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Grace Cottage

BENEFITS SUMMARY



WELCOME

With “people” as one of our core values, valuing our employees is a top priority for Grace Cottage Family Health & Hospital. We care about you, your family and your overall health and well-being. We are proud to offer a comprehensive and competitive benefits package designed to help our people stay healthy, balance work and life responsibilities, protect their assets and plan for a secure financial future.

Please take some time to review the many choices in this year’s Benefits Summary, designed to support a healthier you!



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CBA Blue:
Medical Insurance
888-222-9206
www.cbabluevt.com



RxBenefits:
Prescription Coverage
800-334-8134
www.optumrx.com



Northeast Delta Dental:
Dental Insurance
800-832-5700
www.nedelta.com



VSP:
Vision Insurance
800-877-7195
www.vsp.com



Voya Financial:
Acc, CI, & Hospital Indemnity
877-236-7564
www.voya.com



Voya Financial:
FSA/LPFA/DCA
833-232-4673
www.HASinfo@voyafin.com



FMLASource:
877-462-3652
www.fmlasource.com



Health Equity:
Health Savings Account
866-346-5800
www.healthequity.com



Unum:
Life & Disability Insurance
866-679-3054
www.unum.com



Nationwide:
Pet Insurance
877-738-7874
www.petinsurance.com/gracecottage



ESI:
Employee Assistance Program
800-252-4555
www.HealthCareEAP.com



GradFin:
Tuition Repayment Assistance
844-472-3346
<https://gradfin.com/platform/trg>



Voya Financial:
Retirement
800-584-6001
www.voyaretirementplans.com



Legal Shield:
ID Theft Protection & Legal Insurance
800-584-6001
www.legalshield.com/info/gracecottage



Employee Travel Assistance Program:
800-872-1414
medservices@assistamerica.com



Mediterranean Wellness:
Wellness Program
800-584-6001
www.mymedwellness.com/login



QUALIFYING EVENTS:

You have 30 days after the event to make a change.

A change in your situation – like getting married, having a baby, or losing health coverage – that can make you eligible for a Special Enrollment Period, allowing you to enroll in health insurance outside the yearly Open Enrollment Period.

ELIGIBILITY & ENROLLMENT

| Benefit | Eligibility | Waiting Period |
|--|--|--|
| Medical Insurance & Pharmacy | Minimum 20 hours/week | 1 st of the month following 1 month of employment |
| Dental Insurance | Minimum 32 hours/week | 1 st of the month following 1 month of employment |
| Vision Insurance | Minimum 32 hours/week | 1 st of the month following 1 month of employment |
| Flexible Spending Accounts (FSA, HSA & DCA) | Minimum 20 hours/week | 1 st of the month following 1 month of employment |
| Life & Disability Insurance | Minimum 32 hours/week | 1 st of the month following date of hire |
| Accident, Critical Illness, & Hospital Indemnity | Minimum 20 hours/week | 1 st of the month following date of hire |
| Wellness Program | All Staff | Date of Hire |
| 401(k) | Eligible to participate after 3 months of service and attained age of 18 | First day of the month following completion of eligibility |
| Employee Assistance Program | All Staff | Date of Hire |
| Pet Insurance | Minimum 20 hours/week | 1 st of the month following 1 month of employment |
| ID Theft Protection & Legal Insurance | Minimum 32 hours/week | 1 st of the month following 1 month of employment |
| Travel Assistance | Minimum 32 hours/week | 1 st of the month following 1 month of employment |
| FMLA Source | Based on federal guidelines | Based on federal guidelines |

Note: Changes cannot be made to your benefit elections during the plan year unless you have a qualifying event

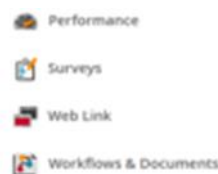


Scan to access Paylocity
Company ID: 178425



We understand that our employees, YOU, are our most valuable resource. Therefore, we are committed to providing you with the most cost-effective benefit programs possible. **Paylocity** is our online Payroll and Benefits center. If you have not yet signed into Paylocity, this is the time!

To review your benefit elections at any time, under HR & Payroll in the upper left-hand corner of the screen, click on **Bswift Benefits**. This will bring you directly into your B-Swift profile. No additional login required!



EMPLOYEE BENEFITS CENTER

The EBC is your online employee benefits center. The EBC is a one-stop resource which provides you with up-to-date benefit information, benefit summary plan documents, forms and contact information for each carrier. This site is available to you 24/7 all year round. Your benefits are an important part of your total compensation, so we invite you to familiarize yourself with details of these plans and encourage you to seek clarification when necessary. Our goal is to empower you through the EBC tool to meet your specific needs, as well as enhance your understanding of our benefit programs. Specifically, you will have access to the various benefit summaries, SBC's, plan documents, forms, and links to important sites.

Should you have any questions regarding your benefits or any other component of your employment with us, we invite you to contact our Human Resources (HR) Department at hr@gracecottage.org.

<https://gracecottage.trgportal.com>



[Home](#) [My Benefits 2025](#) [Wellness](#) [Payroll System & Benefit Enrollment](#) [Discounts](#) [Notices](#) [Contact Us](#)

Working Binder- HR ONLY

Welcome to your Company Benefits Portal.

Your benefits are an important part of your total compensation, so we invite you to familiarize yourself with details of these plans and encourage you to seek clarification when necessary.

[View Benefits](#)



Username:
gracecottage



Password:
benefits



Scan to view online

MEDICAL COVERAGE

Grace Cottage is pleased to offer their full-time employees (30+ hours per week) and part time employees (20-29 hours per week) 2 plan choices through CBA Blue. An employee is eligible to participate on the first day of the month following one month of employment.

| | CoPay Plan | H.S.A Plan |
|--|--|---|
| Annual Deductible | | |
| Single | \$500 | \$3,500 |
| Family | \$1,000 | \$7,000 |
| Co-insurance | 80% | 80% |
| Annual Out-of-Pocket Maximum | | |
| Single | \$2,500 | \$5,000 |
| Family | \$5,000 | \$10,000 |
| Preventive Care | | |
| Vaccinations, Annual Checkups and Screenings | 100% | 100% |
| Other Services | | |
| Office Visits (Primary & Specialty), Chiropractor (12 visits per calendar year) Diagnostic Lab & X-Ray CT, MRI, & PET Scan Outpatient Surgery Inpatient Hospital Behavioral Health Hospital Service Behavioral Health Office Visit Occupational and Physical Therapy (30 visits per calendar year) Speech Therapy Ambulance Emergency Room Urgent Care | \$10/\$20 \$20 Deductible, then co-ins Deductible, then co-ins Deductible, then co-ins Deductible, then co-ins Deductible, then co-ins \$10 \$20 \$20 Deductible, then co-ins \$100 \$50 | Deductible, then co-ins |
| Prescription Drug Benefits (RxBenefits) All Prescription Drug expenses apply to the Annual Out-of-Pocket Maximum | | |
| Retail Pharmacy (up to 90-day supply) Generic/Preferred Brand/Non-Preferred Brand | \$10 per month/90%/80% | Deductible, then: \$10 per month/90%/80% |
| Mail Order Pharmacy (90-day supply) Generic/Preferred Brand/Non-Preferred Brand | \$20/90%/80% | Deductible, then: \$20/90%/80% |
| Specialty Pharmacy (30-day supply) Generic/Preferred Brand/Non-Preferred Brand | 80% | Deductible, then: 80% |
| Wellness Drugs | Deductible waived, copay/co-ins applies | Deductible waived, copay/co-ins applies |
| Health Savings Account Qualified | No | Yes |
| Health Savings Account Employer Funding | | |
| Single | N/A | \$600 |
| Family | N/A | \$1,200 |

UNDERSTANDING YOUR HEALTH PLAN

Freedom to Choose

Within the PPO (Preferred Provider Organization) plan you have the freedom to choose your provider. However, when you choose a BlueCard® Provider, you will receive the highest (in-network) level of coverage under your health plan. You also take advantage of savings that the local Blue Plan has negotiated with doctors and hospitals in the area.

Online Services

Register for login access at www.cbabluevt.com for information on Explanation of Benefits (EOBs), how to sign up for electronic EOBs, order replacement ID cards, view claim history, view documents, verification of benefits, and additional tools.

Preparing for Your Doctor's Appointment

Prior to your appointment, please provide your new member ID card to your doctor's office. If you do not have your ID card, please provide the office with the following information:

1. Member ID Number
2. Group number: #2 on right sample ID card
3. CBA Blue's full name: CBA Blue*
4. CBA Blue phone number 888-222-9206



24/7 Member ID Card Access

All members will receive a CBA Blue ID card. If you would like an electronic copy of your ID card, logon to the CBA secure member portal at <https://www.cbabluevt.com/members> to access 24 hours a day. Once logged in, scroll down to the picture of the ID card and the “Print Your Card” button to populate. Your CBA Blue member card provides you access to care throughout the United States. The PPO-in-a suitcase logo on your ID card alerts providers that you are part of the BlueCard® PPO Program. Your member identification number of your ID card includes a three-character prefix that identifies CBA Blue as your health plan administrator.

Need Assistance?

Call and speak with a member service representative Monday-Friday, 8am-6pm EST at (888) 222-9206.



Scan to learn more!

2026 FULL-TIME RATES (30+ Hours)

Annual Wages < 50K

| Semi-Monthly Paycheck Cost | CoPay Plan | H.S.A. Plan |
|------------------------------|------------|-------------|
| Employee Only | \$53.98 | \$18.17 |
| EE + Spouse/Domestic Partner | \$86.36 | \$29.06 |
| EE + Child(ren) | \$75.57 | \$25.45 |
| Family | \$134.94 | \$45.42 |

Annual Wages 50-100K

| Semi-Monthly Paycheck Cost | CoPay Plan | H.S.A. Plan |
|------------------------------|------------|-------------|
| Employee Only | \$93.00 | \$57.19 |
| EE + Spouse/Domestic Partner | \$148.80 | \$91.49 |
| EE + Child(ren) | \$130.19 | \$80.07 |
| Family | \$232.49 | \$142.97 |

Annual Wages > 100K

| Semi-Monthly Paycheck Cost | CoPay Plan | H.S.A. Plan |
|------------------------------|------------|-------------|
| Employee Only | \$132.02 | \$96.21 |
| EE + Spouse/Domestic Partner | \$211.24 | \$153.93 |
| EE + Child(ren) | \$184.83 | \$134.71 |
| Family | \$330.06 | \$240.53 |

2026 PART-TIME RATES (20-29 Hours)

Annual Wages < 50K

| Semi-Monthly Paycheck Cost | CoPay Plan | H.S.A. Plan |
|------------------------------|------------|-------------|
| Employee Only | \$80.97 | \$27.25 |
| EE + Spouse/Domestic Partner | \$129.55 | \$43.59 |
| EE + Child(ren) | \$113.35 | \$38.17 |
| Family | \$202.42 | \$68.13 |

Annual Wages 50-100K

| Semi-Monthly Paycheck Cost | CoPay Plan | H.S.A. Plan |
|------------------------------|------------|-------------|
| Employee Only | \$139.50 | \$85.78 |
| EE + Spouse/Domestic Partner | \$223.19 | \$137.24 |
| EE + Child(ren) | \$195.29 | \$120.11 |
| Family | \$348.74 | \$214.46 |

Annual Wages > 100K

| Semi-Monthly Paycheck Cost | CoPay Plan | H.S.A. Plan |
|------------------------------|------------|-------------|
| Employee Only | \$198.04 | \$144.32 |
| EE + Spouse/Domestic Partner | \$316.86 | \$230.90 |
| EE + Child(ren) | \$277.25 | \$202.07 |
| Family | \$495.08 | \$360.80 |

Annual Salary is based on a Full-Time equivalency (1 FTE)

HEALTH ADVOCATE



Caring support for the whole family

Our services are available to you, your spouse/partner, dependents, parents, and parents-in-law.



Health Advocate is here to help you and your family:

During your first call, you will be assigned a Personal Health Advocate who will begin helping you right away.

Personal Health Advocates are typically registered nurses, supported by medical directors and benefits and claims specialists. They'll help cut through the red tape and assist with complex conditions, find specialists, address eldercare issues, clarify insurance coverage, work on claim denials, help negotiate fees for non-covered services and get to the heart of your issue.



866-695-8622

answers@HealthAdvocate.com

HealthAdvocate.com/members

Call • Email • Message • Live Chat

Save time, money, and worry

- Understand your coverage for medical, dental and vision services; know your deductibles, and copays
- Get help resolving claims and billing issues, check that your out-of-pocket costs are correct

Feel confident that your medical care & treatment is on track

- Get answers to your questions so you can make the right choices for your care
- Connect with leading specialists for second opinions; get support for pre-authorizations and transferring records

Expert healthcare support when you need it most

- Understand health conditions, diagnoses and treatments; explore the latest treatment options
- Get connected to the right in-network doctors and specialists; get help with appointments and transferring records

Get help anytime, anywhere online or through our mobile app

- Quickly connect with an advocate in real time through chat
- Learn all about your Health Advocate services and the many ways we can help you and your family

*You must be enrolled in one of the Grace Cottage medical plans in order to qualify for this benefit.

DENTAL COVERAGE

For 2026, Grace Cottage, will offer three comprehensive dental plans administered by NEDD:

| Outline of Covered Services | | Buy-Down | Basic | Enhanced |
|--|--|----------|-----------|-----------|
| Coverage A Diagnostic/Preventative | DIAGNOSTIC: Evaluations – 2 in a 12-month period, this includes periodic, limited, problem-focused, and comprehensive evaluations X-rays - complete series or panoramic film once in a 5-year period, Bitewing X-rays once in a 12-month period, X-rays of individual teeth as needed Brush biopsy once in a 12-month period PREVENTIVE: Cleanings – 2 in a 12-month period under the Buy-Down and Basic options; 4 in a 12-month period under the Enhanced option Fluoride treatment once in a 12-month period to age 19 Space maintainers to age 16 Sealant application to permanent molars, once in a 3-year period per tooth, for children to age 19 | 100% | 100% | 100% |
| | RESTORATIVE: Amalgam (silver) fillings, Composite (white) fillings ORAL SURGERY: Surgical and routine extractions ENDODONTICS: Root canal therapy PERIODONTICS: Periodontal Maintenance (Cleaning) – 2 in a 12-month period under the Buy-Down and Basic options; 4 in a 12-month period under the Enhanced option Note: Cleanings may be any combination of routine (Coverage A) or periodontal (Coverage B) but are limited to the total number of allowed cleanings. Treatment of gum disease Clinical Crown Lengthening once per lifetime per site DENTURE REPAIR: Repair of removable denture to its original condition EMERGENCY PALLIATIVE TREATMENT | 50% | 80% | 80% |
| Coverage B Basic | | | | |
| Coverage C Major | PROSTHODONTICS: Removable and fixed partial dentures (bridge); complete dentures Rebase and relines (dentures) Crowns Onlays Implants | N/A | 50% | 50% |
| | Orthodontics: Correction of crooked teeth for children & adults | N/A | N/A | 50% |
| Coverage D | Orthodontic Lifetime Maximum (per person) | N/A | N/A | \$2,000 |
| Annual Max For services covered under A, B and C | | \$1,000 | \$1,500 | *\$2,000 |
| Calendar Year Deductible per Person/Family (Coverage B and C only) | | N/A | \$25/\$75 | \$25/\$75 |

| Semi-Monthly | Employee Only | EE+ Spouse/DP | EE + Child(ren) | Family |
|--------------|---------------|---------------|-----------------|---------|
| Buy-Down | \$0.00 | \$0.79 | \$13.97 | \$25.28 |
| Basic | \$0.00 | \$19.45 | \$32.20 | \$53.58 |
| Enhanced | \$0.00 | \$22.26 | \$40.72 | \$63.31 |

DENTAL COVERAGE

Health Through Oral Wellness (HOW):



A healthy mouth is part of a healthy life, and Northeast Delta Dental's innovative HOW works with your dental benefits to help you achieve and maintain better oral wellness. HOW is all about you because it's based on your specific oral health risk and needs. Best of all, it's secure and confidential. Here's how to get started:

1. Go to www.healththroughoralwellness.com and click on "Register Now".
2. 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. 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 risk assessment.

Philips Oral Health Product Discounts:

Qualifying Northeast Delta Dental patients are now eligible for Philips Oral Health products.

- Verify you have the HOW program attached to your dental plan
- Visit your dentist and have a Pre-Viser risk assessment completed to qualify for a discount

Additional Benefits:

- Extra cleanings
- Fluoride varnish or topical fluoride
- Oral hygiene instruction
- Sealants
- Nutritional counseling
- Tobacco cessation counseling

For more information, visit:

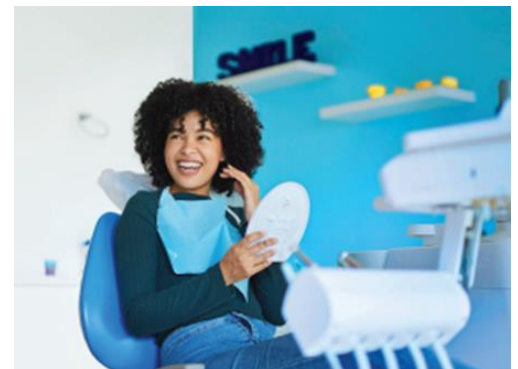
www.healththroughoralwellness.com/Patients/home-care-offer/



Registration is simple:

1. Go to www.nedelta.com and click on Patients
 2. Click on REGISTER HERE under Benefit Lookup login
 3. Complete the three-step registration process
- Note: you will need your subscriber ID number (found on your ID card or by calling Customer Service)

***Please note:** ID cards are not sent to participants each year and are not required when visiting your dentist's office. You simply let your provider know you have coverage with Delta Dental and they can look up your plan information directly from their Delta Dental portal.



VISION COVERAGE

Grace Cottage offers vision coverage to all full-time employees working a minimum of 32 hours/week. An employee is eligible to participate on the first day of the month following one month of employment.

| Low Plan Coverage with a VSP Provider | | | | High Plan Coverage with a VSP Provider | | | |
|---------------------------------------|--|---|--|--|--|---|--|
| WELLVISION EXAM | <ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year | \$10 | | WELLVISION EXAM | <ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year | \$10 | |
| ESSENTIAL MEDICAL EYE CARE | <ul style="list-style-type: none"> Retinal screening for members with diabetes 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. Available as needed | \$0 per screening \$20 per exam | | ESSENTIAL MEDICAL EYE CARE | <ul style="list-style-type: none"> Retinal screening for members with diabetes 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. Available as needed | \$0 per screening \$20 per exam | |
| PRESCRIPTION GLASSES \$25 | | | | PRESCRIPTION GLASSES \$25 | | | |
| FRAME* | <ul style="list-style-type: none"> \$150 featured frame brands allowance \$130 frame allowance 20% savings on the amount over your allowance \$130 Walmart®/Sam's Club® frame allowance \$70 Costco® frame allowance Every other calendar year | Included in Prescription Glasses | | FRAME* | <ul style="list-style-type: none"> \$270 featured frame brands allowance \$250 frame allowance 20% savings on the amount over your allowance \$250 Walmart®/Sam's Club® frame allowance \$135 Costco® frame allowance Every calendar year | Included in Prescription Glasses | |
| LENSES | <ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year | Included in Prescription Glasses | | LENSES | <ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year | Included in Prescription Glasses | |
| LENS ENHANCEMENTS | <ul style="list-style-type: none"> Standard progressive lenses Anti-glare coating Tints/Light-reactive lenses Scratch-resistant coating Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every calendar year | \$0 \$0 \$0 \$0 \$95 - \$105 \$150 - \$175 | | LENS ENHANCEMENTS | <ul style="list-style-type: none"> Standard progressive lenses Anti-glare coating Tints/Light-reactive lenses Scratch-resistant coating Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every calendar year | \$0 \$0 \$0 \$0 \$95 - \$105 \$150 - \$175 | |
| CONTACTS (INSTEAD OF GLASSES) | <ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year | Up to \$60 | | CONTACTS (INSTEAD OF GLASSES) | <ul style="list-style-type: none"> \$250 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year | Up to \$60 | |
| LIGHTCARE™* | <ul style="list-style-type: none"> \$130 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts Every other calendar year | \$25 | | LIGHTCARE™* | <ul style="list-style-type: none"> \$250 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts Every calendar year | \$25 | |

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

†Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

+Coverage with a retail chain may be different or not apply.

Vision Rates Semi-Monthly Paycheck Cost

| Plan Name | Employee Only | Employee + Spouse/DP | EE + Child(ren) | Family |
|-----------|---------------|----------------------|-----------------|--------|
| High Plan | \$1.42 | \$2.27 | \$2.31 | \$3.73 |
| Low Plan | \$0.80 | \$1.28 | \$1.31 | \$2.11 |

ADDITIONAL VSP BENEFITS

Do you know what is covered under your vision plan?

- Treatment for eye pain, or conditions like pink eye are covered.
- Tests to diagnose sudden vision changes
- Pictures of your eyes to detect and track eye conditions
- Exams to monitor cataracts
- Retinal Screenings

Find out if laser surgery is right for you. Your VSP coverage can save you an average of 15% off the regular price.

1. Visit www.vsp.com to get details about the program, learn what to expect during surgery, and to locate a VSP Laser VisionCare doctor.
2. Confirm your eligibility before scheduling an appointment by calling 800-877-7195.
3. Call your VSP Laser VisionCare doctor to verify that they participate in the program.
4. Schedule a complimentary screening.

Enjoy Low Prices on Hearing Aids

TruHearing® is making hearing aids affordable by providing exclusive savings to all VSP® Vision Care members. You can save up to \$2,400 on a pair of hearing aids with TruHearing pricing. What's more, your dependents and even extended family members are eligible, too.

In addition to great pricing, TruHearing provides you with:

- Three provider visits for fitting and adjustments
- 45-day trial
- Three-year manufacturer's warranty for repairs and one-time loss and damage
- 48 free batteries per hearing aid

Plus, with TruHearing you'll get:

- Access to a national network of more than 3,800 licensed hearing aid professionals
- Straightforward, nationally fixed pricing on a wide selection of the latest brand-name hearing aids
- Deep discounts on replacement batteries shipped directly to your door

Here's how it works:

1. Call TruHearing at 877.396.7194. You must mention VSP
2. Schedule exam with a local provider through TruHearing
3. Attend Appointment

Best of all, if you already have a hearing aid benefit from your health plan or employer, you can combine it with this program to maximize the benefit and reduce your out-of-pocket expenses.

Learn more about this VSP Exclusive Member Extra at www.truhearing.com/vsp.

HEALTH SAVINGS ACCOUNT

NEW in 2026! Health Savings Accounts are tax-advantaged employee-owned accounts that let you save pre-tax dollars via payroll deduction for current and future qualified medical, dental, pharmacy and vision expenses. **Employees are eligible to participate if enrolled in the H.S.A. Plan.**

- A Debit Card will be provided and may be used to pay for HSA qualified expenses.
- Health Equity's online features include the ability to pay providers directly online as claims from CBA Blue are sent to Health Equity. This allows employees to auto-substantiate their claims within the online portal.
- Employees may invest the funds in their HSA once the account has a balance of \$2,000. Instructions and more information are available on Health Equity's website.
- HSA funds can be used for a variety of qualified medical, dental and vision expenses. For an expanded list visit www.healthequity.com/qme
- Employees must notify Human Resources if enrolled in Medicare, including Medicare Part A.
A full list of Qualified Medical Expenses can be found on the EBC: <https://hsastore.com>

Health Savings Account (HSA) 2026

| | |
|------------------------------------|---|
| Annual Contribution Maximum | \$4,400 Single coverage; \$8,750 Double/Family coverage |
| Employer Contribution | \$600 for Single coverage (\$300 to be deposited in January and \$300 in July) \$1,200 for Double/Family coverage (\$600 to be deposited in January and \$600 in July) |
| Catch Up Provision | \$1,000 for Employees Age 55+ |
| Expenses | All eligible Medical, Dental, Rx & Vision |
| "Use it or Lose it" Provision | Not applicable, funds rollover and can be taken with you when employment ends |
| Pre-tax dollars | Yes |
| Health Savings Account Eligibility | 1.) Must be enrolled in the High Deductible Health Plan (HDHP) 2.) Cannot be claimed as a dependent on another's tax return 3.) Not enrolled in Medicare 4.) Not insured under any other medical plan that is not a Qualified High-Deductible Plan |



FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care expenses for the next year and setting aside money, you can actually lower your taxable income.

Healthcare Flexible Spending Account (FSA)

This benefit allows employees to use pre-tax dollars for certain IRS-approved expenses. FSAs are funded through payroll deductions. The annual maximum amount you may contribute is updated annually per IRS guidelines. A portion of unused FSA dollars may be rolled over into the following plan year to use for eligible expenses. However, amounts of unused dollars over what is allowed by the IRS will be forfeited.

Some examples include:

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution and eyeglasses
- Dental services and orthodontia
- Medical and Rx deductibles; Co-payments and Co-insurance



A full list of Qualified Medical Expenses can be found on the EBC: <https://fsastore.com>

NEW in 2026! Limited Purpose FSA

Employees who enroll in the H.S.A. Medical Plan and also elect to contribute to a Health Savings Account (HSA) may still elect a medical FSA, but the FSA funds can only be used for dental and vision expenses. This type of FSA is called a Limited Purpose FSA. Any unused FSA dollars up to a \$660* maximum may be rolled over into the following plan year to use for eligible expenses. Unused funds that are above the IRS rollover amount will be forfeited.

*Subject to change per IRS annual limits

Dependent Care FSA (DCA)

The dependent care flex account allows you to reimburse yourself with pre-tax dollars for daycare expenses for your children under age 13 and other qualified dependents. You can contribute up to \$7,500 per year; \$3,750 if you and your spouse file your taxes separately.

Eligible Day Care Expenses:

- Childcare/Adult Care by a licensed childcare facility for children under age 13 who qualify as dependents on your federal income tax return
- Childcare/Adult Care for children or adult of any age who are physically or mentally unable to care for themselves and who qualify as dependents

Ineligible Day Care Expenses

- Child support payments
- Food, clothing and entertainment
- Educational supplies and activity fees
- Cleaning and cooking services not provided by the day care provider
- Overnight camp

LIFE & AD&D INSURANCE

Basic Life & AD&D Insurance

Life insurance offers you and your family important financial protection. AD&D (accidental death & dismemberment) doubles the benefit value if death results from an accident

| | |
|---------------|--|
| Benefit | \$25,000 Flat Benefit Grace Cottage also pays for \$5,000 of coverage on the spouse or domestic partner of an employee and \$3,000 on dependent children of the employee (Child(ren): birth through 6 months: \$500; 6 months through age 26: \$3,000.) |
| Age Reduction | At age 70 coverage decreases to 50% of the amount of coverage you had prior to age 70. |
| Conversion | Included (You can convert this policy if you terminate employment) |
| Contributions | 100% Employer Paid |

Voluntary Life & AD&D Insurance



You can purchase additional insurance on yourself, spouse, domestic partner, or children.

You can elect up to \$500,000 in \$10,000 increments for yourself. Amounts over the guaranteed issue of \$300,000 will be subject to Evidence of Insurability.

You can elect up to \$250,000 in \$5,000 increments for your spouse or domestic partner. Amounts over the guaranteed issue of \$25,000 will be subject to Evidence of Insurability. Spouse/Domestic Partner benefit cannot exceed 100% of employee's election.

You can elect up to \$10,000 in \$2,000 increments for your dependent children. All amounts are guaranteed issue. Benefits begin at 14 days and terminate at age 19, 26 if a full-time student. The employee must be insured in order for dependents to be covered.

| | |
|---------------|--|
| Age Reduction | At age 70 coverage decreases to 50% of the amount of coverage you had prior to age 70. |
| Conversion | Included (You can convert this policy if you terminate employment) |
| Contributions | 100% Employee Paid |

For rates & details, please visit the EBC or the bswift online enrollment system.

DISABILITY INSURANCE

Voluntary Short-Term Disability Insurance (Hourly Employees)



Short Term Disability, also known as Weekly Income, covers employees who become disabled as a result of an injury or sickness for a temporary period. It replaces a percentage of the income employees would have earned had they been able to continue working. It protects an employee's greatest asset, the ability to earn an income.

Benefits begin to pay on the 1st day of the disability if it was the result of an accident or on the 8th day of the disability if it was the result of an illness. Benefits are 60% of your pre-disability income, up to \$1,250 per week. Benefits are paid, as long as you remain disabled, for up to 26 weeks. No Evidence of Insurability is required for new voluntary short term disability enrollments as benefits are subject to pre-existing conditions.

| | |
|---------------|--------------------|
| Contributions | 100% Employee Paid |
|---------------|--------------------|

Short-Term Disability (Salaried Employees)



Benefits begin to pay on the 1st day of the disability if it was the result of an accident or on the 8th day of the disability if it was the result of an illness. Benefits are 66.7% of your pre-disability income, up to \$2,500 per week. Benefits are paid, as long as you remain disabled, for up to 26 weeks.

| | |
|---------------|--------------------|
| Contributions | 100% Employer Paid |
|---------------|--------------------|

Long-Term Disability (Salaried Employees)



Disability income protection insurance provides a benefit for "long term" disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

You must be disabled, and have a loss of income, for 180 calendar days before benefits begin to pay out. Benefits are 60% of your pre-disability income, up to the maximums listed below. Benefits are paid, as long as you remain disabled, until age 65 or as defined in the policy.

Full-Time Salaried Employees earning less than \$70,000 annually = up to \$7,500/monthly
Full-Time Salaried Employees earning more than \$70,000 annually = up to \$15,000/monthly

| | |
|---------------|--------------------|
| Contributions | 100% Employer Paid |
|---------------|--------------------|

Travel Assistance (On Call Assistance)



Travel assistance services provide medical assistance services for employees of our Policyholders. Whenever you are on a trip in a foreign country or 100 miles or more from home, you are eligible for a wide array of medical and travel assistance services.

The total of all services in connection with emergency evacuation, medically necessary repatriation, transportation of a family member or friend, return of dependent children, and repatriation of remains are subject to a limit of \$100,000 per person per event.

In the U.S. call: (800)456-3893 Worldwide call: (603) 328 -1966

ACCIDENT, CRITICAL ILLNESS & HOSPITAL INDEMNITY

The Accident, Critical Illness, and Hospital Indemnity plans are 100% voluntary and employee paid.

Accident Insurance

| Accident | High Plan | Low Plan |
|--|----------------|----------------|
| Hospital Admission | \$2,250 | \$1,500 |
| Urgent Care/Emergency Room Visit | \$300/\$350 | \$225/\$300 |
| Ground Ambulance | \$600 | \$500 |
| Chiropractor, Physical or Occupational Therapy | \$75 | \$50 |
| Medical Equipment | \$500 | \$200 |
| Major Diagnostic Exams | \$500 | \$275 |
| X-Ray | \$100 | \$75 |
| Burns | \$3,200 and up | \$3,000 and up |
| Eye Injury (removal of foreign object) | \$350 | \$300 |
| Concussion | \$450 | \$300 |
| Emergency Dental (Crown) | \$480 | \$350 |

Critical Illness Insurance

When you, your spouse, or child is diagnosed with a covered condition, you can receive cash benefits, paid directly to you, to help cover the unexpected costs. All family members on your plan are eligible for a wellness-screening benefit, also paid directly to you once annually per covered person.



Hospital Indemnity Insurance

Provides a daily fixed benefit for eligible hospital confinements. Employees can use the benefit as they choose – for instance, to help offset copays, coinsurance or deductibles that may be tied to a hospitalization or lost time from work.

| | |
|---------------|---|
| Enhanced Plan | Hospital Admission (unlimited): \$2,000 Daily benefit: \$200 |
| Standard Plan | Hospital Admission (unlimited): \$1,000 Daily benefit: \$100 |

For all benefits noted above, You can elect to cover yourself, your spouse, and your children up to age 26. For rates & details regarding covered treatment, please visit the EBC or the bswift online enrollment system

VOLUNTARY PET INSURANCE

Plan Summary

Nationwide pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible without worrying about the cost. Simply pay for coverage through a convenient after-tax payroll deduction

Coverage Highlights

You have a choice of reimbursement options so you can find coverage that fits your budget.

Coverage includes:

- Accidents and Illnesses
- Hereditary and congenital conditions
- Cancer
- Dental diseases
- Behavioral treatments
- Rx therapeutic diets and supplement, & more!



NEW! My Pet Protection Choice (MPPC)

How is My Pet Protection Choice different from the current plan?

Many of the same features as before PLUS new and improved plan features:

- Coverage can be dialed up or down by category (accident, illness, hereditary & congenital, and wellness)
- Increased maximum annual benefits as high as \$15,800 (compared to previous \$7,500 maximum)
- More flexible pricing for different budgets and pet needs
- Wellness coverage for dogs and cats based on benefit
- Accident-only coverage now available
- Emergency boarding and kenneling fees
- Lost pet due to theft or straying
- Lost pet advertising and reward
- Mortality benefit

Pet parents can dial coverage levels up or down so they are paying only for what they need.



- 24/7 access to veterinary experts (\$110 value)
- Available via phone, chat, and email
- Unlimited help for everything from general pet questions to identifying urgent care needs



- Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the U.S.
- Rx claims submitted directly to Nationwide
- More than 4,700 pharmacy locations

We ♥ pets.

Our pets are family – just like yours.

Grace Cottage proudly offers Voluntary Pet Insurance so that your pet can get the best care possible.

For more information please visit:

<http://www.petinsurance.com/gracecottage>



RETIREMENT PLAN

- Eligible to participate after 3 months of service and attained age of 18.
- You will enter the plan the first day of the month following the completion of eligibility requirements.
- You will be automatically enrolled at a 6% pre-tax contribution unless you opt-out.
- You may defer 1% - 90% of your eligible earnings on a pre-tax or ROTH after-tax basis. Annual contribution limits are established by the IRS annually. Catch-up contributions are available for employees aged 50 or older.
 - In 2026, the contribution limit for the calendar year is \$24,500. The catch-up contribution is \$8,000 for calendar year 2026.
- Grace Cottage will make a matching contribution of 50% of an employee's elective deferrals up to 6% of eligible compensation. To maximize the employer match, you must contribute at least 6% to receive a 3% matching contribution.
- Matching contributions are vested 100% after three years of service. If you do not attain 3 years of service, you will be 0% vested in the employer contributions in your account.

To enroll, go to: [Voya Online Enrollment](#) or call 888-311-9487.

Need help with rolling your balance from a previous employer's retirement plan? Contact the VOYA ACT (account consolidation team) below:

 Give us a call today **1-866-865-2660**.



VOYA
FINANCIAL

MEDICARE NAVIGATION

Medicare planning is complex and it is important that you have an advocate who can provide you the proper Medicare education and guidance.

There are different paths you can choose with Medicare plans and it can be very time consuming and difficult to filter through these options yourself. It is important that you find the appropriate plan in your area that best fits your medical needs and is within your financial budget.

Please visit the EBC to find resources that will simplify the Medicare approach by providing you the needed education, plan evaluation and enrollment assistance.

Part A



Part B



Part C



Part D



SmartConnect
1-833-460-4458 | TTY: 711
<https://gps.smartmatch.com/carlosgotis>



EMPLOYEE ASSISTANCE PROGRAM

NEW in 2026!

Grace Cottage has partnered with ESI for an Employee Assistance Program providing confidential support, resources, and guidance to employees and their families at no cost.

How to Access Your EAP:

- **Call:** 800-252-4555
- **Website:** www.HealthCareEAP.com
 - Create your own username and password
- All calls and online visits are confidential.
- Your counselor will work with you on a plan starting from the first call.

Scan QR code to learn more:



Get Help for:

- Stress
- Loss and Grief
- Money and debt problems
- Relationships and family issues
- Elder and childcare
- Legal issues
- Health and wellness
- Substance misuse
- & more!

Getting Help is easy!

1. All EAP counseling services start with a phone call or a digital intake. Calls are answered by experienced Masters and Ph.D. level counselors who provide immediate support.
2. Get the support you need to resolve your issues just by calling and talking with one of our counselors through the EAP's 24/7 telephonic support.
3. Members may choose: text, voice, or video messaging, chat, telehealth, or face -to-face counseling. These options are available with local in-person counselors, and through our partnerships with **BetterHelp**, and **Talkspace**.
4. In addition to follow-up counseling, the **Talkspace Go App** offers self-guided digital tools to improve mental health, including new self-guided interactive courses, and counselor led classes monthly.

Talkspace Go App: A free EAP app for you and eligible family (13+). Improve mental health and well-being in just 5 minutes a day including support for relationships, parenting, depression, and more.

Download the app from the Apple App store or Google Play, sign up and create an account.

Enter organization's code: ESIEAP



FMLASource

Grace Cottage is pleased to partner with FMLASource to provide an easy and convenient online way to request, track and manage family and medical leave.

Employees can:

- Request leave
- Check eligibility for leave
- Download medical certifications
- Check the status of a leave request
- Keep track of leave time

Learn more about federal FMLA regulations: fmlasource.com

FMLASource®

LEGAL SHIELD

HAVE YOU EVER?

- ☐ Needed your will prepared or updated
- ☐ Been overcharged for a repair or paid an unfair bill
- ☐ Had trouble with a warranty or defective product
- ☐ Signed a contract
- ☐ Received a moving traffic violation
- ☐ Had concerns regarding child support
- ☐ Been pursued by a collection agency
- ☐ Worried about being a victim of Identity Theft
- ☐ Been concerned about your child's identity
- ☐ Lost your wallet
- ☐ Worried about entering personal information online
- ☐ Feared security of your medical information

Legal Shield Membership Includes:

- **Dedicated Law Firm**
- **Legal Advice/Consultation** on unlimited personal issues
- **Letters/Calls** made on your behalf
- **Contracts/Documents Reviewed** up to 15 pages
- **Residential Loan Document Assistance**
- **Lawyers prepare your Will/Living Will/Health Care Power of Attorney/Financial Power of Attorney**
- **Speeding Ticket Assistance**
- **IRS Audit Assistance**
- **Trial Defense** (if named defendant/respondent in a covered civil action suit)
- **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (available 90 days after enrollment)
- **25% Preferred Member Discount** (bankruptcy, criminal charges, DUI, personal injury, etc.)
- **24/7 Emergency Access** for covered situations

IDShield Membership Includes:

- **Social Media Monitoring**
Allows you to monitor multiple social media accounts and content feeds for privacy and reputational risks
- **Privacy and Security Monitoring**
Internet monitoring of your name, date of birth, SSN, email address, phone numbers and more. Monthly credit score tracking. With the family plan, Minor Identity Protection is included and provides monitoring for up to 8 children under the age of 18 for no additional cost
- **Consultation**
Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts, data breach notifications and lost wallet protection
- **Full Identity Restoration**
Complete identity recovery services by Kroll Licensed Private Investigators to its pre-theft status
- **\$5 Million Service Guarantee**
We'll do whatever it takes for as long as it takes to help recover and restore your identity

| Payment Method Payment Frequency (Monthly) | VT Legal+ Individual IDShield | VT Legal + Family IDShield |
|--|-------------------------------|----------------------------|
| LegalShield | \$16.95 | \$18.95 |
| IDShield | \$8.95 | \$18.95 |
| Combined | \$25.90 | \$33.90 |

EARNED TIME

Earned Time is time off from work that can be accumulated and used for vacations, holidays, sickness or other personal reasons. Accrual will begin for those employees consistently working an average of at least 18 hours per week. Per Diem employees are not eligible for Earned Time.

Earned Time is accrued by non-exempt employees based on the hours actually worked. For Exempt employees, Earned Time is accrued based on their bi-weekly standard hours, up to a maximum of 80 hours per pay period. Accrual begins with the date of hire or when eligibility commences based on a status change. New hires or employees who are newly eligible for Earned Time must complete a waiting period of ninety (90) calendar days of employment before using Earned Time. During this 90-day waiting period, employees may use Earned Time for paid time off on GC recognized holidays. Employees may not borrow Earned Time or have a negative Earned Time balance. An employee who is terminated by Grace Cottage after completing the 90 day waiting period and then is re-hired within 12-months will not have to go through a new 90-day waiting period.

There is no maximum Earned Time accrual limit for either non-exempt or exempt employees. All accrued but unused Earned Time carries over from year to year.

Upon termination of employment, the maximum hours of Earned Time that will be paid out is 150% of an employee's Total Annualized Earned Time eligibility (e.g., an employee in Category A may receive a maximum payout of 312 Hrs. of Earned Time at separation). At separation, any accrued but unused Earned Time in excess of 150% of your current Total Annualized Earned Time eligibility is forfeited. Employees who voluntarily resign will be paid out Earned Time consistent with this policy only if they have completed their 90-day waiting period, have provided appropriate notice, and have worked through the conclusion of the notice period, if requested by Grace Cottage.

Earned Time is paid at the base normal hourly wage rate and does not include differentials. Earned Time is not considered time worked for calculation of overtime.

Twice a year (November and May) employees may choose to take Earned Time pay as a cash payment. Employees may request cash payments for Earned Time hours that have been accrued over one week of normally scheduled hours. These are the only two (2) times during the year when Earned Time cash payments can be requested.

An employee may not transfer Earned Time hours to another employee.

Earned Time does not accrue during an unpaid leave of absence or while an employee is being paid by a disability carrier. Earned Time can be used to pay for benefits while on leave.

This policy is intended to provide paid time off in accordance with Vermont's earned sick leave law. To the extent this policy provides for a benefit more generous than that of applicable law, this policy will apply.

| Earned Time Accrual Method | A All others 1-4 Years | B All Others 5-9 Years | C Dept Heads All Others 10+ Years |
|------------------------------------|------------------------------|------------------------------|---|
| Accrual Rate | 0.1 | 0.11923 | 0.13846 |
| Max Accrual per PPD | 8 | 9.54 | 11.08 |
| Hours per year based on 40/week | 208 | 248 | 288 |

EDUCATION ASSISTANCE BENEFITS

Tuition Reimbursement

Grace encourages employees with financial support intended to enhance employees' professional development, their skills and knowledge related to hospital administration and clinical education. Grace Cottage will reimburse per GCFHH policy. Employees with one-year continuous full-time service (32+ regularly schedule hours/week) are eligible.

Student Loan Assistance

The Grace Cottage tuition assistance program is designed to help employees pay back student loan debt and improve their financial well-being

Utilizing Grace Cottage's relationship with The Richards Group, consultation services provided through GradFin are provided free of charge. GradFin is a new benefit program that is revolutionizing the way employees can reduce their student loan debt or obtain funding to go back to school.

To schedule a one-on-one consultation visit: <https://gradfin.com/platform/trg>



Licensed Loan Reimbursement Program

This program has been established to help assist employees in positions where a license is required. (An educational need is required to obtain that license). These positions include: PT, OT, RN, LPN, Radiological Technologist, Medical Lab Tech and Pharmacist. Reimbursement is only for the debt incurred to obtain the licensure needed for current position.

The Licensed Loan Reimbursement Program will award up to \$5,000 per year towards a licensed employee's educational loan payments up to a maximum of ten (10) years or until 100% of the educational loan is paid off, whichever comes first.

Advanced Practice Provider Loan Repayment

The Grace Cottage Loan Repayment Program has been established to help attract and retain advanced practice providers.

The Loan Repayment Program will award up to \$10,000 per year towards a full-time advanced practice employee's educational loan payments up to a maximum of ten (10) years or until 100% of the educational loan is paid off, whichever comes first.

See details of each plan for eligibility and other requirements.

WELLNESS

Grace Cottage Hospital cares about your total wellbeing. Join us for a variety of online and in-person opportunities to address your personal goals. We offer rewards for participating in your choice of health education programs, volunteering, challenges, and preventive care. Login to our customer, secure portal and get rewarded for taking care of yourself. (This benefit is taxable.)

Earn Up to \$100 per Quarter

To set up your account for the first time, go to <https://www.mymedwellness.com/login.php>. If you have logged in before, please log in with your credentials.

1. Click on, “New User? Register Here.”
2. Enter your first name and last name as it is listed on your payroll check, birthday, and the company code.
3. Company Code: **Grace**
4. Please create your username and password. Enter your email address, phone number and submit.

Log in to your account with the credentials at:

www.mymedwellness.com/login.php



EMPLOYEE DISCOUNTS

Grace Cottage is pleased to provide staff with Employee Discounts:



Messenger Valley Pharmacy:
25% off over-the-counter items



Irving Oil:
Oil/Propane
888-310-1924
(mention code 9536)



GC Dietary Department:
Food purchasing options.
Contact Food Service Dept.



GC Purchasing Department:
Various items for purchase. Contact Purchasing Dept.



Connection:
Computers & Electronics
www.pcconnection.com/gracecottage

ADDITIONAL INFORMATION & NOTICES

COBRA Information:

COBRA continuation coverage is a temporary extension of coverage under the group health plan. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Benefits Coordinator in Human Resources.

Health Insurance Marketplace:

You may have other options available to you when you lose group health coverage. You may be eligible to buy an individual plan through the Health Insurance Marketplace (www.healthcare.gov). By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

HIPAA Information:

Special Enrollment Right Mandated by the Health Insurance Portability and Accountability Act of 1996

Group health plans and health insurance insurers are required to provide special enrollment periods during which individuals who previously declined coverage for themselves and their dependents may be allowed to enroll without having to wait for the plan's next open enrollment period. A special enrollment period can occur if a person with other health coverage loses that coverage or if a person becomes a new dependent through marriage, birth, adoption or placement for adoption. If you refuse enrollment for yourself or your dependents for medical coverage, you may later enroll within 30 days of a change in family status or loss of health coverage.

Individuals may not be denied eligibility or continued eligibility to enroll for benefits under the terms of the plan based on specified health factors. In addition, an individual may not be charged more for coverage than similarly situated individuals based on these specific health factors.

Effective April 1, 2009, the Children's Health Insurance Reauthorization Act of 2009 (CHIPRA) created a new 60-day special enrollment period for eligible employees and dependents to immediately enroll in the plan if they become ineligible for Medicaid or any state's Children's Health Insurance Program (CHIP) and lose coverage or become eligible for that state's premium assistance program. The employee must request coverage within 60 days after the termination of coverage or the determination of subsidy eligibility.

Women's Health and Cancer Rights Act of 1998 (WHCRA):

WHCRA requires a group health plan to notify you, as a participant or a beneficiary, of your potential rights related to coverage in connection with a mastectomy. Your plan may provide medical and surgical benefits in connection with a mastectomy and reconstructive surgery. If it does, coverage will be provided in a manner determined in consultation with your attending physician and the patient for a) all stages of reconstruction on the breast on which the mastectomy was performed; b) surgery and reconstruction of the other breast to produce a symmetrical appearance; c) prostheses; and d) treatment of physical complications of the mastectomy, including lymphedema. The coverage, if available under your group health plan, is subject to the same deductible and coinsurance applicable to other medical and surgical benefits provided under the plan. For specific information, please refer to your summary plan description or benefits booklet, or contact Human Resources.

THIS IS ONLY A SUMMARY, NOT A CERTIFICATE OF INSURANCE

The information contained in this Employee Benefits Summary is presented for illustrative purposes only and is based on information provided by the employer and in certificates of insurance supplied by the insurance carrier. The Richards Group, your company's insurance broker, has prepared this Summary to assist employees in understanding their company's benefits plan. While every effort has been made to describe these benefits accurately, discrepancies or errors are possible. You should also read the actual plan documents in their entirety. If there is a discrepancy between the Employee Benefits Summary and the actual plan documents, the plan documents will prevail. If you have any questions about the Employee Benefits Summary, please contact Human Resources.

[illegible]



The text contained in this Guide was taken from various summary plan descriptions and benefit information. In case of a discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act (HIPAA) of 1996. If you have any questions about this Guide, contact Human Resources.