



# 2024 Benefits Guide

Benefits, inc.<sup>®</sup>

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## **BENEFITS, INC.**

[www.benefits-inc.com](http://www.benefits-inc.com)  
110 Mathis Drive Suite 106 Dickson, TN

P : 615.446.3303  
E : [myvantivabenefits@benefits-inc.com](mailto:myvantivabenefits@benefits-inc.com)

**COMMSCOPE/  
HOME NETWORKS  
EMPLOYEES**

# 2024



# TABLE OF **CONTENT**

<b>YOUR ENROLLMENT TO-DO LIST</b>	<b>4</b>
<b>WHAT YOU NEED TO KNOW</b>	<b>5</b>
<b>GET THE MOST OUT OF YOUR BENEFITS</b>	<b>6-7</b>
<b>MEDICAL INSURANCE</b>	<b>8-9</b>
<b>HEALTH SAVINGS ACCOUNT</b>	<b>10</b>
<b>FLEXIBLE SAVINGS ACCOUNT</b>	<b>11</b>
<b>DENTAL INSURANCE</b>	<b>12</b>
<b>VISION INSURANCE</b>	<b>13</b>
<b>BASIC LIFE AND AD&amp;D INSURANCE</b>	<b>14</b>
<b>SUPPLEMENTAL LIFE AND AD&amp;D INSURANCE</b>	<b>15</b>
<b>GRANDFATHERED SHORT-TERM DISABILITY (STD)</b>	<b>16</b>
<b>GRANDFATHERED LONG-TERM DISABILITY (LTD)</b>	<b>17</b>
<b>VOLUNTARY BENEFITS</b>	<b>18-21</b>
<b>BENEFIT CONTACTS</b>	<b>22</b>



## ENROLL IN **BENEFITS**

[employeenavigator.com](https://www.employeenavigator.com) | Company Identifier: vantiva  
or call (615) 446-3494

# YOUR ENROLLMENT **TO-DO LIST**

01

## REVIEW THIS GUIDE AND YOUR PLAN OPTIONS

For more information on your plan options, go to [employeenavigator.com](https://employeenavigator.com) | Company Identifier: vantiva

02

## ENROLL OR MAKE CHANGES

Go to [employeenavigator.com](https://employeenavigator.com) | Company Identifier: vantiva

Call the Benefits, Inc. Enrollment Team at  
(615) 446-3494



## ENROLLMENT TIPS

### FOR NEW HIRES!

- The choices you make when you first become eligible are in effect for the remainder of the plan year. It's important to review your benefit options carefully and choose the best coverage for you and your family.
- If you do not make an election during this time, you must wait for the next Open Enrollment period, unless you have a qualifying life event (see page 5).
- You will be grandfathered into your former CommScope's disability plans for the 2024 plan year.
- For more plan details, review the Summary of Benefits and Coverage (SBC) available at [employeenavigator.com](https://employeenavigator.com).

# WHAT YOU NEED TO KNOW

## WHO'S ELIGIBLE?

### EMPLOYEE ELIGIBILITY

You are eligible to participate in Vantiva's benefits plans if you:

- Are a **full-time employee**
- Are a **part-time employee** who is regularly scheduled to work **more than 20 hours per week**
- Have completed **30 days of continuous employment**

## ENROLLING & MAKING CHANGES

The choices you make when you first become eligible are in effect for the remainder of the plan year. It's important to review your benefit options carefully and choose the best coverage for you and your family.

**You have 3 opportunities to enroll or make changes to your benefits:**

1. Within 30 days of your eligibility date
2. During the annual Open Enrollment period
3. Within 30 days of a qualifying life event. **Examples include:**

- Marriage, divorce, or legal separation
- Birth, adoption of a child, or placement for adoption of a child
- Loss or gain of other health coverage for you and/or dependents
- Change in employment status (i.e. change to part-time employment status)
- Moving out of the area
- Death of a dependent
- Change in Medicaid/Medicare eligibility for you or a dependent
- Receipt of a Qualified Medical Child Support Order

### DEPENDENT ELIGIBILITY

Your family may also be eligible for benefits  
Eligible dependents are:

- Your **spouse**
- Your **domestic partner**
- Your **dependent child(ren)** up to age 26 (regardless of marital status), including stepchild, legally adopted child, child of domestic partner, or a child for whom you or your spouse/ domestic partner are the legal guardian
- Your **unmarried child(ren)** age 26 or older who is/are mentally or physically disabled and who rely on you for support and care

# GET THE MOST OUT OF **YOUR BENEFITS**

## **SEE A DOCTOR 24/7 FROM THE COMFORT OF YOUR HOME**

Feeling under the weather? Telemedicine services put you in control of when and where you access medical and mental health care services without going to a doctor's office. Virtual visits give you direct access to a licensed medical professional 24/7/365 who can treat common conditions, such as:

### **Common Conditions**

Allergies	Cold or flu	Ear pain
Rashes	Pinkeye	Sinus infections
Anxiety	Depression	Stress

To schedule an appointment, download the app on the Apple Store or Google Play and sign up for **FREE** on your tablet or smartphone. Then, select a doctor and start your virtual consultation. Anthem LiveHealth Online and Cigna MDLIVE **medical care consultations** are available to EPO plan members for a \$25 copay and PPO Plus HSA members for up to \$59. Pricing for behavioral care varies depending on the health care services you select.

## HOW TO ACCESS **TELEMEDICINE SERVICES**

**Anthem LiveHealth Online:** Register at [livehealthonline.com](https://livehealthonline.com) or call (888) 548-3432

**Cigna MDLIVE:** Register at [mycigna.com](https://mycigna.com) or call (888) 726-3171



## SAVE \$\$ WITH MAIL ORDER PRESCRIPTIONS

Looking for ways to keep more dollars in your pocket? Mail order pharmacy is a great way to save time and money by having your medications delivered to your door. For medications taken regularly (such as high blood pressure or diabetes medicine), **ask your doctor** to provide you with a 90-day prescription.

### **Anthem & Cigna:**

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- Receive medications in the mail by signing up at [caremark.com](https://www.caremark.com) or call **(800) 552-8159**.
  - You also have the option to pick up your 90-day supply at any local CVS or Target retail pharmacy.
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### **Kaiser:**

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- Register at [kp.org](https://www.kp.org) to refill prescriptions by mail or call **(800) 464-4000** (CA), **(888) 865-5813** (GA).
  - You can also order prescription refills using the pre-printed mail-order forms located at Kaiser pharmacies.
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# COMPARISON OF THE MEDICAL PLAN

Plan Features	Anthem & Cigna PPO Plus HSA		Cigna EPO	Kaiser HMO
	Cigna is available in AL, AR, MS, TN only		AL, AR, MS, TN only	CA & GA only
	In-Network	Out-of-Network	In-Network Only	In-Network Only
<b>Annual Deductible</b> <i>Individual/Family</i>	\$1,600 / \$3,200		\$0	N/A
<b>Annual Out-of-Pocket Maximum</b> <i>Individual/Family</i>	\$5,000 / \$10,000	\$7,000 / \$14,000	\$4,000 / \$8,000	\$1,500 / \$3,000
<b>Vantiva Annual HSA Contribution</b> <i>Individual/Family</i>	\$800 / \$1,600		N/A	N/A
	You pay		You pay	You pay
<b>Preventive Care Visit</b>	No charge	30% after deductible	No charge	No charge
<b>Primary Care Visit</b>	20% after deductible	30% after deductible	\$25	\$20
<b>Telemedicine Visit</b>	Up to \$59	N/A	Up to \$25	N/A
<b>Specialist Visit</b>	20% after deductible	30% after deductible	\$40	\$20
<b>Lab &amp; X-ray</b>	20% after deductible	30% after deductible	\$25	No charge
<b>Urgent Care</b>	20% after deductible	Anthem: 30% after deductible Cigna: 20% after deductible	\$40	\$20
<b>Emergency Room</b>	20% after deductible		\$500 + 15% coinsurance	\$100 <i>(waived if admitted)</i>
<b>Outpatient Services</b>	20% after deductible	30% after deductible	15% coinsurance	\$20
<b>Inpatient Services</b>	20% after deductible	30% after deductible	15% coinsurance	\$250
<b>Prescription Drugs: Retail</b> <i>(up to a 30-day supply)</i>				
	You pay		You pay	You pay
<b>Tier 1: Generic</b>			\$15	\$15
<b>Tier 2: Formulary</b>			\$30	\$30
<b>Tier 3: Non-Formulary</b>	20% after deductible	Not covered	\$50	\$30
<b>Tier 4: Specialty</b>			15% to \$100 max	30% to \$150 max
<b>Prescription Drugs: Mail Order</b> <i>(up to a 90-day supply for Anthem, Cigna, Kaiser GA   up to a 100-day supply for Kaiser CA)</i>				
	You pay		You pay	You pay
<b>Tier 1: Generic</b>			\$30	\$30
<b>Tier 2: Formulary</b>			\$60	\$60
<b>Tier 3: Non-Formulary</b>	20% after deductible	Not covered	\$100	\$60
<b>Tier 4: Specialty</b>			Not covered	Not covered

## OTHER COVERED SERVICES FOR ANTHEM/CIGNA PLANS

- Acupuncture • Bariatric surgery • Chiropractic care • Hearing aids
- Infertility treatment up to a lifetime maximum of \$25,000

Call Anthem at **(866) 452-1276** or Cigna at **(800) 244-6224** for more plan details.

# YOUR COST FOR HEALTH CARE COVERAGE

Your bi-weekly payroll deductions for medical are pre-tax. **Cigna** is available in AL, AR, MS, and TN only, and **Kaiser** in CA and GA.

Medical Bi-Weekly Cost				
	Anthem PPO Plus HSA	Cigna PPO Plus HSA	Cigna EPO	Kaiser HMO
Employee Only	\$26.38	\$25.04	\$98.15	\$80.02
Employee + Spouse / Domestic Partner*	\$107.98	\$94.59	\$230.71	\$197.23
Employee + Child(ren)	\$86.65	\$76.12	\$184.85	\$158.52
Employee + Family	\$146.70	\$128.12	\$315.87	\$266.40

\*Domestic partnership is generally processed on a post-tax basis. Imputed income may apply.



# HOW THE HEALTH SAVINGS ACCOUNT (HSA) WORKS

If you enroll in a PPO Plus HSA plan, you are eligible to open a Health Savings Account (HSA), administered by **Fidelity Investments**. An HSA can help you pay for eligible health care expenses such as medical, dental, vision care, and prescription drugs.

2024 Vantiva Contribution to Your HSA <b>FREE MONEY!</b>		Coverage Type	2024 Annual HSA Contribution IRS Limits
Individual	\$800	Individual	\$4,150
Family	\$1,600	Family	\$8,300
<i>The \$\$\$ is yours. You never lose it.</i>		Age 55+ Catch-up	Additional \$1,000

## WHAT'S IN IT FOR YOU?

- Vantiva contributes **\$\$\$** to your HSA! It's **FREE MONEY**.
- You can set aside pre-tax money from your paycheck to help pay for additional out-of-pocket health care expenses. HSAs give you triple tax advantages:
  - *Your contributions to the HSA are not taxed\**
  - *Payments of qualified expenses are tax-free\**
  - *Earnings are tax-free\**
- The HSA is an individual account you own! The entire balance is yours to keep.
- If you leave the company, the account goes with you.
- You can make/change your HSA contributions at any time. Unused funds always roll over to next plan year.
- You must have coverage under a HSA qualified High Deductible Health Plan (HDHP)
- Have no other first-dollar medical coverage (other types of insurance, such as specific accident, disability, dental care, vision care, or long-term disability are permitted)
- Are not enrolled in Medicare, coverage under your spouse, Tri-care, etc.
- Cannot be claimed as a dependent on someone else's tax return

## 4 STEPS TO MAXIMIZE YOUR HSA

- 1** You must first **OPEN** your Health Savings Account with Fidelity at [netbenefits.fidelity.com](https://netbenefits.fidelity.com)
- 2** Once the account is open, you can **CONTRIBUTE pre-tax dollars** from your paycheck up to the annual IRS maximums.
- 3** You will receive a Fidelity **DEBIT CARD to pay** for eligible health care expenses.
- 4** Vantiva will deposit **FREE MONEY** to your account. Company contributions are pro-rated based on your effective date.

# HOW THE **FLEXIBLE SPENDING ACCOUNT (FSA) WORKS**

Flexible Spending Accounts, administered by **Navia Benefit Solutions**, allow you to set aside pre-tax dollars to pay for eligible health and dependent care expenses. Each year, you must elect the annual amount you want to contribute to one or both accounts. Your contributions will be deducted pre-tax from your paycheck which reduces your taxable income.

## **LIMITED PURPOSE FSA**

### **2024 IRS MAXIMUM \$3,200/YEAR**

The Limited Purpose FSA lets you set aside pre-tax dollars to pay for eligible dental and vision expenses.

*Note: Only available if you are enrolled in the PPO Plus HSA.*

## **DEPENDENT CARE FSA**

### **2024 IRS MAXIMUM \$5,000/YEAR**

The Dependent Care FSA will reimburse you for eligible daycare expenses for children age 12 and under, or elder dependents who are unable to care for themselves. Care can be provided through live-in care, babysitters, or licensed daycare centers.

*Note: All employees are eligible to participate in the Dependent Care FSA regardless of medical plan.*

## **HEALTH CARE FSA**

### **2024 IRS MAXIMUM \$3,200/YEAR**

The Health Care FSA lets you use pre-tax dollars to pay for eligible health care expenses that you, your spouse, and your children incur during the plan year. When you incur an eligible expense, you can use your FSA debit card and/or submit documentation for reimbursement.

*Note: If you are enrolled in the PPO Plus HSA, you are NOT eligible to participate in the Health Care FSA.*

## RULES TO **KEEP IN MIND**

All expenses for the Limited Purpose, Dependent Care, and Health Care FSAs must be incurred during the plan year: **January 1 through December 31**. To review the list of eligible expenses, go to [naviabenefits.com/participants/resources/expenses](https://naviabenefits.com/participants/resources/expenses).

The IRS has a strict **"Use-It or Lose-It"** rule for FSAs. At the end of the calendar year, you may roll over up to \$640 of unused Limited Purpose FSA and Health Care FSA funds. Any remaining funds above those amounts for Limited Purpose and Health Care FSAs will be forfeited. All unused Dependent Care FSA funds will be forfeited.

Once you enroll in the FSA, you can only change your contribution amount during the plan year if you experience a qualifying life event. Each account functions separately. You cannot transfer funds from one FSA to another.

# YOUR DENTAL COVERAGE

The dental plan allows you to use both in and out-of-network providers.

You will pay less for in-network services. To find an in-network provider, go to [deltadentalins.com](https://deltadentalins.com)

Plan Features	Delta Dental PPO	
	In-Network	Out-of-Network*
	You pay	
<b>Annual Deductible</b> <i>Individual/Family</i>	\$50 Individual / \$150 Family	
<b>Annual Out-of-Pocket Maximum</b>	\$2,000 per person	
<b>Diagnostic &amp; Preventive Services</b> <i>(x-rays, cleanings, exams)</i>	Covered at 100%; does NOT count toward the \$2,000 annual max	Covered at 100%
<b>Basic &amp; Restorative Services</b> <i>(composite (white) fillings for all teeth, extractions, root canals)</i>	20% after deductible	20% after deductible
<b>Major Services</b> <i>(crowns, bridges, implants)</i>	35% after deductible	35% after deductible
<b>Orthodontia</b> <i>(adults and children)</i>	50%	50%
<b>Orthodontia Lifetime Maximum</b>	\$3,000 per person	

\*For out-of-network services, members pay applicable coinsurance plus any amount that exceeds the Reasonable and Customary (R&C) charge.

Dental Bi-Weekly Cost	
<b>Employee Only</b>	\$4.88
<b>Employee + Spouse / Domestic Partner*</b>	\$9.98
<b>Employee + Child(ren)</b>	\$11.83
<b>Employee + Family</b>	\$18.59

\*Domestic partnership is generally processed on a post-tax basis. Imputed income will apply.



# YOUR VISION COVERAGE

To receive the highest coverage, find an in-network provider at [guardiananytime.com](https://guardiananytime.com)

Plan Features	Guardian Vision (through VSP network)	
	In-Network	Out-of-Network
	You pay:	Plan reimburses you:
<b>Exam</b> <i>Every calendar year</i>	\$10 copay	Up to \$50
<b>Frames</b> <i>Every other calendar year</i>	\$200 allowance on any frame 20% savings over the allowance	Up to \$70
<b>Lenses</b> <i>Every calendar year</i>		
Single Vision	\$25 copay	Up to \$50
Bifocal		Up to \$75
Trifocal		Up to \$100
Lenticular		Up to \$75
<b>Contact Lenses</b> <i>(in lieu of lenses and frames) every calendar year</i>	\$200 allowance	Up to \$105

Vision Bi-Weekly Cost	
Employee Only	\$5.08
Employee + Spouse / Domestic Partner*	\$7.35
Employee + Child(ren)	\$8.69
Employee + Family	\$13.89

\*Domestic partnership is generally processed on a post-tax basis. Imputed income will apply.



YOUR

# BASIC LIFE AND AD&D INSURANCE

Life and Accidental Death & Dismemberment (AD&D) insurance, through **Guardian**, provide financial security to you and your family if you pass away or become seriously injured.

As an eligible employee, you receive Basic Life and AD&D insurance equal to 2 times your base salary up to \$500,000. Basic Life and AD&D is provided by the company at **NO COST** to you.

Benefit	
Basic Life and AD&D	2 times the employees base salary up to \$500,000
Employer Paid	Covered at 100%

## BUSINESS TRAVEL ACCIDENT

You are **covered up to \$300,000 for emergency health services related to an accident or illness** while on business travel. This protection extends to your traveling spouse and unmarried dependent children, while on a business trip or business sojourn (leisure trip directly connected before, after, or during a business trip) when outside your home country.

Additionally, you are also covered for AD&D up to 3x your annual base salary.

DON'T FORGET TO

# UPDATE YOUR BENEFICIARIES!

You may choose anyone to be the beneficiary of your Life and AD&D policy.

Review your beneficiary designation periodically to make sure it reflects your current wishes.

You can change your beneficiaries any time by logging in to **Employee Navigator** at [employeenavigator.com](http://employeenavigator.com)

YOUR

# SUPPLEMENTAL LIFE AND AD&D INSURANCE

In addition to Basic Life and AD&D, you may purchase Supplemental Life and AD&D coverage at discounted rates. For Supplemental AD&D, you may purchase up to a \$1,000,000 in additional coverage in increments of \$50,000. The chart describes the amount of Supplemental Life and AD&D coverage you can buy for yourself, your spouse, and your child(ren).

**Note:** You must elect Supplemental Life and/or AD&D for yourself in order to have Supplemental Life and/or AD&D coverage for your dependent(s).

Benefit	Supplemental Life/AD&D Options		
	Employee	Spouse	Dependent Child(ren)*
Coverage Options	1 to 5x your base annual salary	\$10,000 increments	\$5,000 increments
Maximum	\$1,000,000	\$150,000 (cannot exceed employee coverage)	\$25,000
Guaranteed Issue Amount	\$500,000	\$50,000	\$25,000
Guaranteed Issue Period	Within 30 days of benefits eligibility or a qualifying life event		
Employer Paid	Covered at 100%	Covered at 100%	Covered at 100%

\*Children ages 14 days to 19 years, or 26 years if a full-time student, are eligible for coverage. Children over age 19 are also eligible if permanently disabled and dependent on you for financial support.

Depending on your Supplemental Life coverage election, you may be required to submit an Evidence of Insurability (EOI) form. It's a health questionnaire (in some cases, a physical exam may be required) that will be reviewed by Guardian. You will be notified of their decision directly.

DON'T FORGET TO

## UPDATE YOUR BENEFICIARIES!

You may choose anyone to be the beneficiary of your Life and AD&D policy.

Review your beneficiary designation periodically to make sure it reflects your current wishes.

You can change your beneficiaries any time by logging in to **Employee Navigator** at [employeenavigator.com](http://employeenavigator.com)

YOUR

# GRANDFATHERED SHORT-TERM DISABILITY (STD)

For the 2024 plan year, you are grandfathered into the CommScope's STD benefits. Short-Term Disability coverage provides you with a portion of income replacement if you are unable to work due to a non-occupational illness or injury. You are automatically enrolled in the basic STD plan at **NO COST** to you. Hourly employees: you may elect to enroll in an STD buy-up plan as a supplement to the basic STD plan. Buy-up STD premiums are payroll deducted. Benefits are available after a 7-day elimination period.

STD benefits may be offset by benefits you receive from state-mandated disability plans such as California, New Jersey, New York, Rhode Island, or the Commonwealth of Puerto Rico. In some states, you are responsible for applying at the appropriate state agency.

Benefit	Percent of Base Weekly Salary or Wage	Weekly Maximum
<b>Salaried Employees Basic STD</b> <i>(Company Paid)</i>	100%	Up to 26 weeks
<b>Hourly Employees Basic STD</b> <i>(Company Paid)</i>	60%	Up to 26 weeks
<b>Hourly Employees Buy-up STD</b> <i>(Employee Paid)</i>	40%	Up to the first 10 weeks per year

If you experience an injury or illness that prevents you from working, disability coverage, through **Guardian**, provides income replacement to assist you financially.



YOUR

# GRANDFATHERED LONG-TERM DISABILITY (LTD)

For the 2024 plan year, you are grandfathered into the CommScope's LTD benefits. Long-Term Disability coverage pays you a portion of your earnings if you cannot work for an extended time due to a disabling illness or injury. You are automatically enrolled in the basic LTD plan at **NO COST** to you. An LTD buy-up plan is also available. Benefits are available after a 180-day elimination period.

Benefits are reduced by other sources of disability income you may qualify for, such as Social Security and Workers' Compensation.

Benefit	Percent of Base Weekly Salary or Wage	Monthly Maximum
<b>Basic LTD</b> <i>(Company Paid)</i>	50%	\$15,000
<b>Buy-up LTD</b> <i>(Employee Paid)</i>	66.67%	\$15,000

If you experience an injury or illness that prevents you from working, disability coverage, through **Guardian**, provides income replacement to assist you financially.



## VOLUNTARY BENEFITS

Enhance your benefits coverage by electing voluntary benefits through **Guardian**. You are responsible for the full cost of coverage and premiums may be deducted from your paycheck on a post-tax basis.

# VOLUNTARY BENEFITS ACCIDENT INSURANCE

Accidents can happen at any time. Accident insurance pays a cash benefit to help cover expenses related to unexpected accidents and injuries. This plan helps you cover deductibles and medical expenses. You can choose from two plan options: a Low Plan and a High Plan.

Benefit Tier	Low Plan - Bi-Weekly	High Plan - Bi-Weekly
Employee Only	\$2.40	\$4.13
Employee + Spouse / Domestic Partner	\$3.95	\$6.78
Employee + Child(ren)	\$4.28	\$7.30
Employee + Family	\$5.83	\$9.96



# VOLUNTARY BENEFITS CRITICAL ILLNESS INSURANCE

Are you protected if you experience a critical illness? Critical Illness insurance helps pay for expenses related to the diagnosis of a critical illness such as a heart attack, coma, kidney failure, or cancer. This coverage pays in addition to your medical plan and benefits are payable regardless of other insurance plans.

The benefit amount is determined by the type of illness and is paid in a lump sum amount. No health questions are required, but a pre-existing condition clause may apply. Coverage is available for you and your eligible dependents.

Your bi-weekly premium costs are based on 5-year age bands and will increase when you reach a new age band. You can choose from two plan options: \$10,000 or \$20,000 payment. Higher premiums apply for smokers. Login to [employeenavigator.com](https://www.employeenavigator.com) to view your premium costs.

## VOLUNTARY BENEFITS

# HOSPITAL INDEMNITY INSURANCE

An unexpected hospital stay can be expensive, even with medical insurance. Hospital Indemnity insurance helps pay for expenses and bills related to being admitted or confined in a hospital. Benefits are paid directly to you and the funds can be used as you see fit. You can choose from two plan options: a Low Plan and a High Plan.

No health questions are required, but a pre-existing condition clause may apply. Coverage is available for you and your eligible dependents.

Benefit Tier	Low Plan - Bi-Weekly	High Plan - Bi-Weekly
Employee Only	\$5.52	\$11.10
Employee + Spouse / Domestic Partner	\$11.63	\$23.37
Employee + Child(ren)	\$9.93	\$19.76
Employee + Family	\$16.04	\$32.04

## GAIN A HELPING HAND WITH THE EMPLOYEE ASSISTANCE PROGRAM (EAP)

When you need a helping hand, the Employee Assistance Program, through Magellan Healthcare, offers value-added programs and services for **FREE**. This confidential service is available to you and your family members to help with many life challenges including grief, stress, marital or family challenges, and more.

The EAP gives you access to unlimited phone counseling sessions and up to 8 face-to-face sessions per incident per year. You also gain access to financial and legal resources, and discounts on travel, clothing, restaurants, and more.

Contact the EAP anytime, day or night, by calling **(800) 846-6111** or by visiting [member.magellanhealthcare.com](http://member.magellanhealthcare.com)

## VOLUNTARY BENEFITS

# LEGAL SERVICES

When you enroll in the MetLaw by Hyatt Legal Plans, you gain access to attorneys who can offer help and advice on a variety of legal issues. The plan can cover you and your family.

The legal plan gives you access to identity theft services, guardianship services, home buying services, home equity loans, home refinancing services, and more!

**The cost for MetLaw legal services is \$7.62 bi-weekly.**

For more information, visit [info.legalplans.com](https://info.legalplans.com).



## VOLUNTARY BENEFITS

# GRANDFATHERED CHILD BONDING LEAVE

For the 2024 plan year, you are grandfathered into the CommScope's child bonding leave. Qualified parents can receive up to two weeks of paid leave for the birth or adoption of a child (must be taken within one year of birth or adoption).



## VOLUNTARY BENEFITS

# HOME & AUTO INSURANCE

Interested in discounted home and auto rates? As a Vantiva employee, you have access to group discounts, Call Farmers at **(877) 910-9247** for details.



# VOLUNTARY BENEFITS **PET INSURANCE**

Veterinary bills can add up quickly. With Voluntary Pet insurance, through Nationwide, you can save on unexpected veterinary expenses. Call (877) 738-7874 or visit [petsnationwide.com](https://petsnationwide.com) for more information.



# YOUR BENEFIT CONTACTS

Contact Information			
Type of service	Provider	Phone	Website
Client Services	Benefits, Inc.	(615) 446-3303	benefits-inc.com
Enrollment Services	Benefits, Inc.	(615) 446-3494	benefits-inc.com
Banking	Technicolor Credit Union	(800) 973-4989	technicolorfcu.org
Dental	Delta Dental	(888) 335-8227	deltadentalins.com
Disability	Guardian	(888) 482-7342	guardianlife.com
Employee Assistance Program (EAP)	Magellan Health Services	(800) 846-6111	member.magellanhealthcare.com
Exclusive Discounts & Savings	YouDecide	N/A	youdecide.com/technicolor
Flexible Spending Account (FSA)	Navia Benefit Solutions	(800) 669-3539	naviabenefits.com
Health Savings Account (HSA)	Fidelity Investments	(800) 544-3716	netbenefits.fidelity.com
Life and AD&D	Guardian	(888) 482-7342	guardianlife.com
Medical	Anthem	(866) 452-1276	anthem.com
	Cigna	(800) 244-6224	mycigna.com
	Kaiser Permanente	CA: (800) 464-4000 GA: (888) 865-5813	kp.org
Prescriptions <i>(Anthem &amp; Cigna)</i>	CVS Caremark	(800) 552-8159	caremark.com
Telemedicine	Anthem LiveHealth Online	(888) 548-3432	livehealthonline.com
	Cigna MDLIVE	(888) 726-3171	mycigna.com
Vision	Guardian	(888) 482-7342	guardianlife.com
Voluntary Accident, Hospital Indemnity and Critical Illness	Guardian	(888) 482-7342	guardianlife.com
Voluntary Auto & Home Insurance	Farmers	(877) 910-9247	farmers.com/landing/groupselect/getquote
Voluntary Legal Services	MetLaw by Hyatt Legal Plans	(800) 821-6400	info.legalplans.com
Voluntary Pet Insurance	Nationwide	(877) 738-7874	petsnationwide.com
Wellbeing & Lifestyle Rewards	HealthCheck360	(866) 511-0360	myhealthcheck360.com

This benefits guide highlights some of your Vantiva benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. Vantiva reserves the right to change any benefit plan without notice. \*Benefits are not a guarantee of employment.

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# Employee Benefits

Employee benefits can be one of the most strategic tools for employers to use for employee attraction and retention.



## Group Health Insurance

The health insurance marketplace has changed dramatically since the passing of the Affordable Care Act in March of 2010. Even though group health insurance is one of the top five expenditures for most companies who offer health insurance to their employees, it is also one of the most misunderstood benefits.

Your employees are your greatest asset. A poorly structured employee benefits program can contribute to staff turnover, delay the timely return from illness or injury, and become a financial burden to your company and employees. A well-designed employee benefits plan can help establish your organization as a competitive employer and safeguard the health and well-being of your employees.



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*Specializing in group insurance and employee benefits*

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Contact Us:  
**BENEFITS, INC.**

[www.benefits-inc.com](http://www.benefits-inc.com)  
110 Mathis Drive Suite 106 Dickson, TN

P : 615.446.3303  
E : [myvantivabenefits@benefits-inc.com](mailto:myvantivabenefits@benefits-inc.com)

