

2025



BENEFITS GUIDE

Welcome to Your Benefits

Our most important asset is our people.

Our most important asset is our people. That's why Mid-South Transportation Management, Inc. 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 available during enrollment and throughout the year to help you make the most of your benefits plans and answer your questions.

If there is any discrepancy between the description of the program elements as contained in this benefits guidebook and the official plan documents, the language in the official plan documents shall prevail as accurate. You should be aware that any and all elements of MTM's benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by MTM.

The health care coverage you elect begins with your initial eligibility date and continues through the end of the enrollment year. Mid-South Transportation Management's health care benefit year begins January 1st and ends December 31st. You may also enroll or change your benefits during the annual Open Enrollment period, generally in October or November, for a January 1st effective date.

Open enrollment is only time of year where you can make changes to your benefits. You may not enroll again until the next Open Enrollment period unless you experience a qualifying life event. All current benefit elections will roll over for 2025 unless changes are made through AGM Benefit Solutions by the deadline.

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Contacts & Resources

Find more details about the benefits offered to you by logging in to AGM Benefit Solutions at agmbenefits.com. The AGM team are your dedicated benefit experts!

If you still have additional questions after reaching out to their team, the contact information below will connect you directly with the carriers.



Benefit	Carrier	Phone	Website/Email
Medical Benefits	Cigna	800-997-1654	mycigna.com
Flexible Spending Accounts	McGriff Flex	800-768-4873	mcgriff.com/flex
Dental Benefits	Cigna	800-997-1654	mycigna.com
Vision Benefits	Cigna	800-997-1654	mycigna.com
Life and AD&D	Symetra	877-377-6773	symetra.com/mygo
Disability	Symetra	877-377-6773	symetra.com/mygo
Accident & Critical Illness	Symetra	800-497-3699	symetra.com/mygo
Cancer	Transamerica	844-880-6774	transamerica.com
Universal Life	Transamerica	844-880-6774	transamerica.com
Employee Assistance Program	Cigna	877-622-4327	mycigna.com
Human Resources	Joanne Sruwic Brittany Neal	901-722-7139 901-722-7135	jurwic@matatransit.com bneal@matatransit.com
Enrollment Portal	AGM Solutions	844-880-6774 M-F 8:30-5:00 CST	support@agmbenefits.com agmbenefits.com

Eligibility & Enrollment



All regular full-time Mid-South Transportation Management, Inc. employees working at least 30 hours per week are eligible for benefits. As a new hire, you are eligible for benefits on the first day of the month following 60 days of employment.

Who Can Enroll

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

- Your legal spouse may be eligible to be enrolled. Spousal coverage is not available to spouses, if their employer offers coverage. **Please note: Domestic partners are not eligible for coverage.**
- 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 federal income taxes.

When You Can Enroll

You can enroll in benefits during the following times:

- Your initial new hire eligibility period.
- The annual Open Enrollment period for a January 1st effective date.

If you fail to enroll within the timeframe given for your new hire eligibility period, you will not be able to elect benefits again until the next Open Enrollment period, and you will not have coverage.

If you are benefits eligible on January 1, 2025, you may enroll during Open Enrollment.

Making Changes to Your Benefits

Outside of your initial new hire or the annual 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 spouse's work status that affects your benefits
- Change in your work status that affects your benefits
- Change in residence that affects your eligibility for coverage
- Change in your child's eligibility for benefits
- 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 and supply the necessary documentation, you will be required to wait until the next annual enrollment period to make changes.

Termination of Coverage

Benefits coverage will be terminated as follows:

- If you leave your job, your coverage will terminate on the last day of the month following the termination or resignation date.
- When a covered dependent reaches age 26, their coverage will terminate on the last day of the month following their date of birth.



Medical Benefits

MTM employees may elect a medical plan offered through Cigna. When you elect medical coverage, you are eligible to open a Flexible Spending Account to set aside pre-tax dollars to pay for out-of-pocket health care costs. See page 17 for more information on this tax-advantaged savings account that can help you save on health care expenses.

The plan offers preventive care visits covered at 100% and an out-of-pocket maximum to protect you should a catastrophic event occur. Find Cigna network providers online at mycigna.com and search the Open Access network.

Preventive Care

The medical plan preventive care services 100% covered under your medical insurance, meaning no copays or deductibles will apply when an in-network provider delivers the covered services. Preventive exams can detect if you are at risk for a chronic disease that may be preventable. Talk to your health care provider to determine which screenings are recommended for you and when you need them.

Plan Highlights		Cigna Open Access Plus Plan
Deductible (first dollar cost for covered in-network services)		
Individual / Family		\$500 / \$1,000
Coinsurance (after you reach your deductible)		
Plan pays		85% after deductible
Out-of-Pocket Maximum (includes deductibles, copays, prescription costs, coinsurance)		
Individual / Family		\$1,000 / \$2,000
Plan Services		
Preventive Care		Plan pays 100%
Primary Care Visits		\$30 copay
Outpatient Therapy		\$20 copay
Specialist Visits		\$30 copay
Urgent Care		\$30 copay
Emergency Room		\$350 copay
Inpatient Hospital		Plan pays 85% after deductible
Outpatient Surgery		Plan pays 85% after deductible
Advanced Imaging		Plan pays 85% after deductible

Refer to the plan documents for the full plan description . This chart is intended only to highlight the benefits available and should not be relied upon to fully determine your coverage.

Prescription Benefits

When you enroll in a medical plan, you are automatically enrolled in prescription drug coverage with Express Scripts through RxBenefits. If you regularly take the same medications, a mail-order program allows you to get a 90-day supply for a lower cost, saving you trips to the pharmacy and time waiting in line.

Easily manage your home delivery prescriptions with the Express Scripts Pharmacy.

- Check order status
- Refill and renew prescriptions
- Check prices and coverage
- Find convenient pharmacies
- And much more



Access the member website at express-scripts.com. Have your Member ID or SSN handy to register if it's your first visit.



Download the Express Scripts mobile app. Search for “Express Scripts” in your app store and download it for free.

If you have a new prescription, contact your doctor’s office to request a 90-day prescription be e-prescribed directly to Express Scripts. You may also print a mail order form from the website, or call 800-334-8134 to have Express Scripts contact your doctor for you.

If you already have a prescription, check the order status online using the app. You can transfer retail prescriptions to home delivery by clicking Add to Cart and Express Scripts will contact your provider.

Plan Highlights	Cigna Open Access Plus Plan
Rx Deductible	None
Retail 30-day supply Tiers 1 / 2 / 3	\$5 / \$25 / \$50 copay
Mail Order 90-day supply Tiers 1 / 2 / 3	\$10 / \$50 / \$100 copay

RxBenefits Member Services

Contact the Member Services Team at 800-334-8134 or customer@rxbenefits.com. Team members are available from 7 a.m. to 8 p.m. CST, Monday - Friday. On weekends, after hours, and on holidays, you have the option to speak with an Express Scripts representative or leave a message for the RxBenefits Member Services Team to return your call.



Employee Contributions

Monthly Rates	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Cigna Health Insurance for Active Employees				
Medical, Dental & Vision Combined	\$154.00	\$308.00	\$276.00	\$369.00
Cigna Health Insurance for Retirees				
Medical Only (Pre-Medicare)	\$150.00	\$220.00	\$240.00	\$260.00
Medicare Advantage Plan (Medical & Vision Only)	\$93.75	\$162.49	N/A	N/A
Age 65+ Not Eligible for Medicare Advantage Plan	\$222.00	\$292.00	N/A	N/A
COBRA (Continuation of Benefits)				
Medical	\$985.91	\$2,070.38	\$1,873.27	\$2,957.71
Dental	\$22.23	\$45.48	\$55.54	\$77.76
Vision	\$4.92	\$9.41	\$9.41	\$15.25



Wellness Incentive Program



Mid-South Transportation Management, Inc. is proud to offer a wellness program to help you achieve a healthier lifestyle. All benefits-eligible covered employees are able to earn wellness discounts towards the cost of your medical premiums, up to a total of **\$35.00 per pay period** for all pay periods where benefits premiums are deducted.

\$25

per pay period

Annual Physical

Complete your annual wellness physical between 1/1/2024 and 12/31/2024. To qualify, have your physician complete the Wellness Exam Certification form and turn it in to HR, OR provide HR with a copy of your Cigna Explanation of Benefits (EOB) verifying your physical, but you must do so by 1/31/2025.

\$5

per pay period

Health Assessment

Complete Cigna's online health assessment between 1/1/2024 and 12/31/2024.

\$5

per pay period

Non-tobacco User

Complete and turn in the non-tobacco user affidavit by 1/31/2025 to claim this credit OR, if you are a tobacco user, you may earn this credit by completing the Cigna tobacco cessation program by 12/31/2024.

Please note: Once documentation is received for each wellness activity that you complete, it may take up to 30 days for the pay period discount to be applied against your medical premium contributions.

Medical Plan Tools & Resources

MyCigna

MyCigna.com is the secure member website where you can check your coverages and claims, locate network providers, access a variety of health and wellness tools and resources, print or request an ID card, and more. To get started, go to mycigna.com and enter the requested information. You'll be asked to confirm your identity and create your account.

Download the myCigna app to access your digital ID cards, manage your health information, update your profile, and more. Search for “myCigna” in your app store and download for free. When you download the app, you can access your account with just a fingerprint on any compatible device.



Scan the QR code above to view the myCigna website flyer



Scan the QR code above to view the myCigna app flyer

Smoking Cessation Program

Find the support you need to take the first step towards quitting tobacco. To enroll in the program, or if you have questions, call 855-246-1873 or visit mycigna.com.

Online Health Assessment

Taking a health assessment on mycigna.com is easy, confidential and only takes about 15 minutes. Follow these steps to get started:

Step 1: Know Your Numbers

Before you start, you'll need to gather some information including your blood pressure numbers, cholesterol levels, and your height, weight, and waist measurement.

Step 2: Go to mycigna.com

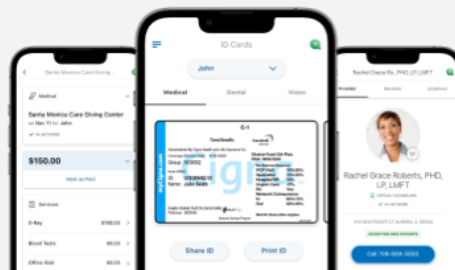
Log in to mycigna.com to start the health assessment.

Step 3: See Where You Stand

After you're finished, the program will analyze your answers and create a health report including information about potential risks and offer resources to help you get healthier.

Step 4: Get Moving

With a better understanding of your health and potential risk factors, it's time to take action. Cigna may invite you to take part in a helpful online coaching program. Share your report with your provider, and use the tools and resources on the website to set and achieve healthy goals.



Virtual Care

MDLIVE for Cigna offers reliable 24/7 health care by phone or video. Our national network of board-certified doctors, pediatricians, dermatologists, psychiatrists, and therapists provides personalized care for hundreds of medical and behavioral health needs.

With an average of 10 years* of experience, MDLIVE doctors and therapists are dedicated to helping you get better and stay well on your schedule. No surprise costs. No hassle.



Urgent Care

On-demand, reliable care for illness and injuries.

- Cold & Flu
- Ear Pain
- Pink Eye
- Sinus Problems
- UTI Infections
(Female, 18+)
- And more

Primary care

Wellness screenings, routine care, and specialist referrals.

- Asthma
- Cholesterol Issues
- Diabetes
- Heart Disease
- Thyroid Conditions
- And more

Behavioral care

Talk therapy and psychiatry from the privacy of home.

- Anxiety
- Depression
- Grief
- Life Changes
- Stress
- And more

Dermatology

Fast, customized care for skin, hair, and nail conditions.

- Acne
- Dermatitis
- Eczema
- Folliculitis
- Rosacea
- And more

Visit mdliveforcigna.com to create your account. Or, go to mycigna.com and click on “Talk to a doctor or nurse 24/7.”

Virtual Wellness Screening

It can be hard to find the time to get your preventive check-up. You have the option for virtual wellness screenings through MDLIVE, you can make your appointment online and go for a quick visit to a lab for your blood work and biometrics. The rest is completed online via video or phone. Go to mycigna.com, locate the “Talk to a doctor or nurse 24/7” callout, and click “Connect Now.”



Scan the QR code above to view the Virtual Screening flyer

Where to Go For Care

The cost for care and time you wait can vary greatly depending on where you go. Below is a simple guide to choosing the right place to go for health care. In addition to clinical settings, you have access to MDLIVE for virtual visits.



24/7 Nurseline

If an unexpected medical situation arises, a nurse can help you decide if you should call your doctor, visit the ER or urgent care, or treat the problem yourself. A nurse can also let you know if you can wait to see the doctor the next day.



Doctor's Office

Your primary care physician (PCP) should be your first choice for non-emergency care and ongoing health conditions. Your PCP knows your medical history and can help manage chronic conditions and recommend specialists or



Virtual Visit

If your doctor isn't available, you are out of town, or you need care after hours for a simple condition try a virtual visit. Go online or access the app to make an appointment with a physician anytime, 24/7 wherever you are.



Urgent Care and Retail Clinics

If your doctor isn't available, or you need care after hours for a non life threatening issue, visit an urgent care or retail health clinic for simple conditions such as a cold or the flu. Urgent care centers can provide a greater range of



Emergency Room

Only visit the ER for serious, life threatening medical care. If you feel you are dealing with a health emergency, call 911 or go to the ER right away. Do not

Dental Benefits

Mid-South Transportation Management, Inc. offers dental coverage through Cigna. These plans allow you to use in-network or out-of-network benefits. However, when you visit an out of network provider, you will be responsible for paying the difference between the allowed amount and what the dentist may charge, also known as "balance billing," To find an in-network provider, go to mycigna.com and search the Cigna Dental DPPO network. The chart below provides a brief overview of the plan. Refer to the full plan description for detailed coverage information.

Plan Highlights	Dental Plan	
	In-network:	Out-of-network:
Annual Deductible	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family
Annual Plan Maximums*	Year 1: \$1,000 Year 2: \$1,150 Year 3: \$1,300 Year 4: \$1,450	Year 1: \$1,000 Year 2: \$1,150 Year 3: \$1,300 Year 4: \$1,450
Orthodontia Lifetime Max	Up to \$650 per member	Up to \$650 per member
Preventive Services Exams, cleanings, x-rays	Plan pays 100%, no deductible	Plan pays 100%, no deductible
Basic Services Fillings, extractions, root canals	Plan pays 80% after deductible	Plan pays 80% after deductible
Major Services Dentures, crowns, bridges	Plan pays 75% after deductible	Plan pays 75% after deductible
Orthodontia Children to age 19 only	Plan pays 80% after deductible	Plan pays 80% after deductible

***Progressive Maximum Benefit:**
Progressive Benefit Year 2: Increase contingent upon receiving Preventative Services in Plan Year 1.
Progressive Benefit Year 3: Increase contingent upon receiving Preventative Services in Plan Years 1 and 2..
Progressive Benefit Year 4: Increase contingent upon receiving Preventative Services in Years 1, 2 and 3.

Cigna Virtual Dental Care

If your dentist is unable to assist with your urgent dental care need, log on to your mycigna.com account and follow the prompts to the virtual care portal. Create an account on “The TeleDentists” website and you will be prompted to download and install a video chat application. When you’re ready to consult with a dentist, enter the virtual waiting room where a dentist will connect with you within ten minutes or less, or you may schedule an appointment. Cigna Dental Virtual Care is available 24 hours a day, seven days a week, 365 days a year.



Find a DPPO Dental Provider

Make the most of your dental plan by registering on mycigna.com. You can get individualized information set to your dental plan. Once you've registered and logged on, you can search for a Cigna DPPO network dentist or specialist by choosing "Find Care and Costs" at the top of the screen. You will save money when you visit a Total Cigna DPPO provider. You may still choose to see an out-of-network dentist, but your benefits may be lower and you may have to file your own claims.



SmartScan

SmartScan is a oral health screening you can do from home. If you avoid dental visit due to costs, inconvenience or dental anxiety, SmartScan provides a fast, free, and painless way to stay on top of your oral health. Use your smartphone to take a series of guided dental photos. Within minutes you'll receive a professional assessment from a Cigna dentist. Visit dental.com for more information or to start your screening. SmartScan is not a replacement for a full exam and x-rays done in a dental office.

Cigna Dental Oral Health Integration Program

Many patients don't realize that gum disease and cavities have been linked to other major health problems. Patients who are pregnant or have a qualifying medical condition like heart disease or diabetes may be eligible for enhanced dental coverage if they are enrolled in a Cigna Healthcare Dental plan. This means their dental plan may cover specific dental services used to treat gum disease and tooth decay.

Periodontal treatment and maintenance are not the same as your regular cleanings. Scaling and root planning consists of deep cleaning which involves parts of your teeth below the gumline. Periodontal maintenance is a follow-up procedure involving removal of plaque and tartar above the gumline along with scaling and root planning in areas where needed. To enroll, fill out the online form on mycigna.com or call the number on the back of your ID card to have a form sent to you. Once you are logged in to mycigna.com, click "Review my Coverage" and select "Dental" from the drop down menu. Next, from the "Related Links" section, select "Cigna Dental Oral Health Integration Program Registration Form." Fill out the form and click "Submit."

Vision Benefits

MTM offers vision coverage through Cigna on the EyeMed network. The 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.

The Cigna EyeMed network includes LensCrafters, Pearl Vision and Target Optical plus many other providers. To find in-network providers visit mycigna.com and enter your search criteria. The chart below provides a brief overview of the plan. Refer to the full plan description for detailed coverage information.

How to Use Your Vision Plan

With Cigna you have access to one of the largest specialty networks of quality eye doctors. If you choose an in-network provider, you'll get the most savings and virtually no paperwork. You may choose to see an eye doctor who is out-of-network, but you will have to pay for service at your appointment and submit a claim for reimbursement.

Log in to mycigna.com and click "Coverage" then "Vision page." click on "Visit Cigna Vision" then select "Find a Cigna Vision Network Eye Care Professional."

Be sure to let your eye doctor's office know you have Cigna vision coverage. Show them your Cigna ID or Cigna Vision ID when you get to your appointment. This will help the doctor's office access your plan details and make sure you are eligible.

Plan Highlights	Vision Plan	
	In-network:	Out-of-network reimbursement:
Eye Exam every 12 months	\$10 copay	Up to \$45
Materials Copay	\$20 copay	N/A
Standard Plastic Lenses every 12 months		
» Single vision	\$20 copay; then covered in full	Up to \$32
» Bifocal		Up to \$55
» Trifocal		Up to \$65
» Lenticular		Up to \$80
Frames every 24 months	\$130 allowance	Up to \$71
Contacts every 12 months*		
» Elective	\$130 allowance	Up to \$105
» Medically necessary	Covered in full	Up to \$210

**In lieu of frames and lens benefit*
Medically Necessary coverage for Therapeutic contact lenses will be provided when visual acuity cannot be corrected to 20/70 in the better eye with eyeglasses and the fitting of the contact lenses would obtain this level of visual acuity; and in certain case of anisometropia, keratoconus, or aphakia: as determined and documented by your vision eye care professional. Contact lenses fitted for other therapeutic purposes of the narrowing of visual fields due to high minus or pls correction will be covered in accordance with the Elective contact lens coverage shown on the schedule of benefits.

Hearing Benefits

Amplifon can help you restore the precious sounds of your life by providing personalized service, high-quality care and exceptional products. Get the care you need through our nationwide network of thousands of hearing health care providers and our new virtual services, starting with a virtual hearing screening from the comfort of home.

What Causes Hearing Loss?

- Excessive noise exposure is the leading cause of hearing loss in the U.S. in adults.
- Ototoxic drugs such as NSAIDS, antibiotics, diuretics, some cardiac medicines and more.
- Aging is also a cause due to ear changes over time.
- Various illnesses and diseases can be associated with hearing loss such as heart disease, diabetes, Alzheimer's and more.
- Other factors can lead to higher risk of hearing loss including obesity, birth defects, head injuries, family history, smoking, and more.



Getting Your Hearing Checked

Hearing loss can come on gradually and you may not even notice it's happening. You should test your hearing more frequently if you are 55 or older or are experiencing consistent exposure to loud noises, difficulty understanding in noisy environments or groups, hearing mumbling or feeling as though people are not speaking clearly, or ringing in your ears.

Hearing Aid Program Overview

The Amplifon Hearing Health Care Package includes custom hearing solutions that best fit your lifestyle and budget. The package also includes battery support with a five year supply of batteries or charging station, earmolds, and a three year warranty for loss, repairs or damage. The Cigna program provides testing and fitting with 100% coverage for hearing aids with no annual limit (max of two devices every 36 months). to learn more, visit amplifonusa.com/cigna or call 855-601-3204.

Flexible Spending Accounts

What is an FSA?

It's an employee benefit that allows you to set aside money pre-tax to pay for eligible health care expenses for you, your spouse and dependents, even if you're not covered by your employer's insurance plan. An FSA provides significant advantages, including:

- **Immediate tax savings:** Contributions to your FSA are made on a pre-tax basis, which lowers your taxable income and may decrease the amount you pay in federal, state, local and FICA taxes.
- **Increased spendable income:** Your net income may increase each month because your contributions to the FSA lower your taxable income.
- **Better cash flow:** An FSA allows you to budget for your medical, dental, and vision expenses on a pre-tax basis. Your total Health Care FSA election is available at the beginning of the plan year, which gives you the ability to use the funds as needed, yet have a small amount (election/number of pay periods) deducted from your payroll each pay date.
- **Coverage for entire family:** Remember to include expenses for yourself, your spouse, and/or your tax dependents.

Contribution Limits for 2025:

Health Care: \$3,300

Dependent Care: \$5,000 per household (\$2,500 if married, filing separately)

How Do FSAs Work?

There are two types of FSAs:

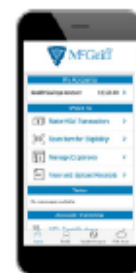
- **Health Care FSA** allows reimbursement of qualifying out-of-pocket medical expenses.
- **Dependent Daycare FSA** allows reimbursement for work-related dependent daycare expenses for dependents under the age of 13 or dependent adults incapable of self-care.

Before you enroll, you must decide how much you want to contribute to each account. You should spend some time estimating your anticipated eligible medical and dependent daycare expenses by reviewing your out-of-pocket expenses from the previous calendar year. Plan your contribution amount carefully.

Your annual election is divided into equal amounts each pay period and contributions are placed into your account(s). You have access to the entire health care FSA once the plan year begins; however, you will only be eligible to receive reimbursement up to the amount of payroll contributions you have available for the dependent daycare account

How to Use FSA Funds

Easily view account balance and claim history, sign up for direct deposit, file a claim, or use the tools and support tab for links to helpful information on mcgriff.com/flex. Download the mobile app to view your account as well as file a claim, upload receipts, receive text alerts, or to report a lost or stolen card.



Eligible Expenses

Your Health Care Flexible Spending Account (FSA) lets you use pre-tax funds to pay for a variety of out-of-pocket health care expenses including:

Dental

- X-Rays
- Dentures and bridges
- Exams and teeth cleaning
- Extractions and Fillings
- Oral surgery
- Orthodontia
- Periodontal services

Hearing

- Aids and batteries
- Exams

Lab Exams/Tests

- Blood tests and metabolism tests
- Body scans
- Cardiograms
- Laboratory fees
- X-rays

Medical Equipment/Supplies

- Air purification equipment*
- Arches and orthotic inserts
- Compression stockings*
- Contraceptive devices
- Crutches, walkers, wheelchairs
- Exercise equipment*
- Hospital beds*
- Mattresses*
- Medic alert bracelet or necklace
- Nebulizers
- Orthopedic shoes*
- Oxygen*
- Post-mastectomy clothing
- Prosthetics
- Syringes

Medical Procedures/Services

- Acupuncture
- Alcohol and drug/substance abuse (inpatient/outpatient)

- Ambulance
- Fertility enhancement and treatment
- Hair loss treatment*
- Hospital services
- Immunization
- In vitro fertilization
- Physical examination (not employmentrelated)
- Reconstructive surgery (due to acongenital defect, accident ormedical treatment)
- Service animals*
- Sterilization/sterilization reversal
- Transplants (including organandonor)
- Transportation*

Medications

- Insulin
- Prescription drugs

Obstetrics

- Doulas*
- Lamaze class
- OB/GYN exams
- OB/GYN prepaid maternity fees (reimbursable after date of birth)
- Pre- and postnatal treatments

Practitioners

- Allergist
- Chiropractor
- Christian science practitioner
- Dermatologist
- Homeopath
- Naturopath*
- Optometrist
- Osteopath
- Physician
- Psychiatrist or psychologist

Therapy

- Alcohol and drug addiction
- Counseling (not marital or career)
- Exercise programs*
- Hypnosis*
- Massage*
- Occupational
- Physical
- Smoking cessation programs*
- Speech
- Weight loss programs*

Vision

- Eye exams
- Eyeglasses and contact lenses
- Laser eye surgeries
- Prescription sunglasses
- Radial keratotomy

Benefit Access Card

Use your Benefit Access Visa debit card to pay for eligible out-of-pocket expenses at the point-of-service. When using your debit card, please keep all receipts or Explanation of Benefits (EOBs) from your insurance provider because you may need to provide substantiation.

Speak to an FSA agent by calling 800-768-4873, Monday - Friday, 8 a.m. to 8 p.m. EST.

Life and AD&D Insurance

Company-Paid Basic Life and AD&D

Mid-South Transportation Management, Inc. provides employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance through Symetra and pays for the full cost of coverage. Coverage is based on class category. This coverage is provided at no charge to you and is active for the duration of your employment. Coverage is as follows:

Class 1	Class 2	Class 3	Class 4
2x annual compensation or \$350,000	\$17,000	\$35,000*	\$8,5000

**Reduces to 55% at age 70, 40% at age 75, and 30% at age 80.*

Voluntary Life and AD&D

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

Voluntary Life with AD&D Benefits

You may purchase the following amounts for yourself and your dependents. AD&D coverage matches the Voluntary Term Life coverage amount for each covered person.

- Employee:** You have the opportunity to elect supplemental life insurance for yourself in increments of \$10,000, up to \$500,000, not to exceed 5x annual earnings. The guaranteed issue amount is \$200,000. Any late enrollment or elected amount over the guaranteed issue will require an Evidence of Insurability form. Please note that benefits reduce to 55% at age 70, to 40% at age 75, and to 30% at age 80.
- Spouse:** If you enroll in coverage, you also have the opportunity to elect supplemental life insurance for your spouse in increments of \$5,000 up to \$250,000, not to exceed 50% of the employee covered amount. The guaranteed issued amount is \$30,000. Any late enrollment or elected amount over the guaranteed issue will require an Evidence of Insurability form. Benefits reduce to 50% when employee turns 70.
- Dependent Children:** If you enroll in coverage, you have the opportunity to elect supplemental life insurance for your dependents up to the guaranteed issued amount of \$10,000.

Voluntary Life/AD&D Rates

Semi-monthly	Rate per \$1,000
Age 18-24	\$0.0675
Age 25-29	\$0.0675
Age 30-34	\$0.0675
Age 35-39	\$0.0825
Age 40-44	\$0.1075
Age 45-49	\$0.1525
Age 50-54	\$0.2325
Age 55-59	\$0.3625
Age 60-64	\$0.5475
Age 65-69	\$0.9175
Age 70-74	\$1.7225
Age 75+	\$3.4625
Child(ren)	\$0.1125

Why Buy Term Life Insurance

Group life insurance pays a financial benefit to your designated loved ones if you die. It can be used to pay for your funeral, mortgage, tuition or any other purpose.

If you suddenly pass away, the loss of your income can make a difficult situation for those you leave behind even worse. Life insurance can help ensure they can continue to make student loan, car or mortgage payments, save for college or invest in their financial futures.

You can purchase group life insurance when you join your company or during your annual open enrollment. You'll select the amount of coverage you want and name the beneficiaries of your policy. If you die while your policy is in effect, your beneficiaries will receive a lump-sum payment of your coverage amount.

Universal Whole Life

Employees may also purchase a Universal Whole Life policy through Transamerica. Universal Life insurance is a type of permanent life insurance that provides coverage for life, as long as premiums are paid. It's made up of two parts: a guaranteed death benefit, which is money left to your loved ones, and a cash value component. The cash value earnings grow tax-deferred, meaning no tax will be due until they are withdrawn. The policy also includes an Accelerated Death Benefit and Waiver of Monthly Premiums.

You may purchase the following amounts for you and your family:

- **Employee:** Up to \$500,000 not to exceed 5x annual salary.
Guarantee Issue: Up to \$100,000
- **Spouse:** Up to \$100,000. Guarantee Issue: \$20,000
- **Dependent Children:** \$10,000 up to \$25,000 for child term rider.

For your specific rate, please speak with a benefits counselor during Open Enrollment.



Voluntary Disability Insurance

Whether you are disabled and unable to work due to an accident or illness, Mid-South Transportation Management, Inc. offers Short and Long-Term Disability benefits options through Symetra. 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. Refer to the Plan Summaries for details. Rates are based on age and benefit amount. Please speak with a Benefits Counselor for personalized rates.

Short-Term Disability

Symetra’s Short Term Disability insurance provides you with a minimum of \$100 to a maximum of \$2,000 in increments of \$50 not to exceed 60% of Basic Weekly Earnings. This plan will not pay benefits for a claim that is caused by, contributed to by, or occurs as a result of a pre-existing condition (12 month look back/12 month waiting).

Long-Term Disability

Symetra’s Long Term Disability insurance provides you with 50% of your monthly base pay, up 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). This plan will not pay benefits for a claim that is caused by, contributed to by, or occurs as a result of a pre-existing condition (3 month look back/12 month waiting).



Plan Highlights	Short-Term Disability	Voluntary Long-Term Disability
Elimination Period	Accident/Illness: 14 days	90 days
% of Salary Replaced	Up to 60% of pre-disability weekly earnings	50% of pre-disability annual earnings
Benefit Maximum	Up to \$2,000 per week	Up to \$10,000 per month
Benefit Duration	Up to 11 weeks	Maximum benefit period or SSNRA

Supplemental Insurance

Voluntary Accident

Accident benefits make accidents less painful financially. Where most medical plans only pay a portion of the bills, Accident insurance can help pick up where other insurance leaves off. This policy provides a cash benefit to cover expenses if you or a covered dependent are injured. These benefits are important because accidents happen out of the blue with no time to prepare for the associated medical costs.

BENEFITS (Accidents ON/OFF JOB)		BENEFIT AMOUNT	LIMITATIONS	
Wellness Benefits		\$50	once per calendar year	
Emergency Room Treatment		\$100	per visit	
Urgent Care		\$100	per visit	
Follow-up Visits		\$100	up to 3 visits	
Physical Therapy		\$100	up to 10 visits	
Major Diagnostic Exams		\$200	for CT, MRI or EEG	
Ground Ambulance		\$300	per service	
Air Ambulance		\$1,500	per service	
Major Surgery		\$1,500	open abdominal, cranial or thoracic surgery	
Dislocations		Up to \$1,200	depending on severity	
Fractures		Up to \$1,500	depending on severity	
Burns		Up to \$12,000	depending on severity	
Lacerations		Up to \$800	depending on severity	
Concussions		\$200	per concussion	
Coma		\$15,000	unconscious for 14 consecutive days	
Eye Injury		Up to \$400	per injury	
Hospitalization		\$1,500	per admission	
Daily Hospital Confinement		\$200	per day, up to 365 days	
Intensive Care Daily Confinement		\$800	per day, up to 15 days	
Employee Accidental Death		\$50,000	employee benefit	
Common Carrier Accidental Death		\$75,000	employee benefit	
Dismemberment		Up to \$25,000	depending on severity	
Transportation		\$500	up to 2 round trips	
Family Lodging		\$150	per day, maximum of 30 days	
SEMI-MONTHLY ACCIDENT RATES				
	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	FAMILY
Per Paycheck	\$5.21	\$7.34	\$8.12	\$11.03

Voluntary Critical Illness

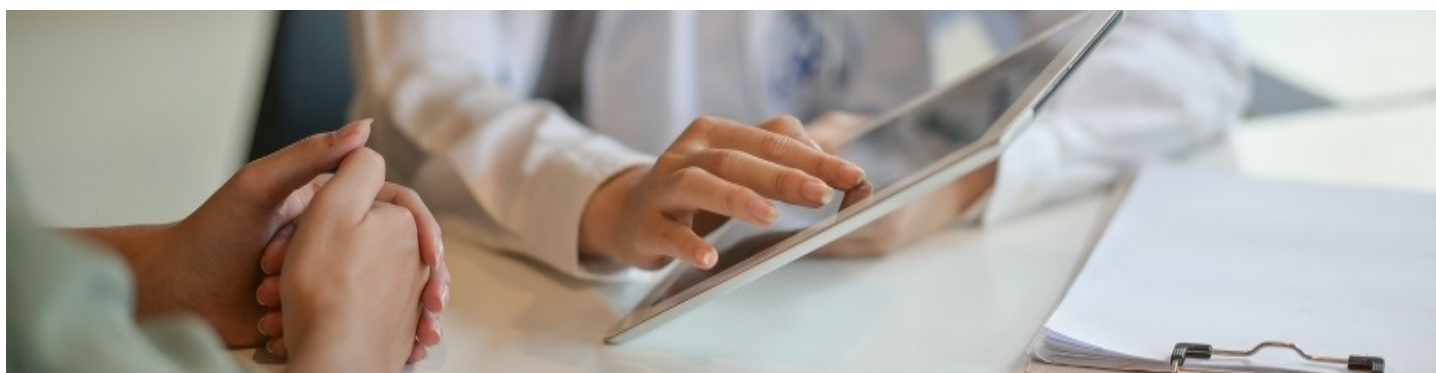
Critical Illness insurance is designed to come to the rescue of families by helping pay the costs associated with the initial occurrence of cancer, heart attack, stroke, or other serious illness as defined in the policy. Critical Illness insurance pays a lump sum cash benefit, and you may use this benefit in any way you choose to pay for expenses that are not medical but have occurred due to the diagnosis, such as lost wages, family care, rehabilitation, or transportation. The plan may also offer a health screening benefit. Benefits are paid to you regardless of any additional coverage you may have.

Benefits are also available for your spouse and eligible children.

GUARANTEED ISSUE		EMPLOYEE	SPOUSE & CHILDREN	
Guaranteed Issue Amount for New Hires		\$30,000	\$15,000, not to exceed 50% of employee benefit	
CONDITION	OPTION 1 (Without Cancer)	OPTION 2 (With Cancer Rider)	BENEFIT AMOUNT	
Invasive Cancer	10%	100%	Up to \$30,000	
Carcinoma in Situ	0%	25%	Up to \$30,000	
Heart Attack	100%	100%	Up to \$30,000	
Sudden Cardiac Arrest/TIA	50%	50%	Up to \$30,000	
Stroke	100%	100%	Up to \$30,000	
Major Organ Failure	100%	100%	Up to \$30,000	
End Stage Renal Disease	100%	100%	Up to \$30,000	
Loss of hearing, sight or speech	100%	100%	Up to \$30,000	
Advanced Alzheimer's Disease	30%	100%	Up to \$30,000	
Coronary Artery Disease (requiring Bypass Grafts)	25%	25%	Up to \$30,000	
Recurrent Benefit*	100%	100%	Up to \$30,000	
Wellness Benefit	\$50	\$50	Once per calendar year	

*Recurrent benefit has a 6-month diagnosis separation period.

Critical illness rates are based on age and benefit amount elected. For your specific rate, please speak to a benefits counselor during open enrollment.



Voluntary Cancer

Cancer Insurance can help offer peace of mind when a diagnosis of cancer or a specified disease occurs. Being diagnosed with cancer or a specified disease can be difficult on anyone, both emotionally and financially. Having the right coverage to help when sickness occurs or when undergoing treatments for cancer is important.

CONDITION	OPTION 1	OPTION 2	LIMITATION
Hospital Confinement	\$100	\$400	per day
Private Duty Nursing	\$100	\$400	per day
Ambulance	\$100	\$400	per day
Hospice Care	\$100	\$400	per day, 100 day lifetime max
Inpatient Surgery	\$3,000	\$5,000	maximum benefit
Outpatient Surgery	\$4,500	\$7,500	maximum benefit
Prosthesis	\$1,500	\$2,500	maximum benefit
Second Surgical Opinion	\$300	\$500	excludes skin cancer
Ambulatory Surgical Facility	\$450	\$750	maximum per day
Radiation and Chemotherapy	\$5,000	\$15,000	maximum per 12 month
New or Experimental Treatment	\$5,000	\$15,000	maximum per 12 month
MRI Scan	\$50	\$100	per calendar year
Non-Local Transportation	included	included	up to 750 miles at \$0.40/mile
Family Member Lodging	\$50	\$100	per day (max 50 days/12 months)
Outpatient Lodging	\$50	\$100	per day (max 50 days/12 months)
Physical and Speech Therapy	\$25	\$50	per treatment, limit 1 per day
Waiver of Premium	included	included	waives premium for total disability
Initial Diagnosis Benefit	\$2,000	\$3,000	one time benefit
Wellness Benefit	\$50	\$100	per calendar year

CANCER RATES - Per Pay Period

	EMPLOYEE ONLY	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE <u>OR</u> FAMILY
Plan 1	\$7.23	\$8.21	\$12.97
Plan 2	\$16.99	\$19.22	\$30.48

Employee Assistance Program

Mid-South Transportation employees have access to a valuable Employee Assistance Program (EAP) at no cost through Cigna. EAP personal advocates work with you and your household family members to help you resolve issues you may be facing, connect you with the right mental health professionals, direct you to a variety of helpful resources in your community, and more.

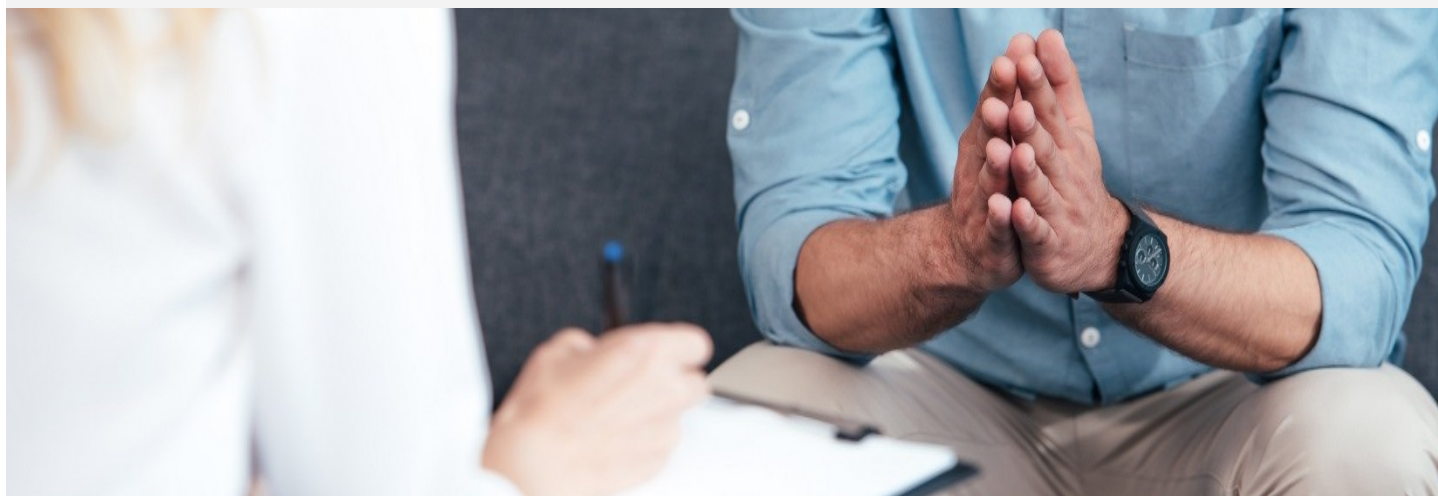
Take advantage of a wide range of services offered at no cost to you:

- **Five (5) face-to-face counseling sessions** with a counselor in your area, as well as video-based sessions.
- **Legal assistance:** 30-minute consultation with an attorney, face-to-face or by phone (not including employer-related legal issues).
- **Financial assistance:** 30-minute telephone consultation with a qualified specialist on topics such as debt counseling or planning for retirement.
- **Parenting:** Resources and referrals for childcare, after school programs, camps, adoption organizations, prenatal care, and more.
- **Eldercare:** Resources and referrals for home health agencies, assisted living facilities, social and recreational programs, and long-distance caregiving.
- **Pet care:** Resources and referrals for pet sitting, obedience training, veterinarians, and pet stores.
- **Identity theft:** 60-minute consultation with a fraud resolution specialist.

Contact the Cigna EAP for assistance any time, day or night. Call 877-622-4327 or log on to mycigna.com. Employer ID: **matatransit**

**Call for Assistance
Anytime, 24/7**

877-622-4327 or log in
to mycigna.com



Mental Healthcare

Headspace, formerly Ginger, is everyday mental health support, from meditation and mindfulness to one-on-ones with coaches and clinicians. Headspace offers confidential, immediate care to guide you through life's challenges.

- Use our guided meditation in-the-moment or schedule time with a mental health coach, therapist, or psychiatrist, even on weekends or evenings.
- Our expertise is on hand to steer you toward a goal or help you navigate whatever you are going through, such as burnout, stress, anxiety, or grief.
- A large community of diverse, culturally-responsive teachers, coaches, and clinicians who foster an inclusive care environment.
- We go where your smartphone goes. Get confidential support wherever you are. Available in several countries and languages.

You have access to the entire Headspace library and guided courses to move through at your own pace with topics such as managing stress, sleep, processing grief, and more.

Visit organizations.headspace.com/members to learn more.



Additional Benefits

Legal Plan

Instead of paying a lawyer by the hour, the LegalShield prepaid plan allows you to pay a small monthly or annual fee and get access to a lawyer that can advise you on a huge variety of issues—but without a huge bill.

The LegalShield plan includes:

- Legal Advice/Consultation
- Letters/Calls
- Contracts/Documents Reviewed
- Will Preparation
- Speeding Ticket Assistance
- IRS Audit Assistance
- Trial Defense
- Uncontested Divorce, Separation, Adoption
- 24/7 Emergency Access
- And more

Member Perks

Your LegalShield and IDShield memberships are simply amazing. And in addition to the privileges that are already yours, we have added MEMBERPERKS with hundreds of merchants and thousands of discounts. Members can access savings at both national and local companies on everyday purchases such as tickets, electronics, apparel, travel and more. Members have the opportunity to save, on average, over \$2,000 per year. MEMBERPERKS can save you enough to pay for your membership for years to come! Log in to your account at legalshield.com and click on the “Resources” tab, then click MEMBERPERKS.

ID Theft Plan

Protect your security with identity and credit monitoring. IDShield not only alerts you about threats, but also works for as long as it takes to restore your identity to its pre-theft status. IDShield is backed by our unlimited service guarantee.

The IDShield plan includes:

- Credit Monitoring
- Online Privacy Management
- Reputation Management & Score
- Financial Account Monitoring
- \$1 Million Protection Policy
- 24/7 Emergency Access
- And more

Rates per Pay Period	Individual	Family
LegalShield Plan	\$8.48	\$9.48
IDShield Plan	\$4.48	\$9.48
Both Plans	\$12.95	\$16.95

Team Member Child Care Benefit

No matter what hours you work, get quality Child Care that's convenient and affordable.

- ✓ MATA has partnered with TOOTRiS, a service that helps you quickly find, schedule, enroll, and pay for care.
- ✓ Available Child Care includes full time, part time, after school, and more.
- ✓ Normally a Premium service, TOOTRiS will be FREE for MATA parents - MATA will also provide **\$200/month** in added support!



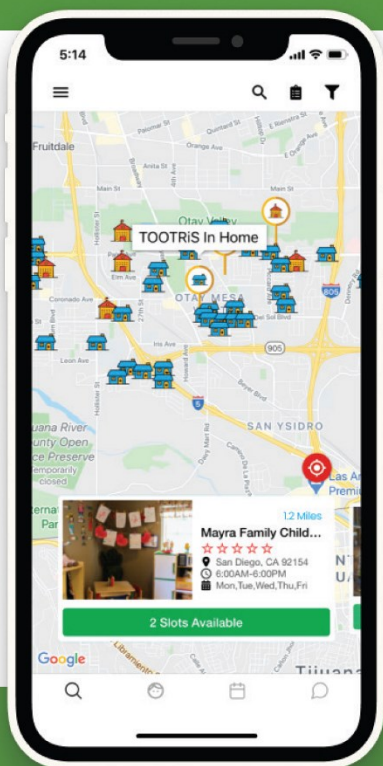
The TOOTRiS Platform Makes it Easy to Find, Manage, Enroll, and Pay for Child Care.

1. Use any device to sign up on your MATA employee portal

2. Find Child Care providers in your area and sort by over 100 unique filters

3. Compare, vet, chat, call & virtually tour Child Care providers

4. Apply, enroll, and pay using DC FSA, ACH or Debit/Credit Card



TOOTRiS empowers MATA parents with online resources and concierge support to help you enroll your children in safe, nurturing, and affordable programs - all in real time - using any modern device.



Find Child Care Near Home Or Work

By accessing TOOTRiS, parents will have real time access to Child Care where it's most convenient.



Licensed & Safe Environments

We're committed to ensuring your child is in a safe, nurturing & licensed environment with caring providers.



Personal Concierge Support

Our team of Family Support Specialists provides 1-on-1 assistance with your Child Care search.



Powering Absolute Potential



Go to tootris.com/mata
(901) 657-4188



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Tap into your savings marketplace
now and unlock great deals on
everything you love.

To Register Visit ticketsatwork.com and use Company Code **MATATRANSIT**

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Use Company Code **MATATRANSIT**.



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Aura Health

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subscription



Zeamo on Demand

Access 3,000+ on-demand workouts
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Save up to 20% on flights



Discount Hotel Reservations

Enjoy exclusive savings up to 60% off
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Walt Disney World Resort

Disney After Hours at Disney's
Hollywood Studios - Enjoy an Evening
of Adventure



Travel



Theme Parks



Special Events

ticketsatwork

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Electronics • Appliances • Apparel
Cars • Fitness Memberships
Gift Cards • Hotels • Movie Tickets
Rental Cars • Special Events
Theme Parks - And More!

Register now!

Visit
TicketsatWork.com
Use Code **MATATRANSIT**





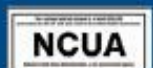
SOUTHERN SECURITY

MEMBERSHIP BENEFITS

- \$25 opening deposit gives you access to 4 accounts;
 - Savings
 - Checking
 - Holiday
 - Misc. savings
- Auto Loans
- Mobile Banking
- Video Banking
- Lower fees
- Convenient Locations
- Access your account from over 5,600 shared branching locations
- Free Financial Counseling by GreenPath Financial Wellness
- Family members can join!

Open your account today at **southernsecurity.org**, by visiting one of our 7 convenient locations or by calling 901-452-7900.

***Checking accounts will be approved based on credit worthiness.**
Southern Security is an Equal Housing Lender



WE BRING THE DENTIST TO YOUR WORKPLACE



Who is Jet Dental?



We are a mobile, on-site dental provider for corporations nationwide.

We improve the health of our client's employees by bringing the dentist to their workplace at no cost to them — we simply bill the dental insurance they already have! We provide preventative and restorative care including cleanings, X-Rays, exams, fillings, and teeth whitening on-site.

With proper treatment planning, we can improve your health, while providing a more confident smile at the same time.



Did You Know?

80% of the patients we see at our mobile clinics haven't seen a dentist in over 2 years.

Why Choose Jet Dental?

We come to your workplace

We have a friendly and professional staff

Appoitnemtns are easy

You leave with a better smile and better health

 **JetDental.com**
 **801.430.9262**
 **hello@jetdental.com**

jet dental
We bring the dentist to your workplace.

Important 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 scanning the QR codes below.

HIPAA PRIVACY AND SECURITY – NOTICE OF PRIVACY PRACTICES

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

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

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

Entities that offer prescription drug coverage on a group basis to active and retired employees and to 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 or not their prescription drug coverage is at least as good as the Medicare Part D coverage.

MEDICAL PRE-TAX PREMIUMS PLAN

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)

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)

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

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.

WELLNESS PROGRAM DISCLOSURE

If it is unreasonably difficult due to a medical condition for you to achieve the standard for reward or if it is medically inadvisable for you to attempt to achieve the standard for reward under your employer's wellness program, please contact your employer's Human Resources representative to develop another way for you to qualify for the wellness program reward.

YOUR RIGHTS AGAINST SURPRISE MEDICAL BILLS

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.



Scan the QR code above to view the Annual Notices



Scan the QR code above to view the CHIP Notice

Notes

Notes

HOW TO ENROLL

Mid-South Transportation Management, Inc. will be utilizing AGM Benefit Solutions' services for our benefit communication and enrollment this year. AGM Benefit Solutions' benefit counselors will provide you with a detailed explanation of your entire benefits on an individual, confidential basis. They will also be able to discuss any personal situations you may have that could potentially impact your benefit decision.



AGM

1-844-880-6774

Mon. - Fri. 8:30 AM - 5:00 PM CST

support@agmbenefits.com

www.agmbenefits.com

ENROLL BY PHONE

- Please be sure to complete your enrollment by scheduling your telephonic enrollment appointment at **scheduleAGM.com** or by calling **1-844-880-6774**.
- Please be sure to have all dependent information when calling to enroll. This includes the dependent's name, social security number, mailing address, phone number and date of birth.

ENROLL ONLINE

1. Website: www.agmenroll.com
2. Search for your group name "MTM".
3. **Your User Name: Social Security Number**
4. **Your Password and Pin Number: Last 4 digits of Social Security + Last 2 digits of birth year**
5. Once logged in, you can review important benefit guides, plan summaries and notices by clicking the "Forms" button at the top right of the page.
6. Click on the "My Benefits" button at the top of the page to go through the open enrollment process. After electing or declining benefits, you must click the top center "Sign & Submit" button to complete the process.
7. Once you reach the page that says "Congratulations!" you have successfully completed enrollment.

