



**2025-
2026**

EMPLOYEE BENEFIT GUIDE

Medical | Pharmacy | Dental | Vision |
FSA | Disability | Life | EAP |
Swift MD | Voluntary Benefits

UWA
*The UNIVERSITY of
WEST ALABAMA*

Welcome to Your Benefits

Our most important asset is our people. That's why UWA offers a comprehensive benefits program to meet all your needs. Review this guide to learn about everything provided to you and to determine which benefits are best for you and your family. You will find many resources outlined in this guide to help you make the most of your benefit plans and answer your questions.

The health care coverage you elect begins with your initial eligibility date and continues through the end of the enrollment year. UWA's health care benefit year runs from October 1st to September 30th.

You must make your elections during the specified Open Enrollment window, or you will not have coverage. You may not enroll again until the next Open Enrollment period unless you experience a qualifying life event. To have coverage, you must confirm your benefit choices through **Employee Navigator** by the deadline.

Table of Contents

Eligibility	03
Making Changes	04
How to Enroll	05
Medical Coverage	06
VeracityRx Pharmacy	07
Dental Insurance	08
Vision Insurance	09
TASC Flexible Spending Account	10
Long-Term Disability	11
Life Insurance	12
Whole Life Insurance	13
Employee Assistance Program	14
Swift MD Teladoc	14
Voluntary Benefits	15
Annual & Sick Leave Policy	16
Terms to Know	17
Summary of Notices	18
Contacts & Resources	20

Eligibility

All regular full-time UWA employees working at least 30 hours per week are eligible for benefits. As a new hire, all benefits are effective on your 1st day of employment. You may also enroll during Open Enrollment for an October 1st effective date.

Who Can Enroll

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

- Your legal spouse
- Your natural, adopted, or stepchildren living with you, or children whom you have legal guardianship, up to age 26
- Unmarried children of any age if disabled and claimed as a dependent on your income taxes

When Can I Enroll

You may enroll in benefits during the following times:

- Your initial new hire eligibility period
- The Open Enrollment period for an October 1st effective date

If you fail to enroll within the timeframe given of your new hire eligibility period or the annual Open Enrollment window, you will not be able to elect benefits again until the next Open Enrollment period, and you will not have coverage. Please make your elections on time, or you may experience a delay in using your benefits such as seeing a doctor or refilling a prescription.

If you are enrolling during an open enrollment period, any changes you make will begin on October 1st.



Making Changes to Your Benefits

Outside of your initial new hire or the Open Enrollment period, changes to your benefits can only be made throughout the year within 30 days of a qualifying life event. Examples of the most common events include:

- Marriage or divorce
- Birth or adoption of an eligible child
- Death of a covered dependent
- Change in your or your spouse's work status that affects your benefits
- Change in residence that affects your eligibility for coverage
- Change in your child's eligibility for coverage
- Receipt of a Qualified Medical Child Support Order (QMCSO)

To see a complete list, or to report an event, contact Human Resources. Documentation may be required. If you fail to report a life event or supply the necessary documentation, you will be required to wait until the next annual enrollment period to make changes to your benefits.



How to Enroll



We are excited to offer you the resource of having a licensed PES-One benefit consultant to help you enroll in your benefits this year. By meeting with a benefit consultant, you will receive assistance in making your elections and gain a better understanding of the benefits being offered while also helping you make the best decisions for you and your loved ones. They can answer any questions you may have and will complete your enrollment during the meeting.

THINGS TO KNOW

- Benefit consultations will be up to a 30-minute **virtual** or **telephonic** one-on-one meeting.
- **In person** consultations will also be available on **August 25th**.
- If you choose to waive benefits, you must still make an appointment with a benefit consultant.
- You will receive a series of emails and texts with essential details about the benefits and directions on how to schedule your personal one-on-one consultation at the time that is convenient for you. **If you do not receive emails and/or texts, please confirm your contact information on file is correct by reaching out to the HR department.**
 - Emails will come from Enrollify Support info@enrollify.com.
 - Texts will come from **844-490-2070**.
- For virtual appointments, please ensure you **allow** the app to **access your microphone and video** on your device prior to your appointment.

SCHEDULE AN APPOINTMENT

ALL employees must login through the PES-one app at <https://PES-one.app> to schedule an appointment.

Username is your mobile number or email, and your **password** will be sent via text and email.

If you have any problems scheduling a consultation, please email support@pes-one.com.

NEW HIRES

Within 30 days of your hire date, you will receive a series of emails and texts with directions on how to set up your one-on-one **phone** or **virtual** consultation with a PES-One benefit consultant that will walk you through the enrollment process.

Medical Plan Comparison



UWA offers employees the option to purchase medical benefits through **Blue Cross Blue Shield of Alabama**. This plan allows you to visit any provider or facility, but you will pay less out-of-pocket when you choose an in-network provider. To find in-network providers, go to AlabamaBlue.com or call **1-800-810-BLUE**.

The chart below provides a brief overview of the plan. Refer to your Summary of Benefits for detailed coverage information.

BLUE CROSS BLUE SHIELD OF ALABAMA	BlueCard PPO	
	YOU PAY:	
Deductibles & Out-of-Pocket Maximums		
Calendar Year Deductible	\$200 Individual / \$600 Family	
Out-of-Pocket Maximum	\$1,000 Individual	
Plan Details	In-Network	Out-of-Network
» Visits Primary Care/ Specialist/ Preventative Care/ etc.	\$25 copay	20% coinsurance
» Testing Diagnostic Tests & Imaging	No charge	20% coinsurance
» Outpatient Facility fee (i.e.: ambulatory surgery center) Physician/ surgeon fees	\$100 copay No charge	20% coinsurance
» Inpatient Facility fee (i.e.: hospital room) Physician/ surgeon fees	\$200 per admission No charge	\$200 per admission 20% coinsurance
» Pregnancy Office Visits Childbirth/delivery facility services	No charge \$200 per admission	20% coinsurance \$200 + 20% coinsurance
» Immediate Medical Attention Emergency room care Emergency medical transportation Urgent Care	\$100 copay 20% coinsurance \$25 copay	\$100 copay 20% coinsurance 20% coinsurance
» Other Health Needs Home Health Care Rehabilitation Services	No charge 20% coinsurance	20% coinsurance 20% coinsurance
» Prescription Drugs	See <u>Page 7</u> for more information	
Monthly Premiums		
Individual	\$0.00	
Family	\$64.74	



VeracityRx oversees and manages your pharmacy benefits. As your benefits partner, they will handle all claims and customer service functions including Specialty and Personal Importation pharmacy fulfillment.

Your plan uses a select/non-select pharmacy network, so virtually any pharmacy can fill your prescription(s). This means that **virtually any pharmacy can fill your prescription(s) up to a 34-day supply; however, any prescription greater than a 34-day supply up to 90-days can only be filled at Select pharmacies and/or via mail order.** All pharmacies are considered Select except for CVS, Target, Walgreen's, and Rite-Aid.

How to connect to VeracityRx's 24/7 service: **Call [888-388-8228](tel:888-388-8228)**

Member Portal Access & Benefits Management: **Register at veracity.procarerx.com**

Copays Select & Non-Select Pharmacies	PPO Plan
Tier 1: Generic (34-day retail)	\$10
Tier 2: Preferred Brand (34-day retail)	\$20
Tier 3: Non-Preferred Brand (34-day retail)	\$35
90-Day Retail (Select Pharmacies Only) & Mail Order (ProCare Pharmacy Care)	Generic: \$30 Preferred Brand: \$60 Non-Preferred Brand: \$105
Specialty Drugs	Specialty Drugs are EXCLUDED. Enroll at veracity-rx.com for more information.
Personal Important Drugs	\$0 Copay – Personal importation drugs are available through VeracityRx Pharmacy Services. Enroll at veracity-rx.com to get started.

For additional information on VeracityRx, your plan overview, prescription coverage, & FAQs, scan this QR code with your phone:



Dental



UWA offers PPO dental coverage through **Blue Cross Blue Shield**. This plan allows you to visit any provider or facility, but you will pay less out-of-pocket when you choose a provider/ facility that's in-network. To register for **myBlueCross**, go to AlabamaBlue.com/register.

The chart below provides a brief overview of the plan. Refer to your Summary of Benefits for detailed coverage information.

BSBS PPO DENTAL PLAN	myBlueCross
	In-Network
	You pay:
Calendar year deductible: Individual / Family	\$25 / \$75
Calendar Year Maximum Benefits	\$1,000 (does not apply to orthodontic services)
» Basic – Diagnostic & Preventative (Exams, X-rays, Routine Cleanings, etc.)	100% covered
» Basic – Restorative Services (Tooth Extractions, Denture Repairs, etc.)	80% covered
» Supplemental Services (Oral Surgery, General Anesthesia, etc.)	80% covered
» Periodontic Services (Periodontic Exam, Removal of Diseased Bone, etc.)	80% covered
» Prosthetic Services (Inlays, Onlays, Veneers, Dentures, etc.)	50% covered
» Orthodontic Services	50% covered – \$1,000 Lifetime Maximum Subject to lifetime deductible of \$25

Monthly Premiums	
Individual	\$0.00
Family	\$42.00

Scan this QR Code with the camera on your phone to watch an educational video about Dental Insurance.



Vision



UWA offers vision coverage through **Guardian** on the **VSP Network**. This vision plan allows you to use in-network or out-of-network providers. However, when using out-of-network providers, you will pay expenses at the time of service and file a claim for reimbursement.

To find a network provider, visit GuardianAnytime.com. The chart below provides a brief overview of the plan. Refer to your Summary of Benefits for detailed coverage information.

GUARDIAN VISION PLAN	VSP Choice Network	
	YOU PAY:	
Copays		
Exams – Every calendar year	\$10	
Materials Copay	\$25	
Plan Details	In-Network	Out-of-Network
» Lenses – Every Calendar Year Single Vision: Bifocal: Trifocal: Lenticular:	\$25	Balance over \$23 Balance over \$37 Balance over \$49 Balance over \$64
» Frames – Every Two Calendar Years Frames: Costco, Walmart, Sam’s Club Frames:	\$130 + 20% off \$70 max	Balance over \$46 Not covered
» Contact Lenses (in lieu of lenses and/or frames) – Every Calendar Year Medically Necessary Lenses: Elective Materials:	Covered after copay \$130 allowance	Balance over \$210 Balance over \$100

Monthly Premiums	
Individual	\$8.83
Employee + Spouse	\$14.15
Employee + Child(ren)	\$14.41
Family	\$23.23



Scan this QR Code with the camera on your phone to watch an educational video about Vision Insurance.

Flexible Spending Account (FSA)

As an employee of UWA, you have the option to enroll in a Flexible Spending Plan through **TASC** during the **December** enrollment period. When you choose to participate, money is deducted from your pre-taxed income and kept in your TASC account to be used for certain medical, dental, and vision expenses as well as qualified dependent/ childcare expenses.

Learn more about FSA-eligible expenses by visiting www.tasconline.com/biz-resource-center/eligible-expenses/

When you incur a qualified medical expense, you will be able to pay with your TASC Visa Reimbursement Card or submit the expense through the TASC online portal. Please remember to **save all your receipts** as you will need them for reimbursement validation purposes.

For more information and to view Eligible FSA Expenses, visit their website at tasconline.com or scan the QR code below.



FSA REMINDERS:

- » You cannot mix funds from your Health Care account to your Dependent Care account. You may only use Health Care FSA money for health care expenses and Dependent Care FSA for funds for dependent care (daycare) expenses.
- » Save your receipts to validate your reimbursements.
- » You can incur expenses only during the plan year you are enrolled (January 1 – December 31).
- » You must re-enroll each year if you wish to continue funding the account(s).

You may enroll in the program upon employment or during Open Enrollment.

For questions about your Flexible Spending Account, please contact TASC by visiting: www.tasconline.com or calling: [1-800-422-4661](tel:1-800-422-4661)

Email customer support by logging into your TASC online account and clicking "Contact Us"!

HEALTHCARE FSA

FLEXIBLE SPENDING ACCOUNT

Disability Insurance



Whether you are disabled and unable to work due to an accident or illness, UWA offers company-paid Long-Term Disability benefits through **Guardian** at no cost to you. Disability is insurance for your paycheck should you become disabled due to an off-the-job injury or illness. This coverage will provide a percentage of your salary once you satisfy the waiting period. Guardian will have to approve your disability claim before there is a payout. If there are any issues, please contact Human Resources.

Employer-Paid Long-Term Disability

UWA provides Guardian’s Long-Term disability benefit at **no cost to you**. This benefit pays 66.7% of your **monthly** pre-disability earnings to a maximum of \$10,000 per month until you no longer meet the definition of disability or reach the Social Security Normal Retirement Age (SSNRA) after a 3-month waiting period.

Long-Term Disability	
Monthly Benefit	66.7% of your salary up to \$10,000/ month
Benefit Waiting Period	Begins on the 91 st day (3 months) for Illness / Injury
Benefit Duration	Until Social Security Normal Retirement Age (SSNRA)

Scan this QR Code with the camera on your phone to watch an educational video about Disability Insurance.



Life Insurance



Basic Term Life Insurance

UWA provides each employee with a Basic Term Life and AD&D policy through **Guardian** at no cost to you. You are provided with 100% of your salary up to \$50,000.

Basic Term Life Insurance	
Employee Benefit Amount	100% of salary to maximum of \$50K
Employee AD&D	100% of life benefit to maximum of \$50K
Accelerated Life	75% of death benefit; Min: \$10K - Max: \$250K

Voluntary Term Life Insurance

UWA employees can supplement their company-paid Basic Life insurance by purchasing additional coverage through **Guardian**. In addition, you may purchase coverage for a spouse and child(ren) after electing coverage for yourself.

Voluntary Term Life Insurance	
Employee Benefit Amount	\$10K - \$500K in \$10K increments
Spouse Benefit Amount	\$5K - \$250K in \$5K increments (Not to exceed 50% of employee's coverage)
Child Benefit Amount	\$10K (Not to exceed 100% of employee's coverage)
Coverage Reductions	35% by age 65 & 50% by age 70
AD&D Benefit Amount Employee, Spouse, & Child	100% of life benefit up to \$500K

**Refer to Employee Navigator for pricing and more information.*



Scan this QR Code with the camera on your phone to watch an educational video about Life and AD&D Insurance.

Whole Life Insurance

You can't predict your family's future, but you can be prepared for it.

Would your family have the income they need if something happened to you? It is important to make sure your family is financially protected. Gain peace of mind with the whole life insurance from Mass Mutual.

ADVANTAGES OF WHOLE LIFE INSURANCE:

- » Provides Guarantees:
 - Guaranteed death benefit
 - Guaranteed level premiums
 - Guaranteed cash-value accumulation
- » Dividend Eligible
 - You would be eligible to receive dividends. During enrollment, you can select certain dividend options: Cash, Dividend Accumulations, and/or Paid-Up Additional Insurance.
- » Portable, Lifelong Coverage
 - Employees fully own the certificate along with the accumulated cash values, they can take it with them even if they leave the company, and they can choose to change their dividend option.
- » Tax Advantages
 - Generally income-tax-free death benefit & Tax-deferred cash-value growth
- » Accelerated Death Benefit Provisions
 - Critical & Terminal Illness Benefit Provisions; these benefits allow access to more funds than would be available through a certificate loan or certificate cash surrender value.

WHOLE LIFE INSURANCE RATE CALCULATION

Refer to the Bi-Weekly Premium sheet

Choose an enrollment amount and find your Bi-Weekly Premium sheet based on your age.

**\$ Bi-Weekly Rate x 2 (monthly payroll) =
\$ Monthly Rate**

EXAMPLE:

**Morgan is a 28-year-old, non-smoker,
enrolled in a \$25,000 Plan.**

Bi-Weekly Cost

\$11.35 (found on Bi-Weekly rate sheet)

Monthly Cost

\$11.35 x 2 = \$22.70



Scan this QR Code with the camera on your phone to view the Whole Life Premiums Sheet.

Employee Assistance Program (EAP)

The **Guardian** Employee Assistance Program is available at **no cost to you**. You can receive expert support services to assist you and your family with a variety of life issues from family care, to stress, depression, and/or addiction.

- » **Face-to-face and virtual counseling**
- » **EAP website resources**
- » **Unlimited calls, 24/7**
- » **Work-life services**
- » **Bereavement**
- » **Legal and financial consultation**
- » **Online modules and coaching**
- » **Tax consultation**

Visit worklife.uprisehealth.com
(Access Code: **worklife**)
or call 800-386-7055.



Teladoc



UWA provides its employees with the option to enroll in a Teladoc service through **SwiftMD**. This is a service that gives you access to a live doctor over the phone that can assist you with your medical needs.

Monthly Premiums	
Individual	\$4.50
Employee + Spouse	\$4.50
Employee + Child(ren)	\$4.50
Family	\$4.50

Voluntary Worksite Benefits



UWA offers employees the option to purchase supplemental worksite benefits voluntarily provided through **Guardian**. In addition, you have the option to cover your spouse and child(ren) after electing coverage for yourself. Refer to your Summary of Benefits for pricing and more information.

Voluntary Accident Insurance

Accident Insurance is an extra layer of protection that gives you a cash payment to help cover out-of-pocket expenses when you suffer an unexpected, qualifying accident. This benefit covers more than 40 different circumstances!

Examples of Accident Coverage & Cash Payments					
Ambulance	\$300	ER Treatment	\$250	PTSD	\$500
Chiropractic Visits	\$50 per visit, up to 6 visits	Hospital Admission	\$1,500	Rehab Confinement	\$150/day up to 15 days
Concussions	\$300	Hospital ICU Admission	\$3,000	X-Ray	\$50

Monthly Premiums			
Individual	\$16.94	Employee + Child(ren)	\$27.53
Employee + Spouse	\$26.60	Family	\$37.19

Voluntary Critical Illness Insurance

Critical Illness Insurance provides extra financial protection to keep you from digging into your savings or other monetary resources in the event you experience a designated critical illness.

Examples of Covered Critical Illnesses		
• Cancer & benign tumors	• Heart attack/failure	• Stroke
• Major organ failure	• Loss of hearing/ sight/ speech	• Alzheimer's disease
• Childhood illness & disorders	• Coma	• Severe burns

Employee Monthly Premiums						
EE Benefit Amounts	Age: < 30	30-39	40-49	50-59	60-69	70 +
\$10,000	\$5.40	\$9.20	\$18.40	\$34.80	\$57.00	\$94.10
\$20,000	\$10.80	\$18.40	\$36.80	\$69.60	\$114.00	\$188.20

Annual & Sick Leave Policy

Annual Leave

Staff members earn leave based on longevity.

Years of Service	Bi-Weekly	Monthly
0 through 5 years	13 days (4 hrs/pp)	12 days (8 hrs/pp)
After 5 through 10 years	16.25 days (5 hrs/pp)	15.75 days (10.5 hrs/pp)
After 10 years	19.5 days (6 hrs/pp)	19.5 days (13 hrs/pp)

Staff may carry-over unused annual leave at the end of each year and may be reimbursed at separation from the University for any unused annual leave, up to a maximum of 60 working days or 480 hours.

Sick Leave

Faculty/Staff Members who are paid monthly accumulate sick leave at the rate of one working day per month. Staff Members who are paid hourly accumulate sick leave at the rate of four hours each bi-weekly pay period. Unused sick leave is not paid out upon separation from the university.

Bereavement Leave

Staff members are given a maximum of 3 working days of bereavement leave per year, upon the death of an immediate family member. The time does not accumulate and starts over October 1 of each year.

Scan this QR code with the camera on your phone to view the **Administrative Holidays** for the **2025-2026** Plan Year.



Terms to Know

APPEAL

If your health insurance company doesn't pay for a specific health care provider or service, you have the right to appeal the decision and have it reviewed by an independent third party.

COINSURANCE

The amount of payment is split between the employee and the insurance company. Example: The insurance company pays 80% and the employee pays 20% of the charges after the deductible is met.

DEDUCTIBLE

Amount an employee pays out of pocket prior to the insurance company paying a percentage of the provider charges.

EVIDENCE OF INSURABILITY (EOI)

The form contains medical questions that are required to be answered if you decide to elect voluntary life insurance or disability after you have previously declined coverage, or if you decide to increase your current coverage.

EXPLANATION OF BENEFITS (EOB)

The EOB is mailed to the employee after a claim is received and processed by the insurance company. It describes how the claim was processed and outlines what portion of the charges are applied to the deductible, what portion the employee is responsible for, and explains if there is a denial or error processing the claim.

GUARANTEE ISSUE

The maximum amount of voluntary life insurance you can choose when making your initial election that does not require answering.

NETWORK PROVIDERS

Doctors, Hospitals, and other healthcare providers who have an agreement/ contract with insurance companies agree to charge a discounted amount for services they render.

OUT-OF-POCKET MAXIMUM

The maximum an employee is responsible for paying out of pocket in any one calendar year prior to the insurance company paying the entire eligible amount for the remainder of the calendar year.

PRE-AUTHORIZATION

Certain procedures or hospitalizations may require that the provider receive authorization. The provider is typically the one to go through this process with the insurance company and obtain pre-authorization.

PRE-DETERMINATION

If you are having a major procedure done, your doctor or dentist can submit a pre-determination to the insurance company so you can know in advance of treatment how much of the bill you will be responsible for.

Scan this QR Code with the camera on your phone to watch an educational video about Benefit Key Terms.



Summary of Notices

A printed copy of the full versions of the below notices along with the plan summaries can be obtained from Human Resources or by logging in to **Employee Navigator**.

HIPAA PRIVACY AND SECURITY – NOTICE OF PRIVACY PRACTICES

Summary: HHS regulations require that participants be provided with a detailed explanation of their privacy rights, the plan's legal duties with respect to protected health information, the plan's uses and disclosures of protected health information, and how to obtain a copy of the Notice of Privacy Practices.

HIPAA PORTABILITY – NOTICE OF SPECIAL ENROLLMENT RIGHTS

Summary: This notice describes a group health plan's special enrollment rules including the right to special enroll within 30 days of the loss of other coverage or of marriage, birth of a child, adoption, or placement of a child for adoption, or within 60 days of a determination of eligibility for a premium assistance subsidy under Medicaid or CHIP.

COBRA – FIRST NOTICE OF COBRA RIGHTS

Summary: This notice advises covered employees, covered spouses, and covered dependents of the right to purchase a temporary extension of group health coverage when coverage is lost due to a qualifying event.

PRESCRIPTION DRUG COVERAGE AND MEDICARE

Summary: Entities that offer prescription drug coverage on a group basis to active and retired employees and Medicare Part D eligible individuals – must provide, or arrange to provide, a notice of creditable or non-creditable prescription drug coverage to Medicare Part D eligible individuals who are covered by, or who apply for, prescription drug coverage under the entity's plan. This creditable coverage notice alerts the individuals as to whether their prescription drug coverage is at least as good as the Medicare Part D coverage.

MEDICAL PRE-TAX PREMIUMS PLAN

Summary: Enrollment in a pre-tax premium plan authorizes premiums for group health plan benefits to be payroll deducted on a pre-tax basis.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT NOTICE (CHIPRA)

Summary: This annual notice notifies employees of potential state opportunities for premium assistance to help pay for employer-sponsored health coverage.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE (WHCRA)

Summary: Participants and beneficiaries of group health plans who are receiving mastectomy-related benefits can choose to have breast reconstruction following a mastectomy.

HEALTH CARE REFORM NOTICE: NOTICE OF EXCHANGE/ MARKETPLACE

Summary: Employer must provide all employees with an Exchange Notice that includes a description of services provided by the Exchange. The notice must explain the premium tax credit available if a qualified health plan is purchased through the Exchange. The employee must also be informed that they may lose the employer contribution to any benefit plans offered by the employer if a health plan through the Exchange is elected.

YOUR RIGHTS AGAINST SURPRISE MEDICAL BILLS

Summary: When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance, and/or deductible.

Notes

[illegible]

Important Contact Information

Find more details about the benefits offered to you by contacting your insurance carrier or logging in to **Employee Navigator**. Register on the insurance carrier websites to access plan information, ID cards, coverages, claims, network providers, & more.

Benefit	Contact	Telephone	Website
Medical Primary	Blue Cross Blue Shield	800-810-2583	AlabamaBlue.com
Dental	Blue Cross Blue Shield	800-292-8868	AlabamaBlue.com
Vision	Guardian (VSP)	877-814-8970	GuardianAnytime.com
Long-Term Disability	Guardian	800-538-4583	GuardianLife.com
Life Insurance: Basic & Voluntary	Guardian	800-525-4542	GuardianLife.com
Employee Assistance Program (EAP)	Guardian	800-386-7055	Worklife. Uprisehealth.com Access Code: worklife
Voluntary Benefits: Accident & Critical Illness	Guardian	ACC: 800-627-4200 CI: 800-541-7846	GuardianLife.com

Contacts	Name	Telephone	Email
McGriff Insurance	Natalie Stinson	205-908-8129	nstinson@mcgriff.com