



ENROLLMENT GUIDE FOR 2025 BENEFITS

For benefits-eligible associates of Southeastern Freight Lines Inc.

You must make coverage decisions for 2025 benefits.



We're on This Road **TOGETHER**

Effective 1/1/2025

www.BenefitsGo.com/sefl



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*Quantum Health is an independent company that contracts directly with Southeastern Freight Lines.

HIGHLIGHTS FOR 2025

Make the benefit elections that help you live Southeastern Strong in 2025! Please remember to confirm/update your contact information and dependent and beneficiary information.

What's in store for 2025?

1. Two Medical Plan Options, both including some great programs as noted below:

- ◆ **Co-Pay Plan**, with the option to contribute to a Healthcare Flexible Spending Account.
- ◆ **HSA Plan**, with the option to contribute to a Health Savings Account featuring matching contributions.
- ◆ **NEW! Mayo Clinic Complex Care Program.** Get managed access to Mayo Clinic's teams of leading experts to provide high-quality, cost-effective care for individuals with complex, rare or undiagnosed medical conditions.
- ◆ **NEW! Sword Bloom.** This program supports female pelvic health needs and general wellness.
- ◆ **Sword Thrive** is the updated name for Sword's effective program that offers joint and back pain relief.

2. Supplemental Life Insurance:

- ◆ Increase existing associate coverage without answering health questions (limits apply).

3. Tobacco Surcharge:

- ◆ Tobacco/nicotine users will pay a surcharge of **\$25** per week on medical premiums beginning **1/1/2025**.
- ◆ To stop the surcharge, complete the **FREE!** tobacco cessation program provided via Quantum Health by the required deadline.
- ◆ All full-time associates must actively enroll in benefits for 2025. If you do not enroll by **11/4/2024**, the Tobacco Surcharge will apply to your medical premiums.



Benefits microsite

- ◆ Get access to important benefits information 24/7.
- ◆ Visit www.BenefitsGo.com/sefl.

Workday HR system

- ◆ You may enroll on the Workday app.
- ◆ Enjoy great functionality and access to your information.

SEFL Benefits Enrollment Center

- ◆ Get support during Open Enrollment and help with voluntary benefits.
- ◆ Call **855-576-9984** Monday through Friday for assistance.

Quantum Health

- ◆ Valuable services ensure you get the healthcare support you need.
- ◆ Care Coordinators are ready to serve you.

OFFERING A PERSONALIZED, GUIDED HEALTHCARE EXPERIENCE

Quantum Health Care Coordination and healthcare navigation

Historically, you would contact your insurance company and physicians' offices directly for questions related to your healthcare benefits and services, which, as experience has shown us, leaves many people even more confused. Then, you'd navigate your challenging and complicated healthcare journeys alone.

To assist you on those journeys, Southeastern Freight Lines has partnered with Quantum Health to offer you healthcare navigation support — at no cost to you.

Your Quantum Health Care Coordinators know all there is about the confusing world of health insurance and can help you make the right coverage decisions for you and your family.

You can think of your Care Coordinators as your personal healthcare team of expert nurses and benefits specialists ready to help you with:

- ◆ ID cards
- ◆ In-network providers
- ◆ Claims, billing and benefit questions
- ◆ Out-of-pocket savings
- ◆ Nurse support to help you maintain or improve your health

Care Finder™ helps you and your Quantum Health Care Coordinators find and compare healthcare providers and facilities so you can make informed choices about the care you'll receive. Checking cost and quality rankings in advance can save you hundreds or even thousands of dollars and ensure you receive the best possible care.



Call your Quantum Health Care Coordinators at **855-576-9984** (Monday – Friday, 8:30 a.m. – 10 p.m. Eastern time).
Or go to www.mySEFLbenefits.com.



SELECTING YOUR BENEFITS FOR 2025

Selecting health and wellness benefits for you and your family is one of the most important decisions you can make. This benefit enrollment guide assists you and makes it easy to complete your enrollment. So review the guide and then select the benefits that are best for you and your family.

How to enroll for your benefits



You may enroll by phone with the SEFL Benefits Enrollment Center at **855-576-9984** or online 24/7 on **Workday**.

The enrollment process is easy. If you have a problem with access, contact the SEFL Benefits Enrollment Center at **855-576-9984** Monday through Friday.

CHOOSE YOUR MEDICAL PLAN

You may choose one of two medical plans. We encourage you to carefully evaluate the medical options being offered. To make the best choice, you need to consider several things.



Premium cost:

- ◆ What can you afford to pay each week?
- ◆ Do you use tobacco/nicotine?
- ◆ Do you want to cover your spouse and/or children?

Other options:

- ◆ Will you elect a health savings account (HSA) or healthcare flexible spending account (FSA)?

Other costs:

- ◆ Coinsurance: What percentage of the cost of covered services does the plan pay versus what you have to pay?
- ◆ Deductible: Does the plan require you to pay out of your own pocket before benefits kick in?
- ◆ Copays: Does the plan offer set rates for certain things, like doctor's office visits or prescription drugs, making it easier to budget your healthcare dollars?

If you have any questions, please refer to the Summary Plan Descriptions and Summary of Benefits and Coverage located online at www.BenefitsGo.com/sefl or call the Southeastern Freight Lines Benefits Enrollment Center at **855-576-9984**.

HELPFUL TERMS

Words commonly used in healthcare

Sometimes healthcare lingo can be confusing. But it's important to understand your medical benefits and how they work. Here are some common terms to help.

Benefits: The items or services covered by your health insurance plan.

Claim: A request for payment that you or your healthcare provider submits to your health insurance company after you receive services.

Coinsurance: Your share of the costs for a covered healthcare service, calculated as a percentage. You pay coinsurance plus any deductibles you owe. For example, say your health plan's allowed amount for a covered service is \$100 and you've met your deductible. Your coinsurance payment of 20 percent would be \$20. Your health plan pays the rest of the allowed amount.

Copay: The fixed amount (for example, \$25) you pay for a covered healthcare service, usually when you receive the service. The amount can vary, depending on the provider and the type of healthcare service.

Deductible: The amount you pay for services received before your health plan begins to pay. For example, if your deductible is \$2,100, your health plan will not pay for covered services until you've paid \$2,100 toward your covered healthcare expenses. After that, your health plan will pay benefits on covered services until the end of that benefit year.

Dependent: A child or spouse covered by a subscriber's health plan. For example, an employer-sponsored health plan may cover the employee (subscriber) plus the employee's spouse and their children (dependents). Please see the Summary Plan Description for a complete definition of who qualifies as a dependent under the plan.

Facility: The location where you receive healthcare services. For example, a medical facility could be a doctor's office or a hospital.

Network: The facilities, providers and suppliers your health plan contracts with to provide healthcare services. You will typically pay less for services received in-network versus out of network.

Out of pocket: These are your costs for medical care expenses that aren't reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance and copays for covered services plus all costs for services that aren't covered.

Subscriber: The person who enrolls in a health plan. There is only one subscriber per health plan. The subscriber can add eligible dependents to a family health plan.

Preauthorization: A decision that a service, prescription drug or type of treatment is medically necessary. Certain services and medications require preauthorization before you receive them, except in an emergency. You may hear this referred to as precertification or prior authorization.

Premium: The amount you pay for your health plan, either biweekly or weekly.

Provider: This can refer to the medical professional who delivers care or the location where you receive healthcare services. For example, your provider could be a doctor, specialist, nurse practitioner or hospital.

Primary care physician (PCP): The main doctor and primary contact for your healthcare services. Your PCP coordinates care if you need to see other doctors or medical specialists.

Radiology: Procedures such as X-rays, ultrasounds and magnetic resonance imaging (MRI) that are used to detect medical conditions.

Specialist: A doctor or healthcare professional who focuses on a specific area of medicine. For example, neurologists, dermatologists and cardiologists are specialists.

PLAN OVERVIEWS

Medical plan overviews

Co-Pay Plan

Network: Preferred Blue

This plan lets you seek medical care from any doctor you choose, but you save money when you use in-network providers. First, in-network doctors have agreed to charge lower rates for the covered services they provide. Then, your plan will pay a higher percentage of that lower cost so you pay less money out of your own pocket.

You can seek medical care from an out-of-network provider, but those services will cost more upfront, and your health plan will pay a lower percentage of that cost. Plus, out-of-

network doctors can “balance bill” you, requiring you to pay the difference between what your health plan pays and what the provider actually charges.

2025 Weekly Premiums*	
Single	\$32.10
Associate & Spouse	\$87.91
Associate & Child(ren)	\$79.31
Family	\$110.05

HSA Plan

Network: Preferred Blue

The HSA Plan lets you take control of your healthcare costs. This plan allows you to elect a health savings account (HSA) that helps you pay for your first-dollar healthcare expenses until you meet your deductible.

Here are some other things to know about an HSA:

- ◆ You own your account.
- ◆ Unused funds in your account will roll over year to year. If you leave Southeastern, the account and all the money in it will go with you.

For more information on an HSA, see page 12.

All deductibles, coinsurance and copays apply to your maximum out of pocket.

2025 Weekly Premiums*	
Single	\$18.05
Associate & Spouse	\$49.65
Associate & Child(ren)	\$38.09
Family	\$63.04

A detailed comparison of each plan follows on the next few pages.

If you have any additional questions, please refer to the Summary Plan Descriptions and Summary of Benefits and Coverage located online at www.BenefitsGo.com/sefl or call the Southeastern Freight Lines Benefits Enrollment Center at **855-576-9984**.

*The Tobacco Surcharge adds \$25 per week to these premiums. To stop the Tobacco Surcharge, complete the **FREE** Quantum Health Tobacco Cessation program by 6/30/2025. Refunds of the Tobacco Surcharge will be made back to 1/01/2025, provided you have successfully completed the Quantum Health Tobacco Cessation program by 6/30/2025. For information regarding the Quantum Health Tobacco Cessation program, please see page 20 of this guide or contact your Quantum Health Care Coordinators at 855-576-9984.

Plan Design For: Southeastern Freight Lines Inc.
Plan Name: Co-Pay Plan
Effective Date: 1/1/2025



Benefits	In-Network	Out-of-Network
Medical and Surgical Benefits		
Deductible	\$950 individual/\$1,900 family	\$1,700 individual/\$3,400 family
Coinsurance Shown as percentages below	\$2,300 individual/\$4,600 family	\$4,800 individual/\$9,600 family
Maximum Out of Pocket	\$3,250 individual/\$6,500 family Includes deductible, copays and coinsurance	\$6,500 individual/\$13,000 family Includes deductible and coinsurance
Physician services Physician charges for services in the office (Excluding obstetrical delivery and dialysis treatment)	\$25 primary care copay, then 100% \$45 specialist copay, then 100% Primary care = general, family doctor, pediatrician, internist, OB-GYN	Deductible, 60%
Physician services Physician charges for services in the office (Includes dialysis treatment)	Deductible, 80%	Deductible, 60%
Other physician services Inpatient/outpatient hospital, anesthesia services, radiology, pathology, obstetrical delivery, initial newborn pediatric exam, all other outpatient/office services	Deductible, 80%	Deductible, 60%
Wellness benefits Based on the healthcare reform guidelines; refer to www.healthcare.gov	100%	Not covered
Inpatient facility charges	Deductible, 80%	Deductible, 60%
Skilled nursing facility charges	Deductible, 80%	Deductible, 60%
Outpatient facility charges	Deductible, 80%	Deductible, 60%
Other services Physical/occupational therapy in outpatient hospital Physical/occupational therapy in physician office Home healthcare Hospice	Deductible, 80% \$45 specialist copay, then 100% Deductible, 80% Deductible, 80%	Deductible, 60%
Chiropractic benefits (30 visits)	\$25 copay, then 100%	Deductible, 60%
Ambulance	Deductible, 80%	In-network Deductible, 80%
Emergency room facility charges **	Deductible, 80%	Deductible, 60%
Emergency room professional charges **	Deductible, 80%	Deductible, 60%
Mental Health and Substance Abuse Benefits		
Inpatient facility charges	Deductible, 80%	Deductible, 60%
Inpatient professional charges	Deductible, 80%	Deductible, 60%
Outpatient facility charges	Deductible, 80%	Deductible, 60%
Outpatient professional charges	Deductible, 80%	Deductible, 60%
Emergency room facility charges **	Deductible, 80%	In-network deductible, 80%
Emergency room professional charges **	Deductible, 80%	In-network deductible, 80%
Physician services in the office	\$25 copay, then 100%	Deductible, 60%
Pharmacy Benefits		
Prescription preventive medications Retail (30-day supply) Optum Rx® Home Delivery or CVS pharmacy (90-day supply)	\$10 (Generic)/\$50 (Preferred)/\$65 (Nonpreferred) \$25 (Generic)/\$125 (Preferred)/\$162.50 (Nonpreferred)	Not covered
All other covered prescriptions Retail (30-day supply) Optum Rx Home Delivery or CVS pharmacy (90-day supply)	\$10 (Generic)/\$50 (Preferred)/\$65 (Nonpreferred) \$25 (Generic)/\$125 (Preferred)/\$162.50 (Nonpreferred)	
Specialty Drug – Optum Specialty Pharmacy Only (31-day supply) 877-259-9428 for inquiries regarding this benefit	\$100 copay per 31-day supply	

**Out-of-network true emergency facility and professional charges are subject to in-network coinsurance, copay, benefit year deductible and out of pocket.

Optum Specialty Pharmacy and Optum Rx Home Delivery are provided by an independent company that provides pharmacy benefit management services on behalf of your health plan.

Plan Design For: Southeastern Freight Lines Inc.
Plan Name: HSA Plan
Effective Date: 1/1/2025



Benefits	In-Network	Out-of-Network
Medical and Surgical Benefits		
Deductible (Embedded*)	\$2,100 individual/\$4,200 family	\$4,000 individual/\$8,000 family
	*\$3,300 embedded deductible amount for Family coverage	
Coinsurance Shown as percentages below	\$2,650 individual/\$5,300 family	\$5,500 individual/\$11,000 family
Maximum Out of Pocket	\$4,750 individual/\$9,500 family Includes deductible and coinsurance	\$9,500 individual/\$19,000 family Includes deductible and coinsurance
Physician services Physician charges for services in the office (Excluding obstetrical delivery, dialysis treatment and second surgical opinion)	Deductible, 80%	Deductible, 50%
Other physician services Inpatient/outpatient hospital, anesthesia services, radiology, pathology, obstetrical delivery, initial newborn pediatric exam, all other outpatient/office services	Deductible, 80%	Deductible, 50%
Wellness benefits Based on the healthcare reform guidelines; refer to www.healthcare.gov	100%	Not covered
Inpatient facility charges	Deductible, 80%	Deductible, 50%
Skilled nursing facility charges	Deductible, 80%	Deductible, 50%
Outpatient facility charges	Deductible, 80%	Deductible, 50%
Other services Physical/occupational therapy Home healthcare Hospice	Deductible, 80%	Deductible, 50%
Chiropractic benefits (30 visits)	Deductible, 80%	Deductible, 50%
Ambulance	Deductible, 80%	In-network Deductible, 80%
Emergency room facility charges **	Deductible, 80%	Deductible, 50%
Emergency room professional charges **	Deductible, 80%	Deductible, 50%
Mental Health and Substance Abuse Benefits		
Inpatient facility charges	Deductible, 80%	Deductible, 50%
Inpatient professional charges	Deductible, 80%	Deductible, 50%
Outpatient facility charges	Deductible, 80%	Deductible, 50%
Outpatient professional charges	Deductible, 80%	Deductible, 50%
Emergency room facility charges **	Deductible, 80%	In-network deductible, 80%
Emergency room professional charges **	Deductible, 80%	In-network deductible, 80%
Physician services in the office	Deductible, 80%	Deductible, 50%
Pharmacy Benefits		
Prescription preventive medications Retail (30-day supply) Optum Rx® Home Delivery or CVS pharmacy (90-day supply)	\$10 (Generic)/\$50 (Preferred)/\$65 (Nonpreferred) \$25 (Generic)/\$125 (Preferred)/\$162.50 (Nonpreferred)	Not covered
All other covered prescriptions Retail (30-day supply) Optum Rx Home Delivery or CVS pharmacy (90-day supply)	Deductible, then \$10 (Generic)/\$50 (Preferred)/\$65 (Nonpreferred) Deductible, then \$25 (Generic)/\$125 (Preferred)/\$162.50 (Nonpreferred)	
Specialty Drug – Optum Specialty Pharmacy Only (31-day supply) 877-259-9428 for inquiries regarding this benefit	Deductible, then \$100 copay applies for every 31-day supply.	

*Embedded deductible: An individual deductible “embedded” within the family deductible. Before the insurance benefits begin, the **individual** must meet the embedded individual deductible amount, which is governed by IRS guidelines.

**Out-of-network true emergency facility and professional charges are subject to in-network coinsurance, copay, benefit year deductible and out of pocket.

Important Numbers

Quantum Health: 855-576-9984
Preauthorization: 855-781-4852

Services and supplies that are not paid for

Some services or supplies you receive may not be covered under this health coverage. Expenses that will not be paid for include:

- ◆ Any service or supply that is not medically necessary. However, if a service is determined to be not medically necessary because it was not rendered in the least costly setting, covered expenses will be paid in an amount equal to the amount payable had the service been rendered in the least costly setting.
- ◆ Custodial care. This is care meant simply to help people who cannot take care of themselves.
- ◆ Cosmetic or reconstructive procedures, unless following a mastectomy.
- ◆ Investigational or experimental services.
- ◆ Obesity-related procedures, other than Covered Obesity Services listed in the plan, including treatment for surgery for obesity, weight reduction, weight control or complications therefrom, and reversal or reconstructive procedures resulting from such treatment.
- ◆ Treatment resulting from acts of war or military service.
- ◆ Services you are not charged for in VA hospitals or other kinds of hospitals or agencies.
- ◆ Any service or supply provided by a member of the patient's family or by the patient, including the dispensing of drugs. A member of the patient's family means spouse, parent, grandparent, brother, sister, child or spouse's parent.
- ◆ Services or supplies you received before you had coverage under this group contract or after you no longer have this coverage.
- ◆ Luxury or convenience items and travel expenses, whether or not recommended by a physician.
- ◆ Services or supplies payable by Medicare, workers' compensation or any other government or private program.
- ◆ Reversals of tubal ligations or vasectomies.
- ◆ Any service or treatment for complications resulting from any noncovered procedures.
- ◆ Any service or supply rendered to a member for the treatment of infertility.
- ◆ Relationship counseling, including marriage counseling, for the treatment of premarital, marital or relationship dysfunction.
- ◆ Services and supplies related to routine foot care.
- ◆ Food supplements, even if the supplements are ordered or prescribed by a physician.
- ◆ Prescription drugs used for weight control, obesity, cosmetic purposes, hair growth or fertility.
- ◆ Any service or supply for which the member is not legally obligated to pay.
- ◆ Services for the removal of impacted teeth.
- ◆ Any medical social services, occupational, visual, recreational, behavioral, educational or play therapy or biofeedback, except when part of a preauthorized home health plan, hospice care program or ABA therapy for the treatment of autism spectrum disorder.
- ◆ Dental services, except for dental treatment up to six months after an accident.
- ◆ Services and supplies received for the treatment of any work-related accident or illness.
- ◆ Durable medical equipment purchases or rentals over \$1,500.
- ◆ Hypnotism.
- ◆ Preconception testing, preconception counseling or preconception genetic testing.

Services and supplies requiring preauthorization

For preauthorization, call **855-781-4852** for the following services:

- ◆ Durable medical equipment over \$1,500
- ◆ All inpatient hospital or skilled nursing facility admissions and inpatient psychiatric
- ◆ Home healthcare, hospice care or inpatient physical rehabilitation
- ◆ Outpatient psychiatric care (mental health outpatient office visits do not require preauthorization), outpatient procedures for chemotherapy or radiation therapy (one-time notification), hysterectomy, septoplasty, all cosmetic procedures, investigational procedures performed in outpatient or office setting, and all inpatient hospital or skilled nursing facility admissions
- ◆ Services and supplies related to human organ and tissue transplants
- ◆ Mental health and substance abuse services
- ◆ ABA therapy related to autism spectrum disorder

Benefits will be reduced or declined if required preauthorizations are not obtained. For additional information concerning services and supplies that require preauthorization, please see the Summary Plan Description for the Medical Component Plan.

SET UP AN HSA OR FUND YOUR FSA

Important note: An HSA can only be elected if the HSA Plan is chosen.

Health Savings Account (HSA)

When you select an HSA, your account will be automatically established for you if you are eligible.

An HSA works with your plan to help you manage your medical expenses. The HSA Plan is intended to cover serious illness or injury, while your HSA account can be used to help pay for minor illness or injury.

An HSA is a pretax account you can use to pay for eligible health expenses before you meet your health plan deductible. Contributions are exempt from federal taxes, but some states tax HSA contributions. **Southeastern will match 50% of your HSA contributions for single coverage, up to \$500 per year. The 50% match for all other levels will be up to \$1,000 per year.**

You may also make payroll-deducted pretax contributions to your account up to the annual limits. For 2025, the limits are \$4,300 for single and \$8,550 for all other tiers. The minimum annual contribution you can make into your HSA is \$260, and you can change your contributions at any time just by going online to Workday. If you are 55 or older, you can make an additional catch-up contribution of \$1,000.

You are eligible to make contributions to the HSA through your employment with Southeastern Freight Lines if:

- ◆ You elect the HSA Plan.
- ◆ You are not enrolled in Medicare A or B.
- ◆ You are not claimed as a dependent on someone else's tax return.
- ◆ You are not enrolled in secondary health coverage, such as TRICARE, VA benefits or a spouse's group health coverage, or healthcare flexible spending account.

Your unused HSA funds roll over from year to year.

There is no "use it or lose it" penalty as with a flexible spending account. Should you leave the company, the HSA account goes with you. You can build your account as a long-term investment option.

HSA funds can be used to cover eligible medical expenses for yourself or your dependents. Your dependents are not required to be covered by your medical plan but should be listed (claimed) on your income taxes. HSA funds can be used to pay COBRA or other healthcare premiums while you are receiving unemployment compensation.

Once your HSA has been established, you will receive an HSA Bank debit card to use for direct payments for services by any provider who accepts Visa. Account balances and payments can be managed through the HSA Bank website. HSA Bank is an independent company that Southeastern has chosen to partner with for HSA account administration. If you are not currently enrolled in the HSA Plan, you will pay any applicable monthly maintenance account fee.

For more information on health savings accounts, call the HSA Bank Client Assistance Center at **866-471-5946**.

HSA contributions require an annual election.

SET UP AN HSA OR FUND YOUR FSA

(continued)

Important note: If you choose the HSA Plan, you cannot have a healthcare flexible spending account.

Flexible Spending Accounts (FSAs)

Healthcare FSAs help you stretch your hard-earned dollars even further. In 2025, associates electing the Co-Pay Plan can put up to \$3,050 into their FSA. The minimum contribution to activate your healthcare FSA is \$260. Contributions to an FSA are exempt from federal, state and Social Security taxes. All eligible expenses incurred on or before 12/31/2025 can be applied toward reimbursement. Requests for reimbursement must be made by the filing deadline. For information regarding deadlines, please contact Flores & Associates at **800-532-3327**.

Full-time employees are eligible to participate in the healthcare FSA plan. Dependents do not have to be covered by our health plan to have their expenses qualify for reimbursement. By estimating medical expenses not covered by insurance, employees can save up to 35% on their out-of-pocket medical expenses! For more information about healthcare FSAs, please see page 14.

We also have a dependent (Daycare) FSA plan for associates to save on daycare expenses. This benefit is for dependent children under age 13 or for elder care. It does not cover medical expenses. To participate, you must contribute the annual minimum contribution of \$260 into your dependent (daycare) FSA. The maximum contribution for the dependent (daycare) FSA is \$5,000. For more information about dependent (daycare) FSAs, please see page 14.

To determine your per-payroll deposit:

- ◆ First, estimate your dependent (daycare) expenses and your tax-deductible or eligible medical expenses for the year. You will have from 1/1 – 12/31 to incur services

to be reimbursed. You will forfeit any balance remaining after the filing deadline for which you have not claimed eligible expenses. For information regarding deadlines, please contact Flores & Associates at **800-532-3327**.

- ◆ You may change the amount you deposit during the year only if you incur a change-in-status event, such as:
 - ◆ You marry, divorce or legally separate
 - ◆ Your spouse or dependent child dies
 - ◆ Your spouse's employment status changes
 - ◆ You have or adopt a child.
- ◆ Any change in election to your FSA deposit amount must be made within 60 days of a qualifying event.

Your contribution is limited to \$3,050 to the healthcare FSA and \$5,000 to the dependent (daycare) FSA per year.

Getting reimbursed for eligible FSA expenses:

To file a healthcare FSA claim, you can use the Mastercard debit card at the time of service. For your dependent (daycare) FSA reimbursement, you will need to submit a request form specifying dates and descriptions of services, the provider's name, the dependent's name and out-of-pocket expenses incurred.

The Flores & Associates website will give you easy-to-follow instructions to file dependent (daycare) FSA claims via phone, mail or fax. For more information and to learn how to access the request forms, go to our FSA third-party administrator's website at **www.Flores247.com**.

SET UP AN HSA OR FUND YOUR FSA

(continued)

Healthcare FSA

Healthcare FSAs cover you and your dependents' eligible medical expenses. Dependents are not required to be covered by your medical plan. Deposits are limited to \$3,050 per employee.

You can use account funds for all tax-deductible medical expenses.

Eligible expenses include the following:

- ◆ Medical, vision and dental copays and deductibles
- ◆ Vision, hearing and physical exams
- ◆ Prescription drugs and birth control devices
- ◆ Medical care, such as orthodontics, acupuncture and experimental services
- ◆ Surgical services that insurance doesn't cover

Ineligible expenses include the following:

- ◆ Vitamins and dietary supplements
- ◆ Health spa and physical fitness centers
- ◆ Health insurance premiums
- ◆ Cosmetic surgery
- ◆ Other expenses not eligible as tax deductions

Dependent (Daycare) FSA

This account is for daycare expenses only. The dependent (daycare) FSA works much like the medical reimbursement account. You're using this money for eligible daycare expenses you have while working, up to \$5,000 per year.

- ◆ Eligible expenses include daycare, home care or nursery care for a dependent under age 13 and adult daycare for senior dependents who live with you.
- ◆ If you're married, your spouse must be employed, a full-time student, or disabled and dependent on you for care.
- ◆ Your FSA can pay for relatives' care if they live with you and depend primarily on you for care.
- ◆ With dependent care accounts, you can get reimbursements only up to the balance available at the time of your request.

For more information about FSAs, go to www.Flores247.com or contact Southeastern's dedicated account manager at **800-532-3327**.

FSA contributions require an annual election.

CHOOSE YOUR VISION BENEFIT



Vision benefit

Southeastern offers vision coverage through EyeMed® Vision Care. EyeMed is an independent company that provides a vision provider network on behalf of your health plan. It gives you access to the Access network, a national network of providers, including LensCrafters®, Target Optical®, most Pearle VisionSM and many independent doctors of optometry. Online options include Glasses.com, ContactsDirect® and Ray-Ban®. You also have access to Eye360, an enhanced vision insurance benefits package for members who visit PLUS Providers.

Rates for all the tiers are listed on the right. If you select the stand-alone vision benefit, you will not be required to select the same level of coverage as your medical coverage. For example, if you take family medical coverage, you can choose single or associate/child(ren) vision coverage.

2025 Weekly Premiums	
Single	\$1.16
Associate & Spouse	\$2.31
Associate & Child(ren)	\$2.24
Family	\$3.24

Vision care coverage details may be found in the Vision Summary Plan Description located online at www.BenefitsGo.com/sefl. For more information about Eye360, please see page 24.



CHOOSE YOUR VISION BENEFIT

(continued)

Additional vision plan discounts

- ◆ Members receive a 20% discount on items not covered by the plan at network providers. The discount does not apply to EyeMed providers' professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered.
- ◆ Members also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the U.S. Laser Network, owned and operated by LCA Vision.
- ◆ After initial purchase, replacement contact lenses may be obtained via the internet at substantial savings and mailed directly to the member. Details are available at www.EyeMed.com. The contact lens benefit allowance is not applicable to this service.
- ◆ Benefit allowances provide no remaining balance for future use within the same benefit frequency.
- ◆ Includes certain brand-name vision materials in which the manufacturer imposes a no-discount practice.

Vision plan exclusions

Exclusions to the vision plan include:

1. Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; aniseikonic lenses.
2. Medical and/or surgical treatment of the eye, eyes or supporting structures.
3. Any eye or vision examination or any corrective eyewear required by a policyholder as a condition of employment; safety eyewear.
4. Services provided as a result of any workers' compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof.
5. Plano (nonprescription) lenses and/or contact lenses.
6. Nonprescription sunglasses.
7. Two pairs of glasses in lieu of bifocals.
8. Services rendered after the date an insured person ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered and the services rendered to the insured person are within 31 days from the date of such order.
9. Services or materials provided by any other group benefit plan providing vision care.
10. Lost or broken lenses, frames, glasses or contact lenses, except in the next benefit frequency when vision materials would become available.

For questions about vision benefits, visit www.EyeMed.com or call **866-723-0513**.

CHOOSE YOUR DENTAL BENEFIT

You do not have to select the same level of coverage as your medical insurance. This means, for example, you can select single medical coverage and family dental coverage, or vice versa.

Dental plan

Southeastern is proud to offer excellent dental benefits with a national network for our associates.

2025 Weekly Premiums	
Single	\$3.55
Associate & Spouse	\$8.88
Associate & Child(ren)	\$6.80
Family	\$11.09
\$2,500 yearly maximum benefit	
\$2,500 lifetime maximum benefit for orthodontic services for patients under age 19	

The dental coverage will pay a benefit on a reasonable charge for covered services. This coverage bases reasonable allowance charges on the fee most dentists charge for a particular service in a particular geographic area. They are not based on what an individual dentist charges for services.

Participating dentists in our available networks have agreed to provide dental services at discounted fees to individuals covered under our dental plan. Coinsurance will apply for many dental services. Some dental providers may require payment upfront.

Delta Dental PPOSM Network providers offer the greatest discount, agree to accept contractual reimbursement as payment in full, and will not balance bill. Coinsurance, deductibles and annual maximums still apply.

Delta Dental Premier[®] Network providers offer a lower discount than PPO providers. Premier providers agree to accept contractual reimbursement as payment in full and will not balance bill. Coinsurance, deductibles and annual maximums still apply.

Out-of-network providers are not contracted with Delta Dental and may balance bill the difference between Delta Dental's out-of-network payment and billed charges. Coinsurance, deductibles and annual maximums still apply.

To find a listing of dentists in the Delta Dental networks, go to www.DeltaDentalMO.com.

Find a Provider



Register Your Account



SELECT LIFE INSURANCE COVERAGE

The following life insurance coverages are available for you to elect for yourself and/or your family.

Plan at a glance

Basic coverage (automatically enrolled)		
Basic Life and AD&D	0.5 times your annual earnings	<ul style="list-style-type: none"> ◆ Minimum: \$20,000 ◆ Maximum: \$50,000 ◆ Age reductions apply ◆ Includes matching AD&D
Basic Dependent Life	Spouse: \$2,000 Child: \$2,000	<ul style="list-style-type: none"> ◆ Children eligible from live birth to age 26
Voluntary coverage (associate pays)		
Supplemental Life	\$10,000 increments	<ul style="list-style-type: none"> ◆ Maximum: \$500,000 ◆ Age reductions apply
Voluntary AD&D	\$10,000 increments	<ul style="list-style-type: none"> ◆ Maximum: \$500,000 ◆ Age reductions apply ◆ Elections never require EOI
Spousal Supplemental Term Life*	\$10,000 increments	<ul style="list-style-type: none"> ◆ Maximum: \$100,000 ◆ Coverage cannot exceed 50% of the associate's supplemental life coverage ◆ Age reductions apply
Child Life*	\$5,000 or \$10,000	<ul style="list-style-type: none"> ◆ Children eligible from live birth to age 26 ◆ Elections never require EOI

*Associate must have approved supplemental life coverage in order to have supplemental spouse or child coverage.

Life insurance enrollment opportunity: 10/22/2024 – 11/4/2024

You have an opportunity to enhance your life insurance protection without EOI (answering health questions).

- ◆ **Employee:** Increase your existing coverage (in \$10,000 increments) up to \$40,000; not to exceed a new total of \$250,000

To apply for coverage other than what's outlined here, you'll answer a few questions about your health history — along with height and weight.

SELECT LIFE INSURANCE COVERAGE

(continued)

Why do I need this insurance?

Group term life insurance provides affordable insurance protection during your working years. It provides an additional level of financial protection alongside your personal savings, individual life insurance and Social Security benefits. Group term life insurance allows you the flexibility to increase your coverage when your family's need for financial protection is the greatest and to lower your coverage when your financial commitments decrease.

Beneficiaries receive funds to help with their everyday living expenses — such as mortgage payments or medical bills, education expenses, your funeral costs, and more. Your family is everything, and group term life insurance can help protect its financial future so you can enjoy everyday moments in the here and now.

Voluntary accidental death and dismemberment

(VAD&D) insurance provides additional financial protection should you or your family die or become dismembered due to a covered accident, whether it occurs at work or elsewhere.

How much life insurance do I need?

Everyone's needs are unique, and it helps to evaluate your family's financial situation before choosing the exact amount. Visit www.LifeBenefits.com/sefl to estimate how much coverage you may need to meet your goals.

How much does it cost?

Monthly cost of coverage Associate and Spousal Supplemental Term Life Rates are shown per \$1,000 of coverage and increase with age.	
Age	Monthly cost per \$1,000
Under 25	\$0.050
25 – 29	\$0.060
30 – 34	\$0.080
35 – 39	\$0.090
40 – 44	\$0.100
45 – 49	\$0.150
50 – 54	\$0.290
55 – 59	\$0.430
60 – 64	\$0.950
65 – 69	\$1.270
70+	\$2.060

Child Life One premium provides coverage for all eligible children.	
\$5,000	\$0.4140 per month
\$10,000	\$0.8004 per month

Associate Voluntary AD&D
Associate: \$0.032 per \$1,000

All rates are subject to change.

For more information on our Securian life insurance programs, go to www.BenefitsGo.com/sefl or call **855-576-9984**.

TOBACCO CESSATION PROGRAM

Southeastern Freight Lines cares about you and your health.

That's why we'll pay for ALL the consultation fees any time you speak with a Quantum Health certified tobacco cessation coach!

OVER A MINIMUM OF FIVE WEEKS, YOU AND YOUR DEDICATED COACH WILL:

- ◆ Connect one-on-one during five telephone coaching sessions.
- ◆ Create a personalized plan to help you meet your goals.
- ◆ Access important resources you need to succeed.
- ◆ Learn how to receive FREE medications and nicotine replacement to increase your chances of reducing or quitting.

To find more information about the Quantum Health Tobacco Cessation program, go to www.mySEFLbenefits.com or call **855-576-9984**.



SOUTHEASTERN STRONG WELL-BEING PROGRAM

As yet another way to show how **Southeastern truly values associates**, we created an initiative called Southeastern Strong. This program works to improve associates' well-being and total quality of life and is supported by and closely aligned with our company culture. Clearly, the improved well-being of associates serves to mutually benefit both associates and Southeastern.

For resources and to learn more about living Southeastern Strong, visit www.BenefitsGo.com/sefl and select **SEFLStrong**.

IT'S YOUR TIME TO SHINE!

Are you or someone you know living Southeastern Strong? Tell us how.



- ◆ **Heart and soul:** Did you recently quit tobacco using the Quantum Health Tobacco Cessation program*? Share stories about your physical, emotional and/or spiritual health.
- ◆ **Community involvement:** Do you volunteer with a local charity? Inspire us by sharing your stories of how you are giving back.
- ◆ **Financial strength:** Have you used SmartDollar®** to budget or meet a financial goal? Tell us how you are using Southeastern's resources to provide for loved ones.
- ◆ **Growth and development:** Did you learn a new skill? Tell us about your personal growth.

We believe every associate has a story to tell. We want to hear from you.
Email us: SEFLStrong@sefl.com



**SOUTHEASTERN
STRONG**

We're On This Road Together



*The Quantum Health Tobacco Cessation program is a smoking cessation program provided by independent organizations on behalf of your health plan.
**Dave Ramsey's SmartDollar is an independent company that contracts directly with Southeastern Freight Lines.

WE'VE GOT YOU COVERED WITH YOUR MEMBERSHIP CARD

Get to know your BlueCross BlueShield of South Carolina membership card. Your card contains important information. Keep it with you at all times and show it to your healthcare provider at the beginning of your visit.

The subscriber's name will appear on the card. Other family members covered by the health plan can use the card, but only the subscriber's name will be on it.

Your member ID contains a set of letters and numbers that are unique to you.

BlueCross® BlueShield®  
SOUTHEASTERN FREIGHT LINES

SUBSCRIBER'S FIRST NAME
SUBSCRIBER'S LAST NAME

Member ID
XXX123456789012

RxBIN **021684**
RxGRP **BXMN**

IN NETWORK DEDUCTIBLE **\$XX,XXX**
OUT OF POCKET **\$XX,XXX**
OUT OF NETWORK DEDUCTIBLE **\$XX,XXX**
OUT OF POCKET **\$XX,XXX**

Members and Providers:
Quantum Health (MyQHealth) handles member claims and customer service.
See back for contact information.

PPO®

Your pharmacy will need this information when you fill prescriptions.

What if you forget your card?

It can happen to anyone — you arrive at a doctor's appointment without your card. Luckily, you can use your mobile device to access the information you need.

You can access all of the information you'll need on the Quantum Health app.

How do you request a new card?

If you lose your card or need an additional card for a covered family member, you can easily request one.

Call **855-576-9984** or go to **www.mySEFLbenefits.com** and select **Request ID Card**.



Relieve aches + pains from the comfort of your home

Tired of experiencing chronic pain or loss of mobility? Struggling with discomfort? Meet Sword Thrive, your new virtual pain relief program designed to help you overcome joint, back, and muscle pain—all from home.

Combining movement specialists with easy-to-use technology, Thrive is more than just convenient, it is proven to work. 67% of members are pain-free by the end of their program¹.



Here's how it works



Pick your Movement Specialist

Thanks to your dedicated movement specialist, your Thrive program is entirely customized to you, your goals and your abilities.



Get your Thrive kit

Your kit comes with a program-specific tablet, and will provide you and your movement specialist with real-time feedback.



Stay connected

Chat 1:1 with your movement specialist anytime. They'll check in, monitor your progress, and adjust your program as needed.



Feel the relief

Complete your exercise sessions when it is most convenient for you. Then feel pain relief for yourself.

Pain doesn't wait. Why should you? Enroll today to get started

sword.health/thrive/sefl/go




Available to you and eligible family members at no member cost as part of your medical plan benefits.

¹ Sword BoB 2023



Savings plus more with Eye360

Eye360* is a whole new way for members to save. When visiting PLUS Providers, members receive an additional \$50 frame allowance and \$0 exam copay. In addition, these benefits can be combined with other offers and discounts for truly eye-opening savings.

PLUS Providers are available nationwide in over 4,000 convenient, easy-to-find locations, including independent, retail and online options. Just look for the PLUS Provider icon  online and in member materials.

SAVINGS WITH EYEMED*	RETAIL	WITH IN-NETWORK PROVIDERS	WITH PLUS PROVIDERS
Eye exam	\$119	\$10	\$0
Lenses	\$153	\$50	\$50
Average retail frame cost	\$184	\$184	\$184
Average frame allowance		-\$130	-\$130
Additional PLUS Provider frame allowance			-\$50
Discount on balance over frame allowance		-20%	-20%
MEMBER COST:	\$456	\$103	\$53

EYE EXAMS AND PREVENTATIVE HEALTH

Vision care is an important part of healthcare. So we're removing the barriers to receiving an eye exam. When EyeMed members visit PLUS Providers, they can skip the exam copay. Best of all, we keep the savings simple with no promo codes, coupons or paperwork. We want members focused on vision and health—not hassles.

ON AVERAGE, MEMBERS SAVE

88%

WHEN VISITING A PLUS PROVIDER

Discover all the value PLUS Providers can bring—
Contact your EyeMed rep or visit eyemed.com

* Member access to PLUS Providers is only available in conjunction with the Eye360 product and is not available in all states. This is an example only for illustrative purposes. Based on weighted average of sample transactions. Actual savings will depend on benefits, as well as frame selection. Retail cost based on industry averages. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Discounts are not insurance.

SIGN UP FOR

SMARTDOLLAR

Your **FREE** Financial Wellness Benefit



RAMSEY
SmartDollar



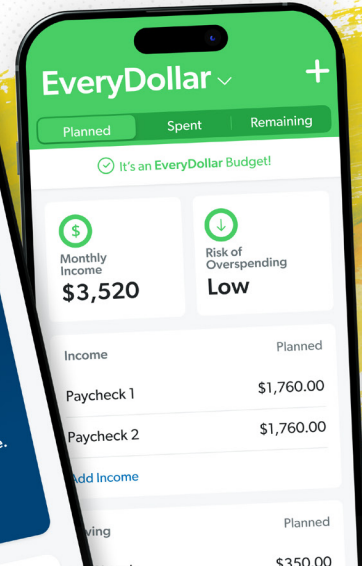
SOUTHEASTERN FREIGHT LINES

SmartDollar Features:

- Personal finance videos and articles
- Tools to budget and destroy debt
- One-on-one financial coaching
- Free federal and state tax filing



Create your *free* account today!
smartdollar.com/enroll/sefl



MetLife

Employee Assistance Program



Our Employee Assistance Program (EAP) is available to you in addition to the benefits provided with your MetLife insurance coverage at no additional cost to you.

The program's experienced counselors provided through TELUS Health—one of the nation's premier providers of Employee Assistance Program services—can talk to you about anything going on in your life, including:

- Family
- Work
- Money
- Legal services
- Identity theft recovery
- Health
- Everyday life

Your program includes up to 5 in person, phone or video consultations with licensed counselors for you and your eligible household members per year.

You can call **1-888-319-7819** to speak with a counselor or schedule an appointment, 24/7/365.

When you call, just select "Employee Assistance Program" when prompted. You'll be connected to a counselor.

If you're simply looking for information, the program offers easy to use educational tools and resources, online and through a mobile app. There is a chat feature so you can talk with a consultant to guide you to the information you are looking for or help you schedule an appointment with a counselor.

Log on to one.telushealth.com,
user name: **metlifeeap** and password: **eap**

Professional support
and guidance for
everyday life



Learn more by visiting
metlife.com/sefl
or scan the QR code.

Questions? Call MetLife
Customer Support.
1-800-GET-MET8
(1-800-438-6388).

Some restrictions may apply to all of the above-mentioned services. Please contact your employer or MetLife for details. EAP services provided through an agreement with TELUS Health. TELUS Health is not a subsidiary or affiliate of MetLife. Information disclosed directly to TELUS Health is not disclosed to MetLife, and therefore is not subject to MetLife's privacy policy. Like most group benefit programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force. Ask your MetLife group representative for costs and complete details.

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166
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OPEN ENROLLMENT: Put Your Future in Motion



Take two steps forward

- Increase your contribution rate
- Name a beneficiary for your account

» No matter where your next load takes you, we're all driving toward Destination Retirement. The Southeastern Freight Lines Retirement Savings Program can help you arrive at the kind of retirement you want.

Here are four ways the Program can help you get there:

1 Get the full employer match
To help you save for retirement, Southeastern Freight Lines will match 50% of the first 10% of your pay that you contribute to your account. To get the full employer match, increase your contribution to 10%.

2 Save enough
Social Security alone probably won't be enough for the retirement lifestyle you want. Plan to replace 75% of your preretirement income to maintain your lifestyle in retirement. We suggest saving at least 15% of income each year. That includes the 5% maximum employer matching contributions from Southeastern Freight Lines (see #1).

3 Lower your taxes
You can contribute a combination of before-tax and/or Roth contributions, up to 50% of your pay, subject to IRS limits. Both can offer tax advantages. Before-tax contributions can reduce your taxable income now, while Roth contributions have advantages later in retirement, if you take a qualified distribution.*

4 Improve your financial wellness
The Program website features a truckload of powerful planning tips, tools, and calculators to help you manage your day-to-day finances.

What to do:

Upshift: Now's a smart time to increase your contribution rate, even if by just 1% to 2%, to get more of the employer match. Set up online access to your account and name a beneficiary. Here's how:

Scan the QR code to log in to T. Rowe Price.



Scan the QR code to update your beneficiary information.



*A qualified distribution is tax-free if taken at least 5 years after the year of your first Roth contribution AND you've reached age 59½, become totally disabled, or died. If your distribution is not qualified, any earnings from the Roth portion will be taxable in the year it is distributed. These rules apply to Roth distributions only from employer-sponsored plans. Additional plan distribution rules apply.

This material is provided for general and educational purposes only and is not intended to provide legal, tax, or investment advice. This material does not provide recommendations concerning investments, investment strategies, or account types; it is not intended to suggest that any particular investment action is appropriate for you. Please consider your own circumstances before making an investment decision.

T. Rowe Price Retirement Plan Services





Save with an HSA

Small steps make a big difference!

Start small, start now – don't miss your match!

Southeastern Freight Lines will match your contribution up to \$500 for single coverage and up to \$1,000 for all other tiers.

TIP: Use the HSA Contribution Calculator to determine a savings goal and visualize long-term savings based on your unique situation. Visit hsabank.com/calculators



A Division of Webster Bank, N.A., Member FDIC

4 Reasons to Contribute

It's your money – for life

The money you put into your HSA never expires. This means it stays yours even if you change jobs or retire.

Your financial safety net grows

If you build your HSA balance, you can more easily manage both expected and unexpected healthcare costs.

There are tax savings

You can put money into your HSA, use it to pay for IRS-qualified medical expenses, and earn interest on it tax-free.

You can invest your HSA funds

Investing your HSA funds can help you grow your savings. Plus, you can still access the HSA funds you've invested at any time, meaning your money is always there if you need it.

Here for YOU 24/7

English: (866) 471-5946

Spanish: (866) 357-6232

Email: askus@hsabank.com

Member Website:
myaccounts.hsabank.com

OTHER BENEFITS AVAILABLE TO YOU

Southeastern Freight Lines offers many other benefit programs. For information on the following benefit programs, visit www.BenefitsGo.com/sefl.

- ◆ Short-Term Disability Insurance (STD)
- ◆ Long-Term Disability Insurance (LTD)
- ◆ Paid Holidays
- ◆ Personal Days
- ◆ Vacation
- ◆ Group Critical Illness Insurance
- ◆ Group Whole Life Insurance
- ◆ Hospital Indemnity Insurance
- ◆ BenefitHub Employee Discount Program
- ◆ Accident Insurance
- ◆ Supplemental STD (hourly associates only)



FORMS AND LEGALLY REQUIRED NOTICES

Southeastern offers a range of health coverage options. Choosing a medical coverage option is an important decision. To help you make an informed choice, your plan offers Summaries of Benefits and Coverage (SBCs), which summarize important information about each medical coverage option. This will let you compare the options. Updated Summary Plan Descriptions (SPDs) for health benefits, life benefits, long-term disability, retirement and other programs are also available.

Forms and legally required notices, including SBCs and SPDs, are available online at www.BenefitsGo.com/sefl. You may request free paper copies by calling the Southeastern Freight Lines Benefits Department at **800-637-7335**.



Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice (TDD: 711).

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance by emailing contact@hcrcompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥 1-844-396-0188。(Chinese)

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

이 건강보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187로 연락해 주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. (Korean)

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839. (Tagalog)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل ب 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions à propos de ce plan médical, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, appelez le 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

Ni da doodago t'áá háída biká'aná nílwo'ígíí díí Béeso Ách'ááh naa'níligi háá'ída yí na' ídíł kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'íshíí bí na'ídołkidígi doo bik'é'azláagóó. Ata' halne'é ła' bich'í' ha desdizih nínízingo, kojí' béésh bee hólne' 1-844-516-6328. (Navajo)

Vann du adda ebbah es du am helfa bisht, ennichi questions hend veyyich *deah health plan*, hend diah's recht fa hilf un information greeya in eiyah aykni shprohch unni kosht. Fa shvetza mitt en interpreter, roof deah nummah oh 1-833-584-1829. (Pennsylvania Dutch)

We're on This Road **TOGETHER**

We are glad to have you as part of the Southeastern team. Our goal is to help you get the most out of your benefits. For more information, go to www.BenefitsGo.com/sefl.



BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross Blue Shield Association.