

Understanding Your Benefits

Health, Dental, Life, Short Term Disability, Vision, and 401K

FAIT

Seeing it through. 35263 West State Street • Burlington, WI 53105 800.747.9000 • Fax 800.298.2329



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Health Insurance

Benefit Definitions

Deductible:

The amount you pay out-of-pocket before the plan pays towards your healthcare costs

Copay:

A fixed dollar amount you pay for a healthcare service or visit

Coinsurance (coins.):

The percentage of costs you're responsible for after you meet your deductible

Out-of-pocket maximum:

The most you'll pay for any covered healthcare and pharmacy expenses during the plan year

To learn more, go to faitco.centivo.com or contact your HR department

Who is Centivo?

Centivo administers the health plans for Fait Family of Companies

Centivo Provides:

- Payment processing when you get care
- Member support and a helpful app
- Explanation of Benefits statements (EOBs)
- Communication about your plan



Built on a partnership between you and your personally selected primary care doctor

You get a trusted partner in your care to help:

- Keep costs affordable
- Identify and manage any issues to keep you healthier
- Reduce hospital and emergency room visits
- Reduce duplicate or unnecessary tests
- Help you use the healthcare system more easily and effectively

Direct Primary Care

Select a primary care doctor for everyone covered on your plan:

- All covered members, including dependents (you can change at any time, just let Centivo know)
- Choose from the primary care providers in the Centivo Network, including:
 - Pediatricians for children
 - Centivo Virtual Primary Care for members 18+

See your primary care doctor first for any care needs

Stay in-network for the most cost savings

Centivo Virtual Primary Care

A convenient alternative to in-person Primary Care

- Virtual appointments with no waiting rooms
- Dedicated team that gets to know you and your needs
- Address new concerns or ongoing issue
- Coordination with local, in-network providers when you need in-person care like lab work or a specialist visit
- Available to members 18+ who live in select geographies
- Choose Centivo Virtual Primary Care as you designated primary care provider when your plan year begins

All visits are FREE!



Referrals

When you need specialist care, see your primary care doctor for a referral

- Your primary care doctor will submit the referral on your behalf
- Referrals are automatically approved
- Once the referral shows in the Centivo app, schedule your specialist appointment
- Referrals are good for a full year
- Referrals are required for most specialist care to be covered by the plan



Plan Overview:

- Primary Care Required: Yes
- Deductible: \$0
- Co-Insurance: Co-Pays
- Out of Pocket Max: \$2,000 / \$4,000
- Prescription: Co-Pays \$10 \$300

Eligible Network:

- Uses Centivo Network WI-2, which is a comprehensive network of local doctors, specialists and hospitals
- Search for providers at faitco.centivo.com

(No Deductible, No HSA, No Aurora)

Ascension

- Serving Eastern Wisconsin
- 8 Hospitals
- 2,000+ Physicians

Door County Medical Center

- Serving Door and Kewanee Counties
- 5 Clinics and Cancer Center
- 175+ Physicians

Independent Physicians Network

- Serving Southeastern Wisconsin
- 700+ Member Physicians

Prevea Health

- Serving Northeastern Wisconsin
- 7 Hopitals, Including Hospital Sisters Health System (HSHS)
- 400 Physicians

SSM Health

- Serving Fond Du Lac & Surrounding
- 3 Hospitals and 17 Clinic Locations
- 250 Physicians

Children's Wisconsin

- Serving Southeastern Wisconsin and Fox Valley
- 70+ Specialties and 20+ Primary
- 350+ Physicians

Froedtert

- Serving Eastern Wisconsin
- 10 Hospitals, 45 Health Centers
- 2,000 Physicians

Medical College of Wisconsin

- Serving Metro Milwaukee
- 2,200+ Physicians

ProHealth Care

- Serving Waukesha County and Surrounding Areas
- 4 Hospitals 15 Primary Care
- 1,000+ Doctors



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- Referrals are good for a full year
- Referrals are required for most specialist care to be covered by the plan



Plan Overview:

- Primary Care Required: Yes
- Deductible: \$2,500
- Co-Insurance: 20%
- Our of Pocket Max:
 - In Network \$4,000 \$8,000
 - Out Network \$8,000 \$16,000
- Prescription: Deductible +20%

Eligible Network

- Uses the Centivo Network WI-1, which is a broader network of local doctors, specialists, and hospitals
- View directory and search for providers at faitco.centivo.com

Advocate Aurora Health

- Serving Eastern Wisconsin
- 12 Hospitals, 500+ Sites of Care
- 4,700+ Physicians

Door County Medical Center

- Serving Door and Kewanee Counties
- 5 Clinics and Cancer Center
- 175+ Physicians

Independent Physicians Network

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Option 3: PPO (Preferred Provider Organization)

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- Choose Centivo Virtual Primary Care as you designated primary care provider when your plan year begins

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Option 3: PPO (Preferred Provider Organization)

Plan Overview

- Primary Care Required: No
- Deductible:
 - \$5,000 \$10,000 (In Network)
 - \$10,00 \$20,000 (Out of Network)
- Co-Insurance: 20-40%
- Out of Pocket Max:
 - In Network \$6,750 \$13,500
 - Out Network \$13,000 \$27,000
- Prescription: Deductible +20%

Eligible Network

- You'll have access to the HPS Network.
 You can view the HPS provider network at providir.hps.md.
- If you need care outside the HPS service area, you'll have access to the Multiplan Network. View their provider network at: multiplan.com/webcenter/-portal/ProviderSearch?StiteId=84453

Your Benefit Highlights

	Option 1 High-Performance Plan	Option 2 High-Performance Plan HSA		Option 3 PPO HSA	
	In-Network	In-Network	Out-of-Network	in-Network	Out-of-Network
Network	Centivo Network WI-2	Centivo Network WI-1	N/A	For associates in WE HPS Network In WE Multiplan outside HPS service area for associates outside WE PHCS Network	N/A
Primary care doctor selection required	Yes	Yes	No	No	No
Primary care referrals to specialists required	Yes, with some exceptions*	Yes, with some exception*	No	No	No
Deductible (individual/family)	None	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$10,000/\$20,000
Out-of-pocket maximum (individual/family)	\$2,000/\$4,000	\$4,000/\$8,000	\$8,000/\$16,000	\$6,750/\$13,500	\$13,000/\$27,000
Annual physical/vaccinations/screenings	FREE	FREE	40% coins.**	FREE	40% coins.**
Primary care (includes pediatricians)	\$10 Copay	20% coins.**	40% coins.**	20% coins.**	40% coins.**
Centivo Virtual Primary Care	FREE	FREE	N/A	FREE	N/A
Specialist	\$30 copay	20% coins.**	40% coins.**	20% coins.**	40% coins.**
Mental Health	\$10 Copay	20% coins.**	40% coins.**	20% coins.**	40% coins.**
Basic Imaging (such as x-rays)	FREE	20% coins.**	40% coins.**	20% coins.**	40% coins.**
Advanced Imaging (such as MRIs & PET Scans)	\$250 copay	20% coins.**	40% coins.**	20% coins.**	40% coins.**
Outpatient surgery	\$750 copay	20% coins.**	40% coins.**	20% coins.**	40% coins.**
Inpatient Surgery	\$1,000 copay	20% coins.**	40% coins.**	20% coins.**	40% coins.**
Urgent care	\$75 copay	20% coins.**	40% coins.**	20% coins.**	40% coins.**
Emergency room***	\$300 copay	20% coins.**	20% coins.**	20% coins.**	20% coins.**
Prescription coverage by Serve You Rx	Retail (up to 30-day supply) mail order (90-day supply)	Retail (up to 30-day supply) mail order (90-day supply)		Retail (up to 30-day supply) mail order (90-day supply)	
Generic - Tier 1****	\$10/\$25 copary	20% coins.**	N/A	20% coins.**	N/A
Preferred Brand - Tier 2	\$35/\$87.50 copay	20% coins.**	N/A	20% coins.**	N/A
Non-preferred Brand - Tier 3	\$70/\$175 copay	20% coins.**	N/A	20% coins.**	N/A
Specialty (30 day supply only) - Tier 4	30% coins. Up to \$300 max	20% coins.**	N/A	20% coins.**	N/A

Prescription Coverage by Serve You Rx

	Option 1 High-Performance Plan	Option 2 High-Performance Plan HSA		Option 3 PPO HSA	
Your Benefit Highlights	In-Network	in -Network	Out-of-Network	In-Network	Out-of-Network
Prescription coverage by Serve You Rx	Retail / Mail Order	Retail / I	Mail Order	Retail / M	tail Order
Generic - Tier 1****	\$10/\$25 copay	20% coins.**	N/A	20% coins.**	N/A
Preferred Brand - Tier 2	\$35/\$87.50 copay	2096 coins.**	N/A	20% coins.**	N/A
Non-preferred Brand - Tier 3	\$70/\$175 copay	20% coins.**	N/A	20% coins.**	N/A
Specialty (30 day supply only) - Tier 4	30% coins. Up to \$300 max	20% coins.**	N/A	20% coins.**	N/A

Maximizing Rx Benefits

Prescription Drugs

- 90 Day Mail (express scripts)
- Pill Splitting
- \$4 Generic Options
- Medications taken for chronic conditions may be filled through Serve You Rx
 Home Delivery Pharmacy
- Good Rx

Avoid trips to the drugstore and enjoy the benefits our mail service provides, Including:

- Free standard shipping to your home or workplace with packaging that is discreet, tamper-evident, and weather-resistant
- Easy refill ordering online, by phone, or by mail
- EZAutoFill* an optional free service where your medications are automatically shipped to you when you are due for a refill
- Pharmacists available 24/7 to answer medication questions

2025 Plan Rates

Option 1 High-Performance Plan		Deduction Per Pay Period		
In-Network Benefits	WI-2 Network	Election	Fait 360 Deduction	Basic Deduction
Annual Deductible (Single/Family)	\$0 / \$0	Employee Only	\$86.94	\$173.87
Coinsurance	100%	Employee and Spouse	\$208.55	\$417.11
Annnual OOP Max. Single/Family	\$2,000 / \$4,000	Employee / Chil(ren)	\$208.55	\$417.11
Physician Office Visits	\$10 PCP Copay / \$30 Spec. Copay	Family	\$278.07	\$556.14
Prescription Drugs (30 Day Retail)	\$10 / \$35 / \$70 / 30% to \$300	None, Waive	\$0.00	\$0.00

	WI-1 Network
Annual Deductible (Single / Family)	\$2,500 / \$5,000
Coinsurance	80%
Annual OOP Max. Single / Family	\$4,000 / \$8,000
Physician Office Visits	Deductible / Coinsurance
Prescription Drugs (30 Day Retail)	Deductible / Coinsurance

	Deduction Per Pay Perio	d
Election	Fait 360 Deduction	Basic Deduction
Employee Only	\$81.93	\$163.86
Employee and Spouse	\$196.53	\$393.07
Employee / Chil(ren)	\$196.53	\$393.07
Family	\$262.05	\$524.09
None, Waive	\$0.00	\$0.00

Option		
In-Network	HPS Network	Electi
Annual Deductible (Single / Family)	\$5,000 / \$10,000	Emple
Coinsurance	80%	Emple
Family	\$6,750 / \$13,500	Emplo
Physician Office Visits	Deductible / Coinsurance	Famil
Prescription Drugs (30 Day Retail)	Deductible / Coinsurance	None

Election	Fait 360 Deduction	Basic Deduction
Employee Only	\$77.20	\$154.40
Employee and Spouse	\$185.20	\$370.39
Employee / Chil(ren)	\$185.20	\$370.39
Family	\$246.93	\$493.86
None, Waive	\$0.00	\$0.00

Fait 360 Qualifications

Credit Received for Participation

- 1. Sign up for Primary Care Provider for Options 1 and 2
- 2. Non-Smoking Affidavit
- 3. Be active in Fait 360 Program



Centivo Member Care

Once your plan year starts, Centivo Member Care is available to help you

Get assistance with:

- Benefit questions
- Finding a provider
- The app/portal
- Claims questions
- Activation for you and your family
- And more

Primary Care Plans - "Activate" as soon as you get your ID card:

 Assign Primary Care Provider right away so all your care will be covered on day one. Instructions will be provided with your member ID card, which you'll need to get started



Getting Started is Easy

Getting Started With Your New Plan

- 1. Download Centivo App / Portal
- 2. Activate Primary Health Care Provider

Prescriptions

- Refill with your current health plan before the end of the plan year to ensure no gaps in medication
- To transfer a prescription call: 800.759.3203
 - Provide your pharmacy's phone number and the prescription number located on your medication label
 - To ease the transition, you are allowed two courtesy fills at retail Pharmacies

Welcome Guide:

- It's available online. Simply scan the QR code or go to the website included with your Centivo ID card
- Activate your primary care provider on the Centivo App / Portal

Be on the lookout for your Centivo ID card:

 ID cards will be mailed to you before eligibility begins. If you need to get care before you receive it, contact hrhelp@faitco.com



Maximizing Benefits

Health Savings Account (HSA)

Eligible for Option 2 or Option 3

Tax Advantage / Interest Bearing Medical Savings Account

Max Contribution Amount 2025:

- Self Only = \$4,300
 - Over 55 = Up to \$5,300
- Family Coverage = \$8,550
 - Over 55 = Up to \$9,550

Use it for Qualified Expenses:

- Prescriptions
- Claims
- Dental
- Eyeglasses
- Contact Lenses
- Retirement

Fait will contribute \$100 per quarter into your HSA account through payroll, you do not have to contribute to receive this benefit - just open an account!

Flexible Savings Account (FSA)

Dependent Care:

• \$5,000 limit for 2025

Limited Purpose FSA (LPFSA) if you already participate in HSA:

- \$3,300 limit for 2025
- Qualified Expenses
 - Dental
 - Vision



Telemedicine Through MDLIVE

24/7 Urgent and mental health care:

- An easy, low-cost alternative to in-person urgent care
- You also get access to board-certified mental health professionals to help with depression, anxiety, and more
- Visit virtually from your home, at work or on-the-go, 24/7/365



Costs for visits: *

- Primary Care: \$0
- Urgent Care: \$0 \$89
- Dermatology: \$0 \$95
- Behavioral Health
 - Speech Therapy: \$0 \$179
 - Psychiatry: \$0 \$299

*Prices are subject to change

Physicians Treat Over 80 Routine Medical Conditions

Allergies • Diarrhea • Respiratory Problems • Asthma • Ear Infections Sinus tInfections • Back Pain • Flu • Sore Throat • Bronchitis • Headache Strep Throat • Common Cold • Mild Injuries • Nausea • Cough • Pink Eye Rashes • COVID-19 UrinaryTract Infections (females 18+) • Constipation ... and more, including medication refills

The Doctor's Office

On-Site - 3rd Thursday of the Month - Dr. Brendel

Free Care

Locations:

- Darien, WI
- Brookfield, WI
- Burlington, WI
- Cedarburg, WI
- Janesville, WI

Strep Test: Live Example/Website

- Urgent Care \$480
- PCP \$300
- The Doctor's Office Free
- Virtual = Free

Visit: thedoctorsoffice.com



Dental Insurance

Current Dental Plan Design

Delta Dental:

- DeltaDentalWi.com
- PPO Network = Greater Discounts
- \$50 Deductible for Individual
 - Up to \$150 for family
- Diagnostic Preventative 100%
 - Deductible and annual max do not apply
- Basic/Major Services 50-80%
- Orthodontic \$0
- Individual Annual Max. \$1,000



Delta Dental

Associate bi-weekly contribution

- Single
 - \$7.53
- EE & Spouse
 - \$15.06
- EE & Child(ren)
 - \$13.60
- Family
 - \$22.80





Vision Insurance

Vision Plan Design

Associate*	In Family Vision Network	Out of Family Vision Network	Conditions
Annual Rx Eye Exam and/or Contact Fitting	Paid In Full	Not Covered	Once every calendar year
Eyeglass Lenses and/or Frames - Single Vision, Bifocal, Trifocal, Continuous Blend, Lens tinting, coating, or oversize	50% Discount on retail - \$100 Bonus Discount	Not Covered	One Frame and/or lens per calendar year
Contact Lenses (Trials are Provided)	Paid in Full	Not Covered	Up to one annual supply (may not be given all at once - pending prescription)

Immediate Family Member*	In Family Vision Network	Out of Family Vision Network	Conditions
Annual Rx Eye Exam and/or Contact Fitting	Paid in Full	Not Covered	Once every calendar year
Eyeglass Lenses and/or Frames	40% Discount on Retail	Not Covered	One frame and/or lens per calendar year
Contact Lenses (Trials are Provided)	40% Discount on Retail	Not Covered	Up to one annual supply (may not be given all at once - pending prescription)

Provider: Family Vision Clinic

Cost: \$0

Life Insurance

Basic Life Insurance

Administrator: Guardian

- Associate only coverage
- Guarantee issue coverage \$60,000 per associate
- 100% covered by Fait Co

Voluntary Term Life Insurance

Associate can choose additional Term Life Insurance in the amounts of:

- \$25,000
- \$50,000
- \$75,000
- \$100,000

Spouse can choose up to 50% of associate up to amount of \$50,000

Child can choose up to 10% of associate up to amount of \$10,000

an evidence of insurability may be requested for additional coverage

Cost Illustration

Election Amount	Employee										
	Age Bracket and Bi-weekly Premiums										
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*		
\$10,000.00	\$0.32	\$0.37	\$0.51	\$0.92	\$1.48	\$2.22	\$3.55	\$5.59	\$9.05		
\$25,000.00	\$0.81	\$0.92	\$1.27	\$2.31	\$3.69	\$5.54	\$8.89	\$13.96	\$22.62		
\$50,000.00	\$1.62	\$185	\$2.54	\$4.62	\$7.39	\$11.08	\$17.77	\$27.92	\$45.23		
\$75,000.00	\$2.42	\$2.77	\$3.81	\$6.92	\$11.08	\$16.62	\$26.65	\$41.89	\$67.85		
\$100,000.00	\$3.23	\$3.69	\$5.08	\$9.23	\$14.77	\$22.15	\$35.54	\$55.85	\$90.46		

Election Amount \$5,000.00	Policy Election Amount up to 50% of Employee (must elect employee coverage to add insurance on a spouse)									
	\$0.16	-	\$0.25	No. of Concession, Name	\$0.74	\$1.11	\$1.78	\$2.79	\$4.52	
\$12,500.00	\$0.40	\$0.46	\$0.64	\$1.15	\$1.85	\$2.77	\$4.44	\$6.98	\$11.31	
\$25,000.00	\$0.81	\$0.92	\$1.27	\$2.31	\$3.69	\$5.54	\$8.89	\$13.96	\$22.62	
\$37,500.00	\$1.21	\$1.39	\$1.90	\$3.46	\$5.54	\$8.31	\$13.33	\$20.94	\$33.92	
\$50,000.00	\$1.62	\$1.85	\$2.54	\$4.62	\$7.39	\$11.08	\$17.77	\$27.92	\$45.23	

Example: 34 @ \$100,000 = \$3.69 Bi-weekly

				Child(r	en)						
Election Amount	Policy Election Amount up to 10% of Employee (must elect employee coverage to add insurance on a spouse)										
\$1,000.00	\$0.07	\$0.07	\$0.07	\$0.07	\$0.07	\$0.07	\$0.07	\$0.07	\$0.07		
\$2,500.00	\$0.19	\$0.19	\$0.19	\$0.19	\$0.19	\$0.19	\$0.19	\$0.19	\$0.19		
\$5,000.00	\$0.37	\$0.37	\$0.37	\$0.37	\$0.37	\$0.37	\$0.37	\$0.37	\$0.37		
\$7,500.00	\$0.55	\$0.55	\$0.55	\$0.55	\$0.55	\$0.55	\$0.55	\$0.55	\$0.55		
\$10,000.00	\$0.74	\$0.74	\$0.74	\$0.74	\$0.74	\$0.74	\$0.74	\$0.74	\$0.74		



Short Term Disability Insurance

Short Term Disability Insurance

Administrator: Guardian

Offers:

- Peace of mind
- Financial protection
- Provides up to 26 weeks of benefits if eligible

Choose a weekly amount \$100-\$1,000:

Cannot exceed 60% of your weekly salary

Benefit begins after 8 days

All applicants accepted at initial enrollment. To add this benefit later will require an (EOI) Evidence of Insurability

Cost Illustration

		Age Bracket and Bi-weekly Premiums								
Minimum Annual Salary	Election Amount	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
\$8,667.00	\$100.00/Weekly	\$3.62	\$3.62	\$3.46	\$2.87	\$2.91	\$3.13	\$3.67	\$4.99	\$5.92
\$17,333.00	\$200.00/Weekly	\$7.25	\$7.25	\$6.92	\$5.74	\$5.82	\$6.25	\$7.34	\$9.98	\$11.83
\$26,000.00	\$300.00/Weekly	\$10.87	10.87	\$10.39	\$8.62	\$8.72	\$9.37	\$11.01	\$14.97	\$17.75
\$34,667.00	\$400.00/Weekly	\$14.49	\$14.49	\$13.85	\$11.48	\$11.63	\$12.50	\$14.68	\$19.96	\$23.67
\$43,333.00	\$500.00/Weekly	\$18.12	\$18.12	\$17.31	\$14.35	\$14.54	\$15.62	\$18.35	\$24.95	\$29.59
52,000.00	\$600.00/Weekly	\$21.74	\$21.74	\$20.77	\$17.23	\$17.45	\$18.75	\$22.02	\$29.94	\$35.50
60,667.00	\$700.00/Weekly	\$25.36	\$25.36	\$24.23	\$20.10	\$20.35	\$21.87	\$25.69	\$34.93	\$41.42
69,333.00	\$800.00/Weekly	\$28.99	\$28.99	\$27.69	\$22.97	\$23.26	\$25.00	\$29.25	\$39.91	\$47.34
78,000.00	\$900.00/Weekly	\$32.61	\$32.61	\$31.15	\$25.84	\$26.17	\$28.12	\$33.02	\$44.90	\$53.25
86,667.00	\$1,000.00/Weekly	\$26.23	\$26.23	\$34.62	\$28.71	\$29.08	\$31.25	\$36.69	\$49.89	\$59.17

Example: \$26,000 @ \$300 / Age 34 = \$10.39 bi-weekly

Guardian Services

Services offer support and guidance to help you properly prepare the documents necessary to preserve your family's financial security

Guardian Services has a range of services including online planning documents, a resource library and access to professionals to help with issues related to:

- Family and Divorce
- Living Trusts
- Miscellaneous Legal Documents
- Personal Service Agreements
- Real Estate
- Wills, Powers of Attorney, & Estate Planning
- Authorization for History or Credit Check
- Identity Theft=Affidavit

- Request for Credit Report
- Information Request on Disputed Charges
- Letter to Bank Giving Authority to Release information
- Quitclaim Deed
- Warranty Deed
- Personal Property Rental Agreement
- Authorization for Minor's Medical Treatment

Guardian Services

As a special bonus for Fait Associates, Guardian makes WillPrep Services Available:

- Keeping an up-to-date will is essential to ensuring that your assets are distributed as you intended, no matter the size of your estate
- You may be avoiding creating a will because you believe you can't afford the tie or legal expense. Now you can with WillPrep Services

For more information about WillPrep Services go to www.ibhwillprep.com:

- Username: WillPrep
- Password: GLIC09
- Or call 1.877.433.6789

Cost Free







Administrator: Newport Group

Eligibility:

- 21 years old
- Completed 1 year defined by the plan

Can join only 4 times per year:

• First of the Quarter following one year anniversary

Fait Co matches 1/2 up to 20%:

- Change contribution any time
- Retirement is closer than you think



Benefit Help Links

Health Care:

Centivo: faitco.centivo.com

HPS: <u>hps.md</u> | 888.477.7968

The Doctor's Office

visitthedoctorsoffice.com | 262.757.4131

ServeYou Rx

serveyourx.com

Med Live Virtual

mdlive.com/centivo | 844.677.6856

FSA:

Diversified Benefits Service

- <u>dbsbenefits.com</u>
- Email to hrhelp@faitco.com

Dental Coverage:

Delta Dental of Wisconsin

deltadentalwi.com | 1.800.236.3712

Life Insurance:

Guardian Life guardiananytime.com | 1.888.482.7342

Vision Coverage

Family Vision:

Email to hrhelp@faitco.com

Footwear Program

Itzin's:

Email to hrhelp@faitco.com

401K (ROTH) Investments

Adminstrated by The Newport Group:

newportgroup.com

Keith Kuzera

kkuzera@wealthenhancement.com

Questions or Concerns?

Please contact the Fait Co. HR Office by using the <u>Kiosk at</u> <u>Fait Co.</u> or sending an email through your <u>personal email</u> at: hrhelp@faitco.com