&D & Supplemental	Equitable	866-274-9887	www.equitable.com/employeebenefits Logon to EB360
Long Term Disability	Equitable	866-274-9887	www.equitable.com/employeebenefits Logon to EB360
Employee Assistance Program (EAP)	Community Care	800-221-9676	www.ccok.com/EAP
Voluntary Benefits	SunLife	800-786-5433	www.sunlife.com/us

## Benefits Website

To enroll or make changes simply login to your ADP account

<https://workforcenow.adp.com>

This can be accessed anytime you want additional information on our benefit programs.

## Questions?

If you have additional questions, you may also contact:

Shelly Casey  
(918)825-7222 x177  
shellyc@rae-corp.com



**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

