

A Guide to Your Benefits



2023
Benefits Guide

emmisplan
your **money**. your **life**. your **health**.

YOUR EMMIS BENEFITS

We understand the important role that benefits play in the lives of you and your family. As a new hire or when experiencing a life event and then annually during open enrollment (typically in the fall), you have an opportunity to make changes to your benefits package to ensure you and your family have the right coverage.

This benefits guide can help familiarize you with Emmis’ benefit options. It also provides useful tips, tools and resources to help you think through your options and make wise decisions. As you prepare to enroll:

- Even if you are making no changes to your coverage, you should review your enrollment information to make sure all information is accurate, including updating beneficiary and emergency contacts.
- You must reenroll each year in the HSA. These elections do not roll over.
- Consider your benefit coverage needs for the upcoming year. For example, is your family financially protected if you can’t work due to an accident or illness?
- Consider other available coverage, such as a spouse’s health plan.
- Gather information you’ll need. If you are covering dependents, you will need their dates of birth and Social Security numbers.

Getting the most value from your benefits depends on how well you understand your plans and how you choose to use them. Be sure to read this entire guide for important information about your benefit options and reach out to HRHelp with any questions.

TABLE OF CONTENTS

3	Benefit Basics	11	Additional Benefits
3	Eligibility	12	401(k) Retirement Savings Plan
4	Medical and Pharmacy Plan	13	Benefit Costs
6	Wellness Program	14	Glossary
7	Health Savings Account	15	Contact Information
8	Dental Plan		
9	Vision Plan		
10	Life Insurance and Disability		

Enrolling in Your Benefits



Visit
dayforce.emmis.com
from any browser



Begin the benefits
enrollment process
using the “Help Me
Decide” button



Elect the benefits
you want



Save or submit
your elections



Print a copy of your
elections for your records



BENEFIT BASICS

Emmis pays for some of your benefits, and you share the cost for others, as shown here.

Benefit	Tax Treatment	Who Pays
Medical Coverage	Pre-tax	Emmis & You
Dental Coverage	Pre-tax	Emmis & You
Vision Coverage	Pre-tax	You
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	After-tax	Emmis
Supplemental Life and Accidental Death & Dismemberment (AD&D) Insurance	After-tax	You
Short-Term Salary Continuation	After-tax	Emmis
Long-Term Disability Coverage	After-tax	Emmis
Health Savings Account	Pre-tax	You
Employee Assistance Plan	After-tax	Emmis
401(k) Retirement Savings Plan	Pre-tax	You

ELIGIBILITY

As an Emmis employee, you are eligible for benefits if you are working at least 30 hours per week. Most of your benefits are effective after 30 days following your date of hire as long as you enroll within 30 days.

You may enroll your eligible dependents for coverage, which include:

- Your legal spouse
- Your domestic partner
- Your children up to age 26

Changes to your benefits

Generally, you may only make or change your existing benefit elections as a new hire or during the annual open enrollment period. However, you may change your benefit elections during the year if you experience a life event such as:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Loss or gain of other coverage by the employee or dependent
- Eligibility for Medicare or Medicaid

Contact hrhelp@emmis.com if you feel you are having a qualified life event. You have 30 days from the qualified life event to make changes to your coverage. Depending on the type of event, you may need to provide proof of the event, such as a marriage license. If you do not make the changes within 30 days of the qualified event, you will have to wait until the next open enrollment period to make changes (unless you experience another qualified life event).

MEDICAL AND PHARMACY PLAN OVERVIEW



We offer the choice of two medical plans through Anthem. Both medical options have the same network and include coverage for prescription drugs through CVS Caremark and dental through Delta Dental. To select the plan that best suits your family, you should consider the key differences between the plans, the cost of coverage (including payroll deductions), and how the plan covers services throughout the year.

Understanding how your plan works



1. YOUR PREMIUMS

Emmis is committed to providing the best benefits available while maintaining cost effectiveness. Premiums are deducted on a bi-weekly basis and many are deducted pre-tax, reducing your taxable income.



2. YOUR DEDUCTIBLE + COINSURANCE

You pay out-of-pocket for most medical and pharmacy expenses, except those with a copay, until you reach the deductible. Once your deductible is met, you and the plan share the cost of covered medical and pharmacy expenses. The plan will pay a percentage of each eligible expense and you will pay the rest.

You can pay for these expenses using your HSA as applicable.



3. YOUR OUT-OF-POCKET MAXIMUM

When you reach your out-of-pocket maximum, the plan pays 100% of covered medical and pharmacy expenses for the rest of the plan year. Your deductible and coinsurance apply toward the out-of-pocket maximum.

Making the most of your plan

Getting the most out of your plan also depends on how well you understand it. Keep these important tips in mind when you use your plan.

- **In-network providers and pharmacies:** You will always pay less if you see a provider within the medical and pharmacy network.
- **Preventive care:** In-network preventive care is covered at 100% (no cost to you). Preventive care is often received during an annual physical exam and includes immunizations, lab tests, screenings and other services intended to prevent illness or detect problems before you notice any symptoms.
- **Preventive drugs:** Many preventive drugs and those used to treat chronic conditions like diabetes, high blood pressure, high cholesterol and asthma are on the Preventive Condition Drug List. These prescriptions are covered at 100% (no cost to you) when you use an in-network pharmacy.
- **Mail Order Pharmacy:** If you take a maintenance medication on an ongoing basis for a condition like high cholesterol or high blood pressure, you can use the Mail Order Pharmacy to save on a 90-day supply.
- **Pharmacy coverage:** Medications are placed in tiers based on drug cost, safety and effectiveness. These tiers also affect your coverage. For additional details on these classifications, please visit the EmmisPlan Portal.
 - **Generic** – A drug that offers equivalent uses, doses, strength, quality and performance as a brand-name drug, but is not trademarked.
 - **Brand preferred** – A drug with a patent and trademark name that is considered “preferred” because it is appropriate to use for medical purposes and is usually less expensive than other brand-name options.
 - **Brand non-preferred** – A drug with a patent and trademark name. This type of drug is “not preferred” and is usually more expensive than alternative generic and brand preferred drugs.
 - **Specialty** – A drug that requires special handling, administration or monitoring. Most can only be filled by a specialty pharmacy and have additional required approvals.

Embedded deductibles and out-of-pocket maximums

- **Under an embedded approach**, each person only needs to meet the individual deductible and out-of-pocket maximum before the plan begins paying its share for that individual. (And, once two or more family members meet the family limits, the plan begins paying its share for all covered family members.) **Both Emmis plans are considered embedded.**

MEDICAL COVERAGE

Anthem

Medical Plan Provisions	CDHP (Embedded)		PPO (Embedded)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible** (Individual/Family)	\$3,000/\$6,000	\$6,000/\$12,000	\$2,000/\$4,000	\$4,000/\$8,000
Out-of-Pocket Maximum** (Includes Deductible)	\$4,300/\$8,600	\$8,600/\$17,200	\$5,950/\$11,900	\$11,900/\$23,800
Preventive Care	Covered at 100%	Not Covered	Covered at 100%	Not Covered
Primary Care Provider Office Visit	20%*	50%*	\$30 copay	50%*
Specialist Office Visit	20%*	50%*	\$50 copay	50%*
Telemedicine	20%*	N/A	\$59 copay	N/A
X-Ray and Lab	20%*	50%*	30%*	50%*
Inpatient Hospital Services	20%*	50%*	30%*	\$250 copay / 50%*
Outpatient Hospital Services	20%*	50%*	30%*	50%*
Urgent Care	20%*	Not Covered	\$50 copay	Not Covered
Emergency Room	20%*		30%*	

PHARMACY COVERAGE

Rx Benefits / CVS Caremark

Pharmacy Provisions	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription Drug Out of Pocket Max (Individual/Family)	Combined with Medical	Not Covered	\$2,350/\$4,700	Not Covered
Retail Pharmacy (up to a 34- day supply)	In-Network	Out-of-Network	In-Network	Out-of-Network
Generic	20%*	Not Covered	\$30 copay	Not Covered
Brand Preferred	20%*		\$50 copay	
Brand Non-Preferred	20%*		\$70 copay	
Specialty	20%*		\$70 copay	
Specialty Pharmacy (up to a 90-day supply)	In-Network	Out-of-Network	In-Network	Out-of-Network
Generic	20%*	Not Covered	\$60 copay	Not Covered
Brand Preferred	20%*		\$100 copay	
Brand Non-Preferred	20%*		\$140 copay	

*After deductible

** In and out-of-network deductibles and out-of-pocket maximums accumulate toward each other

EMMIS WELLNESS PROGRAM



At Emmis, we want employees to be engaged in their jobs and communities, be active and engaged in their health, and ultimately achieve their highest level of wellbeing. Our wellness program is designed to:

- Provide education, resources and support to employees
- Help you make good decisions about your health
- Increase employee engagement and productivity
- Manage health care costs

Smoking-cessation coverage - As part of Emmis' commitment to wellness, the Health Plan provides 100% coverage for prescription smoking-cessation programs.

All eligible employees enrolled in a company medical plan have the opportunity to earn up to \$40 per pay discount on our Health Plan contributions by completing the steps of the program. Stay tuned for more information about wellness throughout the year.

1. Physical or wellness screening

Employees and all spouses/domestic partners covered on your health plan are required to have one wellness procedure before the deadline. For 2023, using an approved set of procedures (a list of procedures follows).

For new hires, out-of-network doctors or when a physical is combined with other services in one visit, please submit documentation providing proof of a wellness procedure, or email hrhelp@emmis.com to obtain the physician's authorization form.

COMMON WELLNESS PROCEDURES	
Annual Gynecological Exam	Annual Prostate Exam
Blood Count Complete	Cholesterol Blood Panel
General Health Screen	Glucose Blood Panel
Lipid Blood Panel	Metabolic Blood Panel
Nutrition Therapy	Physical
Thyroid Exam	Colonoscopy
Mammogram	New Patient Wellness Consultation

2. Additional Employee Only Requirements

Please log into your Sydney Health app and take a screen shot of the physical/well visit. Take the screenshot of your well visit(s), found under the claims section of your Sydney Health app and email to hrhelp@emmis.com.

3. Deadline

These items must be complete by November 30th of each year to be eligible for the discount the following plan year.

HEALTH SAVINGS ACCOUNT



HealthEquity

A Health Savings Account (HSA) is an account that belongs to you that is paired with the CDHP plan. It allows you to make tax-free contributions to a savings account to pay for current and future medical expenses for you and your dependents.



START IT

- Contributions to the HSA are tax-free for you whether they come from you or the company.
- Plans with an HSA typically cost less than other plans so the money you save on premiums can be put into your HSA. You save money on taxes and have more flexibility and control over your health care dollars.



BUILD IT

- All of the money in your HSA is yours even if you leave your job, change plans or retire.
- In 2023, the total of your contributions and the company's can be up to \$3,850 for individual coverage and \$7,750 for family coverage.



USE IT

- You can withdraw your money tax-free at any time, as long as you use it for qualified expenses (a list can be found on www.irs.gov).
- You can also save this money and hold onto it for future eligible health care expenses.



GROW IT

- Unused money in your HSA will roll over, earn interest and grow tax-free over time.
- You decide how to use the HSA money, including whether to save it or spend it for eligible expenses. When your balance is large enough, you can invest it — tax-free. A minimum balance of \$1,000 is required to invest the funds.

Eligibility Details

- If you are age 55 or older, you can contribute an additional \$1,000 per year by electing an HSA catch-up contribution, after you turn 55.
- You are not allowed to be enrolled in any other health coverage and cannot have an HSA if you are enrolled in any other health coverage or Medicare, or claimed as a dependent on someone else's tax return.

DENTAL PLAN



Delta Dental of Indiana

It's important to have regular dental exams and cleanings so problems are detected before they become painful — and expensive. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and is an important part of maintaining your overall health. Your dental plan is Delta Dental of Indiana, which offers in- and out-of-network benefits.

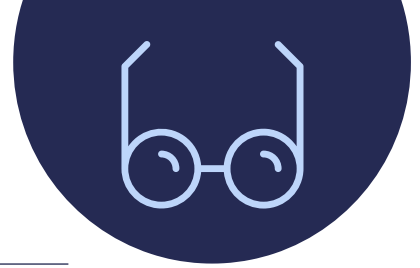
Plan Provisions	Delta Dental of Indiana	
	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	\$50/\$150	
Calendar Year Maximum	\$1,500	
Orthodontia Lifetime Maximum	\$1,500 per individual	
Diagnostic and Preventive Services (e.g., X-rays, cleanings, exams)	Covered at 100%	Covered at 100%
Basic and Restorative Services (e.g., fillings)	20%*	20%*
Major Services (e.g., dentures, crowns, bridges)	50%*	50%*
Orthodontia	50%* for children under age 19	

*After deductible

Using in-network dental providers

While you have the option of choosing any provider, you will save money when you use in-network dentists. When using an out-of-network dental provider, you will pay more because the provider has not agreed to charge you a negotiated rate.

VISION PLAN



Anthem Blue View Vision

The vision plan provides coverage for routine eye exams and pays for all or a portion of the cost of glasses or contact lenses. You can choose any provider; however, you always save money if you see in-network providers. Your vision plan is provided through Anthem Blue View Vision, which is a cost-effective, comprehensive vision plan. Even if you choose to opt out of the optional vision plan, medical coverage provides one basic eye exam a year.

Plan Provisions	Anthem Blue View Vision	
	In-Network	Out-of-Network
Exam	\$0 copay	Up to \$42
Frames	\$130 allowance plus 20% off any remaining balance	Up to \$45
Lenses		
• Single Vision Lenses	\$10 copay	Up to \$40
• Bifocal Lenses	\$10 copay	Up to \$60
• Trifocal Lenses	\$10 copay	Up to \$80
Contact Lenses		
• Elective	\$130 allowance plus 15% off any remaining balance	Up to \$105
• Medically Necessary	Covered at 100%	Up to \$210
Frequency		
• Exam	Every 12 months	Every 12 months
• Lenses	Every 12 months	Every 12 months
• Frames	Every 12 months	Every 12 months
• Contact Lenses	Every 12 months	Every 12 months

LIFE INSURANCE AND DISABILITY



MetLife

Life and AD&D Insurance

Emmis provides basic life and AD&D insurance for all eligible employees and offers voluntary insurance options for employees and their dependents.

Basic Life and AD&D Insurance

Life insurance is an important part of your financial wellbeing, especially if others depend on you for support. Emmis provides basic life and accidental death and dismemberment insurance at **no cost** equal to 1x your base annual earnings, up to a maximum of \$100,000. Emmis also provides \$5,000 in basic life coverage for your spouse and \$2,500 for eligible dependents, if applicable. Coverage is automatic; you do not need to enroll.

Voluntary Life and AD&D Insurance

Emmis offers supplemental term life insurance and AD&D through MetLife to all eligible employees (non-union full-time and employees with 30 days of service) over the age of 19. This is in addition to the company-paid life insurance Emmis provides. When an employee is first hired, he or she has the opportunity to purchase this additional coverage for himself/herself, a spouse and/or eligible dependent children at competitive rates through payroll deduction.

Voluntary Life and AD&D Insurance for you

Employee

- Increments of \$10,000 up to 5x your base annual salary
- Up to a \$1,000,000 maximum
- Guaranteed issue up to \$500,000 at initial enrollment or 4x annual salary

Voluntary Life and AD&D Insurance for your dependents

Spouse

- Increments of \$5,000 (not to exceed XX% of your voluntary life and AD&D coverage)
- Up to a \$50,000 maximum
- Late entrants or amounts over the guaranteed issue will require a Statement of Health to be completed

Child(ren)

- Increments of \$5,000 to a maximum benefit election of \$10,000
- Late entrants or amounts over the guaranteed issue will require a Statement of Health to be completed

Lincoln Financial

Disability Insurance

Disability insurance provides income replacement should you become disabled and unable to work due to a non-work-related illness or injury. Emmis provides disability income benefits at **no cost** as shown below. Coverage is automatic; you do not need to enroll.

Coverage	Benefit
Short-Term Salary Continuation	<ul style="list-style-type: none">• Provided during a qualified leave of absence to those employees who meet the eligibility requirements.• Additional information can be found in the Employee Handbook
Long-Term Disability	<ul style="list-style-type: none">• 60% of your base monthly earnings, to a maximum of \$15,000 per month if you are disabled and are unable to work for more than 90 days.• Benefits are offset with other sources of income, such as Social Security and Workers'

What you need to know

- In as little as five minutes, MetLife's Life Needs calculator will provide an estimate of one's Life Insurance needs, eliminating the guess work, and helping to make the enrollment process easier.
- You can find the new calculator by visiting www.metlife.com/lifeneeds.

ADDITIONAL BENEFITS



EmployeeConnect (Lincoln)

Employee Assistance Program

Because personal issues can affect every aspect of your life, we automatically provide you and your family with an Employee Assistance Program (EAP) through Lincoln Financial Group at no cost to you. Call the EAP 24/7 for unlimited confidential assistance with nearly any personal matter you may be experiencing. You and your family have access to five free consultations with a licensed counselor per incident, per individual, per calendar year. Services include:

- **Legal Services:** Consultations for issues relating to civil, consumer, personal and family law, financial matters, business law, real estate, estate planning, and more
- **Financial Services:** Budgeting, credit and financial guidance, retirement planning, and assistance with tax issues
- **Childcare and Eldercare Assistance:** Needs assessment along with referrals to childcare and eldercare providers
- **Daily Living Services:** Referrals to help with event planning, transportation services, pet services, and more

Confidential assistance is available any time by calling 888-628-4824 or visiting [GuidanceResources.com](https://www.guidanceresources.com)

Username: LFGSupport Password: LFGSupport1

Email HrHelp@emmis.com for more information.

Paid time off and Leave

Emmis recognizes several paid holidays through the year, as well as vacation time based on years of service, and your birthday off. Emmis also provides salary continuation during a qualified leave of absence to those employees who meet eligibility requirements. See the Pay While on Qualified Leave policy in the Employee Handbook or in the [EmmisPlan Portal](#) for additional information.

Sydney Health (Anthem)

Health Plan Navigation Tool

Anthem's Sydney Health is provided free of charge to health plan covered employees at Emmis.

Between work and family, it can feel like there's not enough time in the day, especially when it comes to hunting down your health information. Sydney Health keeps your family's health information organized and in one place. You can use it to:

- Make informed healthcare decisions by comparing the cost and quality of doctors, procedures, and care facilities
- Track your health goals, physical activity and review current and past claims history
- Never be without your insurance card again you can display a copy of your medical plan insurance card (online or on your phone) as well as your COVID-19 Vaccine Card
- Look up your benefit information and get answers through real-time chat at any time
- Connect with a board-certified doctor through a video visit or text session in minutes
- Use the claims section to screenshot for your wellness discount

You can chat with a representative at any time on the **Sydney Health** app or [anthem.com](https://www.anthem.com). You can also **enable the Anthem Skill** for your Amazon Alexa.

Family Medical Leave Act (FMLA)

If you have been with the company for 12 months, you may be eligible for up to 12 work weeks of unpaid leave per year under the Family Medical Leave Act (FMLA). FMLA can be used for an illness of your own, care needed for a family member, care for a newborn and certain other medical needs. Contact HrHelp@emmis.com for more information.

401(k) RETIREMENT SAVINGS PLAN



Merrill (a Bank of America Company)

Whether retirement is way down the road or just around the corner, it’s important to have savings goals and specific investment objectives. To help you meet your goals and objectives, we offer a 401(k) Retirement Savings Plan, administered by Merrill (a Bank of America Company), with multiple investment options. Key details and features of our plan are listed below.

Eligibility	Employee Contributions
You are eligible to participate in the plan after 30 days of service. New hires that do not actively enroll in the plan will be automatically enrolled at a 3% contribution rate after 90 days of employment. Employee may actively opt out of the plan.	Contributions from your pay are made on a pre-tax basis – up to the IRS annual limit or post-tax (Roth) basis. If you are 50 years of age or older, (or if you will reach age 50 by the end of the year), you may make a catch-up contribution in addition to the normal IRS annual limit.

Vesting

Vesting refers to your ownership of the money in your 401(k). You are always 100% vested in your contributions to the plan.

Advice Access

Your 401(k) plan is a great way to prepare for your financial future. But many people need help making investment decisions. That’s why we offer Advice Access. It can help you develop a strategy that’s right for you, as you pursue financial wellness. Advice Access provides specific recommendations – tailored to your personal financial situation.

With Advice Access, you don’t have to spend the time – or need the investment knowledge – to decide how much to contribute to your plan, or to choose your investment options. Advice Access can help with all of this.

More Information

- You can enroll in the plan and make changes to your contributions at any time
- Merrill has many different investment options for you to choose from, along with tools and resources you can use to determine which options best meet your investment objectives.

For additional details about the 401(k) Retirement Savings Plan or to enroll or change your contribution rates or investment elections, visit www.benefits.ml.com

BENEFIT COSTS



Your bi-weekly payroll contributions for medical, dental and vision benefits are shown here.

	CDHP/Rx and Dental Bi-Weekly Contributions		PPO/Rx and Dental Bi-Weekly Contributions	
	Wellness	Non-Wellness	Wellness	Non-Wellness
Employee	\$55.32	\$95.32	\$131.16	\$171.16
Employee + One	\$114.80	\$154.80	\$282.30	\$322.30
Family	\$191.74	\$231.74	\$474.92	\$514.92
	Vision Bi-Weekly Contributions			
Employee	\$4.98			
Employee + One	\$8.72			
Family	\$13.96			

GLOSSARY

Brand preferred drugs – A drug with a patent and trademark name that is considered “preferred” because it is appropriate to use for medical purposes and is usually less expensive than other brand-name options.

Brand non-preferred drugs – A drug with a patent and trademark name. This type of drug is “not preferred” and is usually more expensive than alternative generic and brand preferred drugs.

Calendar Year Maximum – The maximum benefit amount paid each year for each family member enrolled in the dental plan.

Coinsurance – The sharing of cost between you and the plan. For example, 80% coinsurance means the plan covers 80% of the cost of service after a deductible is met. You will be responsible for the remaining 20% of the cost.

Copay – A fixed amount (for example \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible – The amount you have to pay for covered services each year before your health plan begins to pay.

Elimination Period – The time period between the beginning of an injury or illness and receiving benefit payments from the insurer.

Generic drugs – A drug that offers equivalent uses, doses, strength, quality and performance as a brand-name drug, but is not trademarked.

Health Savings Account (HSA) – An HSA is a personal savings account for those enrolled in a High Deductible Health Plan (HDHP). You may use your HSA to pay for qualified medical expenses such as doctor’s office visits, hospital care, prescription drugs, dental care and vision care. You can use the money in your HSA to pay for qualified medical expenses now, or in the future, for your expenses and those of your spouse/domestic partner and dependents, even if they are not covered by the HDHP.

Health Reimbursement Arrangement (HRA) – A fund you can use to help pay for eligible medical costs not covered by your medical plan. Funds are contributed to the HRA by the company.

High Deductible Health Plan (HDHP) – A qualified High Deductible Health Plan (HDHP) is defined by the Internal Revenue Service (IRS) as a plan with a minimum annual deductible and a maximum out-of-pocket limit. These minimums and maximums are determined annually and are subject to change.

In-network – A designated list of health care providers (doctors, dentists, etc.) with whom the insurance provider has negotiated special rates. Using in-network providers lowers the cost of services for you and the company.

Inpatient – Services provided to an individual during an overnight hospital stay.

Mail Order Pharmacy – Mail order pharmacies generally provide a 90-day supply of a prescription medication for the same cost as a 60-day supply at a retail pharmacy. Plus, Mail Order Pharmacies offer the convenience of shipping directly to your door.

Out-of-network – Providers that are not in the plan’s network and who have not negotiated discounted rates. The cost of services provided by out-of-network providers is much higher for you and the company. Higher deductibles and coinsurance will apply.

Out-of-pocket maximum – The maximum amount you and your family must pay for eligible expenses each plan year. Once your expenses reach the out-of-pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year. Your annual deductible is included in your out-of-pocket maximum.

Outpatient – Services provided to an individual at a hospital facility without an overnight hospital stay.

Primary Care Provider (PCP) – A doctor (generally a family practitioner, internist or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions.

Reasonable & Customary Charges (R&C) – Prevailing market rates for services provided by health care professionals within a certain area for certain procedures. Reasonable & Customary rates may apply to out-of-network charges.

Specialist – A provider who has specialized training in a particular branch of medicine (e.g., a surgeon, cardiologist or neurologist).

Specialty drugs – A drug that requires special handling, administration or monitoring. Most can only be filled by a specialty pharmacy and have additional required approvals.

CONTACT INFORMATION



Coverage	Carrier	Phone	Website
Emmis HR Help	HRHelp@emmis.com	866-EMMISHR	EmmisPlan Portal
Dayforce from Web Browser			Username: Primary Emmis-Issued Email Password: Enter network Password dayforce.emmis.com
Dayforce from Mobile App			Company ID: emmis Username: firstname.lastname Password: Last 4 of SSN + Year of Birth (example: XXXXYYYY)
Medical	Anthem	800-693-5417	www.anthem.com
Pharmacy Benefits	RxBenefits using CVS/Caremark	Rx Benefits 800-334-8134	www.caremark.com
LiveHealth Online			www.livehealthonline.com
Dental	Delta Dental of IN	800-524-0149	www.deltadentalin.com
Vision	Anthem Blue Vision	866-723-0515	www.anthem.com
Health Savings Account	Health Equity	866-346-5800	www.healthequity.com
Health Plan Navigation Tool	Anthem Sydney Health		www.anthem.com
Employee Assistance Program	Lincoln Financial Group	888-628-4824	GuidanceResources.com Username: LFGSupport Password: LFGSupport1
401(k) Retirement Savings Plan	Merrill	800-229-9040	www.benefits.ml.com
Equity Plan (Stock Options and Restricted Stock Grants)	Merrill	877-767-2404	www.benefits.ml.com
EmmisPlan Portal			www.mymobilewalletcard.com/emmis

The EmmisPlan Portal keeps all your benefit contacts in one place. For easy access to your benefit carriers' group numbers, phone numbers and websites from your smartphone, tablet or computer, bookmark www.mymobilewalletcard.com/emmis.



About this Guide

This benefit summary provides selected highlights of the Emmis benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Emmis reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.