



SUMMARY OF BENEFITS

2022

Red River





NOTE: The initial plan description is intended for general information purposes only; it is not to be considered a Summary Plan Description nor is it a contract. It provides only a very brief summary of benefits and does not replace or supersede the actual plan provisions as defined in the master plan documents. It is not all-inclusive, and it is not a contract. Every attempt has been made to ensure the accuracy of this summary, but in the event of a discrepancy between this summary and the plan contract, benefits will be governed solely by the respective plan contracts.

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CARRIER CONTACT INFORMATION

Please refer to the list below when contacting one of the benefit vendors.

For general information contact Human Resources.

Plan	Administrator	Website	Phone
Medical Coverage	CIGNA	www.my.cigna.com	800.853.2713
Medical Coverage Group #: 719712	Kaiser Permanente	www.kp.org	800.464.4000
Dental Coverage Plan ID: 11925	Delta Dental	www.nedelta.com	800.832.5700
Vision Coverage	VSP	www.vsp.com	800.877.7195
Life and AD&D and Disability Group Number: G000BCGT	Mutual of Omaha	www.mutualofomaha.com	800.877.5176
Voluntary Life Group Number: G000BCGT	Mutual of Omaha	www.mutualofomaha.com	800.877.5176
Short Term Disability Group Number: G000BCGT	Mutual of Omaha	www.mutualofomaha.com	800.877.5176
Long Term Disability Group Number: G000BCGT	Mutual of Omaha	www.mutualofomaha.com	800.877.5176
Health Savings Account	CIGNA	www.my.cigna.com	800.853.2713
Flexible Spending Account Dependent Care Account	CIGNA	www.my.cigna.com	800.853.2713
401(k) Savings Plan	Fidelity	www.401k.com	800.835.5095
Employee Assistance Program	HealthAdvocate	www.healthadvocate.com/RedRiverTechnology	866.799.2728
Worldwide Travel and ID Theft Assistance	Mutual of Omaha	www.mutualofomaha.com	Within the U.S. 1.800.856.9947 Outside the U.S. 312.935.3658
Critical Illness Coverage	CIGNA	www.suphealthclaims.com	800.754.3207
Accident Coverage	CIGNA	www.suphealthclaims.com	800.754.3207





ELIGIBILITY AND ENROLLMENT

Eligible Dependents: Spouses, Qualified Domestic Partners, children up to age 26.

	Eligible	Effective
Medical	Regular, full-time employees working 30 or more hours per week	1st of the month following date of hire
Dental	Regular, full-time employees working 30 or more hours per week	1st of the month following date of hire
Vision	Regular, full-time employees working 30 or more hours per week	1st of the month following date of hire
401(k)	All Red River Employees at least 21 years old	1st of the month following 90 days of employment
Health Savings Account	Regular, full-time employees working 30 or more hours per week enrolled on the CIGNA High Deductible Health Plan	1st of the month following date of hire
Flexible Spending Account	Regular, full-time employees working 30 or more hours per week	1st of the month following date of hire
Life Insurance	Regular, full-time employees working 30 or more hours per week	1st of the month following 90 days of employment
Long Term Disability	Regular, full-time employees working 30 or more hours per week	1st of the month following 90 days of employment
Short Term Disability	Regular, full-time employees working 30 or more hours per week	1st of the month following 90 days of employment
Paid Time Off	All regular status full and part-time employees are eligible to participate in the PTO plan	Date of Hire
Paid Sick Leave	Employees who are not eligible to participate in the PTO plan will receive 24 hours of sick (or 3 day equivalent) pay per 12 month period	90th day of employment
Referral Bonus	See Red River Handbook for details	Date of Hire
Community Service Time	Regular, full-time employees working 30 or more hours per week	Date of Hire
Donation Match	Regular, full-time employees working 30 or more hours per week	Date of Hire
Tuition Reimbursement	Regular, full-time employees working 30 or more hours per week	Date of Hire
Continuing Education	Regular, full-time employees working 30 or more hours per week	After 1 year of employment
529 Plan	All Red River Employees	Date of Hire
Critical Illness Coverage	Regular, full-time employees working 30 or more hours per week	1st of the month following date of hire
Accident Coverage	Regular, full-time employees working 30 or more hours per week	1st of the month following date of hire

ELIGIBILITY AND ENROLLMENT

Enrollment Deadline	30 days from date of hire.
Enrollment Process	Red River uses Workday as an online benefits enrollment tool.
Special Enrollment Period/ Adding New Dependents	You may only enroll or make election changes mid-year if you experience a qualified life event such as marriage, birth or adoption of a new child, divorce or an involuntary loss of coverage from another group plan. Change requests are due within 30 days of the event.
Open Enrollment	This is conducted in October for changes effective January 1.
Coverage Termination	Medical, dental and vision benefits terminate on the last day of the month following employment termination. All other benefits end on your last day of employment.
COBRA Continuation	You and your covered dependents have a right to continue medical, dental, vision and health FSA coverage for a specified period of time after you terminate employment or for other qualified events. You will be notified of your rights and responsibilities to continue coverage under the federal COBRA law.
Additional Benefits Information and Resources	Benefit summaries, detailed plan information, plan certificates and provider directories are available on The River

EMPLOYEE CONTRIBUTIONS

The cost for medical and dental insurance is shared by you and Red River. Employees pay the full cost of Vision. Your benefit contributions will be taken on a pre-tax basis each pay period as outlined below. There is no cost to the employee for life and disability benefits. Additional costs apply for voluntary products as outlined in this document.



Medical

	CIGNA Platinum Plan	CIGNA Gold Plan	CIGNA Bronze HDHP
Single	\$92.44	\$71.50	\$27.47
Couple	\$271.81	\$229.92	\$141.87
Parent/Child(ren)	\$242.82	\$203.01	\$119.37
Family	\$397.68	\$327.93	\$181.33

Kaiser Permanente HMO Plans (California residents only)

Your medical contributions are determined by the age of each member and dependent enrolled on the plan. Red River contributes 80% for employee coverage and 70% for dependent coverage for the bronze plans. You may elect to buy-up to an alternate offered medical plan.



Dental

Delta Dental

	Buy Up	Basic
Single	\$10.44	\$6.26
Couple	\$20.87	\$12.53
Parent/Child(ren)	\$26.09	\$15.52
Family	\$36.52	\$21.72



Vision

VSP

Single	\$4.04
Employee + One	\$6.46
Employee + Children	\$6.60
Family	\$10.63





MEDICAL - CIGNA

	PPO Platinum	PPO Gold	Bronze HDHP High Deductible Health Plan
Deductible Individual/Family			
In-Network	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000
Out-of-Network	\$1,000/\$2,000	\$3,000/\$6,000	\$6,000/\$12,000
Coinsurance			
In-Network	0%	20%	20%
Out-of-Network	30%	30%	30%
Out-of-Pocket Maximum			
In-Network	\$1,000/\$2,000	\$2,000/\$4,000	\$4,000/\$8,000
Out-of-Network	\$2,000/\$4,000	\$8,000/\$16,000	\$10,000/\$20,000
Health Savings Account Contribution	N/A	N/A	\$520/ \$1,040
Doctor's Office Visit			
In-Network	\$5	\$20	Deductible then 20%
Out-of-Network	Deductible then 30%	Deductible then 30%	Deductible then 30%
Preventive/Well Child Care			
In-Network	Covered 100%	Covered 100%	Covered 100%
Out-of-Network	Deductible then 30%	Deductible then 30%	Deductible then 30%
Specialist Office Visit			
In-Network	\$15	\$50	Deductible then 20%
Out-of-Network	Deductible then 30%	Deductible then 30%	Deductible then 30%
Emergency Room			
In-Network	\$150	\$200	Deductible then 20%
Out-of-Network	Deductible then 30%	Deductible then 30%	Deductible then 30%
Urgent Care			
In-Network	\$35	\$50	Deductible then 20%
Out-of-Network	Deductible then 30%	Deductible then 30%	Deductible then 30%
Inpatient/Outpatient Hospitalization			
In-Network	Deductible	Deductible then 20%	Deductible then 20%
Out-of-Network	Deductible then 30%	Deductible then 30%	Deductible then 30%
Prescriptions Retail/Mail-Order	Generic: \$0/0 Preferred Brand: \$15/30 Name Brand: \$25/50 Specialty: 20%	Generic: \$10/25 Preferred Brand: \$30/75 Name Brand: \$50/150 Specialty: 20%	Deductible, then Generic: \$10/25 Preferred Brand: \$30/75 Name Brand: \$50/150 Specialty: 20%



MEDICAL - KAISER

	Kaiser Bronze 60 HDHP	Kaiser Silver 70 HMO	Kaiser Gold 80 HMO	Kaiser Platinum 90 HMO
Deductible Individual/Family				
In-Network	\$7,000/\$14,000	\$1,650/\$3,300	\$1,000/\$2,000	\$0
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Coinsurance				
In-Network	N/A	40%	20%	10%
Out-of-Network		Not Covered	Not Covered	Not Covered
Out-of-Pocket Maximum				
In-Network	\$7,000/\$14,000	\$8,200/\$16,400	\$7,800/\$15,600	\$3,000/\$6,000
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Doctor's Office Visit				
In-Network	Deductible	\$55 copay	\$40 copay	\$10 copay
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Preventive/Well Child Care				
In-Network	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Specialist Office Visit				
In-Network	Deductible	\$80 copay	\$60 copay	\$20 copay
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Emergency Room				
In-Network	Deductible	40%	\$350 copay	\$200 copay
Out-of-Network				
Urgent Care				
In-Network	Deductible	\$55 copay	\$40 copay	\$10 copay
Out-of-Network				
Inpatient/Outpatient Hospitalization				
In-Network	Deductible	40%	\$600/\$600 copay	\$500/admission
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Prescriptions Retail/Mail-Order				
Tier 1		\$350/\$700 drug deductible	\$20/\$40	\$5/\$10
Tier 2		(brand and specialty)	\$50/\$100	\$15/\$30
Tier 4	Deductible	\$20/\$75/20%	20% coinsurance up to \$250	10% coinsurance up to \$250
Specialty		up to \$250		



FLEXIBLE SPENDING ACCOUNTS - CIGNA

	Health FSA	Dependent Care FSA
Maximum Annual Election	\$2,750 (per employee, per plan) Full annual election available immediately	\$5,000 Funds available as contributed
Claims Incurred Deadline	December 31 or your employment termination date	December 31
Claims Submission Deadline	March 31 after Plan Year ends	March 31 after Plan Year ends
Rollover	Yes, up to \$500	No
Using your funds or Filing a claim for reimbursement(via check or direct deposit)	CIGNA	CIGNA
Common Eligible Expenses	<ul style="list-style-type: none"> • Medical and prescription copays, coinsurance • Over-the-counter items (may need prescription) • Dental expenses including Orthodontia • Vision copays, prescription glasses and contacts • Chiropractor, acupuncture and physical therapy • Mental health with medical diagnosis 	<ul style="list-style-type: none"> • Licenses day care provider • Pre-school • In-home day care • Nanny care • After-school care custodial/recreational • Summer day camps custodial/recreational

Use It or Lose It Rule

Under IRS guidelines, Flexible Spending Account Plans are subject to a “Use it or lose it” rule. If your eligible expenses are not sufficient to exhaust your full election, any unused funds over \$550 are forfeited. In order to protect yourself against this, carefully consider your medical and dependent care expenses prior to making an election.

Mid-Year Election Changes

You may only change your election mid-year in certain very limited circumstances, and even then, changes are subject to restrictions. In order to make a mid-year election change, you must experience a qualified status change (birth, marriage, etc.) or other approved exception to the irrevocability rule. All change requests must be made within 30 days of the mid-year exception date.

HEALTH SAVINGS ACCOUNT

Participation in a CIGNA HDHP High Deductible Health Plan allows you to save pre-tax/tax-deferred funds into a Health Savings Account (HSA). An HSA is a personally owned savings account that you establish.

Contribution Limits

The maximum amount that can be contributed to an HSA in 2022 is \$3,650 if enrolling as an individual and \$7,300 if enrolling as a couple/family.

If you are enrolled on the CIGNA Bronze HDHP Red River will also match up to \$20 per pay period for those enrolling as employee only and \$40 for spouse, child(ren), and family.

That means employees will be able to contribute \$3,130 if enrolling as a single, and \$6,260 if enrolling as a couple/family.

Who Contributes to this plan?	Red River employees
Claim Deadline	You must submit any eligible reimbursement requests no later than 90 days after the calendar year ends.
What expenses are eligible?	Deductible and qualified medical expenses, including those not covered by health insurance, like dental and vision care.
Are my taxes affected?	No.
What happens to the money in my HSA if I leave the company?	You will be able to take the Health Savings Account with you.

DENTAL - DELTA DENTAL

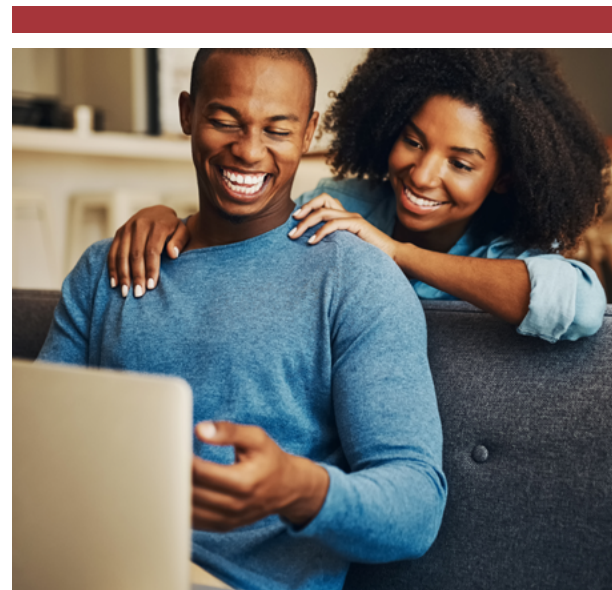
	Buy Up	Basic
Coverage A Diagnostic & Preventive	Plan pays 100%	Plan pays 100%
Coverage B Basic Restorative	You pay 20% after deductible	You pay 40% after deductible
Coverage C Major Restorative	You pay 50% after deductible	Not covered
Coverage D Orthodontia	You pay 50% after deductible	Not covered
Calendar Year Maximum For Coverage: A,B,C	\$2,000 per person/year up to \$4,000 per Person with Double-Up Max*	\$750 per person/year
Calendar Year Deductible For Coverage: B and C	\$50/Individual, \$150/Family	\$25/Individual, \$75/Family
Lifetime Orthodontics Maximum	\$2,000 per person	Not covered

***Double Up Maximum:** The Northeast Delta Dental plan allows you to double your calendar year maximum by earning an additional \$250 per year for use in future benefit periods. Here is how it works:

- To qualify for the carryover, you must have a claim paid for either an oral exam or a cleaning during a calendar year (a focus on prevention), and your total paid claims cannot exceed \$500 during the same calendar year.
- The carryover will accumulate for each year of qualification up to an amount equal to the plan's original calendar year maximum. If, for example, the calendar year maximum is \$1,000, enrollees can ultimately achieve an annual maximum of \$2,000.
- This feature does not apply to Orthodontic benefits.

Delta PPO plus Premier Network:

Delta Dental PPO plus Premier affords all of the benefits of Delta Dental PPO with a plus: enrolled patients who access a participating Delta Dental Premier dentist (who is not in the PPO network) still receive the benefit of that dentist's contracted fee. Delta Dental PPO plus Premier allows enrolled patients to visit any dentist but offers additional savings when visiting either a PPO or a Premier network dentist.





VISION - VSP

VSP SIGNATURE

Your VSP Network

VSP offers you one of the largest vision care networks in the industry, with a wide selection of ophthalmologists, optometrists and opticians. VSP's network also includes convenient retail locations, many with evening and weekend hours, including Costco Optical®, Visionworks®, Pearle Vision®, COHEN's Optical® locations. Best of all – when you receive care from a VSP provider, you can maximize your benefits and money-saving discounts. Members may call VSP toll-free at 800.877.7195 with questions about vision benefits or providers.

	In-Network	Frequency
Eye Exam	\$20 Copay	Every Calendar Year
Prescription Glasses	\$20 Copay	See Lenses & Frames
Eyeglass Lenses	Standard: Plan pays 100% after Glasses Copay Premium: \$80-\$90 Copay Custom: \$120-\$160 Average savings of 35-40% on other lens enhancements	Every Calendar Year
Eyeglass Frames	\$130 frame allowance + 20% off any remaining balance	Every Other Calendar Year
Contact Lenses (instead of glasses)	\$130 allowance, does not include copay	Every Calendar Year
Primary Eyecare Treatment and diagnosis of eye conditions like pink eye, cataracts	\$20 Copay	As needed
Extra savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com/special-offers for details. • 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam . <p>Laser Vision Correction</p> <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. 	

Out-of-network services

You can choose to receive care outside of the VSP network. You simply get an allowance toward services and you pay the rest. (In-network benefits and discounts will not apply.) Just pay in full at the time of service and then file a claim for reimbursement. Call Members for out-of-network plan details.



BASIC LIFE AND AD&D

Benefit	2x your annual salary
Benefit Maximum	\$200,000
Elimination Period	1st of the month following 90 days
Is EOI required?	No
Who pays for coverage?	Red River

DISABILITY INSURANCE

	Short Term	Long Term
Benefits begin to pay after	1st day accident 8th day illness	90 days
Benefit (% of earnings)	60% of weekly salary	60% of monthly salary
Benefit Maximum	\$2,000/week	\$10,000/month
Max Benefit Duration	13 weeks	Benefits are paid until you return to work or employment is terminated
Who pays for coverage?	You, if you choose to enroll	Red River

VOLUNTARY LIFE AND AD&D

Benefit	Elected in increments of \$10,000
Benefit Maximum	\$500,000
Elimination Period	1st of the month following 90 days
Guaranteed Issue Amount	\$150,000
Is EOI required?	Yes, for amounts over \$150,000, unless you enroll when you first become eligible
Who pays for coverage?	You, if you choose to enroll

VOLUNTARY SPOUSE LIFE AND AD&D

Benefit	Elected in increments of \$5,000
Benefit Maximum	50% of employee's coverage or \$250,000 (whichever is less)
Elimination Period	1st of the month following 90 days
Guaranteed Issue Amount	\$30,000
Is EOI required?	Yes, for amounts over \$30,000, unless you enroll when you first become eligible
Who pays for coverage?	You, if you choose to enroll





VOLUNTARY DEPENDENT LIFE AND AD&D

Benefit	14 days to 6 months: \$250 6 months to 19 (25 if full-time student): \$10,000
Elimination Period	1st of the month following 90 days
Guaranteed Issue Amount	\$10,000
Who pays for coverage?	You, if you choose to enroll

EMPLOYEE ASSISTANCE PROGRAM - HEALTHADVOCATE

Is HealthAdvocate confidential?	Yes
Can I access information online?	Yes. Go to www.healthadvocate.com/RedRiverTechnology
How do I reach a clinical line?	Call 1.866.799.2728
What types of issues can the EAP help me with?	Explain health conditions, diagnoses and treatments. Work through relationship and financial/legal issues. Access online resources for mental health and substance abuse.
Who pays for coverage?	Red River

CIGNA CRITICAL ILLNESS COVERAGE

Critical Illness Insurance can provide a lump-sum benefit for diagnoses such as Cancer, Heart attack, Coronary artery disease, Stroke, Major organ failure.

	Benefit Amount	Guaranteed Issue Amount
Employee	\$5,000, \$10,000, \$20,000	Up to \$20,000
Spouse	50% of employee amount	Up to \$10,000
Children	25% of employee amount, including Childhood Conditions.	All guaranteed issue
Who pays for coverage?	You, if you choose to enroll	

Should you elect, cost is determined by the age of the employee enroll on the plan.

CIGNA ACCIDENT COVERAGE

Accident insurance is a fixed cash benefit that can help pay for medical and other out-of-pocket costs that they may incur after an accidental injury. This includes emergency treatment, hospital stays, medical exams, as well as other expenses you may face such as transportation and lodging needs.

Initial & Emergency Care		Plan
Emergency Care Treatment		\$100
Physician Office Visit		\$100
Diagnostic Exam (x-ray or lab)		\$50
Ground or Water Ambulance / Air Ambulance		\$400/\$1,600
Hospitalization Benefits		Plan
Hospital Admission		\$1,000
Hospital Stay		\$200
Intensive Care Unit Stay		\$400
Fractures and Dislocations		Plan
Per covered surgically-repaired fracture		\$200-\$8,000
Per covered non-surgically-repaired fracture		\$100-\$4,000
Chip Fracture (percent of fracture benefit)		25%
Per covered surgically-repaired dislocation		\$200-\$6,000
Per covered non-surgically-repaired dislocation		\$100-\$3,000
Follow-Up Care		Plan
Follow-up Physician Office Visit		\$75
Follow-up Physical Therapy Visit		\$50
Enhanced Accident Benefits		Plan
Examples:		
Small Lacerations (Less than or equal to 6 inches long and requires 2 or more sutures)		\$100
Large Lacerations (more than 6 inches long and requires 2 or more sutures)		\$600
Concussion		\$150
Coma (lasting 7 days with no response)		\$10,000
Accidental Death and Dismemberment Benefit		Plan
Examples of benefits include (but are not limited to) payment for death from Automobile accident; total and permanent loss of speech or hearing in both ears. Actual benefit amount paid depends on the type of Covered Loss. The Spouse and Child benefit is 50% and 25% respective of the benefit shown.		Loss of Life: \$25,000 - \$75,000 Dismemberment: \$1,000 - \$20,000

Who pays for coverage? You, if you choose to enroll.

	Plan Cost - Per Bi-Weekly Pay Period
Employee	\$3.06
Employee and Spouse	\$5.28
Employee and Child(ren)	\$7.08
Family	\$9.30





FITNESS PERKS

Gym Discounts

Claremont Community Center - Claremont, NH
Adult = \$212.50 a year or \$17.71 a month (\$250 regular)
Family = \$297.50 a year or \$24.79 a month (\$350 regular)

Carter Community Center - Lebanon, NH
Red River Employees receive a 15% discount off the regular membership rates.

Chantilly Office In-House Gym - Chantilly, VA
Features a Peloton and full cardio & weight training section.

FUN PERKS

Paid Time Off

Red River offers unlimited PTO to all full-time employees.

Holidays

Nine fixed holidays per year: New Years Day, Martin Luther King Jr Day, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving Day, Day after Thanksgiving and Christmas Day.

Referral Bonus

Red River has a standard referral bonus of \$2,000 for hired referrals. This bonus also extends to Premium Rated positions where referral bonuses are increased to \$3,500. Contact our Talent Acquisition team to learn more.



PHILANTHROPY PERKS

Community Service Time

Sixteen hours per year of paid community service time for qualifying organizations.

Donation Match

The company will match your contributions to qualified charities, up to \$500 per calendar year.

Red River Cares

The company will donate up to \$500 to a charity you are passionately involved in.



FINANCIAL PERKS

Red River 401K Retirement Plan

Red River's 401K retirement plan through Fidelity is available to all eligible employees and allows Pre-tax and Roth contributions. The Company provides a 4% safe harbor match for all eligible employees. Eligible the first of the month following 90 days of employment, and you are vested immediately upon eligibility.

Tuition Reimbursement

Company will pay up to \$5,000 per calendar year towards approved tuition & books.

Continuing Education

After one year of employment, Red River will reimburse up to \$1,000 per year towards any examination or classes related to the achievement of a title or certification, subject to prior management approval.

529 Plan

Contributions of after-tax dollars to a college savings plan, gained tax free.

Verizon Wireless Discount

Just by being a Red River employee you are eligible to receive up to a 9% discount on your Verizon Wireless plan. To learn more visit www.verizonwireless.com/discount-program.





ADDITIONAL WORK PERKS

Pet Insurance

Red River has partnered with Embrace Pet Insurance to offer accident and illness coverage to employees with a 10% discount. Employees are able to stack discounts up to a total amount of 25%. To sign up or receive a quote, visit www.embracepetinsurance.com/perks and use the offer code 80197144 or call 800.226.1308.

Worldwide Travel and ID Theft Assistance

Whether you are traveling for business or with your family, you are covered if an emergency arises. The Travel Assistance program through Mutual of Omaha offers you coverage if you are more than 100 miles from home with staff and resources available 24 hours a day, 7 days a week. Your coverage includes medical emergency evacuation, dependent child transportation, travel monitoring and so much more. For more information, visit mutualofomaha.com.

Within the U.S. call toll free: 1.800.856.9947 Outside the U.S. call collect: 312.935.3658

TicketsAtWork

Red River employees are eligible for discounts through Tickets at Work. This perk gives you access to 20 - 60% off movies, hotels, shows, concerts, electronics, sporting events and more!

Wellbeats

Wellbeats is a virtual fitness training platform that gives you access to fitness classes 24/7 no matter where you are. All Red River employees, spouses and children have access to the full catalog of Wellbeats fitness classes — whether you have an hour to sweat or only 15 minutes, there's something for everyone.

Tutor.com

Red River offers one-on-one virtual tutoring for children of Red River employees.

Dry Cleaning Pick-Up/Drop-Off Services at Claremont and Chantilly

Red River partners with Crest Advanced Dry Cleaners out of Chantilly for Pickup and Drop off services in the Chantilly Office. We also partner with Modern Cleaners and Tailors for the Claremont Office.

Washington Green Grocery

With WGG, you can eat healthy (and save time) with a weekly or bi-weekly farm box - delivered right to the Chantilly Office! We know you work hard, and we hope to make your life just a little bit easier with the convenience of fresh food delivery.

