

# Benefits Guide



**2021**

**2022**



# Welcome to your Benefits Enrollment!

## Here's where to find...

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Vanguard maintains a comprehensive and competitive benefits program for our employees and their families; this ensures that we attract and retain the people needed to carry out our mission. Any changes to rates, carriers or benefits are effective through 7/31/22.

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**Van-guard** n. The forefront or leading position in a trend or movement

**Mission** To lead our industry in consistently meeting or exceeding our customers' expectations in the pursuit of profitable growth

**Values** To protect our integrity first  
To promote ingenuity and challenge everything  
To develop people  
To pursue excellence

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# Introduction

## Enrollment

Vanguard would like for all our employees to take advantage of all the benefits we offer. Employees can do so by enrolling as a new hire or on a yearly basis during our annual open enrollment.

## Selecting a Plan

Vanguard's goal is to offer a variety of medical plans that deliver quality medical care at affordable prices depending on the varying needs of each employee.

## Considerations

Please remember that choosing a medical plan is dependent on the needs of each employee and the balance between cost and coverage. It is important to consider the following when selecting a plan that best fits your needs:

1. **Frequency of Use:** How often do you use a healthcare service and what care do you predict being a requirement for you and your dependents?
2. **Payroll Deductions:** The amount that will be deducted from each payroll check.
3. **Copays/Coinsurance:** The amount you are expected to pay for "out-of-pocket" medical expenses at the time of the service.
4. **Deductibles:** The amount you will pay "out-of-pocket" each year before the plan begins to pay benefits. (Remember, the amount of your deductible varies depending on the medical plan you choose). Also, keep in mind that any deductible you meet will accumulate toward the maximum out-of-pocket. **Vanguard plan deductibles are calendar year. They begin on January 1st and end on December 31st.**
5. **History:** Both your health history and those of your dependents.

## Qualifying Life Event

**General Rule:** Unless one of the following Qualifying Life Events summarized below applies, no benefit elections can be changed until the following year's open enrollment.

- A change in your legal marital status (marriage, divorce, death of a spouse)
- A change in the number of dependents (birth, adoption, death of a dependent)
- A change in your spouse's employment status (including commencement or termination of employment, a leave of absence, change from full-time to part-time, or vice-versa)
- Your dependent satisfying or ceasing to satisfy an eligibility requirement for coverage as a dependent
- Loss of other coverage

If you experience a Qualifying Life Event and wish to make changes to your current benefit elections, you must login to Paycom and make changes **within 30 days of the event**.

**Please Note:** Additional documentation may be requested as proof of the Qualifying Life Event (such as; a marriage certificate, birth certificate, proof of loss of coverage, etc.)



# Enrolling in Benefits

## Who is Eligible?

Any regular, full time employee working a minimum of 30 hours per week is eligible to participate in Vanguard's Benefit Plans.

### New Hire Waiting Period

Each new hire has 20 days after their date of hire to login to Paycom and enroll in Vanguard's Benefit Plans. The benefits will become effective on the first of the month following the 30 day waiting period.

### Dependents

An individual who meets the eligibility criteria specified below is an Eligible Dependent and is eligible for coverage:

1. The Covered Employee's Spouse
2. The Covered Employee's natural, newborn, adopted, foster or step child(ren) (or a child for whom the Covered Employee has been court-appointed as legal guardian or legal custodian).

**Medical, Dental and Vision** - Dependent children **up to age 26** regardless of financial dependency, residency, student status, employment or marital status. Coverage ends the last day of the month in which the child turns 26.

**Supplemental Term Life** - Dependent children **up to age 19 or 25, if a full time student.**

## ▶ When Can I Make Changes to My Benefits?

### When can I enroll?



**When you're first hired**

This is the time to enroll in any of the plans without a qualifying event. You must enroll within 20 days of hire.



**If you have a life change**

Certain life events like birth or adoption of a child, change in marital status, death, or loss of coverage due to no fault of your own may allow you to change your coverage during the year. You must make your requested changes and provide your supporting documentation within 30 days of the qualifying event.



**At Annual Enrollment**

Annual Enrollment is your opportunity once each year to evaluate your benefit options and make selections for the following year. Benefits selected at Annual Enrollment are effective August through July.

# Enrollment Process

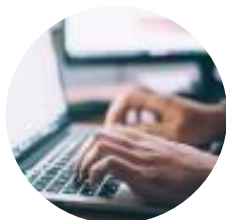
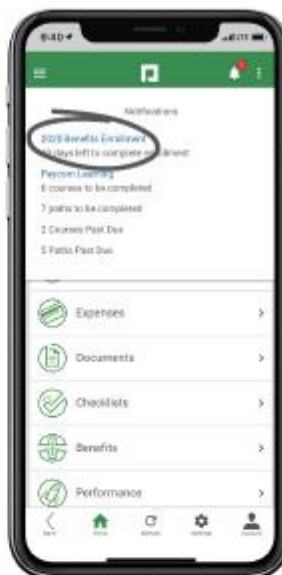
Vanguard provides electronic enrollment through Paycom, providing eligible employees the ability to make group insurance benefit elections online during the annual enrollment, new hire orientation and qualifying events.

## to Enroll in Benefits

### Benefits

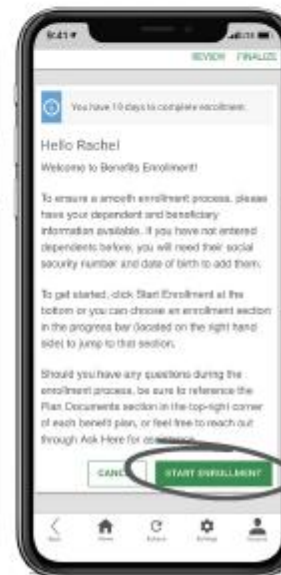
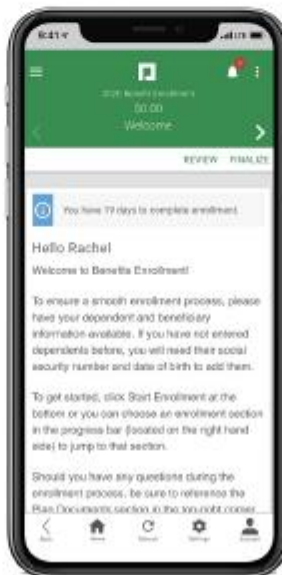
#### STEP 1

Log into the Paycom app. From the Notification Center or from the Benefits section, click the current year's Benefits Enrollment.



#### STEP 2

Review initial instructions and click "Start Enrollment." Then, enter your personal information and any dependents or beneficiaries.



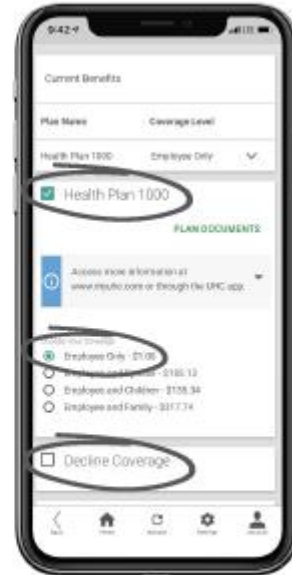


# Enrollment Process



## STEP 3

After determining which plan will work for you, choose your coverage level, then select either to enroll or decline.



## STEP 4

To complete enrollment, click "Finalize," then "Sign and Submit."

### Helpful Tips:

- Have all dependent and beneficiary information available when you begin your enrollment. You will need dates of birth and social security numbers.

### Benefit Counselor Assisted Enrollment:

- If you need assistance with your enrollment or have benefits questions, you may schedule a telephonic enrollment meeting with a benefits counselor from Explain My Benefits.

Visit <https://booknow.appointment-plus.com/9rly175k/> [[booknow.appointment-plus.com](https://booknow.appointment-plus.com/)]

Click the Schedule Your Enrollment Session Button to select the available date and time for a benefits counselor to call you and help you enroll in your benefits.

Counselors are available Tuesday—Thursday of each week between 9:00 am—5:00 pm EST.

OPEN ENROLLMENT **June 21—June 25:** [www.embbenefits.com/vanguard](http://www.embbenefits.com/vanguard) or Call Center 800-378-5792 or EMB Mobile App

# Employee Benefits At-A-Glance



\*New Carrier 8/1\*

2021-2022

Medical Summary of Coverage	Minimum Value	Core Plan	Buy Up Plan
<b>Single Deductible</b>			
In-Network	\$5,000	\$3,000	\$1,500
Out-of-Network	\$10,000	\$6,000	\$3,000
<b>Family Deductible</b>			
In-Network	\$10,000	\$6,000	\$3,000
Out-of-Network	\$20,000	\$12,000	\$6,000
<b>PCP Copay</b>			
In-Network	\$50	\$30	\$30
Out-of-Network	Deductible + 30%	Deductible + 30%	Deductible + 30%
<b>Specialist Copay</b>			
In-Network	\$60	\$60	\$60
Out-of-Network	Deductible + 30%	Deductible + 30%	Deductible + 30%
<b>Preventive Care Copay</b>			
In-Network	Covered at 100%	Covered at 100%	Covered at 100%
Out-of-Network	30% coinsurance	30% coinsurance	30% coinsurance
<b>Urgent Care Copay</b>			
In-Network	\$60	\$60	\$60
Out-of-Network	\$60	\$60	\$60
<b>Emergency Room Copay</b>			
In-Network	\$350 copay + 20%	\$350 copay + 20%	\$350 copay + 20%
Out of Network	Deductible does not apply	Deductible does not apply	Deductible does not apply
<b>Inpatient Hospital</b>			
In-Network	Deductible + 20%	Deductible + 20%	Deductible + 20%
Out of Network	Deductible + 40%	Deductible + 40%	Deductible + 40%
<b>Outpatient Hospital</b>			
In-Network	Deductible + 20%	Deductible + 20%	Deductible + 20%
Out of Network	Deductible + 40%	Deductible + 40%	Deductible + 40%
<b>Coinsurance</b>			
In-Network	20%	20%	20%
Out-of-Network	40%	40%	40%
<b>Single Out-of-Pocket Maximum (deductible included)</b>			
In-Network	\$7,900	\$6,000	\$4,000
Out-of-Network	\$23,700	\$12,000	\$12,000
<b>Family Out-of-Pocket Maximum (deductible included)</b>			
In-Network	\$15,800	\$12,000	\$8,000
Out-of-Network	\$47,400	\$24,000	\$24,000
<b>Pharmacy</b>			
<b>Generic</b>	\$20	\$10	\$10
<b>Preferred brand</b>	\$40	\$35	\$35
<b>Non-preferred brand</b>	\$70	\$60	\$60
<b>Mail Order (90 day supply)</b>	2 x copay	2 x copay	2 x copay

Plan Bi-Weekly Payroll Deductions						
Per Pay Period Cost	Minimum Value		Core Plan		Buy Up Plan	
	Without Wellness	With Wellness Discount	Without Wellness	With Wellness Discount	Without Wellness	With Wellness Discount
Employee	\$39.05	\$15.96	\$64.95	\$41.87	\$94.86	\$71.78
Employee + Spouse	\$182.86	\$136.70	\$233.69	\$187.53	\$291.94	\$245.78
Employee + Child(ren)	\$175.98	\$152.90	\$223.24	\$200.16	\$279.95	\$256.87
Family	\$282.85	\$236.69	\$357.83	\$311.67	\$449.69	\$403.53

### Dental—Ameritas

Deductible (Individual/Family)	\$50/\$150
Calendar Year Maximum	\$1,000 per person
Preventive	100%
Basic	80%
Major	50%
Orthodontics (lifetime max for dependents under age 19)	50% up to \$1,000

#### Per Pay Period Cost

Employee	\$7.52
Employee + Spouse	\$15.00
Employee + Child(ren)	\$20.38
Family	\$27.81

### Vision—Ameritas

Vision Exam (every 12 months)	\$10 copay
Materials copay (every 12 months)	\$25 copay
Contact Lens (every 12 months)	\$0 copay \$150 allowance
Contact fit and follow up visits	\$40 max copay
Frames (once every 24 months)	\$25 copay \$150 allowance (20% off balance)

#### Per Pay Period Cost

Employee	\$2.53
Employee + Spouse	\$4.82
Employee + Child(ren)	\$5.02
Family	\$7.61

### Life and AD&D – The Standard

Vanguard provides employees with basic term life insurance. Full-Time employees receive \$25,000. Employees can purchase additional life insurance for themselves, their spouse, and children.

### Voluntary Life and AD&D—The Standard

Employee Benefit	\$10,000—\$500,000
	Guarantee Issue—\$200,000
Spouse Benefit	\$5,000—\$150,000
	Guarantee Issue—\$30,000
Dependent Benefit	\$10,000
Employee Contribution	100%

Age reductions occur at ages 65, 70 and 75

### Flexible Spending Account—Discovery

Healthcare Spending Account	\$2,750
Dependent Care	\$5,000
Healthcare FSA Rollover Amount	\$500
Employee Contribution	100%

### Short Term Disability – The Standard

Benefit Percentage	66.67%
Weekly Benefit Max	\$500 - Core Plan Employee contribution - 0%
Weekly Benefit Max	\$2,500 - Buy Up Plan Employee contribution - 100%
Benefit Waiting Period	
Accidents	1st day
Sickness	8th day
Maximum Benefit Period	90 days

### Long Term Disability – The Standard

Monthly Benefit	60% to maximum of \$10,000
Benefit Waiting Period	90 days
Maximum Benefit Period	Later of SSNRA or age 65*
Employee Contribution	100%

\* Refer to certificate for full schedule of benefits

### Accident – Trustmark

On and Off the job coverage  
Benefits paid directly to you  
Benefits include:

Emergency room visit	- \$200
Hospitalization	- \$2,000 admission, \$400 per day
Sports related injuries	are covered
Fractures	up to \$10,000
Dislocations	up to \$8,000
Accident follow-up treatment	- \$100

### Critical Illness with Cancer – Trustmark

This benefit focuses on cancer, stroke and heart attack to help cover medical and non-medical expenses.

Guarantee issue for new hires	
Employee	\$20,000
Spouse	\$10,000
Children	\$2,000

The benefit fully restores each calendar year with no lifetime maximum. Rates are based on age and tobacco usage.

This is not intended to be a complete summary of benefits. Please refer to plan documents and summaries that can be found at [www.explainmybenefits.com/vanguard](http://www.explainmybenefits.com/vanguard).



## Medical

Vanguard strives to offer affordable health plans that meet the needs of our employees. In doing so, Vanguard has, for several years, offered three Medical Insurance plans for employees to choose from. This will continue for the upcoming plan year. However, this year we will be making a carrier change to Cigna effective 8/1/21.

The plan options will remain the same. There are no changes to deductibles, coinsurance or copays. Our plan remains a calendar year deductible. This means that your deductible begins on January 1 and runs through December 31. If you have already satisfied a portion of your deductible under our Anthem policy, that amount will be credited to your Cigna deductible.

To find in network providers go to [hcpdirectory.cigna.com/web/public/consumer/directory/search](https://hcpdirectory.cigna.com/web/public/consumer/directory/search) and select Open Access Plan.

Benefits	Minimum Value	Core	Buy-Up
<b>Co-Insurance</b> • In-Network • Out-of-Network	Plan pays 80% Plan pays 60-70%	Plan pays 80% Plan pays 60-70%	Plan pays 80% Plan pays 60-70%
<b>Calendar Year Deductible</b> • In-Network (Individual/Family) • Out-of-Network (Individual/Family)	\$5,000 / \$10,000 \$10,000 / \$20,000	\$3,000 / \$6,000 \$6,000 / \$12,000	\$1,500 / \$3,000 \$3,000 / \$6,000
<b>Out-of-Pocket Maximum</b> (Deductible included) • In-Network (Individual/Family) • Out-of-Network (Individual/Family)	\$7,900 / \$15,800 \$23,700 / \$47,400	\$6,000 / \$12,000 \$12,000 / \$24,000	\$4,000 / \$8,000 \$12,000 / \$24,000
<b>Primary Care Office Visit Copay</b> • In-Network • Out-of-Network	\$50 Copay Plan pays 70% after deductible	\$30 Copay Plan pays 70% after deductible	\$30 Copay Plan pays 70% after deductible
<b>Specialist Office Visit Copay</b> • In-Network • Out-of-Network	\$60 Copay Plan pays 70% after deductible	\$60 Copay Plan pays 70% after deductible	\$60 Copay Plan pays 70% after deductible
<b>Telemedicine</b> • In-Network Only	\$50 Copay	\$30 Copay	\$30 Copay
<b>Preventative Services</b> • In-Network • Out-of-Network	Covered at 100% 30% coinsurance	Covered at 100% 30% coinsurance	Covered at 100% 30% coinsurance
<b>Hospital Services (Inpatient)</b> • In-Network • Out-of-Network	Plan pays 80% after deductible Plan pays 60% after deductible	Plan pays 80% after deductible Plan pays 60% after deductible	Plan pays 80% after deductible Plan pays 60% after deductible
<b>Hospital Services (Out Patient)</b> • In-Network • Out-of-Network	Plan pays 80% after deductible Plan pays 60% after deductible	Plan pays 80% after deductible Plan pays 60% after deductible	Plan pays 80% after deductible Plan pays 60% after deductible
<b>Urgent Care</b> • In-Network • Out-of-Network	\$60 Copay \$60 Copay	\$60 Copay \$60 Copay	\$60 Copay \$60 Copay
<b>Emergency Room Services</b> (Waived if admitted) • In-Network • Out-of-Network	\$350 copay subject to 20% coinsurance (deductible does not apply)	\$350 copay subject to 20% coinsurance (deductible does not apply)	\$350 copay subject to 20% coinsurance (deductible does not apply)
<b>Medical Lifetime Max. Benefits</b>	Unlimited	Unlimited	Unlimited
<b>Retail (30 day supply)</b> • Generic • Brand Name • Non-preferred	\$20 \$40 \$70	\$10 \$35 \$60	\$10 \$35 \$60
<b>Mail Order (90 day supply)</b> • Generic • Brand Name • Non-preferred	\$40 \$80 \$140	\$20 \$70 \$120	\$20 \$70 \$120



# 2021-2022 Wellness Program

## 2021-2022 New Hire Wellness with well vibe

**Vanguard is pleased to partner with Wellvibe to provide your Wellness Program experience.**

Employees and their spouses will have access to many health and wellness resources through Wellvibe. As much as 75% nationally of all medical costs are directly related to lifestyle choices. As a result, we believe in the importance of educating, promoting and rewarding our health plan participants for taking action toward making smart and healthy lifestyle and health consumer choices.



### Earn Your 2021-22 Wellness Incentive

**Within 20 days of the effective date of your medical plan...**



**Wellness Discount:** Complete Intake Questions & Health Risk Assessment; confirm your tobacco use status.



**Tobacco Discount:** If applicable, you will be required to view "Thinking About Quitting" videos.

*Your earned discounts will be applied effective the first of the following month.*

**To earn your discounts for the next year (plan year beginning 8/1/22), complete the following step no later than 5/31/22.**



**Annual Physical with Biometrics:** Download your personalized form from the Wellvibe portal. Ask your provider to complete your annual physical and the form, then submit it to Wellvibe.

### Brand New to Wellvibe?

- 1 Go to [wellvibelogin.com](http://wellvibelogin.com)
- 2 Click on "let's begin"
- 3 Enter your:
  - First name
  - Last name
  - Date of birth
  - The Vanguard group key code: **ZGWBV5**
- 4 Create your user name and password
- 5 Sign in with the username and password you created.

This program is available to employees and their spouses if enrolled in the medical plan.

**Pay period discount amounts per person:**

**Wellness \$13.85    Tobacco \$9.23**

#### Wellvibe Support

800-499-1286

[support@wellvibe.com](mailto:support@wellvibe.com)

[support.wellvibe.com](http://support.wellvibe.com)

**[wellvibelogin.com](http://wellvibelogin.com)**

# 2022 Wellness Program

## 2022 Wellness Program

with well vibe

To earn your wellness discount of \$13.85 per pay period beginning August 1, 2022, you must complete the following activities:

- 1 Intake Questions
- 2 Health Risk Assessment
- 3 Annual Physical with Biometrics

To earn a tobacco discount of \$9.23 per pay period beginning August 1, 2022, check out your requirements at [wellvibelogin.com](http://wellvibelogin.com)!

**Deadline:** All employees and spouses on the medical plan must complete all required activities by May 31, 2022.



## Welcome

We are pleased to continue working with Wellvibe to enhance your Wellness Program Experience. We will be providing access to more health and wellness information and resources through Wellvibe™. As much as 75% nationally of all medical costs are directly related to lifestyle choices. As a result, we believe in the importance of educating, promoting and rewarding our health plan participants for taking action toward making smart and healthy lifestyle and health consumer choices.

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**Wellness \$13.85    Tobacco \$9.23**

**Wellvibe Support**

800-499-1286

[support@wellvibe.com](mailto:support@wellvibe.com)

[support.wellvibe.com](http://support.wellvibe.com)

**[wellvibelogin.com](http://wellvibelogin.com)**

# Dental

Dental care is an important part of total health care. Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. So, don't skimp on your dental care, good oral care can mean better overall health! Choose a participating dentist and you'll make the most of your plan. Go to [dentalnetwork.ameritas.com](http://dentalnetwork.ameritas.com) and select Classic PPO Network to find a participating dentist.



Benefits	Participating Dentist	Non-Participating Dentist*
<b>Annual Benefit Max (Calendar Year)</b> <ul style="list-style-type: none"> <li>Per Insured Person</li> </ul>	\$1,000	\$1,000
<b>Orthodontic Lifetime Benefit Max</b> <ul style="list-style-type: none"> <li>Per Eligible Insured Person (Child Only)</li> </ul>	\$1,000	\$1,000
<b>Annual Deductible (Calendar Year)</b> (Does not apply to Orthodontic Services) <ul style="list-style-type: none"> <li>Per Insured Person / Family maximum</li> <li>Waived for Diagnostic/Preventive (Type 1)</li> </ul>	\$50 / 3x Individual Yes	\$50 / 3x Individual Yes
<b>Diagnostic and Preventive Services (Type 1)</b> <ul style="list-style-type: none"> <li>Routine Exams</li> <li>Bitewing, Full Mouth/Panoramic X-rays</li> <li>Periapical X-rays</li> <li>Cleanings</li> <li>Fluoride application (Children 18 &amp; under)</li> <li>Sealants (age 15 &amp; under)</li> </ul>	Plan pays 100%	Plan pays 100%*
<b>Basic Services (Type 2)</b> <ul style="list-style-type: none"> <li>Space Maintainers</li> <li>Restorative Amalgams</li> <li>Restorative Composites (anterior &amp; posterior teeth)</li> <li>Simple Extractions</li> <li>Complex Extractions</li> <li>Anesthesia</li> </ul>	Plan pays 80%	Plan pays 80%*
<b>Major Services (Type 3)</b> <ul style="list-style-type: none"> <li>Onlays</li> <li>Crowns</li> <li>Crown Repair</li> <li>Endodontics (surgical &amp; non-surgical)</li> <li>Periodontics (surgical &amp; non-surgical)</li> <li>Denture Repair</li> <li>Implants</li> <li>Prosthodontics (fixed bridge; removeable complete/partial dentures)</li> </ul>	Plan pays 50%	Plan pays 50%*
<b>Orthodontic Services</b> <ul style="list-style-type: none"> <li>Dependent Children Only (under age 19)</li> </ul>	Plan pays 50%	Plan pays 50%*

*\* You will save money when you visit a dentist in your plan network because Ameritas and the dentist have agreed on pricing for covered services. Dentists who are not in your plan network have not agreed to pricing, and may balance bill you for the difference between what Ameritas pays them and what the dentist usually charges.*

# Vision

Whether it's 20/20 or less than perfect vision, everyone needs to receive regular vision care. This vision care program is being offered as part of our commitment to your well-being. You have the opportunity to enroll in the vision plan with Ameritas our vision carrier. Go to [eyedoctor.eyemedvisioncare.com/member/en#/member/en](http://eyedoctor.eyemedvisioncare.com/member/en#/member/en) to find in-network facilities under the EyeMed Insight Network.

Benefits	In-Network	Out-of-Network	Frequency
<b>Deductibles</b>			
<ul style="list-style-type: none"> <li>Exam</li> <li>Eye Glass Lenses</li> </ul>	\$10 \$25	No Deductible	Every 12 Months Every 12 Months
<b>Frame Allowance</b>			
<ul style="list-style-type: none"> <li>One pair of eyeglass frames</li> </ul>	\$150 allowance, then 20% of any remaining balance	Up to \$75 reimbursement	Every 24 Months
<b>Eyeglass Lenses (instead of contacts) One pair of standard plastic lenses</b>			
<ul style="list-style-type: none"> <li>Single vision lenses</li> <li>Bifocal lenses</li> <li>Trifocal lenses</li> <li>Lenticular</li> <li>Progressive</li> </ul>	Covered in Full Covered In Full Covered in Full 20% Discount Up to \$110	Up to \$25 reimbursement Up to \$40 reimbursement Up to \$55 reimbursement No Benefit No Benefit	
<b>Contact Lenses (instead of glasses)</b>			
<ul style="list-style-type: none"> <li>Fit &amp; Follow Up Exams Standard Premium (Allowance)</li> <li>Elective contact lenses</li> <li>Medically Necessary contact lenses</li> </ul>	Up to \$40 copay 10% off retail Up to \$150 allowance Covered in Full	No Benefit No Benefit Up to \$120 reimbursement Up to \$200 reimbursement	
<b>Eyeglass Lens Upgrades</b>			
<ul style="list-style-type: none"> <li>Standard Polycarbonate</li> <li>Tint (solid and gradient)</li> <li>Scratch Resistant Coating</li> <li>Anti-Reflective Coating Standard Premium Tier 1 Tier 2 Tier 3</li> <li>Ultraviolet Coating</li> <li>Lasik or PRK</li> </ul>	\$40 \$15 \$15 \$45 \$57 \$68 80% off the charge \$15 Average of 15% off retail price or 5% off promotional price at US Laser Network participating providers	N/A	





# Employee Contributions

## Medical

**Wellness Discount:** The total per pay period wellness discount is \$23.08. If you have coverage on your spouse and they complete their wellness, they are eligible for an additional \$23.08 per pay period.

Plan Tier	Minimum Value Plan		Core Plan		Buy-Up Plan	
	Per Pay No Wellness	Per Pay With Wellness	Per Pay No Wellness	Per Pay With Wellness	Per Pay No Wellness	Per Pay With Wellness
Employee	\$39.05	\$15.96	\$64.95	\$41.87	\$94.86	\$71.78
Employee & Spouse	\$182.86	\$136.70	\$233.69	\$187.53	\$291.94	\$245.78
Employee & Child(ren)	\$175.98	\$152.90	\$223.24	\$200.16	\$279.95	\$256.87
Family	\$282.85	\$236.69	\$357.83	\$311.67	\$449.69	\$403.53

## Dental

Plan Tier	Per Pay
Employee	\$7.52
Employee & Spouse	\$15.00
Employee & Child(ren)	\$20.38
Family	\$27.81

## Vision

Plan Tier	Per Pay
Employee	\$2.53
Employee & Spouse	\$4.82
Employee & Child(ren)	\$5.02
Family	\$7.61



# Flexible Spending Accounts (FSA)

*This benefit requires that you make a new election every year.*

## Benefits of an FSA

Medical and dependent care costs can pile up. You already know that. But did you know there's an opportunity to save on those expenses by taking advantage of pre-tax benefits?

A Flexible Spending Account (FSA) lets you budget and save for qualified medical and dependent care expenses. Your FSA funds are put aside before taxes, which means more money in your pockets.

One of the best perks of an FSA is that all of your funds are available to use at the start of the plan year. That means if you have a big medical expense at the start of the plan year, you can tap into your FSA funds immediately to help cover the cost.

### FSA's Offer Many Benefits.

**+** **Pre-tax savings.** The dollars you contribute to an FSA are added pre-tax. For example, if you contribute \$2,500 to an FSA during a plan year and pay a tax rate of 30%, you'd save \$750.

**+** **Funds available right away.** All of your Medical FSA funds are available on the first day.

While the funds in your account are use it or lose it each year, meaning any funds you do not use will be removed from your account at the end of the run-out period in the following plan year, you are allowed to roll over up to \$500 of the balance in your account to the following year.



### Medical FSA

Pair a traditional health plan with a Medical FSA, which covers eligible medical, dental and vision expenses. The medical expenses must primarily alleviate or prevent a physical or mental defect or illness.

**Maximum Amount** - \$2,750

**Maximum Rollover Amount** - \$500 (minimum of \$100)

**Examples of eligible expenses include:** doctor visits, dental exams, vision exams, physical therapy, speech therapy, surgeries, hearing aids, ambulance costs, acupuncture, prescription glasses, laser-eye surgeries, contact lenses, orthodontics and dentures



### Dependent Care Account (DCA)

A DCA allows you to put money aside for:

- dependent care for children up to age 13
- a disabled dependent of any age or a disabled spouse

To be eligible for a DCA, you and your spouse (if applicable) must work, be looking for work or be full-time students. Your dependents must live with you and be 12 years or younger. A dependent age 13 or older may be eligible if they cannot physically or mentally care for themselves. The daycare provider cannot be a parent of the child, a dependent on your tax return, or your child under the age of 19.

**Maximum Amount** - \$5,000

**Examples of eligible expenses include:** pre-school and after-school care, daycare providers and summer day camps.

**Note:** There is no rollover amount for the Dependent Care Account. This account is use it or lose it.

▶ **Healthcare FSA**

▶ **Dependent Care FSA**



# Flexible Spending Account Estimation Worksheet

Estimating future expenses is an important step as you prepare to enroll in an FSA. The more accurate you are in estimating your expenses the better the plan will work for you. Here are some tips: Look in your medicine cabinet, request a patient ledger from your pharmacy of your prior year's prescriptions, request an annual statement from your insurance company. After you locate these documents, take into account that the Health Care FSA can also be used for your spouse and tax dependent(s), even if not covered by your employer's insurance plan.

ANTICIPATED MEDICAL EXPENSES - not reimbursed by your medical insurance		Cost Estimate
1. Co-pays ( <i>office visit/prescription co-pay amounts x number of anticipated visits/prescriptions</i> )		\$ _____
2. Deductibles ( <i>for you and eligible dependents</i> )		\$ _____
3. Coinsurance amount ( <i>e.g., 20% of the services after deductible</i> )		\$ _____
4. Routine exam ( <i>annual physical, yearly exams, well-baby</i> )		\$ _____
5. Hearing care expenses ( <i>hearing aids, exams, etc.</i> )		\$ _____
6. Prescription drugs ( <i>not covered by insurance</i> )		\$ _____
7. Eligible over-the-counter medications		\$ _____
8. Alternative Care ( <i>chiropractor, acupuncture office visits</i> )		\$ _____
9. Weight loss program ( <i>must submit a letter from doctor regarding medical condition</i> )		\$ _____
10. Massage Therapy ( <i>must submit a letter from doctor regarding medical condition</i> )		\$ _____
11. Other anticipated qualified expenses not listed		\$ _____
	<b>Sub-Total</b>	\$ _____

ANTICIPATED DENTAL EXPENSES - not reimbursed by your dental insurance		Cost Estimate
1. Deductibles ( <i>for you and eligible dependents</i> )		\$ _____
2. Coinsurance amount ( <i>e.g., 20%, 50% of services after deductible</i> )		\$ _____
3. Examinations, cleanings, fluoride treatments, x-rays, space maintainers, sealants		\$ _____
4. Fillings, extractions, root canals, denture repairs		\$ _____
5. Crowns, inlays, onlays, bridges, dentures		\$ _____
6. Orthodontia treatment		\$ _____
7. Other anticipated qualified dental expenses not listed		\$ _____
	<b>Sub-Total</b>	\$ _____

ANTICIPATED VISION EXPENSES - not reimbursed by your vision insurance		Cost Estimate
1. Deductibles ( <i>for you and eligible dependents</i> )		\$ _____
2. Co-pays ( <i>exam and material co-pays x number of visits</i> )		\$ _____
3. Vision Examinations		\$ _____
4. Frames, lenses, contact lenses		\$ _____
5. Laser vision correction procedures		\$ _____
6. Other anticipated qualified vision expenses not listed		\$ _____
	<b>Sub-Total</b>	\$ _____
	<b>Total</b>	\$ _____

ANTICIPATED DEPENDENT CARE EXPENSES		Cost Estimate
1. Dependent care center fees ( <i>qualifying child or adult day care</i> )		\$ _____
2. Licensed nursery school fees		\$ _____
3. Other anticipated eligible dependent care expenses		\$ _____
	<b>Sub-Total</b>	\$ _____
	<b>Total</b>	\$ _____



# Basic Life & AD&D Insurance



## What is Life Insurance?

### Life Insurance at no cost to you!

You will automatically be enrolled in the Basic Life & AD&D Insurance Plan through **The Standard** and Vanguard Trucks will pay the full cost of this coverage for you!

### What is Basic Life?

In the event of your death, Basic Life Insurance helps provide financial protection for your loved ones at no cost to you.

Your benefit is \$25,000. If you feel like you need additional life insurance protection, you have the opportunity to purchase more for yourself, your spouse and your child(ren).

### Accidental Death & Dismemberment (AD&D)

Accidental Death and Dismemberment (AD&D) insurance provides an additional \$25,000 benefit for a covered accidental bodily injury that directly causes dismemberment (loss of a hand, foot or eye).

In the event that death occurs from a covered accident, both the life and the AD&D benefit would be payable.

### Age Reduction (Basic Life & AD&D)

Benefits will reduce:

- To 65% at age 65;

### Importance of Selecting a Beneficiary

Selecting a beneficiary is a very personal decision. Some people want to use a death benefit to protect their loved ones, and other people look at it as more of a financial transaction. When you designate beneficiaries, you have the final say over who receives your death benefit. If you do not choose one, your state's laws determine who gets the benefit.



# Voluntary Life Insurance

Vanguard employees have the option to enroll in Voluntary Life Insurance through **The Standard**. You can elect Voluntary Life coverage for yourself, your spouse and/or your child(ren).

Voluntary Life coverage automatically comes with Accidental Death & Dismemberment (AD&D) coverage. This means, if you die in an accident, the policy will pay out double the amount of your election.

## How much can I get?

### Employee:

You may purchase in \$10,000 increments up to 8x your annual earnings or a maximum of \$500,000. **If you are currently enrolled with less than \$200,000 of employee coverage, you may elect to increase your coverage by \$10,000 or \$20,000, not to exceed \$200,000.**

**If you are NOT currently enrolled, you may elect \$10,000 or \$20,000 with no medical evidence.**

### Spouse:

You may purchase for your spouse up to 100% of your elected amount in \$5,000 increments up to \$150,000.

**Spouses insured with less than \$30,000 of coverage may elect to increase their coverage by \$5,000 or \$10,000, not to exceed \$30,000.**

**If NOT currently enrolled, you may elect \$5,000 or \$10,000 with no medical evidence.**

### Child(ren):

This benefit is \$10,000 for children age live birth through age 25.

**Children not currently enrolled may elect \$10,000, without medical evidence.**

**The cost is \$1.60 per month.**

### Guarantee Issue

Employee - \$200,000

Spouse - \$30,000

Child(ren) - \$10,000

## Employee & Spouse\* Monthly Rates

Age	Rate per \$1,000	Age	Rate Per \$1,000
<30	\$0.097	50-54	\$0.471
30-34	\$0.117	55-59	\$0.791
35-39	\$0.139	60-64	\$1.108
40-44	\$0.199	65-69	\$1.669
45-49	\$0.301	70+	\$2.978

\*Spouse rates based on employee's age

**Example:** A 36 year old female wants to purchase \$50,000 of term life insurance.

.139	X	50	=	\$6.95
Rate per \$1,000		# of units/\$1,000		Monthly Premium

## Age Reduction

Benefits will reduce:

- To 65% at age 65;
- To 40% at age 70; and
- To 25% at age 75

## Importance of Selecting a Beneficiary

Selecting a beneficiary is a very personal decision. Some people want to use a death benefit to protect their loved ones, and other people look at it as more of a financial transaction. When you designate beneficiaries, you have the final say over who receives your death benefit. If you do not choose one, your state's laws determine who gets the benefit.



# Short Term Disability



## What is Short-Term Disability Insurance?

### What is Short Term Disability?

Short Term Disability Insurance helps protect your income for a short duration. If you become disabled and are unable to work, disability insurance can help replace some of your lost income, help you pay bills and protect your long-term savings.

### How does the benefit work?

Short Term Disability benefits begin on the **1st day of disability due to an accident and on the 8th day for an illness (including pregnancy).**

**Basic STD** will pay **66 2/3%** of your weekly salary to a maximum of **\$500 per week** and you may receive this benefit for **up to 90 days**. Basic STD is completely **employer paid**.

**STD Buy-up** will pay **66 2/3%** of your weekly salary to a maximum of **\$2,500 per week** and you may receive this benefit for **up to 90 days**.

*If you have not previously enrolled in the Buy-up Voluntary Short-Term Disability plan and you are newly enrolling, you will be subject to a 60-day benefit waiting period for sickness or pregnancy for the first 12 months on the plan.*

STD Buy-up is completely **employee paid** and is available to eligible employees with an annual salary of **\$39,000 and above**. Your specific rate will be calculated for you in the enrollment system.

**Note:** For SALARY and HOURLY employees, benefit % is based on prior year's W-2 earnings.



# Long Term Disability

## ▶ What is Long-Term Disability Insurance?

### What is Long Term Disability?

Long Term Disability Insurance helps safeguard your financial security by replacing a portion of your income while you are unable to work. LTD benefits are intended to protect your income for a long duration after you have depleted short-term disability or available paid time off. LTD will take effect if your accident or illness prevents you from returning to work beyond your Short Term Disability period or 90 days.

### How does the benefit work?

If your injury or illness prevents you from returning to work for **90 days** and you meet benefit qualifications, your Long Term Disability benefits will pay **60% of your monthly salary but no more than \$10,000 per month**. Your LTD benefits are payable for the period during which you continue to meet the definition of disability and if necessary, may continue to the later of social security normal retirement age or age 65\*.

Long Term Disability is completely **employee paid**. See below for rates and sample premium calculation.

Monthly Premium Factor			
Age	Rate per \$100	Age	Rate Per \$100
<24	0.128	45-49	0.739
25-29	0.168	50-54	1.255
30-34	0.170	55-59	1.493
35-39	0.304	60+	1.662
40-44	0.498		

**Example:** A 36 year old with an annual salary of \$30,000 wants to purchase Long Term Disability.

2,500	*	0.304	/	100	=	\$7.60
Monthly Salary		Premium Factor				Monthly Premium

### Note:

- For SALARY and HOURLY employees, benefit % is based on prior year's W-2 earnings.

\*Refer to certificate for full schedule of benefits



# Voluntary Benefits



## Accident Plan

**▶ What is Accident Insurance?**



A plan, through Trustmark Insurance, that helps pay for the unexpected expenses that result from an accident.

**On and Off the Job Coverage**

Family coverage available  
Sports related injuries covered as well

Just a few examples of benefits included in the plan:

- Emergency Room Visits - \$200
- Hospitalization - \$2,000 admission benefit, \$400 per day benefit
- Fractures - up to \$10,000
- Dislocations - up to \$8,000
- Accident Follow-up Treatment - \$100
- Health Screening Benefit - \$100 per insured per year

See brochure for a complete list of benefits.

	Employee	Employee & Spouse	Employee & Child(ren)	Family
Monthly Deductions	\$17.92	\$26.78	\$33.74	\$42.60



# Voluntary Benefits

## Critical HealthEvents

▶ What is Critical HealthEvents Insurance?

Critical Illness coverage focuses on cancer, stroke and heart attack, to help cover medical and non-medical expenses. Pays partial benefit for early identification, full benefits for late-stage diagnosis. Early diagnosis benefit can provide funds to help prevent conditions from worsening. **Replenishing benefit amount fully restores each calendar year with no lifetime maximum.**



**Guaranteed Issue at Initial Offering**  
**\$25,000 Employee / \$12,500 Spouse / \$2,500 Children**

### How the Product Works:

The product offers benefits for the entire scope of an illness—not one and done.

10% Benefit	50% Benefit	100% Benefit
<b>Cancer</b> <ul style="list-style-type: none"> <li>Invasive basal/squamous cell skin cancer</li> <li>In situ cancer</li> <li>Benign brain, spinal cord and cranial nerve tumors</li> <li>Myelodysplastic syndrome</li> </ul>	<b>Cancer</b> <ul style="list-style-type: none"> <li>Stage 1 melanoma</li> <li>Stage 1 or 2 cancers, no lymph node involvement</li> </ul>	<b>Cancer</b> <ul style="list-style-type: none"> <li>Stage 3 or higher</li> <li>Stage 2 involving lymph nodes</li> <li>Melanoma stage 2 or higher</li> <li>Stage 1 or higher: pancreas, esophagus, leukemia, lung, liver, biliary tract, head and neck, lymphoma, multiple myeloma</li> <li>End stage renal failure, major organ failure</li> </ul>
<b>Coronary Artery disease</b> <ul style="list-style-type: none"> <li>Initial diagnosis after a non-invasive assessment and recommended treatment</li> <li>Pulmonary embolism or fibrosis</li> </ul>	<b>Coronary Artery Disease</b> <ul style="list-style-type: none"> <li>Coronary artery obstruction</li> <li>Heart attack when clinically diagnosed</li> <li>Thoracic, Aorta or Valve Surgery</li> </ul>	<b>Coronary Artery Disease</b> <ul style="list-style-type: none"> <li>Heart Attack</li> <li>Sudden Cardiac Arrest</li> </ul>
<b>Cerebral Vascular Disease “mini-stroke”</b> <ul style="list-style-type: none"> <li>Transient Ischemic Attack (TIA) including Reversible Ischemic Neurologic Deficit (RIND)</li> </ul>	<b>Cerebral Vascular Disease</b> <ul style="list-style-type: none"> <li>Stroke with less than 30 days impairment</li> <li>Stroke when clinically diagnosed</li> </ul>	<b>Cerebral Vascular Disease</b> <ul style="list-style-type: none"> <li>Stroke with at least 30 days impairment</li> </ul>

Most plans **DON'T** cover these conditions.

**A Healthy Living Benefit is included and pays \$50 for each insured.** Each covered person will get one routine test and one follow-up diagnostic test, providing support for early detection and prevention.

### Examples of Routine Screenings:

- Mammography
- EKG/ECG
- HPV Vaccination
- CA125 Blood Test
- Pap Smear
- Colonoscopy
- Prostate Specific Antigen
- Skin Cancer Screening

**Rates:** Rates vary based on age and tobacco status, but can start as little as a few dollars a week. See brochure for more details. **Your specific rate will be calculated for you in the electronic enrollment system.**

# Value Added Benefits

## Life Services Toolkit

Online tools and services can help you create a will, make advance funeral plans and put your finances in order. After a loss, your beneficiary can consult experts by phone or in person, and obtain other helpful information online.

**The Life Services Toolkit is automatically available to those insured under a group life insurance policy from The Standard.**

### Services to Help You Now

Visit the Life Services Toolkit website at [standard.com/mytoolkit](https://standard.com/mytoolkit) and enter user name “assurance” for information and tools to help you make important life decisions.

- **Estate Planning Assistance:** Online tools walk you through the steps to prepare a will and create other documents, such as living wills, powers of attorney and health care agent forms.
- **Financial Planning:** Consult online services to help you manage debt, calculate mortgage and loan payments, and take care of other financial matters with confidence.
- **Health and Wellness:** Timely articles about nutrition, stress management and wellness help employees and their families lead healthy lives.
- **Identity Theft Prevention:** Check the website for ways to thwart identity thieves and resolve issues if identity theft occurs.
- **Funeral Arrangements:** Use the website to calculate funeral costs, find funeral-related services and make decisions about funeral arrangements in advance.

### Services for Your Beneficiary

Life insurance beneficiaries can access services for 12 months after the date of death. Recipients of an Accelerated Benefit can access services for 12 months after the date of payment.

These supportive services can help your beneficiary cope after a loss:

- Grief Support
- Financial Assistance
- Online Resources
- Legal Services
- Support Services

Beneficiaries can participate in phone consultations or in-person meetings with trained grief counselors.

For beneficiary services, visit [standard.com/mytoolkit](https://standard.com/mytoolkit) (user name = support) or call the assistance line at 800.378.5742.

## Travel Assistance

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plan. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.

**Travel Assistance is automatically available to those insured under a group life insurance policy from The Standard.**

You and your spouse are covered with Travel Assistance - and so are your kids through age 25. Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:

- Passport, visa, weather and currency exchange information, health hazards advice and inoculation requirements.
- Emergency ticket, credit card and passport replacement, funds transfer and missing baggage.
- Help replacing prescription medication or lost corrective lenses and advancing funds for emergency medical payment.
- Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee’s home, including repatriation of remains.
- Connection to medical care providers, interpreter services, a local attorney, consular office or bail bond services.
- Return travel companion if travel is disrupted due to emergency transportation services or return dependent children if left unattended due to prolonged hospitalization.
- Logistical arrangements for ground transportation, housing and/or evacuation in the event of a natural disaster, political unrest and social instability.

## Contact Travel Assistance

**866.455.9188**

United States, Canada, Puerto Rico, U.S. Virgin Islands and Bermuda

**+1.240.330.1380**

Everywhere else

[ops@gga-usa.com](mailto:ops@gga-usa.com)

[Standard.com/travel](https://standard.com/travel)



## Value Added Benefits

### Employee Assistance Program

There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program (EAP) which includes WorkLife Services and is available to you and your family **if you are enrolled in the Long Term Disability**. It's confidential - information will be release only with your permission or as required by law.

### Connection to Resources, Support and Guidance

You, your dependents (including children to age 26) and all household members can contact masters-degreed clinicians 24/7 by phone, online, live chat, email and text. There's even a mobile EAP app. Receive referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three face-to-face assessment and counseling sessions per issue. EAP services can help with:

- Depression, grief, loss and emotional well-being
- Family, marital and other relationship issues
- Life improvement and goal-setting
- Addictions such as alcohol and drug abuse
- Stress or anxiety with work or family
- Financial and legal concerns
- Identity theft and fraud resolution
- Online will preparation

### WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, travel, daily living and care for your pet, child or elderly loved one.

### Online Resources

Visit [healthadvocate.com/Standard3](http://healthadvocate.com/Standard3) to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

**Perks at Work** - sources perks that matter to help you live a better and healthier life. Visit [www.perksatwork.com/login](http://www.perksatwork.com/login)

### Contact EAP

888.293.6948

TTY services dial 711

[answers@healthadvocate.com](mailto:answers@healthadvocate.com)

### Health Advocacy Select

**Available to employees that are out on an approved STD claim with Standard for the duration of their STD claim.**

When you're sick or injured, your main focus should be on your health - not untangling medical bills, scheduling appointments and coordinating your care with specialists and other providers.

### Help is Only a Phone Call Away

Fortunately, you don't have to take on the healthcare system by yourself. While you're out on a short term disability claim, you can connect with a Personal Health Advocate who'll help you navigate the complexities of the healthcare system. Simply take advantage of Health Advocacy Select, a service that's included with your group Short Term Disability insurance coverage through The Standard.

### An Expert by Your Side

At no additional cost, you can contact *Health Advocate™* and be assigned a Personal Health Advocate, typically a registered nurse, who will remain on your case until it's fully resolved. From start to finish, you'll work with one person sparing you the headache of explaining your concerns to someone who might be unfamiliar with your situation.

Your Personal Health Advocate can assist you in quickly and efficiently working through healthcare management issues.

### Some ways they can help you are:

- **Understand** and take maximum advantage of your medical benefits.
- **Make sense** of your diagnosis and research treatment options.
- **Find and schedule appointments** with the right doctors and specialists, particularly for complex medical conditions where a second opinion is appropriate.
- **Locate specialists** for high-risk pregnancies and find pediatricians.
- **Manage your out-of-pocket expenses** by finding alternative services and cost information.
- **Locate** necessary post pregnancy support in the event of a difficult delivery or when complications arise.
- **Find resources** for services that may not be covered through your employer's health benefits program.

**Personal Health Advocates available Monday - Friday, 8 a.m. - 12 a.m., Eastern at:**

**888.293.6948**

[Healthadvocate.personaladvantage.com](http://Healthadvocate.personaladvantage.com)



# 401(k) and Holiday Schedule

## 401(k) Retirement Plan

As part of our commitment to providing valuable benefits to our employees, Vanguard Truck Centers offers a 401(k) Retirement Plan to all eligible employees.

### Eligibility

- Full-time employees 21 years or older
- First of the month following 3 months of employment
- Automatic Enrollment at 4%, unless you opt out

### Eligibility for Match

- Begins after 1 year of service (1,000 hours)
- 100% vesting after 3 years or more of service

Employer Matching Contribution	
Employee Contribution % of salary	Employer Contribution % of salary
1%	0.50%
2%	1%
3%	1.5%
4% or more	2%
Vesting Schedule	
Years of Service	Vested %
Less than 3 years	0%
3 years or more	100%

- Deferral rates can be updated in Principal at anytime
- Employee contributions will default to the target date funds
- Investment elections can be changed at anytime
- Advisory services are available from Raymond James

D. Bruce Kelly Jr., Financial Advisor, RIFS

Bruce.Kelly@raymondjames.com

Ph: 866-651-7556 or 706-621-7550

## 2021/2022 Vanguard Holidays

New Year's Day	Memorial Day
Independence Day	Labor Day
Thanksgiving Day	Day after Thanksgiving
Christmas Eve	Christmas Day

### Automatic Enrollment

Vanguard will even help get everything started for you. Unless you decide to make your own selections or opt out, prior to the first day of the month following your eligibility date, you will automatically be enrolled in the 401(k) Plan at a 4% contribution rate.

### Automatic Annual Increase

With annual automatic increases, Vanguard will help you save even more for your future. Each January 1 we will automatically increase your savings percentage 1% until you reach 10%, unless you have altered your contribution percentage in the six months prior to that date, or opted out.

### To Access Your Account

- Go online to [www.principal.com](http://www.principal.com) OR
- Call the Principal Financial Group at 800-547-7754





# Retirement



## Helping you manage your retirement goals

With 24/7 account access



Planning for retirement doesn't have to be complicated. Set up your account to stay on track with your retirement savings goals. And since your life is busy enough, we've made getting to your information simple and convenient. Use these resources to access your account when and how you want.

### Online

#### First-time users

Go to [principal.com/Welcome](https://principal.com/Welcome)

- › Select **Get Started**
- › Enter your first name, last name, date of birth, mobile phone number (this is the quickest way to verify your identity), and your ID number (this is either your Social Security number or a specific ID provided by your employer) or ZIP code
- › Agree to do business electronically and click **Continue**
- › If you don't provide your mobile phone number, you'll need to answer a few personal questions as an alternative way to confirm it's really you
- › Create a **unique username**, set a secure **password** and add your **email address**
- › Select and answer **three security questions** to use if you need to call us
- › You now have access to your online account, and you'll get a confirmation email within a few minutes
- › The first time you log in, you'll need to choose where we send you **verification codes** (text message, voice call, or authentication app) and how often you want to use them

#### Ongoing account access

Go to [principal.com](https://principal.com)

- › Click **Log In**
- › Enter your **username** and **password** (click **Forgot Username or Forgot Password** if you need to reset) and click **Log In**
- › If you're logging in from a new device, resetting your username or password, or you've opted to use verification codes every time you log in, you'll receive a security code via text message, voice call, or authentication app
- › Enter the security code and click **Verify**



#### Questions?

Having trouble setting up your login? Give us a call at **800-986-3343**.

#### Stay up to date!

Keeping your email address current helps you stay in the know with communications tailored to you.

- › Click on the **Retirement Plan** link of the account you want to access. Use the tabs at the top of the page to navigate the website.

# Retirement

## Your account

## Education Hub

### Available options include:

Not all options are available for certain plans. Check with your human resources contact to find out what is available.

- › Plan info & forms
- › Statements
- › Contributions
- › Investments
- › Loans & withdrawals
- › Rollovers
- › Retirement
- › Wellness Planner

- › Overview
- › My Virtual Coach
- › Monthly webinars
- › Retirement planning
- › Managing money
- › Life event planning
- › Calculators & tools

## Mobile

Check your account balance and rate of return on the go.

- › Principal® App — Available for iPhone® and Android™\*
  - › Text message
  - › Email

## Phone

### First-time users

Call **800-547-7754**

- › Enter your **Social Security number** when prompted
- › Listen to the menu and select an option
- › When prompted, establish your **personal identification number (PIN)** using your **Account/Contract Number**

### Ongoing account access

Call **800-547-7754**

- › Enter your **Social Security number** when prompted
- › Listen to the menu and select an option
- › If prompted, enter your **(PIN)**  
*(Note: Some options do not require you to enter your PIN.)*

### Follow the prompts to:

(Not all options are available for certain plans. Check with your human resources contact to find out what is available.)

- › Check your account balance
- › Check investment performance
- › Request or review loan information
- › Review investment options
- › Manage your rollover funds

- › Transfer retirement funds between available investment options
- › Hear information regarding an expected Form 1099-R

\* The mobile application offered by Principal® to view account information is currently supported on iPhone® (operating systems 11.0 or higher) and Android™ (operating systems 6.0 or higher).



[principal.com](https://www.principal.com)

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Android is a trademark of Google Inc. Use of this trademark is subject to Google Permissions.

Insurance products and plan administrative services provided through Principal Life Insurance Co., a member of the Principal Financial Group®, Des Moines, Iowa 50392.

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# Prescription Drug Coverage & Medicare Notice

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Vanguard Truck Centers and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Vanguard Truck Centers has determined that the prescription drug coverage offered by Cigna health plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and are therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

## **When can you join a Medicare Drug Plan?**

You can join a Medicare Drug Plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare Drug Plan.

## **What happens to your current coverage if you decide to join a Medicare Drug Plan?**

If you decide to join a Medicare Drug Plan, your current Vanguard Truck Centers coverage will not be affected. See pages 7-9 of the CMS Disclosure of Creditable Coverage to Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individual may have available to them when they become eligible for Medicare Part D.

## **When will you pay a higher premium (penalty) to join a Medicare Drug Plan?**

You should also know that if you drop or lose our current coverage with Vanguard Truck Centers and don't join a Medicare Drug Plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare Drug Plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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## For more information about this notice or your current prescription drug coverage...

Contact your HR department for further information. NOTE: You will get this notice each year. You will also get it before the next period you can join a Medicare Drug Plan, and if this coverage through Vanguard Truck Centers changes. You also may request a copy of this notice at any time.

## For more information about your options under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare Drug Plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare Drug Plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

### Human Resources Contact

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## Important Contacts

Vendor	Phone	Website
<b>Medical</b> CIGNA	800-244-6224	Locate Provider (Open Access Plan): <a href="http://hcpdirectory.cigna.com/web/public/consumer/directory/search">hcpdirectory.cigna.com/web/public/consumer/directory/search</a> Plan Information: <a href="http://www.cigna.com">www.cigna.com</a>
<b>Dental</b> Ameritas	800-487-5553	Locate Provider (Classic PPO Network): <a href="http://dentalnetwork.ameritas.com">dentalnetwork.ameritas.com</a> Plan Information: <a href="http://www.ameritas.com">www.ameritas.com</a>
<b>Vision</b> Ameritas	866-289-0614	Locate Provider (Eyemed Insight Network): <a href="http://eyedoctor.eyemedvisioncare.com/member/en#/member/en">eyedoctor.eyemedvisioncare.com/member/en#/member/en</a> Plan Information: <a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>
<b>Life &amp; Disability</b> The Standard	Life: 800-628-8600 STD: 800-368-2869 LTD: 800-368-1135	<a href="http://www.standard.com">www.standard.com</a>
<b>Flexible Spending Accounts</b> Wex (Discovery Benefits)	866-451-3399	<a href="http://www.wexinc.com">www.wexinc.com</a>
<b>401(k)</b> Principal Financial Group	800-547-7754	<a href="http://www.principal.com">www.principal.com</a>
<b>Trustmark Claims Service</b> Critical Illness Claims Accident Claims	877-201-9373 x 45708 877-201-9373 x 45704	<a href="mailto:VBS_Disability@Trustmarkins.com">VBS_Disability@Trustmarkins.com</a> <a href="mailto:MAWorksite@Trustmarkins.com">MAWorksite@Trustmarkins.com</a>
<b>Vanguard Contacts</b> Stacy Stapleton, HR Director (Corporate)	Phone: 404-963-9160 Fax: 404-389-9917	<a href="mailto:stacy.stapleton@vanguardtrucks.com">stacy.stapleton@vanguardtrucks.com</a>
<b>Stephens Insurance</b> Maranda Bunker, Senior Account Manager  Sherry Bowers, Senior Account Manager	Phone: 901-481-5568 Fax: 901-681-1396  Phone: 501-377-8119 Fax: 501-537-6019	<a href="mailto:maranda.bunker@stephens.com">maranda.bunker@stephens.com</a>  <a href="mailto:sbowers@stephens.com">sbowers@stephens.com</a>



#### Benefit Guide Description

*This summary of benefits is not intended to be a complete description of Vanguard's insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan.*

*In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Vanguard maintains its benefit plans on an ongoing basis, Vanguard reserves the right to terminate or amend each plan in its entirety or in any part at any time.*

*For questions regarding the information provided in this overview, please contact your Vanguard human resources representative.*