

BENEFITS OUTLINE 2023 / 2024

New hire benefits are effective date of hire

All Benefits in this section are available for enrollment through your employee portal

MEDICAL INSU	RANCE			TH – PH-TRAI vork Benefits	D-BASE TR	RAD	ITIONAL POS	
EMPLOYEE COST / N	<u>IONTH</u>	FIXED CO-PAYS			RX CO-PAYS			
SINGLE: \$	170.73	OFFICE VISIT (PCP):	\$	25	GENERIC:	\$	10	
DOUBLE: \$	375.59	SPECIALIST VISIT:	\$	40	PREFERRED BRAND:	\$	30	
FAMILY: \$	469.50	URGENT CARE:	\$	75	NON-PREFERRED BRAND:	\$	60	
		ER VISIT:	\$	250	PREFERRED SPECIALTY:		20%, мах \$100	
EMPLOYER COST / M	<u>10NTH</u>	AMBULANCE:	\$	150	NON-PREFERRED SPECIALTY:		20%, мах \$200	
SINGLE: \$	352.33	HIGH TECH IMAGING:	\$	150				
DOUBLE: \$	775.13							
FAMILY: S	968.91	COINSURANCE MAX (TOTAL OUT-OF-POCKET MAX	XIMU	JM (plan year <u>)</u>	
Traviter. Ç		In Network/Out of Ne	two	<u>rk</u>	In Network/Out of Network			
		INDIVIDUAL:	\$	3,000/\$6,000	INDIVIDUAL:	\$	9,100/\$18,200	
DEDUCTIBLE (plan ye	ear)	FAMILY:	\$	6,000/\$12,000	FAMILY:	\$	18,200/\$36,400	
In Network/Out of N	etwork							
INDIVIDUAL: \$	1,000/\$2,000							
FAMILY: \$	2,000/\$4,000	HOSPITAL COINSURANCE	80	%/60%				
 SPECIAL FEATURES: WELLNESS VISITS/CHECKUPS: Covered 100% w/no co-pay based on gender/age guidelines <u>VIRTUAL VISITS</u>: 24/7 phone/video physician access, including dermatology & behavioral health <u>ACCOUNT INFORMATION ON THE GO</u>: You can access your membership card, personal health plan information, use the cost estimator, order prescriptions and more using the MyHealth app. OUT-OF-NETWORK BENEFITS: Please see individual plan summaries for details 								





MEDICAL INSURANCE	PRIORITY HEAL	TH – PH-HM letwork Benefits		Traditional HMO	
EMPLOYEE COST / MONTH	<u>CO-PAYS</u>		RX CO-PAYS		
SINGLE: \$ 132.09	OFFICE VISIT (PCP):	\$25	GENERIC/GENERIC VALUE:	\$ 10	
DOUBLE: \$ 290.59	SPECIALIST VISIT:	\$40	PREFERRED BRAND:	\$ 30	
FAMILY: \$ 363.24	URGENT CARE:	\$75	NON-PREFERRED BRAND:	\$ 60	
	ER VISIT:	\$250	PREFERRED SPECIALTY:	20%, мах \$100	
EMPLOYER COST / MONTH	AMBULANCE:	\$150	NON-PREFERRED SPECIALTY:	20%, max \$200	
SINGLE: \$ 352.33	HIGH TECH IMAGING:	\$150			
DOUBLE: \$ 775.13					
FAMILY: \$ 968.91	<u>COINSURANCE MAX (</u> p	olan year <u>)</u>	TOTAL OUT-OF-POCKET MAXII	MUM (plan year)	
	INDIVIDUAL:	\$ 3,000	INDIVIDUAL:	\$ 9,100	
DEDUCTIBLE (plan year)	FAMILY:	\$ 6,000	FAMILY:	\$ 18,200	
INDIVIDUAL: \$ 1,000					
FAMILY: \$ 2,000	HOSPITAL COINSURANCE	80%			
 SPECIAL FEATURES: WELLNESS VISITS/CHECKUPS: Covered 100% w/no co-pay based on gender/age guidelines <u>VIRTUAL VISITS</u>: 24/7 phone/video physician access, including dermatology & behavioral health ACCOUNT INFORMATION ON THE GQ: You can access your membership card, personal health plan 					

ACCOUNT INFORMATION ON THE GO: You can access your membership card, personal health plan information, use the cost estimator, order prescriptions and more using the MyHealth app.

MEDICAL IN	SU	RANCE	PRIORITY HEALT		– PH-HM ork Benefits		Tra	ditional HMC
EMPLOYEE COST	·/M	IONTH	<u>CO-PAYS</u>			RX CO-PAYS		
SINGLE:	\$	89.57	OFFICE VISIT (PCP):		\$30	GENERIC/GENERIC VALUE:	\$	10
DOUBLE:	\$	197.04	SPECIALIST VISIT:		\$45	PREFERRED BRAND:	\$	30
FAMILY:	\$	246.32	URGENT CARE:		\$75	NON-PREFERRED BRAND:	\$	60
			ER VISIT:		\$250	PREFERRED SPECIALTY:		20%, max \$100
EMPLOYER COST	[/N	IONTH	AMBULANCE:		\$150	NON-PREFERRED SPECIALTY:		20%, мах \$200
SINGLE:	\$	352.33	HIGH TECH IMAGING:		\$150			
DOUBLE:	\$	775.13						
FAMILY:	\$	968.91	<u>COINSURANCE MAX (pl</u>	lan	year)	TOTAL OUT-OF-POCKET MAXIN	<u>/UM</u>	(plan year)
			INDIVIDUAL:	\$	4,000	INDIVIDUAL:	\$	9,100
DEDUCTIBLE (pla	an ye	ear)	FAMILY:	\$	8,000	FAMILY:	\$	18,200
INDIVIDUAL:	\$	2,000						
FAMILY:	\$	4,000	HOSPITAL COINSURANCE	80	1%			
SPEC	IAL F	EATURES:	 <u>WELLNESS VISITS/CHECKUPS</u>: Covered <u>VIRTUAL VISITS</u>: 24/7 phone/video ph <u>ACCOUNT INFORMATION ON THE GO</u> information, use the cost estimator, o 	nysio : Yo	cian access, ou can acce	, including dermatology & behaviora ss your membership card, personal	l hea healt	





MEDICAL INSURANCE		PRIORITY HEALTH – PH-HMO-HSA-PREM In-Network Benefits			
EMPLOYEE COST / MONTH	CO-PAYS (*AFTER DEDUCTIBLE	E)	RX CO-PAYS (*AFTER DEDUCTIBLE)		
SINGLE: \$ 88.19	OFFICE VISIT (PCP):	20%	%* GENERIC/GENERIC VALUE	\$	10*
DOUBLE: \$ 194.01	SPECIALIST VISIT:	20%	%* PREFERRED BRAND	\$	40*
FAMILY: \$ 242.52	URGENT CARE:	20%	%* NON-PREFERRED BRAND	\$	80*
	ER VISIT:	20%	%* PREFERRED SPECIALTY	\$	20%, мах \$100*
EMPLOYER COST / MONTH	AMBULANCE:	20%	%* NON-PREFERRED SPECIALTY	\$	20%, max \$200*
SINGLE: \$ 352.33	HIGH TECH IMAGING:	20%	%*		
DOUBLE: \$ 775.13					
FAMILY: \$ 968.91	COINSURANCE MAX (pl	lan year)	TOTAL OUT-OF-POCKET MAX	MUN	l (plan year)
	INDIVIDUAL:	\$ 500) INDIVIDUAL	\$	2,000
DEDUCTIBLE (plan year)	FAMILY:	\$ 1,0	00 FAMILY	\$	4,000
INDIVIDUAL: \$ 1,500					
FAMILY: \$ 3,000	HOSPITAL COINSURANCE	80%			
 SPECIAL FEATURES: HSA CONTRIBUTION: \$50.00 per month (\$25.00/pay) for all plan levels WELLNESS VISITS/CHECKUPS: Covered 100% w/no co-pay based on gender/age guidelines VIRTUAL VISITS: 24/7 phone/video physician access, including dermatology & behavioral health ACCOUNT INFORMATION ON THE GO: You can access your membership card, personal health plan 					

information, use the cost estimator, order prescriptions and more using the MyHealth app.

MEDICAL INSURANCE		PRIORITY HEALTH – PH-HMO-HSA-BASE In-Network Benefits				
EMPLOYEE COST / MONTH	CO-PAYS (*AFTER DEDUCTIBLE	=)	RX CO-PAYS (*AFTER DEDUCTIBLE)			
SINGLE: \$ 0.00	OFFICE VISIT (PCP):	20%*	GENERIC/GENERIC VALUE:	\$	10*	
DOUBLE: \$ 0.00	SPECIALIST VISIT:	20%*	PREFERRED BRAND:	\$	40*	
FAMILY: \$ 0.00	URGENT CARE:	20%*	NON-PREFERRED BRAND:	\$	80*	
	ER VISIT:	20%*	PREFERRED SPECIALTY:	\$	20%, max \$100*	
EMPLOYER COST / MONTH	AMBULANCE:	20%*	NON-PREFERRED SPECIALTY:	\$	20%, max \$200*	
SINGLE: \$ 352.33	HIGH TECH IMAGING:	20%*				
DOUBLE: \$ 775.13						
FAMILY: \$ 968.91	<u>COINSURANCE MAX (pl</u>	an year)	TOTAL OUT-OF-POCKET MAXIMUM (plan year)			
	INDIVIDUAL:	\$ 2,000	INDIVIDUAL:	\$	5,000	
DEDUCTIBLE (plan year)	FAMILY:	\$ 4,000	FAMILY:	\$	10,000	
INDIVIDUAL: \$ 3,000^						
FAMILY: \$ 6,000	HOSPITAL COINSURANCE	80%				
 SPECIAL FEATURES: HSA CONTRIBUTION: \$50.00 per month (\$25.00/pay) for all plan levels WELLNESS VISITS/CHECKUPS: Covered 100% w/no co-pay based on gender/age guidelines VIRTUAL VISITS: 24/7 phone/video physician access, including dermatology & behavioral health ACCOUNT INFORMATION ON THE GO: You can access your membership card, personal health plan information, use the cost estimator, order prescriptions and more using the MyHealth app. <u>^INDIVIDUAL DEDUCTIBLE</u>: Embedded Individual Deductible can be met before the family deductible 						





HSA (Health Savings Account) MEDICAL BENEFIT

EMPLOYEE RESPONSIBILITY

- You must enroll in an HSA Medical plan in order to have HSA contributions deducted from your paycheck and be able to utilize HSA funds.
- Axios HR partners with LMCU so that you can enroll in an HSA account directly from the OE enrollment tool if you do not currently have an HSA account.

SPECIAL FEATURES:

regular checking account*
Even if you select an HSA medical plan in the enrollment tool, this does not mean that you have an HSA – you must set up an account for us to be able to distribute your contributed funds.

You are able to utilize any bank you would like, as long as the bank offers an HSA account *this is not a

- An HSA account is solely yours, Axios HR has no ownership over this account.
- If you would like to utilize an HSA account outside of the LMCU offering, you will need to submit an HSA change form to us. Contact <u>service@axioshr.com</u> or call 616-949-2525 if this applies to you.

DENTAL INSURANCE	DELTA	DENTAL BASE	VOLUNTARY EMPLOYEE PAID
EMPLOYEE COST / MONTH	<u>FEATURES</u>	DESCRIPTION (assumes in-netwo	<u>vork)</u>
SINGLE: \$ 7.25 DOUBLE: \$ 15.00 FAMILY: \$ 30.00	BENEFIT MAX^: \$ 1,000 DEDUCTIBLE^: \$ 50 ORTHO MAX: \$ 1,000 • Lifetime	PREVENTATIVE SERVICES: BASIC SERVICES: MAJOR SERVICES: ORTHODONIC: DEPENDENTS:	NO DEDUCTIBLE APPLIES – COVERED 100% COVERED 80% AFTER DEDUCTIBLE COVERED 50% AFTER DEDUCTIBLE COVERED 50% AFTER DEDUCTIBLE COVERED TO AGE 26
EMPLOYER COST / MONTH SINGLE: \$ 21.75 DOUBLE: \$ 45.00 FAMILY: \$ 90.00	SPECIAL FEATURES:	 have Delta Dental and to your SSN Delta Dental PPO Netw There is a 6 month wait major restorative and p 	ting period for new enrollees for any

VISION INSU	RA	NCE		EY	EMED	VO	LUNTARY EMPLOYEE PAID
EMPLOYEE COST	/ M	<u>ONTH</u>	FEATURES			DESCRIPTION	
SINGLE:	\$	4.48	EXAMS:	ONCE EVERY 12 M	ONTHS	EXAM CO-PAY:	\$ 10
DOUBLE:	\$	8.75	CONTACTS:	ONCE EVERY 12 M	onths	CONTACT LENSES:	\$130 Allowance
FAMILY:	\$	12.44	FRAMES:	ONCE EVERY 24 M	ONTHS	DEPENDENTS:	COVERED TO AGE 26
EMPLOYER COST	<u>/ M</u>	<u>ONTH</u>	SPE	CIAL FEATURES: •			let your provider know you have
SINGLE:	\$	4.48			Eyeivied	d and they will look you u	p by your SSN
DOUBLE:	\$	8.75		•	Benefit	frequency based on date	of last visit
FAMILY:	\$	12.44					





LIFE INSURANCE			METLIFE	EMPLOYER PAID
COVERAGE			SPECIAL FEATURES:	
EMPLOYEE:	\$	50,000	 <u>PlanSmart:</u> PlanSmart is a multifaceted program, offered at no addition provide your employees with access to a range of financial and retirem 	, , ,
SPOUSE:	\$	2,000	on-site workshops, with optional personal consultations and decision-s	-
DEPENDENT:	\$	1,000	 <u>Retirewise:</u> Retirewise is an in-depth program consisting of a four-part objective information covering a broad spectrum of retirement issues f Planning. Each workshop is delivered by a locally based financial profes 	from Estate Planning to Tax

SHORT TERM DISABILI	TY METLIFE - CHARTER	EMPLOYER PAID
EMPLOYEE COST / MONTH	<u>COVERAGE</u>	
EMPLOYEE: \$ 0.00	• 60% of weekly salary up to \$1,000 per week	
	• Benefits begin on (Accident) 1 st day	
	• Benefits begin on (Illness) 8 th day	
	Max Duration of Benefits: 26 weeks	

LONG TERM DISABILITY	METLIFE - CHARTER	EMPLOYER PAID
EMPLOYEE COST / MONTH EMPLOYEE: \$ 0.00	 COVERAGE 60% of weekly salary up to \$7,500 /month Elimination Period: 180 days Max Duration of Benefits: till age 65 	 SPECIAL NOTES: <u>Pre-Existing Condition</u>: You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under the policy until you have been covered under the policy for 12 months. <u>Benefit Limitations:</u> Neuromuscular: 24 months Musculoskeletal: 24 months Soft Tissue Disorder: 24 months Alcohol, Drug or Substance Abuse: No limit

LIFE INSURANCE	METLIFE - CHA	RTER VOLUNTARY EMPLOYEE PAID
employee's age and amount of coverage	AGE PLOYEE: \$10k to \$200k guara 5X Salary or \$500k \$5k to \$25k guarant \$250k or 50% of Em ENDENT: \$10k guaranteed	elect coverage for your spouse and / or child(ren) eed, Max. • Any amount elected over the guarantee issue





FLEX BENEFIT - MEDICAL & DEPENDENT CARE **AXIOS HR VOLUNTARY EMPLOYEE PAID EMPLOYEE COST / MONTH** SPECIAL FEATURES You elect how much to Health Care Spending Account Maximum Limit: \$2,850 Annually ٠ ٠ contribute annually Dependent Care Spending Account Maximum Limit: \$5,000 Annually (Dependent Care expenses must be • from a licensed care provider or program) FSA's give you a way to pay for your health care and / or dependent care expenses with pre-tax dollars. FSA's are voluntary – YOU decide how much to have taken out of your paycheck and put into your Health care and / or Dependent Care Spending Account(s). FLEX BENEFIT RULES Termination of Plan/Employment – You have 30 days from the date of termination to submit any receipts ٠ for the period of time you were covered under the plan to utilize any remaining funds. Life Events – FLEX funds are prepaid, so you cannot change the amount you want to contribute in the ٠ middle of a plan year. **Type of Plan** – Please verify that you are electing the correct type of FLEX plan, we offer more than one. ٠

OFF THE JOB AC	CIDENT	METLIFE	VOLUNTARY EMPLOYEE PAID
EMPLOYEE COST / MOI	<u>NTH</u> SPE	CIAL FEATURES	
EMPLOYEE: \$ 8	8.16 •	This coverage pays you cash benefits that correspond dismemberment; dislocation or fracture; hospital con	•
EE + SPOUSE: \$ 1	15.44	more. The cash benefits can be used to help pay for d	
EE + CHILD: \$ 1	16.84 •	Benefits are paid once per accident unless otherwise Guaranteed issue coverage and coverage available for	
EE + FAMILY: \$ 2	21.13	See plan document for more details.	

CRITICAL ILLNESS	METLIFE	VOLUNTARY EMPLOYEE PAID
EMPLOYEE COST / MONTH	 SPECIAL FEATURES Benefit Coverage options are \$10,000 or \$20,000 	
 Rates will vary based on your issue age, who you wish to cover, the amount of coverage and whether or not you use tobacco products 	 Benefit Coverage options are \$10,000 of \$20,000 This coverage helps offer financial support if you are diexpense of treatment often so high, seeking the treatment often so high, seeking the treatment often so high, seeking the treatment of the second secon	nent you need seems like a heavy financial burden. gan failure, etc.), what you should be focusing on is ower to take control of your health when faced with a t you want based on your individual need and your erage also provides cash benefits for them. Then, if

HOSPITAL IN	IDE	MNITY	METLIFE	VOLUNTARY EMPLOYEE PAID		
EMPLOYEE COST	/ M	<u>ONTH</u>	SPECIAL FEATURES			
EMPLOYEE:	\$	7.67	 This coverage pays a cash benefit for hospital confi keep you from withdrawing money from your persy 	nement. This benefit is payable directly to you and can onal bank account or your Health Savings Account (HSA)		
EE + SPOUSE:	\$	20.15	for hospital-related expenses.			
EE + CHILD:	\$	13.26	 Guaranteed issue coverage and coverage available Coverage can be continued as long as premiums ar 			
EE + FAMILY:	\$	21.84	See plan document for more details.			

2023 / 2024 Benefit Outline





.egal / ID Protection		ID Shield/Legal Shield			VOLUNTARY EMPLOYEE PAID	
			9	SPECIAL FEATURES		
			•		p includes security and privacy monitoring social lentity restoration and consolation services.	
Plan	Family (per month)	Individual (per month)		 If your identity is stolen, ID Shield will fully restore to p status. LEGAL Shield offers advice, consultation and representatio legal guidance for common issues. 	,	
LegalShield	23.95	23.95			s stolen, ib sinela win fany restore to pre-thert	
IDShield	18.95	8.95				
Combined	38.90	32.90	•		,	
			- Membership inclue	es a dedicated law firm, contracts and document eparation of your end of life documents,		

401(k)	EMPOWER RETIREMENT RETIREMENT PLA			
ELIGIBILITY REQUIREMENTS:	SERVICE LENGTH	AGE	ENTRY DATE	
	• 6 Months	• 21	Quarterly	
	 Employer Contribution: Non-Elective Discretionary Profit Share 4%, 5 year graded Enrollment in the 401k, or any contribution or beneficiary changes to your existing 401k, can be done on Empower's website, <u>www.empowermyretirement.com</u>. 			
<u>SPECIAL FEATURES:</u>	Enrollment period; you can enro	oll or make changes to contri ccess to personalized financi	ollment tool and is not tied to the Open butions at any time after you are eligible. al advice. Consults can be requested by calling	





All Items listed in this section are not part of the online benefit enrollment experience. They are considered Vendor Perks and are available at any time throughout the year.

MOBILE VETERINARY CARE	VETR HEALTH	VOLUNTARY EMPLOYEE PAID

Convenient, affordable veterinary care from the comfort of your own home.

- In Home Vet Visits vets travel to you and your pets! All the care is provided in the comfort of your own home.
- Core Vaccines and Testing your membership includes all of the core vaccines and testing your pet needs to stay healthy.
- Unlimited Telehealth advice from veterinarians anytime, anywhere with Vetr telehealth.
- Online Pharmacy receive access to their online pharmacy for any prescriptions including preventatives.

The Veterinary Care benefit through Vetr Health is not run through payroll. If interested, employees can obtain plan information and enroll in the plan at <u>www.vetrhealth.com</u>. Employees will pay premiums directly to Vetr Health.

PET'S BEST

Pet insurance reimburses you for vet bills when your pet is sick or injured, to help take the financial worry out of vet visits.

- Fast claims processing and payment receive reimbursement via direct deposit or direct vet pay options available
- Use any veterinarian in the U.S. including specialty and emergency clinics
- Access to a 24/7 pet helpline powered by WhiskerDocs
- Exclusive Axios HR employee discount on a BestBenefit Plan

The Pet Insurance benefit through Pet's Best is not run through payroll. If interested, employees can obtain plan information and enroll in the plan at www.petsbest.com/axios. Employees will pay premiums directly to Pet's Best.

FINANCIAL WELLNESS	FINFIT	FREE USE OF SITE WITH REGISTRATION
SPECIAL FEATURES		Access via the Axios HR Employee Portal under 'Axios Perks'

- SPECIAL FEATURES
 - Assess your Personal Financial Health
 - Budget Building Tools
 - Financial Calculators
 - Life Planning

- Financial Education information
- Online tracking of your bank accounts
- 24/7 Financial Wellness provided online
- Short-Term Loan Assistance*

* Fee Based Service, subject to credit approval

ASSISTANCE FOR CAREGIVERS CARALLEL – MyCareDesk F

SPECIAL FEATURES

FREE USE OF SITE WITH REGISTRATION

Access via the Axios HR Employee Portal under 'Axios Perks'

VOLUNTARY EMPLOYEE PAID

- ORGANIZE Keep track of important documents, coordinate tasks and manage bill payment.
- COLLABORATE Create your own care team and then share information, tasks and decision making.
- CONSULT Speak with trusted and experienced Care Advocates through our full-service concierge.
- LEARN Access tools and resources on topics like health, wealth, lifestyle, senior living and in-home care.

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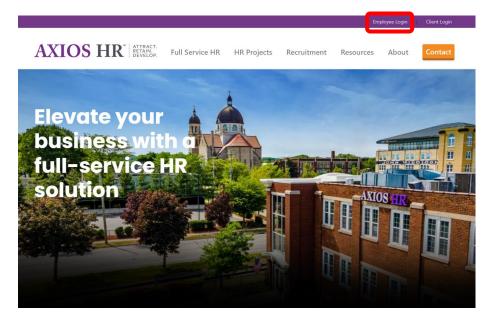




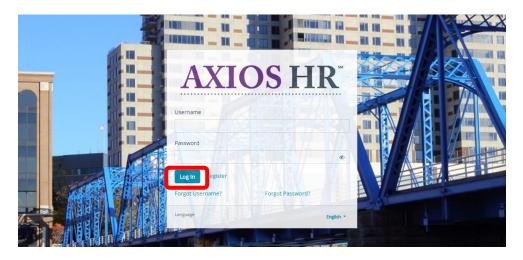
HOW TO COMPLETE ENROLLMENT – NAVIGATION INSTRUCTIONS

To elect your benefits for the 2023-2024 plan year, please follow these simple instructions. Please note that it is highly recommended that you use **<u>Google Chrome</u>** to complete your enrollment.

Go to https://axioshr.com/, and click on the "Employee Login" link at the top right of the screen:



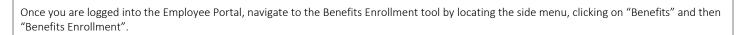
Enter your employee credentials and click the blue "Log In" button:

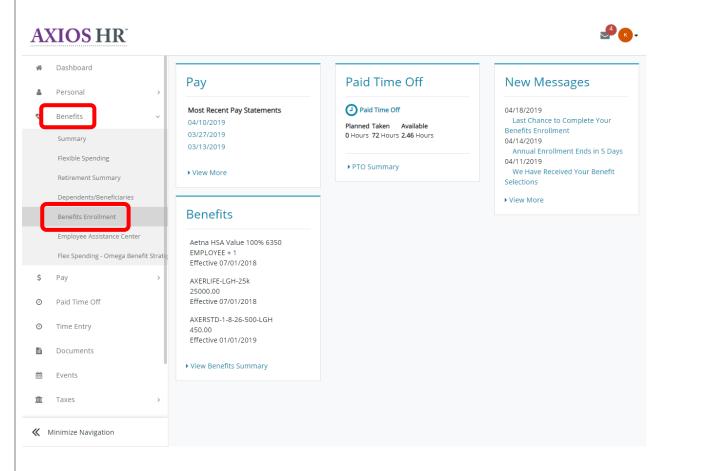


If you have forgotten your username or password, you may use the "Forgot Username?" or "Forgot Password?" links on the login screen for assistance retrieving or resetting your credentials. You may also contact Axios HR for assistance at 616-949-2525 or by emailing service@axioshr.com. The Axios HR Employee Care Team is available to assist you Monday-Friday from 8am-5pm.









The Axios HR Employee Care Team is here to assist you if you have any questions or have any trouble making and submitting your benefit elections for the 2023-2024 benefit plan year. You can reach the Axios HR Employee Care Team by phone at 616-949-2525 or by emailing <u>service@axioshr.com</u>.





Access Your HR and Payroll Information on the Go with the New Mobile App

Your HR and payroll information is always at your fingertips with the new PrismHR Employee Portal App. It's free and easy to set up on your smartphone or tablet.

Anything you can do in Employee Portal you can do in the mobile app:

- Pay stubs and history
- Benefits summary
- Personal contact information
- Document management
- HR support contacts
- Enroll in benefits
- W-2 forms
- Change tax withholdings

The app is available now for Apple and Android devices.



In the App Store/Google Play, search for PrismHR Employee Portal:



Once the app is installed, the first time you launch it will require you to complete a one-time setup to access your account. Please select '**Access Code**' and enter the access code of **285**.

Once this is complete, it will bring you to the login screen (blue bridge in the background) and you'll be able to log in as normal.







Have questions? We're here to help!

Asistencia en Español

The Axios HR Employee Care Team is available Monday-Friday from 8am-5pm to answer any questions and resolve any issues as quickly as possible. Our Employee Care Team is made up of four HR professionals – Kayla (Care Team Lead), Alexis (HR Coordinator), Edgar (HR Coordinator), and Carly (Care Team Intern).

Our Employee Care Team can assist with many items including (but not limited to):

- New hire onboarding
- Username/password assistance
- Contact information changes
- Tax withholding/W2 questions
- Retrieving pay stubs
- Benefits enrollment assistance

- Benefits questions
- FMLA/Disability paperwork
- Timeclock assistance
- Payroll questions
- Verification of Employment documents
- HR/employment concerns

No matter what your need is, the Employee Care Team is your primary point of contact with Axios HR. If your inquiry requires the attention of an HR Specialist, the Care Team will put you in direct contact with one of our team's HR Specialists for resolution.

In addition to our Employee Care Team, the Axios HR Employee Portal is very robust and gives you 24/7 access to your personal information. On the Employee Portal, you can view/download/print your paystubs or W-2, view or make changes to your contact information like address, phone number or e-mail, as well as view or make changes to your direct deposit account information. To visit the employee portal, go to **AxiosHR.com** and click on "**EMPLOYEE LOGIN**" in the upper right-hand corner.

To contact our Employee Care Team, please call us at 616-949-2525 or email service@axioshr.com.



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