



WESCO

EMPLOYEE BENEFITS

**2026
Plan Year**





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This benefit summary describes the benefit plans available to you as an employee of Wescom, Inc. The details of these plans are contained in the official plan

documents that have been provided to you by your employer, including some insurance contacts. This summary is meant only to cover the highlights of each plan. It does not contain all the details that are included in your summary plan description as described by the Employee Retirement Income Security Act (ERISA).

If there is ever a question about one of these plans, or if there is a conflict between the information in this summary and the formal language of the plan documents, the formal wording in the plan documents will govern. Please note that the benefits described in the summary may be changed at any time and do not represent a contractual obligation on the part of Wescom, Inc

WELCOME!

WE ARE COMMITTED to providing competitive benefit programs that are flexible enough to meet your individual needs. Our comprehensive benefits are carefully designed to give you the tools you need to keep you and your family healthy, provide financial protection in the event of unforeseen circumstances and help you build long-term security for retirement.

Getting the most from your benefits is up to you. You know your family, your goals and your lifestyle best. This benefits guide was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this guide to make sure you understand the benefits that are available to you and your family and be sure to act before the enrollment deadline.



OPEN ENROLLMENT: TAKE ACTION!

December 1st – December 12th

This Open Enrollment is a passive enrollment meaning all of your current elections will carry over unless you decide to make any changes. Your benefits will be effective on **January 1, 2026** and you will not be able to enroll until the next Open Enrollment, unless you experience a Qualifying Life Event (QLE).



ELIGIBILITY



BENEFIT ELIGIBILITY

You and your eligible family members may participate in the Wescom, Inc. employee benefits program if you're a regular, full-time employee working a minimum of 30 hours per week.

DEPENDENT ELIGIBILITY

You can enroll the following dependents in our group benefit plans:

- ☒ Your legal spouse or domestic partner
- ☒ Children up to age 26*
- ☒ A child under the age of 26 who is your natural child, stepchild, legally adopted child, or child for whom you have obtained legal guardianship
- ☒ Unmarried children of any age if totally disabled and claimed as a dependent on your federal income tax return (documentation of handicapped status must be provided)

NEW-HIRE ELIGIBILITY

New hires can join the plan **first of the month following 30 days**. Spouses and dependent children of the employee are also eligible to participate in our benefit plans.



*Enrolled children lose coverage when they turn 26 and will be mailed COBRA enrollment information.



IMPORTANT

If you need to make a change before the next Open Enrollment period due to a change in status, you must submit the required documentation **WITHIN 30 DAYS** of the qualifying life change event. Contact **Jon Hiivala** or login to **ADP** to process a Qualifying Life Event.

QUALIFYING LIFE EVENT

Your benefit elections made during Open Enrollment will be effective January 1st for your Medical and Life and Disability benefits. You may not make changes to your elections unless you experience a qualifying life event, including change in legal marital status (marriage, divorce, death of spouse), change in dependents (birth, adoption), change in employment status (termination, part-time), or your spouse's Open Enrollment.



CHOOSE YOUR MEDICAL PLAN

Wescom Inc. offers a comprehensive High-Deductible Health Plan and Co-Pay plan through UMR using the UnitedHealthcare Choice Plus Network. The chart on the following page provides an overview of the medical plan and benefits offered to you effective January 1, 2026.

Elections you make during Open Enrollment will be effective January 1st and remain in effect until December 31st unless you experience a qualifying life event.

REGISTER ONLINE

Your connection to great healthcare is only a click away. Register for an online account at www.umar.com so you can access time-saving tools, tips for healthy living, view lab results, choose a doctor, manage your EOBs, and more!



DOWNLOAD THE MOBILE APP

With the **UMR** mobile app, you've got the tools you need to manage your healthcare all from your smartphone. The mobile app is available in the Apple and Google Play store.

Employees and dependents may seek services from in-network and out-of-network providers. Utilizing an in-network provider offers an enriched benefit; a lower deductible, a lower co-insurance charge and expenses over the usual and customary limit are waived. If an out-of-network provider is selected, the employee or dependent may be responsible for charges above the usual and customary limit. Benefits are paid on covered charges after the annual deductible is satisfied.

MEDICAL PLAN COMPARISON

	\$3,500 HSA Plan	\$1,500 Copay Plan	
BENEFITS IN-NETWORK			
ANNUAL DEDUCTIBLE			
Individual	\$3,500	\$1,500	
Family	\$7,000	\$3,000	
OUT-OF-POCKET (OOP) MAXIMUM			
Individual	\$3,500	\$3,500	
Family	\$7,000	\$7,000	
EMPLOYEE PAYS THE FOLLOWING			
Virtual Visits	\$35 Copay	\$0 Copay	
Preventive Care	0%, No Deductible	0%, No Deductible	
Primary Care Physician (PCP)	Deductible, then 0%	\$35 Copay	
Specialist	Deductible, then 0%	\$50 copay	
Emergency Room	Deductible, then 0%	Deductible, then 20%	
Inpatient Hospital	Deductible, then 0%	Deductible, then 20%	
Outpatient Hospital	Deductible, then 0%	Deductible, then 20%	
Urgent Care	Deductible, then 0%	\$75 Copay	
Outpatient Surgery	Deductible, then 0%	Deductible, then 20%	
Lab/X-Ray (Outpatient)	Deductible, then 0%	Deductible, then 20%	
PHARMACY IN-NETWORK BENEFITS			
Retail 30-day supply	Tier 1 – Generic	Deductible, then 0%	\$15 Copay
	Tier 2 – Preferred Brand	Deductible, then 0%	\$45 Copay
	Tier 3 – Non-Preferred Brand	Deductible, then 0%	\$60 Copay
	Tier 4 – Specialty Drugs	Deductible, then 0%	20% Coinsurance

UNDERSTANDING YOUR PLAN OPTIONS

High Deductible Health Plan with an HSA

- This plan is unique in that you are responsible for paying the full cost of services out of pocket before you've met your deductible – there are no copays.
- Once the deductible is met on this plan, the plan pays 100% of the In-Network expenses
- The HSA plan encourages you to be more actively involved in your health and wellness

Traditional Copay Plan

- This plan has copayments for services like office visits and prescriptions.
- Some services, like hospital services, are subject to the deductible and coinsurance.
- This plan is not compatible with a Health Savings Account (HSA)

Prescription Drug Coverage – MedOne

MedOne will be the new Pharmacy Benefit Manager effective January 1, 2026 and will include comprehensive coverage for your medications along with new tools and resources to manage your medications throughout the year. myMedOne has several features designed to help members understand their prescription benefit. Below are brief summaries of each of the features available to you as a MedOne member.

Plan Overview

Upon entering the myMedOne Member Portal, members are met with an active overview of their plan that includes progress trackers toward deductibles and out-of-pocket maximums as well as a history of recent fills.

My Recent Rx Fills

Members have the option to review their recent medication fills and access their entire fill history. Each prescription listed can be expanded to view details including cost, prescription details, prescriber information, and the filling pharmacy.

My Savings Opportunities

My Savings Opportunities helps members save on their prescriptions by recommending other local pharmacies who offer their medication at more affordable costs.
der member.

My Rx Lookup

The My Rx Lookup feature is an interactive tool that allows you to access pricing for any medication(s) you have been or may be prescribed. This allows you to actively compare drug prices based on zip code, allowing you to identify the most cost-efficient pharmacies in your area.

My Prior Authorizations

The My Prior Authorizations feature enables members to access both current and historical records. Expand the medication section by clicking the down arrow to reveal more details.

My Mail Order

Use the main navigation menu in the top right corner to select MY MAIL ORDER. Upon selecting MY MAIL ORDER, you are prompted to either begin the enrollment process if you are new to mail order or request refills and update your prescription info if you are an existing mail order member.



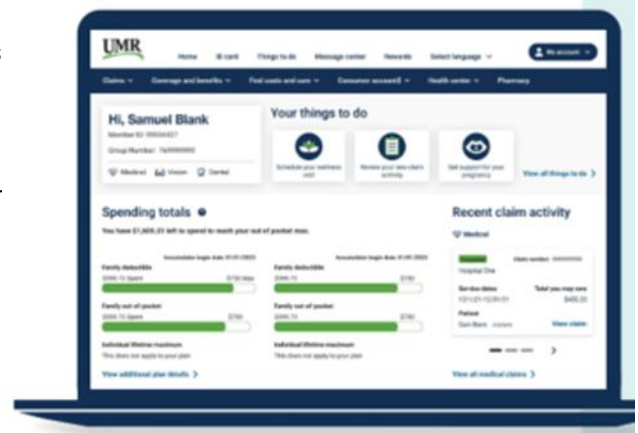
GETTING TO KNOW UMR

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!

Register with UMR to:

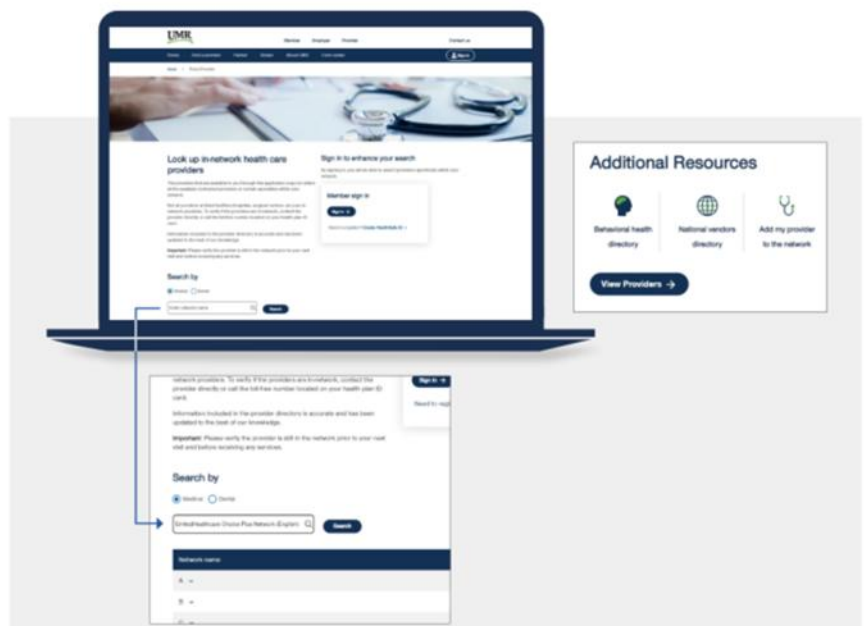
- View Things to do, your personalized benefits to-do list
- Check your benefits and see what is covered
- Look up what you owe and how much you have paid towards your deductibles and out-of-pocket maximum
- Find a doctor in your network
- Learn about medical conditions and your treatment options
- Access tools and trusted resources to help you live a healthier life



The UnitedHealthcare Choice Plus Network lets you choose from one of the biggest networks of doctors and clinics. The name of your network is listed on your UMR member ID card, along with the member services phone number to call with any questions. Make sure your health care providers have a copy of your current ID card on file so that your claims will be submitted and processed correctly.

To Find an In-Network Provider:

- Register your account online at umr.com
- Login and select Find a Provider
- Select UnitedHealthcare Choice Plus Provider Network
- Enter your location or where you would like to find a provider



VIRTUAL CARE THROUGH TELADOC – NO COST TO YOU!

Teladoc provides access to licensed physicians by phone, video, and mobile app. Now you can get medical advice and treatment any time, 24 hours a day, 7 days a week.

When should I use Teladoc?

- For non-emergent medical issues, questions, or concerns
- If your primary care physician is not available or accessible
- After normal business hours or on nights, weekends, and holidays
- If you're traveling and need medical advice
- To request a prescription or refill

Note that there is not a guarantee that you will be prescribed medication.

Need to see a Dermatologist

- Get a custom treatment plan

Access Mental Health Care

- Talk to a therapist or psychiatrist

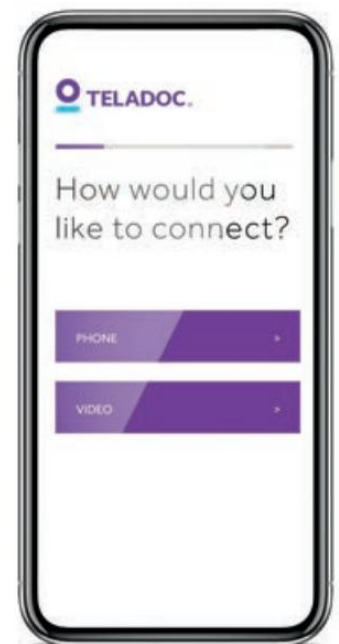
How to Register with Teladoc?

Online access: <https://www.teladoc.com/>

Mobile App access: <https://www.teladoc.com/mobile/> to download the app.



Eligibility:

To participate in Teladoc Virtual Healthcare, you must be enrolled in the Wescom's Medical Plan.



Get started

Visit [TeladocHealth.com](https://www.TeladocHealth.com)

Call 1-800-835-2362 | Download the app  

Refer to your employee booklet at umr.com for Teladoc benefits

ONE PASS SELECT FITNESS

One Pass Select can help you reach your fitness goals while finding new passions along the way. Find a routine that's right for you whether you work out at home or at the gym. Choose a membership tier that fits your lifestyle and provides everything you need for whole body health in one easy, affordable plan. You and your eligible family members or friends can get started with One Pass Select today.

Membership is available for those enrolled in the Wescom Inc. UMR Medical plan.

[One Pass Select | Employer and Payer Commercial Fitness Program](#)



Membership options for employees

Category	Digital	Classic	Standard	Premium	Elite
Monthly fee	\$10	\$34	\$69	\$109	\$249
One-time enrollment fee	\$10	\$29	\$29	\$29	\$29
Gym network size		12K+	14K+	16K+	20K+
Premium network			✓	✓	✓
Multi-location access		✓	✓	✓	✓
Digital classes	10K+	10K+	10K+	10K+	10K+
On-demand	✓	✓	✓	✓	✓
Livestreaming	✓	✓	✓	✓	✓
Workout builder	✓	✓	✓	✓	✓
Grocery delivery		✓	✓	✓	✓
Family membership (10% discount)*	✓	✓	✓	✓	✓
Upgrade/downgrade monthly	✓	✓	✓	✓	✓
Cancel within 30 days	✓	✓	✓	✓	✓

*10% discount off the tier selected for each person added.

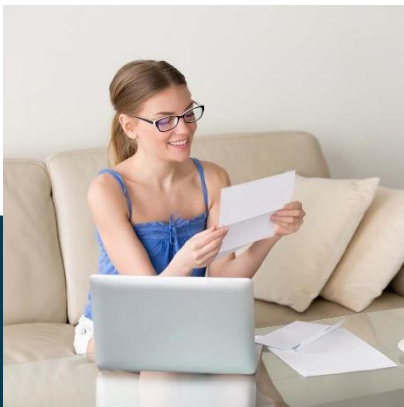
UNDERSTANDING HOW YOUR PLAN WORKS



1 YOUR FAMILY visits your provider (doctor/hospital) and shows their medical insurance card



2 YOUR DOCTOR OR PROVIDER will bill your medical carrier



3 YOUR MEDICAL CARRIER will process your claim, notify your provider, and send a Claims Summary to you and your provider



4 EXPLANATION OF BENEFITS (EOB) You are responsible to pay the amount due to your provider as shown on your EOB

HEALTH SAVINGS ACCOUNT (HSA)

For a list of eligible expenses, see IRS Publication 502, available at www.irs.gov.

WHAT IS A HEALTH SAVINGS ACCOUNT?

A Health Savings Account (HSA) is a way for you to save pre-tax dollars that can be used to pay for qualified healthcare expenses like deductibles, copays, co-insurance, prescriptions, vision and dental expenses. High deductible health plans have lower premiums and may result in lower annual medical costs. These plans offer several advantages to reward you for taking an active role in your healthcare spending.

- ⏏ **Lower paycheck costs** — allowing you to keep control over more of your money
- ⏏ **Tax-advantaged savings account** — enrolling in and contributing to a Health Savings Account (HSA) helps you pay your deductible and out-of-pocket costs
- ⏏ **Comparable benefits** — these plans use the same networks that other plans offer, and in-network preventive care is still 100% covered

WHO IS ELIGIBLE FOR AN HSA?

- ⏏ Must be enrolled in a high deductible health plan
- ⏏ Cannot be covered by any other medical plan that is not a qualified HDHP. This includes a spouse's medical coverage unless it's also a qualified HDHP
- ⏏ Cannot be enrolled in a traditional health care FSA in 2026
- ⏏ Cannot be enrolled in Medicare, including Parts A or B, Medicaid or Tricare
- ⏏ Cannot be claimed as a dependent on another person's tax return
- ⏏ Cannot be a veteran who has received treatment, other than preventive care, through the Department of Veterans Affairs within the past three months

HOW MUCH CAN I CONTRIBUTE TO AN HSA?

- ⏏ Employee only coverage: **\$4,400 in 2026**
- ⏏ Employee plus dependents coverage: **\$8,750 in 2026**
- ⏏ If you are 55 or older, you can make an additional annual catch-up contribution of **\$1,000**

HSAs AND YOUR TAXES

All withdrawals from your HSA are tax-free, as long as you use the money to pay for eligible health care expenses. In addition, all the money in the account is yours and will never be forfeited. It rolls over from year to year, and you can take it with you if you leave the company or retire. After age 65, you can withdraw funds for any reason without a tax penalty — you pay ordinary income tax only if the withdrawal isn't for eligible health care expenses.

Note: You won't pay federal taxes on HSA contributions. However, you may pay state taxes depending on your residence. Consult your tax advisor to learn more.

YOUR LIVELY HSA

Your HSA is managed through Lively. Follow these steps to get started:

- When you sign up, check your email for a link to 'Complete Enrollment Now' from Lively
- Complete your enrollment by navigating to the website and entering in your information
- Login online or download the mobile app to track your funds, look up eligible expenses and more.



DENTAL PLAN

In addition to protecting your smile, dental insurance helps pay for dental care and includes regular checkups, cleanings and x-rays. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery. Dental coverage is offered for

basic and major services. The dental plan also includes 100% coverage for preventive care. You and your eligible dependents may enroll in the dental coverage option administered by SunLife.

In-Network Plan Features	In-Network Dentist	Out-of-Network Dentist
Annual Deductible – Individual	\$50	\$50
Annual Deductible – Family	\$150	\$150
Annual Maximum	\$1,500	\$1,500
Preventive Care	100%	100%
Basic Services	80% after deductible	80% after deductible
Major Services	55% after deductible	55% after deductible
Orthodontia Services (eligible children)	50%, \$1,000 Lifetime Maximum	50%, \$1,000 Lifetime Maximum

SunLife Preventive Rewards

SunLife provides you with the opportunity to earn additional dollars to be added to your annual maximum by going in and having your preventive services each year!

If you enroll in the Wescom plan, you have the opportunity to earn up to \$1,250 that can be rolled into the future plan year for eligible expenses.

LIFE INSURANCE

VOLUNTARY LIFE AND AD&D INSURANCE

As an additional value add to employees, Wescom Inc. is excited to offer employees the opportunity to elect voluntary life and accidental death and dismemberment (AD&D) insurance for themselves and dependents at discounted group pricing with convenient payroll deductions. Please note: Spouses and dependents are only eligible for voluntary life and AD&D insurance if the employee elect's coverage for themselves.

⚠ You pay the full cost of this plan and the amount deducted depends on the age of the associate and the amount of coverage elected

⚠ **Employee:** Employee's coverage may be purchased in increments of \$10,000 up to a maximum of \$500,000 not to exceed 5 times earnings (Guarantee issue amount of \$150,000).

⚠ **Spouse:** Spousal coverage may be purchased in increments of \$5,000 up to a maximum of \$250,000, not to exceed 100% of employee's voluntary life amount. (Guaranteed issue amount of \$50,000).

⚠ **Dependent child(ren):** dependent child(ren) are able to elect coverage for a flat rate dependent on age – 14 days to 6 months- \$250, 6 months to age 26 - \$10,000



GUARANTEED ISSUE AND EVIDENCE OF INSURABILITY

Employees and spouses who elect Voluntary Life and AD&D coverage when they are first eligible can elect up to the Guaranteed Issue (GI) amount without Evidence of Insurability (EOI). If the amount requested is more than GI, you will need to provide EOI before the amount over GI becomes effective.

Open Enrollment Rule

Employees can increase their coverage by one increment level annually without needing to provide Evidence of Insurability (EOI)



VOLUNTARY DISABILITY COVERAGE

At Wescom, Inc. we want to do everything we can to protect you and your family. That's why through SunLife, Wescom Inc. offers employees to purchase short- and long-term disability insurance – this is a 100% employee paid benefit.

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note that you are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

SHORT-TERM DISABILITY (STD) PLAN

The STD plan provides full-time employees with income replacement while disabled and unable to work due to a non-occupational illness or injury, including pregnancy. The benefit is available on day 1 for an accident and after a 7 day waiting period for illness. You will receive a benefit of 60% of your weekly earnings up to \$1,000 per week for up to 13 weeks.

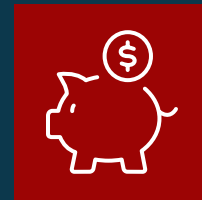
LONG-TERM DISABILITY (LTD) PLAN

If you are enrolled in the LTD plan, and are disabled and out of work for 90 days or more, you may be eligible for a LTD benefit of up to 60% of total covered earnings up to a maximum benefit amount of \$5,000 per month.

This benefit continues until you recover or reach your Social Security normal retirement age, whichever is sooner.



You can contact SunLife by phone, website, or through their app.



FINANCIAL SECURITY

401(K) PLAN

Helping you prepare for retirement is extremely important to Wescom, Inc. To help you achieve long-term retirement security, Wescom, Inc offers you the ability to build individual wealth through the 401(k) employee contributions.

ELIGIBILITY FOR EMPLOYEE CONTRIBUTION

For 2026, you are eligible to make a pre-tax contribution up to \$24,500 (1% - 100% of your pay check) into your 401(k) or up to \$24,500 into a Roth account. If you are 50 years or older, you are eligible for a catch-up contribution of \$8,000.

For 2026, Wescom, Inc. will provide a 6% match into your 401(k).

Visit the Empower website to :

- View your current 401(k) balance and investments
- Add or change your beneficiary on the plan
- Rollover funds from a previous employer plan or qualified 401(k) plan.

For more information and access to the Empower site, go to [Empower Participant Login](#) or call Empower at **855-756-4738**



PER PAY PERIOD EMPLOYEE CONTRIBUTIONS

Medical				
\$3,500 HSA Plan	Wescom Monthly Contribution	Employee Monthly Contribution	Total Monthly Premium	Employee Per Pay Period Contribution
Employee	\$389.26	\$166.82	\$556.08	\$38.50
Employee & Spouse	\$972.76	\$416.90	\$1,389.66	\$96.21
Employee & Children	\$746.92	\$320.10	\$1,067.02	\$73.87
Family	\$1,255.03	\$537.88	\$1,792.91	\$124.13
\$1,500 Copay Plan	Wescom Monthly Contribution	Employee Monthly Contribution	Total Monthly Premium	Employee Per Pay Period Contribution
Employee	\$389.26	\$189.90	\$579.16	\$43.82
Employee & Spouse	\$972.76	\$474.56	\$1,447.32	\$109.51
Employee & Children	\$746.92	\$364.37	\$1,111.28	\$84.08
Family	\$1,255.03	\$612.28	\$1,867.31	\$141.29

Dental	Wescom Monthly Contribution	Employee Monthly Contribution	Total Monthly Premium	Employee Per Pay Period Contribution
Employee	\$21.32	\$21.32	\$42.64	\$4.92
Employee & Spouse	\$40.95	\$40.95	\$81.90	\$9.45
Employee & Children	\$50.23	\$50.23	\$100.45	\$11.59
Family	\$78.05	\$78.05	\$156.09	\$18.01

EMPLOYEE CONTRIBUTIONS

Monthly Rates for every \$10 of Weekly Benefit for Short- Term Disability Coverage

Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	\$ 0.351	\$0.369	\$0.319	\$0.428	\$0.450	\$0.501	\$0.702	\$0.671	\$0.996	\$0.941	\$0.220

Monthly Rates for every \$100 of Monthly Benefit for Long- Term Disability Coverage

Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	\$0.221	\$0.140	\$0.169	\$0.328	\$0.445	\$0.559	\$0.849	\$0.849	\$1.450	\$0.887	\$0.803

Monthly Cost for Each \$1,000 of Employee & Spouse Life/AD&D Insurance Coverage

Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+	AD&D
Life	\$0.110	\$0.130	\$0.160	\$0.240	\$0.410	\$0.670	\$1.050	\$1.640	\$2.950	\$5.280	\$8.710	\$17.640	\$0.050
Children	Life- \$0.13 per \$1,000; AD&D- \$0.044												



BENEFITS DEFINITIONS



COINSURANCE

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.)

COPAYMENT

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service.

DEDUCTIBLE

An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible.)

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

A type of health plan that has lower monthly premiums, but higher deductibles and out-of-pocket limits, than a traditional health plan. HDHPs are often coupled with an HSA (Health Savings Account)

NETWORK

The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

NETWORK PROVIDER

A provider who has a contract with your health insurer or plan who has agreed to provide services to members of a plan. You will pay less if you see a provider in the network. Also called "preferred provider" or "participating provider."

OUT-OF-NETWORK PROVIDER

A provider who doesn't have a contract with your plan to provide services. If your plan covers out-of-network services, you'll usually pay more to see an out-of-network provider than a preferred provider. Your policy will explain what those costs may be. May also be called "non-preferred" or "non-participating" instead of "out-of-network provider."

BENEFITS DEFINITIONS (CONT.)



OUT-OF-POCKET MAXIMUM

The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit the plan will usually pay 100% of the allowed amount. This limit helps you plan for health care costs. This limit never includes your premium, balance-billed charges or health care your plan doesn't cover. Some plans don't count all of your copayments, deductibles, coinsurance payments, out-of-network payments, or other expenses toward this limit.

PREMIUM

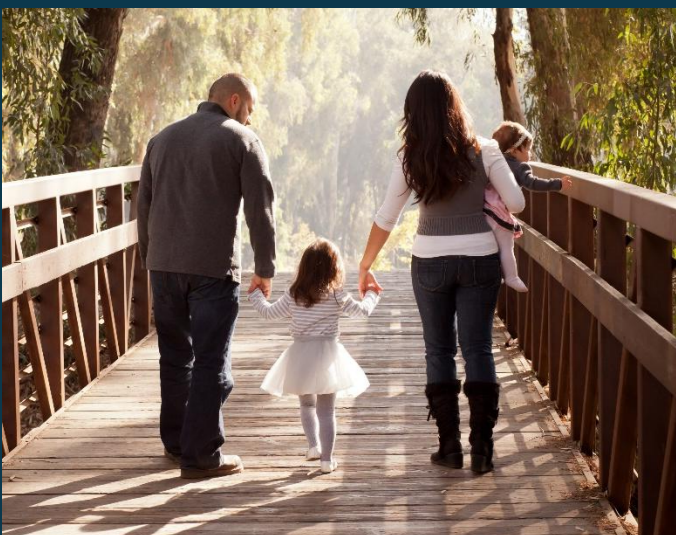
The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly, or yearly.

PROVIDER

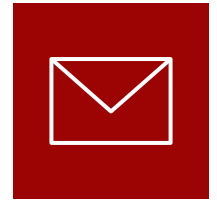
An individual or facility that provides health care services. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, and rehabilitation center. The plan may require the provider to be licensed, certified, or accredited as required by state law.

REFERRAL

A written order from your primary care provider for you to see a specialist or get certain health care services. In many health maintenance organizations (HMOs), you need to get a referral before you can get health care services from anyone except your primary care provider. If you don't get a referral first, the plan may not pay for the services.



IMPORTANT CONTACTS



Coverage	Contact	Phone	Website
Medical	UMR	(800) 826-9781	www.umar.com
Prescription Drugs	MedOne	(866) 335-9057	www.medone.com
Health Savings Account	Lively	888-576-4837	www.livelyme.com
Telemedicine	Teladoc	1-800-835-2362	www.teladochealth.com
Dental	SunLife Dental	800-442-7742	www.sunlife.com
Life and AD&D	SunLife Financial	800-247-6875	www.sunlife.com
Disability	SunLife Financial	800-423-2765	www.sunlife.com
401(k) Retirement	Empower	855-756-4738	www.empower.com

Additional Benefit Information can be found on the Wescom App Page by visiting Employee Resource Center -> HR.

