

**SCOTT**

**BATH  
FITTER®**

**Mullikin Group, Inc.**  
d.b.a. Bath Fitter

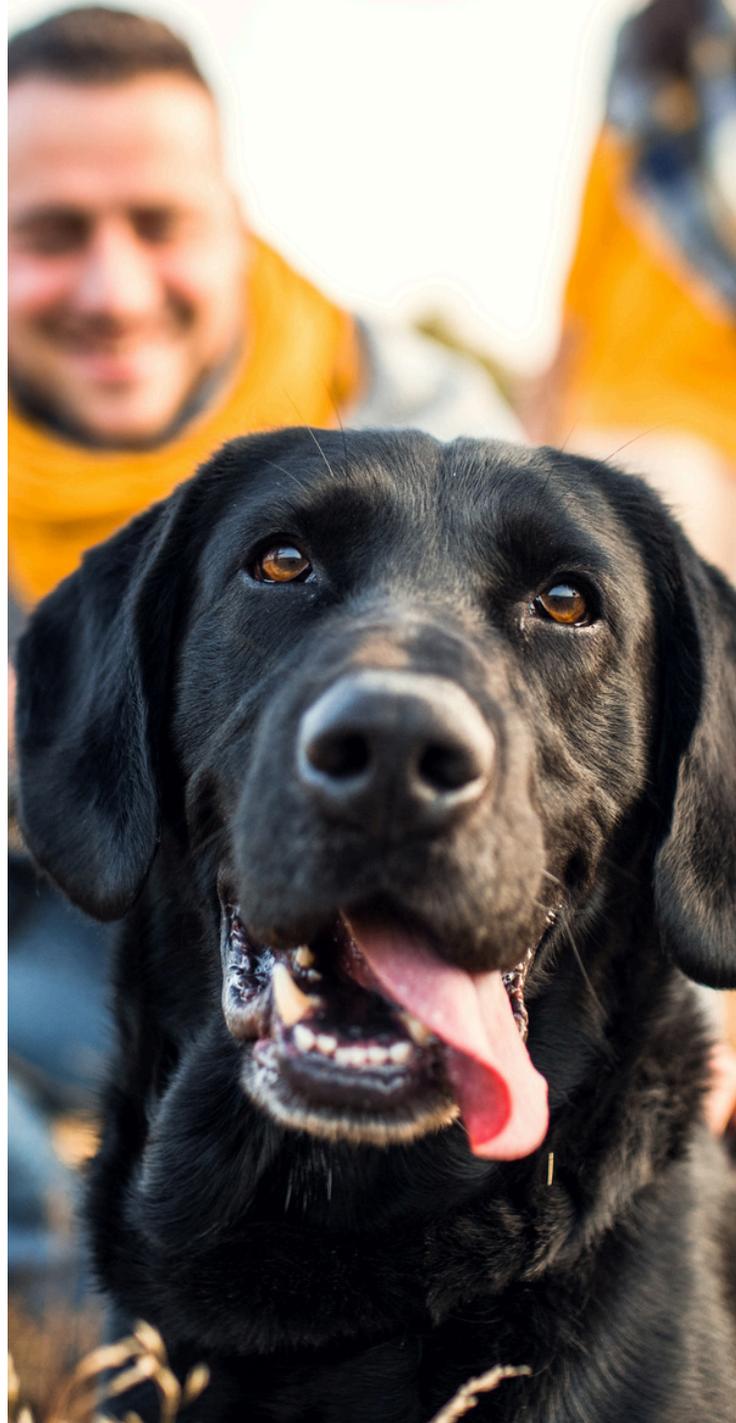
## BATH FITTER 2026 Employee Benefits Guide



This guide includes only highlights of the benefit plans. While we have tried to be as accurate as possible in developing this information, the official plan documents govern in all cases. If you would like a copy of the official plan documents, please contact Human Resources.

## Inside This Guide

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## QUESTIONS?

If you have any questions about your benefits, please contact Human Resources.

# Enrollment & Eligibility

## Who is Eligible to Elect Benefits?

If you're a full-time employee at Bath Fitter, you're eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 hours per week. Eligible dependents can also be enrolled.

### Eligible dependents include:

- Legal spouse or domestic partner
- Dependent children up to age 26

### Documentation is required for all dependents -

You must provide documentation when requested to confirm the eligibility status of your dependents.

## When are Benefits Effective?

Open Enrollment will begin on **November 10th and end on November 19th**. Your benefit elections will be effective from January 1st, 2026 - December 31st, 2026. New hires are eligible for benefits on the 1st of the month following 60 days of full-time employment.

## Making Changes During the Year

**Your elections will be in effect until December 31st, 2026 unless you experience a status change defined by the IRS such as:**

- Change in legal marital status
- Change in number of tax dependents
- Change in employment status or change in coverage under another employer-sponsored plan
- Change in child's dependent status
- Change in residence
- Entitlement to Medicare

**NOTE: Enrollment changes must be made within 30 days of the status change.**

## Linktree

This site is your one-stop for all things employee benefits! If you need any plan documents or need direct access to member portals, scan the QR code below!



# Medical Benefits

## Aetna Network

### DETAILS AT A GLANCE

For the 2026 benefit year, Bath Fitter is offering a competitive and comprehensive health care plan through Meritain utilizing the Aetna Choice Plus II network. Eligible employees have the option of enrolling in one of the medical plans shown below (full plan details available by contacting Human Resources).

Medical Plan Costs (per pay period, bi-weekly)			
	PPO 1500	PPO 3500	HSA 2500
Employee Only	\$81.21	\$42.03	\$36.56
Employee + Spouse	\$469.62	\$393.44	\$375.58
Employee + Child(ren)	\$399.02	\$326.82	\$313.54
Employee + Family	\$715.99	\$616.79	\$591.34

Benefit Description	PPO \$1,500	PPO \$3,500	HSA \$2,500
<b>Deductible</b> Individual/Family	\$1,500 / \$3,000	\$3,500 / \$7,000	\$2,500 / \$5,000
<b>Out-of-Pocket Maximum</b> Individual/Family	\$4,500 / \$9,000	\$8,500 / \$17,000	\$3,500 / \$7,000
<b>Coinsurance</b>	20%	30%	50%
<b>Preventive Care</b>	Covered at 100%	Covered at 100%	Covered at 100%
<b>Office Visits</b> PCP / Specialist	\$25 copay / \$50 copay	\$35 copay / \$60 copay	Deductible then 50%
<b>Telemedicine</b>	\$0	\$0	\$0
<b>Diagnostic Labs</b>	Deductible then 20%	Deductible then 30%	Deductible then 50%
<b>Advanced Diagnostics</b> MRI/CAT/PET/etc	Deductible then 20%	Deductible then 30%	Deductible then 50%
<b>Urgent Care</b>	\$50 copay	\$60 copay	Deductible then 50%
<b>Emergency Room</b>	\$250 per visit then 20%	\$500 per visit then 30%	Deductible then 50%
<b>Inpatient Hospital</b>	Deductible then 20%	Deductible then 30%	Deductible then 50%
<b>Outpatient Hospital</b>	Deductible then 20%	Deductible then 30%	Deductible then 50%
<b>Out-of-Network</b>			
Deductible	\$3,000 / \$6,000	\$4,000 / \$8,000	\$5,000 / \$10,000
Coinsurance	40%	50%	40%
Out-of-Pocket Maximum	\$9,000 / \$18,000	\$10,000 / \$20,000	\$9,000 / \$18,000

To find an in-network provider:

- Go to [Meritain DocFind](#)
- Enter your zip code
- Choose the **Aetna Choice POS II (Open Access)** network
- Search for providers, facilities, and more



# Prescription Benefits

## RxBenefits

Pharmacy Benefits	PPO \$1,500	PPO \$3,500	HSA \$2,500
<b>Retail Pharmacy (30 day supply)</b>			
Low Cost Generic	\$8	\$8	Deductible then 50%
Generic	\$25	\$25	Deductible then 50%
Preferred Brand	\$45	\$45	Deductible then 50%
Non-preferred Brand	\$70	\$70	Deductible then 50%
Specialty Generic/Preferred	\$125	\$125	Deductible then 50%
Specialty Non-Preferred	\$175	\$175	Deductible then 50%
<b>Mail Order Pharmacy (90 day supply)</b>			
Low Cost Generic	\$20	\$20	Deductible then 50%
Generic	\$62.50	\$62.50	Deductible then 50%
Preferred Brand	\$112.50	\$112.50	Deductible then 50%
Non-preferred Brand	\$175	\$175	Deductible then 50%

## RxBenefits Member Portal

Search for the lowest-cost pharmacies on your RxBenefits member portal by going to [www.rxbenefits.com/members](http://www.rxbenefits.com/members) and typing in your zip code. You can also view your out-of-pocket cost for any medication, your pharmacy claims history and drug information by registering/logging into your RxBenefits member portal.

## Mail Order Program

You and your family members can conveniently get a 90-day supply of your maintenance medications through RxBenefits, your mail-order pharmacy provider. For questions or to set up a mail order prescription, please call RxBenefits at **866-769-5987**.



# Telemedicine

## TELADOC

With Teladoc, you have access to primary care doctors anytime, anywhere.

If you are enrolled with the Aetna medical plan through Meritain, Teladoc gives you access to doctors by phone or video 24/7, from wherever you are.

### Teladoc Benefits

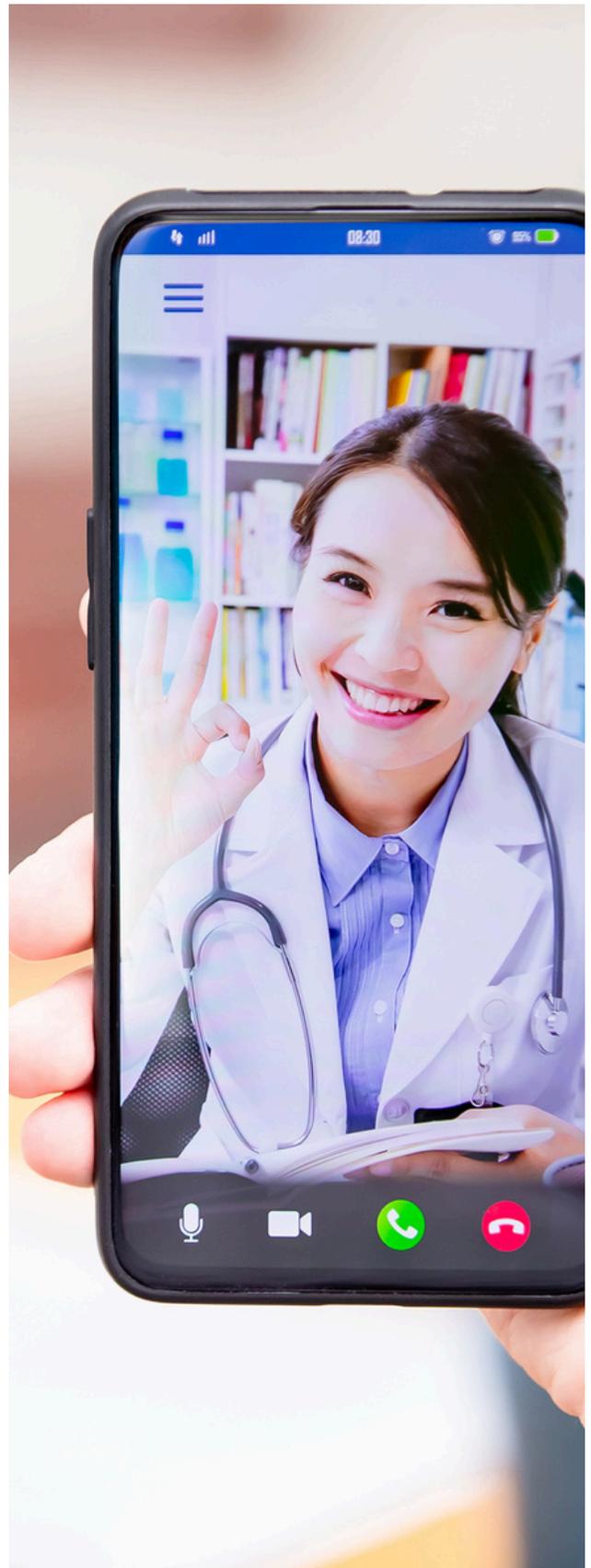
- You can talk to a doctor from wherever you are—day or night.
- Skip the trip to the ER or urgent care.
- \$0 cost for all members enrolled in the medical plans.

### What can be treated with Teladoc?

- Cold & flu symptoms
- Allergies & Sinus problems
- Asthma
- Pink eye
- Ear infection
- Respiratory infection
- And more!

### Feel better when you need to!

Call **1.800.TELADOC (835.2362)**, visit **Teladoc.com**, or download the mobile app to get started.



# Health Savings Accounts (HSA)

## Pinnacle Bank

### What is an HSA?

A Health Savings Account (HSA) is a tax-advantaged savings account that can be used for your health, dental and vision expenses. Money comes out of each paycheck (pre-tax) and is deposited into your account for future use on qualified healthcare expenses.

### Key Advantages of this Plan

- Triple Tax Savings
  - Funds are contributed pre-tax.
  - Any investment earnings are tax free.
  - Withdrawals are pre-tax as long as funds are used for qualified healthcare expenses.
- Portability
  - The account is yours even if you are no longer employed with Bath Fitter.
- Savings
  - There is no time limit for using your HSA funds and there is no maximum account balance.

### Contributions

The maximum contribution limits for 2026 are:

- Employee Only Coverage: \$4,400
- Family Coverage: \$8,750

*\*\*If you or your spouse are age 55 or older, you may contribute an additional \$1,000.*

### DID YOU KNOW?

You can use your HSA funds for qualified healthcare expenses for your spouse and children even they are not covered on your medical plan.

### Eligibility

To be eligible for contributions into your HSA account you:

- **Must be enrolled in the HSA 2500 Medical Plan**
- Cannot be claiming Social Security
- Cannot be claimed as a dependent on someone else's taxes
- Cannot have other health coverage such as Medicare, Tricare, a spouse's medical or pharmacy plan, or a Healthcare Flexible Spending Account (FSA).

### Examples of Qualified Healthcare Expenses

- Deductible, coinsurance and copays
- Prescription drugs
- Dental services including orthodontia
- Vision services such as contacts and glasses
- Visit <https://www.irs.gov/publications/p502> for a full list of qualified expenses.



# Flexible Spending Account

## Pinnacle Bank

**Bath Fitter** offers you the opportunity to defer pre-tax dollars into a Healthcare Flexible Spending Account (FSA) to pay for eligible medical, dental, and vision expenses and a Dependent Care Flexible Spending Account to pay for eligible child and adult care expenses.

### Use It or Lose It

It is important to estimate as accurately as possible when making your FSA election because IRS regulations require that you must forfeit any money not used for expenses incurred by the end of the plan year.

### Rollover

You may rollover up to \$680 in your Healthcare FSA from one plan year to the next.

### Can I have an HSA and an FSA/DCFSA?

You **CANNOT** contribute to both a Health Care FSA and HSA during the same plan year.

You **CAN** contribute to both a Dependent Care FSA and HSA during the same plan year.



#### Healthcare FSA

#### Dependent Care FSA

**2026 Maximum Annual Election**

\$3,400

**2026 Maximum Annual Election**

\$7,500

**Eligible Expenses**

- Deductible, coinsurance and copays
- Prescription drugs
- Dental services including orthodontia
- Vision services such as contacts and glasses
- Visit <https://www.irs.gov/publications/p502> for a full list of qualified expenses.

**Eligible Expenses**

- Care of dependent children under age 13 by a day care center or before-school or after-school program.
- Care for a disabled spouse, parent or child if the individual lives with you and cannot care for themselves.
- Care must be provided to keep employee and spouse gainfully employed.

# Dental Benefits

## GUARDIAN

For the 2026 Plan Year, Bath Fitter is offering two dental plan options through Guardian.

### DID YOU KNOW?

Regular dental cleanings may lower your risk for some diseases, like heart disease and stroke. Many medical conditions can be detected in their early stages by your dentist during a routine exam.

Benefit Description	Dental Low	Dental High
<b>Deductible</b> Individual/Family	\$50 / \$150	\$50 / \$150
<b>Annual Benefit Maximum</b>	\$1,000 plus maximum rollover	\$3,000 plus maximum rollover
<b>Lifetime Ortho Maximum</b>	N/A	\$1,000
<b>Preventive &amp; Diagnostics</b> Exams, Cleanings (each twice in a contract year), Bitewing X-rays	100%, not subject to deductible	100%, not subject to deductible
<b>Basic Services</b> Fillings (include posterior composites), Simple Extractions, Endodontics (root canal), Periodontics	80%	80%
<b>Major Services</b> Crowns, Implants, Bridgework, General Anesthesia, Full and Partial Dentures, Inlays, Onlays, Veneers	50%	50%
<b>Orthodontia Benefits</b> children age 26 and below	N/A	50%

### Find a Provider

You have the flexibility to receive treatment from any dentist you choose, either in or out-of-network. However, your out-of-pocket cost will be significantly lower if you see an in-network dentists.

To find an in-network dentist, log onto [www.guardiananytime.com](http://www.guardiananytime.com) and select DentalGuard Preferred as the network name.



Dental Plan Costs (per pay period, bi-weekly)		
	Dental Low	Dental High
<b>Employee Only</b>	\$0.00	\$7.27
<b>Employee + Spouse</b>	\$6.75	\$27.99
<b>Employee + Child(ren)</b>	\$8.61	\$31.97
<b>Employee + Family</b>	\$17.42	\$50.69

# Vision Plan

## GUARDIAN

Eligible employees and their eligible family members may enroll in one of the vision plans below through Guardian. With Guardian, you will get quality care that focuses on your eyes and overall wellness. Guardian utilizes the VSP network of vision providers.

Benefit Description	Low Plan	High Plan
<b>Exam</b>	\$20 copay	\$0 copay
<b>Frames</b>		
Frames Benefit	\$130 retail max + 20% off balance	\$130 retail max + 20% off balance
Costco, Walmart, Sam's Club Frame	\$70 retail max	\$70 retail max
Visions Upgrade Options Included	Progressive Lens, Retail Chain Provider	Progressive Lens, Retail Chain Provider
<b>Lenses</b>		
Standard Lenses - Single Vision	\$20 copay	\$0 copay
Lined Bifocal Lenses	\$20 copay	\$0 copay
Lined Trifocal or Lenticular Lenses	\$20 copay	\$0 copay
<b>Contact Lenses</b>		
Medically Necessary	Covered after copay	\$0 copay
Elective Materials	\$130 max (copay waived)	\$130 max (copay waived)
Elective Fitting & Evaluation	Included in the contact lens allowance +15% discount	Included in the contact lens allowance + 15% discount
<b>Frequency</b>		
Vision Exam	12 months	12 months
Lenses	12 months	12 months
Frames	12 months	12 months

To get the most out of your benefits and to reduce your out-of-pocket costs, make sure you visit an in-network provider or retailer. For a complete list of in-network providers near you, go to [www.vsp.com](http://www.vsp.com) or call **800-877-7195**

Vision Plan Costs (per pay period, bi-weekly)		
	Low Plan	High Plan
<b>Employee Only</b>	\$0.00	\$0.99
<b>Employee + Spouse</b>	\$0.77	\$3.56
<b>Employee + Child(ren)</b>	\$0.96	\$3.90
<b>Employee + Family</b>	\$3.09	\$7.74



# Life and AD&D Insurance

## GUARDIAN

Life insurance can help provide for your loved ones if something were to happen to you.

### Basic Life and AD&D Insurance

Basic life and AD&D insurance is **100% paid by Bath Fitter**. Please make sure you have an up-to-date beneficiary on file. To update your beneficiary, contact HR.

BASIC LIFE AND AD&D	
Benefit Amount	\$25,000
Age Reduction Schedule	Benefit reduces to 35% at age 65; 50% at age 70

### Voluntary Life and AD&D Insurance

In addition to the basic life and AD&D insurance that Bath Fitter purchases for you, you may want to purchase additional life and AD&D insurance. If you purchase voluntary life and AD&D insurance, the premium is **100% paid by you**.

You can purchase coverage for yourself, your spouse and children. You must purchase coverage on yourself in order to purchase it on your spouse and/or children. If you elect an amount above the guaranteed issue, you will be required to complete an evidence of insurability form (answer medical questions) and the benefit will be subject to underwriting approval.

VOLUNTARY LIFE AND AD&D	
Employee Benefit	\$10,000 increments up to \$300,000 Guaranteed Issue Amount: \$150,000
Spouse Benefit	\$5,000 increments up to \$150,000. You may elect up to 50% of the employee election amount. Guaranteed Issue Amount: \$30,000
Children Benefit	Child (14 days to 26 years): \$1,000 increments up to \$10,000. Infant (Birth to 14 days): \$500 You may elect up to 50% of the employee election amount. Guaranteed Issue Amount: \$10,000
Age Reduction Schedule	Benefit reduces to 35% at age 65; 50% at age 70

Voluntary Life and AD&D Rates (Employee & Spouse Rates per \$1,000)										
Age	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rates per \$1,000	\$0.110	\$0.115	\$0.142	\$0.192	\$0.313	\$0.504	\$0.771	\$1.015	\$1.562	\$3.310
AD&D Rate per \$1,000	\$0.045									
Dependent Children	\$0.137 per \$1,000									

#### How to Calculate Your Premium

**Step 1:**  
 \_\_\_\_\_ / 1,000 = Benefit Amount  
 (coverage amount)

**Step 2:**  
 \_\_\_\_\_ × \_\_\_\_\_ = Monthly Premium  
 (Benefit Amount) (Age-Based Rate per \$1,000)

Multiply the Total Monthly Premium by 12, then divide by 26 to get your bi-weekly payroll deduction amount.

# Disability Insurance

## GUARDIAN

In the event you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Short-term and long-term disability are **100% paid by the employee**.

	Voluntary Short Term Disability	Voluntary Long Term Disability
<b>Benefit Amount</b>	60% of weekly salary	60% of monthly salary
<b>Maximum Benefit</b>	\$1,200 per week	\$5,000 per month
<b>Benefits Begin</b>	8th day	91st day
<b>Benefit Duration</b>	13 weeks	Social Security Normal Retirement Age
<b>Pre-existing Condition Limitation</b>	3/12	3/12

### Voluntary Short Term Disability

Employee Age	Rate per \$10 of Weekly Benefit
Under 25	\$0.31
25-29	\$0.32
30-34	\$0.58
35-39	\$0.51
40-44	\$0.48
45-49	\$0.51
50-54	\$0.70
55-59	\$0.91
60+	\$1.27

### Voluntary Long Term Disability

Employee Age	Rate per \$100 of Monthly Payroll
Under 25	\$0.11
25-29	\$0.13
30-34	\$0.32
35-39	\$0.55
40-44	\$0.82
45-49	\$1.30
50-54	\$1.69
55-59	\$2.21
60+	\$2.10

#### Pre-existing Condition Limitation

Any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered.

**NOTE:** You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

### How to Calculate Your STD Premium

#### Step 1:

$\frac{\text{Annual Salary}}{52} \times 0.60 = \text{Weekly Benefit (capped at \$1,200)}$

#### Step 2:

$\frac{\text{Weekly Benefit}}{10} \times \text{Rate per \$10} = \text{Total Monthly Premium}$

Multiply the Total Monthly Premium by 12, then divide by 26 to get your bi-weekly payroll deduction amount.

### How to Calculate Your LTD Premium

#### Step 1:

$\frac{\text{Annual Salary}}{12} = \text{Monthly Covered Payroll (capped at \$8,333.33)}$

#### Step 2:

$\frac{\text{Monthly Payroll}}{100} \times \text{Rate per \$100} = \text{Total Monthly Premium}$

Multiply the Total Monthly Premium by 12, then divide by 26 to get your bi-weekly payroll deduction amount.

# Voluntary Benefits

## GUARDIAN

### Accident Insurance

**Accidents are unexpected and can strike any member of your family.** The costs associated with treatment can mount quickly. For covered accidental injuries, fixed benefits are paid directly to you regardless of any other coverage you may have and you can spend it any way you choose. Benefits are paid according to a fixed schedule that includes benefits for hospitalization, fractures and dislocations, emergency room visits, major diagnostic exams, physical therapy and more.

#### Key Advantages of this Plan

- This plan pays a \$50 wellness screening benefit each year once you provide proof of an eligible health screening. Eligible screenings, include:
  - Certain blood tests
  - Pap smear
  - Skin cancer screening
  - Lipid panels
  - Cardiac exercise stress test
  - Electrocardiogram (ECG)
  - Immunizations and interscholastic sports physical exam. (Availability of benefit and covered tests may vary by state.)
- Provides coverage for off-the-job accidents
- Benefits are payable directly to you
- This plan pays benefits in addition to any other coverage you may have
- There are no health questions or pre-existing conditions limitations



### Critical Illness Insurance

**Critical Illness insurance pays a fixed benefit if you are diagnosed after your coverage effective date.**

Covered illnesses include but are not limited to cancer, heart attack, stroke, and paralysis. This insurance can help cover out-of-pocket medical and non-medical expenses. It does not have to be used to pay for treatment.

#### Key Advantages of this Plan

- This plan pays a \$50 wellness screening benefit per person per year once you provide proof of an eligible health screening.
- Benefits are payable directly to you to be spent any way you choose. You can elect the following maximum benefit for you and your dependents
  - Employee: \$10,000 or \$20,000
  - Spouse: \$5,000 or \$10,000 increments, not to exceed 50% of employee coverage
  - Child(ren): 50% of employee coverage
- Pays in addition to any other coverage you may have.
- Coverage is fully portable — if you change jobs you can take your coverage with you.

Accident	Bi-Weekly Cost
Employee Only	\$6.08
Employee + Spouse	\$10.09
Employee + Child(ren)	\$10.41
Family	\$14.42

Critical Illness				
Age	Employee Bi-Weekly Cost per \$10,000	Employee Bi-Weekly Cost per \$20,000	Spouse Bi-Weekly Cost per \$5,000	Spouse Bi-Weekly Cost per \$10,000
Under 30	\$2.86	\$5.72	\$1.43	\$2.86
30-39	\$4.57	\$9.14	\$2.28	\$4.57
40-49	\$8.86	\$17.72	\$4.43	\$8.86
50-59	\$17.72	\$35.45	\$8.86	\$17.72
60-69	\$30.55	\$61.11	\$15.28	\$30.55
70+	\$51.88	\$103.75	\$25.94	\$51.88

\*Child cost is included in the employee election

# Voluntary Benefits

## GUARDIAN

**IMPORTANT: This is a fixed indemnity policy, NOT health insurance.**

This fixed indemnity policy may pay you a limited dollar amount if you are sick or hospitalized. You are still responsible for paying the cost of your care.

- The payment you get is not based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy is not a substitute for comprehensive health insurance.
- Since this policy is not health insurance, it does not have to include most federal consumer protections that apply to health insurance.

### Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

### Questions about this policy?

- For questions or complaints about this policy, contact your state Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

## Hospital Indemnity Insurance

Hospital Indemnity insurance pays a fixed benefit if you have a hospital admission or stay after your coverage effective date.

Covered hospital benefits include hospital admissions for chronic care, observation, ICU and non-ICU, and newborn nursery care.

### Key Advantages of this Plan

- Benefits are payable directly to you to be spent any way you choose. Benefits are paid per admission, per day, or a one time lump-sum.
- This plan pays in addition to any other coverage you may have.
- Coverage is fully portable - if you change jobs, you can take your coverage with you.



Benefits	Amounts
Hospital Admission	\$1,500 per admission to a max of 2 admissions per year, per insured
Hospital Confinement	\$100 per day to a max of 15 days per year, per insured
Hospital ICU Admission	\$1,500 per admission to a max of 2 admissions per year, per insured
Hospital ICU Care	\$100 per day to a max of 15 days per year, per insured
Treatments Covered	Sickness & injury
Treatment of Normal Pregnancy	Hospital admission benefits are not payable for birth within the first 9 months of coverage.
Pre-Existing Condition Limitation	12/12

Hospital Indemnity	Bi-Weekly Cost
Employee Only	\$8.04
Employee + Spouse	\$19.37
Employee + Child(ren)	\$14.05
Family	\$25.38

# Employee Assistance Program (EAP)

## ComPsych Guardian



Bath Fitter offers all eligible employees an EAP administered through ComPsych Guardian.

The EAP offers comprehensive solutions to help you when faced with a personal crisis such as depression, anxiety, or substance use. **The EAP includes:**

### Telephone or In-Person Counseling

You receive **three** free counseling sessions per year, per household member. Licensed and professional counselors listen and carefully evaluate your needs and offer short-term counseling focused on coping strategies. Professionals provide assistance for:

- Marital difficulties
- Substance abuse (alcohol & drugs)
- Parenting and family conflicts
- Grief counseling
- Stress & anger management
- Depression and emotional problems
- And much more!

Employees in need of long-term counseling and specialized care are referred to the appropriate treatment plans.

### How does it work?

You can call ComPsych at 855-239-0743 to access telephone or in-person counseling and work-life services. If needed, you may be referred to ongoing treatment or specialty care. You can also visit [www.guidanceresources.com](http://www.guidanceresources.com).

# Additional Benefits

BenefitHub



## Additional Benefit Offerings!

Bath Fitter offers you the opportunity to purchase additional benefits through BenefitHub. This all-in-one site offers individual policies for purchase like pet insurance, ID Theft, legal protection, and much more! If you are looking for one or more of those policies to protect you and your loved ones, log in today.

### Did you know?

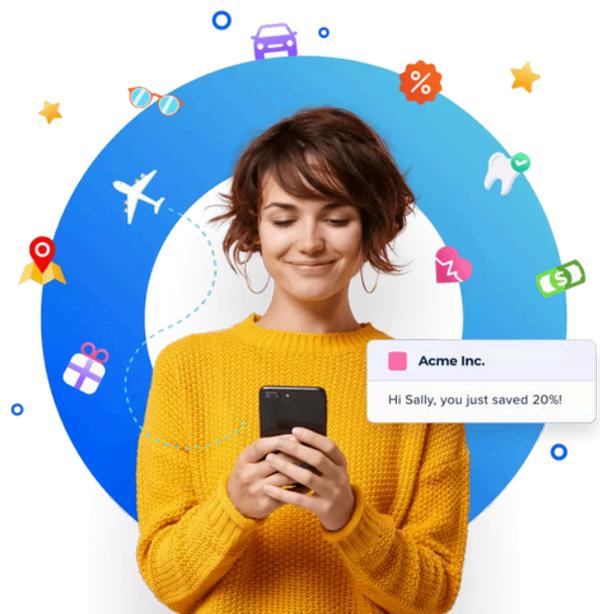
BenefitHub also offers discounts on everyday items as well. Take advantage of discounts from top retailers like:

- Amazon
- Apple
- Ray Ban
- Nike
- And much more!

Navigate to:

[www.bathfittersouth.benefithub.com](http://www.bathfittersouth.benefithub.com)

to browse all of the offerings available to you!



You can also access the site using the QR code:



# Benefit Resources

## Bath Fitter



### Carrier Contacts

Plan	Contact	Website / Email
<b>Medical</b> Aetna Network through Meritain	888-324-5789	<a href="http://www.meritain.com">www.meritain.com</a>
<b>Prescription Drugs</b> RxBenefits	800-334-8134	<a href="http://www.rxbenefits.com">www.rxbenefits.com</a>
<b>Telemedicine</b> Teladoc	800-835-2362	<a href="http://www.teladoc.com">www.teladoc.com</a>
<b>Dental</b> Guardian	800-541-7846	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
<b>Vision</b> VSP Network through Guardian	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Life and AD&amp;D, Short-Term Disability, Long-term Disability</b> Guardian	800-627-4200	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
<b>Accident, Critical Illness, Hospital Indemnity</b> Guardian	800-627-4200	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
<b>Employee Assistance Program</b> ComPsych through Guardian	855-239-0743	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a>
<b>Additional Benefits</b> BenefitHub		<a href="http://www.bathfittersouth.benefithub.com">www.bathfittersouth.benefithub.com</a>

### Your Company Contacts

	Phone	Email
<b>Dorie Long</b> Director of Human Resources	864-721-4648	<a href="mailto:dlong@bathfittersouth.com">dlong@bathfittersouth.com</a>

SCOTT  
INSURANCE

Benefit  
Services

*The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact HR.*

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