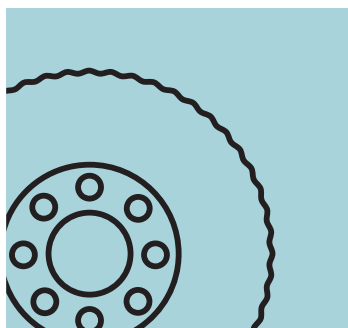
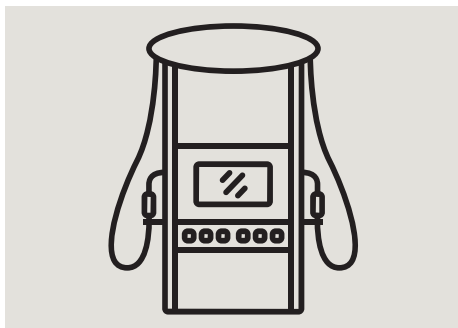
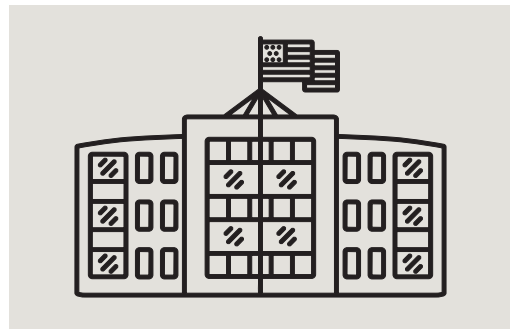
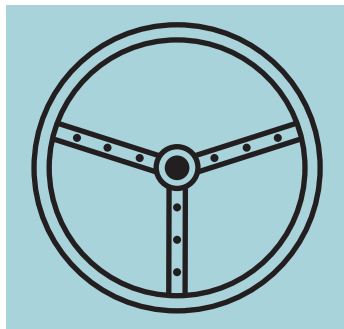


# 2021 Benefits Quick-start Guide



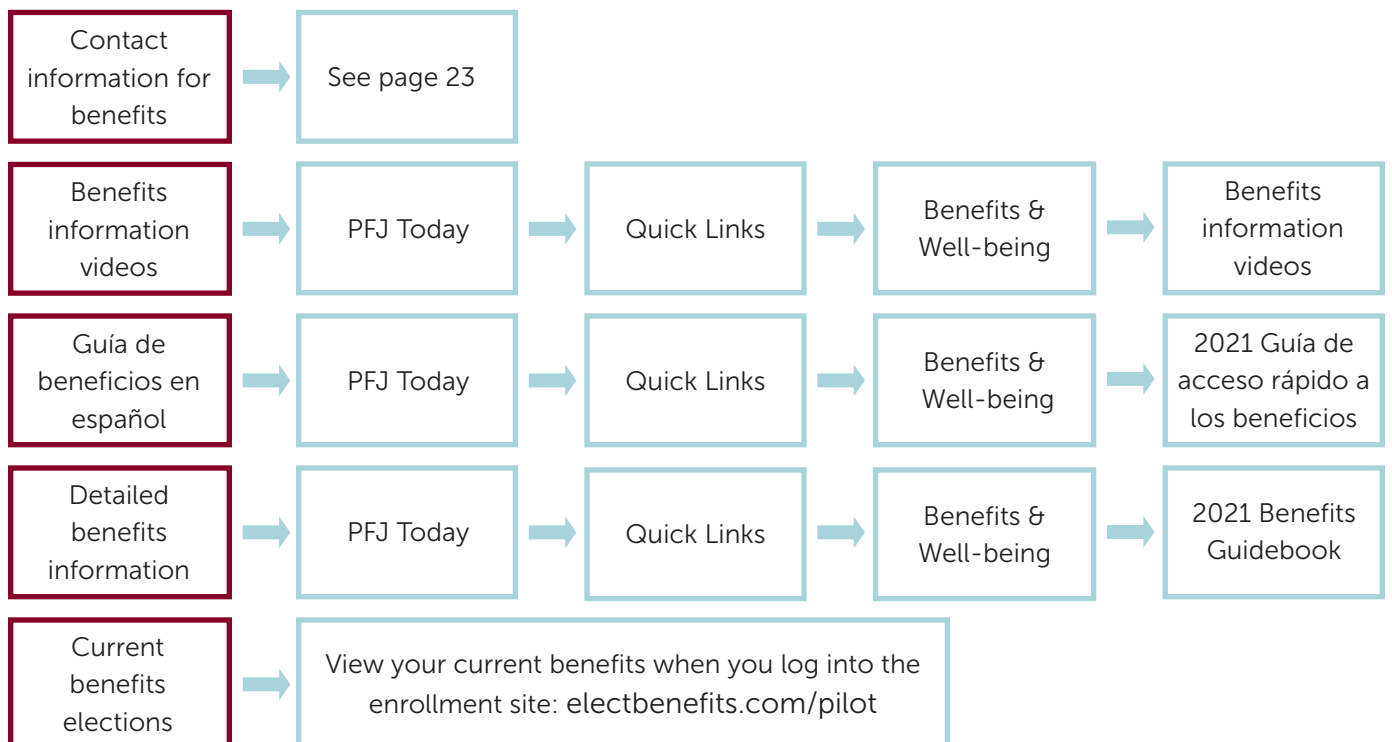
# Quick-start Guide for 2021 Benefits

Your guide to learn about all the benefits Pilot Company offers.

## Check Out Your Benefits

How to enroll	3
Well-being	4
Health Plan	6
Dental	16
Vision	17
Financial	18
Insurance	20
Benefits Contacts	23

Need more info?



# It's time to enroll!

## October 6 - October 27

Don't forget! If you want benefits in 2021, you must enroll during this time.



---

## Enroll online or by phone

### Online 24/7

**Go to:** [electbenefits.com/pilot](https://electbenefits.com/pilot)

**Log in:** First initial + last name  
+ last four digits of your  
Social Security number

**PIN:** Your Social Security number  
without the dashes

### By Phone

**Monday - Friday, 8am - 8pm (CDT)**

**Call:**

Benefit Enrollment Center (BCI)  
866-460-0515



**NOTE:** Call volume will be heavy during the last week of enrollment and wait times might be very long. Unless you just really like listening to hold music, enroll ASAP online or by phone.

---

## New this year: benefits videos

Check out our library of benefits videos to help you make enrollment decisions.

# Well-being

## fuel4life

The Fuel4Life app provides tools to help you get active, to get healthy and to live better every day!

- Build healthy habits.
- Receive personalized tips daily.
- Connect with Fuel4Life friends.
- Compete in company challenges.
- Earn rewards and sweepstakes entries.
- Make healthy decisions.
- Take a Wellness Assessment.

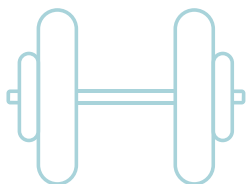


**Eligibility:**

- all Team Members
- spouses on a Pilot Company health plan

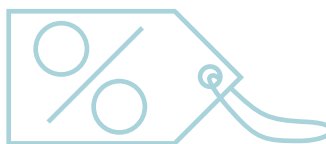


Fuel4Life is hosted by Virgin Pulse. Download the app or go online to begin!



### Fitness Center Membership

Low-cost, nationwide fitness center memberships provided by Active&Fit Direct for \$29.99/month.



### Team Member Discounts

Perkspot provides you with an easy, single point of access to thousands of online savings, rebates and exclusive deals, from many of your favorite brands!



### Flu Shots

NO-COST Flu Shots for Team Members and household members through the medical plan or vouchers on *PFJ Today*.

**Eligibility:** All Team Members are eligible for all benefits listed on this page.

# Well-being

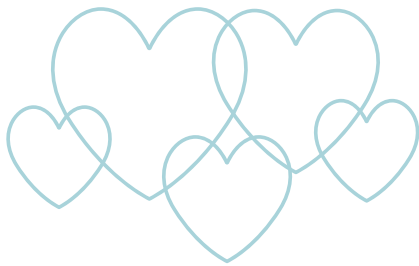
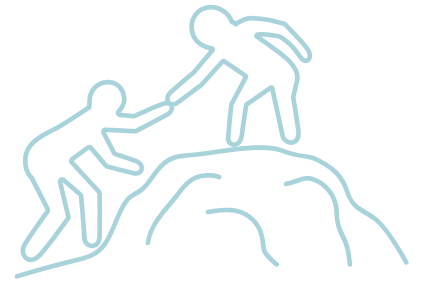
## Employee Assistance Program (EAP)

Call the EAP for confidential, no-cost help with mental health, finances, relationships, careers and more.

If you are referred to counseling, the EAP provides up to three sessions per issue at no cost. Choose between in-person counseling or using Talkspace to message a dedicated therapist online from your phone or desktop at any time.

Access the premium version of Sanvello, a mental health self-help app and website that provides on-demand help in the form of clinical techniques and tools to dial down stress, anxiety and depression symptoms.

**Eligibility:** All Team Members and their household members



## Parental Leave

Team Members are eligible to take up to six weeks of paid leave after the birth, adoption or foster placement of a child, pursuant to Pilot policy qualification requirements.

- Must be used within six months of birth, adoption or foster placement.
- Must be used continuously.

**Eligibility:** One year of service with at least 1,250 hours worked in previous rolling 12 months

## Paid Time Off (PTO)

Enjoy paid time away from work for vacation, illness or personal reasons.

Find PTO balances on your pay stub.

**Eligibility:** All Team Members

# Health Plan

## New for 2021!

### A new health plan option. . .

#### The Copay Plan

You pay a set copay for most medical expenses.

Your copay expenses do not go towards your deductible, just your out-of-pocket maximum. You can use your Healthcare Flexible Spending Account (if you have one) for copays.

Reduced pricing plan is now the copay plan.

For qualifying Team Members, the reduced pricing plan is now the copay plan.

### . . .and a familiar plan option

#### The HRA Plan (formerly \$1,500 plan)

Includes a company-funded Health Reimbursement Account (HRA) to help with medical and prescription expenses.

Pilot Company contributes 100% of this funding.

#### HRA Funding Amounts

<b>Pilot Company contribution</b>	Team Member only <b>\$400</b>	Team Member + Child(ren) <b>\$800</b>	Team Member + Spouse <b>\$800</b>	Family <b>\$1,000</b>
-----------------------------------	----------------------------------	--	--------------------------------------	--------------------------

You pay 100% of medical expenses (except preventive care) until you meet your deductible.

When you receive medical care, your Healthcare Flexible Spending Account pays first (if you have one). Then, the HRA pays until its funds are depleted.

# Health Plan

## On Both Plans

All health plan benefits are available on both plans.

Regardless of which plan you choose, you have access to all Health Plan vendors listed on pages 10-15.

**Qualify for the Wellness Rate and save money on your premium on either plan.**

**Just take the Wellness Assessment in the Fuel4Life app!**

**Find the Assessment**

in the app: Home > Programs > "Start Now" under Wellness Assessment

**or**

on the website: Programs > My Programs > "Start Now" next to Wellness Assessment

**Don't have a Fuel4Life account?**

Sign up for Fuel4Life through Virgin Pulse.

Download the Virgin Pulse app or go to [join.virginpulse.com/PilotCompany](https://join.virginpulse.com/PilotCompany).

Find Pilot Company as your company and create an account.

**Spouse on the health plan, too?**

Once they create an account and complete the Wellness Assessment, you'll save even more!

**REMEMBER:** Complete the Wellness Assessment by December 15, 2020 for a January 2021 effective date.

# Health Plan

## Plan Comparison

HRA Health Plan			Copay Health Plan	
In-network	Out-of-network		In-network	Out-of-network
\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family	Deductible	\$2,500 Individual \$5,000 Family	\$6,000 Individual \$12,000 Family
20%	50%	Coinsurance	20%	60%
\$3,500 Individual \$7,000 2 Individuals \$9,300 3 or more Individuals	\$7,000 Individual \$14,000 2 Individuals \$18,600 3 or more Individuals	Out-of-pocket Maximum	\$5,500 Individual \$11,000 Family	\$12,000 Individual \$24,000 Family
Your Cost		Preventive Care	Your Cost	
No cost to you	50% after deductible	Well-child Care to Age 7 Routine Preventive Care or Biometric Screening - Age 7 and Up Immunizations Child/Adult Mammogram, Pap Smear, Cholesterol and Blood Sugar Screening, Colonoscopy	No cost to you	60% after deductible
Your Cost		Doctor's Office Visits	Your Cost	
20% after deductible	50% after deductible	Primary Care Consult and Physician Services (includes allergy treatment) Specialist Office Visits Psychologist or Psychiatrist Office Visits Surgery Performed in Physician's Office	\$40 copay \$60 copay \$40 copay 20% after deductible	60% after deductible
Your Cost		Other Services	Your Cost	
Visits 1-2: \$250 copay Visits 3+: \$500 copay		Emergency Room Visit	Visits 1-2: \$250 copay Visits 3+: \$500 copay	
20% after deductible	50% after deductible	Urgent Care Services Inpatient Hospital Services Outpatient Facility Services Mental Health and Substance Abuse Treatment/Outpatient Maternity Care Hospital Charges	\$75 copay 20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible	60% after deductible
No cost to you	No cost to you	2nd MD	No cost to you	No cost to you

**Eligibility:** All full-time Team Members and dependents

*Copays do not apply to deductible – only to out-of-pocket maximum.*

*Your doctor may be required to demonstrate medical necessity for certain types of procedures or care options.*



# Health Plan

## Plan Pricing

### Weekly Rate for HRA Health Plan

<b>HRA Plan</b> Available to all full-time Team Members	<b>Team Member Only</b>	<b>Team Member + Child(ren)</b>	<b>Team Member + Spouse</b>	<b>Family</b>
<b>Standard Rate</b>	\$54	\$82	\$111	\$145
<b>Wellness Rate</b> (after Team Member <i>or</i> covered spouse qualifies)	\$34	\$62	\$91	\$125
<b>Wellness Rate</b> (after Team Member <i>and</i> covered spouse qualify)	n/a	n/a	\$71	\$105

### Weekly Rate for Copay Health Plan

<b>Copay Plan</b> Available to all full-time Team Members	<b>Team Member Only</b>	<b>Team Member + Child(ren)</b>	<b>Team Member + Spouse</b>	<b>Family</b>
<b>Standard Rate</b>	\$35	\$62	\$89	\$110
<b>Wellness Rate</b> (after Team Member <i>or</i> covered spouse qualifies)	\$20	\$42	\$69	\$90
<b>Wellness Rate</b> (after Team Member <i>and</i> covered spouse qualify)	n/a	n/a	\$49	\$70

### Weekly Rate for Reduced Pricing Copay Health Plan

<b>Reduced Pricing</b> available only to full-time Team Members who work in Travel Centers, C-stores, Truck Care or who work at the SSC and are paid hourly.	<b>Team Member Only</b>	<b>Team Member + Child(ren)</b>	<b>Team Member + Spouse</b>	<b>Family</b>
<b>Standard Rate</b>	\$25	\$54	\$81	\$103
<b>Wellness Rate</b> (after Team Member <i>or</i> covered spouse qualifies)	\$10	\$34	\$61	\$83
<b>Wellness Rate</b> (after Team Member <i>and</i> covered spouse qualify)	n/a	n/a	\$41	\$63

**Tobacco Surcharge:** an additional \$30 will be added to your weekly standard or wellness rate if you use tobacco. Spouses who use tobacco will also be assessed a \$30/week tobacco surcharge independent and in addition to the Team Member's tobacco surcharge. Eliminate the \$30 tobacco rate by successfully completing the Quit for Life tobacco cessation program. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Pilot Company Benefits Department and we will work with you to find a wellness program with the same reward that is right for you in light of your health status.

# Health Plan

## Prescription Drug Coverage

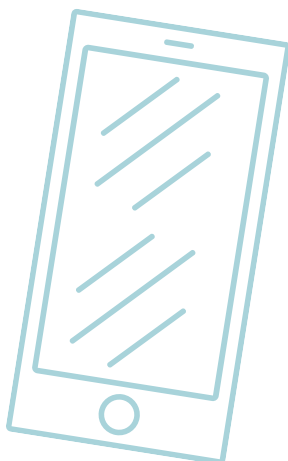
All Pilot Company health plans include nationwide prescription drug coverage. The amount you pay is based on the tier for your prescription.



Prescription Drug Tiers	HRA Health Plan		Copay Health Plan	
	Retail Pharmacy	Mail Order Pharmacy	Retail Pharmacy	Mail Order Pharmacy
Tier 1	up to 31-day supply \$20 copay	up to 90-day supply \$40 copay	up to 31-day supply \$20 copay	up to 90-day supply \$40 copay
Tier 2	\$60 copay	\$120 copay	20% after deductible \$40 minimum \$80 maximum	20% after deductible \$80 minimum \$160 maximum
Tier 3	\$80 copay	\$160 copay	20% after deductible \$60 minimum \$120 maximum	20% after deductible \$120 minimum \$240 maximum
Specialty Tier	N/A	up to 31-day supply \$100 copay	N/A	up to 31-day supply \$120 copay

### Save Money with the Mail Order Pharmacy!

- Three months' supply for the price of two months
- Free standard shipping



## Teladoc® General Medical

No-cost access to a board-certified doctor 24/7/365 through phone, tablet or computer. Once a diagnosis is made, prescriptions can be sent to your pharmacy of choice, if medically necessary.

Common conditions treated by Teladoc doctors include:

- Cold and flu symptoms
- Pink eye
- Allergies
- Sinus infections
- Fevers
- Bladder infections
- Skin conditions
- And more

## Diabetes & Weight Management

### Virta Health

Virta reverses type 2 diabetes by using nutritional ketosis to naturally lower blood sugar. Each patient gets virtual medical supervision from a physician-led care team, a one-on-one health coach, diabetes testing supplies and educational tools.



**New  
for  
2021**

### Livongo Health

Livongo provides information, tools, coaching and support for Team Members enrolled in one or more of their programs:

- Diabetes Management
- Diabetes Prevention
- Hypertension Management
- Weight Management



*Please note, you cannot enroll in both Livongo and Virta.*

# Health Plan

## Mental & Behavioral Health

New  
for  
2021

### Optum Behavioral Health Virtual Visits

Find, schedule and see a behavioral counselor virtually.

Service	HRA Plan	Copay Plan
Psychologist visit	20% after deductible	\$40 copay
Psychiatrist initial consult	20% after deductible	\$40 copay
Psychiatrist ongoing visits	20% after deductible	\$40 copay

If you find a psychologist that accepts EAP visits, use your three no-cost sessions first to save money.

*Reference page 5 for more information.*

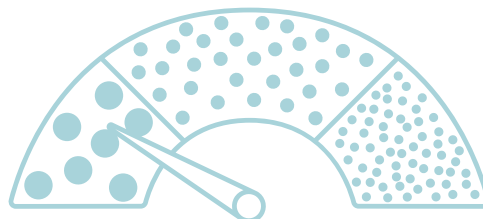


New  
for  
2021

### Sanvello

This mental health self-help app and website provides on-demand help in the form of clinical techniques and tools to dial down stress, anxiety and depression symptoms. Track your daily moods and progress.

The premium version of the app is included with the health plan. Download the app, create an account, and then upgrade to premium using your UnitedHealthcare information.

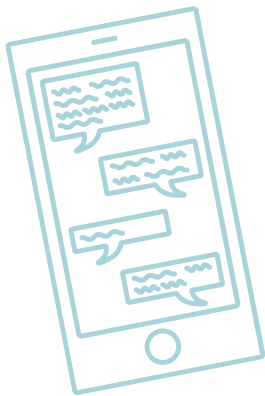


# Health Plan

## Mental & Behavioral Health

### Talkspace

Message a dedicated therapist online from your phone or desktop at any time. No office visit required.



Service	HRA Plan	Copay Plan
Initial Evaluation	20% after deductible	\$40 copay
Psychologist visit	20% after deductible	\$40 copay
Psychiatrist visit*	20% after deductible	\$40 copay

One week of messaging equals one visit.

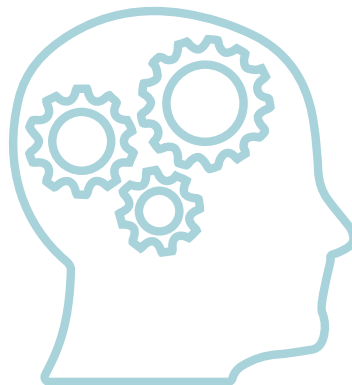
\*Psychiatrists cannot write prescriptions via Talkspace.

**New  
for  
2021**

### UHC Mental Health Services

Your health plan covers mental health services like residential treatment, partial hospitalization/day treatment, intensive outpatient treatment and outpatient treatment.

You pay 20% after the deductible on either health plan.



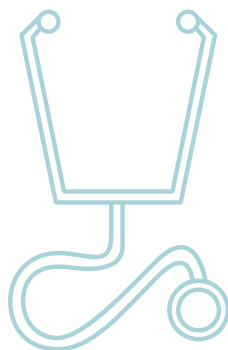
# Health Plan

## SleepCharge™ Program, by Nox Health

Access to testing, diagnosis and treatment for sleep conditions.

Eligible Team Member or spouse who is:	Your Total Cost	
	Year 1	Year 2
Newly Diagnosed Patient	\$250	\$100
Transferring Care	\$250	\$100
DOT Regulated*	n/a	n/a

*\*Team Members who require DOT Certification as a prerequisite for Pilot Company employment are not subject to the copay.*



### 2nd MD

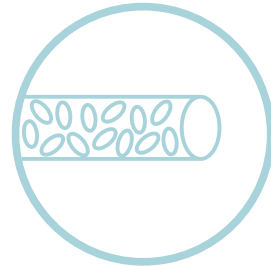
Personalized second opinions by video or phone at no additional charge. Meet with an expert medical specialist to ask questions about a new diagnosis or an existing condition and discuss treatment options.

## Health Plan Programs



### Heart Failure Disease Management

Support system to help you manage your disease.



### Coronary Artery Disease Management

Information and resources to help you understand and manage your disease.



### Healthy Pregnancy

Help focusing on quality prenatal care, a safe delivery and a healthy baby.



### Quit for Life<sup>®</sup> Tobacco Cessation

Help becoming tobacco-free by telephone, online or via mail.



### Cancer Support

Specialized nurses to provide support and answers to your questions.

# Dental

## Annual Deductible

\$50/individual  
(waived for preventive and orthodontics services)

### Diagnostic and Preventive Services (100% covered)

- Oral exams/cleaning (two per 12 months)
- Fluoride treatments (under age 16, two per 12 months)
- X-rays, bitewings (once per year)
- Space maintainers (under age 16)

### Routine Services

*For example, fillings and extractions*

You pay 20% after deductible.



### Major Services

*For example, dentures, crowns, bridges and wisdom teeth removal*

You pay 50% after deductible.  
Maximum payout: \$1,500 per covered person per year.

### Orthodontia (up to age 19)

You pay 50%  
Lifetime maximum paid by plan: \$1,500.

*Coverage amounts based on in-network providers. If you use an out-of-network provider, you may pay more.*

## Weekly Cost of Dental Coverage

Team Member only	Team Member + Child(ren)	Team Member + Spouse	Family
\$6.62	\$12.17	\$12.17	\$16.78

**Eligibility:** All Team Members and dependents



# Vision

## Eye Exam

100% after \$10 copay

## Lenses

100% covered  
after \$20 copay

## Approved Laser Vision Correction

\$250 allowance per eye

## Safety Glasses

(Team Member only)

Basic lenses 100% covered



## Frames

\$80-\$170 allowance  
20% off amount  
after allowance

## Contacts

\$150 allowance

## Diabetic Eyecare Program

100% covered  
after \$20 copay

## VSP Kids Care Plan

Every plan year, children up to age 18 receive:

- Two comprehensive eye exams
- One pair of frames
- Two pairs of lenses (with an Rx change)

*Coverage amounts based on VSP in-network providers. If you use an out-of-network provider, you may pay more.*

## Weekly Cost of Vision Coverage

Team Member only	Team Member + Child(ren)	Team Member + Spouse	Family
\$2.16	\$3.88	\$3.65	\$6.15

**Eligibility:** All Team Members and dependents

# Financial

## 401(k) Retirement Plan

Plan for your future by participating in the retirement plan with a company match.



You are **automatically enrolled at a 2% contribution** 30 days after you become eligible.

The company matches **\$0.60 on the dollar** up to the first 6% you contribute.

**You are eligible** if you are at least 21 AND:

- Have worked 750 hours in the first 6 months of employment;
- OR, if you have worked 1,000 hours within the first 12 months of employment;
- OR, if you have worked 1,000 hours in a calendar year.

You are always fully vested in the funds you contribute. For the company match, you are vested based on years of service\*:

Less than 3 years	0%
3+ years	100%

\*A "year of service" is considered a calendar year in which the Team Member works 1,000+ hours.

**Enrollment is automatic, but you have 30 days before being enrolled to:**

- change your contribution rate,
- direct contributions to other investment opportunities available through your plan, or
- decline participation in the plan.

## Adoption Assistance

Financial assistance for qualified adoption expenses, up to \$8,000 per child, pursuant to Pilot Company plan documents.

**You are eligible** if you:

- have completed one year of continuous service, AND
- are currently working at least 30 hours per week, AND
- have worked for 12 consecutive months prior to application, AND
- have worked at least 1,000 hours during the 12 months prior to application.

## Tuition Assistance

Financial assistance with higher education expenses, up to \$18,000 (lifetime maximum), pursuant to Pilot Company plan documents.

**You are eligible** if you have actively worked at Pilot Company either a minimum of six months or 750 hours.

---

## Flexible Spending Accounts (FSA)



### Dependent Care FSA

Pre-tax account used to pay eligible caregiver expenses for dependent children under the age of 13, or a spouse or adult dependent that is unable to work or care for themselves.

(Cannot be used for healthcare expenses.)

Minimum: \$260

Maximum: \$5,000

(\$2,500 if married and filing separate tax returns)

**Eligibility:** All Full-time Team Members

### Healthcare FSA

Pre-tax account used to pay for healthcare expenses.

(Cannot be used for caregiver expenses.)

Minimum: \$260

Maximum: \$2,750

IRS rules allow you to roll over up to \$500 of unused dollars per year. Any amount over \$500 remaining after Dec. 31st will be lost.

**Eligibility:** All Full-time Team Members

# Insurance

## Company-paid Life and AD&D Insurance

Pilot Company provides Team Members with a company-paid life insurance policy and an Accidental Death and Dismemberment (AD&D) policy. Team Members are enrolled automatically.

### Benefit amounts:

**Most Team Members (with the exceptions below):**  
One times their annual base salary rounded to the next \$1,000, up to \$500,000

**Crude Fleet Drivers:** \$80,000

**Tipped Team Members:** \$16,000

**Eligibility:** All full-time Team Members



## Team Member-paid AD&D Insurance

### Weekly Cost (after tax)

Coverage Amount	Cost
Increments of \$10,000 up to ten (10) times your base salary, maximum \$500,000	<b>\$0.13</b> (per \$10,000 of Coverage)

**Eligibility:** All full-time Team Members

## Team Member-paid Term Life Insurance

### Weekly Cost (after tax)

Price per \$10,000 of Coverage (max. \$500,000)

Age	Cost	Age	Cost
Under 30	<b>\$0.14</b>	50-54	<b>\$0.92</b>
30-34	<b>\$0.18</b>	55-59	<b>\$1.98</b>
35-39	<b>\$0.23</b>	60-64	<b>\$3.53</b>
40-44	<b>\$0.35</b>	65-69	<b>\$7.22</b>
45-49	<b>\$0.58</b>	70+	<b>\$8.68</b>

### Spouse and Dependent Weekly Cost (after tax)

Spouse (all ages)	\$0.35 per \$10,000
Children (Birth – 26 years)	\$0.25 for \$10,000

**Eligibility:** Full-time Team Members, spouse & children

# Insurance

## Team Member-paid Short-term Disability (STD)

Short-term income replacement insurance when you can't work due to illness or injury due to illness, injury or pregnancy.

**Weekly Cost (after tax)**  
Price per \$100 of weekly benefit

Age	Non-Management	General, Restaurant & Field Support Managers, Drivers, Pilots, Auditors, Regional Maintenance Techs
<55	\$2.51	\$2.08
55-59	\$3.16	\$2.64
60+	\$4.68	\$3.94

**Eligibility:** All full-time Team Members

## Team Member-paid Long-term Disability (LTD)

Long-term income replacement insurance when you can't work due to illness or injury.

**Weekly Cost (after tax)**  
Price per \$100 of monthly benefit

Age	Cost
<55	\$0.43
55-59	\$0.67
60+	\$0.87

**Eligibility:** All full-time Team Members not eligible for company-paid LTD

## Company-paid Long-term Disability (LTD)

Eligible Team Members are automatically enrolled.

### Benefit amount

Up to \$8,000 per month

**Eligibility:** General, Restaurant & Field Support Managers, Drivers, Pilots, Auditors, Regional Maintenance Techs



# Insurance

## Supplemental Options

### Critical Illness Insurance

Provides a fixed, lump-sum benefit upon diagnosis of a critical illness, which is paid directly to the insured. (Provided by Reliance Standard)

**Eligibility:** Full-time Team Members and dependents

### Voluntary Accident Insurance

Provides a range of fixed, lump-sum benefits for injuries resulting from a covered accident, or for accidental death and dismemberment, when included. (Provided by Reliance Standard)

**Eligibility:** Full-time Team Members under age 70

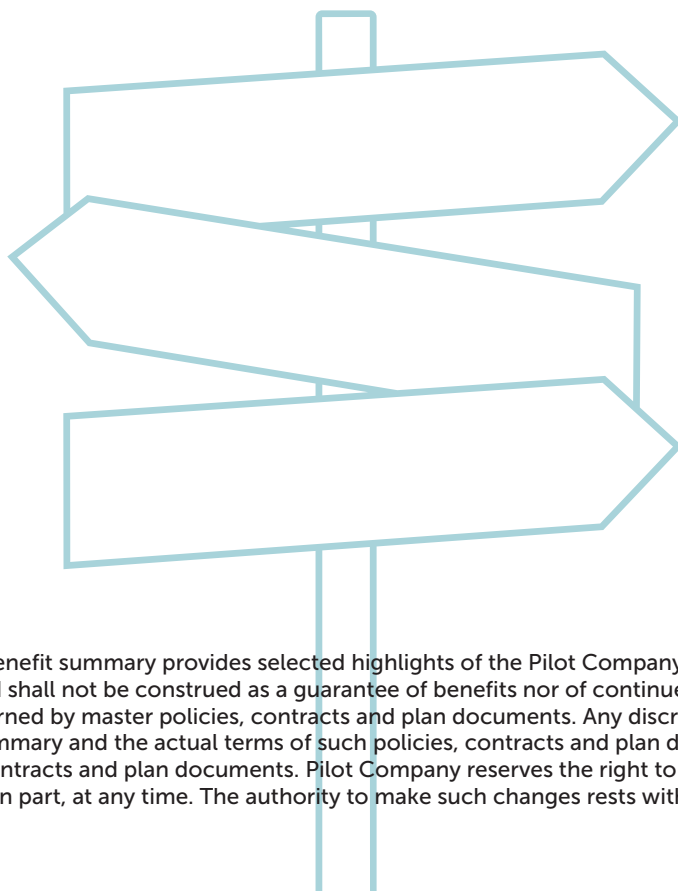
### Lifetime Benefit Term Insurance

Provides money to your family at death or while you are living if you need medical care, assisted living or nursing care. (Provided by Chubb)

**Eligibility:** Full-time Team Members and dependents

Weekly cost based on various factors. | Quotes available during enrollment.

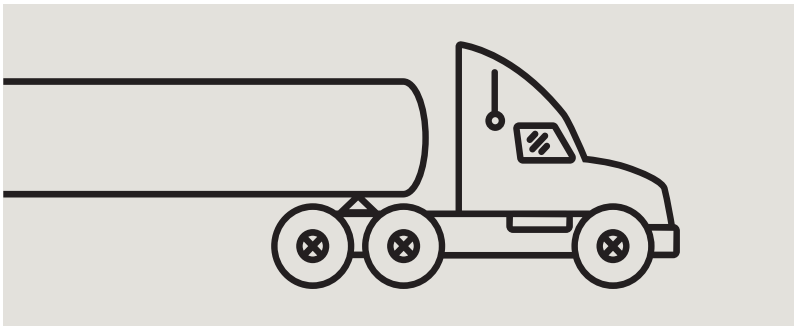
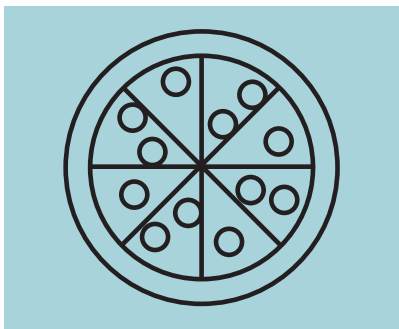
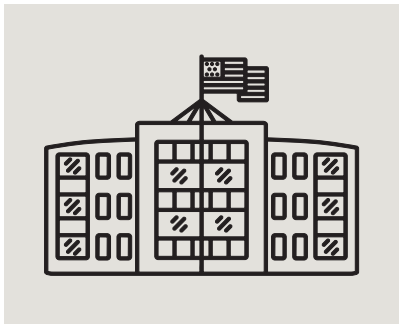
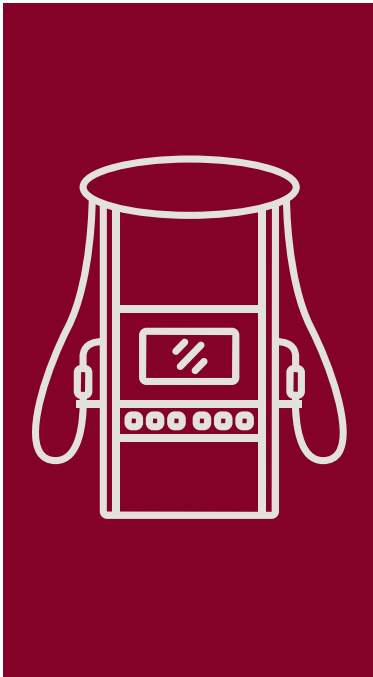
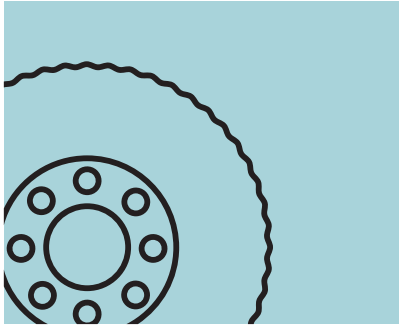
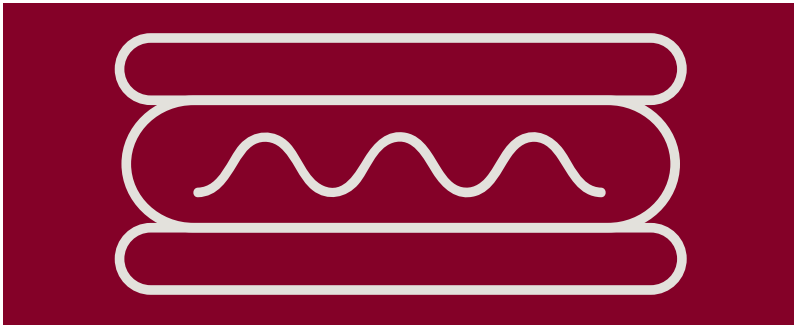
*Pilot Company has agreed to allow the above insurance companies to make these additional coverages available to our Team Members at special rates. These programs are not sponsored or endorsed by Pilot Company, nor are they subject to ERISA laws like most of our other plans. As a convenience, payments for any coverage you select are made through payroll deduction.*



**About This Guide:** This benefit summary provides selected highlights of the Pilot Company employee 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. Pilot Company 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.

# Benefits Contacts

Benefit	Contact	Telephone	Web/Email Address
Enrollment/ Qualifying Events	Benefit Enrollment Center (BCI)	866-460-0515	Electbenefits.com/pilot
Fuel4Life	Virgin Pulse	888-671-9395 (general)	support@virginpulse.com
Fitness Center Membership	Active&Fit Direct	800-848-3555	PFJ Today > Quick Links > Benefits & Well-being
Team Member Discounts	Perkspot	–	Pilotflyingj.perkspot.com
Flu Shots	Pilot Company Benefits	865-474-2495 800-562-6210, ext. 2495	PFJ Today > Quick Links > Benefits & Well-being
Employee Assistance	Optum Health	866-248-4094	liveandworkwell.com Access Code: Pilot
Parental Leave	Pilot Company Team Member Services	800-562-6210, ext. 2447	EmployeeServicesHR @pilotcompany.com
Paid Time Off (PTO)	Pilot Company Payroll	865-474-2358	Payroll.Help@pilotcompany.com
Medical and Prescription Drug	UnitedHealthcare	800-903-0989	myuhc.com
Teladoc	Teladoc	800-Teladoc (800-835-2362)	teladoc.com
Diabetes Reversal	Virta Health	–	virtahealth.com/pilot
Diabetes/Hypertension/ Weight Mgmt & Diabetes Prevention	Livongo Health	800-945-4355	livongo.com/pilotflyingj Registration code: PilotFlyingJ
Behavioral Health Virtual Visits	Optum Health	866-248-4094	liveandworkwell.com Access Code: Pilot
Mental Health App	Sanvello	–	info@sanvello.com
Behavioral Health Messaging	Talkspace	–	Connect-Support@talkspace.com
SleepCharge	Nox Health	877-615-7257	careteam@noxhealth.com
Second Opinion Service	2nd MD	866-269-3534	2nd.MD/pilot
Tobacco Cessation	Quit for Life	866-784-8454	quitnow.net
Health Plan programs	UnitedHealthcare	800-903-0989	myuhc.com
Dental	UnitedHealthcare	800-903-0989	myuhc.com
Vision	Vision Service Plan (VSP)	800-877-7195	vsp.com
401(k)	Wells Fargo	800-728-3123	wellsfargo.com
Adoption Assistance/ Tuition Assistance	Pilot Company Benefits	865-474-2495 800-562-6210, ext. 2495	PFJ Today > Quick Links > Benefits & Well-being
Flexible Spending Accounts	UnitedHealthcare	800-903-0989	myuhc.com
Disability, Term Life	Reliance Standard Life Matrix Absence Management	800-351-7500 Claims: 877-202-0055	rsli.com matrixabsence.com
Lifetime Benefit Term Insurance	Chubb	855-241-9891	csmail@selmanco.com claims-visfin@selmanco.com
Critical Illness, Accident	RSLI Customer Service	800-351-7500	rsli.com
Pilot Company Benefits	Benefits Department	865-474-2495 800-562-6210, ext. 2495 Fax: 865-297-1720	benefits.help@pilotcompany.com



**PILOT**  
COMPANY

Pilot Company Benefits  
800-562-6210, ext. 2495  
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