



2025 EMPLOYEE BENEFITS AT A GLANCE

Medical | Dental | Vision | FSA | Life | Disability | Voluntary | Wellness



Benefit Summary 2025

HCRS' greatest asset is you! Therefore, we feel it is vitally important that in addition to offering competitive salaries, we strive to offer one of the best benefit packages in the area, to support your physical, emotional, and financial health. We also understand the need for work-life balance and provide a generous paid time off policy as well as medical, dental, vision plans with relatively low premiums. We also offer a 5% match on our retirement plan, helping you to save for the future.

In addition, we offer a variety of incentives and perks for your overall well-being, including:

- Shoe ice-grippers
- CSAs and gardening
- Fitness watches
- Winter and all-weather tires
- Seat covers
- Wellness programs
- Wellness fairs
- Health plan perks for expecting parents
- Financial planning
- Fitness Club Reimbursement
- Holiday savings program
- Interest-free computer loans
- And much, much more!

Our mission is to provide creative, collaborative, and compassionate health care services that are responsive to the needs of our communities. **We envision** a community where people are inspired, empowered, and supported to lead healthy and meaningful lives. We achieve these goals through **our values** of accountability, balance, growth, integrity, leadership, and teamwork.

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 your Guide, contact Human Resources.

Contact Information



Plan	Vendor	Website	Phone
Medical Coverage	CBA Blue	www.cbabluevt.com	888-222-9206
Telemedicine	CBA Blue LIVE	https://portal.cbabluevt.com	866-453-5228
Employee Assistance Program	Invest EAP	www.investeap.org	866-660-9533
FMLA	FMLASource	www.fmlasource.com	877-462-3652
Meditation	Headspace	https://work.headspace.com/hcrs/member-enroll/login	800-650-890
Pharmacy Coverage	Smith Rx	www.mysmithrx.com	884-454-5201
Dental Coverage	Delta Dental	www.nedelta.com	800-537-1715
Vision Coverage	VSP	www.vsp.com	800-877-7195
Life and AD&D and Long-Term Disability	Unum	www.unum.com	866-679-3054
Voluntary Life	Unum	www.unum.com	866-679-3054
Voluntary Critical Illness	Colonial	customerservice@caliberbenefitsgroup.com	888-623-6236 x821
Voluntary Accident	Colonial	http://learn.coloniallife.com/hcrs/	888-623-6236 x821
Voluntary Short-Term Disability	Colonial	http://learn.coloniallife.com/hcrs/	888-623-6236 x821
Flexible Spending Account Dependent Care Account	ebpa	www.ebpabenefits.com	888-678-3457
Health Savings Account	Health Equity	www.myhealthequity.com	877-472-8632
Wellness	Navigate	www.navigatewell.com	262-365-9825
403(b) Retirement Plan	Principal	www.principal.com	800-547-7754
Medicare Preparation	SmartMatch	gps.smartmatch.com/pareto	855 248-1648
Travel Assistance	Unum	www.unum.com	800-872-1414
Benefits Information	EBC	http://hcrs.trgportal.com	Username: hcrs Password: benefits



Eligibility

Benefit	Eligibility	Waiting Period
Health & Rx Plan	Minimum 30 hours/week	30 days after date of hire
Telemedicine	Minimum 30 hours/week	30 days after date of hire
Dental Plan	Minimum 30 hours/week	30 days after date of hire
Vision Plan	Minimum 30 hours/week	30 days after date of hire
Dependent Care (DCA)	Minimum 30 hours/week	30 days after date of hire
Flexible Spending (FSA)	Minimum 30 hours/week; Plan 3 participants not eligible	30 days after date of hire
Health Savings (HSA)	Minimum 30 hours/week; Plan 3 enrollment	30 days after date of hire
Group Term Life/AD&D	Minimum 30 hours/week	30 days after date of hire
Long Term Disability	Minimum 30 hours/week	30 days after date of hire
Voluntary Plans	Minimum 30 hours/week	30 days after date of hire
Employee Assistance (EAP)	All employees	Date of Hire
Headspace	All employees	Date of Hire
403(b) Retirement Plan	Minimum 1,000 hours/year	None; auto enrollment
Paid Medical Leave	Qualification under FMLA for employee's own serious health condition, making them medically unable to work.	FMLA requires the employee to have worked at least 1,250 hours during the 12-month period preceding the date FMLA-related leave will begin. Paid Medical Leave: 8-day elimination period
Tuition Reimbursement	Minimum 30 hours/week	Two (2) years
Emergency Loan	Minimum 30 hours/week; in good standing	One (1) year
Computer Loan	Minimum 30 hours/week	One (1) year



Eligibility

You may also enroll your eligible dependents in the same plans you choose for yourself. Eligible dependents include:

- Your legal spouse or civil union partner. Certain eligibility requirements apply for spouses/civil union partners—please see below*
- Your natural, adopted or step-child(ren) up to age 26 (Supplemental Life age 19 to 26 only if a full-time student)
- Any dependent child who is incapable of self-support because of a physical or mental disability (carrier approval required)

When Do I Enroll?

The IRS provides strict regulations about the changes to pre-tax elections during the plan year. Once you enroll in benefits, you will not be able to make any changes to your elections until the next annual open enrollment period, unless you experience a qualifying life event.

Qualified life events include, but are not limited to:

- Change in your legal marital status
- Birth, adoption, placement for adoption or permanent legal guardianship of a child
- A dependent no longer meets the eligibility requirements
- You and/or your dependent becomes eligible or loses eligibility for Medicare, Medicaid or the Children's Health Insurance Program (CHIP)
- Employee or dependents change in employment status resulting in loss or gain of eligibility for employer sponsored benefits
- A court or administrative order

It is your responsibility to notify Human Resources within 30 days after a qualified life event.

Any benefit changes must be directly related to the qualified life event.

When Coverage Ends

- Your employment with HCRS ends (last day of work; if falls on a Friday, coverage ends Saturday)
- Your regular work schedule is reduced to fewer than 30 hours per week
- Your dependent(s) coverage ends
- When your coverage ends, or
- The last day of the month in which the dependent is no longer eligible

*Spousal/Civil Union Partner Exclusion Policy, effective January 1, 2021

An employee's spouse/ Civil Union partner is excluded from participation in the Group Health coverage if the spouse/partner is eligible for medical coverage through the spouse/partner's employer. If the only medical coverage available to a spouse/partner has an annual out-of-pocket maximum expense greater than \$3,000, and the spouse/partner incurs expenses in excess of that amount during the plan year, HCRS will reimburse the employee for out-of-pocket expenditures in excess of \$3,000 on a dollar-for-dollar basis, up to a maximum of \$2,600, upon presentation of appropriate documentation.

For the employee's spouse/partner to be excluded, coverage provided by the spouse/partner's employer must be:

- Considered at least minimum value per the Affordable Care Act;
- and affordable per the Affordable Care Act

Ultipro Benefit Enrollment System



You can access HCRS' online enrollment and much more through the UltiPro website:

<https://ew44.ultipro.com/Login.aspx>

When you log in for the first time, use your HCRS email as your username and your date of birth in the MMDDYYYY format as your password. For example, the date February 1, 1900, would be 02011900.

And don't forget the UltiPro app! It is available on all HCRS cell phones, and you can download the app from your download service to a personal device. When logging in for the first time on the UltiPro app, the Company Access Code is HCRSVT.

To enroll in benefits:

Once logged in to UltiPro, go to Menu → Myself → Life Events, and select your life event (for example, "I am a new employee.")

Verify your dependents – dependents are people eligible to be covered by your HCRS health, dental, vision, and/or flex plans. You will need to enter their name, date of birth, and social security number prior to enrolling them.

Using the round *Next* button, move from screen to screen to enroll in the plan(s) you want, and decline any benefits you do not want.

At the review screen, check over your elections and when you are ready, click the *Submit* button.

Please note – you may see some items listed as Current Benefits (like Group Term Life or Deferred Compensation) and not see those as New Benefits. That is because some benefits (like contributions to the 403(b)-retirement plan) are not impacted by life events, so no changes are being made at this time.

Additional information about UltiPro:

You can change your address and contact information at any time (and if you do have a change of address, it's important to keep HR updated). Just go to Menu → Myself → Name, Address, and Telephone.

Looking for your pay statements? Find them under Menu → Myself → Pay.

What to see what would happen if your deductions changed? You can model pay changes by going to Menu → Myself → Pay and selecting Model My Pay.

If you want to view your benefits enrollment, go to Menu → Myself → Benefits and view your Benefits Summary. There, you can change the drop-down menu to view Active, Inactive, or All benefits.

Please reach out to Human Resources if you have any questions about UltiPro.





FMLA-related leaves and other federal and state mandated leaves of absence are administered by FMLASource. If you may be in need of a leave, please reach out to FMLASource directly as soon as possible. If you have any questions, please reach out to HR.



Call: 877-GO2-FMLA(877-462-3652)
TRS: Dial 711
Fax: 877.309.0218



Online: FMLASource.com
App: FMLASource® Now





Employee Assistance Program

HCRS offers an Employee Assistance and Mental Health Program to **all employees and their household members – free of charge!** HCRS understands how work and personal challenges can affect your health and wellbeing. At some point in our lives, we can all use some help.

InvestEAP is available **24 hours a day, 365 days a year.**

InvestEAP can be a listening ear or help you brainstorm about an issue you are facing.

Invest EAP provides a robust range of confidential services including; free legal referrals, financial advice, lunch & learn seminars, self assessments and counseling. Employees and household members can see a counselor who is convenient to their home or workplace for up to five face-to-face sessions, per issue per year at no cost.

866-660-9533

www.investEAP.org

(Password: HCRS)





Employee Wellness Benefits

Earn up to \$850 in rewards.

1. **Create an account** at HCRSWellness.com
2. Select JOIN NOW and follow the onscreen prompts. Your unique ID is your employee ID (with two leading zeros).



Returning users enter UN & PW

- For employees **on the medical plan**
- Via online wellness portal, participate in:
 - Preventive Care
 - Virtual Health Coaching
 - Wellness Challenges
 - Wellbeing Your Way
- Earn points and rewards

What do I have to do to earn rewards?

Wellbeing survey (50 points) = \$50 HRA deposit

Silver status (450 points) = \$200 HRA deposit & \$200 Rewards Mall

Gold status (850 points) = \$200 HRA deposit & \$200 Rewards Mall

In the Rewards Mall select gift cards or other items of your choice:





Medical

Nationwide access to Blue Cross Blue Shield providers.

Plan Features	Plan 1*	Plan 2*	Plan 3**
Deductible*	\$500 / person \$1,000 / family	\$1,500 / person \$3,000 / family	\$2,500 / person \$5,000 / family
Out-of-Pocket Maximum*	\$1,500 / person \$3,000 / family	\$3,000 / person \$6,000 / family	\$2,500 / person \$5,000 / family
Preventive Care	Deductible does not apply		
Telemedicine	\$40	\$40	\$40
Office Visits - Primary Care	\$20	\$25	0% AD
Office Visits – Specialist	\$40	\$45	0% AD
Mental Health & Substance Abuse			
Inpatient Facility	20% AD	20% AD	0% AD
Outpatient Facility	\$20	\$25	0% AD
Urgent Care	\$75	\$75	0% AD
Emergency Room	\$250	\$250	0% AD
Inpatient Hospital Services	20% AD	20% AD	0% AD
Outpatient Hospital Services	20% AD	20% AD	0% AD
Infertility	20% AD	20% AD	0% AD
Prescriptions	Retail: Up to a 30-day Supply; Mail-Order: Up to a 90-day Supply		
Generic	\$10	\$10	0% AD
Preferred Brand	\$30	\$30	0% AD
Non-Preferred Brand	\$50	\$50	0% AD
Specialty	20%	20%	0% AD
*Stacked Deductible and Out-of-Pocket Maximum. When you have two person or family coverage once one person hits the individual deductible, benefits are paid for that individual.			
**Aggregate Deductible and Out of Pocket Max: individual within a family is not covered until after family deductible is met			
AD = After Deductible			

Important Additional Information:

- Generic meds required if available, but step therapy also available.
- Your prescription Drug Program provides you access to a retail pharmacy network managed by SmithRx. To locate a network pharmacy or access the SmithRx formulary, go to www.mysmithrx.com. Your prescription drug program also provides you access to a valuable home delivery program through SmithRx. To take advantage of this service, obtain a 90-day prescription from your doctor and visit www.mysmithrx.com to create an online account and begin the process



Medicare Preparation



Medicare Navigation (SmartConnect through The Richards Group)

Medicare is very 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 in 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.

The Richards Group has partnered with SmartConnect™, an exclusive, no-cost program created specifically to connect Medicare-eligible working adults to the world of Medicare benefits. Whether an employee plans to continue working or is transitioning to retirement, we tailor solutions designed around their needs. Our agents provide an unfiltered view of the entire range of options and prices available to the employee.

How SmartConnect Works With Employees

It all starts with a phone call. After some brief introductory communications, the employee (or member of their family) schedules an appointment to speak with one of our licensed insurance advisors. **Here's a brief overview of our process:**



Connect

First, we get to know them. We'll ask basic questions about their health insurance needs and preferences so we can head down the right path.



Educate

The next step is to ensure they understand the details that could impact their enrollment, costs, and coverage.



Evaluate

Then, we'll provide them with the plan and carrier options available to them.



Enroll

While there is no obligation to buy, we can enroll them in a plan if they find one they like and are ready to take action. This can happen on the same phone call!



Support

Our team is their dedicated Medicare resource and is available to answer questions, conduct policy reviews, and even help them work with the carrier when necessary.

Part A



Part B



Part C



Part D



SmartConnect
1-833-502-2747 | TTY: 711
connect.smartmatch.com/pareto





Telemedicine



\$40 copay per visit

HCRS will reimburse \$20 per visit

Benefit Highlights

- Access to licensed Physicians in your state 24 hours a day, 7 days a week for your entire immediate family, even when you are not in your home state.
- Treat common ailments such as colds and flu, sinus infections, allergies, pink eye, etc.
- Consultants can be conducted via telephone or video.
- Request a doctor to call back within 2 hours or schedule a specific time for a visit.
- Non- emergency treatment
- When appropriate, the doctor may prescribe a medication for you to pick up at your selected local pharmacy.
- Speak to a doctor about your symptoms.

How to Use

1. Member activates account by going to portal.cbabluevt.com, calling **866.453.5228** or by visiting cbabluevt.com/members (you will need to click the sign in button and identify your employer group).
2. Members will fill out their Medical Profile by logging into their member portal or over the phone.
3. Dependents and their medical profiles can be added through the member portal. Any dependent over 18 will be set up in the member portal but will have their own log in to fill out their own medical profile.
4. Consults may be requested by logging into their member portal at portal.cbabluevt.com or calling **866.453.5228** and a doctor will call back within 2 hours.

Pharmacy Benefit - SmithRx



SmithRx is the Pharmacy company we utilize to manage pharmacy benefits. The amount you will pay for your prescriptions depends on which medical plan you elect and which tier drug you are taking.

Traditional Medications

Used to treat general health and chronic conditions such as flu, diabetes or a common infection.

- **Wellness**- drugs that are prescribed to prevent a disease or condition or help you manage an existing issue.
- **Tier 1: Generic**- same active-ingredient formula as a brand-name drug at a lower cost
- **Tier 2: Preferred Brand**- brand name drugs that are on the SmithRx **Formulary**
- **Tier 3: Non-Preferred Brand**- brand name drugs that are not on the SmithRx **Formulary**

Specialty Medications

Used to treat complex and rare diseases, such as cancer, multiple sclerosis and rheumatoid arthritis.

If you are taking a Tier 4 or 5: Preferred and Non- Preferred Specialty Medication, please see page 16.

Depending on the drug you are taking, you may have to complete some additional steps to obtain your medication.



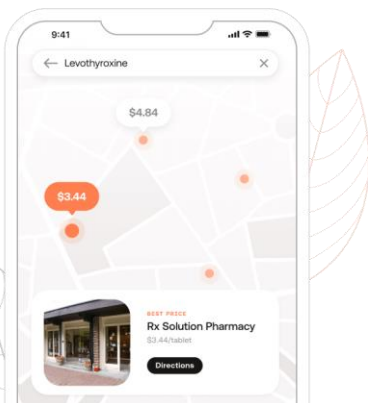
What is a **Formulary**?

A Formulary is a list of drugs covered by a prescription drug plan. The brand name drugs listed on the formulary are deemed most effective to treat the condition and are the most cost effective. The generic drugs listed on the formulary are also effective, they are just lower cost because they have been around longer.

How can I see what my drug will cost?

Use the **Find My Meds** Tool:

You can easily search for the online or retail pharmacy near you where you can get your drugs for the lowest out of pocket cost. This tool considers your current pharmacy plan benefits so you see not just an estimated price but the actual amount you will be charged.



SmithRx has partnered with HCRS to address the increasing costs of medications.

SmithRx works with you and your doctor to find the drug you need at the lowest possible cost. It is important to take their calls, as it will help you **save money!**

Important Contact Information:

General Questions:
(844) 454-5201
help@smithrx.com



Pharmacy Benefit- Traditional Medications



If you are taking a Traditional Medication that is high cost, has generic equivalents or is a high-risk drug, you may have to go through one of the following programs to obtain your medication.

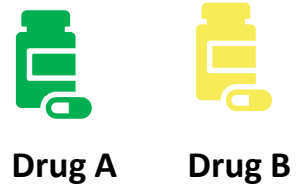
Quantity Limits

For certain medications, your plan may limit the amount of the medication that will be covered per prescription or for a defined period. Amounts exceeding these limits will require additional review for coverage.



Step Therapy

In some cases, your Plan requires you to first try one medication to treat your medical condition before it will cover another medication for that condition. For example, if Drug A and Drug B both treat your medical condition, your Plan may require your physician to prescribe Drug A first. If Drug A does not work for you, then your Plan will cover Drug B.



Prior Authorization

If your physician prescribes a medication requiring a prior authorization, you will need to go through an additional authorization process. The Clinical Team reviews requests for these selected medications to help ensure appropriate and safe use of medications for your medical condition(s). To see if your medication(s) require prior authorization, please contact Customer Service at (844) 454-5201.



Optional SmithRx Programs to help you Save on Out-of-Pocket Costs for Traditional Medications:

GoodRx

- GoodRx gathers current prices and discounts to help you find the lowest cost pharmacy for your prescriptions.
- GoodRx is 100% free. No registration required.



SmithRx Assist

- Finds the lowest prescription cost option at the point of sale, considering member responsibility and total prescription cost.
- No pre-shopping for best price
- No printing coupons
- No online prescription programs



Low-Cost Insulin Program

- You pay the lesser of your copay or \$35 for a 30-day supply
- You may be required to change drugs to participate
- Includes mealtime and long-lasting insulins

Pharmacy Benefit- Traditional Medications



30-Day Supply

- For those needing a medication for a brief illness or injury
- For those who like to purchase drugs from a local pharmacy



90-Day Supply- Mail Order

- For those needing ongoing maintenance medications
- Drugs are mailed directly to your home from one of the vendors below



Mail Order Vendors through SmithRx:

Mark Cuban's Cost-Plus Pharmacy

1. Visit costplusdrugs.com to see if they carry your medication.
2. Have your provider send a new prescription to Cost Plus Drugs.
3. Create an account and enter your SmithRx insurance information.
4. The pharmacy will notify you when you can place your order.
5. Log into costplusdrugs.com and place your order (*standard, 5-7 business days or expedited, 1-3 business days*).
6. The pharmacy will email you within 48-72 hours with shipping details.



Amazon Pharmacy



1. Visit www.amazon.com/smithrx and click on “**Get Started**”. If you are already an Amazon customer, then follow the simple sign-up process. If you're not yet an Amazon customer, you'll need to sign-up, validate yourself, and then follow the instructions.
2. Verify and/or add your insurance: you may find an additional 2-digits to your pre-populated member ID. It is important to verify your full member ID on your card against the insurance profile. Reminder: please have your insurance member ID card ready to double check all your information.
3. Once you are signed-up and your medication(s) are processed, you will receive a notification from Amazon Pharmacy that your medications are ready to order, and you will need to go back to your account to check out.
4. Please let your provider know that you are switching to Amazon Pharmacy, and they can easily send new prescriptions to Amazon Pharmacy via these options: **e-scribe** (Amazon Pharmacy Home Delivery), **fax** (1-512-884-5981), or **phone** (855-206-3605).

Walmart Home Delivery

1. Visit the website at www.walmart.com/cp/1042239
2. Complete the New Member form
 - I. From the Walmart home page, go to Departments, Pharmacy
 - II. Click on Mail Order “Learn More”
 - III. Click on “Get Started”
3. Once submitted, a Walmart team member will reach out to finalize your enrollment. Please keep an eye out for a call from 1-800-273-3455 for that call.
4. Once you have enrolled with Walmart Home Delivery you will be able to get your next refill through Walmart



Pharmacy Benefit- Specialty Medications



If you are taking a specialty medication, you need to be aware of the programs listed below. Specialty medications are used to treat complex and rare diseases, such as cancer, multiple sclerosis and rheumatoid arthritis.

If you have never been on a specialty medication before and have just been prescribed one:

- Your doctor will work with SmithRx to grant you Prior Authorization
- You will be contacted by SmithRx to discuss their savings programs available for Specialty Medications.

If you have been taking your specialty medication for a while:

- Your doctor will work with SmithRx renew your Prior Authorization annually
- You will receive a call annually from SmithRx to renew your savings program if necessary.

**When SmithRx calls or sends you a text- Please Respond!
SmithRx is our partner and is working with us to save you money!**



Specialty Pharmacy Vendor through SmithRx:





Flexible Spending Accounts (FSA)

A Flexible Spending Account (FSA) provides you the opportunity to pay for health care and dependent care expenses on a pre-tax basis. By anticipating your family’s health care and dependent care costs for the next plan year, you can lower your taxable income.

How It Works

Each plan year you designate an annual election to be deposited into your health care or dependent care accounts. Your annual election will be divided by the number of pay periods in the plan year and deducted equally from each paycheck on a pre-tax basis. For health care and limited purpose expenses, you have immediate access to the total amount you elected to contribute for the plan year. With the dependent care, you have access to the amount of the current contributions in your account at the time you request reimbursement. Limits are subject to IRS limits.

Things To Consider

- Your 2025 contributions must be used for expenses you incur between 1/1/25-12/31/25.
- Be conservative when estimating your annual election amount. The IRS has a strict “use it or lose it” rule. You will forfeit any funds left in your account after the end of the plan year (above your allowed \$660 annual rollover limit).
- The Health Care and Dependent Care FSAs are two separate accounts and funds cannot be transferred between accounts.
- You cannot stop or change your FSA contribution amount during the year unless you have a qualified change in family status.
- Expenses reimbursed through an FSA cannot be used as a deduction or credit on your federal income taxes.
- Eldercare Eligibility: To claim reimbursement for elder care expenses, your dependent elder must live with you for at least eight hours a day, and they must be claimed as a dependent on your annual tax returns. They must also be incapable of self-care.

FSA Reimbursement Options

To receive reimbursement from your FSA, you can submit a claim online, complete a paper form or use your FSA debit card. It is important to save your receipts as CBA may ask you to provide a copy to substantiate a claim.

Flexible Spending Account Options

	Health Care FSA	Limited Purpose FSA	Dependent Care FSA: Cost of care of a dependent
Maximum Plan Year Contribution Amount	Up to \$3,300	Up to \$3,300	Up to \$5,000 (\$2,500 if married & filing separate income tax returns)
Who Can Elect Coverage?	All benefit eligible employees	All benefit eligible employees	All benefit eligible employees
Examples of Eligible Expenses	Medical, Prescriptions, Dental & Vision expenses	Dental & Vision expenses	Cost of childcare for children under age 13 or eldercare
Rollover Amount	\$660	\$660	No rollover

To access your FSA or ask questions, please visit www.ebpabenefits.com or call 888-678-3457



Health Savings Account- Plan 3

A Health Savings Account (HSA) paired with HCRS’s Plan 3 medical plan, helps you and your family plan, save and pay for qualified health care expenses. A Health Savings Account empowers you to build savings for health care expenses in a tax advantaged account.

About Health Savings Accounts

A Health Savings Account (HSA) is a tax advantaged savings account that you own and control. HSAs are like retirement accounts in that they rollover year-to-year, they are portable when you move jobs or retire, the balance can be invested in mutual funds, and there are survivor benefits.

Who Is Eligible?

You must be enrolled in the Plan 3 and meet the following requirements:

- Have no other health insurance coverage except what’s permitted by the IRS
- Not be enrolled in Medicare
- Not be claimed as a dependent on someone else’s tax return

What Is A Qualified Health Care Expense?

You can use money in your HSA to pay for any qualified health care expenses for you, your spouse and your tax dependents, even if they are not covered on your qualified medical plan. Examples of qualified expenses include: your insurance plan deductibles, copayments, and coinsurance; doctor’s office visits; prescriptions; dental treatments and x-rays; eyeglasses, contacts and visions exams.

How Much Can I Contribute To A Health Savings Account?

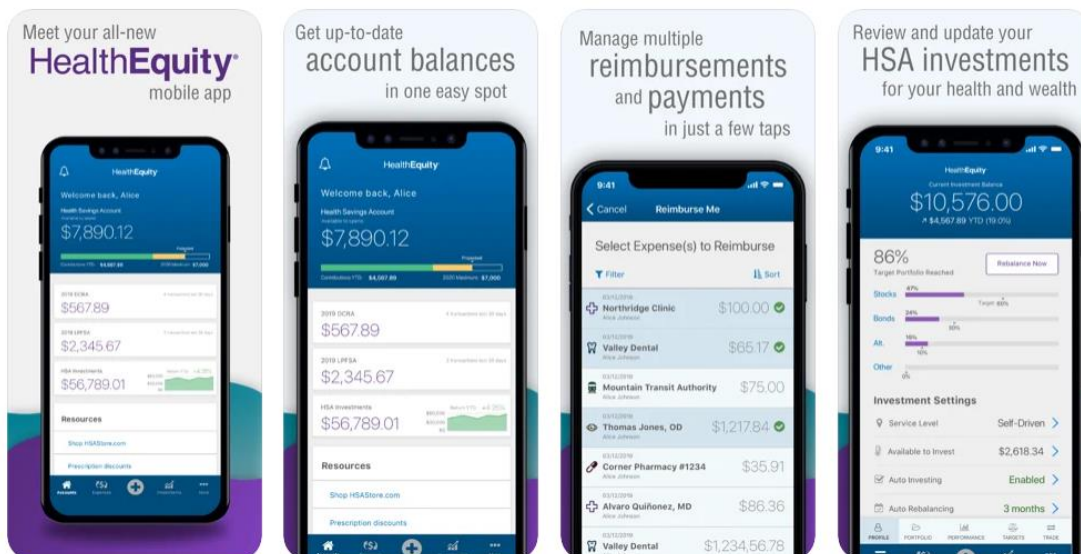
Each year the IRS establishes the maximum contribution limit. The chart below represents the IRS limits for 2025. These limits are for the total funds contributed, including your contributions and any other contributions. Please keep in mind you can change your HSA allocation at any time during the plan year (as permitted by HCRS Human Resources and Payroll).

IRS Annual Contribution Limits for 2025

Employee Only: **\$4,300**

Employee + Dependents: **\$8,550**

At age 55, and additional \$1,000 contribution is allowed annually.



To access your HSA or ask questions, please visit www.healthequity.com or call (866) 346-5800



HSA/ LPFSA/ DCA Tax Benefits

As inflation pushes costs higher, participating in these tax-saving benefits will have a large impact on your potential savings.

For this example, we will use a 20% tax rate.



HSA | Health Savings Account

HSAs are used to set aside money for future healthcare costs. For this year, families can contribute up to \$8,550 into their HSA account. By putting this money into an HSA, you could see \$2,350 or more in your pocket at the end of the year.



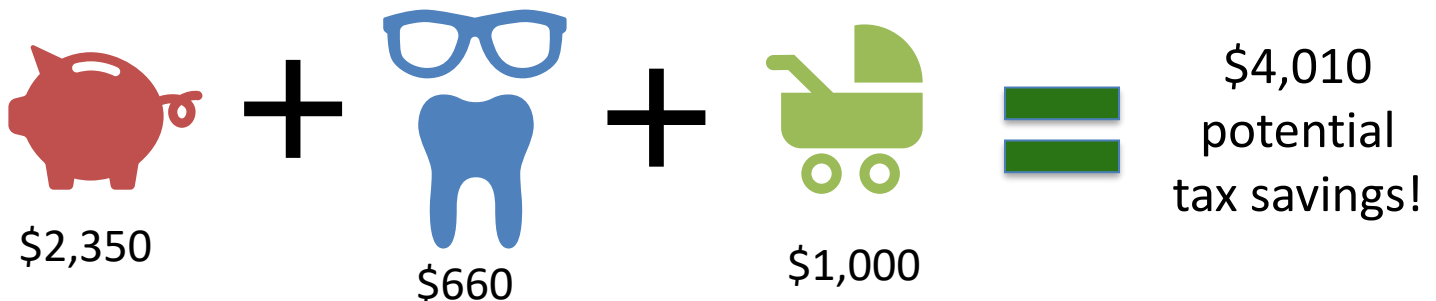
LPFSA | Limited Purpose Flexible Spending Account

LPFSA are used to used to pay for dental and vision expenses. The limit for this year is \$3,300. With a 20% tax rate not being applied to this money, you could have an additional \$660 at the end of the year.



DCFSA| Dependent Care Flexible Spending Account

DCFSA's are used to help pay for childcare, eligible dependents, or eldercare. Since the costs of services have continued to rise, this account could provide you with some savings. With a \$5,000 limit, you could have \$1,000 in your pocket at the end of the year.





KISx Card

SURGERY. SIMPLIFIED.

To help you be healthy.

The KISx Card is a surgery & imaging program that your employer has made available to you for the most common surgical & imaging procedures. Some of the most typical procedures through The KISx Card include: Orthopedic, General Surgery, Colonoscopies, MRI, CT and PET Scans. If you utilize the program, you will receive your procedure at ***NO COST**.



CALL

Call a KISx Card Nurse at 877-GET-KISX to find out more about your procedure and how the program works. We will assist you in finding the right facility nearby.



SCHEDULE

A KISx Card Nurse will help schedule your procedure. Upon scheduling, they will then provide you with a voucher to take to your initial consultation.



SAVE

You will ***NOT** pay anything out of pocket for choosing a KISx Card provider. Every aspect of your procedure is covered through the KISx Card.

HOW IT WORKS?

Before seeking In-Network Providers through your health plan, just call a KISx Card Nurse regarding your elective procedure. By choosing a KISx Card provider, you will always pay ***\$0**.

CALL, SCHEDULE, SAVE BE HEALTHY



Keep It Simple Surgery

Providers in MA and NY

- Surgery Center of New England: Springfield, MA
- Specialists One Day Surgery Center (Syracuse Orthopedic Specialists): Syracuse, NY

Call: 877-GET-KISX

Maternity Perks



Car Seat

We know that safety while traveling is vitally important for you and your child.

Perk: Your health plan will reimburse up to \$150 for Car Seats.



Fitness Maternity Classes

Staying healthy when you are pregnant is important for the mother as much as it is for the child.

Perk: For maternity use ONLY. Your health plan will provide up to \$150 per pregnant mother to reimburse fees paid for maternity fitness classes.



Homemaker Service

Some mothers need a little extra help and care during pregnancy.

Perk: Your health plan will provide reimbursement up to \$225 for Homemaker services.



Educational/Parenting Classes

Knowledge is power. Take advantage of educational and parenting classes.

Perk: Your health plan will provide reimbursement up to \$125 for educational classes taken during pregnancy and up to 3 months after delivery dealing with topics like childbirth, siblings, parenting, and CPR.

Have a Question?

To enroll in the Maternity Perks Care Services, call **800.641.3224, option 3**.
For specific coverage or benefit questions call **888.222.9206**



What is CancerCARE?

The CancerCARE Program is a free, fully integrated cancer solution included in YOUR health plan that supports you from the first day of your diagnosis well into the stages of aftercare. CancerCARE coordinates care and benefits for patients with new or existing cancers. Our expert medical team advocates for the best possible care in your community or at a leading national Centers of Excellence location.

Day One Help

We are available to help you from the day of your diagnosis and beyond. You can register for the program at any point in your cancer journey to gain access to our resources and support.

Personalized Care

Once you are part of the program, a dedicated nurse will be with you every step of the way. This nurse will be available to answer any questions you might have as well as receive ideal treatment.

National Resources

Through CancerCARE, you will have access to some of the best doctors, hospitals, and technology nationwide. We will work with your local oncologist to make sure all treatment options are considered, not just local ones.

Expert Medical Team

Our medical staff has decades of experience treating cancer and we pride ourselves on staying up-to-date with the latest cancer treatments and technology. Each medical staffer has unique cancer expertise and background.

Dental



Plan Features		Basic Plan	Premier Plan
Diagnostic/ Preventive (Coverage A)	<ul style="list-style-type: none"> • Diagnostic • Preventive • Emergency Palliative Treatment 	100%	100%
Basic Restorative (Coverage B)	<ul style="list-style-type: none"> • Restorative • Oral Surgery • Endodontics • Periodontics • Denture Repair 	70%	70%
Major Restorative (Coverage C)	<ul style="list-style-type: none"> • Prosthodontics • Crowns • Onlays/ Inlays • Implants 	50%	50%
Calendar Year Maximum	<ul style="list-style-type: none"> • Per Individual per Calendar Year 	\$1,000	\$2,000
Double-Up Maximum Eligible		Yes	Yes
Orthodontia (Coverage D)	<ul style="list-style-type: none"> • Braces 	50% (Children Only)	50% (Adults & Children)
Lifetime Maximum	<ul style="list-style-type: none"> • Per Individual 	\$1,000	\$2,000

Delta Dental Network Options

PPO Network – Visit a dentist in the 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. You will also pay less out-of-pocket as you will have a lower deductible and coinsurance.

Premier Network – If you can't find a PPO dentist, Delta Dental Premier dentists offer the next best opportunity to save. Unlike non-Delta Dental dentists, they have agreed to set fees, and you won't get charged more than your expected share of the bill.

To find a participating provider visit nedelta.com





Dental

Double-Up Max

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

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

Health Through Oral Wellness HOW

A healthy mouth is part of a healthy life, and Northeast Delta Dental's innovative HOW program 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. Register

Go to www.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 risk assessment

EyeMed Vision Discount



Great Savings—Up to 35% off eyewear

Choose from any available frame including quality name-brand products such as Brooks Brothers®, Ann Klein®, Vogue® and more at provider locations. With EyeMed Vision Care, Northeast Delta Dental members have access to over 71,000 vision care providers nationwide at 27,000 locations including optometrists, ophthalmologists, opticians, and the nation's leading optical retailers.

It's easy! To request your discount, simply present your Delta Dental member ID card or this flyer when you arrive at the provider office or location. Your EyeMed provider will take care of the rest! To learn more about the EyeMed Vision Care Discount Plan, please visit our website at www.nedelta.com.



Vision

Plan Features	In-Network	Out-of-Network
Eye Exam (once every 12 months)	\$10	Up to \$50
Materials-Prescription Glasses (once every 12 months)	\$20	
Frames (once every 24 months)	\$150-\$170 allowance, plus 20% off balance over allowance	Up to \$70
Lenses (once every 12 months) (Glass or Plastic) Single Vision Lined Bifocal Lined Trifocal Polycarbonate lenses for children	Included with Prescription Glasses	Up to \$50 Up to \$75 Up to \$100
Lens Options Standard Progressives Premium Progressives Custom Progressives	\$50 \$80-\$90 \$120-\$160 Average savings of 35-40% off other lens enhancements	Up to \$75
Contact Lenses – (in lieu of glasses) (once every 12 months) Exam Elective Medically Necessary	Up to \$60 \$130 allowance Covered in full	Up to \$105
Laser Vision Correction	<ul style="list-style-type: none"> • Average 15% off or 5% off promotional offer. • Discounts only available from VSP contracted facilities. 	
Additional Pairs of Glasses	<ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. • 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your Well Vision Exam. Or get 20% from any VSP provider within 12 months of your last Well Vision Exam. 	



To find a participating visit www.vsp.com or call (800) 877-7195



Vision



Eyeconic

Eyeconic connects your eyewear, your insurance coverage, and the VSP® doctor network.

Your vision and wellness come first with VSP. Now, your benefit includes [eyeconic.com](https://www.eyeconic.com),® an eyewear store for VSP members.

When you choose Eyeconic, you'll enjoy:

- Applying your benefit directly to your purchase.
- Browsing a huge selection of contact lenses and designer frames 24/7—and using the virtual try-on feature.
- Buying without risk—Eyeconic offers free shipping and returns. Plus, if you find the same merchandise at a lower price, we'll refund the difference.
- Personal attention—Each qualifying purchase includes a complimentary frame adjustment or contact lens consultation.
- Peace of mind—Eyeconic will verify your prescriptions and perform a 25-point inspection

You get exclusive savings year-round.

Already used your benefits for the year? As a VSP member, you still receive 20% savings on glasses and sunglasses at Eyeconic

It's easy to use your VSP benefit.

- 1. Create an account at [vsp.com](https://www.vsp.com).** Review your vision benefit and access your eligibility and coverage information, including how to apply your benefits at Eyeconic.
- 2. Find superior eye care near you.** The decision is yours— choose a conveniently located VSP doctor or any out-of-network provider. Visit [vsp.com](https://www.vsp.com) or call **800.877.7195** to find the best provider for you.
- 3. Check out Eyeconic and browse the frame brands you love.**
You can connect to your VSP benefits, upload your prescription and order your glasses following your Well Vision Exam.®

TruHearing

TruHearing® makes hearing aids affordable by providing exclusive savings to all VSP® Vision Care members. You can save up to 60% on a pair of hearing aids with TruHearing. 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 warranty for repairs and one-time loss and damage replacement
- 48 free batteries per hearing aid

Plus, with TruHearing you'll get:

- Access to a national network of more than 5,500 hearing healthcare providers
- Straightforward, nationally-fixed pricing on a wide selection of the latest brand-name hearing aids
- Deep discounts on batteries shipped directly to your door

Best of all, if you already have a hearing aid benefit from your health plan or employer, you can combine it with TruHearing prices to reduce your out-of-pocket expense even more!



Employer Paid Plans: Unum

HCRS provides all benefit eligible employees with the following benefits at no cost to you!



Basic Term Life with Accidental Death & Dismemberment (AD&D)

Life insurance will pay your beneficiary a lump-sum payment if you should pass away while covered under the term of this policy. The money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D insurance is also provided, which can pay a benefit if you survive an accident but have certain serious injuries. It can pay an additional amount if you die from a covered accident.

Plan Features	Basic Life	AD&D
Employee Benefit Amount	2x Annual Earnings to \$350,000	2x Annual Earnings to \$350,000
	Rounded up to next \$1,000	

Disability Insurance

HCRS provides all eligible full-time employees with long-term disability (LTD) insurance coverage at no cost to you! Long-term disability provides a potential source of income should your qualified disability keep you from working for an extended period-of-time due to an illness or injury.

Long Term Disability

Plan Features	Long-Term Disability – Employer Paid!
Benefit Amount	60% of monthly earnings
Maximum Benefit	Up to \$6,500 per month
Elimination Period	120 days
Maximum Benefit Duration	Social Security Normal Retirement Age (SSNRA)





Voluntary Options

HCERS provides all benefit eligible employees with the option of purchasing the following products and paying for them through payroll deduction.



Critical Illness

This plan pays a lump sum cash benefit to help with out-of-pocket medical and indirect non-medical expenses related to critical illness such as: cancer, heart attack, or stroke.

- Pays a lump sum cash benefit to help with out-of-pocket medical and indirect nonmedical expenses related to critical illness such as: cancer, heart attack, or stroke.
- Guaranteed issue coverage up to \$30,000 for employee. Spouse can be covered at 50% of employee.
- Includes a Cancer Vaccine Benefit that pays a \$50.

For the diagnosis of the covered critical illness condition	
Heart Attack	Permanent paralysis
Stroke	Blindness
ESRD (kidney failure)	Coronary artery bypass surgery/disease
Major organ failure	Cancer

Accident

Accident insurance can pay a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on or off the job. And it includes a range of incidents, from common injuries to more serious events.

Example: Concussion & Broken Collarbone	Reimbursement Amount
ER Visit	\$150
CT Scan	\$200
X-Ray	\$50
Concussion	\$150
Broken Collarbone	\$300
Follow-Up Visit 1	\$75
Follow Up Visit 2	\$75
Total Benefit	\$1,000

Voluntary Short-Term Disability

Plan Features	Short-Term Disability- Employee Paid
Benefit Amount	\$1,000 increments, up to \$4,000 per month
Elimination Period	14 days
Maximum Benefit Duration	12 Months

Voluntary Options



HCRS provides all benefit eligible employees with the option of purchasing the following products and paying for them through payroll deduction.

Supplemental Term Life with Accidental Death & Dismemberment (AD&D)



HCRS also provides you the opportunity to purchase additional life insurance and AD&D coverage for yourself, your spouse and your unmarried dependent children to age 25. However, you may only elect coverage for your dependents if you elect additional coverage for yourself.

Plan Features	Employee	Spouse	Children
Maximum Amount	Vol Life: Up to \$500,000, not to exceed 10x your earnings in increments of \$10,000 Vol AD&D: Up to \$500,000 not to exceed 5x your earnings	Up to \$500,000, not to exceed 100% of the employee amount in increments of \$5,000	Birth up to 6 months: \$1,000 6 months up to age 25: Choice of \$2,500, \$5,000, \$7,500, \$10,000
*Guaranteed Issue	\$200,000	\$50,000	All child amounts are guaranteed issue
Age Reduction	65% at age 70, and 50% at age 75		
Voluntary Life and Voluntary Accident and Dismemberment are purchased separately			

Beneficiary Designation

We recommend you designate a beneficiary for your life insurance policy(ies). A beneficiary is the person (or people, estate, trust, etc.) to whom benefits will be paid in the event of your death. You may change your beneficiary at any time during the plan year.

Portability

You may be eligible to apply for continuation of coverage should you leave the company, retire or change the number of hours you work. Approval of this benefit will extend your coverage for an additional period-of-time.

Waiver of Premium

Your cost may be waived if you are totally disabled for a period-of-time. Applicable for Supplemental Life only

*Only applicable to new hires



403(b) Retirement Plan



Health Care & Rehabilitation Services of Southeastern Vermont offers a 403(b) plan to employees through Principal Financial Group. Principal offers a wide selection of investment options and excellent online technology to help you better plan for retirement. Basic plan details are listed below and outlined in more detail in the Summary Plan Description. If you have questions about the plan, send an email to HelpRetire@therichardsgrp.com. You can also call Principal at directly at (800) 547-7754 or access your account online at <https://www.principal.com/>.

Eligibility Requirements	You are eligible to enter the plan immediately.
Enrollment Dates	You will be automatically enrolled in the plan upon hire, at a 2% pre-tax contribution, unless you opt out.
Employee Contributions	You may contribute 0 - 100% of your annual pay, not to exceed \$23,000 for calendar year 2024. Annual limitations are set by the IRS and are subject to change. If you are age 50 or older, you can make an additional catch-up contribution of \$7,500.
Roth Contributions	Your plan permits Roth after-tax employee contributions as well as Pre-Tax contributions. You can also elect to contribute a combination of both Roth and Pre-Tax.
Employer Contributions	Employer Matching Contribution: Your employer may elect to match up to 100% of the first 5% of your compensation. You must contribute a minimum of 2% to receive a matching contribution from HCRS. To maximize the employer match, you need to save at least 5% to get a 5% match.
Vesting	You will always be 100% vested in the portion of your account attributable to employee contributions. Your employer contributions are subject to the following vesting schedule: Employer Match Contributions: 5-year graded schedule, see below. Less than 1 year = 0%, 1 year of service = 20%, 2 years of service = 40%, 3 years of service = 60%, 4 years of service = 80%, 5+ years of service = 100%.
Rollovers	Money from other qualified plans may be accepted.
Investment Transfers	Using Principal's automated telephone or internet service, you have the ability to review your accounts and transfer funds from one investment option to another, 24-hours a day.
Hardship Withdrawals	Hardship withdrawals may be taken in cases of extreme hardship as defined by the IRS. They are limited to the amount of the immediate and heavy financial need.
In-Service Withdrawals	In-service withdrawals are permitted by your plan once you attain age 59.5. Early withdrawals, if taken before age 59.5, may be subject to a 10% early withdrawal penalty unless certain exceptions apply. Money distributed from the plan may be taxed as ordinary income in the calendar year that the money is received.
Loan Provision	Loans are available.



Additional Benefits

Tuition Repayment Assistance- Grad Fin

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

Utilizing HCRS’s relationship with The Richards Group, consultation services provided through GradFin are provided free of charge. GradFin is a new employee 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: www.gradfin.com/trg.html

For additional information, please visit the “Tuition Assistance” tab on the EBC

Employee Benefit Center

The EBC is your online employee benefits manual. The purpose of this website is to give you information and answer your questions regarding your HCRS benefits. Forms, links to provider directories and compliance documents will be housed on the EBC.



**TO LOG IN TO THE EBC
DIRECTLY GO TO:**

<https://hcrs.trgportal.com>

Username: hcrs Password: benefits

EBC Perks

- Links to carrier websites
- Open Enrollment Information
- Benefit summaries
- Annual notices from HR
- Wellness Plan information
- News about my company



SCAN ME!



Additional Benefits

CSA Reimbursement

Reimbursement for employees for a subscription to a CSA (Community Supported Agriculture).

Financial Wellness

HCRS partners with TRG to offer 1:1 financial wellness meetings on a regular basis.

Car Seat Cover Reimbursement

For staff who transport clients in the staff member's car.

Fitness Reimbursement

For gyms or other fitness programs

Fitness Room

Available to staff Monday through Friday, 7am - 7pm at the Springfield location.

Massage Reimbursement

For Staff who do not work at one of HCRS' three main locations.

Headspace

Mindfulness app, available to all employees at no cost. Download the app and sign up for your free account. work.headspace.com/hcrs/member-enroll/login

Interest Free Computer Loan

No-interest loan up to \$1,000, payable over one year, for the purchase of a computer.

Interest Free Emergency Loan

In cooperation with 802 Credit Union, a one-time no-interest emergency loan up to \$750 to help with unanticipated emergency needs; repaid through payroll deduction.

On Site Chair Massage

Access to on-site chair massages for staff designed to provide the benefits of a spa massage conveniently in the workplace.

Paid Holidays

HCRS observes eight (8) holidays each year.

Paid Time Off

Vacation Leave: Three weeks per calendar year; four weeks after 5 years of service.

(School-based staff receive school holidays as vacation leave.)

Personal Leave: Five days per year. (School-based staff receive 3 to 4 days based on schedule.)

Sick Leave: One day per month, accrued bi-weekly.

Private Lactation Room for Breastfeeding Mothers

Proud to be designated a "Breastfeeding Friendly Employer"—HCRS provides private lactation rooms for breastfeeding mothers.

Winter Tire Reimbursement

Reimbursement up to \$200 for the purchase of new winter tires.

Tobacco Free Campus

All HCRS buildings and the surrounding property are designated tobacco-free environments.

Tuition Reimbursement

Employment-related tuition costs are eligible for up to 50% reimbursement, based on years of service.

Reimbursement up to a maximum of \$5,250 per calendar year available.

Bi-Weekly Employee Premiums: Calendar Year



Plan 1	\$5 Tobacco Free Credit Rate*	Tobacco User Rate
Employee	\$103.32	\$108.31
Employee + Spouse	\$211.62	\$216.62
Employee + Child(ren)	\$200.80	\$205.80
Family	\$276.61	\$281.61

Plan 2	\$5 Tobacco Free Credit Rate*	Tobacco User Rate
Employee	\$63.03	\$68.03
Employee + Spouse	\$131.05	\$136.05
Employee + Child(ren)	\$124.26	\$129.26
Family	\$171.88	\$176.88

Plan 3	\$5 Tobacco Free Credit Rate*	Tobacco User Rate
Employee	\$39.64	\$44.64
Employee + Spouse	\$84.28	\$89.28
Employee + Child(ren)	\$79.82	\$84.82
Family	\$111.07	\$116.07

Spousal Exclusion. If you indicated that your spouse’s employer offers medical insurance for which your spouse is eligible, they will not be eligible for coverage under the HCRS Health Plan. If coverage is not offered by their employer, acceptable documentation must be provided to HR within 10 days of election. Acceptable documentation includes a letter from the employer on company letterhead. If your spouse is unemployed, disabled, or in school you must provide documentation to HR to verify.

If your spouse is not eligible but you enroll them in an HCRS Health Plan or if you do not provide sufficient documentation up on request, your spouse’s coverage may be cancelled and any claims denied, and you may face disciplinary actions – up to and including termination.

***Tobacco Free Credit.** To be eligible for the Tobacco Free Credit, the enrolled employee and all of their health plan enrolled dependents may not use tobacco in any form at any time. For this policy, the definition of a tobacco use is: the use of any product containing nicotine, including cigarettes, cigars, pipes, chewing tobacco, and e-cigarettes, regardless of frequency or location.

To receive the TFC, employees must submit a completed Tobacco Free Credit Affidavit annually. The TFC will be applied to the next pay date based on the normal payroll deadlines.

Employees and/or family members not eligible for the TFC, may become eligible by completing a Tobacco Cessation Program. Once a certificate of completion has been provided for each tobacco user, the TFC is available for the following 12 months.

Bi-Weekly Employee Premiums: School- Based Year



Plan 1	\$5 Tobacco Free Credit Rate*	Tobacco User Rate
Employee	\$122.10	\$128.01
Employee + Spouse	\$250.10	\$256.00
Employee + Child(ren)	\$237.30	\$243.21
Family	\$326.91	\$332.82

Plan 2	\$5 Tobacco Free Credit Rate*	Tobacco User Rate
Employee	\$74.49	\$80.40
Employee + Spouse	\$154.88	\$160.79
Employee + Child(ren)	\$146.85	\$152.76
Family	\$203.13	\$209.04

Plan 3	\$5 Tobacco Free Credit Rate*	Tobacco User Rate
Employee	\$46.85	\$52.76
Employee + Spouse	\$99.59	\$105.51
Employee + Child(ren)	\$94.33	\$100.24
Family	\$131.26	\$137.17

Spousal Exclusion. If you indicated that your spouse’s employer offers medical insurance for which your spouse is eligible, they will not be eligible for coverage under the HCRS Health Plan. If coverage is not offered by their employer, acceptable documentation must be provided to HR within 10 days of election. Acceptable documentation includes a letter from the employer on company letterhead. If your spouse is unemployed, disabled, or in school you must provide documentation to HR to verify.

If your spouse is not eligible but you enroll them in an HCRS Health Plan or if you do not provide sufficient documentation up on request, your spouse’s coverage may be cancelled and any claims denied, and you may face disciplinary actions – up to and including termination.

***Tobacco Free Credit.** To be eligible for the Tobacco Free Credit, the enrolled employee and all of their health plan enrolled dependents may not use tobacco in any form at any time. For this policy, the definition of a tobacco use is: the use of any product containing nicotine, including cigarettes, cigars, pipes, chewing tobacco, and e-cigarettes, regardless of frequency or location.

To receive the TFC, employees must submit a completed Tobacco Free Credit Affidavit annually. The TFC will be applied to the next pay date based on the normal payroll deadlines.

Employees and/or family members not eligible for the TFC, may become eligible by completing a Tobacco Cessation Program. Once a certificate of completion has been provided for each tobacco user, the TFC is available for the following 12 months.



Bi-Weekly Employee Premiums

Calendar Year

Basic Dental Plan	Full Time	Part Time
Employee	\$0.00	\$7.00
Employee + One	\$12.72	\$19.72
Family	\$26.18	\$33.18

Premier Dental Plan	Full Time	Part Time
Employee	\$3.54	\$10.54
Employee + One	\$18.83	\$25.83
Family	\$38.75	\$45.75

Vision	Calendar Year
Employee	\$4.42
Employee + one	\$7.09
Employee + Children	\$7.16
Family	\$11.66

School- Based Year

Basic Dental Plan	Full Time	Part Time
Employee	\$0.00	\$8.27
Employee + One	\$15.03	\$23.30
Family	\$30.94	\$39.21

Premier Dental Plan	Full Time	Part Time
Employee	\$4.19	\$12.46
Employee + One	\$22.25	\$30.52
Family	\$45.80	\$54.07

Vision	School-Based Year
Employee	\$5.22
Employee + one	\$8.38
Employee + Children	\$8.46
Family	\$13.78



Important 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.

CHIPRA

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.

*All content of this summary and more compliance notices can be found on you EBC at <https://hcrs.trgportal.com>

