

EMPLOYEE BENEFITS GUIDE



ADVANCED INDUSTRIAL
— SERVICES, INC. —

OCTOBER 1, 2020 - SEPTEMBER 30, 2021

INTRODUCTION

Advanced Industrial Services (AIS) strives to offer benefit options to provide for the well-being of you and your family. Our employees are our greatest resource and we take pride in being able to offer comprehensive and affordable benefits for all of our employees and their family including:

- PPO Plan provided by Highmark Blue Shield
- QHDHP PPO Plan provided by Highmark Blue Shield with an HSA (Health Savings Account)
- Dental Plan provided by Highmark Blue Shield
- Vision Plan provided by NVA
- Life Insurance provided by Aflac
- Voluntary Life and AD&D provided by Aflac
- Voluntary Short Term Disability provided by Aflac
- Long Term Disability provided by Aflac
- Employee Assistance Program provided by Aflac
- 401(k) Plan administered by Empower Retirement
- Pet insurance by Petplan

This booklet contains an overview of the valuable benefits package available to you at AIS effective October 1 through September 30. While every effort has been made to ensure that this booklet accurately reflects the provisions of the plans, the official plan documents govern the operation of the plans and payment of benefits. Nothing contained in the 2020 benefit plans identified above and described herein shall be held or construed to create a promise of future benefits. AIS may amend, modify or terminate, in whole or in part, any or all of the provisions of the benefit plans. If you have questions, please contact Human Resources at 717-764-9811.

During the annual Open Enrollment period employees can enroll, disenroll, add or delete dependents.

Newly hired full-time employees are eligible for most benefits the first of the month after 60 days of employment. Eligibility for the 401(k) plan is the 1st day of the calendar quarter following 90 days of employment.

If you would like to enroll online via BenefitMall see HR for the process and login.

WHEN CAN I MAKE CHANGES?

Open Enrollment occurs once each year. You may change your benefit elections during the open enrollment period. Once you have made your selection, you may not change benefit elections until the next open enrollment unless you have a qualifying change in employment or family status. Qualifying Events include:

- Marriage, divorce or legal separation (state specific)
- You add a dependent child through birth, adoption or court-ordered custody
- Death of a spouse or child
- Your work schedule changes, affecting benefits, i.e. reduction or increase in hours, affecting eligibility
- Your dependent loses eligibility for coverage
- Your spouse involuntarily loses health coverage through his/her employer
- You take an FMLA leave of absence
- You and/or your spouse and dependents become eligible for COBRA
- You and/or your spouse or dependents gain or lose Medicaid coverage
- You receive a Qualified Medical Child Support Order (QMCSO)
- You and/or your spouse or dependent loses coverage under State Children's Health Insurance Program (SCHIP) under Title XXI of the Social Security Act.
- You and/or your spouse or dependent becomes eligible for group health plan premium assistance under Medicaid or SCHIP plan.

You may make a new election within 30 or 60 days of the occurrence of an event described in this section, as applicable (election changes for events associated with Medicaid for SCHIP must be requested within 60 days and all others 30 days), but only if the election is made on account of and is consistent with the event and if the election is made within the specified time period.

Special Enrollment Rights Notice - If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your coverage ends. In addition, if you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

MEDICAL

AIS offers two medical plan options through Highmark Blue Shield, a PPO and a QHDHP. Both plans utilize the BlueCross and BlueShield BlueCard PPO Network. Both plans offer two levels of network benefits for certain services: Enhanced Value and Standard Value. When you receive services from providers at the Enhanced Value level of benefits, you will pay less out of pocket.

Benefit	Highmark Blue Shield PPO		Highmark Blue Shield QHDHP	
	Enhanced Value	Standard Value	Enhanced Value	Standard Value
Deductible (Per Benefit Period)				
Individual	\$1,000	\$1,250	\$2,000	\$2,500
Family	\$2,000	\$2,500	\$4,000	\$5,000
Health Savings Account				
Individual	Not Applicable		Member Funded, AIS contributing \$250	
Family	Not Applicable		Member Funded, AIS contributing \$500	
Out of Pocket Limit (Coinsurance Only)				
Individual	\$1,000	\$1,250	None	\$2,500
Family	\$2,000	\$2,500	None	\$5,000
Total Max Out-of-Pocket (Includes Coinsurance)				
Individual	\$7,900	\$7,900	\$6,750	\$6,750
Family	\$15,800	\$15,800	\$13,500	\$13,500
Coinsurance - plan pays	90% after ded.	80% after ded.	100% after ded.	90% after ded.
Physician Visit	\$20 copay	\$40 copay	\$20 copay after ded.	\$40 copay after ded.
Specialist Visit	\$40 copay	\$80 copay	\$40 copay after ded.	\$80 copay after ded.
Urgent Care	\$30 copay	\$60 copay	100% after ded.	90% after ded.
Telemedicine	\$15 copay	\$15 copay	100% after Enhanced ded.	100% after Enhanced ded.
Emergency Room	\$200 copay, waived if admitted	\$200 copay, waived if admitted	\$200 copay after ded, waived if admitted	\$200 copay after ded, waived if admitted
Well Child Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Hospitalization	90% after ded.	80% after ded.	100% after ded.	90% after ded.
OB/GYN (routine)	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Diagnostic/X-ray/Lab	90% after ded.	80% after ded.	100% after ded.	90% after ded.
Preventive Diagnostic Services & Procedures	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Colonoscopy	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Mammogram ¹	Covered 100%	Covered 100%	Covered 100%	Covered 100%

¹First In-Network Mammogram in calendar year covered at 100%. Additional In-Network mammograms covered at 100% after deductible.

When accessing care out-of-network, it is possible that the provider's charge may exceed these guidelines, therefore, the member would be responsible for any difference between the provider's charge and the allowed amount.

PRESCRIPTION

Prescription Benefit	Highmark Blue Shield PPO	Highmark Blue Shield QHDHP
	Covered Only at Participating Pharmacies (refer to website to locate)	
Retail Pharmacy Copay (31 Day Supply)	\$10 Generic \$35 Brand Formulary \$65 Brand Non-Formulary	After deductible: \$10 Generic copay \$35 Brand Formulary copay \$65 Brand Non-Formulary copay
Specialty Copay (30-day supply)	\$200 copay	After deductible: \$200 copay
Mail Order Copay (90-day supply)	\$20 Generic \$70 Brand Formulary \$130 Brand Non-Formulary	After deductible: \$20 Generic copay \$70 Brand Formulary copay \$130 Brand Non-Formulary copay

You may fill your medications you take regularly at a retail location for a total of two fills. After the second fill, your maintenance medication must be filled by Express Scripts Home Delivery pharmacy. This can be done online by visiting highmarkblueshield.com or by calling 1-800-903-6228.

HEALTH SAVINGS ACCOUNT

A Health Savings Account (HSA) is an account that accumulates funds to cover your health expenses. It comes with a Qualified High Deductible Health Plan (QHDHP) that protects you from large health care expenses. The HSA is interest bearing and the unused funds rollover from year to year with no "use it or lose it" rule.

Employees enrolling in the QHDHP will receive a company contribution into their HSA for the 2020 plan year. For 2020, AIS will contribute \$250 for employee only coverage and \$500 for all other coverage levels and **will be prorated based on your date of enrollment.**

The HSA contribution limits for 2021 are \$3,600 for employee only coverage and \$7,200 for all other coverage levels. The HSA contribution limits for 2020 are \$3,550 for employee only coverage and \$7,100 for all other coverage levels. There is also an additional catch-up contribution limit of \$1,000 for individuals age 55+. These limits include both employer and employee contributions.

To be HSA-eligible, an individual must:

- Be covered by a Qualified High Deductible Plan on the first day of the month
- Not be covered by other Health coverage that is not a QHDHP
- Not be enrolled in Medicare
- Not be eligible to be claimed as a dependent on another person's tax return

HSAs offer you the following advantages:

- Tax Savings. You contribute pre-tax dollars to the HSA. Interest accumulates tax-free and funds are tax-free to withdraw for eligible medical expenses.
- Reduce your out-of-pocket costs. You can use the money in your HSA to pay for eligible medical, dental and vision expenses and prescriptions. The HSA funds you use can help you satisfy your medical plan's annual deductible.
- Invest the funds and take them with you. Unused account dollars are yours to keep even if you retire or leave the company. Additionally, you can invest your HSA funds, so your available health care dollars can grow over time. See your HSA plan document for investing provisions and options.
- The opportunity for long-term savings. Save unused HSA funds from year to year – money you can use to reduce future out-of-pocket health expenses. You can even save HSA dollars to use after you retire.

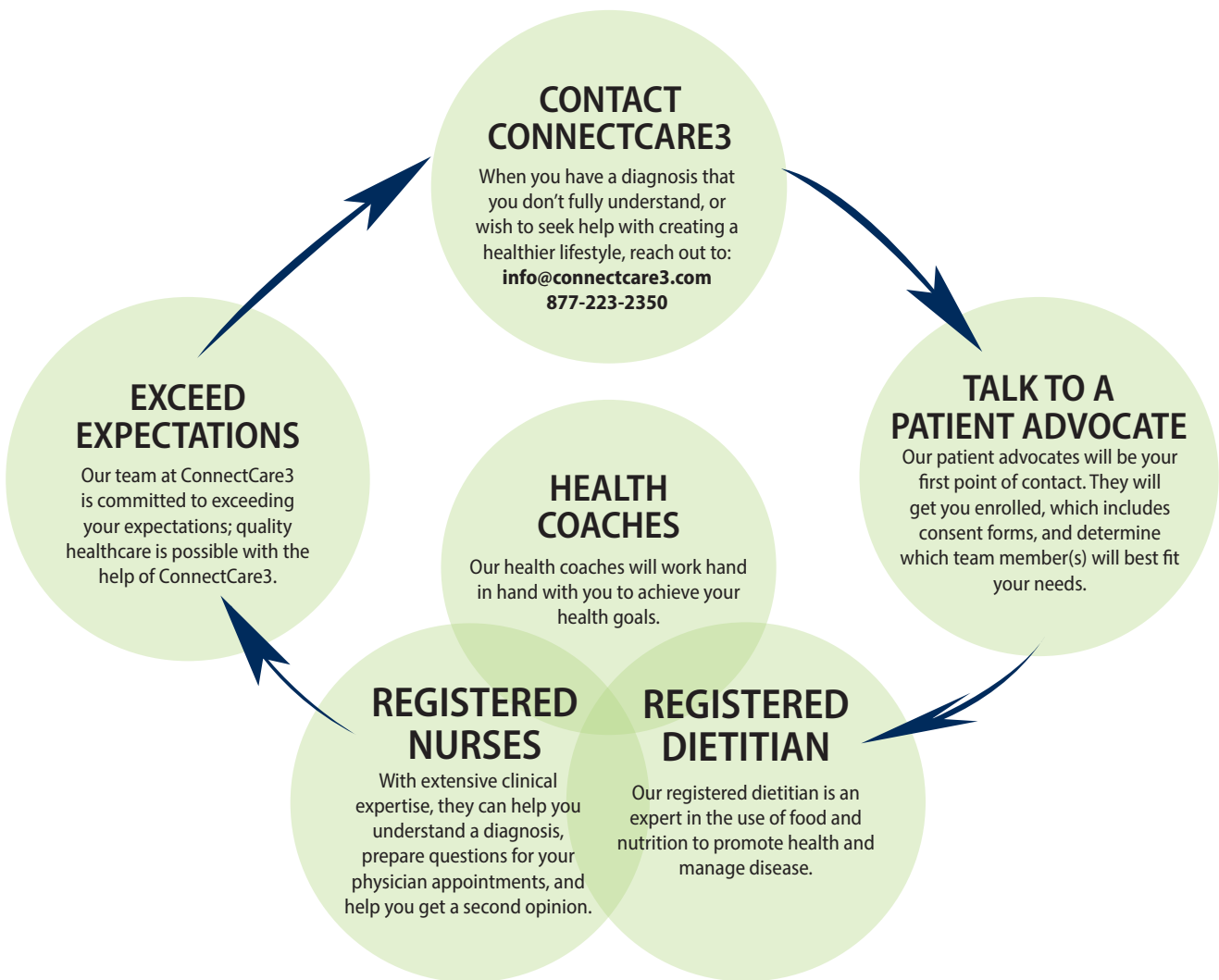
If you enroll in the QHDHP HSA:

- Highmark will setup the HSA account for you through PNC Bank.
- Once your account is set up you will need to activate the account by accepting the Terms & Conditions, designating a beneficiary and setting your account preferences on your Highmark Member website.
- You will receive two envelopes mailed to your home containing the following: (1) new account number and detailed information about your account and (2) a plain white envelope with your HSA debit card.



ConnectCare3

ConnectCare3 is a nurse navigation, patient advocacy and wellness service provided by your employer as part of your benefits for all employees and dependents on the medical plan. The team at ConnectCare3 strives to provide highly personalized care and any service provided remains confidential.



Call: **877-223-2350**

Email: **info@connectcare3.com**

Website: **connectcare3.com**

DENTAL

AIS is pleased to offer, to employees who enroll in the medical plan, a comprehensive dental plan at no cost to employees. Children of employees are eligible for the dental plan until their 26th birthday. Members have access to any dentist but benefit financially by using participating dentists in the Advantage Plus network. With Highmark Blue Shield, you are not assigned a specific dentist and you can change your dentist any time you like. To locate a Highmark Blue Shield dentist in your area, visit www.highmarkblueshield.com.

Benefit	In-Network	Out-of-Network
Calendar Year Maximum	\$1,500 Per Person	\$1,500 Per Person
Annual Deductible	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Preventive Services Oral Exam, X-Rays, Bitewing, Cleaning, Space Maintainers, Sealants	Covered 100% Deductible Waived	Covered 100% Deductible Waived
Basic Services Fillings, Extractions, Endodontics, Periodontics, General Anesthesia, Denture Adjustments & Repairs, Oral Surgery	Covered 80% After Deductible	Covered 80% After Deductible
Major Services Crowns, Bridges & Dentures, Inlays & Onlays, Implants	Covered 50% After Deductible	Covered 50% After Deductible
Orthodontia Services	None	

*When using non-network providers, members are responsible for paying the difference between the maximum allowable charge and provider's charge.

VISION

AIS is pleased to offer, to employees who enroll in the medical plan, a vision plan through National Vision Administrators (NVA) at no cost to employees. Children of employees are eligible for the vision plan until their 26th birthday. The plan provides in and out-of-network benefits. Members have access to any vision provider but benefit financially by using NVA participating providers, including Walmart providers.

NOTE: NVA also includes the EPIC Hearing Service Plan which gives you access to all name brand hearing aid technology by the top tier hearing aid manufacturers at reduced prices, 30%-60% below MSRP; maximizing your value and savings. The following top tier manufacturer brands are available through EPIC: Phonak, Unitron, Resound, Starkey, Hansaton, Signia, Oticon, and Widex.

Benefit	NVA Vision Care Program	
	In-Network	Out-of-Network
Exam	Covered in Full	Plan pays up to \$35
Single Vision Lenses (standard glass or plastic)	Covered in Full	Plan pays up to \$25
Bifocal Lenses (standard glass or plastic)	Covered in Full	Plan pays up to \$35
Trifocal Lenses (standard glass or plastic)	Covered in Full	Plan pays up to \$45
Frames	Covered up to \$60	Plan pays up to \$30
Contact Lenses (elective, in lieu of lenses)	Covered up to \$75 retail	Plan pays up to \$75
Contact Lenses (medically necessary)	Covered in Full	Plan pays up to \$225
Exam Frequency	Once every 12 months	
Lenses Frequency	Once every 12 months	
Frames Frequency	Once every 24 months	
Contact Lenses Frequency	Once every 12 months	

*Please read the vision benefit summary for discount exclusions.

EMPLOYEE CONTRIBUTIONS

The contribution amount is determined by the level of coverage the employee has selected. Below is an outline of the weekly employee contributions. The PPO plan offers a lower annual deductible but is accompanied by a higher weekly premiums. A Premium Conversion Plan (Section 125) allows employees to pay their portion of the premiums with pre-tax dollars.

Medical, Dental & Vision	Employee Only	Employee + Spouse	Employee + Child	Employee + Children	Employee + Family
Initial Enrollment Cost - PPO	\$104.79	\$252.03	\$175.61	\$270.03	\$323.69
Initial Enrollment Cost - QHDHP	\$64.30	\$141.76	\$107.75	\$165.69	\$182.07

Wellness Discounted Employee Contributions

Medical, Dental & Vision	Employee Only	Employee + Spouse	Employee + Child	Employee + Children	Employee + Family
1st of Month After Wellness Requirements are met - PPO	\$91.18	\$238.18	\$161.76	\$256.20	\$309.85
1st of Month After Wellness Requirements are met - QHDHP	\$50.69	\$127.91	\$93.90	\$151.85	\$168.23

Both the employee AND covered spouse must complete the Sharecare Real Age Test, have had an annual physical in the past 12 months and submitted the form to HR to qualify for the discounted payroll contributions. If an employee completes both tasks after September 25, 2020, the employee's payroll contributions will be reduced the first of the month following the date all documentation has been received.

When both spouses are employees of AIS, one spouse may enroll the other as a dependent (along with any children) under the health plan.

SPOUSAL EXCLUSION POLICY

If a spouse has other group medical coverage available to him/her through the spouse's own employer, that spouse may not be covered under the Advanced Industrial Services Inc.'s medical/dental/vision plans. Employees desiring to enroll a spouse on the Advanced Industrial Services Inc. plan must sign a Spouse Certification Form indicating that the spouse has no other group medical coverage available, regardless of the cost or perceived value of the alternately-available plan. Employees may continue to cover dependent children whether or not the spouse is covered on the Advanced Industrial Services Inc. medical/dental/vision plans.

WELLNESS INITIATIVES FOR 2021

AIS firmly believes that quality health plays an integral role in the success of our company and we are laying the foundation for a healthier work environment through various activities. This program is designed to enhance the health of our team and set an example for your family and friends. The program is voluntary, however we strongly encourage employees to become involved by again offering a discount in employee contributions.

In order to qualify for the discount in 2020-2021 plan year, you must complete all of the following activities every 12 months. Both initiatives must be completed by September 25, 2020 to have the discounted rates in October. Otherwise the discount rate will be the first of the month following completion.

Initiative	Details	Who	Done
1. Provide proof of a Preventive Wellness Exam with blood work	Submit the Physical Verification form or copy of your EOB for the preventive exam to HR, showing that you and your spouse (if on the medical plan) had your exam/visit done along with routine blood work.	Any employee and spouse currently enrolled in an AIS medical plan.	<input type="checkbox"/>
2. Complete Wellness Profile	The Sharecare Real Age Test		<input type="checkbox"/>

BASIC LIFE AND AD&D INSURANCE

AIS provides Life Insurance in the amount of \$25,000 at no cost to all benefit eligible employees. Accidental Death and Dismemberment is covered at the same amount. All coverage is guaranteed issue - no medical questions asked.

VOLUNTARY LIFE INSURANCE

AIS provides employees the opportunity to purchase additional Life Insurance through payroll deductions. This benefit is available is for employees and dependents. The entire cost of the plan is paid for by the employee. The premium for Voluntary Spousal Life is based on the employees age.

VOLUNTARY ILLNESS & SHORT TERM DISABILITY

AIS provides the opportunity to purchase a Short Term Disability plan through payroll deductions. Benefits will be available during the period of a disability that precludes the employee from performing their normal occupational duties. The plan pays a weekly benefit beginning on the 1st day for an injury or the 8th day for an illness. The benefit amount is 60% of your pre-disability earnings to a weekly maximum of \$750. Your benefit will continue for up to 13 weeks for an eligible disability.

LONG TERM DISABILITY

AIS provides employees a Long Term Disability plan at no cost to all benefit eligible employees. Benefits will be available during the period of a disability that precludes the employee from performing their normal occupational duties. The plan allows for benefits to begin after 90 calendar days of a disability. Your disability benefit is 60% of your predisability earnings to a maximum of \$6,000 per month for an eligible disability.

VOLUNTARY PET INSURANCE

AIS provides an opportunity for employees to purchase Pet Insurance. Petplan gives your pet protection a unbeatable prices. Just like all other pet insurers, Petplan does not cover pre-existing conditions. Petplan offers deductibles as low as \$100 and a maximum that is unlimited. For more information, you may contact Petplan at www.gopetplan.com or by calling 1-800-809-9200. To receive the group's discounted rate online, enter the access code SUB127C.

Petplan features:

- Reimbursement up to 90%
- 24/7 customer service
- No upper age limits
- No per incident limits
- Claims app

Petplan covers:

- Accidents
- Injuries
- Chronic and hereditary conditions
- Diagnostic testing
- MRI, CAT scan and ultrasound imaging
- Non-routine dental treatment
- Prescription medications

EMPLOYEE ASSISTANCE PROGRAM

Your company-provided Aflac life insurance coverage gives you free access to an Employee Assistance Program (EAP) through Health Advocate that gives you and your immediate household members and dependents up to age 26 access to voluntary and strictly confidential telephone consultations with a licensed professional. EAP assistance can help you with such issues as stress, personal and professional relationships, substance abuse, family life, and general mental well-being. You can also visit the EAP website anytime. There, you'll find free webinars; child care, eldercare and education searches; and thousands of articles, videos and tools on work/life balance and mental health topics. Call 1-855-423-8585 or visit online at healthadvocate.com/Aflac.

401(k)

AIS provides a 401(k) to employees administered through Empower Retirement. Employees are automatically enrolled on the 1st day of the quarterly enrollment period following 90 days of employment. Once enrolled, 6% of your pre-tax pay will be deducted from your paycheck unless you elect to opt out of the plan or change your deferral amount. AIS matches 50% of your deferral up to 6%.

You may contribute Salary Deferrals up to the annual IRS limit (Limit for 2020 = \$19,500 plus an additional \$6,500 for those age 50 and over).

COORDINATION OF BENEFITS (COB)

Coordination of Benefits applies if you or your covered dependents are insured under more than one health insurance plan. The plans coordinate with each other on payments so that there are not duplicate payments for the same medical service.

The order in which payments are made is determined as follows:

- The plan that covers the patient as an employee (non-dependent) is considered the primary plan, initially responsible for payment.
- The plan that covers the patient as a dependent is the secondary plan.
- When a dependent child is covered by the plan of more than one parent, (unless court ordered) generally the plan of the parent whose birthday falls earlier in the year is considered the primary plan.

NOTICE OF AVAILABILITY OF NOTICE OF PRIVACY PRACTICES

The Advanced Industrial Services, Inc. Employee Group Health Plan (the "Plan") provides health benefits to eligible employees and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about Plan participants in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health information, and has done so by providing to Plan participants a notice of privacy practices, which describes the ways that the Plan uses and discloses PHI. To receive a copy of the Plan's notice of privacy practices you should contact your employer's Privacy Official, who has been designated as the Plan's contact person for all issues regarding the Plan's privacy practices and covered individuals' privacy rights. You can reach Human Resources at 1-800-544-5080.

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT

The Women's Health and Cancer Rights Act of 1998 (WHCRA) is a federal law that provides protection to patients who choose to have breast reconstruction in connection with a mastectomy. This law applies both to persons covered under group health plans and to persons with individual health insurance coverage. However, WHCRA does NOT require health plans or issuers to pay for mastectomies. If WHCRA applies to you and if you are receiving benefits in connection with a mastectomy and you elect breast reconstruction, coverage must be provided for:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction on the other breast to produce a symmetrical appearance;
- Prostheses (e.g. breast implant); and
- Treatment for physical complications of the mastectomy, including lymph edema.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Federal law (Newborns' and Mothers' Health Protection Act of 1996) prohibits the plan from limiting a mother's or newborn's length of hospital stay to less than 48 hours for a normal delivery or 96 hours for a cesarean delivery or from requiring the provider to obtain preauthorization for a stay of 48 or 96 hours, as appropriate. However, federal law generally does not prohibit the attending provider, after consultation with the mother, from discharging the mother or her newborn earlier than 48 hours for normal delivery or 96 hours for cesarean delivery.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

PENNSYLVANIA - Medicaid

Website: <http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm>

Phone: 1-800-692-7462

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

COBRA

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, COBRA qualified beneficiaries (QBs) generally are eligible for group coverage during a maximum of 18 months for qualifying events due to employment termination or reduction of hours to work. Certain qualifying events, or a second qualifying event during the initial period of coverage may permit a beneficiary to receive a maximum of 36 months of coverage.

COBRA coverage is not extended for those terminated for gross misconduct. Upon termination, or other COBRA qualifying event, the former employee and any other QBs will receive COBRA enrollment information.

Qualifying events for employees include voluntary/involuntary termination of employment, and the reduction in the number of hours of employment. Qualifying events for spouses or dependent children include those events above, plus, the covered employee's becoming entitled to Medicare; divorce or legal separation of the covered employee; death of the covered employee; and the loss of dependent status under the plan rules.

If a QB chooses to continue group benefits under COBRA, they must complete an enrollment form and return it with the appropriate premium due. Upon receipt of premium payment and enrollment form, the coverage will be reinstated. Thereafter, premiums are due on the 1st of the month. If premium payments are not received in a timely manner, federal law stipulates that your coverage will be cancelled after a 30-day grace period.

If you have any questions about COBRA or the Plan, please contact Human Resources at 1-800-544-5080. Please note, if the terms of the Plan and any response you receive from the Human Resources Representative conflict, the Plan document will control.



Advanced Industrial Services, Inc. Online Benefit Enrollment Login Instructions

To access your Benefits online, go to the web portal at:

<https://ese.benefitmall.com/>

Your username will be in the format of your last name.last four of your social security #.your BenefitMall group number (318655).

If you have a space, hyphen or other special character in your last name, it will not be included in your login (eg: Smith-Jacobs would be smithjacobs, O'Connor would be oconnor).

User Name Example: smith.1234.318655

Your initial password will be your date of birth in the format MM/DD/YYYY. *Please note that the backslashes are a required part of the initial password.*

Password Example: 05/24/1970

You will be allowed to change your user name and password after your initial login.

Username

Continue

[Forgot Username](#)

Password

Sign In

[Forgot Password](#)

DIRECTORY OF CONTACTS

For any questions regarding the benefits detailed in this overview, please see the chart below for your carrier contact information.

Benefit	Carrier/Company	Contact Information
Medical Plan	Highmark Blue Shield	Group Number: QHDHP – 10527404 – Active PPO – 10527402 – Active Customer Service: 1-800-345-3806 Website: www.highmarkblueshield.com
MyCare Navigator	Highmark Blue Shield	Customer Service: 1-888-BLUE-428 Available 24 hours a day, 7 days a week.
Telemedicine	Amwell	www.amwell.com
Prescription Drug Plan	Medco/Express Scripts	Group Number: QHDHP – 10527404 – Active PPO – 10527402 – Active Prescription Questions? 1-800-345-3806 Prescription Refills: 1-800-903-6228 Website & Mail Order: www.highmarkblueshield.com
Health Savings Account	Highmark Blue Shield	Group Number: 10527404 Customer Service: 1-866-871-7579 Website: www.highmarkblueshield.com
Nurse Navigator Service Health Coach	ConnectCare3	Customer Service: 1-877-223-2350 Website: connectcare3.com
Dental Plan	Highmark Blue Shield	Group Number: 10481940 Network: Advantage Plus Customer Service: 1-800-932-0783 Website: www.highmarkblueshield.com
Vision Plan	NVA	Group Number: 4099000001 Customer Service: 1-800-672-7723 Website: www.e-nva.com
Basic Life and AD&D Voluntary Life and AD&D Voluntary Short Term Disability Long Term Disability	Aflac	Group Number: TBD Customer Service: 1-800-992-3522 Website: www.aflac.com
401(k)	Empower Retirement	Customer Service: 1-888-411-4015 Website: www.empower-retirement.com/401kparticipant
Employee Assistance Program (EAP)	Aflac	Customer Service: 1-855-423-8585 Website: healthadvocate.com/Aflac
Pet Insurance	Petplan	Discount Code: SUB127C Customer Service: 1-866-467-6875 Website: www.gopetplan.com
Online Benefit Enrollment	BenefitMall	Website: https://ese.benefitmall.com



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York, PA 17402
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www.ekmconkey.com

This booklet is intended as a brief summary of your benefits. Benefits are subject to the contractual terms, limitations and exclusions as set forth in the master contracts.