



# 2026 BENEFITS GUIDE

## **IMPORTANT NOTICE: READ CAREFULLY**

This benefit guide briefly describes your benefit choices and your options to enroll. All benefits, and your eligibility for benefits, are subject to the terms and conditions of the benefit plans, including group insurance contracts. This guide is not intended to be a complete description of the benefit plans and it is not a summary plan description or plan document. In the event of any conflict or discrepancy between this guide and the plan documents, the plan documents will govern. Adjoin reserves the right to modify or terminate any of the described benefits at any time and for any reason. This guide is not a guarantee of current or future employment or benefits.

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# Eligibility & Enrollment

## ELIGIBILITY

All full-time, regular, employees of Adjoin, working a minimum of 30 hours per week regularly are eligible for all the benefits in this guide. Part-time employees (those working less than 30 hours per week) are eligible for floating time off, sick time, our 403(b) retirement plan, as well as our AAA, Costco and Prime reimbursement benefits.

If eligible, benefits will begin on the 1st of the month following 30 days of full-time employment. Eligible employees may also choose to enroll family members, including your spouse and your eligible dependents.

The choices you make during open enrollment remain in effect through the benefits plan year, March 1, 2026 through February 28, 2027, unless you experience a qualifying event during the plan year.

After 60 days of continuous full-time employment, employees become eligible for Paid Time Off (PTO) benefits and Employee Perks.

## HOW TO ENROLL

All enrollment elections and changes must be completed online through UKG:

- Login to UKG at [adjoin.ukg.net](https://adjoin.ukg.net)

Once logged into UKG you'll be able to:

- Review detailed information about the available benefit plan options
- Review your costs
- Enroll in benefits

## ELIGIBLE DEPENDENTS

Our benefit plans are available to you and your eligible family members. Eligible family members include:

- Your spouse or domestic partner
- Children up to age 26, natural, adopted, step-children, or children for whom you or your domestic partner have legal custody, Disabled Children over the age of 26 that are incapable of self-support and were enrolled on coverage prior to their 26th birthday.

# Eligibility & Enrollment

## WAIVING COVERAGE

You may elect to waive medical coverage if you have access to coverage through another plan. To waive coverage, you must select "Waive/Decline Coverage" in UKG and select a reason from the drop-down menu. It is important to note that if you waive our medical coverage, you must maintain medical/health coverage through another source. It is also important to note that if coverage is waived, the next opportunity to enroll in our group benefit plans will be during next year's open enrollment period or if a qualifying status change occurs.

## MAKING CHANGES

If you experience a qualifying event such as marriage, divorce, birth/adoption of a child or you lose other group coverage you have 30 days to notify Human Resources and make changes to your elections.

## HIPAA SPECIAL ENROLLMENT RIGHTS

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides employees additional opportunities to enroll in a group health plan if they experience a loss of other coverage or certain life events.

If you decline coverage for yourself or your eligible dependents, you may be able to enroll yourself and/or your eligible dependents in coverage at a later date if there is a loss of other coverage. You must enroll and provide the required supporting documentation within 30 days of the date your other coverage ends.

In addition, you may be able to make changes to your elections if you have a qualifying life event (e.g. change in your marital status, birth or adoption of a child, death of dependent or change in employment status.) You must request the corresponding change along with the applicable required supporting documentation within 30 days of the qualifying life event.

For additional information regarding your rights under HIPAA, please visit the US Department of Labor website at: <https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/faqs/hipaa-consumer.pdf>

## REDUCTION OF HOURS

Adjoin uses a look-back method in order to determine benefit eligibility. Someone who has a reduction of hours during the plan year will have their benefits maintained during the Stability Period, if they averaged at least 30 hours/week during the Measurement Period. The employee alternatively has the option to process a qualifying life event if the reduction in hours is due to change in DOL status. For additional questions regarding the impact in reduction of hours to benefit eligibility, please contact Human Resources at 858-292-2031.

## IF YOU LEAVE YOUR JOB

In the event that your employment with Adjoin ends, qualified beneficiaries will be offered COBRA continuation coverage. You will receive election paperwork and be given the opportunity to continue to cover yourself and/or your previously enrolled dependents on the plan.

**Adjoin Limitless Pathway Benefit Plan**  
**Claims Administrator: BRMS**  
**Provider Network: Anthem Prudent Buyer PPO**  
**Fair Market Pricing: Claim DOC**

<b>BRMS MEDICAL PLAN</b>	<b>OPEN ACCESS</b>
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Calendar Year Deductible <i>(Individual / Family)</i>	\$0
Calendar Year Out-of-Pocket Limit <i>(Individual / Family)</i>	\$3,000 / \$6,000
Lifetime Maximum	None

<b>PROFESSIONAL SERVICES</b>	
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Primary Care Physician Office Visit	\$5
Mental Health / Psychiatry (Outpatient)	\$5
Chiropractic / Acupuncture	\$10
Specialist Office Visit	\$30
Preventive Care	No cost
Telemedicine (through Teladoc)	No cost
Diagnostic Lab	No cost
Diagnostic X-Ray	No cost
Outpatient Surgery in Facility	\$250 (\$0 if center of excellence)

<b>INPATIENT SERVICES</b>	
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Hospitalization	\$500 per admit
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<b>EMERGENCY &amp; URGENT CARE</b>	
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Emergency Room	\$100
Urgent Care	\$5

<b>PRESCRIPTION DRUGS</b>	<b>30-DAY SUPPLY</b>
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Generic	\$10
Preferred Brand	\$25
Non-Preferred	\$45
Specialty/Non-Preferred	\$100

Mail Order

# Medical Plan

## YOUR LIMITLESS PATHWAY BENEFIT PLAN THROUGH BRMS

Our medical plan will be administered through our new TPA, Benefit & Risk Management Services (BRMS). Below is a brief description of the components that make up your medical management:



Benefit & Risk Management Services (BRMS) is the Third-Party Administrator (TPA) for the Adjoin Limitless Pathway Benefit Plan. BRMS provides the following for our employees:

- Customer service for ALL medical plan related questions
- Medical management administration
- MyHealthBenefits Portal
- Medical ID cards
- Explanation of Benefits (EOB) documentation
- Pre-certifications
- Case Management

Our Plan offers members the opportunity to see any provider of your choice. They can do this by using Fair Market Pricing (FMP) in place of a network. FMP is a medical claim pricing program that is designed to eliminate the need for a medical network. Traditional health plans restrict members to using specific clinics and hospitals. If members choose clinics and hospitals that aren't specified, they face financial penalties, which sometimes include higher deductibles, copayments and overall charges for services. FMP does not have restrictions on the facilities you choose to use.



FMP determines a fair price by looking at Medicare and the actual cost for specific treatment or service. Our FMP Plan works by paying providers a percentage above what Medicare would pay. This establishes a fair and reasonable price that is beneficial for you and your family, the Plan, and the provider. FMP protects our plan by making sure providers are charging you a fair price for your medical services.

Adjoin is partnering with ClaimDOC to assist you with reviewing and evaluating every claim to ensure your healthcare costs are paid at a fair and reasonable price. ClaimDOC provides claim review, member support and advocacy, and expert legal services. If you ever receive a bill that does not match the EOB from BRMS, contact BRMS and they will connect you to ClaimDOC for help. One of their dedicated Member Service Advocates will work with you through the resolution of your billing issue.

**Email:** [balancebills@claim-doc.com](mailto:balancebills@claim-doc.com)

# Medical Plan

## THE ANTHEM PROVIDER NETWORK

We are pleased to announce a new Open Access network using ANTHEM. You may choose to use a provider through our embedded professional network with ANTHEM. Use Anthem for all primary care, specialists, independent urgent care centers and independent laboratories. Professional providers include providers such as primary care physicians, specialists, mental health providers, chiropractors, dermatologists, acupuncturists, and OBGYNs.

Remember, you can choose to see any provider you'd like, however, if you choose a professional who is in the ANTHEM network, they will be more familiar with your plan and you may have less paperwork to deal with by reducing your chances of receiving a bill from your provider saying you owe more than your plan says you owe. If this happens to you, please call BRMS right away so that they can call your provider and explain your plan to them.

## BRMS CONCIERGE SERVICES: 888-780-6687

BRMS's California-based concierge can assist members with information regarding scheduling visits with providers and coordination with your doctor's office. If you're looking for a new provider, they can assist you with locating doctors in your area that are accepting new patients. They represent you and are your benefits Advocate.

BRMS can assist you if you receive a balance bill from a provider or facility, they will help you resolve your outstanding balance. BRMS's team is experienced in communicating with provider office administration and billing staff and are ready to support ongoing care needs for members who need to schedule with a physician for non-emergency or urgent care, or handle a benefit, pharmacy, claim or billing question.

## TELEMEDICINE – TELADOC

Adjoin employees who are enrolled in the Adjoin Limitless Pathway Benefit Plan can utilize telemedicine benefits at no cost using Teladoc, your virtual care provider.

Now visiting the doctor is easier than ever. Avoid waiting rooms and the inconvenience of going to the doctor's office. Visit a doctor by phone, secure video, or Teladoc App. Pediatricians are available 24/7, and family members are also eligible.

## Common Conditions Treated by TELADOC

- Common Cold
- Flu
- Cough
- Fever
- Insect Bites
- Allergies
- Diarrhea
- Vomiting
- Pink Eye
- Sore Throat
- Ear Problems
- Sinus Infection
- Respiratory Problems
- And More

### Behavioral Health Included

- Anxiety
- Depression
- Stress
- Relationship Issues
- And More

# MEDICAL PLAN

## Understanding Your ID Cards

Your medical plan through Adjoin, has provided you with 2 medical ID cards. When accessing care, you will be required to present an ID card depending on the visit type. Knowing the difference between both ID cards can be tricky, so we've pulled together some helpful hints:

### Anthem ID Card

-Your **Anthem ID card** will be used for doctor office visits, such as primary care, specialists, independent urgent care centers and independent laboratories. This is labeled as "Professional/Ancillary Services Only" on the front of your ID card.

-The network will be specified at the top left-hand corner of your ID card. You can browse in-network providers at: [www.anthem.com/ca/find-care](http://www.anthem.com/ca/find-care)

-Your provider can view claim submission instructions on the back of your ID card.

### ClaimDOC ID Card

-Your **ClaimDOC ID card** will be used for all facility-based services such as outpatient surgical centers, walk-in clinics within a hospital and all other hospital-related services.

-This is an open-access plan for all facility-based services, so members do not need to search for in-network facilities.

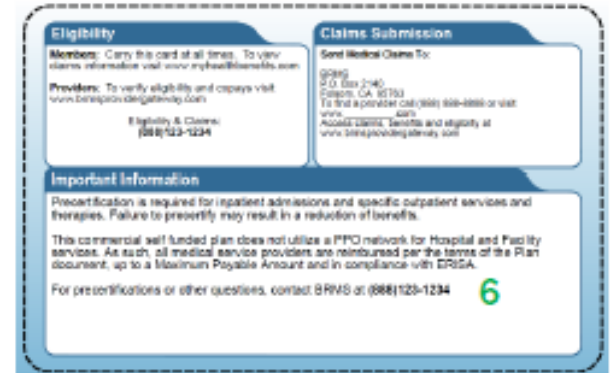
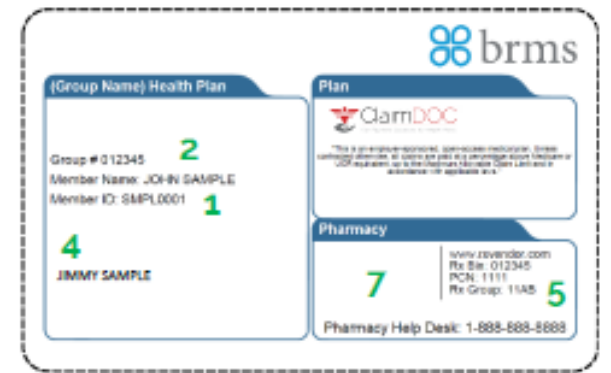
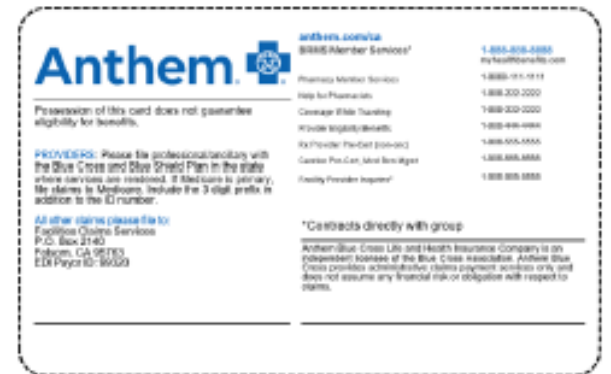
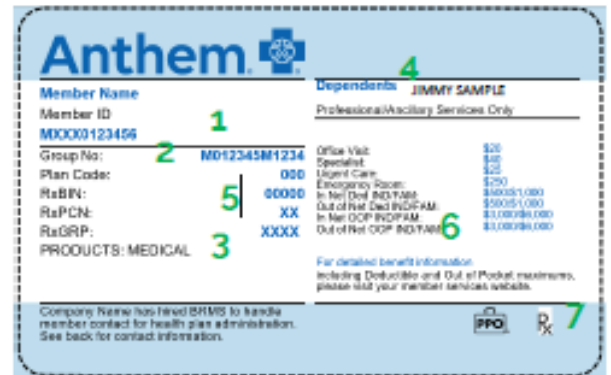
-Your provider can view claim submission instructions on the back of your ID card.

### IMPORTANT!

-You can present either one of your ID cards to the pharmacy to obtain prescriptions.

-Register your user account on [www.MyHealthBenefits.com](http://www.MyHealthBenefits.com) to access digital copies of your ID cards, plan summaries, claim status and more.

-If you are unsure of which card to present or need additional support, contact BRMS at 1-888-780-6687



**PLEASE SHOW ALL PROVIDERS YOUR NEW I.D. CARDS**

# Medical Plan – ANTHEM Provider Network – Open Access

Visit <https://www.anthem.com/ca/find-care/> and select one of the 3 options to search for providers.

Note: **search as a guest by following directions below. This is NOT your member portal – see page 12 for information on your BRMS member portal.**

**Searching as a Guest?** Follow the steps below.

## STEP 1

Complete the fields with the following selections:

- What type of care are you searching for? Use drop down to select: **Medical Plan or Network**
- Your plan is offered in California. Use drop down to select: **California**
- How do you get health insurance? Use drop down to select: **Medical (Employer-Sponsored)**
- Select a plan or network. Use drop down to select **Prudent Buyer PPO/EPO**
- Click **Continue**

## STEP 2

Enter the Zip Code in the far-left box for the location you are searching for a provider. You then have two ways to narrow your search:

- Option 1: Enter in the **Physician's Name, Specialty, NPI or license number** in the Search Box. The results will appear below and you can select the provider name or click **View All**.
- Option 2: Scroll down and click one of the Search by Care Provider boxes. The results will appear on a new screen, click the physician's name to obtain additional details.

## STEP 3

View your search results.

- Click the printer icon to print the results of your search.
- Click on a provider name to see more details.

# Medical Plan



## My Benefits *through BRMS*

Welcome to Benefit & Risk Management Services (BRMS). We are a Third-Party Administrator (TPA) who your employer has selected to assist in managing your benefits plan. We provide comprehensive claims administration and customer support for your Medical plan.

With over 30 years of industry experience, BRMS is committed to providing our members superior service and support. Building trusted and valued relationships is our top priority, and we look forward to helping you navigate your benefits and become a wise healthcare consumer.

### When you need help, Contact BRMS

BRMS can assist you by answering questions pertaining to some of your benefits, including:

- How to find a provider
- ID Cards
- Claim status
- Plan Documents such as SBCs, SPDs, etc
- And much more

### Who can I contact regarding my claim status and information?

You can access your claims information by visiting [www.myhealthbenefits.com](http://www.myhealthbenefits.com).

- First time users will be directed through a simple registration process.
- Keep your User ID and password for future use.
- Call BRMS customer support if you need assistance in completing your registration.

### Who can my doctor/providers contact for information about my plan or to check my eligibility?

Your doctor/providers can contact BRMS for any benefit and plan-related questions through one of two methods:

- Visit [brmsprovidergateway.com](http://brmsprovidergateway.com)
- Contact Provider Services through the Number listed on your ID card



#### How do I contact BRMS

888-780-6687

#### What are BRMS' hours

7:00 am-6:00 p.m. PST

#### How do I find a provider

Visit [www.anthem.com](http://www.anthem.com)  
or call BRMS

#### How do I find a pharmacy

Visit [www.anthem.com](http://www.anthem.com)  
or call BRMS

#### Who do I call with pharmacy questions

1-833-261-2460

#### Where do I go to access my claims, EOBs, and ID cards?

Visit [www.myhealthbenefits.com](http://www.myhealthbenefits.com)



# Medical Plan (Rx)

## PRESCRIPTION DRUG BENEFIT

Adjoin will partner with Anthem's PBM, Carelon. This is a change for all members participating under the Adjoin Limitless Pathway Benefit Plan. Members will have access to Carelon's National Direct Plus Formulary. Please note **certain medications may have Prior Authorization, Step Therapy or Quantity Limit restrictions.** Please work with your provider of care to contact Carelon to ensure your medications are approved, when needed, with limited disruption. Carelon has a wide variety of the most common, well-known pharmacies nationwide.



Prescriptions made easier

## Welcome to your new pharmacy benefits

### Get started by registering at [anthem.com/ca](https://anthem.com/ca)

Once you receive your new member ID card, register on [anthem.com/ca](https://anthem.com/ca) to see and manage your prescriptions all in one convenient place. Through the Anthem site, you'll be able to:

- Have prescription medications you take regularly delivered to your door with home delivery from CarelonRx Pharmacy.
- Find a pharmacy, price a medication, and refill or renew a prescription, plus track orders and shipping status in real time using online tools.
- Check your drug list (formulary) for a wide range of cost-effective medicines covered by your plan.
- Save more money when buying certain medications. Use the **Price a Medication** tool in the Sydney app. It helps you find the best price for medications in your plan's network.

### Find more ways to save on your prescriptions

You can save more on your prescription medicines by knowing which are covered by your plan:

- Certain preventive medicines at little or no cost to you
- Hundreds of generic and brand-name prescription medicines in every therapeutic class
- Specialty medication from our specialty pharmacy, if you have a complex or chronic condition.

Choosing a medicine on your drug list can help you pay less — especially when compared to paying out of pocket for medicines that aren't covered.

Medicines are grouped in tiers. Your share of the cost depends on which tier your medicine is on. Medications on lower tiers usually cost less.

When you receive your member ID card, you can see the most up-to-date list of medications for your plan. Log in at [anthem.com/ca](https://anthem.com/ca).

# Medical Plan (RX)

## 5 ways to save more on your prescription medications

1. Take medications on your plan's drug list.
2. Find out if there are generic or over-the-counter options.
3. Check your cost with our Price a Medication tool at [anthem.com/ca](https://www.anthem.com/ca).
4. Use pharmacies in your plan's network.
5. Order 90-day supplies of medications you take regularly.

Always check with your doctor before changing your medication.



## Choose how to fill your prescriptions

### Local pharmacies

Your plan includes local pharmacies at major retail chains, such as CVS, Walmart, Target, and Kroger. You'll save the most money when you use one of these pharmacies. To find a pharmacy near you:

1. Log in at [anthem.com/ca](https://www.anthem.com/ca).
2. Choose **Find a Pharmacy**.
3. Enter your ZIP code.

### CarelonRx Pharmacy

For medications you take regularly, have your prescriptions delivered to your home with CarelonRx Pharmacy. Get started at [anthem.com/ca](https://www.anthem.com/ca). Shipping is always free.

### Specialty pharmacy

If you have a complex or chronic condition treated with specialty medication — one that may need special handling or is given by injection or infusion — you'll need to get it through our specialty pharmacy. Your doctor will send the prescription to our specialty pharmacy for you, and it will be delivered to your home or your doctor's office if it needs to be administered by a doctor.

### Preapproval (prior authorization)

Most prescriptions are filled right away when you take them to the pharmacy. There are some medicines that may require our review and approval — known as preapproval or prior authorization — before they're covered. Be confident knowing your prescription medication is safe, right for you, and covered by your pharmacy benefit.

Your doctor can start this process by calling the Pharmacy Member Services number on your member ID card or by downloading a preapproval form from our website. If we approve the request, the amount you pay for the medication depends on your plan's benefit.

## We're here to help

Understanding your pharmacy benefits can help you get the most from your plan. If you have questions:

- Call us at the Pharmacy Member Services number on your member ID card.
- Visit [anthem.com/ca](https://www.anthem.com/ca) and send a secure message or open a live chat session.

**PLEASE SHOW ALL PROVIDERS YOUR NEW I.D. CARDS**

# Medical Plan (RX)

## Pharmacy Benefits through CarelonRx

### Frequently Asked Questions

#### Where can I see my pharmacy benefits through Carelon?

Once you receive your new member ID card, register on [anthem.com](https://www.anthem.com) to see and manage your prescriptions all in one convenient place. Through the Anthem site, you'll be able to:

- Have prescription medications you take regularly delivered to your door with home delivery from CarelonRx Pharmacy.
- Find a pharmacy, price a medication, and refill or renew a prescription, plus track orders and shipping status in real time using online tools.
- Check your drug list (formulary) for a wide range of cost-effective medicines covered by your plan.
- Compare costs of medications between home delivery and retail pharmacies. You can also price generic medication using our Price a Medication tool

#### Helpful tips to save more on your prescription medications

1. Take medications on your plan's drug list.
2. Find out if there are generic or over-the-counter options.
3. Check your cost with our Price a Medication tool at [anthem.com](https://www.anthem.com)
4. Use pharmacies in your plan's network.
5. Order 90-day supplies of medications you take regularly

**PLEASE SHOW ALL PROVIDERS  
YOUR NEW I.D. CARDS**

#### What is the difference between Anthem.com, Sydney App, and MyHealthBenefits?

To manage your prescriptions, price a medication, check drug list formularies, and find a pharmacy, use [anthem.com](https://www.anthem.com) OR Sydney app for mobile use.

***Access the Sydney app on your mobile device exclusively for prescription-related services and rely on MyHealthBenefits for all plan details.***

MyHealthBenefits will be your main access point for: plan summaries, digital ID card, EOBs, medical and Rx claims status, and accumulators.

#### How do I find a pharmacy?

Your plan includes local pharmacies at major retail chains, such as CVS, Walmart, Target, and Kroger. You'll save the most money when you use one of these pharmacies. To find a pharmacy near you:

1. Log in at [anthem.com](https://www.anthem.com)
2. Choose Find a Pharmacy
3. Enter your ZIP code

#### For Additional Support, Call:

Pharmacy Member Services: 1-833-231-2460  
 Help for Pharmacists: 1-833-296-5039  
 BRMS Customer Support: 1-888-780-6687

# Medical Plan

## MediExcel HMO

*(only for those who reside in Imperial or San Diego Counties)*

HMO	IN-NETWORK
Calendar Year Deductible <i>(Individual / Family)</i>	\$0
Calendar Year Out-of-Pocket Limit <i>(Individual / Family)</i>	\$4,500 / \$9,000
Lifetime Maximum	None
<b>PROFESSIONAL SERVICES</b>	
Primary Care Physician Office Visit	\$10
Specialist Office Visit	\$15
Preventive Care	No cost
Telemedicine	No cost
Diagnostic Lab	\$5
Diagnostic X-Ray	\$30
Outpatient Surgery in Facility	\$50
<b>INPATIENT SERVICES</b>	
Hospitalization	\$50 per day
<b>EMERGENCY &amp; URGENT CARE</b>	
Emergency Room	15%, not to exceed \$250
Urgent Care	\$20 (Mexico) / \$40 (outside of Mexico)
<b>PRESCRIPTION DRUGS</b>	
	<b>30-DAY SUPPLY</b>
Generic	\$10
Preferred Brand	\$15
Non-Preferred	\$20
Specialty	25% up to \$250

# Medical Plan Costs

## Adjoin Limitless Pathway Benefit Plan

PLAN	TOTAL COST (Monthly)	EMPLOYER COST (Monthly)	EMPLOYEE COST (Monthly)	EMPLOYEE COST (Per Paycheck)
Employee Only	\$929.59	\$904.59	\$25.00	\$12.50
Employee + Spouse	\$1,594.15	\$1,434.15	\$160.00	\$80.00
Employee + Child(ren)	\$1,440.74	\$1,310.74	\$130.00	\$65.00
Employee + Family	\$2,264.09	\$1,984.09	\$280.00	\$140.00

## MediExcel HMO *(only for those who reside in Imperial or San Diego Counties)*

PLAN	TOTAL COST (Monthly)	EMPLOYER COST (Monthly)	EMPLOYEE COST (Monthly)	EMPLOYEE COST (Per Paycheck)
Employee Only	\$208.96	\$208.96	\$0	\$0
Employee + Spouse	\$442.92	\$442.92	\$0	\$0
Employee + Child(ren)	\$471.21	\$471.21	\$0	\$0
Employee + Family	\$637.14	\$637.14	\$0	\$0

# Flexible Spending Accounts

## FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) help you save money on health care and dependent care expenses by paying for eligible expenses with tax-free dollars. You must re-enroll in the accounts every year.

Here's how you save:

- The amount you contribute to either or both FSAs is deducted from your paycheck before federal, state, local, and Social Security taxes are withheld.
- When you have an eligible expense, you are reimbursed from your account(s) and the money isn't taxed.

### Important!

Estimate your annual expenses and make your contribution elections wisely. The balances in your Health Care and Dependent Care accounts are "use it or lose it". For your 2026 election, up to \$680 of unused funds will roll over into the 2027 plan year as long as you actively re-enroll into the Health Care FSA during Open Enrollment. Unused 2025 funds over \$660 will be forfeited if claims from prior year are not submitted by February 28<sup>th</sup> of 2026.

## HEALTH CARE FLEXIBLE SPENDING ACCOUNT

You can use the Health Care Flexible Spending Account to pay for out-of-pocket health care expenses including copays, coinsurance, and deductibles. You will be able to contribute up to the full calendar year maximum of \$3,400 for March 1, 2026 through February 28, 2027.

Eligible expenses are expenses not paid for by your medical, prescription, vision, or dental insurance plans, including:

- Deductibles, copays and coinsurance
- Dental and orthodontia expenses
- Prescription glasses, contact lenses and lens cleaning solution
- Laser vision correction
- Prescription drugs and drug copayments
- Some over-the-counter medications, such as aspirin for pain or allergy medication

# Flexible Spending Accounts

## DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

You may use the Dependent Care Flexible Spending Account to pay for the day care of your dependent children under the age of 13, and dependents of any age who are incapable of self-care, live with you at least eight hours per day, and are claimed as dependents on your income tax return. You can contribute up to \$7,500 each year for single and married couples filing jointly. However, if your spouse has access to a Dependent Care Spending Account, your total combined contribution may not exceed \$7,500. If you are married and file separate tax returns, each spouse may contribute \$3,750.

To be eligible, care must be provided while you (and your spouse, if you are married) work, look for work, or attend school full time. Eligible expenses include care in your home by an eligible provider or at a licensed facility. You will not be reimbursed for residential or “sleep-away” care, nursing home care, or for babysitting when you are not at work.

You may change or revoke your Dependent Care Spending Account election amount if you experience a Qualified Life Event during the plan year, otherwise you will only be able to make a change during the next Open Enrollment period.

## HOW TO PAY FOR ELIGIBLE EXPENSES

### Health Care Expenses

You'll pay for your eligible out-of-pocket health care expenses using your IGOE debit card, cash or check. If you pay with cash or personal check, you will need to submit a claim form for reimbursement from your Health Care Flexible Spending Account.

IGOE's online portal allows you to confirm your account balance, check reimbursement status, and more. Visit [www.goigoe.com](http://www.goigoe.com) to access IGOE's online portal.

### Dependent Care Expenses

You'll pay for your eligible out-of-pocket dependent care expenses using your personal credit card, cash or check. Then, submit a claim for reimbursement from your Dependent Care Flexible Spending Account.

## DEADLINE TO SUBMIT CLAIMS FOR REIMBURSEMENT

For your 2026 Health Care and Dependent Care elections, you have until May 15, 2027 to incur expenses and until May 31, 2027 to submit your claims from the prior plan year. However, if you have a Health Care or Dependent Care claim that has been denied, you have an additional 30 days, to re-submit the claim for processing.

## MORE DETAILS AND ELIGIBLE EXPENSES

For more information on eligible expenses for the Health Care or Dependent Care FSA, refer to IRS guidelines available online at [www.irs.gov](http://www.irs.gov) or visit the IGOE website at [www.goigoe.com](http://www.goigoe.com).

## Standard Dental

	STANDARD DENTAL HMO		STANDARD DENTAL PPO	
	IN NETWORK		IN NETWORK	OUT OF NETWORK
<b>GENERAL PLAN PROVISIONS</b>				
Calendar Year Deductible ( <i>Individual / Family</i> )	None		\$50 / \$150	\$50 / \$150
Calendar Year Maximum	Unlimited		\$1,500 per member	\$1,500 per member
<b>PREVENTIVE CARE</b>				
Cleanings, X-Rays, Exams	No Charge		No charge	No charge
<b>BASIC SERVICES</b>				
Fillings, Extractions, Periodontics	Flat copay. See fee schedule for pricing		No charge after deductible	20% after deductible
<b>MAJOR SERVICES</b>				
Crowns, Bridges & Dentures	Flat copay. See fee schedule for pricing		40% after deductible	50% after deductible
<b>ORTHODONTIA</b>				
Appliances and Services	Flat copay. See fee schedule for pricing			50%
Lifetime Maximum	N/A			\$1,500
Age Limitation	N/A			Child Only

### USING YOUR DENTAL PLAN

To find out what our insurance will pay for non-preventive procedures, you may request a pre-determination of benefits from your dentist and dental insurance carrier.

### OUT OF NETWORK BENEFITS

Using an out of network provider can greatly increase your costs. Out of network claims will be processed based on in network PPO contracted discounts, which means you may be charged the difference. Using an in-network PPO provider will maximize your plan and savings. If you elect the HMO dental plan, you must stay in-network to have coverage.

### PROVIDER NETWORKS

To find a network PPO dental provider, visit [www.standard.com/services](http://www.standard.com/services), scroll down the page to “Quick Links” and click on “Find a Dentist.” You will be redirected to the Ameritas dental search page. Your Standard PPO dental plan uses the Ameritas Classic PPO dental network.

Only California residents may enroll in the HMO plan. Members selecting the HMO will search for a dentist on the Liberty site, <https://www.libertydentalplan.com/Find-a-Dentist/Find-a-Dentist.aspx>, and must designate a primary care dentist upon enrollment.

# Vision

## Standard VSP Choice Vision PPO

GENERAL PLAN PROVISIONS	MEMBER RESPONSIBILITY	
	IN NETWORK	OUT OF NETWORK
<b>COPAY</b>		
Eye Exam	\$20	\$20
<b>MATERIALS</b>		
Single Vision	No charge after copay	Amount above \$30
Bifocal	No charge after copay	Amount above \$50
Trifocal	No charge after copay	Amount above \$65
Frames	Amount above \$180	Amount above \$70
<b>CONTACT LENSES</b>		
Medically Necessary	No charge	Amount above \$210
Elective	Amount above \$180	Amount above \$145
<b>FREQUENCY</b>		
Exam, Lenses, Contact Lenses	Every 12 months	
Frames	Every 24 months	

### USING YOUR VISION PLAN

Your Standard vision benefit is easy to use. After locating an in-network VSP Choice provider simply setup an appointment and your provider will be able to confirm your coverage through the Standard system, without an ID card.

### OUT OF NETWORK BENEFITS

If you do visit an out-of-network provider and they won't bill VSP for you, you have 6 months to submit a manual claim for reimbursement. If you visit an in-network provider, your doctor will take care of submitting the claim for you through VSP directly.

### PROVIDER DIRECTORY

Standard utilizes the VSP Choice network. To find a VSP Choice provider, you will visit <http://www.standard.com/services>, scroll down and click on "Find an Eye Doctor" under "Quick Links" or call (800) 877-7195.

# Dental & Vision Plan Cost

Standard Dental HMO				
PLAN	TOTAL COST (Monthly)	EMPLOYER COST (Monthly)	EMPLOYEE COST (Monthly)	EMPLOYEE COST (Per Paycheck)
Employee Only	\$10.45	\$10.45	\$0	\$0
Employee + Spouse	\$18.40	\$18.40	\$0	\$0
Employee + Child(ren)	\$19.23	\$19.23	\$0	\$0
Employee + Family	\$25.93	\$25.93	\$0	\$0

Standard Dental PPO				
PLAN	TOTAL COST (Monthly)	EMPLOYER COST (Monthly)	EMPLOYEE COST (Monthly)	EMPLOYEE COST (Per Paycheck)
Employee Only	\$42.72	\$36.88	\$5.84	\$2.92
Employee + Spouse	\$79.88	\$60.49	\$19.39	\$9.69
Employee + Child(ren)	\$105.20	\$81.13	\$24.07	\$12.03
Employee + Family	\$142.32	\$104.71	\$37.61	\$18.80

Standard Vision				
PLAN	TOTAL COST (Monthly)	EMPLOYER COST (Monthly)	EMPLOYEE COST (Monthly)	EMPLOYEE COST (Per Paycheck)
Employee Only	\$7.80	\$6.80	\$1.00	\$0.50
Employee + 1	\$12.12	\$9.68	\$2.44	\$1.22
Employee + 2 or More	\$19.24	\$14.41	\$4.83	\$2.42

# Life Insurance

## BASIC LIFE AND AD&D INSURANCE

Life insurance and Accidental Death and Dismemberment (AD&D) insurance provide funds for those who have lost someone or for those who are seriously injured. Life insurance pays funds to your designated beneficiaries after your death, while AD&D pays an amount equal to your life insurance benefit in the event of an accidental death. Basic life and AD&D is provided at no cost.

### The Standard Basic Life and AD&D Insurance

#### BENEFITS

Life Insurance	Employee: \$25,000; Spouse: \$5,000; Child: \$1,000
AD&D Insurance	Employee: \$25,000; Spouse: \$5,000; Child: \$1,000

#### AGE REDUCTIONS

At Age 65	Reduces by 35% of the Life Insurance Benefit
At Age 70	Reduces by 50% of the Life Insurance Benefit

#### NAMING YOUR BENEFICIARY

Your designated, and approved, beneficiary will receive your life and AD&D benefits in case of your death. Once you have selected your beneficiary(ies), your designation will remain unchanged until you make any updates in UKG. You may change your beneficiary(ies) as often as you wish by updating your UKG portal.

It is important to review and keep your beneficiaries up to date as your life situation changes (marriage, divorce, new dependents, etc.).

# Voluntary Disability Insurance

## VOLUNTARY LONG-TERM DISABILITY (LTD)

Should you experience a non-work-related illness or injury that prevents you from working, disability coverage acts as income replacement to protect important assets and help you continue with some level of earnings. Benefits eligibility may be based on disability for your occupation or any occupation.

### The Standard Voluntary LTD Insurance

#### BENEFITS

LTD Benefit Amount	66.67% of your monthly covered earnings
Maximum Benefit	\$7,000 per month
Benefit Waiting Period	90 days

*Please note: This chart is just a brief overview of benefits and coverage for the disability insurance plan. You should also look at the detailed disclosure/summary documents for the plan, available from your local HR Representative.*

RATES (per month)	
Employee Age	Rate
0-24	\$.077
25-29	\$.157
30-34	\$.288
35-39	\$.494
40-44	\$.814
45-49	\$1.121
50-54	\$1.420
55-59	\$1.478
60-64	\$1.478
65-69	\$1.478
70+	\$1.478

# Voluntary Supplemental Insurance

## VOLUNTARY ACCIDENT INSURANCE

Accident Insurance can pay a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur off the job. And it includes a range of incidents, from common injuries to more serious events.

### The Standard Voluntary Accident Insurance

#### BENEFITS PAID

Surgical Leg Fracture	\$2,000 - \$4,000 depending on fracture or type of repair
Coma Benefit	\$7,500
Ambulance Benefit	Ground: \$300, Air: \$800
Emergency Care Benefit	\$150
Hospital Admission Benefit	\$1,000
Accidental Death	\$50,000 for employee, \$25,000 for spouse, \$12,500 for child

RATES (per month)	
Employee	\$6.68
Employee & Spouse	\$10.62
Employee & Child(ren)	\$12.62
Employee & Family	\$19.82

## VOLUNTARY HOSPITAL INDEMNITY INSURANCE

Hospital Insurance helps families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness, or childbirth. The money is paid directly to you – not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as coinsurance, co-pays and deductibles.

### The Standard Voluntary Hospital Indemnity Insurance

#### BENEFITS PAID

Hospital Confinement	\$150/day (up to 15 days)
Hospital Admission	\$500/calendar year
Critical Care Unit Confinement	\$150/day in addition to (up to 15 days)
Critical Care Unit Admission	\$500/calendar year in addition to
Injuries, Illness Pregnancy	Included
Pre-Existing Conditions	Waived
Portability	Included

RATES (per month)	
Employee	\$11.09
Employee & Spouse	\$18.99
Employee & Child(ren)	\$16.10
Employee & Family	\$28.35

# Voluntary Supplemental Insurance

## CRITICAL ILLNESS INSURANCE

Adjoin offers Voluntary Critical Illness insurance that you are able to purchase voluntarily, to supplement the other employer sponsored coverage offered. This plan provide payments to you for many types of critical illnesses, including cancer. Below is just a snapshot of some of the benefits payable to you. See HR or your benefit summary for more details on this coverage.

- Employee Benefit: \$10,000 or \$20,000
- Spouse/Domestic Partner: 50% of Employee Initial Benefit
- Dependent Child(ren): 50% of Employee Initial Benefit

### The Standard

#### BENEFITS

	Initial Benefit	Benefit Upon Reoccurrence
Benign Brain Tumor	100% of Benefit Amount	100% of Initial Benefit
Invasive Cancer or Coma	100% of Benefit Amount	100% of Initial Benefit
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit
Alzheimer's/Parkinson's	100% of Benefit Amount	100% of Initial Benefit

#### RATES (per month)

Employee Age	\$10,000 Coverage		\$20,000 Coverage	
	Employee*	Employee Spouse	Employee*	Employee Spouse
<29	\$3.60	\$1.80	\$7.20	\$3.60
30-39	\$5.40	\$2.70	\$10.80	\$5.40
40-49	\$10.90	\$5.45	\$21.80	\$10.90
50-59	\$22.40	\$11.20	\$44.80	\$22.40
60-69	\$41.30	\$20.65	\$82.60	\$41.30
70+	\$105.80	\$52.90	\$211.60	\$105.80

\* Children from live birth to age 26 are automatically covered at no additional cost.

# Voluntary Supplemental Insurance

## The Standard

### VOLUNTARY LIFE AND AD&D INSURANCE

In addition to the basic life insurance plan, you are eligible to purchase additional amounts of group term life for yourself, your spouse, and your children. You must elect when you are first eligible (as a new hire). Otherwise, your election will be subject to EOI on first-dollar coverage.

The Standard Voluntary Life and AD&D Insurance	
BENEFITS	
Employee Coverage	Up to 5x Salary – Max of \$500,000 in \$10,000 increments (\$100,000 guarantee issue)
Spouse Coverage	Up to \$500,000 in \$5,000 increments (\$25,000 guarantee issue)
Child Coverage	Up to \$10,000 In \$2,000 increments
<b>AD&amp;D BENEFITS</b>	Matches Life Benefits
AGE REDUCTIONS	
At Age 65	Reduces to 65% of the Benefit
At Age 70	Reduces to 50% of the Benefit

MONTHLY COST EMPLOYEE / SPOUSE		
Employee Age	Employee Rate per \$1,000	Spouse Rate per \$1,000
0-24	\$.034	\$.041
25-29	\$.051	\$.042
30-34	\$.076	\$.053
35-39	\$.119	\$.073
40-44	\$.178	\$.110
45-49	\$.272	\$.173
50-54	\$.398	\$.257
55-59	\$.554	\$.385
60-64	\$.690	\$.540
65-69	\$.995	\$.762
70+	\$1.881	\$1.442
AD&D Rate	\$.028	\$.031
Child Rate per \$1,000		Life: \$.055 AD&D: \$.020

Spouse rate is based upon employee's age.

#### Conditions

- Basic Life benefits plus additional Life benefits may not exceed 5 times annual earnings
- Evidence of Insurability must be completed to elect amounts above guaranteed issue
- Employee must be enrolled in order to elect coverage for spouse or children
- Amounts for AD&D coverage mirror amounts for Voluntary Life Insurance
- Spouse Life can't exceed 100% of employee's enrolled benefit for Additional Life

# Employee Assistance Program (EAP)

## Employee Assistance Program

Adjoin understands you and your family members might experience a variety of personal or work-related challenges and we have engaged The Standard's Employee Assistance Program to assist you. With your Employee Assistance Program and Work/Life Balance services, you can receive confidential assistance via phone or computer.

### The Standard EAP

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Anger, grief and loss
- Job stress, work conflicts
- Family and parenting problems
- And more

### The Standard Work Life Balance

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child Care
- Elder Care
- Financial services, debt management, credit support
- Identity theft
- Legal questions
- And more

### Access to Assistance

<b>Phone support:</b>	1.888.293.6948
<b>Online support:</b>	<a href="http://workhealthlife.com/standard3">workhealthlife.com/standard3</a>
<b>In-Person:</b>	Up to three (3) visits per member of your household, per issue, per year, at no additional cost with a Licensed Professional Counselor.

# Other Benefits

Pet insurance is available to you for your furry friends. In order to ensure your pocketbooks are protected in the event of a costly vet visit, Adjoin has 2 voluntary Pet Benefits packages to choose from. The Pet Benefits Solution plan and United Pet Plan are voluntary and 100% paid for by each employee.

## PET PERKS – PET BENEFIT SOLUTIONS

The Total Pet Plan provides everything pets need for one low price! This pet care bundle includes everyday savings on veterinary care, pet products, and access to other pet care services. It also includes discounts of up to 40% on products and prescriptions, up to 25% discounts on veterinary care through a participating veterinarian, 24/7 pet telehealth, and lost pet recovery services.

If you are having trouble locating a network vet, you can nominate individual vets by calling Pet Benefits and asking them to recruit the vet of your choice.

Visit:

<https://www.petbenefits.com/land/adjoin>  
for more information and to find a network vet or pet pharmacy

Call : (800) 891-2565 for help with benefits or finding a vet

Email: [customer care@petbenefits.com](mailto:customer care@petbenefits.com)  
with any questions



### RATES (per month)

<b>One Pet:</b>	\$11.75
<b>2+ Pets:</b>	\$18.50

## PET PERKS – UNITED PET CARE

United Pet works with a 1,500+ vet network; including mobile vet through BetterVet in greater cities, such as San Diego, to pre-negotiate rates for members. Savings are from 20-50%. Members show their UPC card to the vet and savings are instantly applied at checkout. Prescription discounts and 24/7 pet telehealth is included.

### New for 2026! New Fido Vet Spending Card, powered by medZERO:

- \$500 to cover veterinary expenses
- 0% interest if paid within 12 months and no fees
- No credit Card
- Can be used at any vet in the U.S. even outside UPC's network



### RATES (per month)

<b>One Pet:</b>	\$17.50
<b>Additional Pets:</b>	+\$16.50 (per pet)

# Perks From Work

## PERSONAL TIME OFF (PTO)

Adjoin maintains a PTO program that is designed in response to employees’ needs for time off and allows eligible employees to receive their wages while off work. Please refer to our *Administrative Policy and Procedure Manual* for complete eligibility details.

Years of Service	PTO Days
Up to 1 year	10
1 to 5 years	12
5 to 7 years	14
7 to 10 years	16
10 to 15 years	18
15 to 20 years	20
20 years and over	25

## PAID SICK TIME

Eligible employees are entitled to use up to a maximum of 40 hours of paid sick leave per calendar year. Employees may use this leave to obtain preventative care or diagnosis, care or treatment of an existing health condition of the employee, eligible family member, or designated person. Employees may also use this leave if they are victims of domestic violence, sexual assault, or stalking. Please refer to our *Administrative Policy and Procedure Manual* for complete eligibility details.

## HOLIDAYS

Adjoin considers the following to be official holidays: New Year’s Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and Christmas Day. Please refer to our *Administrative Policy and Procedure Manual* for complete eligibility details.

## FLOATING TIME OFF

In consideration of our employees’ work-life balance, Adjoin grants all regular Full-Time employees 16 floating hours off per year, and Part-Time employees 8 floating hours off per year. Please refer to our *Administrative Policy and Procedure Manual* for complete eligibility details.

## OTHER BENEFITS

Please refer to our *Administrative Policy and Procedure Manual* for complete eligibility details.

# Perks From Work

## PICK YOUR PERK

Adjoin employees may be reimbursed annually up to \$100 for any combination of the following:

- Costco Membership
- AAA Membership
- Amazon Prime Membership

Both full-time and part-time employees employed for at least 60 days are eligible for this benefit.

You must submit as an expense reimbursement to receive this benefit. To get reimbursed, simply login to UKG and attach copies of your receipts or proof of membership.

# 403(b) Plan

Whether you're just a few years away from retirement or you're in the early planning stages for your future, Adjoin offers choices to help you live comfortably at your desired retirement age.

Administered by Empower Retirement, the 403(b) plan allows you to plan for your future by saving a portion of each paycheck today. Full and Part-Time employees are eligible on Day 1 and can sign up at any time. Once you enroll you may elect to have a percentage of your paycheck withheld and invested in your 403(b) account, subject to federal law and plan guidelines. For more information you can call Empower Retirement at 800.338.4015 or visit <http://participant.empower-retirement.com/participant/#/login>.

New hires will be auto enrolled into the 403(b) plan at a 3% contribution which will increase by 1% annually until it reaches 6%. Adjoin will match 50% of the eligible employee's deferral, not to exceed 8% of employee's gross wages. To enroll or adjust contribution amounts or waive enrollment entirely, please logon to Empower Retirement.

To enroll, log on to <http://participant.empower-retirement.com/participant/#/login>. You may enroll and make changes in this plan at any time.

Please keep the following information in mind when submitting any changes on the Empower website:

- Empower sends change notices to Adjoin 8 days prior to the next scheduled pay date
- The deadline for employees to submit changes on the Empower website (for the change to take effect on the next pay date) is on the 9<sup>th</sup> day before the next scheduled pay date by 10:59 PM Pacific Standard Time.

See example below:

Pay Date	403(b) Contribution	Employee Deadline
01/25/2023	Contributions are reported to Adjoin on 1/17/23 (8 days before the scheduled pay date).	Employee deadline to make changes on Empower website is 1/16/23 by 10:59 PM PST

Vesting Schedule*	
Year 1	20%
Year 2	40%
Year 3	60%
Year 4	80%
Year 5	100%

\*Employees are 100% vested in their payroll contributions. Company match will start after 60 days of employment, the following chart outlines vesting schedule for the company match

# Contacts



There is a lot of support available if you need it! Below is the contact information you can use to get the answers you need about your benefits.

## Contact Information

COVERAGE	GROUP #	CARRIER	PHONE	WEBSITE
Adjoin Limitless Pathway Medical Plan	31337	BRMS	888-780-6687	<a href="http://www.myhealthbenefits.com">www.myhealthbenefits.com</a>
ClaimDOC (Fair Market Pricing)	Adjoin	ClaimDOC	888-330-7295	<a href="https://portal.claim-doc.com/">https://portal.claim-doc.com/</a>
Telemedicine	ADJN1	Teladoc	800.835.2362	<a href="http://www.teladoc.com">www.teladoc.com</a>
CarelonRx	Refer to ID Card	Anthem	833-231-2460	<a href="https://www.anthem.com/ca">https://www.anthem.com/ca</a>
Anthem Professional Network	L16678	Anthem	888-780-6687	<a href="http://www.anthem.com/ca/find-care">www.anthem.com/ca/find-care</a>
MediExcel HMO Medical Plan	A773	MediExcel	619.365.4346	<a href="http://www.mediexcel.com">www.mediexcel.com</a>
Dental PPO	171200	The Standard	877.490.9991	<a href="http://www.standard.com">www.standard.com</a>
Dental HMO	171200	Liberty	888-703-6999	<a href="http://www.libertydentalplan.com">www.libertydentalplan.com</a>
Vision VSP Choice PPO	171200	The Standard	877.490.9991	<a href="http://www.standard.com">www.standard.com</a>
Life, Vol. Life and AD&D	171200	The Standard	800.348.3226	<a href="http://www.standard.com">www.standard.com</a>
Voluntary Long-Term Disability	171200	The Standard	800.348.3226	<a href="http://www.standard.com">www.standard.com</a>
Voluntary Supplemental	171200	The Standard	800.348.3226	<a href="http://www.standard.com">www.standard.com</a>
Employee Assistance Program (EAP)	171200	The Standard	888.293.6948	<a href="http://workhealthlife.com/standard3">workhealthlife.com/standard3</a>
Flexible Spending Accounts	IGOCOMMUN	iGOE	800.633.8818	<a href="http://www.goigoe.com">www.goigoe.com</a>
Pet Benefit Solutions	5529	Pet Benefit Solutions	800.891.2565	<a href="http://www.petbenefits.com/land/adjoin">www.petbenefits.com/land/adjoin</a>
United Pet Care	Adjoin	United Pet Care	877.872.8800	<a href="http://unitedpetcare.com">unitedpetcare.com</a>
Retirement 403b		Empower	800.338.4015	<a href="http://participant.empower-retirement.com/participant/#/login">participant.empower-retirement.com/participant/#/login</a>
Adjoin Human Resources			858.292.2031	<a href="mailto:human.resources@adjoin.org">human.resources@adjoin.org</a>
Benefits Advocacy Team (BAT)		Solv	833.476.5848	<a href="mailto:BAT@solvins.com">BAT@solvins.com</a>



# BENEFIT ADVOCACY TEAM (BAT)

**Need assistance with resolving a benefits related issue?**

**Have questions regarding what is covered or where to be seen?**

Contact the Benefit Advocacy Team and get the one-on-one support you need.

**Call Toll Free** | 833.4.SolvIt (833.476.5848)

**Text** | 833.476.5848

**Chat Online** | [www.solvins.com](http://www.solvins.com)

**Email** | [BAT@solvins.com](mailto:BAT@solvins.com)

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**W** SOLVINS.COM

**P** 833.4.SOLVIT