

2026

EMPLOYEE BENEFITS GUIDE

SOUTHERN LAND
COMPANY

Southern Land Company offers you and your eligible family members a comprehensive and valuable benefits program. This guide has been developed to assist you in learning about your benefit options and how to enroll. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

Welcome

TO SOUTHERN LAND COMPANY!

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Questions?

If you have questions about your benefits, please contact the Benefits Member Advocacy Center ("Benefits MAC") at **800.563.9929** (Mon through Fri, 7:30am to 4:00pm CST) or visit www.connerstrong.com/memberadvocacy

Eligibility & Enrollment

Who is Eligible?

Full-time employees scheduled to work at least 30 hours per week may be eligible to enroll in the benefits described in this guide. Coverage for eligible employees begins on the first day of the month following their hire date. You may also enroll your eligible dependents, including:

- Your legal spouse
- Dependent children, including your legal children, stepchildren, children legally placed for adoption, children legally adopted, children with disabilities, and children required to be covered under a court order
 - * Dependent children are covered up to the end of the month in which they turn age 26 for medical, dental, and vision coverage
 - * Dependent children with a mental or physical disability who depend on you for support can be covered over the age of 26 (proof of disability may be required)

How to Enroll

Enrollment will take place through your UKG portal. Begin by reviewing your current benefits, verifying your personal information, and making any necessary updates. Once everything is up-to-date, carefully review the benefit options available to you and, if needed, discuss them with your eligible family members to make informed decisions. Remember, the benefits you choose during enrollment will remain in effect until December 31, 2026, unless you experience a Qualifying Life Event (QLE).

When to Enroll

You will have 31 days from your date of hire to complete your benefits enrollment. If you enroll within this window, your coverage will begin on the first day of the month following your hire date. If you do not complete your enrollment on time, you will automatically be enrolled in company-sponsored benefits. However, you will need to wait until the next annual Open Enrollment period to make changes or enroll in additional benefits unless you experience a Qualifying Life Event.

Making Plan Changes During the Plan Year - Qualifying Life Events

Unless you experience a Qualifying Life Event, you cannot make changes to your benefits until the next Open Enrollment period. Qualifying Life Events include:

- Change in the number of eligible dependents due to birth, adoption, placement for adoption, or death
- Gain or loss of dependent status (i.e., your child reaches the age limit for eligibility)
- Change in legal marital status, including marriage, divorce, or death of a spouse
- Change in residence or workplace that changes you or your dependent's eligibility for coverage
- Change in employment status, such as starting or ending employment, for you, your spouse, or your children
- End of the maximum period for COBRA coverage
- Loss of other coverage

You must notify Human Resources within 31 days of experiencing a Qualifying Life Event.

Please Note: Changes to your HSA can be made at anytime or by pay period.



Medical Benefits

BCBST

For complete plan details, including limitations and exclusions, please visit [BenePortal](#).



Southern Land Company offers an Health Savings Account (HSA) qualified High Deductible Health Plan (HDHP) administered by Blue Cross Blue Shield of Tennessee (BCBST) with access to two provider networks: Select and Preferred. There is one medical plan with the same benefits regardless of which network you choose — only the participating providers differ. Employees residing in middle Tennessee may elect the Select or Preferred network. Employees residing outside of middle Tennessee should choose the Preferred network. Your medical/prescription drug per-pay deduction (see page 9) will vary based on the network you elect and where you reside. To find participating providers, visit www.bcbst.com.

MEDICAL PLAN

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Initial Deductible	\$1,700 individual / \$3,400 family	
Health Reimbursement Arrangement*	\$2,475 individual / \$4,950 family	
Calendar Year Deductible	\$5,000 individual / \$10,000 family**	\$10,000 individual / \$20,000 family
Out-of-Pocket Maximum***	\$5,000 individual / \$10,000 family	\$15,000 individual / \$30,000 family
Preventive Care Services	Plan pays 100% NO deductible	Plan pays 80% NO deductible
Primary Care Physician (PCP) Required?	No	No
PCP Office Visit	Plan pays 100% after deductible	Plan pays 80% after deductible
Specialist Office Visit	Plan pays 100% after deductible	Plan pays 80% after deductible
Telemedicine (Teladoc)	Plan pays 100% after deductible	N/A
Urgent Care Center	Plan pays 100% after deductible	Plan pays 80% after deductible
Emergency Room (in-network and out-of-network covered at same benefit level)	Plan pays 100% after deductible	Plan pays 100% after deductible
Inpatient Hospital	Plan pays 100% after deductible	Plan pays 80% after deductible
Outpatient Surgery	Plan pays 100% after deductible	Plan pays 80% after deductible
Diagnostic Laboratory	Plan pays 100% after deductible	Plan pays 80% after deductible
Behavioral Health Inpatient/Outpatient	Plan pays 100% after deductible	Plan pays 80% after deductible
Skilled Nursing Facility & Rehabilitation Facility Services (Limited to 60 days combined per year)	Plan pays 100% after deductible	Plan pays 80% after deductible
Home Health Services	Plan pays 100% after deductible	Plan pays 80% after deductible
Ambulance	Plan pays 100% after deductible	Plan pays 100% after deductible

* The Health Reimbursement Arrangement (HRA) covers 75% of eligible expenses after the initial deductible is met to the full calendar year deductible.

** If you have dependents enrolled, each member must meet their individual deductible until the total family deductible is satisfied.

*** If you have other family members on the plan, they have to meet their own out-of-pocket maximum until the overall family out-of-pocket maximum has been met.

Health Reimbursement Arrangement (HRA)

BCBST

A Health Reimbursement Arrangement (HRA) is an employer-funded account designed to help cover your qualified healthcare expenses. The HRA works alongside your medical plan to reduce your out-of-pocket costs as you work toward meeting your annual deductible. It is an employer-funded account, providing tax-free money and a reduced annual deductible.

How It Works

Blue Cross Blue Shield of Tennessee (BCBST) automatically tracks your eligible medical and prescription drug claims. Once you meet your initial deductible (\$1,700 individual / \$3,400 family), the HRA will cover 75% of your remaining eligible healthcare expenses. You are responsible for only 25% of these remaining expenses.

- **For Employee-Only Coverage:** You pay the first \$1,700, then Southern Land Company covers 75% of the remaining \$3,300. Your total out-of-pocket maximum is reduced to \$2,525.
- **For Employee +1 and Family Coverage:** You pay the first \$3,400, then Southern Land Company covers 75% of the remaining \$6,600. Your total out-of-pocket maximum is reduced to \$5,050.

Automatic Reimbursement

The HRA uses automatic reimbursements for your convenience. When you receive covered services from network providers, they submit claims directly to BCBST. Once your initial deductible is met, the plan automatically pays the provider and pharmacy for the HRA portion of your claims - no paperwork required from you.



Employee-Only Coverage	Family Coverage (Employee +1 or more dependent)
STEP 1: Meet the Initial deductible of \$1,700	STEP 1: Meet the initial deductible of \$3,400
STEP 2: Split remaining balance of \$3,300 Southern Land Company (75%): \$2,475 You (25%): \$825	STEP 2: Split remaining balance of \$6,600 Southern Land Company (75%): \$4,950 You (25%): \$1,650
STEP 3: Meet the \$5,000 calendar year out-of-pocket maximum	STEP 3: Meet the \$10,000 calendar year out-of-pocket maximum

This example is for illustrative purposes only. Please note, the amounts referenced herein pertain to the in-network deductible and out-of-pocket maximum.

Prescription Drug Benefits

BCBST /CVS CAREMARK

For complete plan details, including limitations and exclusions, please visit [BenePortal](#).



Blue Cross Blue Shield of Tennessee (BCBST) administers your prescription drug plan. When you enroll in the medical plan, you are automatically enrolled in the prescription drug plan.

PRESCRIPTION DRUG PLAN

PRESCRIPTION DRUG BENEFITS	RETAIL (up to 30 day supply)	MAIL ORDER (up to 90 day supply)
Generic	Plan pays 100% after deductible	Plan pays 80% after deductible
Preferred Brand	Plan pays 100% after deductible	Plan pays 80% after deductible
Non-Preferred Brand	Plan pays 100% after deductible	Plan pays 80% after deductible
Specialty Medications	Plan pays 100% after deductible	Plan pays 80% after deductible

Home Delivery

Home delivery is a convenient prescription service that sends your medications directly to your home, eliminating trips to the pharmacy. It is offered through BCBST in partnership with CVS Caremark.

Getting Started

- Ask your doctor for two prescriptions:
 - * One short-term supply (30 days) for your local pharmacy
 - * One 3-month supply for home delivery with refills

3 Ways to Order Refills

1

Online:

1. Go to [bcbst.com/rxplan](#)
2. Create/login to [caremark.com](#) account
3. Choose "Prescriptions" then "Start Rx Delivery by Mail"
4. Complete form and payment

2

Phone:

- Call CVS Caremark at **1-844-740-0604**

3

Mail:

- Fill out Home Delivery Refill Request Form at [bcbst.com/mail-order](#) and mail it to:

CVS Caremark
PO BOX 659541
SAN ANTONIO, TX 78265-9541

GoodRx

Stop paying too much for your prescriptions! The GoodRx tool is available to you and your enrolled dependents to save money on your out-of-pocket prescription drug costs. Please remember, if you use GoodRx, costs will not accumulate toward your medical/prescription drug plan deductible or out-of-pocket maximum. You can use the GoodRx tool to:

- Access the lowest prices for prescription drugs at more than 75,000 pharmacies
- Access coupons and savings tips that can cut your prescription costs by 50% or more
- Research medication side effects, pharmacy locations and much more

Learn more and start saving on your prescriptions today at [www.connerstrong.goodrx.com](#).



Dental Benefits

BCBST

For complete plan details, including limitations and exclusions, please visit [BenePortal](#).

Blue Cross Blue Shield of Tennessee (BCBST) administers your dental plan. Eligible employees and dependents have access to both in-network and out-of-network providers. Please note, if you choose to use an out-of-network provider, you will be responsible for any billed charges that exceed the Maximum Allowable Charge (MAC).

BASE PLAN

BENEFITS	IN-NETWORK	OUT-OF-NETWORK*
Calendar Year Deductible	\$50 individual / \$150 family	\$50 individual / \$150 family
Calendar Year Maximum (per patient)	\$1,000	\$1,000
Preventive & Diagnostic Services Exams, cleanings, X-rays, fluoride, etc.	Plan pays 100% NO Deductible	Plan pays 100% NO Deductible
Basic Services Endodontics (root canal), periodontics, oral surgery	Plan pays 80% after deductible	Plan pays 80% after deductible
Major Services Major restorative, prosthodontics and implants	Plan pays 50% after deductible	Plan pays 50% after deductible
Orthodontia Benefits (Coverage for dependent children up to age 19 only)	50%	50%
Orthodontia Lifetime Maximum (per patient)	\$1,000	\$1,000

*Members have the flexibility to visit any dentist of their choice. However, if a member chooses to see a dentist outside of the BCBST network, they may be responsible for paying any charges that exceed the Maximum Allowable Charge, as BCBST does not have a contract with non-network dentists.

Visit www.bcbst.com/findadoctor and log in to locate an in-network provider, view your claims, manage your care and more!

Did You Know...

Dental hygiene and oral health are directly linked to the health in other areas of the body. While most people understand the importance of maintaining good physical health and scheduling regular physical examinations, we often overlook the same level of care for our teeth. The truth is that proper dental care is a crucial component of overall physical health, as poor oral health can impact other bodily systems. For example, taking proper care of your gums can help prevent heart disease.



Vision Benefits

VSP

For complete plan details, including limitations and exclusions, please visit [BenePortal](#).

Your VSP vision benefits are 100% employee-paid, yet offer significant savings on eye care and eyewear costs while contributing to your overall health. Beyond vision needs, eye exams serve as important health screenings that can detect conditions such as diabetes and high blood pressure early.

VISION PLAN

BENEFITS	IN-NETWORK
Exam	\$10 copay
Prescription Glasses	\$25 copay
Lenses	
Single Vision	Included in Prescription Glasses copay
Bifocal	Included in Prescription Glasses copay
Trifocal	Included in Prescription Glasses copay
Frames Allowance	
Featured Frame Brands	\$150
Frames	\$130 (20% discount on the amount over \$130)
Walmart/Sam's Club	\$130
Costco	\$70
Contacts (in lieu of glasses)	
Contact Lenses	\$130 allowance
Contact Lens Exam (fitting and evaluation)	Up to \$60
Frequency	
Vision Exam	Every 12 months
Lenses	Every 12 months
Frames	Every 24 months
Contacts	Every 12 months

VSP Out-of-Network Benefits

Using an out-of-network provider will cost more. To save, choose an in-network provider. For questions about coverage, contact VSP Member Services at **1-800-877-7195**. If you use an out-of-network provider, submit a claim with an itemized receipt through your member portal at [www.vsp.com](#), or ask your provider to submit it for you.

VSP Vision Care App!

Scan the QR code to download the app from Apple or Google Play stores for instant access to your benefits, ID card, member extras, and more.



Find a Provider

Visit [www.vsp.com](#) and click “**Find a Doctor**” to locate VSP network practices. Use the map, filters for hours or availability, and look for the orange Premier Program banner to maximize savings.

VSP members can enjoy additional savings on eyewear, vision correction, and more. Get 20% off unlimited additional pairs of glasses or sunglasses, including lens enhancements, within 12 months of your last preventive eye exam when purchased from a VSP provider.

Save an average of 15% on laser vision correction at contracted facilities. Members also receive exclusive perks like contact lens rebates, lens satisfaction guarantees, and up to 60% off digital hearing aids through TruHearing. Explore these and other everyday health and wellness savings at [vsp.com/offers](#).

Employee Contributions

PER 26 PAY PERIODS

Below are your per pay rates for the 2026 plan year.

MEDICAL/RX CONTRIBUTIONS

TIER	SELECT PLAN	PREFERRED PLAN	PREFERRED PLAN (NON-TN)
Employee	\$42.19	\$63.01	\$53.78
Employee + Child(ren)	\$223.45	\$278.63	\$255.55
Employee + Spouse	\$246.53	\$301.70	\$278.63
Family	\$281.14	\$336.32	\$313.24

DENTAL CONTRIBUTIONS

TIER	BASE DENTAL PLAN
Employee	\$3.75
Employee + 1	\$24.80
Family	\$29.42

VISION CONTRIBUTIONS

TIER	VSP VISION PLAN
Employee	\$3.21
Family	\$6.89



Health Savings Account (HSA)

HEALTHEQUITY

If you participate in the HSA-Qualified HDHP, you may be eligible to participate in a Health Savings Account (HSA).

A Health Savings Account (HSA) is a tax-exempt account used to pay for qualified healthcare expenses, including medical, dental, vision, and prescription costs. You may use HSA funds for out-of-pocket expenses, such as deductibles and coinsurance, or save them for future healthcare or investment needs.

These funds can be used for qualified expenses for yourself, your spouse, and your dependent children, even if they are not covered under your plan. Examples of qualified expenses include:

- Doctor visits
- Dental care
- Vision care
- Prescription medications
- Chiropractic services

For a full list of qualified medical expenses, visit www.irs.gov/publications/p502.

Please Note: *You may make changes to your HSA contribution at any time or on a per-pay basis.*



HSA Highlights

- Triple tax advantage — contributions are made pre-tax, growth is tax-free, and withdrawals for qualified healthcare expenses are also tax-free.
- There is no “use it or lose it” rule with an HSA. If you do not use the money in your account by the end of the year, unused funds will roll over to the next year.
- You can save and invest unused HSA money for future healthcare needs
- Your HSA is portable. When you retire or leave the company, your HSA funds go with you.

HSA Eligibility

To be eligible for an HSA, you must:

- Be covered under an HSA Qualified high deductible health plan (HDHP)
- Not have other first-dollar medical coverage (i.e., policy with no deductible)
- Not be eligible for or enrolled in Medicare
- Not be claimed as a dependent on someone else's tax return

HSA Contributions

The maximum amount that can be contributed to the HSA in a tax year is established by the IRS and is dependent on whether you have individual or family coverage in the HDHP. For 2026, the contribution limits are:

- **\$4,400** for individual coverage
- **\$8,750** for family coverage
- The annual catch-up contribution for age 55 and older is \$1,000

Contributions to the account must stop once you are enrolled in Medicare. However, you can keep the money in your account and use it to pay for healthcare expenses tax-free. HSA participants are encouraged to review their HSA election amount annually. Your pay period contributions will continue to be deducted from your paycheck unless you choose to make a change.

Dependent Care and Commuter Reimbursement Accounts

Dependent Care Reimbursement Account HealthEquity

A Dependent Care Reimbursement Account (DCRA) reimburses you for expenses that allow you and your spouse, if married, to work while your dependents are being cared for. Eligible employees may contribute up to \$7,500 per year (\$3,750 if married filing separately) to a DCRA to pay for qualified dependent daycare expenses such as:

- Before and after school programs
- Nursery school or preschool
- Summer day camp
- Adult daycare

Please Note: You MUST re-enroll in this benefit every year.

Use-It-Or-Lose-It

When participating in a DCRA, it is important to contribute only what you expect to spend on eligible expenses during the plan year. Per the IRS “use-it-or-lose-it” rule, any unused funds cannot be refunded or carried forward and will be forfeited at the end of the plan year. To avoid forfeiture, carefully review your prior year’s expenses and plan for predictable costs. Please retain all required receipts.

If you have any questions, please contact HealthEquity at 877-924-3967 or visit their website at www.healthequity.com.

Commuter Reimbursement Account Flores

This account allows you pay for eligible work-related transit and parking commuter expenses through pre-tax deductions from your paycheck. Eligible employees may contribute:

- **TRANSIT:** Up to \$340 per month for transportation (mass transit, train, subway, bus fares, ferry rides). Transit requires payment with the Flores debit card.
- **PARKING:** Up to \$340 per month for parking expenses incurred at or near your work location or near a location from which you commute using mass transit.

Your debit card is loaded with your pre-tax deductions each time a deduction is taken from your paycheck. Each time you use your debit card to pay for transit purchases, the funds are automatically debited from your transit account.

Enrollment should be done through your UKG portal. Upon enrollment, please follow the steps below:

Visit www.flores247.com, or download the Flores mobile app

- Once you receive your PID (participant ID) notice, click “Participant Login”, then “First Time User”
- Enter your PID

* If you cannot locate your PID please contact Flores Customer Services at **800-532-3327**.

Have Questions?

For additional information or questions, please visit www.southernlandbenefits.com/commuter. You can also contact Flores by calling **800-532-3327** or visiting their website at www.flores247.com.



Life and AD&D Benefits

PRUDENTIAL

Basic Life and AD&D Insurance

Basic Life and Accidental Death and Dismemberment (AD&D) insurance provides financial protection for unforeseen events, helping you and your family cover immediate expenses and long-term obligations.

Southern Land Company provides all active, full-time employees with Basic Life and AD&D insurance through Prudential. **This plan is available to employees at no cost. Southern Land Company pays 100% of the Basic Life and AD&D premium.** Employees will pay tax on premium amounts over \$50,000.

- Benefit Amount: 1x annual earnings, up to a maximum of \$400,000
- Benefits reduce to 65% at age 65; 50% at age 70

Voluntary Life and AD&D Insurance

Benefit eligible employees have the option to purchase Voluntary Life and AD&D coverage for yourself, as well as your eligible spouse and dependent children. You must purchase voluntary coverage for yourself to add coverage for your spouse and/or child(ren). **You are responsible for 100% of the premium amount that applies.**

BENEFIT DESCRIPTION	
Employee	5x annual earnings, in increments of \$10,000, up to a maximum of \$500,000 with a guaranteed issue of \$150,000*
Spouse	Increments of \$5,000, up to a maximum of 100% of employee election or \$500,000 with a guaranteed issue of \$25,000*
Dependent Child (Up to age 19 or age 26 if full-time student)	Increments of \$2,000, up to a maximum of \$10,000 (minimum election amount is \$2,000)

*Evidence of Insurability (EOI)

Evidence of Insurability (EOI) is health information required by Prudential to approve your life insurance coverage.

When EOI is Required:

- **New Employees:** Electing more than \$150,000 for employee life or \$25,000 for spouse life coverage.
- **Annual Enrollment:** For any increases or first-time enrollments, regardless of the amount.
- **Late Enrollment:** Enrolling more than 31 days after becoming eligible, for any amount.
- **Life Events (e.g., marriage, baby):** For coverage amounts above the guaranteed limits (must enroll or make changes within 31 days).

When EOI is NOT Required:

- **Children’s Coverage:** Never requires EOI.
- **New Employees:** Up to \$150,000 for employee life and \$25,000 for spouse life coverage.

Important: If EOI is required, you must complete and submit in a timely manner. In order for your coverage to take effect, Prudential must approve your EOI.

Eligible employees who initially waived coverage can elect a minimum of \$10,000 to “lock in” to the plan, but EOI* is required for this enrollment due to your initial decline of coverage.

- Future increases: You can then increase coverage by up to \$50,000 annually without EOI, up to the \$150,000 guarantee issue limit
- Lock-in benefit: If you become uninsurable later, this feature allows you to continue increasing coverage up to the guaranteed issue limit without EOI

Short and Long Term Disability

PRUDENTIAL

Short-Term Disability (STD)

Short-Term Disability (STD) provides temporary income replacement if you are unable to work due to a covered illness or injury. It helps ensure you can meet your financial needs while recovering. You may receive 100% of your salary for up to 11 weeks. Please contact the People and Culture department for more information, as this benefit is self-administered by the company.

Long-Term Disability (LTD)

Long-Term Disability (LTD) insurance provides you with income continuation in the event your illness or injury lasts beyond the elimination period. This helps ensure you have a continued income if you are unable to work due to a covered sickness or injury. These benefits are paid through Prudential.

BENEFIT DESCRIPTION	
Benefits	60%
Benefit Monthly Maximum	
Staff	\$7,500
Senior Management	\$20,000
Executives	\$20,000
Elimination Period	90 days
Duration of Benefits	Social Security Normal Retirement Age

Benefits are reduced for eligible participants age 65 and older.



Employee Assistance Program (EAP)

GUIDANCERESOURCES

There are times when you need support, and with the GuidanceResources Employee Assistance Program (EAP) you do not have to face challenges alone. Employees and their eligible dependents have 24/7 access to confidential and professional counseling, well-being coaching, and online resources. This program provides assistance with emotional health, stress management, and everyday life challenges.

Counseling Sessions

You have access to **six (6) in-person or virtual sessions per calendar year**. Help is available 24/7 for immediate emotional support.

For personal and confidential assistance, call **800.311.4327** or visit www.guidanceresources.com and enter the Web ID: **GRS311**.

GuidanceResources can help you through uncertain times, by serving as your advocate whenever you or your dependents need treatment for the following:

- Depression
- Stress and anxiety
- Marital and family conflicts
- Alcohol and drug abuse
- Job pressures
- Grief and loss

GuidanceResources can also assist with legal consultations, financial advice, contract review, real estate transactions and more!



Identity Theft Protection

ALLSTATE

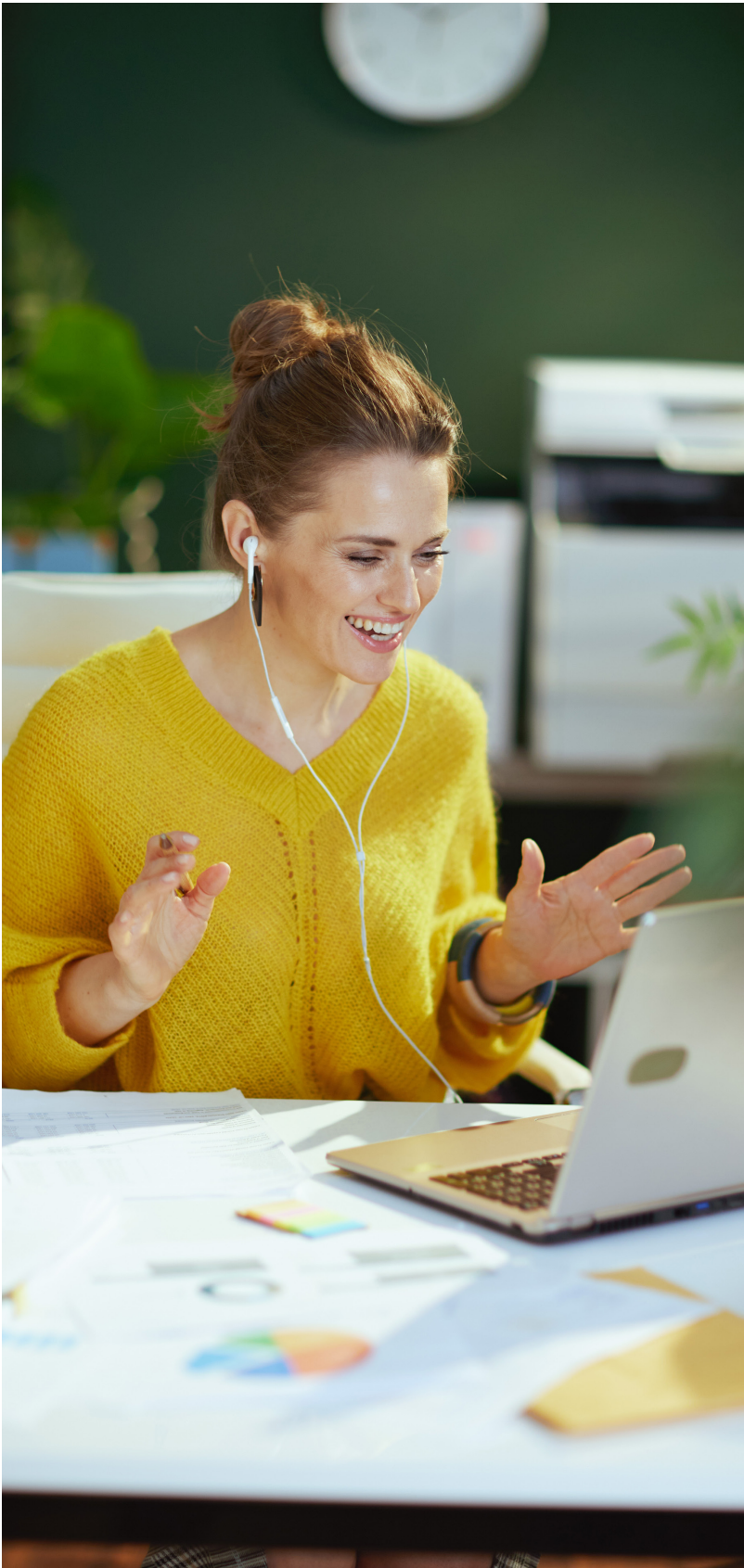
Southern Land Company partners with Allstate to offer you and your family the option to purchase Identity Theft Protection through Allstate. You have the option of purchasing either the Pro+ Plan or the Pro+ Cyber Plan. These plans are designed to safeguard your identity, finances, and online presence while providing expert assistance for quick restoration if needed. Features include:

- **Reimbursement Coverage:** Up to \$1 million (or \$2 million for family coverage under the Pro+ Cyber Plan) for stolen funds and out-of-pocket costs due to fraud
- **Monitoring & Alerts:** Detects suspicious activity early, including high-risk transactions, account takeovers, and financial activity
- **Dark Web Monitoring:** Scans hacker forums for compromised personal information and alerts you immediately
- **Social Media Monitoring:** Protects your family's social accounts by flagging inappropriate content, threats, or cyberbullying
- **Pro+ Cyber Plan Enhancements:** Additional protection for webcams, phishing, VPNs, firewalls, and network security

For more information, call **800.789.2720** or email **customercare@aip.com**.

TIER	PRO+ PLAN (PER MONTH RATE)	PRO+ CYBER PLAN (PER MONTH RATE)
Employee Only	\$9.95	\$11.95
Family*	\$17.95	\$20.95

**Family includes employee, spouse, kids of all ages, any dependent living within employee's household, deceased family members and any family member aged 65 or older (regardless if they live with the employee).*



Additional Resources

CONNER STRONG & BUCKELEW

Benefits Member Advocacy Center

The Benefits MAC connects employees and dependents with trained Member Advocates who can answer questions and help you navigate your employee benefits. Contact the Benefits MAC for assistance with claims, bills, coverage questions, and more. Spanish speaking advocates are available.

- Call: **800.563.9929** (M–F, 7:30 AM–4 PM CT)
- Email: cssteam@connerstrong.com
- Web: www.connerstrong.com/memberadvocacy

BenePortal

BenePortal offers you and your dependents the ability to review your benefit options, access plan documents, carrier contacts, forms, and guides online, anytime. BenePortal is mobile-optimized for convenient access on any device. Visit www.southernlandbenefits.com to access BenePortal.

Scan the QR Code with your mobile device to instantly access BenePortal!



Benefit Perks

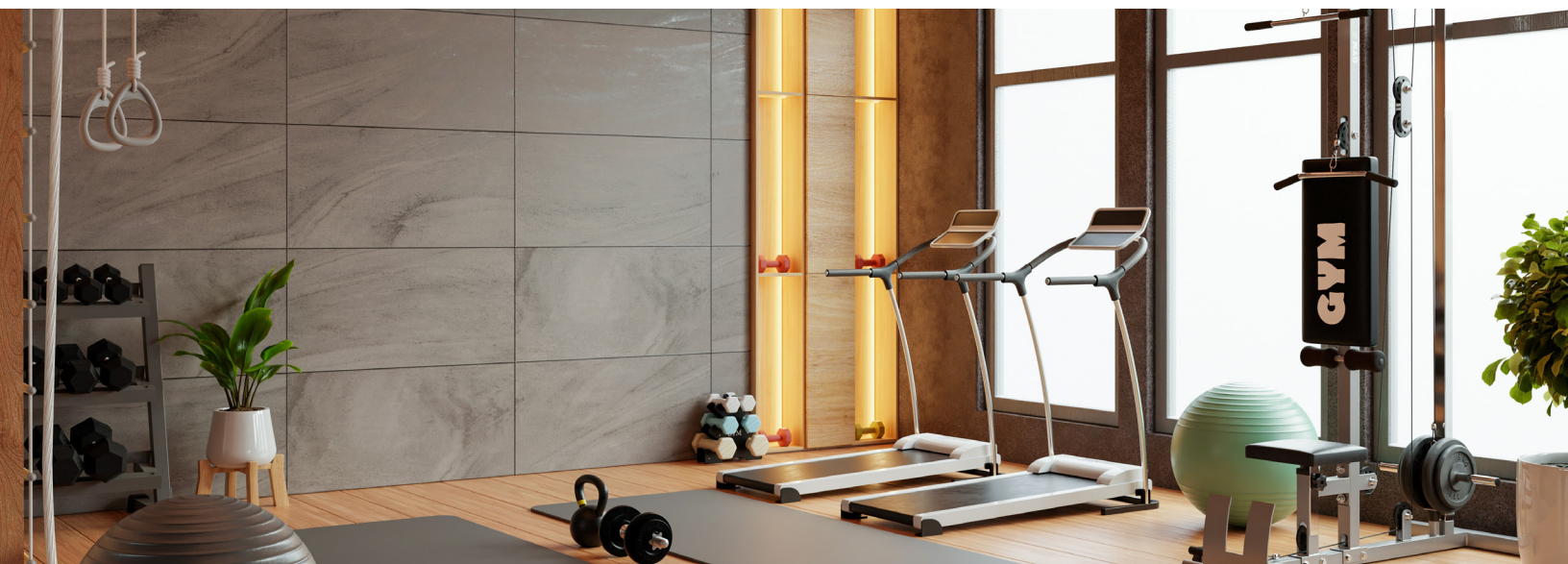
CSB Benefit Perks offers employees exclusive discounts and cash back on a wide range of products and services, such as health and wellness, electronics, and so much more at no additional cost. Employees can register online at www.connerstrong.corestream.com to access savings both online and in person at participating retailers.

HealthyLearn

Locate reliable health and wellness information on a wide range of topics. Access resources anytime at www.healthylearn.com/connerstrong.

HUSK Wellness

HUSK Wellness offers exclusive savings at over 8,000 gyms and specialty studios nationwide, as well as virtual workout programs and an online library of fitness, wellness, and nutrition resources. Members can also meet one-on-one with a Registered Dietitian for personalized nutrition plans (insurance or direct bill). Learn more by calling 800.294.1500 or visiting www.csbbeneportal.com/husk-globalfit.



Carrier Contacts



COVERAGE TYPE	CARRIER NAME/CONTACT	PHONE NUMBER	WEBSITE/EMAIL
Medical/Prescription/Health Reimbursement Account/Dental	Blue Cross Blue Shield of Tennessee (BCBST)	800-565-9140	www.bcbst.com
Telemedicine	Teladoc (via BCBST)	800-835-2362	www.bcbst.com/Teladoc
Vision	VSP	800-877-7195	www.vsp.com
Health Savings Account	HealthEquity	866-346-5800	www.healthequity.com
Dependent Care Reimbursement Account	HealthEquity	877-924-3967	www.healthequity.com
Commuter Reimbursement Account	Flores	800-532-3327	www.flores247.com
Life/AD&D/Long-Term Disability	Prudential	Life Insurance Claims: 800-524-0542 Disability Claims: 800-842-1718	www.prudential.com
Short-Term Disability	Southern Land Company	615-778-3151	becca.reilly@southernland.com
Employee Assistance Program	GuidanceResources	800-311-4327	www.guidanceresources.com (Web ID: GRS311)
Identity Theft Protection	Allstate	800-789-2720	customercare@aip.com
Benefits Member Advocacy Center	Conner Strong & Buckelew	800-563-9929	www.connerstrong.com/memberadvocacy

Legal Notices

Southern Land Company is pleased to provide you with the various notices and disclosures related to Southern Land Company's employee benefits program. Please carefully review the information contained in the various notices and disclosures and share them with your covered dependents. In the event of a conflict between the official Plan Documents and these legal notices or any other communication related to the Plan, the official Plan Document will govern.

There are three ways you can easily obtain and review the various notices and disclosures. These are described below:

1. Visit the Southern Land's BenePortal at www.southernlandbenefits.com and select "**Plan Notices and Disclosures**" to review, download, and print copies
2. To request mailed or emailed copies, contact People & Culture at sheri.savely@southernland.com.
3. You may also call your insurance carrier using the phone number on your member ID card to request a benefit booklet

Notes

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SOUTHERN LAND COMPANY

Southern Land Company reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. 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 the actual plan documents, the actual plan documents will prevail. If you have any questions about your Guide, contact Human Resources.