



# EMPLOYEE BENEFITS GUIDE

YEAR 2021



CITADEL CARE  
CENTERS OPIS

# SUCCESS THROUGH PEOPLE.



## INTRODUCTION

As an employee of Citadel Care Centers - Opis, your health and wellbeing are of utmost importance to our organization. The health, satisfaction and peace of mind of you and your family are vitally important to helping all of us achieve our goals.

Your employer has worked hard to offer a competitive total rewards package for our staff for the 2021 plan year. This includes valuable and competitive health benefits. These programs reflect our commitment to keeping our staff healthy and secure.

We understand that each employee's situation is unique, and your employer is offering an overall benefits package with several options. These options can be chosen by you to fit your individual needs.

We hope this enrollment booklet, along with our additional communication and decision-making tools, will help you make the best health care choices for you and your family.

– Your HR Team



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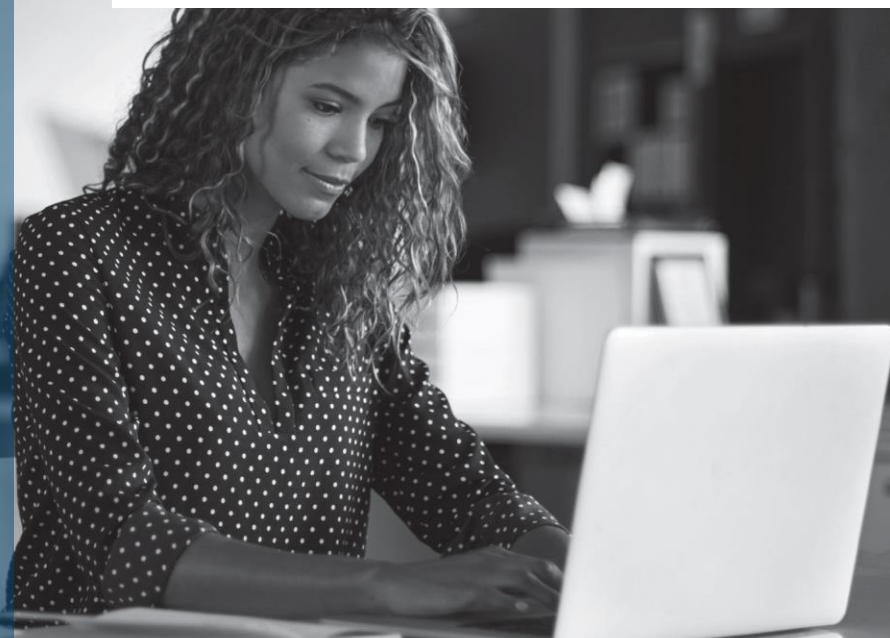
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# Citadel Care Centers - Opis



## OVERVIEW OF CARRIERS



## PROGRAMS AND CONTACTS

**ELIGIBILITY** - Employees must work a minimum of 30 hours per week in order to be eligible for the plans. Employees are eligible the 1st of the month after 60 days. Terminations due to termination of employment are effective as of employees' last day worked. You can elect medical, dental, and vision coverage for your spouse and dependent/adult children up to 26 years old. Your employer reserves the right to request proof of marriage and birth certificates in order to add dependents.

### UHP Customer Service/ Member Portal

Find Doctors, Eligibility, Medical Bills,  
Claims, ID Cards and Any Questions.



Questions? (855) 375-7125  
[www.UHPManagement.com](http://www.UHPManagement.com)  
[Service@UnitedHealthAdmin.com](mailto:Service@UnitedHealthAdmin.com)

### Medical Network

Open Access with PHCS Practitioner Only



Questions? (877) 952-7427  
<https://tinyurl.com/UHPfinddoctors>

### Pharmacy



Questions? 800-424-0472 24 hours / 7 days  
<https://mrxinfo.com/members/member-login.aspx>

### If You Receive a Balance Bill



Questions? (855)375-7125  
[www.homesteadplans.com/claim-watcher](http://www.homesteadplans.com/claim-watcher)  
(844) 307-6755

### Dental and Vision



1-800-487-5553  
[www.ameritas.com](http://www.ameritas.com)

### Worksite Benefits



1-800-325-4368  
[www.coloniallife.com](http://www.coloniallife.com)

# OVERVIEW OF BENEFITS

## CHANGES AND QUALIFYING EVENTS

### WHEN COVERAGE BEGINS AND ENDS

Your benefits become effective the 1st of the month following 60 days of hire provided you've submitted a completed enrollment form to Human Resources within 30 days of your benefits effective date. Any applicable waiting periods or additional exceptions are covered under each benefit description.

Your coverage under the benefits plans will end the date on your last day worked, the day you no longer meet the plan's eligibility requirements, your contributions are discontinued, or the Group Insurance Policy is terminated.



### QUALIFYING EVENTS

Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a "Qualifying Event". These may include, but not limited to:

- Changes in employment status, legal marital status or number of dependents
- Taking an unpaid leave of absence
- Dependent satisfies or ceases to satisfy eligibility requirement
- A COBRA-qualifying event
- Entitlement to Medicare or Medicaid
- A change in the place of residence of the employee, resulting in the current carrier not being available.

### THINGS TO CONSIDER BEFORE

Consider your personal situation and the difference between the plan options when making your decision. Determine which cost level is most appropriate for your budget. You may also elect to waive coverage. Ask yourself the following questions to help determine which option is best:

- Will your current doctor be in or out-of-network?
- Do you have any planned surgeries this year?
- How many family members will you cover?
- How often do you visit the doctor?
- Are you planning to have a baby this year?

By reading this guide cover- to cover, you will become familiar with your benefits options. After enrolling in benefits, verify that your payroll deductions are correct. If not, please contact your payroll representative.



A close-up, black and white photograph of the stars on an American flag. The stars are white and five-pointed, set against a dark background. The flag is slightly wrinkled, and the lighting creates a soft glow around the stars. The background is blurred, showing more of the flag's texture and colors.

# UPDATE ON HEALTH CARE REFORM

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On January 1, 2014, a key component of the health reform law came into effect: Everyone in the US (with a few exceptions) is now required to have health insurance. Your employer is offering health insurance for eligible staff.

This coverage meets all the health reform law requirements to satisfy your “Individual Mandate” requirements under the law. We hope to keep offering these benefits as a valuable part of your total compensation in the future.

However, because we offer you coverage that satisfies all the health reform requirements, you will not qualify for any federal assistance to purchase an individual or family policy on the open market (the “marketplace”).

# HEALTH COVERAGE

# Benefits for 2021

## Health



The following are outlines of the In-Network Employee Benefits offered by your employer.

Services	Plan A	Plan B	Plan C
Preventative Care	\$0 (covered 100%)	\$0 (covered 100%)	\$0 (covered 100%)
Physician Visit	\$30	\$40	\$30
Specialist Visit	\$50	\$40	\$60
Deductible (Individual/ Family)	\$2,000/\$4,000	\$3,000/\$6,000	\$5,000/\$10,000
Coinsurance	0%	20%	0%
Out-of-pocket Maximum (Individual/Family)	\$6,350/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700
Inpatient Hospitalization	0% (after deductible)	20% (after deductible)	0% (after deductible)
Outpatient Procedures	0% (after deductible)	20% (after deductible)	0% (after deductible)
Labs	\$0	\$0	\$0
Radiology	\$50	\$50	\$50
Advanced Radiology (MRI, CT, PET)	\$200	\$200	\$200
Urgent Care	\$50	\$40	\$60
Emergency Room	\$250	\$250	\$250
Prescription Drugs - Generic	Retail: \$10 Mail Order: \$20	Retail: \$10 Mail Order: \$20	Retail: \$10 Mail Order: \$20
Prescription Drugs – Brand	Retail: \$50 Mail Order: \$100	Retail: \$50 Mail Order: \$100	Retail: \$50 Mail Order: \$100



# DENTAL COVERAGE

## Benefits for 2021

# Dental Coverage



In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery. Your employer is excited to announce it is offering two plans to support you in keeping your smile healthy and bright!



### PLAN: LOW DENTAL

Plan Benefit	In Network	Out of Network
Type 1	100%	80%
Type 2	80%	60%
Type 3	50%	40%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1	\$75/Calendar Year Type 2 & 3 Waived Type 1
Maximum (per person) Allowance	\$100/family \$1,000 per calendar year	\$150/family \$1,000 per calendar year
Dental Rewards®	Included	Included
Waiting Period	None	None
Annual Eye Exam	None	None
LASIK Advantage®	None	None
Annual Open Enrollment	Included	Included

#### Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	In Network and Out of Network Type 2	Type 3
<ul style="list-style-type: none"> <li>Routine Exam (2 per benefit period)</li> <li>Bitewing X-rays (2 per benefit period)</li> <li>Full Mouth/Panoramic X-rays (1 in 3 years)</li> <li>Periapical X-rays</li> <li>Cleaning (2 per benefit period)</li> <li>Fluoride for Children 18 and under (1 per benefit period)</li> <li>Sealants (age 16 and under)</li> <li>Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>Restorative Amalgams</li> <li>Restorative Composites</li> <li>Endodontics (nonsurgical)</li> <li>Endodontics (surgical)</li> <li>Periodontics (nonsurgical)</li> <li>Periodontics (surgical)</li> <li>Denture Repair</li> <li>Simple Extractions</li> <li>Complex Extractions</li> <li>Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>Onlays</li> <li>Crowns (1 in 5 years per tooth)</li> <li>Crown Repair</li> <li>Implants</li> <li>Prosthetics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> </ul>

# Benefits for 2021

## Dental Coverage



### PLAN: HIGH DENTAL

Plan Benefit	In Network	Out of Network
Type 1	100%	100%
Type 2	90%	80%
Type 3	80%	50%
Deductible	\$25/Calendar Year Type 2 & 3 Waived Type 1 \$50/family	\$75/Calendar Year Type 2 & 3 Waived Type 1 \$150/family
Maximum (per person) Allowance	\$2,000 per calendar year Discounted Fee	\$1,000 per calendar year 90th U&C
Dental Rewards®	Included	Included
Waiting Period	None	None
Annual Eye Exam	None	None
LASIK Advantage®	None	None
Annual Open Enrollment	Included	Included

#### Orthodontia Summary - Adult and Child Coverage

	In Network	Out of Network
Allowance	Discounted Fee	U&C
Plan Benefit	50%	50%
Lifetime Maximum (per person)	\$1,500	\$1,500
Waiting Period	None	None

#### Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	In Network and Out of Network Type 2	Type 3
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# VISION COVERAGE

## Benefits for 2021

# Vision Coverage



Equally important as your dental care is your eye care. Whether driving to work, reading a news article or watching TV your ability to do all these activities, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems. Your employer is excited to announce that we offer both dental and vision care benefits. Our policy covers routine exams and other procedures and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.



Ameritas

### PLAN: FOCUS EYE CARE

	VSP Choice Network + Affiliates	Out of Network
<b>Deductibles</b>		
<b>Annual Eye Exam</b>	\$10 Exam	\$10 Exam
<b>Lenses (per pair)</b>	\$25 Eye Glass Lenses or Frames*	\$25 Eye Glass Lenses or Frames
<b>Single Vision</b>	Covered in full	Up to \$45
<b>Bifocal</b>	Covered in full	Up to \$30
<b>Trifocal</b>	Covered in full	Up to \$50
<b>Lenticular</b>	Covered in full	Up to \$85
<b>Progressive</b>	Covered in full	Up to \$100
<b>Contacts</b>	See lens options	NA
<b>Fit &amp; Follow Up Exams</b>	Member cost up to \$80	No benefit
<b>Elective</b>	Up to \$130	Up to \$105
<b>Medically Necessary</b>	Covered in full	Up to \$210
<b>Frames</b>	\$130**	Up to \$70
<b>Frequencies (months)</b>		
<b>Exam/Lens/Frame</b>	12/12/24	12/12/24
	Based on date of service	Based on date of service

\*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

\*\*The Costco allowance will be the wholesale equivalent.

#### Lens Options (member cost)\*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
<b>Progressive Lenses</b>	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
<b>Std. Polycarbonate</b>	Covered in full for dependent children	No benefit
<b>Solid Plastic Dye</b>	\$33 adults	No benefit
<b>Plastic Gradient Dye</b>	\$15	No benefit
<b>Photochromatic Lenses (Glass &amp; Plastic)</b>	(except Pink I & II) \$17	No benefit
<b>Scratch Resistant Coating</b>	\$31-\$82	No benefit
<b>Anti-Reflective Coating</b>	\$17-\$33	No benefit
<b>Ultraviolet Coating</b>	\$43-\$85	No benefit
	\$16	No benefit

## YOUR COST

EMPLOYEE BI-WEEKLY (26) CONTRIBUTIONS			
	HEALTH		
	Plan A	Plan B	Plan C
Single	\$137.58	\$33.83	\$25.00
Couple	\$327.38	\$169.50	\$100.00
Parent/Child(ren)	\$253.11	\$131.04	\$70.00
Family	\$429.18	\$222.20	\$150.00

EMPLOYEE BI-WEEKLY (26) CONTRIBUTIONS			
	DENTAL		VISION
	Low Plan	High Plan	Focus Plan
Single	\$10.21	\$16.91	\$3.27
Couple	\$22.65	\$32.12	\$6.15
Parent/Child(ren)	\$29.11	\$38.49	\$5.30
Family	\$38.33	\$52.54	\$8.22

### SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).

However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information contact the Human Resources Department.



# ANCILLARY COVERAGE



## Choose the benefits that are right for you!

With most of our benefits:

- Benefits are paid directly to you, unless you specify otherwise.
- You're paid regardless of any insurance you have with other companies.
- Coverage is available for your spouse and dependent children.

### Short-Term Disability Insurance

You can purchase short-term disability (STD), with a coverage on a post-tax basis. If disabled you will receive about 60% of your pre-disability income between \$300 and \$6,000 monthly, depending on your annual income.

Disability coverage can provide income replacement for when you are out of work for an extended time due to a personal sickness or injury. Medical questions (Evidence of Insurability) will apply if not elected when originally offered.

### Whole Life Insurance

Provides long-term protection that can build cash value.

### Accident Insurance

Helps off set unexpected medical expenses that can result from a covered accidental injury.



### Critical Illness Insurance

Can supplement your major medical coverage by providing a lump-sum benefit that you can use to pay costs related to a covered critical illness.

### Hospital Confinement Indemnity

Provides a lump-sum benefit for a covered hospital confinement or a covered outpatient surgery to help with co-payments and deductibles that are not covered by most major medical plans.

### Cancer Insurance

Helps off set covered out-of-pocket expenses related to cancer.

### Term Life Insurance

Offers a predictable way to provide more coverage at more affordable prices during high-need years.

# HEALTHCARE PROVIDER CONTACT LIST



## ENROLLMENT / ELIGIBILITY QUESTIONS

- Customer Service Email: [Info@pesenroll.com](mailto:Info@pesenroll.com)
- Customer Service: (800) 826-8378



## MEDICAL

- Member Portal: [www.UHPManagement.com](http://www.UHPManagement.com)
- Customer Service E-Mail: [Service@UnitedHealthAdmin.com](mailto:Service@UnitedHealthAdmin.com)
- Customer Service (855) 375-7125



## PHARMACY

- Member Portal: <https://magellanrx.com/member/login/>
- Customer Service: (800) 424-04721



## DENTAL & VISION

- Member Portal: [www.ameritas.com](http://www.ameritas.com)
- Customer Service: (800) 487-5553



## ANCILLARY BENEFITS

- Member Portal: <https://apps2.coloniallife.com/MemberServices>
- Customer Service: (800) 325-4368



## IF YOU RECEIVE A BALANCE-BILL

- Customer Service: (855) 375-7125

# PROVIDER NOMINATION FORM



UHP Management plans provide open access to your healthcare providers.

To make sure that everything goes smoothly, our concierge service will help explain your benefit plan coverage to your healthcare providers before your next appointment.

## HOW TO GET STARTED

Are you concerned about an upcoming appointment? Need help finding a provider?

Just call the Homestead provider customer service line and we'll be with you every step of the way!

- **(800) 516-5343**

1. Use the link below to see if your healthcare providers are already in the your plan

- <https://www.homesteadproviders.com>

*If you find your doctor, you are all set, just make your appointment after your **effective date***

2. If you don't find your doctor and have an upcoming appointment, we're here to help you!

All we need to get started is your healthcare provider's information

- Use the link: <https://tinyurl.com/UHPCitadel>

- or QR code below to fill out the form online



**Once you complete this form you will see the following which summarizes next steps:**

Thank you for submitting your provider nomination form. You will be contacted shortly and advised as to which of your providers participate with the PHCS Practitioner Only network.

**If your provider IS participating with PHCS. You are all set!**

- Please mention the [PHCS logo](#) on your ID card when scheduling an appointment.

**If your provider IS NOT participating with PHCS**

- Our Provider Relations team will reach out to the provider on your behalf.
- Please be advised that provider nomination requests are processed based on urgency.

**If you need to make an appointment with a provider, and we have not already reached out to you regarding the provider's status**

- Call Customer Service [\(800\) 516-5343](tel:800-516-5343) and we will help you to schedule your appointment!



# UTILIZING PREVENTIVE CARE SERVICES



## ***“An ounce of prevention is worth a pound of cure”***

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered by your employer, all covered individuals and family members are eligible to receive routine wellness services like these. Well visits, mammograms, and pap smears are covered at no copay.

## **Which Preventive Care Services are Covered?**

- Routine Physical Exam
- Well Baby and Child Care
- Well Woman Visits
- Immunizations
- Routine Bone Density Test
- Routine Breast Exam
- Routine Gynecological Exam
- Routine Digital Rectal Exam
- Routine Colonoscopy
- Routine Colorectal Cancer Screening
- Routine Prostate Test
- Routine Lab Procedures
- Routine Mammograms
- Routine Pap Smear
- Smoking Cessation

# LEGAL NOTICES

## ACCOUNTABILITY ACT OF 1996 (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 addresses how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have a right to inspect copy-protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you get access to the information, contact Human Resources. The HIPAA Privacy Rule was effective beginning April 14, 2003. The Privacy Rule is intended to safeguard protected health information (PHI). The provisions of the Privacy Rule have a significant impact on those who deal with health information and on all citizens about their personal PHI. Our health insurance broker and all our contracted plans adhere to the HIPAA Privacy Rule.

## MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you're eligible for health coverage from your employer, but can't afford the premiums, some states have premium-assistance programs that can help pay for coverage with funds from their Medicaid or CHIP programs. If you or your dependents are already enrolled in Medicaid or CHIP, contact your state Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, the employer's health plan is required to permit you and your dependents to enroll in the plan - if you and your dependents are eligible, and not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

## WOMEN'S HEALTH AND CANCER RIGHTS ACT ENROLLMENT NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Woman's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for: All stages of reconstruction of the breast on which mastectomy was performed.

1. Surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses.
2. Treatment of physical complications of the mastectomy, including lymphedema.

# LEGAL NOTICES

(CONTINUED)

## CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1985

The right to COBRA continuation coverage was created by federal law, so that you and your covered dependents may continue your employer-sponsored benefits coverage at full costs (plus an administrative fee). After a qualifying event, COBRA continuation coverage must be offered to each qualified beneficiary. You, your spouse and your dependent children could become qualified beneficiaries if coverage under the Plan is lost as a result of a qualifying event. If you're an employee, you'll become a qualified beneficiary if you lose your coverage for either of these reasons:

- Your hours of employment are reduced
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse/ dependent of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan for any of these reasons:

- Your spouse/parent dies
- Your spouse/parent's hours of employment is reduced
- Your spouse/parent's employment ends for reasons other than his or her gross misconduct
- Your spouse/parent is retired and becomes entitled to Medicare benefits
- You are divorced or legally separated from your spouse
- Child is no longer eligible for coverage under the Plan as a dependent child.

The period for which coverage may continue will depend on the qualifying event. When the event is death of the employee, entitlement to Medicare benefits, divorce or separation, or child's loss of dependent eligibility, COBRA continuation coverage remains in effect for up to 36 months. With some exceptions, when the qualifying event is the end of employment or reduction in hours, COBRA continuation generally lasts for only up to 18 months.

\* This enrollment booklet is a summary description of your benefits. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment. These plans are provided by your employer and employer's insurance broker. Although every effort has been made to provide complete and accurate information, PES makes no warranties, express or implied, or representations as to the accuracy of content on this booklet. PES assumes no liability or responsibility for any error or omissions in the information contained in the booklet.



# PES – YOUR BENEFIT EDUCATORS & ADMINISTRATORS

PES Enrollments is an employee benefits education and enrollment firm. They partner with us to provide you with the best enrollment experience. They focus on educating and empowering you (the employee) to make an informed decision in taking full advantage of the benefits we offer you.

## CONTACT PES



100 Challenger Rd, Suite 400  
Ridgefield Park, NJ, 07660



1 800-826-8378



[info@pesenroll.com](mailto:info@pesenroll.com)

[www.pesenrollments.com](http://www.pesenrollments.com)

