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BENEFITS GUIDE



Welcome To Your Benefits

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 Mid-South Transportation Management, Inc.'s benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by Mid-South Transportation Management, Inc.

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, Inc.'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.

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

-Mid-South Transportation Management, Inc.

02	Welcome To Your Benefits
03	Eligibility and Enrollment
04	Medical Benefits
05	Prescription Drugs
6-12	BCBST Plan Information
13-14	Sharx Specialty Pharmacy Information
15-17	Dental Benefits
18-20	Vision Benefits
21	Your Cost for BCBST Coverage
22-24	Employee Wellness Incentive Program
25-27	Employee Assistance Program (EAP)
28	Flexible Spending Account (FSA)
29	Life & AD&D Insurance
30	Short-Term & Long -Term Disability
31	Accident Benefit
32	Cancer Benefit
33	Critical Illness Benefit
34	Universal Life Benefit
35-36	Legal Shield
37	Tootris Child Care Benefit
38	Southern Security Benefits
39	Jet Dental Benefits
40	Tickets at Work Benefits
41	Annual Notices
42	Benefit Contacts and Resources
43	How to Enroll

Eligibility and 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 or the annual Open Enrollment window, you will not be able to elect benefits again until the next Open Enrollment period, and you will not have coverage. If you are benefits eligible on January 1, 2026, you may enroll during Open Enrollment..

Making Changes to Your Benefits

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

- A change in marital status (marriage, divorce, legal separation)
- A change in the number of eligible dependents (birth, adoption or guardianship)
- Death of a covered dependent
- Change in your or your spouse's work status that affects your benefits
- Change in residence that affects your eligibility for coverage
- Change in your child's eligibility for coverage
- Receipt of a Qualified Medical Child Support Order (QMCSO)

To see a complete list, or to report an event, contact the Benefits Department in Human Resources.

Documentation must be submitted within 30 days of the event. 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 to your benefits.

Termination of Coverage

Benefits coverage is terminated as follows:

- If you leave, your Cigna coverage will terminate on the last day of the month following the termination 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

Mid-South Transportation Management, Inc. will be offering medical coverage through BlueCross BlueShield of Tennessee. **BlueCross BlueShield of Tennessee is a Baptist based hospital network. The following facility are in-network: Baptist, St. Francis, Regional One, Le Bonheur, and St. Jude.** The medical plan offers preventive care visits covered at 100%. Additionally, there is an out-of-pocket maximum to protect you should a catastrophic event occur. You can search for healthcare providers at www.bcbst.com. Click on “Find Care” then “Just Browsing”. Employees located in Tennessee, search the “Blue Network S” and employees searching outside of Tennessee should search the “BlueCard PPO” network. Please note: Methodist Healthcare facilities are out-of-network starting January 1, 2026.

See page 27 for more information on our flexible spending account (FSA) option available that can help you save on healthcare expenses.

BlueCross BlueShield of Tennessee In-Network

Deductible	
Individual / Family	\$500 / \$1,000
Coinsurance for services not covered under a Copay <i>(after you reach your deductible)</i>	
Plan Pays	85%
Out-of-Pocket Maximum <i>(includes deductibles, copays, prescription costs, and coinsurance)</i>	
Individual / Family	\$1,000 / \$2,000
Plan Features	
Preventive Care	Plan pays 100%
Primary Care Visits	\$30 copay
Outpatient Therapies	\$20 copay
Specialist Visits	\$30 copay
Urgent Care	\$30 copay
Emergency Room	\$350 copay
Inpatient Hospital	\$250 copay and plan Pays 85% after deductible
Outpatient Surgery	\$100 copay and plan Pays 85% after deductible
Advanced Imaging (MRI, CT, Cat Scan, Pet Scan, etc.)	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 Drug Benefits



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

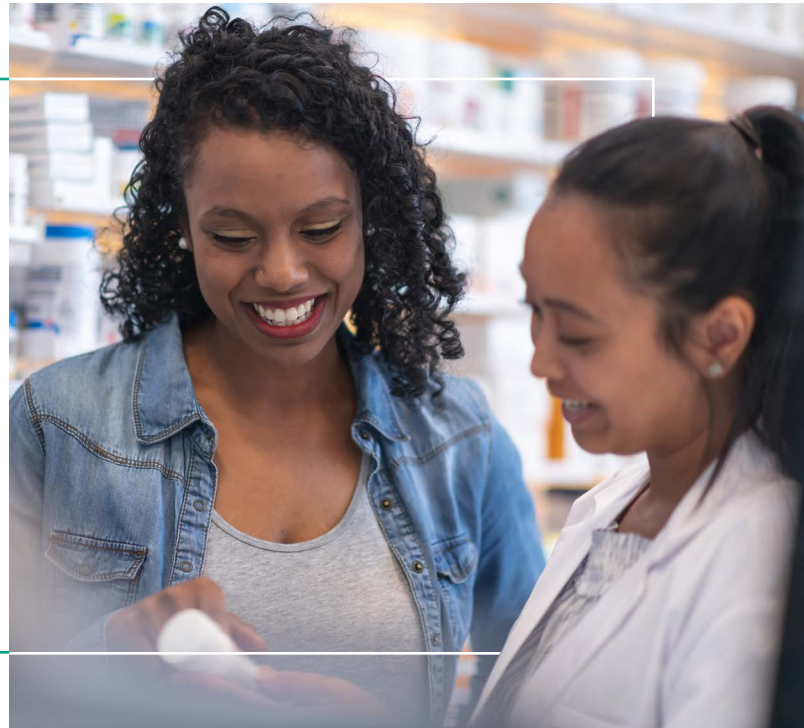
Check with your pharmacy to determine if any special programs are available. Discuss lower-cost alternatives with your physician and check the insurance company's website for a complete drug list at bcbst.com.

Mid-South Transportation Management, Inc. has elected to provide access to a prescription advocacy program through SHARx for members enrolled in the health plan. SHARx supports members and their families by providing affordable solutions for specialty medications.

In-Network	Prescription Drugs <i>You pay:</i>
Prescription Drugs – Retail (Up to 30 days)	
Rx Deductible	None
Preferred Generic	\$5 copay
Non-Preferred Generic	\$5 copay
Preferred Brand	\$25 copay
Non-Preferred Brand	\$50 copay
Prescription Drugs – Mail Order or Preferred Pharmacy (Up to 90 days at Two Times 30-Day Copay)	
Rx Deductible	None
Preferred Generic	\$10 copay
Non-Preferred Generic	\$10 copay
Preferred Brand	\$50 copay
Non-Preferred Brand	\$100 copay

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.

Save Money With Generic Drugs



The U.S. Food and Drug Administration (FDA) requires generic drugs to have the same quality, strength and effectiveness as brand-name drugs, but they cost up to 85% less.

Brand-name drugs aren't any better for you than generics. If you ask for brand-name drugs, you can still get them, but most BlueCross plans require you pay the cost difference between the generic and brand name drug.



Saving is Simple

Generics are available for many common drugs. So the next time you need to fill a prescription, ask if you can get a generic. You can also ask your provider if generics are available to treat your condition.

One Less Errand. Way More Convenient.

You have enough to do each day. Save visits to the pharmacy by having your prescriptions sent right to your home.

Get some time back in your day by signing up for our Home Delivery program for your prescription medications. With Home Delivery, you can:

- › Order up to a three-month supply of your medicine.
- › Get free standard shipping.
- › Talk with a registered pharmacist 24 hours a day, seven days a week.
- › Place refills anytime online or by phone.

Switching to Home Delivery is Easy

Ask your doctor for two prescriptions: One for a short-term supply (for instance, 30 days) to fill at a participating retail pharmacy, and one for a three-month supply and any refills after that.

To refill a prescription, choose the method below that's most convenient for you. Having your Member ID card and prescription number from a current home delivery label or refill slip will make ordering a refill faster.



Online

1. Go to **[bcbst.com/rxplan](https://www.bcbst.com/rxplan)**. Follow the directions to create a [caremark.com](https://www.caremark.com) account, or log in if you already have one.
2. Choose **Prescriptions**, then **Start Rx Delivery by Mail**.
3. Fill out the form and enter your payment information.



By Telephone

Call CVS Caremark at **1-844-740-0604**.




By Mail

Fill out a Home Delivery Refill Request Form at **[bcbst.com/mail-order](https://www.bcbst.com/mail-order)**, and mail it in.




Where's the best place to get care?

Use this guide when you're sick and need care but aren't sure where to go.

Do you need emergency care?

	<p>If you have a life-threatening medical emergency call 911 or go to the nearest emergency room right away.</p>	<p>Cost: \$\$\$\$</p>
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For non-emergency care, you have more options.

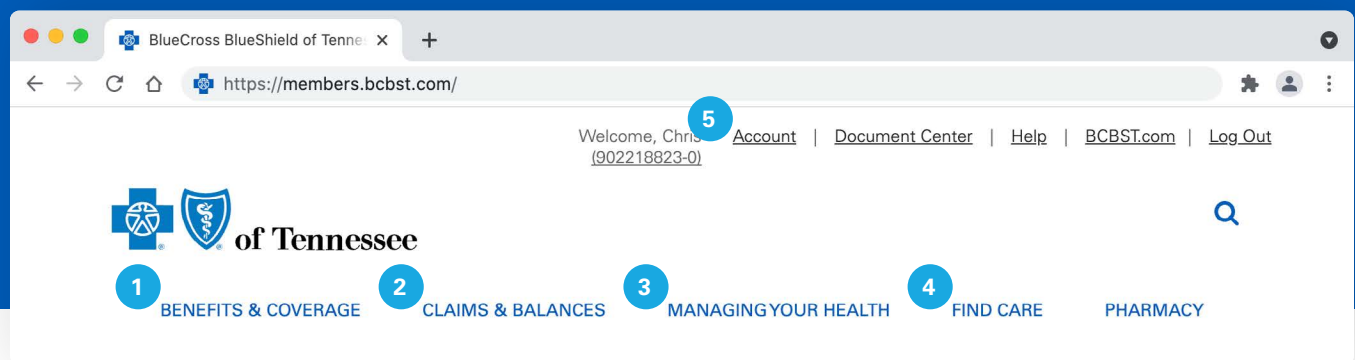
	<p>Telehealth Care</p> <p>Nurseline* is a free 24/7 service that lets you talk to a registered nurse about common medical conditions and treatment options. They can help you decide the next best steps for your care. Just call 1-800-818-8581.</p> <p>Teladoc Health* lets you talk with board-certified doctors 24/7 by phone or secure video chat. Teladoc Health doctors can help you treat common non-emergency conditions and even send prescriptions to your pharmacy. To use it, go to bcbst.com/Teladoc or call 1-800-TELADOC.</p>	<p>Cost: \$ or Free</p>
	<p>Urgent Care or Convenient Care</p> <p>These options are for when you need care right away, but your primary care provider (PCP) isn't available.</p>	<p>Cost: \$\$</p>
	<p>Primary Care Provider</p> <p>Your PCP is usually your best choice for checkups and routine care. They get to know you, your health history and your health care goals, and can be your partner in long-term health. Call your provider for an appointment. If you don't have a PCP, call us and we can help you find one.</p>	<p>Cost: \$</p>

* Not all plans include these benefits. Check your evidence of coverage in your bcbst.com account to see if your plan does.

Your Benefits at Your Fingertips

It starts at [bcbst.com](https://members.bcbst.com)

Set up your free online account to start getting more out of your health plan today.



1 Benefits & Coverage
Get full details on what your plan covers, who your plan covers, use a digital ID card, and let us know if you have other insurance.

2 Claims & Balances
Pay claims from your providers, get copies of your claim summaries and check to see if you've met your deductible and out-of-pocket max.

3 Managing Your Health
Talk to a doctor or nurse about non-emergency health conditions, get help with your pregnancy or speak with a care manager about a long-term health condition.

4 Find Care
Find a doctor or hospital in your network, and see objective comparisons and reviews from other BlueCross members. Get and compare health care cost estimates from different providers.

5 Account
Set up your account profile and choose between email, text or paper communications.



Here's how to get started.

To log in :

- › Go to **bcbst.com**.
- › Click on the **"register an account"** link and answer a few quick questions.
- › You'll need your Member ID card.

If you need a hand setting up your account, call us at the Member Service number on the back of your Member ID card.

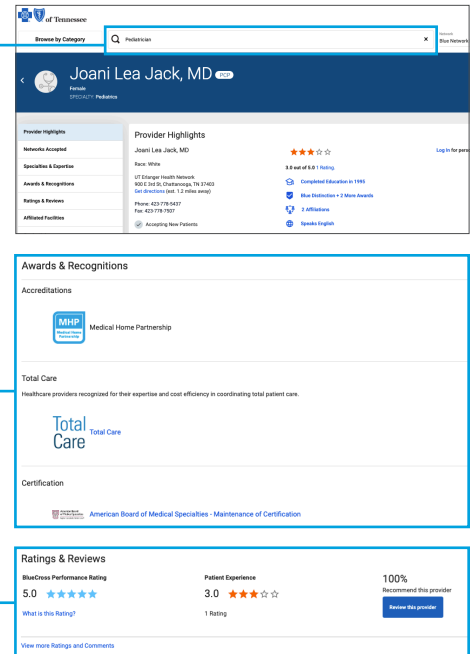
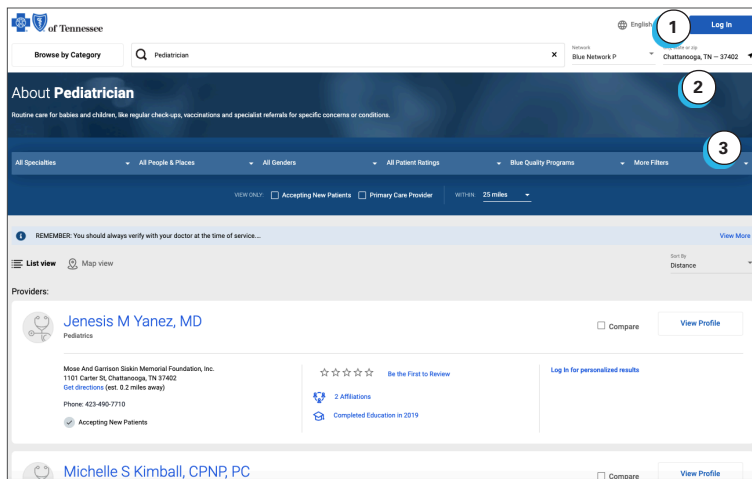
Finding a Doctor in Your Network Is as Easy as 1-2-3



Go to bcbst.com/findadoctor.

Choose network providers in three quick steps.

- 1 Log in to include your network information when you begin your search.
- 2 Browse by category or search by provider name, specialty, etc.
- 3 Narrow your results by using the filter on the top of the search results page.



Know what you are looking for?

Use the search bar to see specifics about your doctor or facility, view quality scores, read reviews posted by other members and estimate the cost of a procedure.

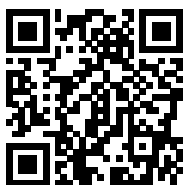
The BCBSTNSM Mobile App: Power in the Palm of Your Hand



The BlueCross BlueShield of Tennessee app makes it easier than ever to get the health information you need, when you need it.

With our fresh, user-friendly design you get:

- › **Live Online Chat:** Get help from a live agent on your care team
- › **All Your Details in One Place:** All your plan coverage and costs up front
- › **Digital ID Card:** See and share your Member ID card with a single tap
- › **Find Care and Costs:** Find providers near you and how much you'll likely pay for their care
- › **Easy Telehealth Access:** Easy-to-find link to make virtual doctor appointments



Scan the QR code or visit the App Store[®] or Google Play[®] to download the app for free. Log in using your [bcbst.com](https://www.bcbst.com) username and password.



Talk to Doctors When You Need Them



Use Teladoc Health® to talk to a doctor by phone or video chat. It's available 24/7 for non-emergencies, and you'll typically pay less than you would for a visit to the office or urgent care clinic.

You can use Teladoc Health for:

- › General Medical: See a doctor for allergies, cold, fever, flu and more.
- › Mental Health: Talk to an expert for anxiety, depression and other issues.
- › Dermatology: Get treatment for skin conditions by uploading pictures.
- › Nutrition Counseling: Get a nutrition plan from dietitians.
- › Tobacco Cessation: Talk to a doctor about enrolling in this program.



How do I use Teladoc Health?

You'll need to register an account by answering a few quick questions. Make sure to have your Member ID card ready when you register. To get started:

- › Log in to the **BCBSTNSM** app and choose **Talk to a Doctor Now**, or
- › Visit **bcbst.com/Teladoc**, or
- › Call **1-800-TELADOC (1-800-835-2362)**.

What is SHARx?

Your employer has elected to provide access to a prescription advocacy program through SHARx for members enrolled in your company's health plan. SHARx supports employees and their families by providing affordable solutions for specialty medications.

As part of this program, SHARx works directly with members to navigate the complexities of prescription drug access. Our role is to streamline the process of obtaining your medications quickly through various sourcing solutions. Our team works to ensure timely and seamless access to necessary treatments.



Who is Eligible?

Your medication may no longer be covered, and you will need to work with SHARx for assistance. If you have been identified as having a specialty medication, you will receive a welcome email from SHARx with next steps. If you have any questions, call us at 314.451.3555, option 1.

What is a Specialty Medication?

A specialty medication is a prescription drug used to treat complex, chronic, or rare conditions. Specialty drugs are typically high-cost, may have limited distribution through specialty pharmacies, and often require prior authorization or additional patient support services.





What are the **Costs**?

The SHARx program is fully employer-funded, meaning there is no cost to you or your family while enrolled in your employer's health plan. While many medications obtained through the program are available at minimal to no cost, some prescriptions may require a co-pay or out-of-pocket expense. However, these costs are typically significantly lower than current prescription expenses.

What Can I **Expect**?

Our team of advocates will be in touch to guide and support you through the SHARx process. They will work to find the best sourcing solution for you. To avoid delays, please be sure to respond to our messages. While SHARx handles most of the work, your assistance may be needed to complete the process.



Dental Benefits



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

Plan Features	BlueCross BlueShield of Tennessee	
	In-Network	
	<i>You pay*:</i>	
Annual Deductible		
Individual	\$50	
Family	\$150	
Annual Maximum Paid by Plan	\$2,000	
Diagnostic and Preventive Services (X-rays, cleanings, exams)	Covered in full	
Basic and Restorative Services (Endodontics, Periodontics, Oral Surgery, Basic Restorative Services)	80%	
Major Services (Major Restorative Services, Prosthodontics)	75%	
Orthodontia (Children to age 19)	50%	
Orthodontia Lifetime Maximum	Plan pays up to \$1,500	

Your Dental Coverage

Your benefits give you convenient access to quality dental services. We offer one of the largest dental PPO (Preferred Provider Organization) networks in Tennessee.

Your network includes:

- › 2,600+ dentists in Tennessee and bordering counties
- › Nearly 120,000 unique providers across the United States

Pay Less for Your Care

Preventive Screenings Are Good For You

Oral Health is important to your overall health, too. Getting your recommended preventive dental care can not only identify dental problems early, before they become more serious, but can also help manage other long-term conditions like diabetes and heart disease. Most of our DentalBlueSM plans cover two exams and two cleanings per year.

Networks Stretch Your Benefit Dollar

Some dental care can cost more than your plan's annual benefit maximum. When you see a provider in your network, you get discounted pricing that helps your benefits go farther.

Check Your Plan Options And Benefits

Review your schedule of benefits in your Evidence of Coverage (EOC)* to see your specific plan option, limits, deductible and coinsurance levels. Not all dental services are covered by these plans. Benefits are arranged in four levels of coverage, A-D.

Note: Services may vary based on your plan or contract. Some plans don't include coverage for all four levels, move services from coverage B to C or have waiting periods.

Coverage A	Diagnostic and preventive services such as exams, cleanings and X-ray
Coverage B	Basic services such as fillings and extractions
Coverage C	Major services such as crowns, bridges and dentures
Coverage D**	Orthodontic services such as braces and retainers

* If your employer's plan is self-funded, please check with your employer for your EOC.

** Services not available in some plans

Who Covers Care That's Already in Progress?

If you had another insurance plan before you joined us, you'll want to know who covers your current, ongoing care—us, or your old insurance company. We ask dentists to bill their services based on the completion date. If the completion date is before the date your coverage starts with us, you'll have to see if your previous insurer will cover your treatment. If the completion date is after the date your coverage starts with us, we'll cover your care according to your benefits.

Orthodontics*

Any actual services (e.g. initial banding) for orthodontic treatment that began prior to the effective date of coverage with us should be filed with your previous insurer. However, any orthodontic services (e.g. monthly adjustment fees) received after your coverage with us starts should be filed with us, and we'll apply these costs to your orthodontic maximum.

Know What We'll Pay

Don't let the cost of your care surprise you. Before you get any non-emergency care, you and your dentist can ask us how much we'll cover for each service.

We call this request a "predetermination of benefits," and we recommend your dentist asks for one any time your care may cost more than \$200.

Create an Online Account

See the key details and benefits of your plan by logging in at [bcbst.com](https://www.bcbst.com).

Your Account Sections

Homepage – View a snapshot of your benefit information, recent claims, programs and support.

Benefits & Coverage – Get full details on what's covered, who's covered and what you pay for services.

Claims & Balances – Check your claims status and details. Print benefit and claims information. View your benefit maximums and more.

Managing Your Health – Create a personal health profile and browse information designed to help you reach your health and wellness goals (may not be available to members of some self-funded groups).

Find Care – Find a dentist in your network and get estimates for the cost of different procedures.

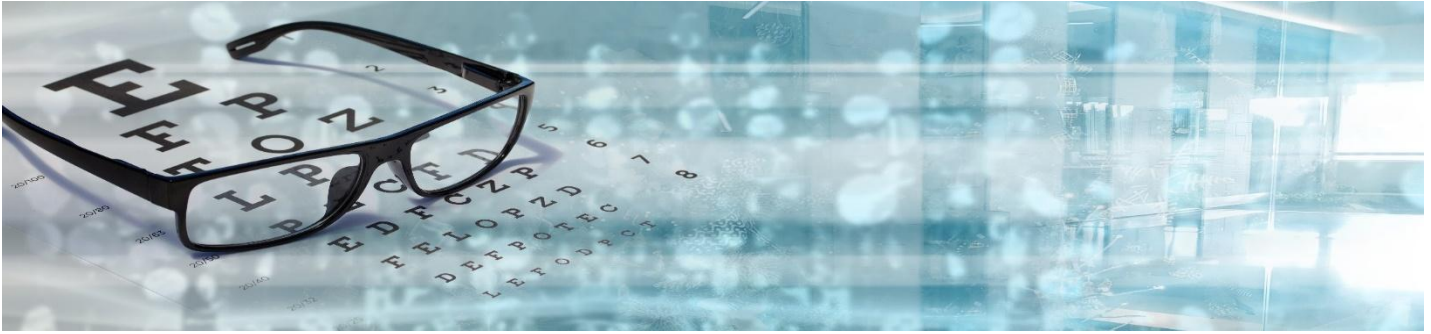
Account – Set up your account profile, including contact preferences, communication channels, messaging alerts and BlueVoice participation.

Find A Dentist (Or Other Provider) In Your Network

- › Using a dentist in your network helps you save money and avoid balance billing
- › Visiting a provider outside your network may cost you more

Look for a new dentist at [bcbst.com/finddentalcare](https://www.bcbst.com/finddentalcare). Search for dentists by name or specialty.

Vision Benefits



Mid-South Transportation Management, Inc. offers vision coverage through BlueCross BlueShield of Tennessee. 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. To find in-network providers, visit www.bcbst.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.

BCBST Vision – EyeMed Network

Plan Features	In-Network*	Out-of-Network
Exam (once every 12 months)	\$10 copay	\$35 reimbursement
Frames (once every 24 months)	\$135 allowance, 20% off balance over allowance	\$67.50 reimbursement
Standard Plastic Lenses (once every 12 months)		
Single Vision	\$20 copay	\$30 reimbursement
Bifocal	\$20 copay	\$45 reimbursement
Trifocal	\$20 copay	\$60 reimbursement
Contact Lenses—In lieu of lenses and frames (once every 12 months)		
Medically Necessary*	Covered in full	\$200 reimbursement
Elective	\$135 allowance	\$108 reimbursement

*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 plus correction will be covered in accordance with the Elective contact lens coverage shown on the schedule of benefits.

Your VisionBlueSM Coverage

We offer the flexibility of a national network with thousands of eye doctors in both independent practices and retail chains.

How To Use Your Vision Benefits

1 Set Up Your Online Account

Create or log in to your account at bcbst.com/coverage. Then, scroll down to **Vision**. There, you'll find a link to Eyemed, who helps us manage your vision plan. While you're there, you can:

- › Find providers in your network.
- › View claims.
- › Review your benefits.
- › Take advantage of special offers.
- › Compare costs.

2 Make An Appointment And Show Your Member ID Card

Your vision network includes many local providers, along with the following optical retail locations*:



Once you've chosen a provider, call to make your appointment and confirm they're in your network. Check your plan benefits to see what your plan will cover and what share of the cost you may owe.

Each covered member gets a routine eye exam every 12 months. Exams by network providers include eye dilation as needed, refraction and evaluation for several conditions. For information on how your plan covers routine vision materials like frames, standard lenses or contact lenses, please call us at the Member Service number on the back of your Member ID card.

Eyeglasses

If your plan includes benefits for frames and lenses, you can use them at any independent or retail providers in our network, or at participating online retailers like **Lenscrafters.com**, **Targetoptical.com** or **Glasses.com**.

After you've used up your eyewear benefit, you can get 40% off retail price when you buy extra complete pairs of glasses.*

Contact Lenses

If your plan includes benefits for contact lenses, you can use them at any independent or retail providers in our network, or at participating online retailers like **Lenscrafters.com**, **Targetoptical.com** or **ContactsDirect.com**.

After you've used up your contacts benefit, you can get 15% off conventional contact lenses.**

Diabetic Eye Care

If you have diabetes, you can get up to two extra eye exams each year. Your plan may also include benefits for retinal imaging and additional diabetic testing at no cost to you.***

Non-Covered Items

You can get up to 20% off retail price of vision care items purchased at participating provider locations including non-prescription sunglasses, cleaning supplies and accessories.

Laser Vision Correction

You can get 15% off the regular price and 5% off the promotional price of laser vision correction performed by U.S. Laser Vision Network Providers.
Call **1-877-5LASER6** or visit **EyeMedlasik.com** for more details.

Hearing Aids

Yes — your vision coverage offers discounts on hearing aids, including discounts of 64% off retail pricing, 60-day trial period with no restocking fees and free batteries for two years after the purchase date.

Find out more at **amplifonusa.com/lp/eyemed** or call **1-877-203-0675**.

To learn more about your vision coverage, log in at **bcbst.com** or call the Member Service number on the back of your Member ID card.

* Frames, lenses or lens options purchased separately are 20% off retail price.

** Discount doesn't apply to doctor's services or other types of contact lenses.

*** No cost when deemed necessary and performed by an in-network provider.



1 Cameron Hill Circle | Chattanooga, TN 37402 | bcbst.com

Your Cost for Health Coverage

The monthly rates shown below are effective from January 1 – December 31, 2026.

Benefit Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
BCBST Health Insurance for Active Employees – Monthly Rates				
Medical, Dental and Vision Combined	\$154.00	\$308.00	\$276.00	\$369.00
BCBST for Retirees – Monthly Rates				
Medical Only (Pre-Medicare)	\$150.00	\$220.00	\$240.00	\$260.00
Medicare Advantage Plan	\$52.11	\$92.46	N/A	N/A
COBRA Continuation – Monthly Rates				
Medical	\$907.50	\$1,905.72	\$1,724.28	\$2,722.47
Dental	\$27.19	\$56.48	\$69.15	\$97.13
Vision	\$4.45	\$8.90	\$9.34	\$14.69



Employees' Wellness Incentive Program

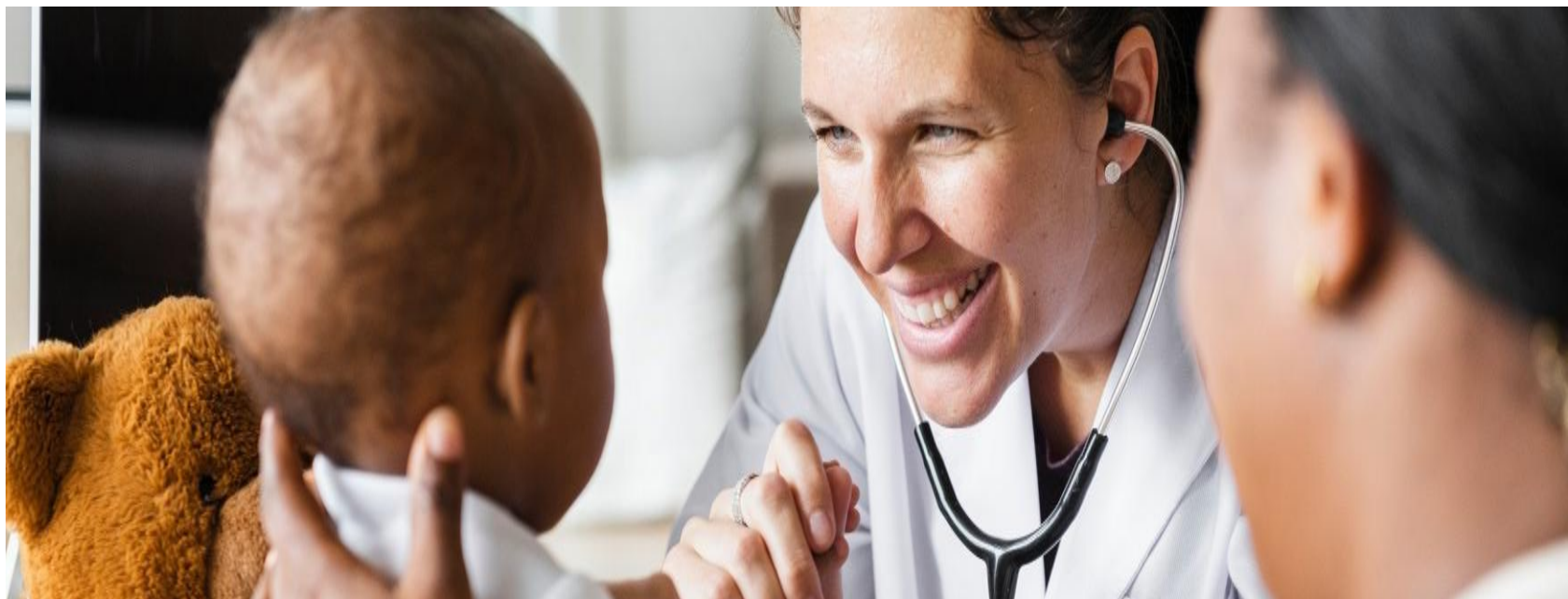
Mid-South Transportation Management, Inc. is proud to offer a wellness program to help you achieve a healthier lifestyle.

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 period** where benefits premiums are deducted.

You can earn up to \$35.00 per pay period in discounts if you:

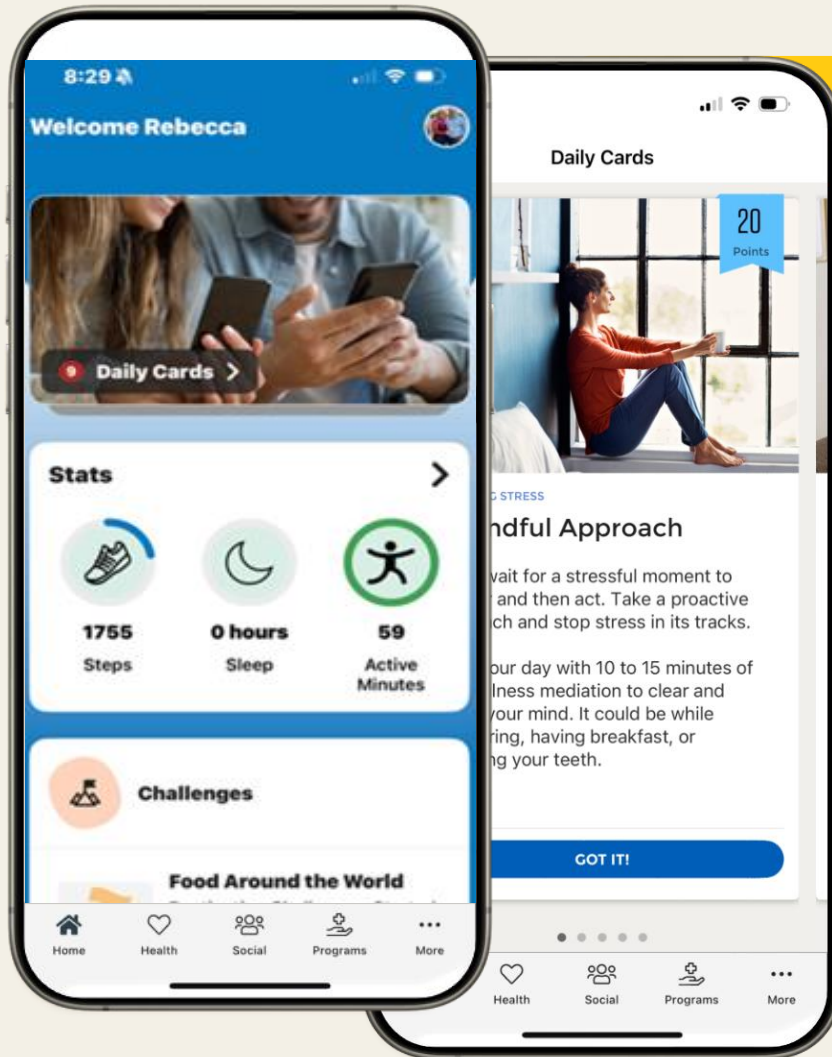
<p>\$25 per pay period</p>	<p>Annual Physical</p>	<p>Complete your annual wellness physical between 1/1/2025 and 12/31/2025. To qualify, have your physician complete the Wellness Exam Certification form and turn it in to HR, OR provide HR with a copy of your Cigna Explanation of Benefits (EOB) verifying your physical, but you must do so by 1/31/2026.</p>
<p>\$5 per pay period</p>	<p>Health Assessment</p>	<p>For the <u>2026</u> plan year, complete Cigna's online health assessment between 1/1/2025 and 12/31/2025.</p> <p>For the <u>2027</u> plan year, complete BCBST's online health assessment between 1/1/2026 and 12/31/2026.</p>
<p>\$5 per pay period</p>	<p>Non-tobacco User</p>	<p>Complete and turn in the non-tobacco user affidavit by 1/31/2026 to claim this credit OR, if you are a tobacco user, you may earn this credit by completing the Cigna's tobacco cessation program by 12/31/2025.</p> <p>For the <u>2027</u> plan year, complete BCBST's tobacco cessation program assessment between 1/1/2026 and 12/31/2026.</p>

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.



Get excited! Your new and improved wellbeing experience is coming 1/1/26!

Ready to build healthy habits, get daily inspiration and experience the rewards of living your best life? The BlueCross BlueShield of Tennessee wellbeing program is excited to partner with Personify Health to offer you tools and resources to do all that and more.



Personalized just for you!

Personal health assessment

Social wellbeing and support

Daily content and habit tracking

Media Library

Sleep & Nutrition Guides

Healthy Habit Trackers

Challenge library

Daily Cards

Journeys

Sign Up through your BCBST member portal starting in January
2026! Click here for a quick video:

[Personify Sneak Peek](#)

~personify™ HEALTH

It's Always the Right Time to Quit Tobacco

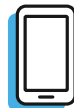


Let Teladoc Health® Help You Succeed

According to the CDC, quitting tobacco is always a good idea, no matter your age or how long you've used it. The benefits start within minutes, so the sooner you quit, the sooner you can start feeling better and seeing improvements in your health. It starts with a lower heart rate and easier breathing, but the longer you go without tobacco, the bigger the benefits for your health.

If you're ready to quit, you can sign up for a **Tobacco Cessation program** from Teladoc Health. Depending on your health plan details, it may even be at no cost to you, and you'll get helpful resources including:

- › A coach to check in and follow up with you
- › Prescription drugs to help you quit, if necessary
- › Articles and videos your coach specially curates for you based on your tobacco habits and needs



Get Started Today

To sign up for this **Tobacco Cessation program**, schedule a medical appointment with Teladoc. You can call **1-800-TELADOC** or use the free **BCBSTNSM** app.

HELP IS CLOSER THAN YOU THINK



When the pressures of your job and home life become overwhelming, it often helps to talk to an experienced, professional counselor to sort through it all and find a solution to your problems.

CONCERN is an employee assistance program provided at no cost to you. If you are experiencing issues in your family or relationships, grief, psychological stress, alcohol or drug abuse, or gambling problems, a CONCERN counselor is ready to help.

Each member of CONCERN's professional staff is a licensed, experienced counselor or clinical social worker. And your privacy is strictly guarded.

Help is just a phone call away—and it's free.
Call us at 901-458-4000 or 800-445-5011 to make an appointment.

CONCERN 
EMPLOYEE ASSISTANCE PROGRAM



WHAT DOES CONCERN COST?

There is no cost to you. However, if you and your counselor decide specialized help is necessary, a referral will be made and you will be responsible for anything your insurance doesn't cover.

HOW DOES CONCERN WORK?

Simply call 901-458-4000 or 800-445-5011 to make an appointment. Your counselor will remain available to you until you feel the difficulties are under control, or your counselor can help you find specialized help if necessary.

HOW CONFIDENTIAL IS THE SERVICE?

CONCERN complies with all state and federal laws regarding confidentiality. No one will know of your participation unless you reveal it or give your counselor permission to speak with someone.

WHEN CAN I USE CONCERN?

Anytime. We recommend contacting CONCERN as soon as you can to begin working toward a solution right away.



901-458-4000 or 800-445-5011
2670 Union Extended, Suite 610
Memphis, TN 38112

CONCERN EAP



As your Employee Assistance Provider, CONCERN is committed to providing you with short-term solution focus support when things change unexpectedly. Sudden changes and unexpected events can be a cause for stress or emotions not anticipated on any given day.

We at CONCERN EAP are here to help and provide tips and feedback for navigating changing circumstances.

If you would like to speak with one of our Licensed Professional Counselors or Licensed Clinical Social Workers, please give us a call.

Where:

BY Phone or Video Visit
or In-person

When:

Monday-Saturday

(Hours may vary by day and counselor)

To schedule yourself an appointment, or if you have any questions please call us at:
901-458-4000.

CONCERN 
EMPLOYEE ASSISTANCE PROGRAM

Remember: Services provided are FREE and Confidential.

FLEXIBLE SPENDING ACCOUNT

FLEXIBLE SPENDING ACCOUNT (FSA): Administered by McGriff Flexible Benefits Services

WHY IS THIS PLAN VALUABLE TO ME?

Flexible Spending Accounts (FSAs) and Dependent Day Care Reimbursement Accounts, were developed as part of Internal Revenue Code Section 125 to provide staff members with tax relief for their out-of-pocket medical and dependent daycare costs. FSAs enable staff to utilize pre-tax dollars and save federal, FICA, and, in most cases, state taxes.

FSA Carry over: \$660



HOW IS THIS PLAN DESIGNED TO WORK?

There are two types of Flexible Spending Accounts:

- 1) **Medical Reimbursement Accounts:** Accounts used to pay for eligible medical expenses such as co-pays, deductibles, dental, vision, prescription, over-the-counter medications (prescription required), and more.

Annual Minimum Contribution: \$100.00 (\$4.17 semi-monthly)
Annual Maximum Contribution: \$3,400.00 (\$141.67 semi-monthly)

- 2) **Dependent Day Care Reimbursement Accounts:** Accounts used to pay for the daily care of an eligible child or adult dependent (as defined by law). Please note: Dependent Day Care contribution is paid in before eligible to use.

Annual Maximum Contribution: \$7,500; \$3,750 if married and filing separately

A McGriff Flexible Benefits Services Visa card is provided for any of these plans. The McGriff Insurance Services Benefit Access Visa® Card will help improve your cash flow, allowing you to pay your medical, prescription, dental and/or vision expense at the time of service, without having to file a claim and wait for reimbursement.

If you are a current participant, you will need to continue using your current Visa card.

INTERNAL REVENUE SERVICE (IRS) RULES

The IRS has strict guidelines that require all flexible spending account (FSA) transactions – even those made with the Benefit Access Visa Card® – be substantiated, proving the purchase was for an eligible medical expense. (The IRS rules governing the substantiation requirements are detailed in Revenue Ruling 2003-43 and Notice 2006-69.)

The IRS, however, requires the card only be used for eligible expenses and that participants save original, itemized receipts for every expense transaction. If you're audited by the IRS, you will need these documents to confirm the expenses were eligible.

WHY DOES THE IRS HAVE THESE RULES? ISN'T IT MY MONEY?

Yes, the money you put into your FSA is your money to be used for eligible expenses. To receive this money without paying taxes, you must follow the IRS rules. The IRS says an FSA can only be used for IRS-determined eligible expenses. If you are unable to provide documentation that you used the card for an eligible expense, the IRS may consider your FSA reimbursements taxable, meaning you would be responsible for all taxes on the money contributed to your health FSA.

WHAT DOES SUBSTANTIATION MEAN?

To substantiate means to prove or support something, confirming it is true or valid. With the McGriff Insurance Services Benefit Access Visa Card®, substantiation means you must provide documentation, such as an Explanation of Benefits (EOB) from your insurance provider or an itemized receipt, to confirm your purchases were for an eligible expense. For transactions that cannot be auto-substantiated you will receive a letter or email asking you to furnish a receipt or other proof. If you do not provide the correct proof, a second and third notice will be sent out with instructions as to the date you must respond by. If, after the third follow-up letter request, documentation is not received by the requested date, then your card will be deactivated until proof or reimbursement for the incorrect expenses is received.

AUTO-SUBSTANTIATION

The IRS does allow auto-substantiation for transactions that can be substantiated electronically. The Benefit Access Visa Card® technology uses all the IRS-approved methods (e.g., Inventory Information Approval Systems [IIAS], copayment matching, recurring expense matching, etc.) to auto-substantiate transactions and reduce paperwork for cardholders. Not all card expenses can be auto-substantiated. This is especially true for dental, chiropractic and medical expenses that do not match exactly to your company's health or dental plans.

Life and AD&D Insurance

Basic Life Insurance and AD&D – Symetra

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: 2 times annual compensation or \$350,000 Life and AD&D

Class 2: \$17,000 life and AD&D

Class 3: \$35,000 life (Age Reduction: reduces to 71% at age 80 and an additional 67% at age 85)

Class 4: \$8,500 life

Ensuring your beneficiary information is correct at enrollment and throughout the year is essential. Log in to AGM Benefit Solutions or contact HR to update your information anytime.

Voluntary Term Life and AD&D Insurance - Symetra

Employee

You have the opportunity to elect supplemental life insurance for yourself up to the guaranteed issue amount of \$200,000 in increments of \$10,000, not to exceed 5 times annual earnings. For employees age 70 & over, maximum coverage is \$50,000. 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 up to the guaranteed issued amount of \$30,000 in increments of \$5,000. Spouse rates are based on the employee's age. *Please note that benefits reduce to 55% when employee turns 70.*

Dependent

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.

AD&D coverage matches the Voluntary Term Life coverage amount for each covered person.

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

Supplemental AD&D Benefits	
Employee	maximum of \$500,000 in increments of \$10,000
Spouse	maximum of \$250,000 in increments of \$5,000
Dependent	maximum of \$10,000 in increments of \$1,000

Child Life and AD&D rate for \$10,000 is \$1.13 semi-monthly or \$0.1125 per \$1,000.

VOLUNTARY SHORT-TERM & LONG-TERM DISABILITY

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.

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).

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).

SHORT-TERM DISABILITY BENEFITS	
Maximum Benefit Duration	11 weeks
Benefit Percentage	\$100 to a maximum of \$2,000 in increments of \$50 not to exceed 60% of Basic Weekly Earnings
Maximum Weekly Benefit	\$2,000
Elimination Period	14 days injury / 14 days sickness
LONG-TERM DISABILITY BENEFITS	
Benefit Percentage	50% of monthly salary
Maximum Monthly Benefit	\$10,000
Elimination Period	90 Days
Benefit Duration	Social Security Normal Retirement Age or the Maximum Benefit Period listed to the right (whichever is later)

Rates are based on your income. Please speak with a Benefits Counselor for personalized rates.

Maximum Benefit Duration	
Age at Disability	Maximum Benefit Duration
<60	To SSNRA
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69+	12 months

Accident Benefit

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.

Your employer offers accident benefits for you to consider for your peace of mind in case of an accident.

Administered by **Symetra**

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 \$600	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	\$600	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

Cancer Benefit

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.

Administered by Transamerica

CONDITION	OPTION 1	OPTION 2	LIMITATION
Hospital Confinement	\$100	\$400	per day
Private Duty Nursing	\$100	\$400	per day while hospital confined
Ambulance	\$100	\$400	per transportation
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

SEMI-MONTHLY CANCER RATES

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

Critical Illness Benefit

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.

Administered by Symetra

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 1 (WITH CANCER)	BENEFIT AMOUNT	
Invasive Cancer	10%	100%	Up to \$30,000	
Minor Cancer	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	100%	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.



Universal Life

There is no way to know what will happen tomorrow. But there is a way to help ensure you are protected against the unexpected. Universal life insurance can help meet your family's future financial needs in the event of your premature passing. Prudent financial planning can help protect your family's future, offering them peace of mind.

Administered by Transamerica

UNIVERSAL LIFE GUARANTEED ISSUE AMOUNT	
Employee (New Hire) Guaranteed Issue	Up to \$100,000
Spouse Guaranteed Issue	\$20,000
Child Guaranteed Issue	\$25,000
Child Term Rider	\$10,000
BENEFIT AMOUNTS	
Employee Benefit Amounts	Up to \$500,000 not to exceed 5x salary
Spouse Benefit Amounts	Up to \$100,000
Child Benefit Amounts	Up to \$25,000 or \$10,000 for child term rider
ADDITIONAL BENEFITS	
Accelerated Death Benefit for Living Benefit	Included
Waiver of Monthly Premiums	Included
<i>For your specific rate, please speak with a benefits counselor during open enrollment.</i>	





Have You Ever


- Needed your Will prepared or updated?
- Signed a contract?
- Received a moving traffic violation?
- Worried about being a victim of identity theft?
- Been concerned about your child's identity?
- Had social media accounts? (Facebook, Instagram, Twitter, LinkedIn, Youtube)

The LegalShield Membership Includes:

- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** On unlimited personal issues
- **Letters/Calls** made on your behalf
- **Contracts/Documents Reviewed** Up to 15 pages
- **Residential Loan Document Assistance** For the purchase of your primary residence
- **Will Preparation** - Living Will, Health Care Power of Attorney, Financial Power of Attorney
- **Speeding Ticket Assistance** Upload your speeding ticket from the mobile app directly to law firm
- **IRS Audit Assistance** (Begins with the tax return due April 15th of the year you enroll)
- **Trial Defense** (If named defendant/respondent in a covered civil action suit)
- **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (Available 90 days after enrollment)
- **25% Preferred Member Discount** (Bankruptcy, criminal charges, DUI, personal injury, etc.)
- **24/7 Emergency Access** For covered situations

The IDShield Membership Includes:

- **Credit Monitoring** Continuous credit monitoring through TransUnion
- **Online Privacy Management** IDShield provides consultation and guidance on ways participants can protect their privacy and personally identifiable information across the internet and on their smart devices.
- **NEW! Reputation Management & Score** Scans social media accounts for existing content that could be damaging to participants' online reputation. Ranks your online reputation risk by giving you a score based off the content found on your social media accounts.
- **Financial Account Monitoring** Accounts monitored include checking, savings, employer 401k accounts, loans and more.
- **\$1 Million Protection Policy** Coverage for lost wages, legal defense fees, stolen funds and more
- **Unlimited Service Guarantee** Ensures that we won't give up until your identity is restored!
- **Identity Restoration** Performed by Licensed Private Investigators to restore your identity to its pre-theft status.
- **24/7 Emergency Access** In the event of an identity theft emergency


Put your law firm and identity theft protection in the palm of your hand with the LegalShield & IDShield mobile apps

Plan	Family Price Pay Period	Individual Price Pay Period
LegalShield	\$9.48	\$8.48
IDShield	\$9.48	\$4.48
Combined	\$16.95	\$12.95










LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see www.idshield.com. All Licensed Private Investigators are licensed in the state of Oklahoma. A \$1 million insurance policy is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. Certain limitations apply. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. IDShield plans are available at individual or family rates. For complete terms, coverage and conditions, please see an identity theft plan. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Reimbursement Policy ("Policy") is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. This covers certain identity fraud expense reimbursement and legal costs as a result of a covered identity fraud. The amount of coverage is dependent on the type of identity theft plan. See a Policy for complete terms, coverage, conditions and limitations related to family members who are eligible for coverage under the Policy. For a summary description of benefits for the Policy coverage see <https://idshield.cloud/summary-of-benefits>. We do not monitor all transactions at all businesses and the monitoring network is limited only to institutions participating in the financial monitoring feature.



Save With These Incredible MEMBERPERKS

Your LegalShield and IDShield memberships are simply amazing. And, in addition to the privileges that are already yours, we have added these **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!

We hope you enjoy them, and please know how much we value you for being part of the LegalShield family.

-  APPAREL
-  AUTOMOTIVE
-  BOOKS, MOVIES & MUSIC
-  CELL PHONES
-  ELECTRONICS
-  FINANCE
-  FLOWERS & GIFTS
-  FOOD
-  HEALTH & WELLNESS

-  HOME SERVICES
-  INSURANCE & PROTECTION SERVICES
-  OFFICE & BUSINESS
-  REAL ESTATE & MOVING SERVICES
-  SPORTS & OUTDOORS
-  TICKETS & ENTERTAINMENT
-  TRAVEL

WHAT MEMBERS ARE SAYING:

"I used to think you had to be some special VIP insider to get these kinds of discounts. Now I get that same treatment because I'm a LegalShield member! I saved \$1,200 in 2014 and over \$2,400 last year. This one benefit alone makes being a member of LegalShield a no brainer!"

— Philip H.

"I saved 20% at Advance Auto and I also saved 30% on movie tickets on date night with my wife. This membership is it!"

— Andre E.

"I am receiving 8% off my Verizon cell phone monthly charge!!"

— Paulette M.

These benefits are for LegalShield and IDShield members. All offers or promotions are subject to change without notice.



And Many More!

Getting Started

To sign up, simply login at legalshield.com, click on the Resources tab, then click on **MEMBERPERKS**. If you don't already have an account, follow the simple on-screen instructions to make an account with your personal or work email and LegalShield membership number.



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



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

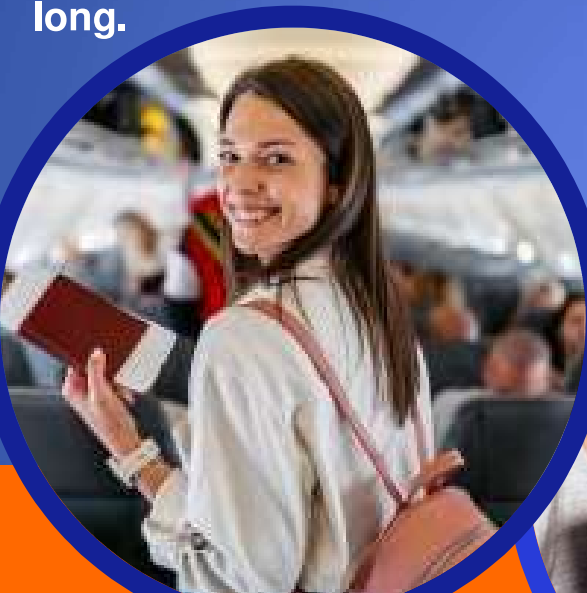
You leave with a better smile and better health

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

jet dental
We bring the dentist to your workplace.

DON'T MISS OUT!

Explore discounts on travel, shopping, live events, and health and wellness. Enroll today and start saving all year long.



Visit TicketsatWork.com

SCAN
QR CODE



USE COMPANY CODE
MATATRANSIT

START SAVING
AND GET REWARDED!

HIGHLIGHTED OFFERS



Discount Flight Reservations

Save up to 20% on flights



Harry & David

Get 25% off special collection and 20% off sitewide



Aaptiv

Save up to 40% on Aaptiv



Discount Hotel Reservations

Save up to 40% in top cities*



NFL Football

Save on NFL Football tickets with Preferred Access



The Popcorn Factory

Save 20% off sitewide

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

Benefits Contacts & Resources

Find more details about the benefits offered to you by contacting your insurance carrier or logging in to AGM Benefit Solutions at www.agmbenefits.com. Register on the insurance carrier websites to access plan information, including your ID cards, coverages, claims, network providers, and more. Search for the carrier apps on Google Play™ or the App Store® to access your benefits information anytime, anywhere from your mobile device.

If you have questions about or need assistance with enrolling, you may contact Human Resources or our partners at AGM Solutions.

Benefit	Carrier	Phone	Website / Email
Medical	BlueCross BlueShield of Tennessee	800-565-9140	www.bcbst.com
Prescriptions	Sharx	314-451-3555	www.sharxplan.com
Dental	BlueCross BlueShield of Tennessee	800-565-9140	www.bcbst.com
Vision	BlueCross BlueShield of Tennessee	800-565-9140	www.bcbst.com
Flexible Spending Account (FSA)	McGriff Flexible Benefit Services	800-768-4873 800-930-2441	www.mcgriff.com/flex
Life and AD&D	Symetra	877-377-6773	www.symetra.com/myGO
Disability	Symetra	877-377-6773	www.symetra.com/myGO
Accident	Symetra	800-497-3699	www.symetra.com/myGO
Critical Illness	Symetra	800-497-3699	www.symetra.com/myGO
Cancer	Transamerica	844-880-6774	www.transamerica.com
Universal Life	Transamerica	844-880-6774	www.transamerica.com
LegalShield	LegalShield	800-654-7757	www.legalshield.com
Mid-South Transportation Management, Inc. HR Contacts	Joanne Surwic	901-722-7139	jurwic@matatransit.com
	Brittany Neal	901-722-7135	bneal@matatransit.com
Enrollment	AGM Solutions	844-880-6774 M-F 8:30-5:00 CST	support@agmbenefits.com www.agmbenefits.com

How to Enroll

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

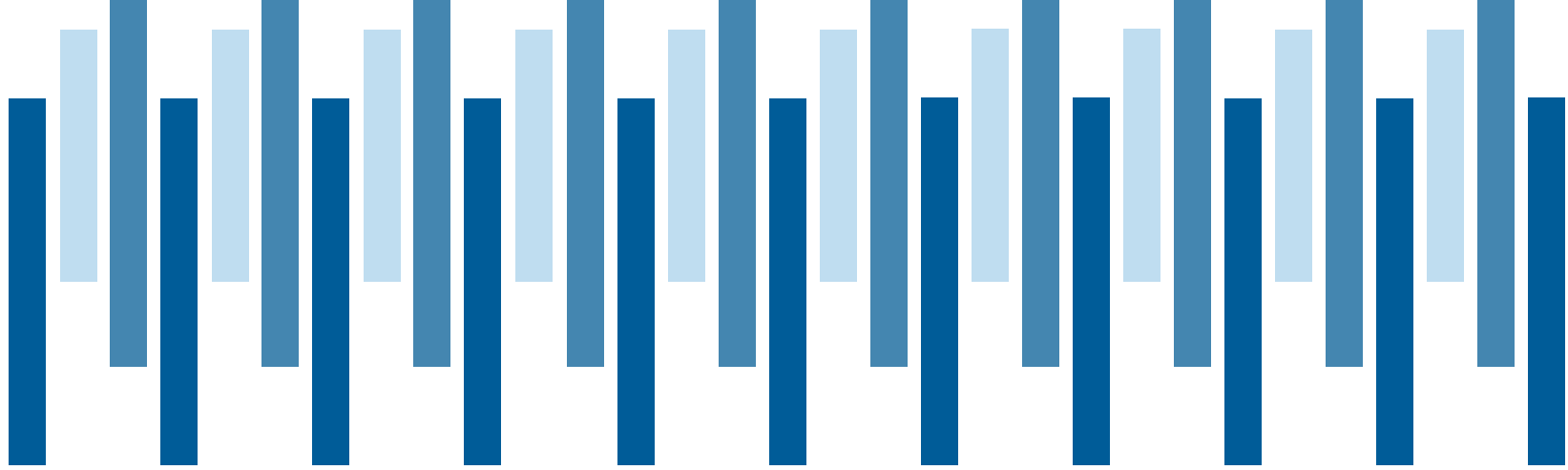
ENROLL BY PHONE

- 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.





The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by your employer. The text contained in this Summary was taken from various summary plan descriptions and benefits information. While every effort was taken to report your benefits, discrepancies or errors are always possible. In case of a discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this Summary, contact Human Resources.

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