

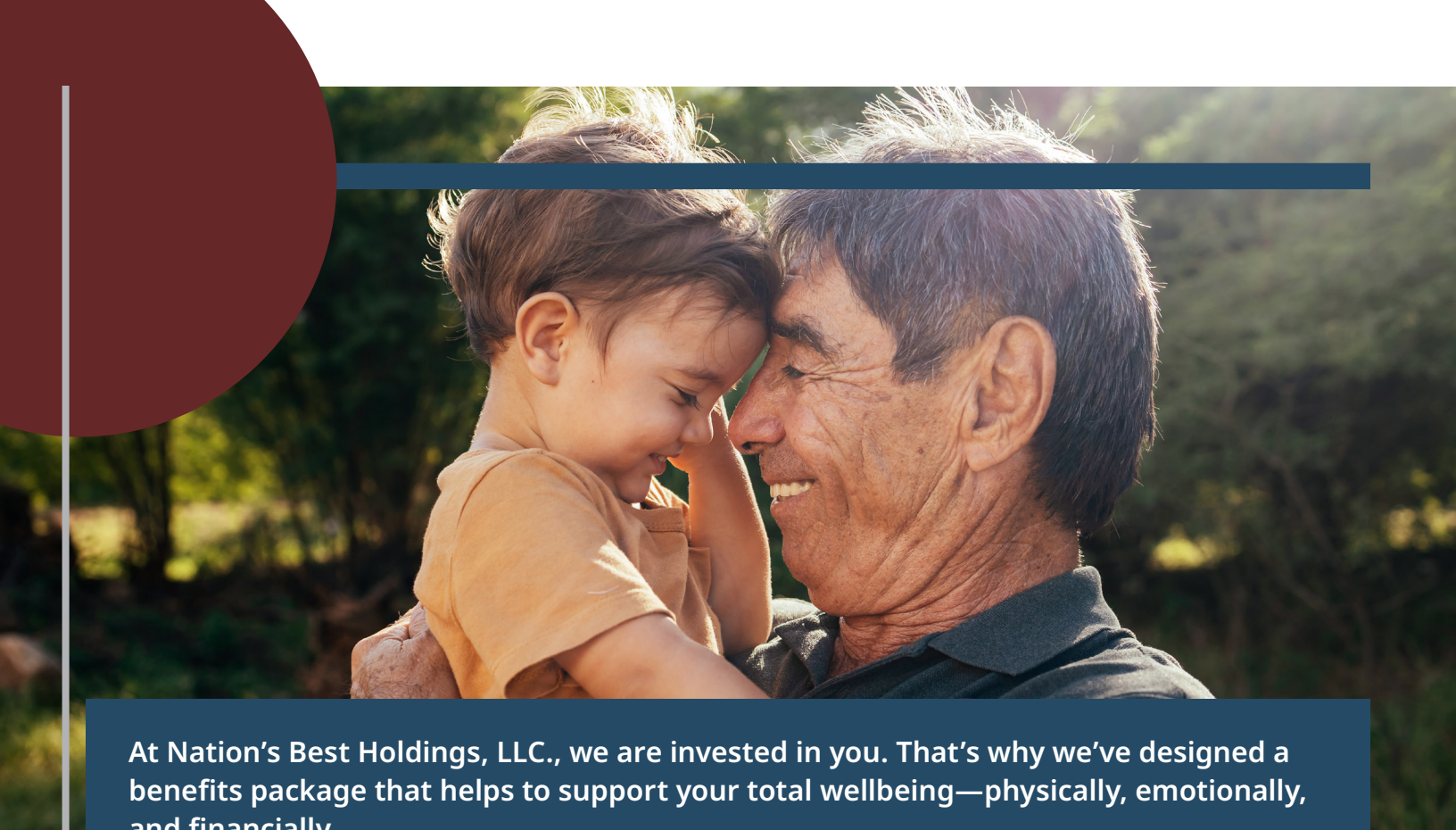
2024-2025



# BENEFITS GUIDE

BENEFIT PLANS EFFECTIVE  
MARCH 1, 2024-FEBRUARY 28, 2025





**At Nation’s Best Holdings, LLC., we are invested in you. That’s why we’ve designed a benefits package that helps to support your total wellbeing—physically, emotionally, and financially.**

Use this guide as a tool to help you make the best benefits decisions for you and your family for the 2024–2025 plan year (March 1, 2024–February 28, 2025). The information inside this guide can help you review your health coverage options, check out tax savings opportunities, and learn about voluntary benefits options.

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# Eligibility

**If you are scheduled to work at least 30 hours per week, you are eligible for benefits (except voluntary short-term disability) on the first day of the month following 60 days of employment.**

You are eligible for voluntary short-term disability insurance on the first of the month following 12 months of employment.

**As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:**

- **Your spouse or partner:** This includes your legal spouse or domestic partner.
- **Your child(ren):** This includes your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian) as well as children of any age who are physically or mentally unable to care for themselves.

**Re-Entry Note:** If you return to any Nation's Best location within six months of a positive resignation event, you will have the opportunity to waive a portion of the benefits waiting period. Contact Human Resources for more information.

# Enrollment

**You can only sign up for benefits or change your benefits at the following times.**

- Within 60 days of joining Nation's Best Holdings, LLC. as a new employee.
- During the annual benefits enrollment period.
- Within 30 days of a qualifying life event.

**The choices you make at this time will remain in place through February 28, 2025,** unless you experience a qualifying life event as described on page 4. If you do not sign up for benefits during your initial eligibility period, you will not be able to elect coverage until the next open enrollment period.

# How to Enroll

**To enroll in benefits, log into ADP WFN. You will receive an email from ADP with instructions.**

You can enroll using the ADP Self-Service Portal or ADP Mobile app. Download the ADP Mobile app and use your existing Workforce Now credentials or follow the directions below:

1. Log into ADP Self-Service portal and select User Login.
2. Enter your User ID and Password. Note: If this is your first time logging in, or if you need help getting started, click the appropriate link for instructions.
3. Click Start Enrollment on Enrollment Splash Page or navigate to Enrollment screen by clicking on Myself > Benefits > Enrollments.
4. Follow the prompts to complete your enrollment.

## Talk with a Licensed Benefits Counselor

If you have questions regarding your benefits such as medical, dental, vision, pharmacy, life insurance, and more, you can speak with a licensed Benefits Counselor at 866-430-3009.

Benefits Counselors are available from 7:00 a.m. to 7:00 p.m. CST, Monday-Friday. Or, schedule an appointment at [employeeconnects.com/nbh](https://employeeconnects.com/nbh).

# Changing Your Benefits

Due to IRS regulations, once you have made your elections for the 2024–2025 plan year, you cannot change your benefits until the next annual open enrollment period.

The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

Qualifying life events include, but are not limited to:

- Birth or adoption of an eligible child.
- Marriage, divorce, or legal separation.
- Spouse’s work status changed affecting their benefits.
- Death of your spouse or covered child.
- Child’s eligibility for benefits changed.
- Qualified Medical Child Support Order.

To request a benefits change, notify Human Resources within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted. You may need to provide proof of the event, such as a marriage license or birth certificate.

## Key Terms To Know

Take the first step to understanding your benefits by learning these four common terms.



### Copay

A fixed dollar amount you may pay for certain covered services. Typically, your copay is due at the time of service.



### Deductible

The amount you must pay each year for certain covered health services before your insurance plan will begin to pay.



### Coinsurance

After you meet your deductible, you may pay coinsurance, which is your share of the costs of a covered service.



### Out-of-Pocket Maximum

This includes copays, deductibles, and coinsurance. Once you meet this amount, the plan pays 100% of covered services the rest of the year.

# Medical Benefits

BlueCross BlueShield of Texas | bcbstx.com | 972-766-6900

**Nation's Best Holdings, LLC. offers three medical plan options through BlueCross BlueShield of Texas.**

See page 6 for an overview of the plan benefits.

## Medical Costs

Listed below are the biweekly and monthly costs for medical insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

Level of Coverage	Gold		Silver		Bronze	
	Biweekly	Monthly	Biweekly	Monthly	Biweekly	Monthly
<b>Employee Only</b>	\$156.81	\$339.76	\$72.38	\$156.82	\$40.35	\$87.43
<b>Employee + Spouse</b>	\$365.43	\$791.75	\$168.32	\$364.68	\$93.84	\$203.32
<b>Employee + Child(ren)</b>	\$309.31	\$670.18	\$143.62	\$311.18	\$80.07	\$173.49
<b>Employee + Family</b>	\$566.83	\$1,228.14	\$268.87	\$582.56	\$149.89	\$324.75

## Tobacco Surcharge

A \$100 tobacco surcharge will apply to a covered member on the plan (employee, spouse, or dependent) that uses tobacco. Tobacco is defined as any kind of nicotine, including snuff, chew, dip, cigars, pipes, cigarettes, e-cigarettes, or vapes. You will be required to fill out a tobacco-free affidavit every year during open enrollment. Your medical rate selection (tobacco or non-tobacco user) is based on the honor system. False indication of your rate is grounds for dismissal.

If you use tobacco and your personal physician finds that it would be medically inappropriate for you to attempt to quit using tobacco, Nation's Best Holdings, LLC will accommodate the physician's recommendation by waiving the tobacco-free requirement.

# Medical Benefits

The BlueCross BlueShield of Texas (BCBSTX) plans offer in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a BCBSTX provider.

The table below summarizes the benefits of each medical plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Gold			Silver			Bronze		
	In network	Out of network		In network	Out of network		In network	Out of network	
<b>Calendar Year Deductible</b>									
Individual/Family	\$1,000/\$3,000	\$2,000/\$6,000		\$2,500/\$7,500	\$5,000/\$15,000		\$6,000/\$15,800	\$10,000/\$20,000	
<b>Out-of-Pocket Maximum</b>	Includes deductible, copays, and coinsurance								
Individual/Family	\$4,000/\$12,000	Unlimited		\$5,500/\$14,700	Unlimited		\$8,150/\$16,300	Unlimited	
<b>Preventive Care</b>	Plan pays 100%	40% after ded.		Plan pays 100%	40% after ded.		Plan pays 100%	50% after ded.	
<b>Physician Services</b>									
Primary Care Physician	\$30 copay	40% after ded.		\$30 copay	40% after ded.		\$35 copay	50% after ded.	
Specialist	\$60 copay	40% after ded.		\$60 copay	40% after ded.		\$70 copay	50% after ded.	
Virtual Visits	\$0 copay	Not covered		\$0 copay	Not covered		\$0 copay	Not covered	
Urgent Care	\$75 copay	40% after ded.		\$75 copay	40% after ded.		\$75 copay	50% after ded.	
<b>Lab/X-Ray</b>									
Diagnostic Lab/X-Ray	20% after ded.	40% after ded.		20% after ded.	40% after ded.		30% after ded.	50% after ded.	
High-Tech Services (MRI, CT, PET)	20% after ded.	40% after ded.		20% after ded.	40% after ded.		30% after ded.	50% after ded.	
<b>Hospital Services</b>									
Inpatient	20% after ded.	40% after ded.		20% after ded.	40% after ded.		30% after ded. <sup>1</sup>	50% after ded. <sup>1</sup>	
Outpatient	20% after ded.	40% after ded.		20% after ded.	40% after ded.		30% after ded. <sup>1</sup>	50% after ded. <sup>1</sup>	
<b>Emergency Room</b> (Copay waived if admitted)	\$500 copay + 20% after ded.			\$500 copay + 20% after ded.			\$500 copay + 30% after ded.		
<b>Prescription Drugs<sup>2</sup></b>	Preferred	Non-preferred	Out of network	Preferred	Non-preferred	Out of network	Preferred	Non-preferred	Out of network
			50%, then:			50%, then:			50%, then:
Preferred Generic	\$0	\$10	\$10	\$0	\$10	\$10	\$0	\$10	\$10
Non-Preferred Generic	\$10	\$20	\$20	\$10	\$20	\$20	\$10	\$20	\$20
Preferred Brand	\$50	\$70	\$70	\$50	\$70	\$70	\$50	\$70	\$70
Non-Preferred Brand	\$100	\$120	\$120	\$100	\$120	\$120	\$100	\$120	\$120
Preferred Specialty	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
Non-Preferred Specialty	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250

(1) Preauthorization required; \$250 penalty. (2) Mail order is available for in-network preferred generic, non-preferred generic, and brand name prescription drugs only.

Note: As a reminder, CVS is considered an out-of-network pharmacy.

## Are You Covering Your Spouse and/or Children?

If you elect employee + spouse, employee + child(ren), or family coverage, the individual deductible and out-of-pocket maximum apply to each covered member of the family (capped at family amount).

# Medical Benefits

## Preventive Care

In-network preventive care is 100% free for medical plan members.

You won't have to pay anything out of your pocket when you receive in-network preventive care. Practice preventive care and reap the rewards of a healthier future.



### Preventive care helps keep you healthier long-term.

An annual preventive exam can help **IDENTIFY FUTURE HEALTH RISKS** and treat issues early when care is more manageable and potentially more effective.



### Preventive care helps keep your costs low.

With a preventive care exam each year, you can **TARGET HEALTH ISSUES EARLY** when they are less expensive to treat. You can also effectively manage chronic conditions for better long-term health.



### Preventive care keeps your health up to date.

Yearly check-ins with your doctor keeps your health on track with **AGE- AND GENDER-SPECIFIC EXAMS, VACCINATIONS, AND SCREENINGS** that could save your life.

Some services are generally not considered preventive if you get them as part of a visit to diagnose, monitor, or treat an illness or injury. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam based on your plan design. Learn more about preventive care at [bcbstx.com](http://bcbstx.com).

## Preferred Pharmacies

- Walgreens
- Walmart
- Albertsons
- HEB
- Brookshire's
- Health Mart Atlas

**Reminder:** CVS Pharmacy is **NOT** a participating pharmacy in the BCBS network. You will not have prescription drug coverage at CVS if it is your current pharmacy of choice for prescriptions. In order to have covered pharmacy benefits, you will need to have all future prescriptions filled at an in-network pharmacy.

## Express Scripts Home Delivery

Express Scripts Pharmacy delivers your long-term (or maintenance) medicines right where you need them. View your prescriptions online and/or send your refill order. To register or create a profile, visit [express-scripts.com/rx](http://express-scripts.com/rx). Or, log into [myprime.com](http://myprime.com) and follow the links to Express Scripts Pharmacy.

## MyPrime.com

Visit [myprime.com](http://myprime.com) to determine what tier your prescription is in, your prescription history, what preferred pharmacies are in your area, schedule home delivery, and more. You can access this website from your computer, tablet, or smartphone. Be sure to register on the website to get personalized information that is specific to you and the benefits plan in which you enrolled.



# Medical Benefits

BlueCross BlueShield of Texas | [bcbstx.com](http://bcbstx.com) | 972-766-6900

## Virtual Care

You have access to virtual care through MDLIVE. Get the care you need when and wherever you need it. Whether you're on the go, at home, or at the office, care comes to you in the form of virtual care.



### Get care for non-emergency conditions.

Virtual care can connect you to a doctor, without an appointment, from your phone, computer, or tablet. Receive care for common health issues like allergies, asthma, sore throat, fever, headache, rashes, and much more.



### Receive mental health support and counseling.

Licensed counselors and psychiatrists can help diagnose, treat, and even prescribe medication when needed for depression and anxiety, substance abuse and panic disorders, PTSD, men and women's issues, grief and loss, and more.



### Talk with a doctor by phone or video, 24/7.

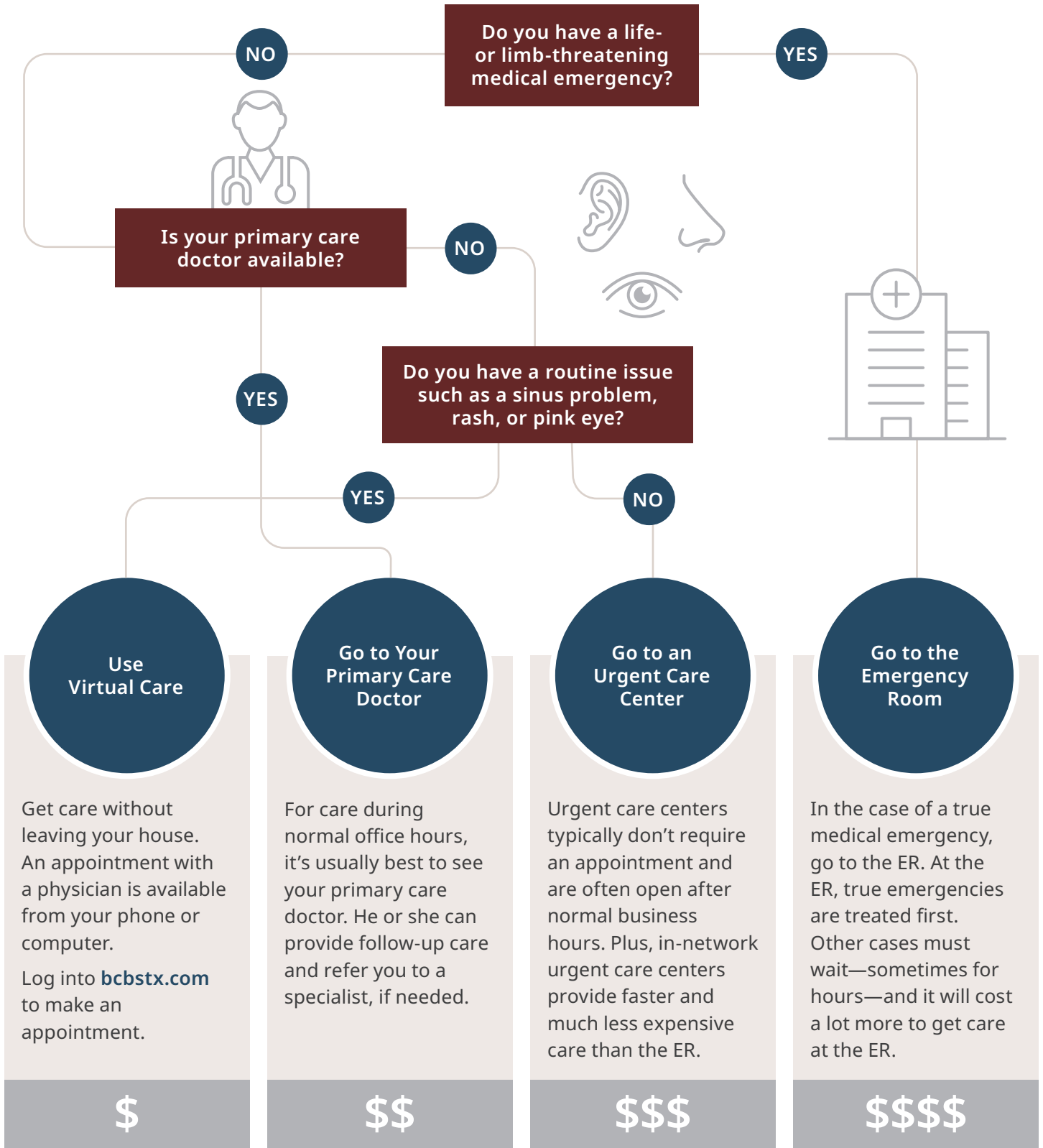
Use virtual care to prioritize your health by getting the care you need when you need it. Visit [bcbstx.com](http://bcbstx.com) to schedule an appointment with MDLIVE.



# Medical Benefits

## Know Where to Go for Care

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. Use the chart below to help you choose where to go for care.



# Dental Benefits

BlueCross BlueShield of Texas | bcbstx.com | 972-766-6900

## Nation’s Best Holdings, LLC. offers two dental insurance plan options through BlueCross BlueShield of Texas.

- The BCBSTX Basic plan provides in-network benefits only.
- The BCBSTX Buy-Up plan offers in- and out-of-network benefits, providing you the freedom to choose any provider.

The table below summarizes key features of the dental plans. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	BCBSTX Basic Dental Plan DTNLR23	BCBSTX Dental Buy-Up Plan DTNHR42	
	Blue Care Network Only	In Network	Out of Network
<b>Plan Year Deductible</b> Individual/Family	\$50/\$150	\$50/\$150	\$50/\$150
<b>Plan Year Benefit Maximum</b>	\$1,000	\$1,500	
<b>Preventive Care</b> (Oral exams, cleanings, x-rays)	Plan pays 100%, deductible waived	Plan pays 100%, deductible waived	
<b>Basic Services</b> (Periodontal services, endodontic services, oral surgery, fillings)	20% after deductible	20% after deductible	20% after deductible
<b>Major Services</b> (Bridges, crowns [inlays/onlays], dentures [full/partial])	50% after deductible	50% after deductible	50% after deductible
<b>Orthodontia Services</b>	Not covered	50%	
<b>Orthodontia Lifetime Maximum</b>	N/A	\$1,500	

## Dental Costs

Listed below are the biweekly and monthly costs for dental insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don’t pay taxes on the amount you pay for coverage.

Level of Coverage	BCBSTX Dental Basic Plan DTNLR23		BCBSTX Dental Buy-Up Plan DTNHR42	
	Biweekly	Monthly	Biweekly	Monthly
<b>Employee Only</b>	\$13.27	\$28.75	\$15.14	\$32.80
<b>Employee + Spouse</b>	\$26.53	\$57.48	\$30.28	\$65.60
<b>Employee + Child(ren)</b>	\$34.12	\$73.93	\$37.89	\$82.10
<b>Employee + Family</b>	\$52.18	\$113.06	\$58.26	\$126.22

# Vision Benefits

EyeMed | [eyemed.com/en-us/member](https://eyemed.com/en-us/member) | 866-939-3633

## Nation's Best Holdings, LLC. offers a vision insurance plan through EyeMed.

You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a network provider.

The table below summarizes key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	EyeMed Vision Plan	
	In Network	Out of Network
<b>Eye Exam</b> (Every 12 months)	\$10 copay	Reimbursement up to \$40
<b>Standard Plastic Lenses</b> (Every 12 months) Single/Bifocal/Trifocal	\$25 copay	Reimbursement up to \$30/\$50/\$70
<b>Frames</b> (Every 24 months)	\$130 allowance + 20% off balance	Reimbursement up to \$91
<b>Contact Lenses</b> (Every 12 months in lieu of standard plastic lenses) Elective Medically Necessary	\$130 allowance + 15% off balance Plan pays 100%	Reimbursement up to \$91 Reimbursement up to \$300
<b>Laser Vision Correction</b>	15% off retail price or 5% off promotional price	Not covered

## ID Cards

When you enroll in vision insurance, you will receive two ID cards via mail. Please note, ID cards are not required to receive services with an EyeMed provider—at time of service, simply use your name and date of birth.

Visit [eyemed.com](https://eyemed.com) or download the EyeMed mobile app from the App Store or Google Play to view your digital ID card.

## Vision costs

Listed below are the biweekly and monthly costs for vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

Level of Coverage	EyeMed Vision Plan	
	Biweekly	Monthly
<b>Employee Only</b>	\$2.67	\$5.79
<b>Employee + Spouse</b>	\$5.08	\$11.00
<b>Employee + Child(ren)</b>	\$5.34	\$11.58
<b>Employee + Family</b>	\$7.86	\$17.03

# Life and AD&D Benefits

Mutual of Omaha | [accounts.mutualofomaha.com](https://accounts.mutualofomaha.com) | 800-877-5176

Nation's Best Holdings, LLC.'s comprehensive benefits package includes financial protection for you and your family in the event of an accident or death.

## Basic Life and AD&D Insurance

Nation's Best Holdings, LLC. automatically provides basic life and AD&D insurance through Mutual of Omaha to all benefits-eligible employees **AT NO COST**. If you die as a result of an accident, your beneficiary would receive both the life benefit and the AD&D benefit. Benefits reduce to 65% at age 65 and 50% at age 70. Benefits terminate upon retirement. **Please be sure to keep your beneficiary designations up to date.**

- **Employee life benefit:** 1x annual earnings up to a maximum of \$250,000
- **Employee AD&D benefit:** 1x annual earnings up to a maximum of \$250,000

Depending on your personal situation, basic life and AD&D insurance might not be enough coverage for your needs. To protect those who depend on you for financial security, you may want to purchase supplemental coverage.



## Supplemental Life and AD&D Insurance

Nation's Best Holdings, LLC. provides you the option to purchase supplemental life and AD&D insurance for yourself, your spouse, and your dependent children through Mutual of Omaha.

You must purchase supplemental coverage for yourself in order to purchase coverage for your spouse and/or dependents. Supplemental life rates based on your spouse's date of birth. Benefits will reduce to 65% at age 65 and to 50% at age 70. Benefits terminate upon retirement.

- **Employee:** \$10,000 increments up to \$500,000 or 5x annual salary, whichever is less—guarantee issue: \$150,000
- **Spouse:** \$5,000 increments up to \$250,000 or 50% of the employee's election, whichever is less—guarantee issue: \$25,000
- **Dependent children:** \$10,000—guarantee issue: \$10,000



If you elect supplemental coverage when you're first eligible to enroll, you may purchase up to the guarantee issue amount(s) without completing a statement of health (evidence of insurability). If you do not enroll when first eligible, and choose to enroll during a subsequent annual open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by Mutual of Omaha.

# Disability Benefits

BlueCross BlueShield of Texas | [bcbstx.com/ancillary/employer](http://bcbstx.com/ancillary/employer) | 877-442-4207

Disability insurance keeps you and your family financially protected if you become unable to work due to an illness or injury.

## Voluntary Short-Term Disability Insurance

Nation's Best Holdings, LLC. offers all full-time employees the option to purchase short-term disability (STD) insurance through BlueCross BlueShield of Texas. STD insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury. Benefits will be reduced by other income, including state-mandated STD plans. You are eligible for STD insurance on the first of the month following 12 months of employment.

- **Benefit:** 60% of weekly earnings up to \$1,500 per week
- **Elimination period:** 0 days for injury, 7 days for illness
- **Benefit duration:** Earlier of 13 weeks or until LTD period begins

## STD Maternity Benefits

STD insurance can cover a portion of your income while on paid or unpaid maternity leave. You must apply for STD benefits prior to giving birth to qualify. Please view the official plan documents for varying coverage based on birth circumstances. Benefits will be reduced by other income, including state-mandated STD plans.

## Voluntary Long-Term Disability Insurance

Nation's Best Holdings, LLC. offers all full-time employees the option to purchase long-term disability (LTD) insurance through BlueCross BlueShield of Texas. LTD insurance is designed to help you meet your financial needs if your disability extends beyond the STD period.

- **Benefit:** 60% of basic monthly earnings up to \$6,000 per month
- **Elimination period:** 90 consecutive days of disability
- **Benefit duration:** 24 months with loss of duties and earnings, then Social Security normal retirement age

Disability insurance is an important part of your benefits coverage. You may use disability benefits to pay for your necessary expenses while you are unable to work, such as mortgage payments, medical expenses, childcare, and more. If you are enrolled and become unable to work due to an accident, illness, injury, or pregnancy, you must apply for benefits as soon as you are able after your event. Please notify the BlueCross BlueShield of Texas as soon as possible to ensure you qualify for coverage and receive timely payouts.



Injury



Disability  
Insurance



Financial  
Protection



# Accident Insurance

BlueCross BlueShield of Texas | [bcbstx.com/ancillary/employer](http://bcbstx.com/ancillary/employer) | 877-442-4207

## Accidents can happen. Your income shouldn't take the fall.

Accident insurance can help you pay for injuries that occur on or off the job—whether common or severe. This option will pay a lump-sum benefit directly to you if you experience an injury from a covered accident. For a full list of covered benefits, refer to the policy/certificate. Please note, you will receive a \$50 wellness benefit when you utilize your accident insurance.

If you enroll now, you are guaranteed base coverage without having to answer any medical questions. You'll receive 24 hour coverage and your benefit will pay a lump-sum directly to you in the event of a covered accident.

## Accident Insurance Costs

Listed below are the biweekly costs for voluntary accident insurance.

Level of Coverage	Accident Insurance
Employee Only	\$4.40
Employee + Spouse	\$7.33
Employee + Child(ren)	\$8.38
Employee + Family	\$13.90



When you enroll in voluntary benefits, you're protecting your financial health and those who depend on you for financial security. These voluntary benefits help pay for out-of-pocket expenses you may incur after an accident, illness, or hospitalization that medical insurance may not cover.

# Critical Illness Insurance

BlueCross BlueShield of Texas | [bcbstx.com/ancillary/employer](http://bcbstx.com/ancillary/employer) | 877-442-4207

## Prepare for the unexpected. A severe illness can cause extra expenses that can quickly add up.

Nations Best Holdings, LLC. provides all active, full-time employees the option to purchase critical illness insurance through BlueCross BlueShield of Texas. Critical illness insurance provides a financial, lump-sum benefit upon diagnosis of a covered illness. These covered illnesses are typically very severe and likely to render the affected person incapable of working. Because of the financial strain these illnesses can place on individuals and families, critical illness insurance is designed to help you pay your mortgage, seek experimental treatment, or handle unexpected medical expenses.

- **Employee:** \$5,000 up to \$20,000—guarantee issue: \$20,000
- **Spouse:** 50% of employees election—guarantee issue: \$10,000
- **Dependent children:** 50% of employees election—guarantee issue: \$10,000
- **Health screening benefit:** \$50 per calendar year

## Critical Illness Insurance Costs

Listed below are the biweekly costs for critical illness insurance. You must elect coverage for yourself in order to cover your spouse and/or dependent children.

Age	Employee (Based on elected coverage amount)			Spouse (Based on elected coverage amount)				Child (Based on elected coverage amount)			
	\$5,000	\$10,000	\$20,000	\$2,500	\$5,000	\$7,500	\$10,000	\$2,500	\$5,000	\$7,500	\$10,000
> 29	\$0.85	\$1.70	\$3.40	\$0.66	\$1.32	\$1.98	\$2.64	\$0.26	\$0.52	\$0.78	\$1.04
30–39	\$1.37	\$2.73	\$5.46	\$0.96	\$1.92	\$2.87	\$3.83				
40–49	\$2.77	\$5.53	\$11.07	\$1.69	\$3.39	\$5.08	\$6.78				
50–59	\$5.85	\$11.69	\$23.38	\$3.26	\$6.51	\$9.77	\$13.02				
60–64	\$9.63	\$19.26	\$38.51	\$5.15	\$10.30	\$15.45	\$20.60				
65+	\$14.89	\$29.78	\$59.57	\$7.99	\$15.97	\$23.96	\$31.95				

Note: This Premium Cost Chart is for illustrative purposes only; your premium cost may be slightly higher or lower due to rounding. This piece is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy has exclusions, conditions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. Refer to your certificate for complete details and limitations of coverage. The policy may be canceled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period.

# Contacts

If you have any questions regarding your benefits or the material contained in this guide, please contact Nation's Best Holdings, LLC. Human Resources.

Cheryl Lowe, HR Operations Manager

409-651-5667

[clowe@nationsbest.net](mailto:clowe@nationsbest.net)

Provider/Plan	Phone Number	Website
<b>Benefits Concierge Center</b>	866-430-3009	<a href="https://employeeconnects.com/nbh">employeeconnects.com/nbh</a>
<b>Medical</b>   BlueCross BlueShield of Texas	972-766-6900	<a href="https://bcbstx.com">bcbstx.com</a>
<b>Dental</b>   BlueCross BlueShield of Texas	972-766-6900	<a href="https://bcbstx.com">bcbstx.com</a>
<b>Vision</b>   EyeMed	866-939-3633	<a href="https://eyemed.com/en-us/member">eyemed.com/en-us/member</a>
<b>Life and AD&amp;D Insurance</b>   Mutual of Omaha	800-877-5176	<a href="https://accounts.mutualofomaha.com">accounts.mutualofomaha.com</a>
<b>Disability Insurance</b>   BlueCross BlueShield of Texas	877-442-4207	<a href="https://bcbstx.com/ancillary/employer">bcbstx.com/ancillary/employer</a>
<b>Accident Insurance</b>   BlueCross BlueShield of Texas	877-442-4207	<a href="https://bcbstx.com/ancillary/employer">bcbstx.com/ancillary/employer</a>
<b>Critical Illness Insurance</b>   BlueCross BlueShield of Texas	877-442-4207	<a href="https://bcbstx.com/ancillary/employer">bcbstx.com/ancillary/employer</a>

This summary of benefits is not intended to be a complete description of the terms and Nation's Best Holdings, LLC. insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Nation's Best Holdings, LLC. maintains its benefit plans on an ongoing basis, Nation's Best Holdings, LLC. reserves the right to terminate or amend each plan, in its entirety or in any part at any time.

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