



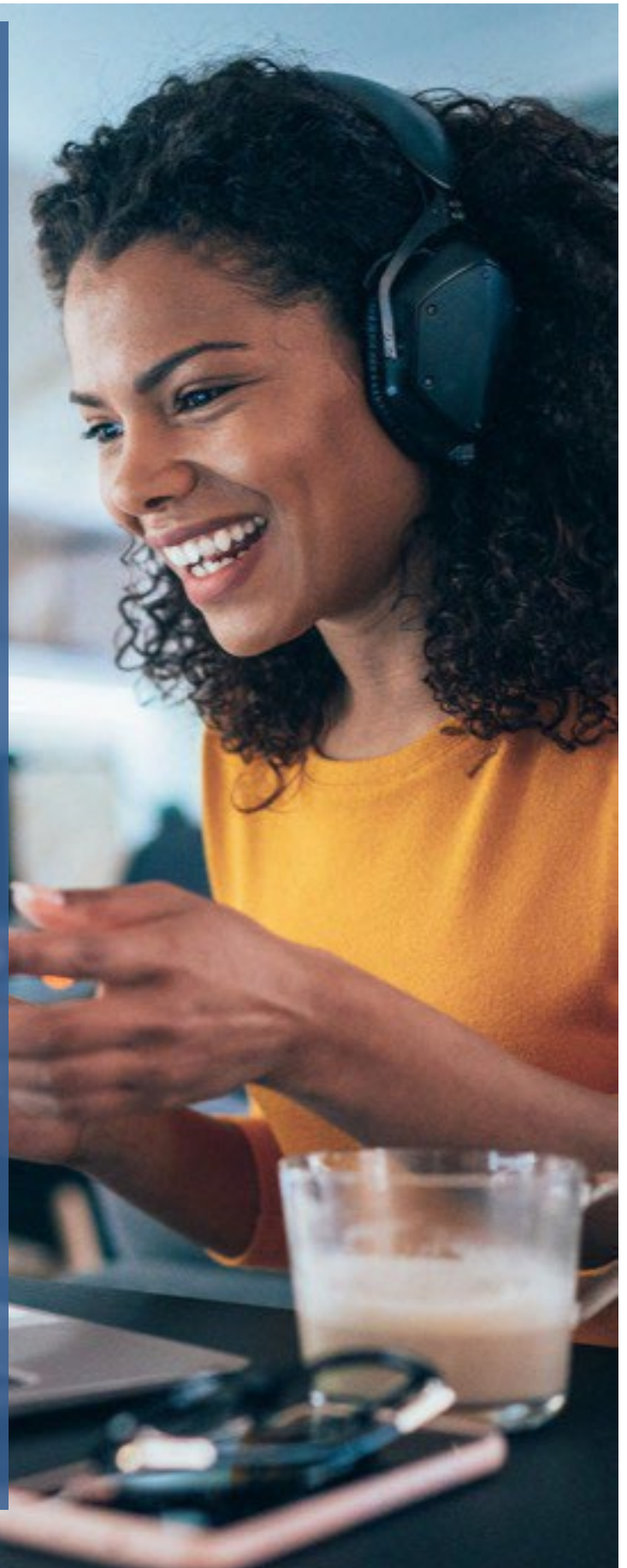
IREP

**2024
EMPLOYEE
BENEFITS
GUIDE**



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Welcome to your Advisor IREP 2024 Benefit Plan!



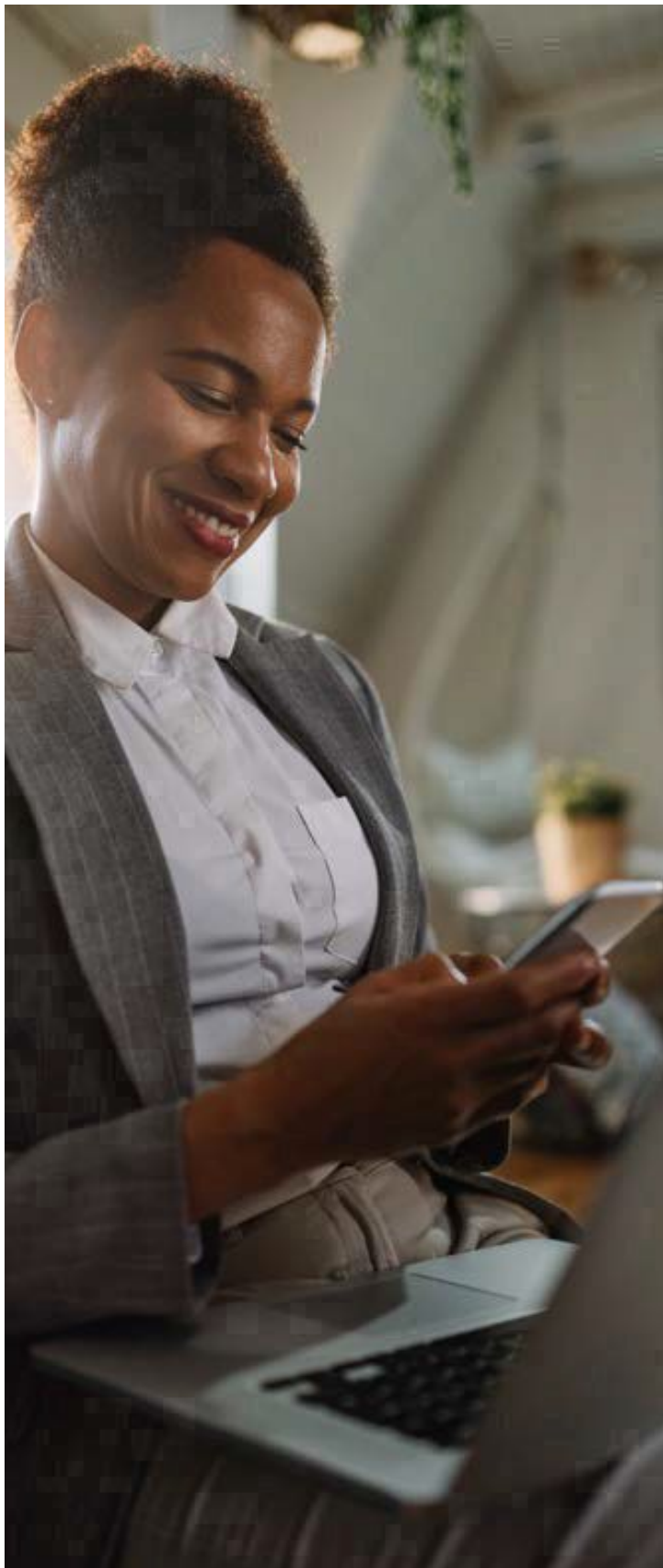
Your needs, and those of your family, are unique to you. That's why Advisor IREP provides a comprehensive and flexible benefits program that you can customize to fit your personal situation. Our program offers you and your family important healthcare coverage and financial security.

These benefits are available to you at reasonable group rates.

Your benefits are an important part of your total compensation package at Advisor IREP. Please take the time to review and evaluate all the options available to you and your family.

This guide is not intended to be a complete description of the insurance coverage offered, nor is it a binding contract. Controlling provisions are provided in each benefit plan policy. This guide also serves as a Summary of Material Modifications ("SMM") and includes updates that affect Advisor HR Summary Plan Descriptions. Please keep this guide with your Summary Plan Descriptions for future reference. If there is any discrepancy between this guide, the Summary Plan Descriptions and the Plan document, the Plan document will control. Advisor HR reserves the right to end, suspend, or amend their plans or the benefits provided thereunder, at any time, for any reason, in whole or in part.

Benefits Overview



Company Benefits Available

- Medical Plan
- Dental
- Vision
- Supplemental Life
- Accident
- FSA (Flexible Spending Account)
- 401(k)



Eligibility

Who is Eligible?

You are eligible for Advisor IREP benefits if you are:

- An active full-time or part time employee after 30 days of service
- 1st of the month

Your dependents are eligible if they are:

- Your legal spouse or domestic partner
- Your and/or your domestic partner's child(ren)* up to age 26
- Your disabled child(ren) up to any age (if disabled prior to age 19)*

**Includes natural, step, legally adopted/or a child placed for adoption, or a child under your legal guardianship.*

About Domestic Partner Coverage

To enroll your same-sex or opposite-sex domestic partner and his or her dependents for coverage, you will be required to submit a declaration of domestic partnership along with additional documentation.

Under federal law, Advisor IREP contribution toward the cost of healthcare coverage for your domestic partner and his or her dependents is considered taxable income to you.

Domestic partner premiums will be deducted on a pre-tax basis and the imputed income will be added to your W2 at year end. You may wish to consult with a tax adviser for more information.

Termination of Coverage

Coverage will end on the day you become ineligible. Your basic life coverage is convertible, and your supplemental coverage is portable.

You are responsible for informing Advisor IREP within 31 days if any of your dependents become ineligible for benefits.



Enrollment

When Can I Enroll in Benefits?

You can enroll for benefits:

- During the annual Open Enrollment period
- During the plan year, if you experience a Qualifying Life Event

When Does Coverage Begin?

Benefits for new hires, unless explained otherwise, will become effective:

All Plan coverages will begin on September 1st

How Do I Enroll in Benefits?

To enroll (or make changes) to your benefits, you must log onto **your Adaptive Employee Experience** at:

<https://advisorhr.mysolved.com/cloudservice/login?returnUrl=%2Fhome>

within 31 days of hire.

Please Note:

Federal regulations require Advisor IREP to obtain the following information during enrollment:

- Social Security numbers for your dependents for any products selected
- Dates of birth and your relationship to your dependents

Making Benefit Changes During the Plan Year

The benefit elections you make during your initial enrollment period will be in effect through August 31st 2025. If you have a “qualified life event,” you may make changes to certain benefits if you apply for the change and provide supporting documentation via the Life Status Change request within **31** days of the event. Proof of life events is subject to approval by Advisor IREP. Changes are effective retroactive to the date of the event. Qualifying life events include, but are not limited to:

- Your marriage
- Your divorce or legal separation
- Birth, adoption or placement for adoption of an eligible child
- Death of your spouse, domestic partner or covered child
- Change in your spouse/domestic partner’s work status that affects benefits eligibility (for example, starting a new job, leaving a job, changing from part-time to full-time, starting or returning from an unpaid leave of absence, etc.)
- Your spouse’s Open Enrollment
- A change in your child’s eligibility for benefits
- Gain or loss of Medicare or Medicaid during the year
- Relocation

Other qualifying events may also apply. Please contact Advisor HR.

Medical Plans

Advisor IREP offers 4 medical plans through BCBS with the following features:

- Option to receive care from in-network; higher benefits are paid when using in-network providers.
- Preventive care is covered at 100% when using an in-network provider.
- Includes prescription drug coverage.
- Deductibles and out-of-pocket maximums accumulate on a plan year which run **September 1st – August 31st**.

Finding In-Network Providers

To search for in-network medical providers, log onto www.bcbs.com, Click on Find a Dr. on the home page link.

Access to Your Healthcare

After you are enrolled in a BCBS medical plan, log onto BCBSNC.com and register to access self- service tools and resources to help manage your medical benefits.



A Note About HealthCare Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because Advisor IREP medical insurance meets specific ACA requirements, you may not be eligible to receive a federal subsidy.

Additional information is available at www.healthcare.gov.

Benefit Definitions

What is a premium?

A premium (also referred to as a contribution) is the cost you pay for health insurance, whether you use medical services or not. Premiums are deducted directly from your paycheck.

What is a deductible?

A deductible is the amount you pay out of your pocket before your insurance pays.

Deductibles typically run on a 12 month cycle each year. Once you have met that dollar amount, you have met the requirements for the plan year.

What does a copay pay for?

Copayments, or copays, are pre-set dollar amount you are expected to pay for office visits, procedures, or prescription drugs under your insurance plan.

Once the copay has been met, the insurance Company pays all remaining costs.

What does coinsurance mean?

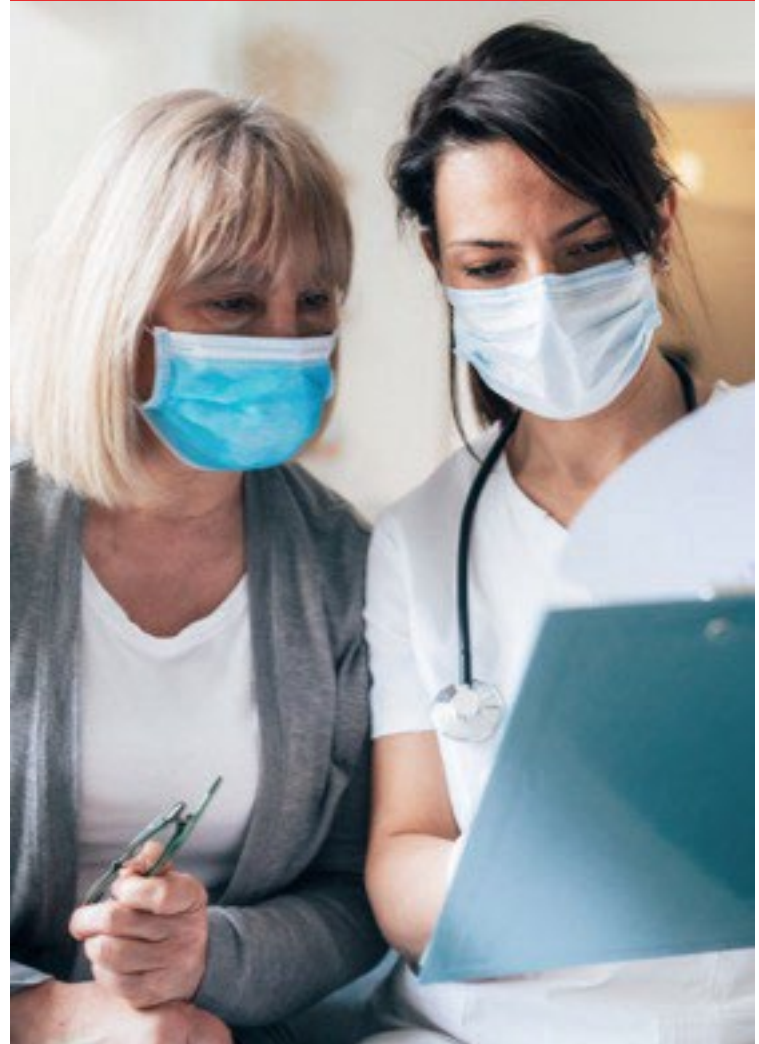
Coinsurance is a set percentage of service costs that you will be expected to pay once you have met your annual deductible.

When your annual deductible is met, your insurance provider pays for their portion of the full cost of the service and you pay the coinsurance, or remaining percentage.

What counts towards my out-of-pocket maximum?

An out-of-pocket maximum is an annual cap on the dollar amount you are expected to pay out of your own pocket for services (including deductibles, copays, and coinsurance) throughout the plan year.

Once you meet the out-of-pocket amount, your insurance provider will cover 100% of remaining medical expenses for the year.





2024-25 Medical Plan Options

Plan Summary	Plan 1 Blue Options 1-2-3 3500	Plan 2 Blue Options 5000	Plan 3 Blue Options HSA 5000	Plan 4 Blue Options HSA 2500
	In-Network Benefits	In-Network Benefits	In-Network Benefits	In-Network Benefits
Deductible (Individual/Family)	\$3,500 / \$7,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$2,500 / \$5,000
Coinsurance	30%	50%	20%	20%
Out of Pocket Max (Individual/Family)	\$7,000 / \$14,000	\$9,450 / \$18,900	\$7,500 / \$15,000	\$5,000 / \$7,000
Preventative Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Primary Care Visit Specialist Visit	PC: \$35 Copay SP: \$70 Copay	PC: \$50 Copay SP: \$100 Copay	20% after deductible, up to out of pocket max	20% after deductible, up to out of pocket max
Urgent Care	\$100 Copay	\$100 Copay	20% after deductible, up to out of pocket max	20% after deductible, up to out of pocket max
Emergency Room	50% after deductible up to out of pocket max	\$500 Copay	20% after deductible, up to out of pocket max	20% after deductible, up to out of pocket max
Prescription Copays	\$10 generic / 100%	\$10 generic / 100%	20% after deductible, up to out of pocket max	20% after deductible, up to out of pocket max
Inpatient Services	30% after deductible, up to out of pocket max	50% after deductible, up to out of pocket max	20% after deductible, up to out of pocket max	20% after deductible, up to out of pocket max
Outpatient Services	50% after deductible, up to out of pocket Max	50% after deductible, up to out of pocket max	20% after deductible, up to out of pocket max	20% after deductible, up to out of pocket max
Employee Only	\$736.64	\$700.96	\$610.15	\$673.41
Employee/Spouse	\$1,716.42	\$1,633.29	\$1,421.69	\$1,569.09
Employee/Child(ren)	\$1,314.96	\$1,251.27	\$1,089.17	\$1,202.09
Family	\$2,548.82	\$2,425.37	\$2,111.16	\$2,330.04

Health Savings Account (HSA)

*Only available for those enrolled in the **High Deductible Health Plan**.*

A Health Savings Account (HSA) is a tax-advantaged savings vehicle. Funds in the account are used to pay for qualified medical, dental and vision expenses.

HSA funds can only be used for yourself, your spouse and your taxable dependents. Expenses for domestic partners and/or other dependents who do not qualify as tax dependents are not reimbursable under the HSA.

You can contribute to an HSA if you are covered under an HSA-qualified high deductible health plan (HDHP); are not enrolled in Medicare*, TRICARE or TRICARE for Life; cannot be claimed as a dependent on someone else's tax return; have not received Veterans Affairs (VA) benefits within the past 3 months; you (or your spouse) do not contribute to a Healthcare FSA.

You must validate and actively open your HSA account through PNC. It is important to note that expenses are not eligible for reimbursement until your HSA has been established. Once your HSA is opened, remember to designate a beneficiary for this account.

Advantages of an HSA

- Balance rolls over each year
- Triple tax savings — you do not pay federal tax* on:
 - Contributions to the account
 - Spending on qualified expenses
 - Interest that accrues
- Account is portable, so the funds are yours even if you change medical plans next year or leave Advisor IREP.
- Use the funds (now or in the future) for eligible health expenses.
- Once your account balance reaches \$1,000 you may move any balance above that amount into mutual funds and direct your investment strategy

*Tax treatment of HSAs for state tax purposes may vary by state.

2024 HSA Contributions and Limits

Each year, you can contribute up to the IRS annual limit for HSAs.

2024 IRS Contribution Limit	
Employee Only	\$4,150
Employee + Dependents	\$8,300

IMPORTANT! If you use your HSA funds for non-qualified expenses, the purchase amount will be subject to tax, plus a 20% penalty if you are younger than age 65. To view a list of qualified expenses, visit www.healthequity.com



Voluntary Benefits

The benefits on the following pages are 100% voluntary. You can choose from any of the plans available.

The premiums will be payroll deducted on each paycheck.



Dental

Plan Summary	Plan 1 Base Plan	Plan 2 Gold Plan
	In-Network Benefits	In-Network Benefits
Deductible (member/family)	\$50 / \$150	\$50 / \$150
Dental Maximum	\$1,000	\$1,500
Ortho Maximum	N/A	\$1,500
Diagnostic & Preventative -Dental exams (2 per benefit period) -Full mouth & Bitewing x-rays -Routine cleanings (2 per benefit period) -Sealants -Fluoride treatment -Space Maintainers	Covered at 100% Deductible does not apply	Covered at 100% Deductible does not apply
Basic -Routine Fillings -Oral Surgery -Simple extractions	Covered at 80%	Covered at 80%
Major -Crowns -Endodontics -Periodontics -Inlays & Onlays -Complete dentures & fixed partial dentures	Covered at 50%	Covered at 50% Orthodontia included for children up to age 18
Employee Monthly Premiums		
Employee Only	\$35.22	\$41.21
Employee/Spouse	\$70.44	\$82.41
Employee/Child(ren)	\$84.52	\$100.71
Family	\$128.55	\$154.23



Vision

PLAN HIGHLIGHTS			
Exam Services	\$25 Copay		
Lens Benefits	Glass or plastic:	Single vision	\$10
		Lined bifocal	\$10
		Lined trifocal	\$10
		Lenticular	\$10
Frames	• Frames covered in full up to the retail allowance of \$130 • Discount for any amount above the retail allowance		
Elective Contact Lenses	• Prescription contact lens materials covered-in-full up to the retail allowance of \$130 (in lieu of frame & lenses) • Members can choose from any available prescription contact lens materials		
Additional Glasses	40% off additional pairs of prescription glasses if purchased within 12 months of exam		
Frequencies	Eye Exams – Calendar Year Lenses Benefit – Calendar Year Contact Lenses – Calendar Year Frames – Every Other Calendar Year		
MONTHLY PREMIUMS			
Employee Only: \$6.07		Employee & Spouse: \$11.53	
Employee & Children: \$12.14		Family: \$17.85	



Supplemental Life

PLAN HIGHLIGHTS							
Employee Coverage	Benefits available in \$10,000 increments from a minimum of \$10,000 to a maximum of \$500,000						
Spouse	Benefits available in \$5,000 increments to a maximum of \$100,000 or 50% of Employee amount						
Child	\$1,000, \$2,000, \$4,000, \$5,000 or \$10,000						
Portability	Included						
Guarantee Issue Amount	EMPLOYEE - \$50,000						
	SPOUSE - \$25,000						
	CHILD - \$10,000						
Rates	Spouse rate is determined by the age of the employee						
During Annual Re-Enrollment, named insureds with existing coverage can increase coverage without evidence of insurability up to the Guarantee Issue Amount.							
If employees do not apply for GTL coverage during the initial enrollment, they may do so during a subsequent enrollment. However, they do not qualify for Guarantee Issue and must complete the Evidence of Insurability Form.							
BENEFIT AMOUNT – Monthly Premiums							
Age	\$10,000	\$20,000	\$40,000	\$50,000	\$75,000	\$100,000	\$150,000
<30	\$0.60	\$1.20	\$2.40	\$3.00	\$4.50	\$6.00	\$9.00
30-34	\$0.80	\$1.60	\$3.20	\$4.00	\$6.00	\$8.00	\$12.00
35-39	\$0.90	\$1.80	\$3.60	\$4.50	\$6.75	\$9.00	\$13.50
40-44	\$1.07	\$2.14	\$4.28	\$5.35	\$8.03	\$10.70	\$16.05
45-49	\$1.69	\$3.38	\$6.76	\$8.45	\$12.68	\$16.90	\$25.35
50-54	\$2.67	\$5.34	\$10.68	\$13.35	\$20.03	\$26.70	\$40.05
55-59	\$4.30	\$8.60	\$17.20	\$21.50	\$32.25	\$43.00	\$64.50
60-64	\$6.60	\$13.20	\$26.40	\$33.00	\$49.50	\$66.00	\$99.00
AD&D							
Child	\$1,000 - \$0.29	\$2,000 - \$0.58	\$4,000 - \$1.15		\$5,000 - \$1.44		\$10,000 - \$2.88
Employee, Spouse AD&D - \$0.017 per \$1,000 of coverage				Child AD&D - \$0.048 per \$1,000 of coverage			



Accident

Accident Treatment	BASIC	SELECT	ULTRA
Physician Office Visit (per visit, up to 2)	\$125	\$150	\$225
Emergency Treatment	\$125	\$150	\$225
Emergency Dental (crown)	\$250	\$300	\$450
Major Diagnostic Exam	\$200	\$240	\$360
Lacerations	\$450	\$540	\$810
Burns	Up to \$2,500	Up to \$3,000	Up to \$4,500
Eye Injury (surgical repair)	\$200	\$240	\$360
Brain Injury	\$500	\$600	\$900
Dislocation (examples, open)			
Hip	\$2,750	\$3,300	\$4,950
Knee or Shoulder	\$600	\$720	\$1,080
Toe or Finger	\$125	\$150	\$225
Fractures (examples, open)			
Hip	\$2,750	\$3,300	\$4,950
Leg	\$1,200	\$1,440	\$2,160
Nose, Heel, or Finger(s)	\$600	\$720	\$1,080
Hospital Care	BASIC	SELECT	ULTRA
Initial Hospitalization	\$1,000	\$1,200	\$1,600
Hospital Confinement (per day, up to 365)	\$250	\$250	\$250
Hospital ICU (per day, up to 15 days)	\$500	\$500	\$500
Surgery	\$1,250	\$1,500	\$2,000
Ambulance (air/ground)	\$1,250/\$200	\$1,500/\$240	\$2,000/\$320
Blood, Plasma, Platelets	\$200	\$240	\$320
Follow-Up	BASIC	SELECT	ULTRA
Physician Follow-up (per visit, up to 6)	\$50	\$70	\$80
Physical Therapy (per visit, up to 6)	\$100	\$140	\$160
Rehabilitation Unit (per day, up to 30 days)	\$125	\$175	\$200
Appliance	\$100	\$140	\$160
Prosthetic Device (per device, up to 2)	\$375	\$525	\$600
Family Lodging	\$100	\$150	\$175
Transportation	\$400	\$600	\$700
Post Transportation	\$200	\$300	\$350
Surgery	BASIC	SELECT	ULTRA
Tendon/Ligament	\$500	\$600	\$800
Torn Knee (surgical repair)	\$500	\$600	\$800
Ruptured Disc	\$500	\$600	\$800
Torn Rotator Cuff	\$500	\$600	\$800
Wellness Benefit	BASIC	SELECT	ULTRA
Annual benefit amount	\$60	\$75	\$105
Monthly Premium	BASIC	SELECT	ULTRA
Employee Only	\$9.79	\$11.58	\$14.61
Employee/Spouse	\$19.58	\$26.42	\$29.22
Employee/Child(ren)	\$22.75	\$27.29	\$34.67
Family	\$32.54	\$38.85	\$49.28

Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSA) allow you to set money aside for certain eligible expenses and draw from it throughout the year to pay for those expenses. The money is set aside pre-tax, reducing your taxable income. Two types of FSAs are available:

- Dependent Care
- Health Care or Limited Purpose

Money cannot be transferred between the accounts (i.e., you cannot use money from your Health Care FSA to pay for dependent care expenses and vice versa).

Dependent Care FSA

Dependent Care FSAs are used to pay for the costs of dependent care that enable you to work. This care may be for a child under the age of 13 and for older dependents who are physically or mentally unable to care for themselves and who live with you for more than half the year. Eligible expenses include daycare, before-school and after-school care and elder daycare. For the **2024** calendar year, you can deposit up to **\$5,000** to a Dependent Care FSA (\$2,500 if you are married and filing separately).

How the FSA Works

As a new hire (and again during Open Enrollment), you select the amount of money you wish to deposit into your elected FSA account for the entire plan year. The plan year for the FSA benefit is **January 1 to December 31**. The total amount is then equally divided by the number of pay periods remaining in that year and that amount is deducted from each paycheck. The money is set aside in your FSA account(s).

As you incur eligible expenses, you file a simple claim form (along with copies of your receipts) and are reimbursed for such expenses from the account. Employees who enroll in the Health Care FSA will receive an FSA debit card to pay for qualified purchases, eliminating the need to submit a paper claim and wait for reimbursement.

The Flexible Spending Account plans are administered by Flores. To register and log into your FSA account(s), go to www.flores247.com.

Health Care or Limited Purpose FSA

The Health Care FSA is used with the Premium or Standard plan and allows you to submit eligible **medical, dental and vision** expenses for reimbursement. The Limited Purpose FSA is used with the HDHP w/ HSA plan and allows you to submit eligible **dental and vision** expenses for reimbursement. You can deposit up to **\$3,200** to the Health Care or Limited Purpose FSA for the **2024** calendar year.

Grace Period

If you do not incur all the health care expenses you planned for the year by December 31, 2024, the plan offers a grace period through March 15, 2025. This means that you can use the 2024 Health Care or Limited Purpose FSA to reimburse yourself for eligible expenses incurred from January 1, 2024 through March 15, 2025. (The grace period does not apply to the Dependent Care FSA).

Flexible Spending Account- FSA

A medical Flexible Spending Account is your own account to put money into that can be used to pay for certain out-of-pocket healthcare costs and is a pre-tax benefit	
Annual Limit	\$3,200 per year per employee
Carryover	Must re-enroll each year, enrollment does not carry over
Carryover Amount	Up to \$640 per year for following year
Uses	
Deductibles and Copays Prescriptions Over-the-counter medicines with doctor prescription Medical Equipment/Supplies (crutches, bandages, blood sugar test kits)	
*Plan administered by Flores & Associates	
\$5.25 Monthly Admin Fee	

A dependent care Flexible Spending Account is your own account to put money into that can be used to pay for certain childcare expenses	
Annual Limit	\$5,000 per year per employee
Carryover	Must re-enroll each year, enrollment does not carry over
Carryover Amount	0 ("Use it or lose it")
Uses	
Childcare costs that include but are not limited to: -Babysitter/Nanny wages -Daycare -Preschool -Summer camp	
*Plan administered by Flores & Associates	
\$5.25 Monthly Admin Fee	



HEALTH CARE

FLEXIBLE SPENDING ACCOUNT

THE HEALTH CARE FLEXIBLE SPENDING ACCOUNT(FSA) CAN REIMBURSE YOU FOR ELIGIBLE EXPENSES YOU OR YOUR ELIGIBLE DEPENDENTS INCUR THAT ARE NOT PAID BY YOUR EXISTING HEALTH CARE PLAN.

YOUR STEPS TO SAVINGS!

1

REALIZE THE TAX SAVINGS

You can set aside pre-tax money into an account to be reimbursed for eligible medical expenses. Savings will depend on your tax bracket. For example, if you are taxed at 25% and you enroll for \$2,750 you would **save \$687.50 in taxes.**

2

ESTIMATE YOUR EXPENSES

Plan for your upcoming expenses and include your spouse and dependents, if eligible. A brief list of expenses can be found to the right. A comprehensive list of allowable expenses and an expense worksheet can be found at www.flores247.com.

3

ENROLL AND MANAGE YOUR ACCOUNT

Contact your Human Resources Department to find out how to enroll for this benefit. Flores will send a custom Participant ID number via mail or email to help you manage your account.

ELIGIBLE EXPENSES

- Medical co-payments, co-insurance and deductibles
- Routine wellness visits
- Prescription expenses
- Vision expenses (including eye exams, eyeglasses and contact lenses)
- LASIK surgery
- Dental expenses (excluding cosmetic procedures)
- Orthodontia payments
- Hearing expenses
- Over-the-counter medications and supplies
- Menstrual Care Items

401(k) Retirement Savings Plan



401(k) Retirement Savings Plan allows employees to save for retirement through convenient payroll deductions. The Plan, administered by Slavic Retirement is designed with the following features:

- You can defer up to an annual maximum of the lesser of 50% of your eligible compensation or the annual IRS deferral limit of \$23,000 for regular contributions and \$7,500 for catch-up contributions (for those age 50 and over). This can be done on a pre-tax basis through payroll deductions, or you may choose to make after-tax (Roth) contributions

You Choose When to Pay Taxes

Making contributions to the 401(k) plan offers tax benefits. The type of contributions you make — pre-tax, Roth (after-tax) or a combination of the two — will determine when you pay taxes on your contributions. You can:

Pay taxes later. If you make **pre-tax contributions** to the 401(k) Plan, you will lower your taxes today.

The money you contribute, and any earnings will not be subject to income taxes until you withdraw it, likely in retirement.

Pay taxes now. If you make **Roth contributions** to the 401(k) Plan, you will pay income taxes on the contributions today.

You can withdraw your contributions and any earnings tax-free once you have had the account for at least five years and have reached age 59½.

401k Investment Options

-No-load mutual funds “open architecture” family of funds	-Vanguard	-T Rowe Price
	-Fidelity	-DFA
	-American Funds	-SSGA
-Highly rated by Morningstar		
-Daily valuation and online access	-Performance and prospectuses online	
	-Speak to an advisor for investment advice	
-Participant account balances emailed every Friday	-Pre-allocated portfolios to make investing easy For 0.25%	
Absolute Fee Transparency		
The participant fees are disclosed as a line item on the participant’s statement. Fees are not “hidden” in the investment returns. 12b-1 fees paid to Slavic401k.com are credited back to the individual participants that own the fund. This ensures absolute objectivity in fund recommendations.		

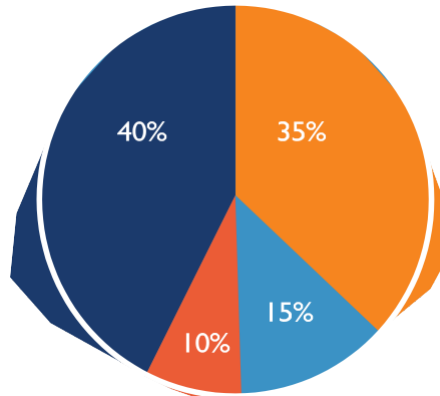


Pre-Allocated Portfolios

In addition to the various mutual funds available, Slavic Mutual Funds Management (SMF) has designed three optional pre-allocated portfolios to make investment decisions easier. The Aggressive, Moderate, and Conservative portfolios have been designed to provide investors with an appropriate allocation of funds to reach their investment goals. SMF serves as an ERISA section 3(38) Fiduciary with respect to the management of the three portfolios and rebalances the portfolios at least annually to remain the targeted risk profile. A sample allocation is as follows:

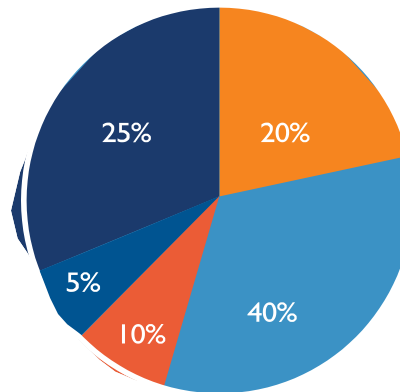
Aggressive Portfolio

	Domestic Stocks	40%
	Foreign/Global Stocks	35%
	Bonds	0%
	Real Estate Investment Trust	15%
	Natural Resource Stocks	10%



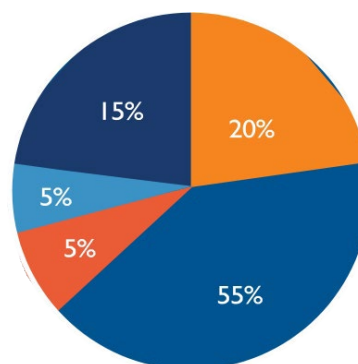
Moderate Portfolio

	Domestic Stocks	25%
	Foreign/Global Stocks	20%
	Bonds	5%
	Real Estate Investment Trust	40%
	Natural Resource Stocks	10%



Conservative Portfolio

	Domestic Stocks	15%
	Foreign/Global Stocks	20%
	Bonds	55%
	Real Estate Investment Trust	5%
	Natural Resource Stocks	5%



Resources/Contact Information

Benefit	Provider	Phone	Website / Email
Major Medical	BCBSNC	888-206-4697	www.bluecrossnc.com
Dental	BCBSNC	888-206-4697	www.bluecrossnc.com
Vision	BCBSNC	888-206-4697	www.bluecrossnc.com
Life	MetLife	800-638-5433	www.metlife.com
Accident	USABLE	800-370-5856	www.usablelife.com
401(k) Retirement Savings	Slavic401k	800-356-3009	www.slavic401k.com
Flexible Spending Account	Flores	800-532-3327	www.flores247.com
Payroll Human Resources Benefits 401K Accounting Garnishments Terminations	Advisor HR	704-626-5960	advisorhrpayroll@advisorhr.net hr@advisorhr.net benefits@advisorhr.net 401K@advisorhr.net accounting@advisorhr.net garnishments@advisorhr.net terminations@advisorhr.net

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powered by
 **Advisor** *HR*
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