AMOSKEAG HEALTH

To improve the health and well-being of our patients and the communities we serve by providing exceptional care and services that are accessible to all.

Employee Benefits Booklet 2025

What's Inside

Your Individual Benefits Plan

As an employee of Amoskeag Health, you are eligible to participate in a comprehensive benefits program based on your hours of employment. This summary of benefits is provided to give you a general overview of the benefit choices you have as a Amoskeag Health employee. We have attempted to make this summary as up to date and accurate as possible however if there are discrepancies between this summary and the plan documents, the plan documents will supersede this summary. Employee benefit plans and policies may be changed at the sole discretion of the company. Please make sure that you read all benefits information provided to you. Once you make benefit elections they will be in effect for the entire plan year. **The only time you may change your benefits during the Plan Year is in the event of a qualifying event.** A qualifying event is defined as the birth or adoption of a dependent, death of a dependent, marriage, divorce or loss or gain of other coverage. **In order to make changes you must notify the Human Resources Department within 30 days of the qualifying event.** Amoskeag Health has an open enrollment period once a year for each benefits option.

Online Enrollment Instructions

HOW DO I LOGIN TO KRONOS?

The KRONOS online portal allows employees to elect benefits, update personal information, make life event updates and much more. This portal is available 24/7.

Login Instructions:

1. Go to Kronos App on your desktop
2. Enter your username: **jdoe11 (first initial of first name followed by full last name and last two digits of social security number)**
3. Enter your password that you created
4. Select **Login** to access to KRONOS.

Starting your enrollment:

1. Click on the "hamburger" menu bar—3 bars at the top left of the screen
2. A menu will be displayed, click on the "person" logo, then MY BENEFITS, then Enrollment.
3. Follow the instructions on the screen to make benefit changes, add dependents and more.

Enrolling is as easy as 1-2-3!

WHEN ENROLLING YOU WILL NEED THE FOLLOWING INFORMATION:

- Social security number (SSN)
- Dependents' names and SSN
- Beneficiary information

You must go into KRONOS to make any changes and verify coverages for the plan year.

Need help or have questions with your coverage options?

Contact:
Human Resources
HR@amoskeaghealth.org

Medical Insurance

Employees working 30 hours or more are eligible for Medical benefits the first day of the month following date of hire. Eligible employees and their eligible dependents may choose to enroll in either one of the HPI Plans.

Benefits	HMO LP LOW PLAN	HMO LP HIGH PLAN	HDHP H.S.A PLAN
Network	New England	New England	New England
Annual Deductible	$1,000 Per Person	$3,000 Per Person	$3,500 Per Person
	$3,000 Per Family	$9,000 Per Family	$7,000 Per Family
Annual Out-Of-Pocket Max	$6,500 Per Person	$6,500 Per Person	$6,500 Per Person
	$13,000 Per Family	$13,000 Per Family	$13,000 Per Family
Routine Exam for preventive care and immunizations	No charge	No Charge	No Charge
Office Visits	Tier 1: $25 per visit	Tier 1: $25 per visit	Subject to Deductible
	Tier 2: $50 per visit	Tier 2: $50 per visit	Subject to Deductible
Emergency Room & Urgent Care Services	**ER:** Subject to Deductible; then $250 per visit once deductible met	**ER:** Subject to Deductible; then $250 per visit once deductible met	Subject to Deductible
	Convenience Care: $25 copayment per visit **Urgent Care Clinic:** $50 copayment per visit **Hospital Urgent Care:** Subject to Deductible; then $75 per visit once deductible met	**Convenience Care:** $25 copayment per visit **Urgent Care Clinic:** $50 copayment per visit **Hospital Urgent Care:** Subject to Deductible; then $75 per visit once deductible met	Subject to Deductible
Inpatient Services	Subject to Deductible	Subject to Deductible	Subject to Deductible
Outpatient Services	Free Standing Ambulatory Surgical Center: $100 copay per visit	Free Standing Ambulatory Surgical Center: $100 copay per visit	Subject to Deductible
Labs	**Labs at Low Cost Provider:** Covered in Full, other providers subject to deductible	**Labs at Low Cost Provider:** Covered in Full, other providers subject to deductible	Subject to Deductible
X-Rays	Subject to deductible	Subject to deductible	Subject to deductible
Prescription Drugs (Value Formulary)	**30 Day Supply:** $5/$15/$35/$50/30% Tier 5 up to $300 per Rx	**30 Day Supply:** $5/$15/$35/$50/30% Tier 5 up to $300 per Rx	**Subject to Deductible** **30 Day Supply:** $5/$15/$35/$50/30% Tier 5 up to $300 per Rx
	90 Day Supply Mail Order: $10/$30/$70/$150/30% Tier 5 up to $600 per Rx	**90 Day Supply Mail Order:** $10/$30/$70/$150/30% Tier 5 up to $600 per Rx	**90 Day Supply Mail Order:** $10/$30/$70/$150/30% Tier 5 up to $600 per Rx

Your medical plan is self insured with: Health Plans Inc (HPI) For more detailed information on benefits, limitations and exclusions, refer to the Summary of Benefits and Subscriber Certificate provided by the carrier. Please contact HPI's Customer Service at 1-800-532-7575 with questions regarding coverage or claims. For an online provider directory — www.hpitpa.com.

Low Cost Providers (LP)

Employees on either LP plan may utilize HPI's LP benefit option saves you money on lab tests and outpatient surgery. Here's how it works:

Labs: Your doctor wants you to get a lab test. If you use one of the labs located on HPI's Provider Finder, you pay ***$0 for services***. Whether you need a blood, urine or strep test, nothing comes out of your pocket. No deductible. Popular labs are Quest Diagnostics, LabCorp and NorDx.

Surgery: You require a routine outpatient procedure, like knee arthroscopy. If you use a surgical center for outpatient services, you will pay a ***$100 copay.***

Sample LP (Low Cost Providers) Lab Locations with 20 miles of Amoskeag Health	
Quest Diagnostics-Amherst, NH	282 State Route 101
Quest Diagnostics-Nashua, NH	300 Main Street, Suite 301B
Quest Diagnostics-Bedford, NH	160 South River Road
Quest Diagnostics-Goffstown, NH	558 Mast Road
Quest Diagnostics-Manchester, NH	195 Mcgregor Street
Labcorp-Bedford, NH	101 Riverway Place

Sample LP (Low Cost Providers) Outpatient Surgical Centers within 20 miles of Amoskeag Health	
Bedford Ambulatory Surgical Center (BASC)	11 Washington St, Bedford, NH
Dartmouth Hitchcock Surgery Center	100 Hitchcock Way, Manchester, NH
Elliot One Day Surgery Center	185 Queen City Ave, Manchester, NH
Nashua Ambulatory Surgical Center	15 Riverside Street, Nashua, NH
The Surgery Center of Greater Nashua	10 Prospect Street, Nashua, NH
Dartmouth Hitchcock Surgery Center	2300 Southwood Drive, Nashua, NH
Orthopedic Surgery Center Derry	14 Tsienneto Road, Derry, NH

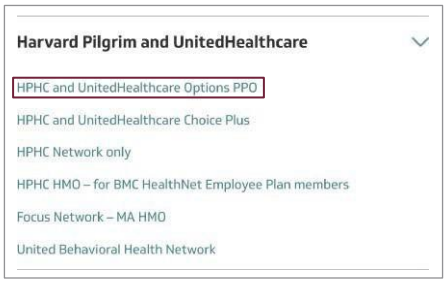
For a full listing of providers and how to search for specialties please visit: www.hpitpa.com

Find a Harvard Pilgrim or UnitedHealthcare Provider Online

Already an HPI member? For quick access to your provider network search tool, use your member ID number to register for **My Plan**.

1. Go to **hpiTPA.com** and visit the Members Section.

2. Click **Find a Provider**, and then choose **HPHC and UnitedHealthcare Options PPO Network** from the Harvard Pilgrim and UnitedHealthcare network list.

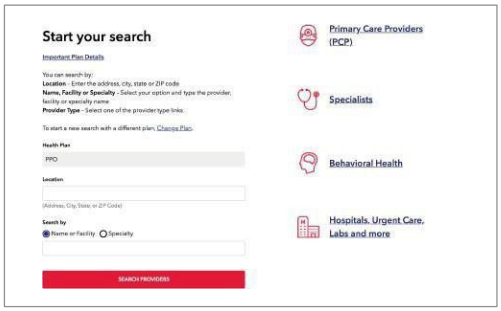


3. To find a provider, you can search by:

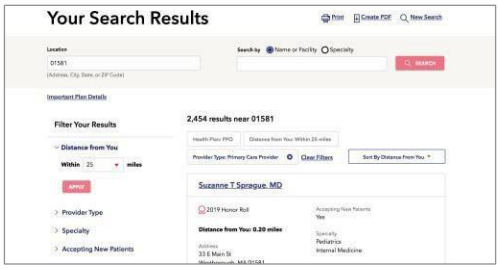
Location: Enter an address, city, state or ZIP Code.

Name, Facility or Specialty: Select your option and type in the provider, facility or specialty name.

Provider Type: Select one of the provider type links.



4. View your results. You can refine your results by choosing from the Filter Your Results list.



Have questions? Contact HPI Customer Service at 800-532-7575 or visit us online at hpiTPA.com

Manage your plan online With My Plan

24/7 access to your plan and account details

Register in Minutes!

1. Go to the website listed on the back of your member ID card (it will be at the top)
2. Visit the **Members** section and click the link to **Get Registered**
3. Enter your information to create your username and password

If you are a dependent, be sure to have the five-digit home ZIP Code and the last four digits of the employee's (plan subscriber's) social security number.

Access all of your account details* in one secure location anytime, anywhere!

- Review your claims
- Check your benefits
- Access your prescription drug plan
- Search your provider network
- Download a report of your claims
- Request claim reimbursements
- View, print or order your member ID card
- View or print applicable tax forms
- Find a Primary Care Provider (PCP)
- View your health spending account details

** You will have access to details applicable to your plan. Please note, not all of the items listed above apply for all plans.*

On your mobile device!

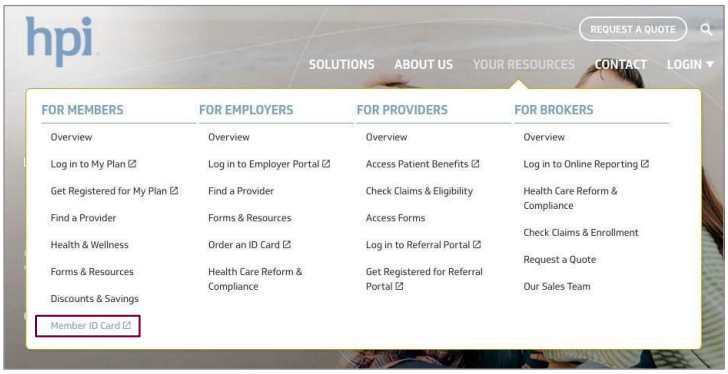
Have questions? Contact HPI Customer Service at the phone number or website listed on the back of your member ID card.

Download or Print Your ID Card

Download or print your member ID card from your laptop or mobile device with the following instructions if you have not registered your *My Plan* account, or if you do not know your member ID number.

1. Go to hpiTPA.com

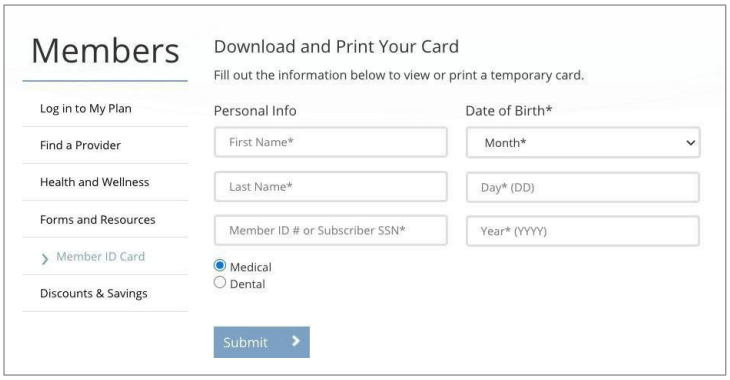
2. Select **Member ID Card** from the top "Members" navigation menu.



3. Enter your name, date of birth, and the plan subscriber's social security number.

Please note: Dependents must enter the plan subscriber's social security number in order to access their electronic member ID card.

4. Click Submit.



5. Your electronic member ID card will open in your browser's window. You may save your card as a PDF, print your card, or view it on your mobile device screen.

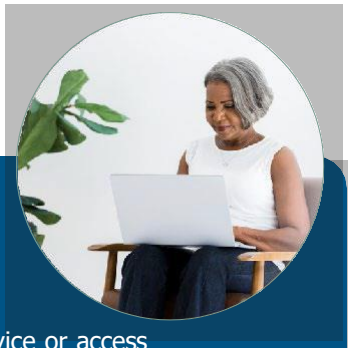
Your actual card image will vary. The image to the right is an example only.

Have questions? Contact HPI Customer Service at the phone number or website listed on the back of your member ID card.

See a doctor now, wherever you are.

dr. on demand

Access to a licensed professional at your fingertips



It's fast and easy

- Connect virtually with a physician in minutes[1]
- Video visits held online or through the mobile app
- Pay only your office visit/PCP-level cost share
- Referrals are not required
- Paperless prescriptions are sent directly to your pharmacy[2]

Medical Urgent Care Visits

Doctors can diagnose, treat and write prescriptions for many conditions, including:

- Coughs/colds/flu
- Sore/strep throat
- Pediatric issues
- Sinus and allergies
- Nausea/diarrhea
- Rashes and skin issues
- Women's health
- Sports injuries

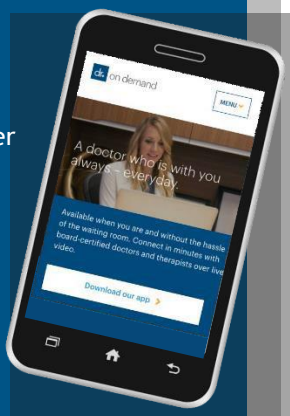
Behavioral Health Visits[3]

Psychologists support you using talk therapy, while psychiatrists will also look for biological imbalances and can prescribe medicine as part of a treatment plan.[4]

How it works

1. Download the app on your mobile device or access doctorondemand.com/health-plans-inc
2. Create your account and enter insurance (choose Health Plans, Inc.) and pre-consult information.
3. Complete a questionnaire of current symptoms and medical history.
4. Pay cost-share via app or website.
5. Consult with a Doctor On Demand board certified provider.
6. Receive email follow up after the visit to share with your PCP, or request that it be sent directly to your PCP.

The details of your consultation will not be forwarded to your PCP without your consent.



Download on the App Store

GET IT ON Google Play

or web video visits at doctorondemand.com/health-plans-inc

[1] *Availability more limited during overnight hours.*

[2] *Doctor On Demand physicians do not prescribe Schedule I-IV DEA controlled substances, and may elect not to treat or prescribe other medications based on what is clinically appropriate.*

[3] *Doctor On Demand is not meant for crisis or emergency mental health situations. If you are experiencing a crisis or emergency, call 911 or go to your nearest emergency room. Psychology visits are typically available within 48 hours to one week and psychiatry visits are typically available within 2-3 weeks.*

[4] *Doctor on Demand psychiatrists can prescribe medications when necessary for treatment; however, Doctor On Demand does not prescribe any controlled substances. In these cases, alternatives with less potential for abuse and dependence may be offered.*

hpi™

Have questions about Doctor On Demand? Contact Member Support at 800-997-6196 or support@doctorondemand.com.

For questions about your plan benefits or eligibility, contact HPI Customer Service at the phone number or website on the back of your member ID card.

Discounts & Savings

Present your HPI member ID card and save!

Receive exclusive discounts on health-related products and services through HPI's affiliation with Harvard Pilgrim Health Care.

Fitness

Fitness Programs & Equipment

- Appalachian Mountain Club
- Boston Ski+Sports Club *(MA)*
- Marathon® Sports *(MA)*
- ProSourceFit
- Runner's Alley *(NH)*
- SplitFit *(MA)*
- Workout Fitness Store *(ME)*

Quit Smoking

- Craving to Quit®
- QuitSmart®

Healthy Eating

- DASH for Health™
- Eat Right Now®
- InsideTracker
- Jenny Craig®
- Savor Health™
- Savory Living®
- The Dinner Daily
- Weight Watchers of Maine

Vision

Eyewear Program

- Free eyewear with exam at Visionworks® in MA, NH, RI & NY*
- Discounts on prescription sunglasses and frames at Harvard Vanguard Medical Associates *(MA)*
- Discounts on frames, contacts and accessories through EyeMed-affiliated providers, including:**
  - IN Style OPTICAL℠ *(MA)*
  - LensCrafters®
  - Pearle Vision®
  - Target Optical®

Laser Vision Correction

- Davis Vision™
- QualSight® LASIK
- U.S. Laser Vision Network

Family & Senior Care

- CareScout® Elder Advocacy Program
- GreatCall®
- Home Instead Senior Care®
- SeniorAssist, from the Senior Resource Center, Inc. *(MA)*
- Vigorous Mind™

Hearing Aids

- Amplifon Hearing Health Care
- Flynn Associates *(MA)*
- Speech-Language & Hearing Assoc. of Greater Boston, PC *(MA)*
- TruHearing™

Holistic Wellness

- Ava Fertility Tracker
- Center for Mindfulness and Compassion at the Cambridge Health Alliance *(MA)*
- Complementary & Alternative Medicine (CAM)†
- DharmaCrafts
- FertilityIQ
- Ivy Child
- Magic Weighted Blanket
- Mighty Well®
- *Mindful* Magazine
- Ompractice
- Sana Health
- Ten Percent Happier
- The Original Healing Threads™ by Spirited Sisters
- Unwinding Anxiety®

Important Notes

* You must have an eye exam and choose eyeglasses during the same visit. Additional restrictions apply.

** Valid at participating locations only. Restrictions apply.

† The CAM program is administered through Healthways WholeHealth Living Choices, and is not related to your medical benefits. Some benefit plans include coverage for services included in the CAM program, in which case the provider networks and office visits costs may differ. Please refer to your Summary of Benefits and Coverages for more information.

Vendor participation in the Discounts & Savings program is subject to change. For the most current information, visit us online at the website listed on the back of your member ID card. Please note that some discounts are available only at the vendor's retail location(s).

Have questions?

Contact HPI Customer Service at the phone number or website listed on the back of your member ID card.

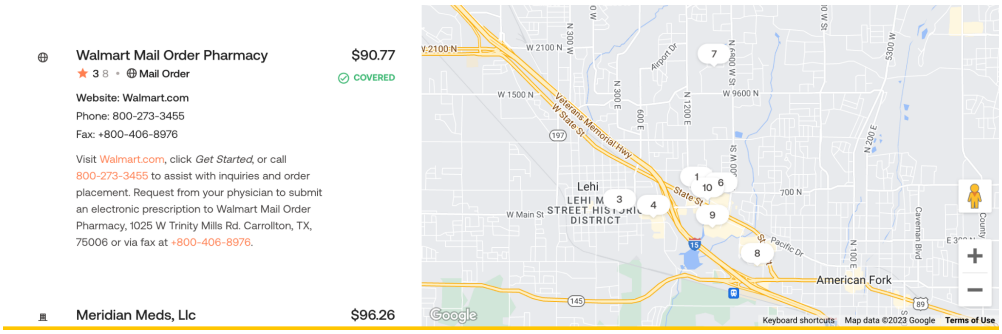
SmithRx: Understanding Your Prescription Benefit Program

Providing you with the tools and resources to help you make better drug therapy decisions

Your Prescription Benefit Plan through SmithRx.
SmithRx is your new prescription benefit provider. SmithRx is dedicated to giving you the best service and resources to help you and your family make better healthcare decisions.

Using Your Prescription Drug Card at Retail
You will receive a prescription card from your employer. Please present your new prescription card along with your prescription to any of our 75,000+ retail pharmacies every time you fill your prescription.

SmithRx's Find My Meds tool can help you find the pharmacy where you can get your medications at the best price. Simply enter your medication name and location and we'll show you a list of online and retail pharmacies nearby that will dispense your medication at the lowest cost to you. Specify brand or generic, form, dosing, quantity, and days supplied. The price you see includes your insurance benefits and various cost savings programs.



Quickly see if the medication is covered or not or if it requires a prior authorization. Search for your dependents or family members as well. Questions? Call our team at 844.454.5201 from 8am to 8pm MT.

Online Tools at www.mysmithrx.com Secure online connection, protecting your confidentiality and providing:

- Drug formulary
- Real-time benefit information
- View and download pharmacy claims
- Download claim reimbursement, prior authorization request, specialty pharmacy enrollment, and mail order forms

Additional requirements for coverage or limits on certain medications may include:

Your Plan may have additional requirements for coverage or limits for select prescription medications. These requirements and limits ensure that members use these medications in the most effective way and also help the Plan control medication costs. A team of practicing physicians and pharmacists developed these requirements and limits to help your Plan provide quality coverage to members.

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 of time. 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. Our 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.

SmithRx

SmithRx Connect

Connecting you to the lowest cost prescription solutions

SmithRx Connect: Patient Assistance Program

Here is a list of frequently asked questions members have regarding the Patient Assistance Program. If you still have questions after reviewing this document or would like to speak to someone regarding your individual situation, please reach out to SmithRx by calling (844) 454-5201 or emailing help@smithrx.com.

What is the Patient Assistance Program and how was it designed?

Many high-cost specialty medications can be accessed through advocacy foundations and grant programs when a medication is not covered under the pharmacy benefit. SmithRx assists in navigating the patient assistance landscape to obtain medication coverage. Our dedicated member support specialists will assist you in navigating and applying to these different programs.

What are the benefits of the program?

If you meet the qualifications of the patient assistance programs, you will be able to receive your medication at no cost to you or your employer.

How will I know that my medication is a part of the Patient Assistance Program?

If you are taking medications that qualify for the Patient Assistance Program you will receive communication from our support specialists via phone or email. It is important that you engage with them and provide them the information they request.

Is there any way to "opt out" of the program?

No. It is considered part of the plan benefit design and thus subject to program requirements for continued coverage under the plan.

Do I still need to go through the program if I already pay $0 for my medication?

Yes. Many members currently utilize copay coupon cards that help bring down their out-of-pocket costs, but the employer still pays the remainder of the cost. If you meet the qualifications of the patient assistance programs, you will be able to receive your medication at no cost to you or your employer.

What steps do I need to take if my medication qualifies for the Patient Assistance Program?

1. You will be contacted by our support specialist to begin the enrollment process.
2. You will need to electronically sign an authorization form that allows our specialist to act on your behalf for the sole purpose of applying for these grant programs.
3. Some applications may require additional documentation (i.e., tax return, medical expense summary). You will be asked to submit this documentation to us via secure encrypted email.
4. Some applications may require us to work with your doctor. If that is the case, we may ask you to contact your doctor to request that they submit the required forms.
5. It is important that you work with us throughout this process to ensure timely approval of your application and prevent any delays in your medical treatment.

If approved, how much will I need to pay for my medications?

If approved, the medication will be shipped to you free of charge.

What if my application is denied?

If denied, you may be able to continue to get your medication through the benefit. Please contact the SmithRx member support team at (844) 454-5201 for further information.

SmithRx

If there are any questions specific to an individual member who needs assistance, please have the member reach out to SmithRx by calling (844)454-5201 or emailing help@smithrx.com.

Dental Insurance

Amoskeag Health offers dental insurance through NE Delta Dental. Employees working 30 hours or more are eligible for dental benefits the first day of the month following date of hire.

PPO Network		
Diagnostic / Preventive (Coverage A)	Basic Restorative (Coverage B)	Major Restorative (Coverage C)
DIAGNOSTIC: Evaluations twice in a 12-month period; problem-focused exams as needed 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 necessary Brush biopsy once in a 12- month period PREVENTIVE: Two cleanings in a 12-month period Fluoride 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 Note: *Expenses incurred for covered Diagnostic and Preventive services do accrue to your annual maximum.*	RESTORATIVE: Amalgam (silver) fillings; Composite (white) fillings (on anterior teeth only) ORAL SURGERY: Surgical and routine extractions ENDODONTICS: Root canal therapy PERIODONTICS: Periodontal maintenance (cleaning) Note: *Cleanings are limited to two in a 12-month period; these may be routine (Coverage A) or periodontal (Coverage B), or a combination of both.* Treatment of gum disease Clinical crown lengthening once per tooth per lifetime DENTURE REPAIR: Repair of a removable denture to its original condition EMERGENCY PALLIATIVE TREATMENT	PROSTHODONTICS: Removable and fixed partial dentures (bridge); complete dentures Rebase and reline (dentures) Crowns Onlays Implants
Delta Dental Pays: 100% No Waiting Period	Delta Dental Pays: 80% No Waiting Period	Delta Dental Pays: 50% No Waiting Period
Calendar Year Maximum: $1000 up to $2000 per Person with Double-Up Max℠ Health through Oral Wellness® program included		

Your Dental Plan is fully insured with: ***NE Delta Dental***

Employees and their family are free to choose a dentist of their choice. For an updated list of participating dentists, visit NE Delta Dental's website at www.nedelta.com.

Note: For more detailed information on benefits, limitations and exclusions refer to the Summary of Benefits and Subscriber Certificate provided by the carrier. Please contact NE Delta Dental's Customer Service at 1-800-832-5700 with questions regarding coverage, claims, or to change your Dentist.

Vision Insurance

Employees may enroll in the Eye Med Vision plan. Employees working 30 hours or more are eligible for dental benefits the first day of the month following date of hire.

Vision Care Services	In-Network	Non-Network Reimbursement
Eye Exam with Dilation Once every 12 months	Member pays $10 copay; plan pays balance	$30 Reimbursement
Exam Options Standard contact lens fit & follow up Premium contact lens fit & follow up	Member pays up to $40 10% off the retail price	N/A N/A
Frames Once every 24 months	Plan pays $120 frame allowance amount, then 20% off balance	$60
Lenses or Contacts Once every 12 months		
Standard Plastic Lenses Single Vision Bifocal Trifocal	Member pays $10; plan pays balance	$25 Reimbursement $40 Reimbursement $55 Reimbursement
Lens Options UV treatment Tint (solid and gradient) Standard Plastic Scratch Coating Standard Polycarbonate Standard Anti-reflective Other	Member pays: $15 copay $15 copay $0 copay $40 copay $45 copay 20% off Retail Price	 None None $5 None None None
Contact Lenses (materials only) Conventional Disposable Medically Necessary	Plan pays $135 contact lens allowance amount, then 15% off balance Plan pays contact lens allowance, member pays balance Covered in full	$108 $108 $200
Laser Vision correction average 15% off the regular price or 5% off the promotional price from contracted facilities		N/A

To locate a provider near you visit: www.eyemed.com. Search the **SELECT** network of providers.

You will receive the best value when you choose a participating Eye Med doctor. If you see a non-Eye Med provider, you will typically pay more out of pocket. For more information please visit the website: eyemed.com or call 1-866-723-0513.

Life Insurance

Employees working 30 hours or more are eligible the first of the month following the 30 day waiting period. Your Life and AD&D insurance plans are paid for in full by Amoskeag Health.

LIFE INSURANCE	**100% Employer Paid**	**$50,000**
AD&D	**100% Employer Paid**	**$50,000**

Your Life and AD&D insurance is fully insured through Standard Life Insurance Co. Please be advised this is a brief overview. Please refer to your Summary Plan Description for complete benefit information.

Voluntary Term Life and AD&D

Employees are able to purchase Supplemental Life and/ or AD&D Insurance in increments of $10,000 to a maximum benefit of the lesser of 5x base annual salary or $500,000. You may purchase AD&D coverage for yourself regardless of purchasing Life coverage. Guarantee Issue amount for new hires is: $100,000.

Spousal coverage of either Supplemental Life and/or AD&D Insurance may be purchased in increments of $5,000, to a maximum amount of $250,000. Guarantee Issue amount for new hires is: $25,000.

Supplemental Life and/or AD&D Insurance coverage for dependent children 15 days old or older may be purchased in increments of $2,000 not to exceed $10,000. Guarantee Issue amount for new hires is: $10,000.

In order to purchase either Life or AD&D coverage for your spouse and/or child, you must purchase either Life or AD&D coverage for yourself. Employees and dependents currently enrolled in Voluntary Life Insurance or late entrants who wish to purchase additional coverage must complete an evidence of insurability (EOI) form which can be found in Kronos under single person icon > My Company > Documents > in Document name type: Standard Evidence of Insurability (EOI) form.

Your Voluntary Life and AD&D insurance is fully insured through Standard Life Insurance Co. Please be advised this is a brief overview. Please refer to your Summary Plan Description for complete benefit information.

Disability Insurance

Employees working 30 hours or more are eligible the first of the month following the 30 day waiting period. The Short Term Disability plan is paid for in full by Amoskeag Health. The Voluntary Long Term Disability plan is paid for through payroll deductions.

SHORT TERM DISABILITY INCOME PROTECTION (STD)

The benefit payable is **60%** to a maximum of **$1,000 per week** for a non-occupational injury or illness. Benefits begin on the 1st day of an injury and 8th day of an illness and are payable for a maximum duration of 13 weeks.

VOLUNTARY LONG TERM DISABILITY INCOME PROTECTION (LTD)

The benefit payable is **60% of your monthly salary** to a maximum of **$5,000 per month** for a non-occupational injury or illness. Benefits begin after a 90 day elimination period. All late entrants must fill out an evidence of insurability.

Your STD & VLTD insurance is fully insured through Standard Life Insurance Co. Please be advised this is a brief overview. Please refer to your Summary Plan Description for complete benefit information.

Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) service is provided at no additional cost to you by your employer, in connection with your Group Long Term Disability coverage from Standard Insurance Co.

This program can help with solutions to a wide variety of everyday challenges:

- Depression, grief, loss and emotional well-being
- Life improvement and goal-setting
- Stress or anxiety with work or family
- Identity theft and fraud resolution
- Family, marital and other relationship issues
- Addictions such as alcohol and drug abuse
- Financial and legal concerns
- Online will preparation

Through Standard Insurance Co. employee assistance program (EAP) you have unlimited access to master's-degree clinicians by telephone, online, live chat, text and email as well as resources and tools online, and up to three face-to-face visits with counselors for help with a short-term problem.

Your calls and all counseling services are completely confidential.

Call toll-free 24 hours a day, 365 days a year 888-293-6948.

For additional assistance please visit the website at: www.healthadvocate.com/standard3

403(b) Retirement Plan

Amoskeag employees who work a minimum of 20 hours per week may enroll immediately in this tax-favored savings program which offers you the advantage of saving money while deferring the payment of federal taxes until you being receiving retirement benefits.

Employees may elect to defer 1% to 100% not to exceed $23,500 of their gross annual compensation in 2025. Employees 50 years or older may defer an additional $7,500 per year in 2025. Once you have completed at least 1 year and 1,000 hours of service, you will be eligible for the company match.

If you wish to change or cancel your current elections, just login into the portal to update your elections. The portal will transmit both to HR and payroll.

For questions about the vesting schedule, transfers/allocation changes, investment options, rollovers and managing your account please visit empowermyretirement.com or call 1-800-701-8255.

Flexible Spending Account (FSA)

Full-time employees are eligible to participate in the Flexible Spending Accounts. Flexible Spending Accounts provide employees with an important tax advantage that can help you pay Health Care and Dependent Care costs on a pre-tax basis.

Below are the benefit attributes:

Plan Year: January 1, 2025- December 31, 2025	
Health Care Reimbursement FSA	**Dependent Care FSA**
$3,300 Plan Year Maximum	$5,000 Plan Year Maximum

The **MEDICAL FLEXIBLE SPENDING ACCOUNT** plan allows you to set aside up to a maximum of $3,300 per plan year from your salary on a pre-tax basis to go into an account to reimburse yourself for medical or dental expenses that are not paid by the insurance plan(s).

The **DEPENDENT CARE REIMBURSEMENT ACCOUNT** plan allows employees to set aside up to $5,000 per participant, $2,500 if married filing separately, over the course of the Plan Year, pre- tax, to go in to an account to reimburse them for out-of-pocket dependent care expenses.

GRACE PERIOD: Your plan allows for a 2 ½ month grace period following the end of the plan year during which amounts unused as of the plan year may be used to reimburse eligible medical expenses incurred during the grace period.

Over-the-Counter (OTC) medications no longer require a doctor's prescription to be eligible for FSA reimbursement. Through the Flexible Spending Account plan, your contributions will be deducted before FICA and federal taxes.

The Medical and Dependent Care Reimbursement Account plans are administered through CGI Business Solutions.

Please direct inquiries to:
CGI Business Solutions
Benefit Administration Department
1-888-383-0088
claims@cgibenefitsgroup.com

Wealthcare Portal Instructions

Amoskeag Health will have access to CGI's WealthCare Portal which is available 24/7 to access your HRA and FSA account information for health care and dependent care to access your funds. This feature will allow for more simplified claims processing.

How to Create your User Account on the CGI WealthCare Portal

Step One: Visit: cgi.wealthcareportal.com

- Click "**register**" located on the top right side of the main screen
- Choose a unique Username (cannot be your email address)
- Create a password and re-enter under confirm password
- Enter First and Last Name
- Employee ID is your social security number without dashes.
- Registration ID for Employer ID: CGIMCHC
- Check off Accept Terms of service and Click Next

Step Two: Setup Secure Authentication

- Select Security Questions and Answers, then click next
- Confirm email, click next
- Confirm Security question and click Submit, then on to complete setup
- You have completed your user account setup and may sign off or proceed to your account.

Account Access as Mobile as you are!

Download the free app "CGI Wealthcare Mobile" from the Apple Store or Android Marketplace. Gain instant access by entering the same username and password you created by registering at:

cgi.wealthcareportal.com

- View account balances and transactions
- Attach receipts by taking a picture with your smartphone
- Add or edit text message alerts
- Contact CGI Business Solutions for assistance

Additional Information

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 Plan Administrator.

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 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.

Additional Information

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**.**

Newborns' and Mothers' Health Protection Act: Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours) .

Customer Service Numbers

Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources at HR@amoskeaghealth.org

Medical Benefits
HPI
1-800-532-7575
www.hpitpa.com

Dental Benefits
NE Delta Dental
800-832-5700
www.nedelta.com

Vision Benefits
EyeMed
866-723-0513
www.eyemedvisioncare.com

Life and Disability
Standard Life Insurance
800-628-8600
www.standard.com

Employee Assistance Program (EAP)
Standard Life Insurance
888-293-6948
www.healthadvocate.com/standard3

Flexible Spending Accounts (FSA)
CGI Business Solutions
888-383-0088
claims@cgibenefitsgroup.com

403(B) Retirement
Empower
800-701-8255
empowermyretirement.com

Benefits Broker
Sarah Hayes
603-232-9311
shayes@cgibenefitsgroup.com

Insurance Costs

HMO LOW LP- Employee Deductible: $1,000

Plan Type	Employee Bi-Weekly (40 + hours weekly)	Employee Bi-Weekly (30 to less than 40 hours weekly)
Single	$86.86	$97.71
Employee + Spouse/Partner **	$361.55	$421.81
Employee + Child(ren)	$274.15	$328.98
Employee + Family **	$577.62	$660.13

HMO HIGH LP- Employee Deductible: $3,000

Plan Type	Employee Bi-Weekly (40 + hours weekly)	Employee Bi-Weekly (30 to less than 40 hours weekly)
Single	$61.11	$71.30
Employee + Spouse/Partner **	$293.94	$350.47
Employee + Child(ren)	$216.03	$267.47
Employee + Family **	$479.93	$557.34

HDHP H.S.A.- Employee Deductible: $3,500

Plan Type	Employee Bi-Weekly (40 + hours weekly)	Employee Bi-Weekly (30 to less than 40 hours weekly)
Single	$53.60	$60.04
Employee + Spouse/Partner **	$266.54	$304.62
Employee + Child(ren)	$216.55	$242.53
Employee + Family **	$391.08	$469.28

Plan Type	Employee Bi-Weekly
Single	$5.31
Employee + 1 dependent **	$17.63
Employee + Family **	$39.60

Plan Type	Employee Bi-Weekly
Single	$3.57
Employee + Family **	$7.16

**Domestic Partner coverage is offered. Please see Human Resources for tax implications to the rates.
In order to elect you must complete an affidavit and return to Human Resources.

Notes:

THIS IS ONLY A SUMMARY, NOT A CERTIFICATE OF INSURANCE. The information contained in this Employee Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various certificates of insurance and benefit information supplied by the insurance carriers. This Summary has been produced by CGI Business Solutions, Amoskeag Health's insurance broker, to assist employees in understanding their company's health plan. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail.

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