



Benefits Enrollment Guide

2025



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A Message from VIKA

At VIKA, we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs, we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. Your decisions will impact your benefit selections and what you pay for these benefits.

This brochure will help you choose the type of plan and level of coverage that is right for you.

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Eligibility

VIKA offers an excellent selection of benefits for benefit eligible employees.

This Employee Benefits Enrollment Guide is designed to familiarize you with the benefits that are available to you. Benefits are a significant part of your total compensation package. It is important to be aware of the benefits and the value they represent.

Eligible Employees:

You may enroll in the VIKa Employee Benefits Program if you are an employee working 30 or more hours per week.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, step-children and children obtained through court-appointed legal guardianship.

When Coverage Begins:

The effective date for your benefits is January 1, 2025. Newly hired employees and dependents will be effective in VIKa's benefits programs on the first day of the month following 15 days of employment. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a family status event.

Open Enrollment:

With few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or delete coverage
- Add, or drop dependents from coverage
- Enroll, or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.

If you do not make your 2025 benefit elections, you will automatically be defaulted to your prior year elections, except for the FSA, which will default to zero (\$0) elections.

Note: Some states (currently, California, Massachusetts, New Jersey, Rhode Island, Washington D.C., and Vermont) may impose a tax on residents who do not have health insurance coverage, subject to limited exceptions.



Family Status Change:

A Qualifying Life Event is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.



At the Doctor's Office

It's recommended that you choose an in-network primary care physician (PCP) for your medical coverage, even though it is not required. A PCP can be a Family Practitioner, Internist, General Medicine, Pediatrician, or an OB/GYN. Each member of your family may have a different PCP.

If you are newly enrolling in medical benefits, make an appointment with your PCP- even if you're NOT sick, once the plan year has begun. This relationship will set the foundation for staying healthy—today and well into the future.

Network Provide/Facility Search

Make sure that your provider or facility is in-network. To locate a network provider, follow the steps below or call 866-633-2446.

- Visit <https://www.anthem.com/find-care>, select Find a Doctor then Employer and Individual Plans.
- Choose BCBS Member if you are already enrolled.
- To continue as a guest, select Shopping Around then choose Select Plus to view providers in your plan's network.

Preventive Care

You and your family have access to a wide range of preventive services under the Affordable Care Act. These services are 100% covered by your medical plan when using in-network providers. For more details about the services covered, please visit:

www.healthcare.gov/coverage/preventive-care-benefits.

Member Service Portal





Your medical carrier's member portal is your access to secure, personalized services with interactive health tools built around you, your benefits, and your health. Access the UnitedHealthcare portal at www.anthem.com.

Once you are registered your personal health information will be available to you 24/7, including:

- Finding care
- Managing prescriptions
- Managing claims
- Staying healthy
- Getting coverage and cost details






Need your health data on the run? Download your free carrier app from the App Store or Google Play. Use your mobile device to search for doctors, hospitals and more! Just search for Anthem Blue Cross and Blue Shield.

Common preventive services include:

 Routine physicals (age 18+) or Pediatric exams (birth to age 17)	 Age & Gender Appropriate Screenings
 Blood pressure screening for adults and children	 Immunizations for adults and children

What Are My Options for Care?

You have many options for how and where you can receive care through your UnitedHealthcare medical plan. But which one is best for your situation? Use the chart below to help you decide and see the benefit grid on the next page for service costs.

Care Center	What is it?	What can they treat?
Nurse Line 	<ul style="list-style-type: none"> Staffed by registered nurses Resource for guidance during natural catastrophes or health outbreaks Available 24/7/365 days a year at NO COST 	<ul style="list-style-type: none"> Answer general questions like “how long should I ice my sprained ankle?” Give advice/referrals of where to go for treatment e.g. ER or primary care doctor
Telemedicine / Virtual Visits 	<ul style="list-style-type: none"> Convenient, low cost option for treating common, non-urgent health concerns A doctor will diagnose the issue over the phone and write a prescription, if necessary. Available 24/7/365 days a year, by web, phone or mobile app 	<ul style="list-style-type: none"> Minor illnesses Minor infections Cold and flu symptoms Bronchitis Allergies Mental health Headaches/migraines And more...
Doctor's Office 	<ul style="list-style-type: none"> Routine care or treatment for current health issues Your primary doctor knows you and your health history To manage your medications To refer you to a specialist Normally available Monday-Friday. Check with your provider for actual office hours. 	<ul style="list-style-type: none"> Routine checkups and preventive services Immunizations Minor injuries, such as sprains Illnesses Manage your general health and chronic conditions
Urgent Care Clinic 	<ul style="list-style-type: none"> Treatment of non-life-threatening injuries or illnesses Staffed by qualified physicians Generally open night and weekends; some open 24/7 	<ul style="list-style-type: none"> Cold and flu symptoms Minor accidents or falls Minor sprains or fractures Minor cuts and burns Vomiting, diarrhea
Emergency Room 	<ul style="list-style-type: none"> Immediate treatment for serious, life-threatening conditions. Ready to treat any critical situation Can be hospital-based or freestanding Available 24/7/365 days a year 	<ul style="list-style-type: none"> Chest pain Difficulty breathing Severe abdominal pain Broken bones Head injuries Uncontrolled bleeding Seizures Coughing or vomiting blood

NurseLine

1-800-901-0020

Virtual Visits

Anthem BCBS:
<https://www.anthem.com/virtual-care>
 Or access on the Anthem BCBS app

Find A Doctor / Facility

<https://www.anthem.com>

Medical Insurance

Medical Benefits



VIKA is proud to offer you a choice between three medical plans through Anthem. The chart below is a brief outline of what is offered. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Please refer to the summary plan description for complete plan details.

	Plan 1 Anthem KeyCare 15		Plan 2 Anthem KeyCare 25		Plan 3 Anthem KeyCare 30	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Annual Deductible						
Individual	\$0	\$1,000	\$1,000	\$2,000	\$2,500	\$5,000
Family	\$0	\$2,000	\$2,000	\$4,000	\$5,000	\$10,000
Coinsurance	80%	70%	80%	60%	80%	60%
Maximum Out-of-Pocket*						
Individual	\$3,500	\$8,750	\$4,500	\$11,250	\$6,500	\$16,250
Family	\$7,000	\$17,500	\$9,000	\$22,500	\$13,000	\$32,500
Physician Office Visit						
Primary Care	\$15 copay per visit	70%	\$15 copay per visit	60% after deductible	\$20 copay per visit	60% after deductible
Specialty Care	\$35 copay per visit	70%	\$50 copay per visit	60% after deductible	\$50 copay per visit	60% after deductible
Preventive Care						
Adult Periodic Exams	100%	70% after deductible	100%	60% after deductible	100%	60% after deductible
Well-Child Care	100%	70% after deductible	100%	60% after deductible	100%	60% after deductible
Diagnostic Services						
X-ray and Lab Tests	100% : Lab; 80% after deductible : X-Ray	70% after deductible	100% : Lab; 80% after deductible : X-Ray	60% after deductible	100% : Lab; 80% after deductible : X-Ray	60% after deductible
Complex Radiology	\$200 copay per service	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Urgent Care Facility	\$35 copay per visit	70% after deductible	\$50 copay per visit	60% after deductible	\$50 copay per visit	60% after deductible
Emergency Room Facility Charges*	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Inpatient Facility Charges	\$300 copay per day	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Outpatient Facility and Surgical Charges	\$300 copay per visit	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Mental Health						
Inpatient	\$300 copay per day	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Outpatient	\$150 copay per visit	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Substance Abuse						
Inpatient	\$300 copay per day	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Outpatient	\$150 copay per visit	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Other Services						
Chiropractic	\$15 copay per visit ; 30 visits per benefit year	70% after deductible	\$25 copay per visit ; 30 visits per benefit year	60% after deductible	\$30 copay per visit ; 30 visits per benefit year	60% after deductible

For a list of KeyCare network providers, call 833-592-9956 or visit www.anthem.com.

Pharmacy Plan Overview



Pharmacy Benefits

Anthem provides comprehensive coverage for your prescription medications, including support and expertise to help answer questions related to what is covered under your plan, researching medications, locate a local pharmacy, mail order medications, the pre-approval process, step-therapy protocols, and/or other pharmacy related health questions. Call Anthem or use their online resources for additional information and resources.

	Plan 1 Anthem KeyCare 15		Plan 2 Anthem KeyCare 25		Plan 3 Anthem KeyCare 30	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Retail Pharmacy (30 Day Supply)						
Generic (Tier 1)	\$10 copay	30%	\$15 copay	40%	\$15 copay	40%
Preferred (Tier 2)	\$40 copay	30%	\$50 copay	40%	\$50 copay	40%
Non-Preferred (Tier 3)	\$70 copay	30%	\$85 copay	40%	\$85 copay	40%
Preferred Specialty (Tier 4)	20% after deductible up to \$300 copay	30%	20% after deductible up to \$300 copay	40%	20% after deductible up to \$300 copay	40%
Mail Order Pharmacy (90 Day Supply)						
Generic (Tier 1)	\$20 copay	Not covered	\$30 copay	Not covered	\$30 copay	Not covered
Preferred (Tier 2)	\$100 copay	Not covered	\$125 copay	Not covered	\$125 copay	Not covered
Non-Preferred (Tier 3)	\$175 copay	Not covered	\$213 copay	Not covered	\$213 copay	Not covered
Preferred Specialty (Tier 4)	20% after deductible up to \$300 copay	Not covered	20% after deductible up to \$300 copay	Not covered	20% after deductible up to \$300 copay	Not covered





Dental Insurance



Dental Benefits

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to remain healthy.

- **PPO Plan:** Receive dental care from the licensed dentist of your choice. You'll receive the highest level of benefits if you select an in-network dentist who has agreed to provide services at a negotiated rate. If you use an out-of-network dentist, they may bill you for the difference between what Anthem pays them and what the dentist usually charges.

To find a dentist by name or location, go to www.anthem.com or call Anthem's dental customer service team at the number listed on the back of your ID card.

	Anthem Blue Cross and Blue Shield DPPO Plan	
	In-Network Benefits	Out-of-Network Benefits
Annual Deductible		
Individual	\$50	\$75
Family	\$150	\$225
Waived for Preventive Care?	Yes	Yes
Annual Maximum		
Per Person / Family	\$2,000	\$2,000
Preventive	100%	100%
Basic	90%	80%
Major	60%	50%
Orthodontia		
Benefit Percentage	Not covered	Not covered

Vision Insurance

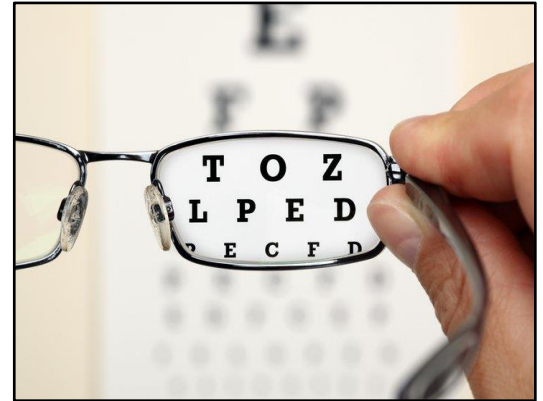


Vision Benefits

Sight, it's a beautiful thing and not to be taken for granted. Whether you want to be incognito and wear contact lenses or stand out in the crowd with the latest stylish frames, this vision plan has you covered. Eye doctors detect problems in vision, overall eye health, and detect signs of other health conditions like diabetic eye disease, high blood pressure and high cholesterol.

Go anywhere within the network for an exam, but we suggest you use a major retail chain when getting your frames and lenses.

Locate an In-Network provider at <https://www.anthem.com>, select FIND A DOCTOR and enter your zip code.



For customer service, contact Anthem at 866-723-0515. View full plan benefit information at <https://www.anthem.com>.

	Anthem Blue Cross and Blue Shield Vision Plan
Copay	
Routine Exams (Annual)	Covered Under Medical Plan
Vision Materials	
Materials Copay	100%
Lenses	Benefit varies by type of lens. Covered every 12 months
Contacts Covered in lieu of frames. Medically necessary contacts may be covered at a higher benefit level	Elective contacts covered \$200 allowance, then 15% off any remaining balance every 12 months
Frames	Covered at \$200 allowance, then 20% off every 12 months

Additional perks and savings are available through Anthem's Special Offers Program!

- Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids, and even LASIK laser vision correction surgery are available through a variety of vendors. Just log in at <https://www.anthem.com>, select discounts, then Vision, Hearing & Dental.

Some of our in-network providers include:



Flexible Spending Accounts (FSA)



What is an FSA?

Flexible Spending Accounts (FSAs) offer another way to save money on health care and dependent care expenses. You may submit expenses incurred by any of your dependents, whether or not they are covered by the insurance plans. Employees need not be enrolled in the medical plan to participate in FSAs.

- If you enroll, you fund the accounts via a payroll deduction each pay period. Money that you contribute to your FSAs is not subject to social security taxes, federal, and in most cases, state income taxes.

Online Enrollment in your Flexible Benefit Plans

1. Open your browser (e.g. Google Chrome) and log into www.voya.com
 - New Users: New Users to the website may create a new account anytime by selecting the link under “New User”.
 - Existing Users: Existing Users can continue to use their existing username and password already created.
2. Click “Enroll Now”
3. Click “Begin Your Enrollment Now”

You will be guided step-by-step through the enrollment process, so just follow along, enter the required information and click on “Continue” after each screen.

***If you do not make your 2025 benefit elections, you will automatically be defaulted to your prior year elections, except for the FSA, which will default to zero (\$0) elections.**

HCFSA Annual Contribution Limit:

\$3,300

Health Care Flexible Spending Account (HCFSA)

Federal regulations do not allow participation in an HSA and this type of account. Eligible health care expenses include many of the out-of-pocket expenses you pay to maintain your health and well-being. These include deductibles and coinsurance expenses not covered by your medical plan, expenses for glasses or contact lenses, and more.

DCFSA Annual Contribution Limit:

\$5,000

\$2,500 if married filing separately

Dependent Care Flexible Spending Account (DCFSA)

You may use pre-tax dollars from your DCFSA to pay expenses for care when the services enable you and your spouse to work outside of the home. These include expenses for the care of a dependent child, spouse or elderly parent inside your home. Also included are baby-sitters, nursery schools, and day care centers.

Only the portion of expenses which enable you to remain employed are eligible. Educational expenses are not eligible.

Transit Monthly Contribution Limit:

\$325

Parking Monthly Contribution Limit:

\$325

Commuter Spending Accounts

The **transit spending account** allows you to set aside pre-tax money to help cover the costs of public transportation such as mass transportation fares, which include any pass, token, fare card, ticket, etc. for public transportation to and from work and commuter highway vehicle transportation, better known as van pooling.

The **parking spending account** allows you to set aside money for eligible parking expenses such as or parking at or near an employee’s work place and parking at or near a location from which an employee commutes to work by mass transportation, carpooling, etc. (A parking lot at a commuter train station, for example).

Life and Accidental Death & Dismemberment (AD&D) Insurance



Basic Life and AD&D Insurance

VIKA provides Basic Life and AD&D benefits to eligible employees. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

Guardian Basic Life and AD&D Insurance	
You	
Benefit Maximum	1x annual earnings up to the maximum of \$150,000

The above benefits will begin to decrease at age 65 by 35%, and 50% at age 70.

Important Reminder!

Be sure to assign a **beneficiary** or living trust to ensure your assets are distributed according to your wishes.

Voluntary Life and AD&D Insurance

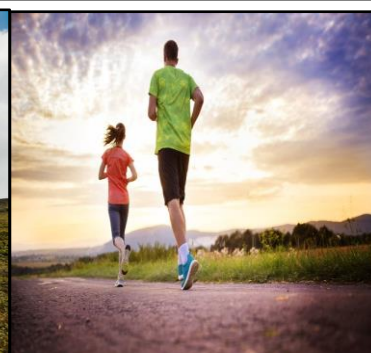


In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. **Your election, however, could be subject to medical questions and evidence of insurability.**

Voluntary Life and AD&D Insurance

You may purchase additional Life/AD&D insurance with Dearborn Life Insurance Company if you want more coverage. Your contributions will depend on your age and the amount of coverage you elect.

Dearborn Group Voluntary Life Insurance	
Voluntary Life: Employee	\$10,000-\$300,000 in increments of \$10,000
Voluntary Life: Spouse	\$10,000-\$300,000 in increments of \$10,000
Voluntary Life: Child(ren)	\$5,000 (6 months to age 26), \$100 (15 days to 6 months)





Disability Insurance



One of the most important assets to you as an employee is the ability to earn an income. Disability insurance provides income protection in the event you become unable to work due to a non-work-related illness or injury. Please note that disability plans are subject to reduction if you receive disability payments from other sources, such as state or federal programs.

Short-Term Disability Insurance

VIKA offers a short-term disability option through Dearborn Life Insurance Company. This benefit covers 66.67% of your weekly base salary up to \$2,000/week. The benefit begins after an injury or illness and lasts up to 8 weeks. Please see the summary plan description for complete plan details.

Long-Term Disability Insurance

VIKA offers long-term income protection through Dearborn Life Insurance Company in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 60% of your monthly base salary up to \$10,000. Benefit payments begin after 60 days of disability. See Certificate of Coverage for benefit duration. Please see the summary plan description for complete plan details.

Dearborn Group STD & LTD Insurance		
	Short-Term Disability	Long-Term Disability
Waiting Period Employee	7 days	60 days
Benefit Period	8 weeks	Social Security Normal Retirement Age (SSNR)
Benefit Amount: Child(ren)	66.67% up to a maximum of \$2,000/week	60% up to a maximum of \$10,000/month

Employee Assistance Program (EAP)



GuidanceResources

When personal problems arise, many people may choose to cope alone, resulting in negative consequences at home and the workplace. This is why we have teamed up with ComPsych Corporation and Dearborn Group to offer Disability Resource Services to employees who are covered by our long-term disability (LTD) policy and their immediate family. Disability Resource Services provides convenient resources to help address emotional, legal, and financial issues. GuidanceResources® Online ([GuidanceResources.com](https://www.guidanceresources.com)) is a secure, password-protected website that contains self-assessments, extensive content on personal health and powerful tools to help with personal, relational, legal, health and financial concerns.

This service is free of charge to employees who are insured with us for long-term disability insurance.

It covers many topics and personal concerns, such as:

- Getting out of debt
- Grief and loss
- Job pressures
- Managing debt obligations
- Alcohol and drug abuse
- Depression
- Divorce and family law
- Estate planning
- Marital and family conflicts
- Retirement planning
- Saving for college
- Stress and anxiety
- Tax questions
- Real estate buying and selling

To access your services, call **877-595-5289** or visit [GuidanceResources.com](https://www.guidanceresources.com) and enter our Company ID: **DISRES**.

Extra Help When It's Needed Most!

Face-to-Face Sessions

Disability Resource Services provides three face-to-face sessions per issue in a geographically accessible location to address behavioral issues.

Unlimited Telephonic Support

Disability Resource Services also provides unlimited telephonic support (24 hours a day, 7 days a week) to help address behavioral issues. Master's degree level clinicians use a conversational approach to identify issues, assess needs and refer participants to specialists to help resolve their issues.



What Your Benefits Will Cost

VIKA asks employees to contribute a nominal amount to the insurance premium for their medical, dental, and vision benefits. Bi-weekly payroll deductions are shown here.

Bi-Weekly Medical Plan Contributions

Employee Contributions (Bi Weekly)	
Anthem Blue Cross and Blue Shield - Anthem KeyCare 15 - -Anthem KeyCare 15	
Employee	\$66.88
Employee & Spouse	\$200.65
Employee & 1 Child	\$122.62
Employee & Spouse & Child(ren) (Family)	\$379.01
Anthem Blue Cross and Blue Shield - Anthem KeyCare 25 - -Anthem KeyCare 25	
Employee	\$11.55
Employee & Spouse	\$92.36
Employee & 1 Child	\$57.74
Employee & Spouse & Child(ren) (Family)	\$230.96
Anthem Blue Cross and Blue Shield - Anthem KeyCare 30 - -Anthem KeyCare 30	
Employee	\$0.00
Employee & Spouse	\$23.10
Employee & 1 Child	\$11.55
Employee & Spouse & Child(ren) (Family)	\$138.58

Bi-Weekly Dental Plan Contributions

Employee Contributions (Bi Weekly 26 per yr)	
Anthem Blue Cross and Blue Shield - DPPO Plan - -DPPO Plan	
Employee	\$25.46
Employee & Spouse	\$53.87
Employee & Child(ren)	\$49.32
Employee & Spouse & Child(ren) (Family)	\$77.74

Bi-Weekly Vision Plan Contributions

Employee Contributions (Bi Weekly 26 per yr)	
Anthem Blue Cross and Blue Shield - Vision Plan - -Vision Plan	
Employee	Included in Medical
Employee & Spouse	Included in Medical
Employee & Child(ren)	Included in Medical
Employee & Spouse & Child(ren) (Family)	Included in Medical

Have Questions? Need Help?

Carrier Contact Information

Please contact Human Resources to any changes to your benefits that are not related to your initial or annual enrollment. For claims assistance, you can contact the insurance carrier. You will need your Social Security number along with your date of service and provider's name. If you require further assistance, contact Tammy Snell.

Additional information regarding benefit plans can be found by contacting the carriers listed below.

	Carrier	Phone Number	Website/Email
Medical PPO	Anthem Blue Cross and Blue Shield	833-592-9956	www.anthem.com
Flexible Spending Account	Voya	603-647-4666	www.voya.com
Dental PPO	Anthem Blue Cross and Blue Shield	833-592-9956	www.anthem.com
Vision	Anthem Blue Cross and Blue Shield	866-723-0515	www.anthem.com
Life and AD&D	Guardian	888-482-7342	www.guardian.com
Voluntary Life and AD&D	Dearborn Life Insurance Company	800-721-7987	www.mydearborngroup.com
Short Term Disability (STD)	Dearborn Life Insurance Company	800-721-7987	www.mydearborngroup.com
Long Term Disability (LTD)	Dearborn Life Insurance Company	800-721-7987	www.mydearborngroup.com
Employee Assistance Program	Dearborn / Guidance Resources	866-899-1363	www.guidanceresources.com
Benefit Questions	VIKA HR Business Partner Tammy Snell	703-761-2799	snell@vika.com

