

# Employee Benefits Guide

2026

# CONTENTS

Overview .....	2
Making Benefit Changes During the Year .....	3
Terms You Should Know .....	4
Medical .....	5
Medical Plan Summary .....	6
Prescription Drugs.....	7
Prescription Programs.....	9
Virtual Visits.....	10
Health Savings Account (HSA) .....	11
Dental.....	13
Vision .....	16
2026 Employee Contributions.....	18
Flexible Spending Account (FSA) .....	19
Life and AD&D Insurance .....	20
Short and Long Term Disability.....	21
Value Added Programs.....	22
Employee Assistance Program .....	24
Voluntary Legal Plan .....	25
Voluntary Accident Insurance.....	26
Voluntary Critical Illness Insurance .....	27
Voluntary Hospital Indemnity Insurance .....	28
Voluntary Pet Insurance.....	29
Retirement Savings Plans.....	30
Beneficiary Review .....	31
Important Contacts.....	32

This Guide is intended to provide highlights of the Benefits Program for employees of Elliot Health System effective January 1, 2026. Additional information can be found on each entity's intranet or by contacting a member of the benefit's team. The benefits and provisions of each Plan are governed by the actual Plan documents. If there is a discrepancy between the information presented here and the legal documents, the legal documents will govern.

## OVERVIEW

When it comes to health care employees are offered a full range of coverage options. The best option that is right for you and your family depends on the type and level of coverage you need and may not be the most expensive.

### Below is a summary of coverages available for 2026:

- Medical and Prescription Drug
- Dental
- Vision
- Flexible Spending Accounts (FSAs)
  - Health Care FSA
  - Limited Purpose FSA
  - Dependent Care FSA
- Employee Assistance Program (EAP)
- Health Savings Account (HSA)
- Short-Term Disability
- Long-Term Disability
- Basic Life and Accidental Death and Dismemberment (AD&D)
- Voluntary Life and AD&D
  - Employee
  - Spouse
  - Child(ren)
- Voluntary
  - Legal
  - Accident Insurance
  - Critical Illness Insurance
  - Hospital Indemnity Insurance

### Enrollment Effective Dates of Coverage

For all benefit eligible employees, you have 30 days to enroll from your date of hire or from the date you changed to a benefit eligible employment status. Benefit coverage is effective the first day of the month coinciding with or next following the date of employment.

If you do not actively complete the enrollment process, you will default to “waive coverage” for all employee benefit options. Only eligible employees will be automatically enrolled into the company paid plans. After your initial enrollment period, benefit changes can only be made due to a “Qualifying Life Event” or Open Enrollment.

### Benefits Eligibility

Eligibility to participate in the employee benefit plans is based upon the number of hours you are regularly scheduled to work in a coded position.

- Full-Time and Part-Time Employees in coded positions scheduled to work 20+ hours per week are eligible to participate in all group benefits and employee contributions apply to some plans. Part-Time Employees may pay more of the premium cost.
- Employees in coded positions scheduled to work under 20 hours per week or in a Per Diem status are only eligible to participate in the retirement plans and the Employee Assistance Plan.
- Employees in coded positions scheduled to work under 20 hours per week or in a Per Diem status who average 30+ hours per week over a 12 month period may be eligible to participate in the medical plan.

### Dependent Eligibility

Some of the benefit plans offer coverage for eligible dependents. Eligible dependents include your legal spouse and children up to the age of 26 regardless of their student or marital status as well as unmarried disabled children over the age of 26. This includes biological children, placed and adopted children, stepchildren, and children under the care of an employee who is their court appointed, legal and permanent guardian.

When a child attains age 26 Workday will automatically terminate coverage on the last day of the birthday month and a COBRA Entitlement Notice will be mailed to your home. Your level of coverage and payroll deduction will automatically be adjusted based on coverage for yourself, and any other dependent(s) that continue to be enrolled.

### Termination Effective Dates of Coverage

All benefits will terminate on the last day of the month, except for the Short and Long Term Disability plans, Flexible Spending Accounts (FSA) and Health Savings Accounts (HSA) which will end on the date of termination. Refer to page 19 for specifics on FSA's.

## MAKING BENEFIT CHANGES DURING THE YEAR

The choices you make as a newly eligible employee or at open enrollment will remain in effect for the entire Plan Year (January 1, 2026 to December 31, 2026). However, you may change certain benefit elections during the plan year if you have a Qualifying Life Event.

In order to make a change during a Qualifying Life Event, please reach out to HR or submit your change through Workday within 30 days of the event. The effective date of the change will be dependent upon the type of event you experience.

Effective first of the month following the event:

- Marriage & Divorce

Effective the day of the event:

- Birth, Adoption/Guardianship, death of dependent/ spouse

Effective the first of the month following date of event:

- Dependent reaches maximum age of coverage, significant change in or cost of your, or your spouse's, health coverage due to spouse's employment, including open enrollment; a change in the place of residence of the employee, spouse, or dependent (moving to or from the United States), employee, spouse, or covered dependent obtains coverage in another group health plan, employee or spouse loss of other coverage including COBRA, eligibility for government sponsored plan, such as Medicare (excluding the government sponsored Marketplace).

Changes cannot be made once the 30 day period has ended.

Coverage for a divorced spouse will terminate at the end of the month following the date of the divorce decree.

If either of the following two events occur, you will have 60 days from the date of the event to request enrollment with HR that will be retroactive to the date of loss of coverage.

- Your dependents lose Medicaid or CHIP coverage because they are no longer eligible
- Your dependents become eligible for a state's premium assistance program

For more information about qualified work/family status changes, please visit the HR Benefits intranet or contact HR through Service Now.

Please note that a qualifying life event is NOT an opportunity to change dental plans if you are already enrolled.



## TERMS YOU SHOULD KNOW

Understanding the key terms below will help you during your decision-making process. To make accessing these important terms as easy as possible, an online version of the benefit term glossary is available on your HR Benefits intranet.

**Copayment** A set fee you must pay your doctor or hospital at the time of care, or a fee you pay for a prescription refill. Copayments count toward the out-of-pocket maximum, but do not count toward the deductible.

**Coinsurance** The percentage of eligible charges paid by you and the medical plan after you have met your deductible.

**Deductible** The annual dollar amount you must pay before the medical plan starts paying benefits. This amount counts toward your out-of-pocket maximum.

**Eligible Expenses** The services and supplies eligible for reimbursement under your medical plan. The service or supply must be recommended by a physician and must be medically necessary for the care and treatment of an injury or sickness.

**High Deductible Health Plan (HDHP)** A qualified HDHP is a health plan with deductible amounts with minimum deductibles and out-of-pocket maximums for individual and family coverage determined by the IRS.

**Health Savings Account (HSA)** An HSA is a tax-advantaged personal savings account designed to complement a qualified high deductible health plan (HDHP). You can use an HSA to pay for medical, prescription drug, dental, vision and other qualified expenses now or later in life. The funds can be invested, making it a great addition to your retirement portfolio.

**Out-of-Pocket Maximum** The maximum amount of deductible, copayment and coinsurance you have to pay in a plan year for certain eligible expenses. The out-of-pocket (OOP) maximum protects you from unbearable financial burdens by capping the total amount you will have to spend on your health care each year.

**Pre-Admission Certification/Prior Authorization** With the exception of Tier 1 providers, you must obtain Pre-Admission Certification and/or Prior Authorization for certain types of care under the medical plan options to avoid a reduction in or denial of benefits for that care. Pre-Admission Certification/

Prior Authorization is required for admissions and specific diagnostic procedures, therapies, and outpatient surgeries. Network providers generally coordinate Pre-Admission Certification/Prior Authorization on your behalf, but it is your responsibility to make sure it is obtained. For more information, visit [www.anthem.com](http://www.anthem.com) or call (833) 678-1093.

**Preventive Care** "Well care" services (e.g., annual physical exams) for which the medical plan options cover 100% of the cost. There is no deductible, coinsurance, or copay applied to standard preventive care services.

### Medical Network Information:

**Tier 1 In-Network Providers\*** These are primary and specialty providers who participate in our Preferred Provider network, this generally includes Elliot Health System, Home Health & Hospice Care, Southern New Hampshire Health System, Massachusetts General Hospital (55 Fruit St), Mass ENT, and providers with privileges at EHS and SNHH. Regardless of which medical plan option you select, you're encouraged to use Tier 1 providers as a way to reduce medical expenses. To find a list of admitting providers, please visit [www.elliotohospital.org](http://www.elliotohospital.org) and [www.snhhealth.org](http://www.snhhealth.org).

**Tier 2 In-Network Providers\*** Providers who participate in the Anthem National Network. For more information, visit [www.anthem.com](http://www.anthem.com) or call (833) 678-1093. Once in the provider search, on the drop down menu, select *National PPO Network (Blue Card PPO)*.

**Tier 3 Out-of-Network Providers\*** These are non-participating providers. When you utilize a provider who is not in the Tier 1 or Tier 2 Anthem Network, services are considered out-of-network. The highest level deductibles and coinsurance will apply to services received from out-of-network providers. You will need to submit claim forms to Anthem to be reimbursed for covered services.

**\*Please note, all three tiers are available under both medical plans. You do NOT select a tier during your election period. You select a medical plan - Traditional PPO Plan or High Deductible Health Plan. Tier is determined by provider selected at time of service.**

## MEDICAL

Elliot Health System offers a choice of two medical options, both administered by Anthem – the Traditional PPO Plan and the High Deductible Health Plan:

**The Traditional PPO Plan** has higher payroll contributions and lower out-of-pocket costs. After you've reached your deductible or paid your copay (if applicable), the plan pays 90% coinsurance while you pay 10% when you use Tier 1 providers. When you use Tier 2 providers, in most cases the plan pays 80% and you pay 20%. For Tier 3, out-of-network providers, you pay 40% after the deductible.

**The High Deductible Health Plan (HDHP)** offers comprehensive health care at a lower premium and higher deductible than the Traditional PPO Plan. A HDHP also features a health savings account (HSA) that enables you to pay for current qualified health care expenses and save for future expenses on a tax-free basis. If eligible for an HSA, you have the opportunity to set aside funds in your HSA before taxes through convenient payroll deductions to help your account grow. Please see the HSA eligibility section on page 11 for more information. If ineligible for the HSA, you may still elect the HDHP plan without the HSA. The organization will also contribute funds to your HSA. The High Deductible Health Plan has the same covered services and uses the same 3 tier providers as the Traditional PPO Plan. In addition, the traditional PPO and HDHP plans cover medical expenses with no deductible for the birth of a well newborn as part of the mother's maternity care until the mother's discharge.

Regardless of which plan you select, you will be protected against catastrophic health care costs because the plans pay 100% once your share of covered expenses (deductibles, coinsurance and copays) reaches the out-of-pocket maximum.

### Taking Advantage of Preventive Services

A critical component of a successful medical healthcare program is taking advantage of preventive services to detect early – or, ideally, prevent – complex medical conditions, which can help keep you and your family stay healthier, physically and financially. Preventive care includes services such as annual physicals, mammograms, prostate screenings, and other routine exams.\*

Both medical plans cover 100% of the cost of preventive care services – with no copay, deductible, or coinsurance.

*\*Coverage for some services varies depending on gender, age, risk and family and medical history.*

## HEARING AID BENEFIT



**Both medical plans include coverage for hearing aids. Limited to \$5,000 benefit maximum every two (2) calendar years for both standard and deluxe hearing aids. Coverage includes hearing aid fitting and maintenance.**

- Tier 1 deductible applies for in network providers under both plans.

**Excludes batteries and all over-the-counter hearing aids and products.**

## FERTILITY PROGRAM



**Both medical plans include coverage for fertility services. Fertility benefits are available for members with a diagnosis of infertility. The fertility benefit has an annual limit of \$25,000, which includes both medical and pharmacy treatment.**

Our plans provide a fertility support program which includes access to trained nurse care managers who can answer your questions about infertility, treatment and medication options, and finding the right doctors for your needs – as well as provide education and personalized support, 24/7.

The program's mobile app, WINFertility Companion, allows members to:

- Communicate with a WINFertility nurse care manager by phone, text or email
- Privately track multiple fertility-related activities
- Set calendar reminders for doctor appointments, taking medications and other medical events
- Get discreet alerts, like when ovulation starts



# MEDICAL PLAN SUMMARY: ANTHEM

	TRADITIONAL PPO PLAN			HIGH DEDUCTIBLE HEALTH PLAN		
	TIER 1 (In Network)	TIER 2 (In Network)	TIER 3 (Out of Network)	TIER 1 (In Network)	TIER 2 (In Network)	TIER 3 (Out of Network)
Preventive Care	Covered at 100%; no copay		40% coinsurance after deductible	Covered at 100%; no deductible		40% coinsurance after deductible
Primary Care Physician (PCP) Visit	\$20 copay	\$35 copay	40% coinsurance after deductible	100% covered after deductible	\$30 copay after deductible	40% coinsurance after deductible
Specialist Office Visit	\$40 copay	\$55 copay	40% coinsurance after deductible	100% covered after deductible	\$50 copay after deductible	40% coinsurance after deductible
Urgent Care	\$60 copay	\$90 copay	40% coinsurance after deductible	100% covered after deductible	100% covered after deductible	40% covered after deductible
Outpatient Surgery / Professional Fees <i>Hospital &amp; Freestanding Surgical Center</i>	10% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	100% covered after deductible	100% covered after deductible	40% coinsurance after deductible
Office Setting / Outpatient Facility & Professional Charges						
• Lab Tests & X-rays	10% coinsurance, no deductible	20% coinsurance after deductible	40% coinsurance after deductible	100% covered after deductible	100% covered after deductible	40% coinsurance after deductible
• High-Tech Imaging	10% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible			
Inpatient Services	10% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	100% covered after deductible	100% covered after deductible	40% coinsurance after deductible
Behavioral Services <i>(Mental Health and Substance Abuse Care)</i>	10% coinsurance after deductible	10% coinsurance after Tier 1 deductible	40% coinsurance after deductible	100% covered after deductible	100% covered after Tier 1 deductible	40% coinsurance after deductible
• Inpatient				100% covered after deductible	100% covered after Tier 1 deductible	40% coinsurance after deductible
• Outpatient/Office Visit	\$20 copay	\$20 copay	40% coinsurance after deductible			
Emergency Room	\$200 copay after Tier 1 Deductible (copay waived if admitted)			\$200 copay after Tier 1 Deductible (copay waived if admitted after reaching deductible)		
Ambulance	10% coinsurance after Tier 1 deductible			100% covered after Tier 1 deductible		
Durable Medical Equipment	10% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	100% covered after deductible	100% covered after deductible	40% coinsurance after deductible
Physical/Occupational/ Speech Therapy <i>(60 visit combined limit)</i>	\$40 copay	\$55 copay	40% coinsurance after deductible	100% covered after deductible	100% covered after deductible	40% coinsurance after deductible
Chiropractic Coverage <i>(12 visit limit)</i>	\$40 copay	\$55 copay	40% coinsurance after deductible	100% covered after deductible	100% covered after deductible	40% coinsurance after deductible
Acupuncture <i>(20 visit limit)</i>	\$40 copay	\$55 copay	40% coinsurance after deductible	100% covered after deductible	100% covered after deductible	40% coinsurance after deductible
Routine Eye Exam (1x/yr) <i>(Excludes refraction and contact lens fittings)</i>	\$35 copay	\$35 copay	Not covered	100% covered after deductible	100% covered after deductible	Not covered
Hearing Exam	\$40 copay	\$55 copay	40% coinsurance after deductible	100% covered after deductible	100% coverage after Tier 1 deductible	40% coinsurance after deductible
Hearing Aid <i>(Limited to \$5,000 every 2 years for standard and deluxe)</i>	10% coinsurance after deductible	10% coinsurance after Tier 1 deductible	40% coinsurance after deductible	100% covered after deductible	100% coverage after Tier 1 deductible	40% coinsurance after deductible
	ANNUAL PLAN YEAR DEDUCTIBLE			ANNUAL PLAN YEAR DEDUCTIBLE (Combined Medical + Pharmacy)		
Employee	\$750	\$1,250	\$2,500	\$2,500	\$3,500	\$5,000
Employee + One Dependent	Total of \$1,500 (\$750 per person)	Total of \$2,500 (\$1,250 per person)	Total of \$5,000 (\$2,500 per person)	\$5,000	\$7,000	\$10,000
Employee + Two or more Dependents	\$2,000 Family Total Not to exceed \$750 per person	\$3,750 Family Total Not to exceed \$1,250 per person	\$10,000 Family Total Not to exceed \$2,500 per person	\$5,000	\$7,000	\$10,000
	MEDICAL + PHARMACY OUT-OF-POCKET MAXIMUM			MEDICAL + PHARMACY OUT-OF-POCKET MAXIMUM		
Employee Only	\$4,500		\$10,000	\$4,000		\$10,000
Employee + One or more Dependents	\$9,000 Family Total Not to exceed \$4,500 per person		\$20,000 Family Total Not to exceed \$10,000 per person	\$8,000 (with an individual maximum limit of \$7,000)		\$20,000

## PRESCRIPTION DRUGS

When you enroll in one of the Anthem medical plans, you automatically are enrolled in the pharmacy plans through the Prescription Pharmacy Manager, VytlOne. It's important to note that the High Deductible Health Rx benefit is set up differently than the Traditional PPO Rx benefit. Please see the charts below for more details.

Traditional PPO Plan	ANY VYTLONE NETWORK RETAILER & SPECIALTY MEDICATIONS (All specialty medications must be coordinated by Elliot Pharmacy)	CVS RETAIL, ELLIOT PHARMACY, OR VYTLONE MAIL ORDER
	Up to a 30-Day Supply Only 30-Day fill for Specialty Medication	90-Day Supply
Generic Brand	\$10	\$20
Preferred Brand Name	\$35	\$70
Non-Preferred Brand Names	\$60	\$120
Specialty	\$100	N/A
PRESCRIPTION DRUG COPAYS WILL APPLY TOWARDS THE MEDICAL OUT-OF-POCKET MAXIMUM AMOUNTS.		

High Deductible Health Plan	ANY VYTLONE NETWORK RETAILER & SPECIALTY MEDICATIONS (All specialty medications must be coordinated by Elliot Pharmacy)	CVS RETAIL, ELLIOT PHARMACY, OR VYTLONE MAIL ORDER
	30-Day Supply As appropriate; only 30-day fill allowed for specialty medications	90-Day Supply
COMBINED PLAN YEAR DEDUCTIBLE (MEDICAL + PHARMACY)		
Employee Only	\$2,500	
Employee + One or More Dependents	\$5,000	
	PRESCRIPTION DRUG COPAYS AFTER DEDUCTIBLE	
Generic Brand	\$10	\$20
Preferred Brand Name	\$35	\$70
Non-Preferred Brand Names	\$60	\$120
Specialty	\$100	N/A
PRESCRIPTION DRUG COPAYS WILL APPLY TOWARDS THE MEDICAL OUT-OF-POCKET MAXIMUM AMOUNTS.		



## **PRESCRIPTION DRUGS** CONTINUED

The High Deductible Health Plan requires you to reach your deductible (combined for Medical + Pharmacy) before the plan begins to pay benefits. Certain preventive medications are covered at 100%, with no copay, deductible or coinsurance required. Please reference the VytlOne HDHP Preventive Maintenance Drug List on the HR Benefits intranet. These medications help protect against or manage conditions such as:

- Preventing blood clots and reducing the risk of a stroke
- Preventing heart disease and reducing high blood pressure
- Preventing osteoporosis (a disease that leads to an increased risk of bone fracture)
- Managing diabetes (insulin, lancets, test strips, insulin syringes, pen needles)

### **Important Formulary Information**

The Advantage Drug Formulary List offered by VytlOne outlines covered prescriptions. This preferred drug list applies at the Elliot Pharmacy, located at River's Edge and Bedford, VytlOne network pharmacies, and VytlOne mail order pharmacy. The Formulary List will list the tier placement (cost share level) you will pay. The Formulary List is subject to periodic review and amendment at any time. In addition, certain prescriptions and/or dosages may be subject to prior authorization. You and your doctor can check the Formulary List online at <https://vytlone.com/pharmacy-benefit-management/> or call (800) 687-0707 for customer service. The Formulary List is also posted on the HR Benefits intranet. Medication prescribed for weight loss is not covered under any circumstances.

### **Pharmacy Address, Phone and Hours**

#### **Elliot Pharmacy at River's Edge**

175 Queen City Ave., Suite 1  
Manchester, NH 03101  
(603) 663-5678  
Monday to Friday: 7am-7pm  
Saturday 8:30am-5pm

#### **Elliot Pharmacy at Bedford**

25 Leavy Drive  
Bedford, NH 03110  
(603) 472-1282  
Monday to Friday: 8:30am-5pm

*Elliot Pharmacy prescriptions can be filled on-site or shipped to in-state residences, subject to certain restrictions.*

### **Specialty Medications**

Your specialty medications must be requested through the Elliot Pharmacy at River's Edge to fill or refill your prescription. You can contact the pharmacy and they will assist you with setting up the prescription for your medication. If Elliot Pharmacy at River's Edge is unable to fill your specialty prescription they will coordinate with VytlOne in order for you to work with another specialty pharmacy in your local area.

### **VytlOne Retail Network**

The VytlOne retail network includes all major local and out-of-state pharmacies. The network includes CVS, Hannaford, Kroeger, Rite Aid, Walgreens and Walmart. Your 90 day supplies at retail pharmacies will only be available through CVS, Elliot Pharmacies or VytlOne Mail Order.

Maintenance medications specified by VytlOne must be filled for a 90-day supply, and not for a 30-day supply. This may require members to have their prescriptions re-written and/or transferred to Elliot Pharmacy, any CVS Retail, or consider VytlOne mail order for these 90-day fills.

*As a reminder, when you shop at the Elliot Pharmacy, you enjoy the value of discounted over-the-counter medications and a variety of sundries for you and your family. Call Elliot Pharmacy at River's Edge or Elliot Pharmacy at Bedford to speak with a representative about how to transfer your regular generic and brand name prescriptions. Elliot Pharmacy at Rivers' Edge assists you with setting up your prescription for specialty medication.*

# PRESCRIPTION DRUG & HEALTH MANAGEMENT PROGRAMS

Below is a summary of programs for employees and dependents enrolled in an Elliot Medical Plan.

## VytlOne Better Choice Program

Under the VytlOne Better Choice Program you will avoid unnecessary expenses for high cost medication when a more cost effective alternative is available and appropriate.

For more detailed information please contact VytlOne.

## Select Drugs and Product Program through Payd Health?

The Select Drugs and Products Program through Payd Health provides advocacy services to assist you by identifying and facilitating your enrollment in programs that may reduce or eliminate your out-of-pocket costs for eligible specialty drugs, products, and services. *(Note: Any amounts in the form of manufacturer coupons or drug savings discount cards used for specialty drugs do not apply to the deductible or out-of-pocket limit).* A Plan's Case Coordinator will contact you to guide you through this program if you are identified. Here's how it works:

The Plan's specialty contact center will initiate outreach to you by text message or phone call.

You complete the digital enrollment application which will allow the Plan's specialty contact center to match you to alternate funding programs. (Note: you may be asked to provide household size and income information.)

Your Plan Case Coordinator will coordinate with you and your pharmacy to ensure you are able to get your medication in a timely manner. A Plan Case Coordinator is available (8:00 am to 8:00 pm CST) to guide you through the enrollment process and the program. It's important that you respond to calls from your Case Coordinator in a timely manner.

## Diabetes Management through Virta Health

### Reverse Type 2 Diabetes, Prediabetes, and Obesity

Virta Health is an online clinic that can give members a drug-free way to reverse type 2 diabetes, prediabetes, and obesity. Eligible Virta members are covered for clinical care, personalized plans, and health tools:

- Online care app (mobile/desktop)
- Clinician support
- Personal nutrition plan
- Recipes, meal plans, and food lists
- Daily health coaching
- Health tracking tools (scale, meter, strips)

Visit [virtahealth.com/join](https://virtahealth.com/join) to check if you or your dependents qualify for this program.

For additional questions, reach out to your benefits support team or send an email to [support@virtahealth.com](mailto:support@virtahealth.com).

Check eligibility:

[www.virtahealth.com/join](https://virtahealth.com/join)

Or scan this code



## VIRTUAL CARE OPTIONS

Whether you suspect something like a UTI, gastrointestinal illness, or flu, or something more serious, like a fracture, minor burn, or skin infection, our doctors will assess your needs virtually and get you on your way – getting you back to your day quicker.

### Elliot VirtualER

When urgent medical needs arise, it can be confusing on where you should go. Elliot's innovative Virtual ER service connects you to Elliot Emergency Physicians who can diagnose you virtually or seamlessly transition you to the most appropriate location for your care. Most patients complete care in the video visit, which is similar in cost to an outpatient office visit. There is no charge for the virtual visit if you are referred to the urgent care or emergency department.

More Info: [Elliot VirtualER: Elliot Hospital](#)

Hours: Monday – Friday: 10am–10pm

### Southern New Hampshire Health Virtual Immediate Care

Convenient option to receive medical care without having to physically visit one of SNHH's Immediate Care locations. This type of care typically includes video conferencing, where the patient can interact SNHH experienced and trusted providers in real time. Additionally, virtual visits may include the ability to order prescription options and receive health advice. Immediate Care treats non-life-threatening illnesses or injuries that do not require attention from a hospital emergency room.

More Info: Immediate Care:  
Southern New Hampshire Health

Hours: Monday – Friday: 9am–7pm

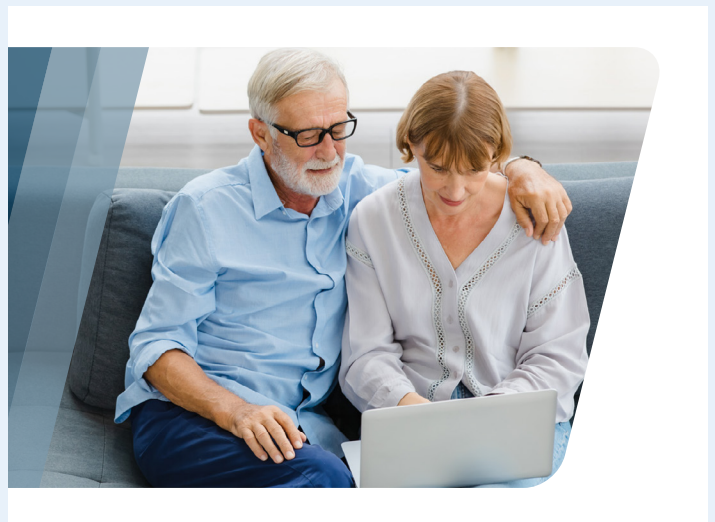
You can book a visit for either of your virtual care options through SolutionHealth MyChart. To ensure your virtual visit is successful, use a smart phone, tablet or computer with the following and connect 15 minutes before the scheduled appointment time to ensure there are no technical issues and everything is working properly:

- Working camera
- Most up-to-date internet browser

Virtual Care **CANNOT** be used for:

- Abnormal behavior, confusion, intoxication
- Inability to walk, unexplained extremity numbness or weakness
- Controlled substances or psychiatric medication prescriptions
- Respiratory distress, difficulty breathing
- Chest pain
- Slurred speech or other stroke-like symptoms
- Vision loss
- Genitalia: Cannot be examined via telehealth
- Life-threatening bleeding
- Pregnancy-related concerns for patients in their 2nd or 3rd trimester

**For a life-threatening medical emergency, please immediately call 9-1-1.**



# HEALTH SAVINGS ACCOUNT (HSA)

The HSA is administered by HealthEquity.

## How It Works

The HDHP, along with your HSA, puts health care spending in your hands, allowing you to choose how to spend your health care dollars. You can either pay for eligible services by using funds in your HSA, or you can pay for them out of your own pocket. Note: You can only use HSA funds that are available in your account. You can always reimburse yourself later once you have accumulated funds in your account.

## Eligibility

To be eligible for contributions to the HealthEquity HSA, the IRS requires that you:

- Must be enrolled in a qualified high deductible health plan (HDHP)
- Do not have any other health coverage that is not an HDHP or permitted insurance
- Are not covered by a spouse's medical or pharmacy plan that is not a HDHP
- Cannot be claimed as a dependent on another person's tax return
- Are not covered through a general purpose Flexible Spending Account (FSA) plan (such as your spouse's plan)
- Are not covered through Medicare Parts A, B, C and/or D

When you enroll in Medicare, you can use your account to pay Medicare premiums, deductibles, co-pays, and coinsurance under any part of Medicare. After you turn age 65, you can continue to use your account tax-free for out-of-pocket health expenses.

You cannot use your account to purchase a Medicare supplemental insurance or "Medigap" policy.

### PLEASE NOTE:

*Please notify HR prior to becoming enrolled in an ineligible plan, including Medicare Part A and/or Part B. Company and participant contributions must stop prior to Medicare enrollment.*

Once you turn age 65, you can also use your account to pay for things other than medical expenses. If used for other expenses, the amount withdrawn will be taxable as income but will not be subject to any other penalties. Individuals under age 65 who use their accounts for non-medical expenses must pay income tax and a 20% penalty on the amount withdrawn.

## HSA Funding

### Your Contributions

There are several ways to contribute money into your HSA:

- Pre-tax contributions through payroll deductions
- After-tax cash contributions that are deductible when you file your taxes

### Company Contributions

While you are enrolled, the organization will make biweekly contributions based on your eligibility and HDHP coverage level.

- **Individual Coverage:**  
\$38.46 biweekly up to \$1,000 per calendar year
- **2-Person or Family Coverage:**  
\$76.92 biweekly up to \$2,000 per calendar year

Employee contributions are not required in order to receive Company contributions.

### Annual Contribution Limits

It is important to note that your contributions, when combined with those contributed from the organization, may not exceed the IRS annual maximum:

COVERAGE LEVEL	2026
Employee Only	\$4,400
Family (Employee + 1 or more dependents)	\$8,750
Catch-up (age 55+)*	\$1,000

*\*Additional amount you can contribute to your HSA each year, until you enroll in Medicare, prorated accordingly. The IRS limit is based on employee age at the end of the calendar year.*

## HEALTH SAVINGS ACCOUNT (HSA) CONTINUED

### Customer Identification Process (CIP)

The US Patriot Act requires financial institutions, including HealthEquity, to verify the identity of all individuals before they can begin using their HSA.

### Qualified Expenses

You can use your HSA to pay for eligible health care expenses, such as:

- Copays
- Deductibles
- Coinsurance
- Vision
- Dental
- Certain medical supplies

For a complete list of eligible expenses, go to <http://www.irs.gov/pub/irs-pdf/p502.pdf>

Please visit the **HealthEquity website** for more information on HSAs.

### HSA Advantages

#### Triple Tax Advantage

1. You contribute pre-tax funds through payroll deductions, meaning the money comes out of your paycheck before federal income tax is calculated. This, in turn, reduces the amount of taxable income, so less tax is withheld from your paycheck.
2. Funds grow tax-free, and unused funds roll over year to year.
3. You can withdraw funds tax-free to pay for qualified health care expenses now and in the future— even in retirement.

#### Control

You own and control the money in your HSA. You decide how and when to spend it. You can use it to pay for doctor's visits, prescriptions, braces, contact lenses and solutions, glasses—even laser vision correction surgery.

### Investment Opportunities

Once you reach and maintain a minimum of \$2,000, you can make investments to help your money grow tax-free.

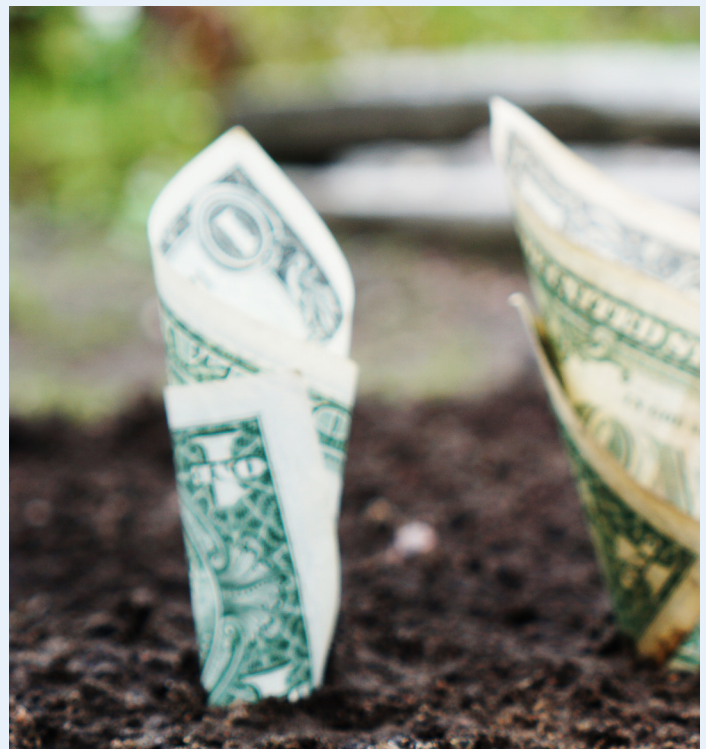
### Savings Potential

There is no “use it or lose it” rule. Your account grows over time as you continue to roll over unused dollars from year to year.

### Portability

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans,\* retire or leave the company.

*\*You must be enrolled in a qualified health plan to contribute to an HSA but can continue to use your HSA account for eligible expenses even when you are no longer enrolled in a qualified high deductible plan or when you are no longer eligible to contribute to an HSA.*





## DENTAL

Elliot Health System offers two dental plan options through Northeast Delta Dental – the Basic and Comprehensive plans.

For both plans, you can visit a dentist in the Delta Dental PPO network to maximize your savings. These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill. If you can't find a PPO dentist, your next best bet is finding a Delta Dental Premier dentist. These dentists have agreed to set fees and offer another opportunity to save.

To find a dentist in your area, go to: <https://dentistsearch.nedelta.com/>

### Diagnostic and Preventive Care (100% coverage):

Regardless of which plan you choose, the cost of preventive care is covered in full when you receive services according to the plans' diagnostic and preventive care guidelines. Examples of diagnostic services include routine oral exams and X-rays. Examples of preventive services include basic cleanings and fluoride treatment.

**Basic Restorative Care (80% coverage):** This type of care includes procedures such as fillings, surgical and routine extractions, and periodontal cleanings.

**Major Restorative Care (50% coverage: Comprehensive Plan only):** If you are interested in coverage for orthodontia or major restorative care (crowns, onlays, implants, bridges, dentures), consider the Comprehensive Plan. This is the only plan option that features coverage for those types of services.

#### COVERAGE OPTIONS

	BASIC	COMPREHENSIVE
Plan Year Deductible	\$25 Individual \$75 Family (for Basic Restorative Care)	\$50 Individual \$150 Family (for Basic and Major Restorative Care combined)
Plan Year Maximum Benefits	\$1,500 per person	\$2,000 per person
Lifetime Maximum	None	None
<b>Diagnostic</b> Routine oral exams (up to 2 per calendar year), bitewing x-rays (once per calendar year), complete x-rays (once every 5 years)	100%	100%
<b>Preventive</b> Cleanings (twice per calendar year), space maintainers to age 16, fluoride treatment (twice per calendar year) to age 19, sealants on molars (once in 3 years) per tooth to age 19	100%	100%
<b>Basic Restorative Care</b> Fillings, surgical and routine extractions, periodontal cleanings, emergency palliative treatment	80%	80%
<b>Major Restorative Care</b> Crowns, onlays, implants, bridges, dentures	Not Covered	50%
<b>Orthodontia</b> (Children + Adults)	Not Covered	50%; \$1,500 per person lifetime maximum

You will pay less for services when you use in-network providers. The plan's level of reimbursement is lower for services provided by out-of-network providers. For more information about the network go to [www.nedelta.com](http://www.nedelta.com)



## ADDITIONAL BENEFITS INCLUDED IN THE DELTA DENTAL PLANS

### Health through Oral Wellness® (HOW®)

Health through Oral Wellness® is a program designed to promote better oral health and overall health for Northeast Delta Dental Members. HOW® is all about YOU because it's based on your own specific oral health risks and needs. Best of all, it's secure, confidential, and absolutely FREE.

1. **REGISTER** - Go to [HealthThroughOralWellness.com](https://HealthThroughOralWellness.com) and click on "Register Now"
2. **KNOW YOUR SCORE** - After you register, please take the free oral health risk assessment by clicking on "Free Assessment" in the Know Your Score section of the website
3. **SHARE YOUR SCORE WITH YOUR DENTIST**

The next step is to share your results with your dentist at your next dental visit

- Your dentist can discuss your results with you and perform a clinical version of the assessment
- Based on your risk, as shown on your clinical assessment, you may be eligible for additional preventive benefits.\*

\*Additional preventive benefits are subject to the provisions of your Northeast Delta Dental policy. Only the clinical risk assessment performed by your dentist can determine your eligibility for additional preventive benefits.

### Identification Cards

Identification cards will be produced and distributed shortly after your initial enrollment. Any future cards will be issued electronically via our Benefit Lookup site accessible through [nedelta.com](https://nedelta.com). You can also use the Delta Dental mobile app and enjoy access to dentist search, claims and coverage, and your ID card.

## DENTAL CONTINUED

Extra benefits – at no extra charge – for those who need them.

All of Northeast Delta Dental's group plans include our industry-leading Health through Oral Wellness® (HOW®) program for no additional premium. Recognizing that "one size does not fit all" when it comes to dental plans, HOW® provides additional preventive benefits to members who are at risk for oral disease, thereby helping them achieve better oral and overall health.

At-risk members are identified through the use of a clinical risk assessment tool that we have provided to dentists at no charge. Eligible members who receive a score of 3 to 5 on a 5-point scale automatically receive additional benefits based on their oral health condition.

Members can register for HOW® at [www.HealthThroughOralWellness.com](http://www.HealthThroughOralWellness.com) to receive information about the oral health topics of their choosing. Enhanced benefits are subject to change and are subject to standard policy provisions, including, but not limited to, coinsurance percentages, copayments, and plan maximums. Procedures limited in frequency during a 12-month period will be measured based on a calendar year. As with all benefits, eligibility confirmation should be obtained via Northeast Delta Dental's Benefit Lookup site at [www.nedelta.com](http://www.nedelta.com) or from customer service at [1-800-832-5700](tel:1-800-832-5700).

**HOW® is simple and free, and it works like this:**

- 1. Dentist performs a clinical oral health risk assessment and submits it to Northeast Delta Dental electronically.**
- 2. Members scoring between 3-5 on a 5-point scale receive enhanced preventive benefits automatically.**
- 3. HOW® engages members about good oral health.**



ORAL HEALTH CONDITION	BENEFITS	FREQUENCY
Caries (Tooth Decay)	Caries Susceptibility Test Child or Adult Cleaning Fluoride Varnish or Topical Fluoride Nutritional Counseling or Oral Hygiene Instruction Sealants	Once per 12 months Combination up to 4 per 12 months Combination up to 4 per 12 months Once per 12 months <sup>1</sup> Once per 12 months <sup>1</sup> Once per 3 years <sup>2</sup>
Periodontal (Gum) Disease	Adult Cleaning Nutritional Counseling or Tobacco Cessation Counseling or Oral Hygiene Instruction Full Mouth Debridement Periodontal Maintenance	Up to 4 per 12 months <sup>3</sup> Once per 12 months <sup>4</sup> Once per 12 months <sup>4</sup> Once per 12 months <sup>4</sup> Once in a lifetime <sup>3</sup> Up to 4 per 12 months <sup>3</sup>

<sup>1</sup>Either one nutritional counseling or one oral hygiene instruction is covered in a 12-month period.

<sup>2</sup>Sealants are a covered benefit based on caries risk assessment for unrestored primary molars and for unrestored permanent premolars, and molars—one sealant per tooth every 3 years.

<sup>3</sup>Combination of prophylaxis, periodontal maintenance, or full mouth debridement (once in a lifetime benefit) not to exceed 4 in a 12-month period.

<sup>4</sup>Either one nutritional counseling, or one oral hygiene instruction, or one tobacco cessation counseling is covered in a 12-month period.

## VISION

Vision Service Plan (VSP) is Elliot Health System's carrier for vision coverage.

VSP offers you access to competitive rates and a broad network of providers. The plan provides coverage for services including annual eye exams, contact lenses, and glasses. Participants also receive a 40% discount for complete lens options once the benefit has been used.

Your cost for care depends on whether your provider participates in the **VSP Signature Network**. You may also see providers outside of the network, although your benefit reimbursement may be lower. For more information, including a detailed vision benefits chart, visit [www.VSP.com](http://www.VSP.com).

VISION CARE SERVICES	IN-NETWORK <sup>1</sup>	OUT-OF-NETWORK <sup>2</sup>
WellVision Exam® (available once every calendar year)	\$10 copay	Up to \$50
Routine Retinal Screening	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam	
Retinal Screening for Diabetics	\$0 per screening	
Essential Medical Eye Care	\$20 per exam	
	Available as needed for additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details.	
GLASSES (also see extra discounts)		
Lenses (available once every calendar year)	\$25 copay (single vision, lined bifocal, and lined trifocal lenses)	Single vision: Up to \$50 Lined bifocal: Up to \$75 Lined trifocal: Up to \$100
Frames (available once every calendar year)	\$180 allowance for a wide selection of frames 20% discount on amount over allowance	Up to \$70
CONTACTS (also see extra discounts)		
Contacts (instead of glasses) (available once every calendar year)	\$180 allowance for contacts; copay does not apply	Up to \$105

<sup>1</sup>To find a VSP provider, visit [www.vsp.com](http://www.vsp.com) or call (800) 877-7195.

<sup>2</sup>If you plan to see a provider who is not in the VSP network, visit [www.vsp.com](http://www.vsp.com) for more information about how your services would be covered out-of-network.

### Identification Cards

VSP does not require ID cards. Simply let your provider know that you have coverage under VSP while providing them your name and information and they will be able to confirm your coverage.

### VSP Vision Care App

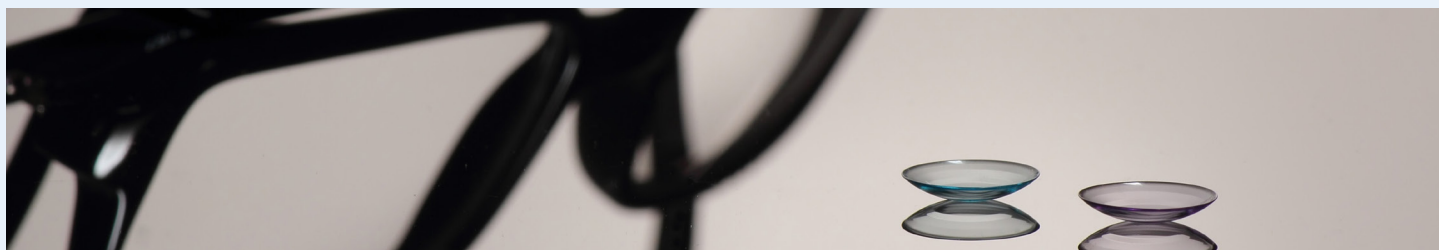
Scan the QR code below to download the VSP Vision Care App from the Apple App or Google Play Stores. Get instant access to your benefit coverage, Member ID Card, Exclusive Member Extras and Discounts, and more.



## Eyeconic® – Online Shopping with Benefits

- A huge selection of contact lenses and designer frames 24/7—and the Virtual Try-On tool.
- Free shipping and returns.
- Free frame adjustment or contact lens consultation.
- Verification of your prescriptions and the 25-point inspection process to ensure your eyewear is just right.
- 20% off any out-of-pocket expenses on eyewear after frame allowance is applied.

DISCOUNTS AND SAVINGS	
Lens Enhancements	<ul style="list-style-type: none"> <li>• Standard progressive lenses, polycarbonate lenses for adults and children, anti-glare coating and UV protection: \$0 copay</li> <li>• Premium progressive lenses: \$80-\$90 copay</li> <li>• Custom progressive lenses: \$120-\$160 copay</li> </ul>
Glasses and Sunglasses	<ul style="list-style-type: none"> <li>• Extra \$20 to spend on featured frame brands. Go to <a href="https://vsp.com/offers">vsp.com/offers</a> for details</li> <li>• 30% discount for additional glasses and sunglasses, including lens options, from the same VSP doctor as your WellVision Exam® OR 20% discount from any VSP doctor within 12 months of your last WellVision Exam®.</li> </ul>
Contacts	<ul style="list-style-type: none"> <li>• Up to \$60 copay for contact lens exam (fitting and evaluation)</li> </ul>
Laser Vision Correction	<ul style="list-style-type: none"> <li>• Average 15% discount on the regular price OR 5% discount on the promotional price. Discounts only available from contracted facilities.</li> <li>• After surgery, use your frame allowance (if the frames you select are eligible) for sunglasses from any VSP doctor.</li> </ul>
TruHearing – Hearing Aid Discount Program	<p>VSP members can save up to 60% on the latest brand-name prescription and over-the-counter hearing aids. Dependents and even extended family members are eligible for exclusive savings too.</p> <ul style="list-style-type: none"> <li>• One year of follow-up visits for fittings, adjustments, and cleanings</li> <li>• A 60-day trial</li> <li>• Three-year manufacturer warranty for repairs and one-time loss and damage replacement</li> <li>• 80 free batteries per hearing aid on all non-rechargeable aids &amp; more!</li> </ul> <p>Contact <a href="https://www.truhearing.com/vsp">www.truhearing.com/vsp</a> or call 877.396.7194 for more information</p>
Diabetes Management Support	Save on testing supplies and find resources to help prevent or manage Diabetes.



## 2026 EMPLOYEE CONTRIBUTIONS

### Anthem Blue Cross and Blue Shield Medical

#### FULL-TIME (30+ HOURS) BI-WEEKLY PAYROLL CONTRIBUTIONS

	TRADITIONAL PPO PLAN	HIGH DEDUCTIBLE HEALTH PLAN
Employee Only	\$86.32	\$37.90
Employee + Child(ren)	\$155.37	\$68.20
Employee + Spouse	\$198.94	\$87.33
Employee + Family	\$283.61	\$124.49

#### PART-TIME (20 - 29 HOURS) BI-WEEKLY PAYROLL CONTRIBUTIONS

	TRADITIONAL PPO PLAN	HIGH DEDUCTIBLE HEALTH PLAN
Employee Only	\$237.46	\$189.03
Employee + Child(ren)	\$427.44	\$340.26
Employee + Spouse	\$547.31	\$435.70
Employee + Family	\$780.26	\$621.15

### Northeast Delta Dental

#### FULL-TIME (30+ HOURS) BI-WEEKLY PAYROLL CONTRIBUTIONS

	BASIC PLAN	COMPREHENSIVE PLAN
Employee Only	\$7.66	\$18.30
Employee + 1 Dependent	\$15.32	\$36.61
Employee + 2 or more Dependents	\$22.98	\$54.91

#### PART-TIME (20 - 29 HOURS) BI-WEEKLY PAYROLL CONTRIBUTIONS

	BASIC PLAN	COMPREHENSIVE PLAN
Employee Only	\$12.97	\$26.90
Employee + 1 Dependent	\$25.96	\$53.78
Employee + 2 or more Dependents	\$38.95	\$80.67

### VSP Vision

#### BI-WEEKLY PAYROLL CONTRIBUTIONS

Employee Only	\$5.82
Employee + 1 Dependent	\$8.44
Employee + 2 or more Dependents	\$15.35

### MetLife Legal Plan

#### BI-WEEKLY PAYROLL CONTRIBUTIONS

Employee (includes Family)	\$8.31
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This rate applies to the Employee and includes any eligible dependents.



# FLEXIBLE SPENDING ACCOUNTS (FSA)

Flexible Spending Accounts (FSA) are administered by HealthEquity. FSAs offer a convenient way to pay for certain health and dependent care expenses while saving on taxes.

## Review of Accounts

- **Health Care FSA** - helps you pay eligible out-of-pocket health care expenses, for you and your eligible dependents, that are not covered or fully reimbursed by your medical, prescription drug, dental, and vision coverage. You cannot be covered/enrolled in a HDHP with an HSA and a General Purpose Health Care FSA.
- **Limited Purpose Health Care FSA** - can only be used for IRS eligible dental and vision expenses. It cannot be used for any medical expenses. This Limited Purpose FSA is offered only to those enrolled in a HDHP with an HSA. If you enroll in the HSA on January 1st and you have funds remaining in your regular Health Care FSA from 2025, those funds will roll into a Limited Purpose FSA after the 90 day run-out period.
- **Dependent Care FSA** - helps you pay for eligible dependent care expenses incurred while you (and your spouse) work. **Examples of eligible expenses under a Dependent Care FSA include costs for eldercare or childcare for eligible dependents.** You must submit claims for reimbursement from this account.

Remember: If you are married and your spouse's employer also offers a Health Care FSA, he or she also may be able to set aside money to pay for eligible health care expenses.

## Health Care FSA & Limited Purpose Health Care FSA

At the end of the 2025 plan year, unused health care FSA funds up to \$660 will automatically roll over at the end of the 90 day run-out period and be added to your 2025 FSA available balance. Any FSA funds not used in 2026, will roll over into 2027 up to \$680.

## 2026 Plan Year Run-out Period

The 2025 Health Care FSA and Limited Purpose Health Care FSA have a 90 day run-out period, which allows you to submit claims until March 31, 2027 for the 2026 plan year.

## Dependent Care FSA

This account is for child care, nursery school, before/after school programs, and adult daycare/custodial elder care expense incurred while you work or to enable you to look for work. It does not apply to overnight camps or kindergarten tuition. This account is for children under age 13 or dependents unable to physically or mentally care for themselves. **As a reminder, dependent medical expenses are not eligible expenses under the Dependent Care FSA.**

The 2026 Dependent Care FSA includes a 2 1/2 month grace period, allowing you to incur claims for the 2026 plan year through March 15, 2027.

## Funding Your Account(s)

When you establish an FSA, you set money aside to pay for certain expenses. Your contributions to the account are deducted from your pay before taxes are calculated.

If you decide to participate, you must indicate how much you'd like to contribute when you enroll. The table below shows the minimum and maximum amounts you can contribute for the year.

To learn more about FSAs, including lists of eligible expenses, visit the HR benefits section of the intranet site or the HealthEquity information site.

<https://webinars.healthequity.com/learning-delivery/FSA-A-flexible-way-to-save-SB> FSA: A flexible way to save (healthequity.com)

	HEALTH CARE FSA	LIMITED PURPOSE FSA	DEPENDENT CARE FSA
2026			
Minimum Annual Contribution	\$100	\$100	\$100
Maximum Annual Contribution	\$3,400	\$3,300	\$2,500



# LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Elliot Health System partners with New York Life for Basic and Voluntary Life and Accidental Death & Dismemberment (AD&D).

Employees have the opportunity to enroll in Voluntary Life and Accidental Death & Dismemberment (AD&D) coverage when they first become eligible for benefits and during annual open enrollment.

**IMPORTANT OPPORTUNITY TO PURCHASE VOLUNTARY EMPLOYEE LIFE: New York Life is offering a true Open Enrollment to all employees. This means that during Open Enrollment for coverage effective on 1/1/2026 you can purchase voluntary insurance, or increase your coverage, up to 5x salary and no evidence of insurability will be required up to the guarantee issue amount of \$500,000 for an employee.**

*Voluntary Employee Life and AD&D payroll deductions all year for current employees will be based on your age as of Jan 1 and for new hires your age as of the date of benefit eligibility.*

*Basic (1x) and Voluntary Life/AD&D insurance coverage for an employee decreases upon reaching the following ages:*

*• Age 65: 65% of full benefit • Age 70: 45% of full benefit • Age 75: 30% of full benefit • Age 80: 20% of full benefit*

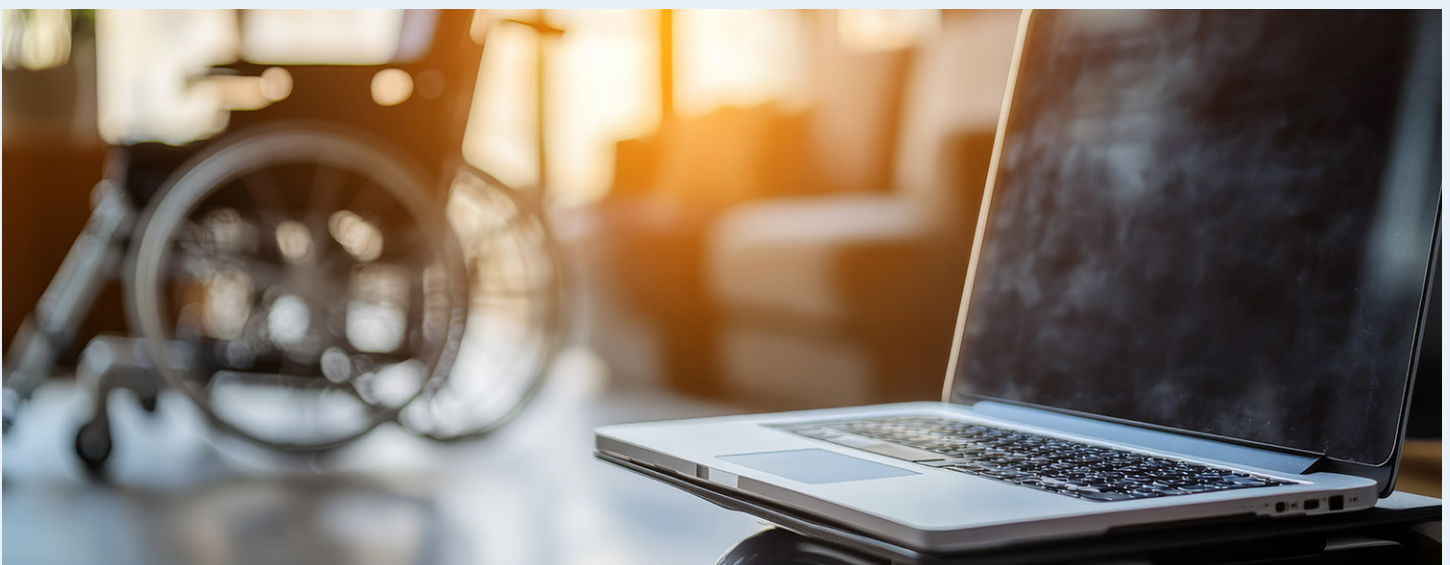
BENEFIT	DESCRIPTION
Basic Life	<p>Full-time employees working 30+ hours/week are automatically provided, at no cost, Basic Life coverage of 1x annual base salary to a maximum of \$250,000. The Basic Life plan includes an Accelerated Death Benefit for terminal illness.</p> <p>A \$50,000 option is available to those whose annual salary is above \$50,000 and do not wish to be covered at 1x salary to avoid imputed income.*</p> <p><i>*NOTE: Under IRS regulations, the premium value of any group-sponsored term life (GTL) insurance policy in excess of \$50,000 is considered taxable income for social security, Medicare, and federal income tax purposes. The IRS sets these premiums based on age and units of coverage above \$50,000. Once the premium is calculated per IRC Section 79, the value is then reported as "imputed income" on your pay stub. The imputed income value does not add actual wages to your paycheck, rather it acts as a placeholder, inflating your taxable income by the GTL premium amount and ensuring that the correct amount of tax is withheld each pay period.</i></p>
Basic AD&D	<p>Full-time employees working 30+ hours/week are automatically provided, at no cost, Basic AD&amp;D coverage of 1x annual base salary to a maximum of \$250,000.*</p> <p><i>*Note: The premium value for Basic AD&amp;D is not subject to imputed income.</i></p>
Voluntary Employee Life and/or Voluntary Employee AD&D	<p>All employees working 20+ hours/week can purchase Voluntary Life and AD&amp;D coverage in increments of 1-5 times your annual base pay (\$1 million maximum benefit). Your guarantee issue amount is \$500,000. New hires during the year may enroll for any benefit level up to the guarantee issue. Thereafter, if you have a qualified life event, you may only increase your coverage by one benefit level up to the guarantee issue maximum of \$500,000. Evidence of insurability will only be required for life insurance amounts in excess of \$500,00 up to the \$1M maximum benefit. EOI is not required for AD&amp;D.</p>
Voluntary Dependent Life and/or Voluntary Dependent AD&D	<p>Elect Voluntary Dependent Life and AD&amp;D Insurance coverage for:</p> <ul style="list-style-type: none"> <li>• Legal Spouse: \$10,000, \$25,000, or \$50,000. Evidence of Insurability is not required.</li> <li>• Eligible child(ren): \$5,000, \$10,000 or \$15,000 - To age 26 regardless of student or marital status.</li> <li>• Coverage will not begin for any dependent who on the effective date is an inpatient in a facility or is home confined and under the care of a physician.</li> </ul>

## SHORT AND LONG TERM DISABILITY

Elliot Health System partners with New York Life for Short Term Disability (STD) and Long Term Disability (LTD).

BENEFIT	DESCRIPTION
Short Term Disability	<p>Full-time employees working 30+ hours/week are automatically provided a Short Term Disability Plan, at no cost, for 60% of their weekly base pay (\$2,500 maximum weekly benefit) after a 30 day benefit waiting period and will not be subject to pre-existing condition exclusions. Employees can elect for a shorter elimination period – either 14 or 7 days for 60% of their weekly base pay up to a maximum weekly benefit of \$2,500.</p> <p>Part-time employees working 20+ hours/week, can elect an employee paid Short Term Disability Plan with a 30, 14 or 7 day benefit waiting period for 60% of their weekly base pay up to a maximum weekly benefit of \$2,500. These 100% employee paid voluntary plans for part-time employees have a pre-existing condition limitation, which includes pregnancy. If you have been treated for a condition in the 3 months prior to your plan effective date, you will not be covered for that condition for 9 months.</p>
Long Term Disability	<p>Full-time employees working 30+ hours/week are automatically provided, at no cost, a Long Term Disability Plan for 60% of their annual base salary (\$10,000 maximum monthly benefit), or you can elect the buy-up option, which is 70% of your annual base pay (\$10,000 maximum monthly benefit). There is a 180 day elimination period before payments commence. If you have been treated for a condition in the 3 months prior to your plan effective date, you will not be covered for that condition for 9 months.</p> <p>Part-time employees working 20+ hours/week can elect an employee paid Long Term Disability Plan for 70% of your annual base pay (\$10,000 maximum monthly benefit with a 180 day elimination period.). If you have been treated for a condition in the 3 months prior to your plan effective date, you will not be covered for that condition for 9 months.</p>

If you work between 20-29 hours and choose a shorter STD elimination period, the basic STD benefit will apply if you submit a claim for a pre-existing condition within the first 9 months after making the change. If you increase the LTD benefit and submit a claim for a pre-existing condition within the first 9 months after the change, the basic LTD benefit will apply.



## VALUE ADDED PROGRAMS

Employees enrolled in a New York Life plan can take advantage of these value added programs to help provide assistance with financial security, peace of mind and travel. All of these programs are available at no cost to you.

### Financial, Legal and Estate Support

Support provided by NY Life 24/7 through ComPsych Guidance Resources.

Unlimited access to financial, legal and estate experts.

Professional support such as unlimited financial information, tax consultations, family budgeting and estate planning.

Assistance to identity-theft support with legal specialists as well as fraud-resolution services.

#### FinancialConnect®

Unlimited access to qualified experts including Certified Public Accountants (CPAs) and Certified Financial Planners (CFPs).

Educational resources on a broad range of financial topics such as debt management, family budgeting and tax planning.

Online access to interactive tools and calculators.

#### LegalConnect®

Unlimited telephone consultations with a staff of attorneys who can provide guidance on issues such as divorce, adoption, estate planning, real estate, and identity theft.

Educational resources on a broad range of financial topics.

Online access to interactive tools and calculators.

#### EstateGuidance®

User-friendly online tool allows you and your family members to write a last will and testament, a living will and documents that outline your wishes for financial arrangements.

Access 24/7 via tablet, desktop or mobile app.

### Travel Assistance

Emergency services must be coordinated through Crisis24. Services coordinated outside of this program may not be eligible for payment.

Assistance available when you travel more than 100 miles from home.

Pre-trip planning – helpful services and information such as requirements for passports, visas, immunizations and foreign exchange rates.

Travel arrangements for the return of a travel companion or children under age 18 who are left unattended due to the covered person's medical emergency.

Arrange and cover the costs associated with returning a deceased covered person's remains to his or her place of residence for burial.

24-hour multilingual assistance, assistance with lost or stolen items, referrals for medical care and legal assistance and more.

Transportation related to medical emergencies include Assistance with making emergency travel arrangements.

Covers cost of medically necessary emergency evacuation to the nearest adequate medical facility.

### Healthy Working Life Pre-Disability Services

Employee must be enrolled in LTD.

Program is coordinated by Human Resources and is designed to help currently working employees who are experiencing discomfort at work or difficulty performing their job tasks due to a serious health condition.

## VALUE ADDED PROGRAMS CONTINUED

### Survivor Assurance Program

#### Account in your name

You can access these funds easily by writing a check from the book of drafts being sent to you. Your Certificate of Confirmation explains everything you need to know to access your money.

#### Employee Assistance & Wellness Support

Emotional support for you and your family members at no additional cost. Access available 24 hours a day, seven days a week. Includes work/life assistance, coaching, online articles, resources, and videos.

#### Financial, Legal, Estate Support

Professional support for all types of pressing financial, legal, or estate issues; includes law consultations, tax consultations, credit and tax questions, and much more.

### Family Source

Managing the everyday concerns of home, work, and family can sometimes feel overwhelming and you don't have to do it all alone. With the help of a GuidanceConsultant®, your situation will be assessed and researched thoroughly to develop a solution tailored to you and your needs.

#### Resources include:

- Unlimited calls and online expert guidance and resource searches.
- Prescreened referrals for child and elder care services.
- Personalized information, referrals, and recommendation packages.
- Extensive, online content including video, audio resources, and articles

### Navigating Loss

#### Support Specialist

Your Survivor Support Specialist can also connect you to a range of resources through the New York Life Foundation. Grief support is a priority of the foundation, which helps raise public awareness about the impact of grief on families.

#### Empathy

From settling the estate to dealing with grief, Empathy's personalized, tech-enabled assistance and human support help beneficiaries handle the practical, logistical and emotional challenges that loss brings. We help ease the burden, so you can pay attention to the things that matter most.

A Survivor Support Specialist can also connect you to a range of resources through the New York Life

Foundation. Grief support is a priority of the foundation, which helps raise public awareness about the impact of grief on families. Resources include:

[Kai's Journey](#) is a film and book series dedicated to children and families who have experienced the death of a loved one. It includes a discussion guide that offers tangible insights and tools to help promote productive conversations about grief.

[Camp Erin](#) is the largest national bereavement program for youth grieving the death of a significant person in their lives. It was created in 2002 by Eluna, which supports children and families impacted by grief or addiction.

[How we grieve](#) is a helpful resource explaining the grief process in adults and children and the emotional impacts that take place after a loved one dies.

### Employee Assistance and Wellness Support

Support provided by NY Life 24/7 through ComPsych Guidance Resources.

#### Life Assistance Program

3 counseling visits per employee and each covered family member / per event / per year

#### Wellbeing Coaching

5 telehealth visits per employee / per year  
Digital Portal, Mobile App & Monthly Webinars

# EMPLOYEE ASSISTANCE PROGRAM

During these difficult, high-stress times Elliot Health System cares about your total well-being, not just your physical health. That's why we offer an Employee Assistance Program (EAP) through CCA at no-cost to employees. The EAP is available to all employees and their household members, regardless of Full-Time, Part-Time or Per Diem employment status.

The EAP provides useful information, practical support and professional counseling on a wide range of work, family and personal issues.

## What type of support is available?

There is a range of support that the service can provide, depending on your unique needs:

- Practical information and support
- Professional resources and fact sheets
- Referrals to services in your local area
- Free short-term counseling sessions
- Referrals to long-term or specialized care

## When is the EAP available?

You can contact the service 24 hours a day, 7 days a week, 365 days a year. Phones are always answered live by masters-level clinicians.

## What are the benefits to me?

Your EAP can support you through difficult times, if you need extra support, feel alone or would like an independent ear. It can also save you precious time and legwork when dealing with every-day, practical issues. Overall, using the EAP should help reduce stress and anxiety, improve your wellbeing and free you up to focus on other things.

## What's on the EAP website?

Our comprehensive website has an extensive range of content including 2,000+ articles, searchable databases and interactive tools.

## How do I contact the EAP?

Toll-free 24/7 helpline: **800-833-8707**

Website: [www.myccaonline.com](http://www.myccaonline.com)

Company code: **SH-EAP**

Mobile App: **CCA@YourService**

App registration code: **SH-EAP**



## What kinds of things can the EAP assist with?

You can contact the EAP for support on any issue that matters to you and those you care about, including these topic and much more:

### Personal

- Emotional wellbeing
- Managing stress
- Anxiety and depression
- Disability and illness
- Substance and alcohol misuse
- Addictions and compulsive behaviors
- Personal development

### Daily Living

- Pet care
- Health and wellness
- Debt and money management
- Moving and relocation
- Community resources
- Legal consultation
- Disaster preparedness and recovery

### Family & Relationships

- Childcare
- Education
- Elder care
- Juggling work and family life
- Caring for others
- Domestic violence or abuse

### Life Events

- Pregnancy, adoption, and new baby
- Marriage and cohabitation
- Separation and divorce
- Bereavement and loss
- Retirement

### Work

- Work-life balance
- Bullying and harassment
- Workplace pressure
- Managing change
- Workplace relationships
- Career development

## VOLUNTARY LEGAL PLAN

MetLife offers a legal services plan that gives you access to a nationwide network of more than 13,000 attorneys to assist you, your spouse, and dependent children with many of your legal needs. The MetLife Legal Plan provides fully covered legal advice and representation for most personal legal matters. This includes telephone advice and office consultations on an unlimited number of personal legal matters, in addition to full representation for covered matters.

### Covered Services

- Adoption
- Consumer Matters
- Debt Matters
- Defense of any traffic ticket
- Defense of Civil Lawsuits
- Divorce (up to 20 hrs)
- Document Preparation & Review
- General Phone Advice & Office Consultations
- Identity Theft/Tax Audit
- Juvenile Court Matters
- Personal Property Issues
- Real Estate Matters
- Sale or Purchase of your home
- Traffic Defense
- Wills and Estate Planning Documents

When you use a network attorney for covered services, all attorney fees are covered by the legal plan. MetLife Legal Plans provide fully covered services for the most frequently needed personal legal matters, in addition to advice and consultations on an unlimited number of many personal legal matters.

- “Fully covered” means that all attorney services related to the covered matter are paid for by the legal plan when you use a network attorney. There are no copays, deductibles or claim forms when you use a network attorney. Also, you are entitled to advice and consultations for matters not fully covered by the plan, as long as they are not excluded. (See the MetLife Legal Plan Summary Plan Description located on the intranet portal for a list of excluded matters.)

For personal legal matters that are outside the scope of the plan, you are eligible for a consultation for covered subject matters, enabling you to discuss the issues at length, understand your rights and options, and decide on a course of action.

- If it is determined your matter is covered, you will be advised and provided the service.
- If it is determined your matter is not covered, a written fee estimate will be provided for you to choose whether or not to retain the attorney for further representation.

### Additional Features

- **E-Services:** Attorney Locator, Life Guide, DIY legal documents
- **Reduced Fees:** For personal injury, probate administration matters
- **Family Matters:** Separate plan, for an additional employee paid fee, for parents of either the employee or the employee’s spouse’s parent(s) for estate planning documents, Will, Living Wills, Powers of Attorney, Deeds

*For detailed information including, but not limited to Plan Exclusions and Out-of-Network Reimbursement Fees, please refer to the intranet portal.*



## VOLUNTARY ACCIDENT INSURANCE

Accident Insurance offered by Voya, doesn't replace your medical coverage; instead, it complements it. The benefit payments don't go out to pay for medical bills or treatments you may need, instead they come in – directly to you – to be used however you'd like.

### How Much Does It Cost?

This table shows your rates for Accident Insurance.

BIWEEKLY RATES	
Employee	\$4.61
Employee and Spouse	\$6.46
Employee and Children	\$7.36
Employee and Family	\$9.21

If you elect dependent coverage your spouse and children will be covered for the same Accident benefits as you.

Your eligible dependents include your legal spouse and your natural children, stepchildren, adopted children or children for whom you are legal guardian can be covered up to age 26.

### What Is Covered

Accident Insurance provides a benefit payment after a covered accident that results in specific injuries and treatments. Some of the most common treatments and conditions Voya pays benefits for include:

- Emergency room treatment \$250
- X-ray \$90
- Physical or occupational therapy (up to six per accident) \$60
- Laceration (total of all lacerations) \$750
- Follow-up doctor treatment \$100
- Hospital admission \$1,750
- Hospital confinement (per day, up to 365 days) \$275

This policy also covers sports accidents, common injuries, dislocations, fractures, accidental death, accidental dismemberment and catastrophic accident benefits.

**This is only a small preview of the benefits available to you. See the full Schedule of Benefits in the Voya flyer posted on the intranet.**



# VOLUNTARY CRITICAL ILLNESS INSURANCE

Voya's Critical Illness Insurance doesn't replace your medical coverage. The benefit payments come directly to you to choose this supplemental health insurance product for added protection.

## How Much Coverage Is Available?

COVERAGE AMOUNTS	
For you	\$20,000 or \$10,000
Your spouse	50% of the Employee's Elected Amount
Your child(ren)*	50% of the Employee's Elected Amount

\*Child(ren) up to age 26.

## What's Covered by Critical Illness Insurance?

A critical illness covered by this insurance must have the initial diagnosis on or after the effective date of coverage in order for a benefit to be payable. Please contact Voya if you would like more information or if you have any questions. Contact information is on page 32 of this guide. The most common conditions include:

COVERED CONDITION	% OF BENEFIT
Advanced dementia, including Alzheimer's disease	100%
Heart Attack	100%
Stroke	100%
Cancer	100%
Coronary Artery Bypass	25%
Skin Cancer	10%

## What Else Is Included?

### Wellness Benefit

Complete an eligible health screening test, and Voya will send you a benefit payment to use however you'd like.

- Employees & spouses receive an annual benefit of \$50.
- Each child receives 50% of your benefit amount

### Multiple Benefit Payments

You may receive a benefit payment up to 100% of the Critical Illness benefit amount for each different diagnosis. (A definition of "different diagnosis" is provided in the certificate of coverage).

You can receive a lump-sum benefit payment (up to 100% of the benefit amount associated with that condition) for each covered condition. The number of times a benefit is payable for each covered condition is unlimited. Additional details are provided on the intranet.

## Biweekly Rates

EMPLOYEE: \$20,000 Spouse: \$10,000 Child(ren): \$10,000				
ATTAINED AGE	EE ONLY	EE+CH	EE+SP	EE+FAM
Under 25	\$2.04	\$2.04	\$3.48	\$3.48
25 - 29	\$3.24	\$3.24	\$5.22	\$5.22
30 - 34	\$3.70	\$3.70	\$6.10	\$6.10
35 - 39	\$5.36	\$5.36	\$8.60	\$8.60
40 - 44	\$6.64	\$6.64	\$10.52	\$10.52
45 - 49	\$8.96	\$8.96	\$13.72	\$13.72
50 - 54	\$10.70	\$10.70	\$16.46	\$16.46
55 - 59	\$14.40	\$14.40	\$21.88	\$21.88
60 - 64	\$16.80	\$16.80	\$25.52	\$25.52
65 - 69	\$34.62	\$34.62	\$52.20	\$52.20
70 +	\$34.62	\$34.62	\$52.20	\$52.20

## Biweekly Rates

EMPLOYEE: \$10,000 Spouse: \$5,000 Child(ren): \$5,000				
ATTAINED AGE	EE ONLY	EE+CH	EE+SP	EE+FAM
Under 25	\$1.02	\$1.02	\$1.74	\$1.74
25 - 29	\$1.62	\$1.62	\$2.62	\$2.62
30 - 34	\$1.84	\$1.84	\$3.04	\$3.04
35 - 39	\$2.68	\$2.68	\$4.30	\$4.30
40 - 44	\$3.32	\$3.32	\$5.26	\$5.26
45 - 49	\$4.48	\$4.48	\$6.86	\$6.86
50 - 54	\$5.36	\$5.36	\$8.24	\$8.24
55 - 59	\$7.20	\$7.20	\$10.94	\$10.94
60 - 64	\$8.40	\$8.40	\$12.76	\$12.76
65 - 69	\$17.30	\$17.30	\$26.10	\$26.10
70 +	\$17.30	\$17.30	\$26.10	\$26.10

# VOLUNTARY HOSPITAL INDEMNITY INSURANCE

Out-of-pocket costs from a stay in a hospital or other medical facility can be overwhelming. Hospital Indemnity Insurance offered through Voya doesn't replace your medical coverage; instead, it complements it.

Hospital Indemnity Insurance provides a benefit payment that can help.

- No medical questions or tests are required for coverage.
- Simplified claims process has limited paperwork and can be submitted/tracked online.
- Benefit payments go directly to you. Use them however you'd like!

## How Much Does Hospital Indemnity Insurance Cost?

COVERAGE TYPE	BIWEEKLY RATE
Employee	\$7.38
Employee + Spouse	\$10.46
Employee + Child(ren)	\$13.39
Employee + Family	\$16.47

\*Child(ren) birth to age 26.

## If You Add a Child to Your Family

Hospital Indemnity Insurance benefits apply if you have employee or spouse coverage and are hospitalized for childbirth. In addition, your newborn child(ren) may be covered as well.

- If you have a Family plan and a child is born, the newborn will receive a benefit of \$1,000. However, you must inform Human Resources of the newborn's name and date of birth so that the information about your new family member is in their system when you file a claim for the baby.
- If you are expecting a child and you are covered for Employee or Employee + Spouse, in order for the newborn to receive a \$1,000 benefit you must enroll the child by changing to a Family plan on the date of birth. If you do not change to a Family plan on the date of birth, and you submit a claim for the newborn, a one-time benefit of \$100 will be payable for the child's birth.

See details posted on intranet.

## How Does It Work?

With Hospital Indemnity Insurance, you'll receive a fixed daily benefit if you have a covered stay in a hospital, intensive care unit\*, or rehabilitation facility that occurs on or after your coverage effective date.

## When Your Stay Begins

When you are admitted to a covered medical facility, you become eligible for an admission benefit for the first day of confinement. This benefit is payable once per confinement, up to a maximum of 8 admission(s) per calendar year:

TYPE OF ADMISSION	BENEFIT AMOUNT
Hospital Admission-Day 1	\$1,000

## As Your Stay Continues

Beginning on Day 2 of your confinement, for each day that you have a stay in a covered facility, you'll be eligible for a fixed daily benefit payment. The benefit amount and maximum number of days per confinement varies by facility:

TYPE OF FACILITY	DAILY BENEFIT AMOUNT
Hospital (90 day maximum per confinement)	\$100
Intensive Care Unit* (90 day maximum per confinement)	\$200
Rehabilitation Facility (31 day maximum per confinement)	\$100

\*An Intensive Care Unit may be referred to as a "Critical Care Unit" in your certificate of coverage. An ICU Transitional Care Unit may be referred to as a "CCU Step-Down Unit" in your policy documentation. Refer to your policy documentation for complete definitions and descriptions of each facility type.

## VOLUNTARY PET INSURANCE

The MetLife Pet Insurance Plan is available to all employees of Elliot Health System to help make sure your furry family members are protected in case of accident or illness.

### Features include:

- Group discounted rates for program
- Direct Billing – MetLife bill mailed to member's home (payroll deductions not available)
- Enrollment during the year – employees can enroll anytime during the year. A qualifying event is not required
- Flexible plans with customizable deductibles, annual limits and reimbursements

### How the plan works:

To get a quote and enroll, call **1-800-GETMET8** and mention your employer

- When an unexpected accident or illness occurs, take your pet to the vet
- Pay the vet
- Send the claim form with the itemized bill to MetLife via the online portal, email, fax or mail
- Receive reimbursement



*Information on additional voluntary insurance plans is available on the intranet.*

# RETIREMENT SAVINGS PLANS

Employer sponsored retirement plans offer a significant means of providing income in retirement. Elliot Health System maintains Retirement Savings Plans for employees through Empower Financial. These plans are powerful tools for employees to begin planning for their financial security in retirement.

## Deferral Limits

Each year the IRS establishes the annual maximum that can be contributed to 403(b) and 401(k) qualified Retirement Savings Plans.

You may make changes to your contributions at any time throughout the year directly through Empower. If you are newly hired and have contributed to a retirement account at a previous employer this year, you will want to confirm that you remain under the annual IRS limit.

**You may save up to 100% of your eligible income, subject to IRS annual maximums, through:**

- Pre-tax contributions
- Roth contributions, or
- A combination of both types of savings.

## Rollovers

You are permitted to roll over eligible contributions from another 401(k) plan, 401(a) plan, 403(b) plan or a governmental 457(b) retirement plan account or eligible pretax contributions from conduit individual retirement accounts (IRAs). A conduit IRA is one that contains only money rolled over from an employer-sponsored retirement plan that has not been mixed with regular IRA contributions.

## Loans

You may borrow up to 50% of your vested account balance but no more than \$50,000. The minimum loan amount is \$1,000 and the loan set-up charge is \$50. Only one active loan is allowed at any given time. Employer Core Contributions are not available for loans.

## Withdrawals

Withdrawals from the Plan are generally permitted when you terminate your employment, retire, reach age 59 1/2 or have severe financial hardship as defined by your plan. You may be subject to taxes and/or penalties on funds withdrawn from your account.

## Employer Discretionary Core and Matching Contributions to the Plan

Recognizing the importance of saving for retirement, Elliot Health System may provide two different types of contributions, made directly to the accounts of eligible employees – Discretionary Core Contributions and Discretionary Matching Contributions. You first become an Active Participant for the purpose of these contributions on the first of the month after six months of employment.

Elliot Health System will contribute an Employer Core Contribution after the end of each calendar year based on your eligible pay, provided you are an active participant in the plan. You must have worked at least 1,000 hours in the calendar year and be in an active status on the last day of the year in order to qualify for the Employer Core Contribution.

Employer Core and Matching Contributions are determined on an annual basis and are subject to change in the future.

Please see the Retirement Savings Plan Highlight Sheet specific to your Plan on the intranet for information on:

- Plan eligibility and employer contributions
- Availability of pre- and post-tax options
- Vesting schedule

## Retirement Education

Financial counselors are available to meet with employees and provide educational workshops throughout the year. Various educational sessions are available including: monthly in person one-on-one appointments with Empower's dedicated Retirement Plan Advisor and sessions including Social Security and Estate Planning workshops. Employees can find additional information and schedules on our intranet or Empower's website.



## BENEFICIARY REVIEW

Regularly reviewing beneficiary designations is an important part of your financial plan. Making sure your beneficiary designations are accurate and up to date can help make an asset transfer a smooth process for your loved ones while ensuring distributions are completed as in accordance with your wishes.

**Below are a few employer sponsored benefit plans that require a beneficiary designation.**

### Retirement Savings Plans

Log into your Empower Account to make beneficiary changes.

### Health Savings Account

Access your HealthEquity HSA through the employee portal and mobile app to perform HSA account functions.

- You can add or remove a beneficiary in your online account. Alternatively, you can complete and submit a notarized Health Savings Account (HSA) Death Beneficiary Change Form. A designated beneficiary will receive your Health Savings Account (HSA) assets in the event of your death.

### Life and Accidental Death & Dismemberment Insurance

**Update your beneficiary designation online through your employee access to Benefits in Workday.**

If designating a trust as a beneficiary, use the following format: To (name of trustee), trustee of the (name of trust), under trust agreement dated (date of trust).

- If a minor is designated as a beneficiary, claim payments may be delayed and insurance proceeds may be paid to an appointed guardian of the estate of the child.
- The employee is the designated beneficiary when enrolling in Dependent Life and AD&D for spouses and child(ren). If an employee wants to designate an alternative beneficiary, NY Life Insurance will provide the necessary form.

If there is no named beneficiary or surviving beneficiary, death benefits will be paid to the first surviving class of the following living relatives: spouse; child or children; mother or father; brothers or sisters; or to the executors or administrators of the Insured's estate. NY Life may reduce the amount payable by any indebtedness due.

Information on how best to designate a beneficiary can be obtained from the free services provided by NY Life, CCA Employee Assistance Plan, or the MetLife Legal Plan (if enrolled).





## IMPORTANT CONTACTS & REQUIRED NOTICES

FOR QUESTIONS REGARDING...	YOU CAN CONTACT...	BY CALLING...	OR VISITING...
Medical Plan Options	Anthem	(833) 678-1093	<a href="http://www.anthem.com">www.anthem.com</a>
Prescription Drug Benefits	VytlOne	(800) 687-0707	<a href="https://vytlone.com/pharmacy-benefit-management/">https://vytlone.com/pharmacy-benefit-management/</a>
Dental Plan Options	Northeast Delta Dental	(800) 832-5700	<a href="http://www.nedelta.com">www.nedelta.com</a>
Vision Plan	Vision Service Plan (VSP)	(800) 877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Health Savings Account (HSA)	HealthEquity	(866) 346-5800	<a href="mailto:memberservices@healthequity.com">memberservices@healthequity.com</a>
Flexible Spending Accounts (FSAs)	HealthEquity	(877) 924-3967	<a href="mailto:memberservices@healthequity.com">memberservices@healthequity.com</a>
Employee Assistance Program	CCA	(800) 833-8707	<a href="http://www.myccaonline.com">www.myccaonline.com</a>
Disability and Life/AD&D Insurance	New York Life Insurance Company	(888) 842-4462	<a href="http://www.newyorklife.com">www.newyorklife.com</a>
Value Added Programs	New York Life Insurance Company Wellbeing/Financial/Legal/Estate Planning Assistance	(800) 344-9752	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a> Web ID: NYLGBS
	Travel Assistance	Crisis24 (347) 708-1824	
Legal Plan	MetLife	(800) 821-6400	<a href="http://www.legalplans.com">www.legalplans.com</a>
Accident, Critical Illness & Hospital Indemnity	Voya	(877) 236-7564	<a href="https://presents.voya.com/EBRC/SolutionHealth">https://presents.voya.com/EBRC/SolutionHealth</a>
Pet Insurance	MetLife	(800) GETMET8	<a href="http://www.metlife.com/getpetquote">www.metlife.com/getpetquote</a>
Family Medical Leave Act (FMLA)	FMLASource	(877) 462-3652	<a href="http://www.fmlasource.com">www.fmlasource.com</a>
Retirement Savings Plans	Empower Financial	(833) 635-5468	<a href="http://www.empowermyretirement.com">www.empowermyretirement.com</a>
Elliot Health System	HR Department	(603) 663-2628	Please reach out to the Human Resources team through Service Now with any questions.  To access Service Now, go to the intranet > Human Resources > Contact for Support

### REQUIRED NOTICES & IMPORTANT DOCUMENTS

To obtain a copy of the notices below, visit the HR intranet or contact Human Resources / Benefits.

HIPAA Notice of Special Enrollment Rights, ACA Marketplace Notice, Notice of Creditable Coverage for Medicare Part D, CHIPRA Notice, Newborns' and Mothers' Health Protection Act, Women's Health & Cancer Rights Act of 1998 (WHCRA), Summary Plan Document (SPD), Summary of Benefits and Coverage (SBC), Uniform Glossary and COBRA Notice

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.