

PATHWAY TO HEALTH



2026 Benefits Overview

Client Workers

Updated 11/5/2025

THE
FEDCAP
GROUP

The Power of Possible

Agenda

Open Enrollment

- Eligibility
- Oracle HCM
- Benefit Service Center
- What's New in 2026?

Benefits Overview

- Medical
- Fedcap Advantage
- Dental
- Vision
- FSA
- Disability and Paid Family Leave
- Basic Life and AD&D
- Voluntary Benefits
- Other Benefits
- Employee Assistance Program
- 403(b) – Retirement Plan

Reminders, Recap and Q&A

OPEN ENROLLMENT



Eligibility

You: Regular full- or part-time employees scheduled to work **30** hours per week or more are eligible to elect benefits

Your Dependents: Eligible dependents are your:

- ☐ Legal spouse (including common law spouse)
- ☐ Child(ren) up to age 26, including stepchildren, foster children and adopted children (for medical, dental and vision)
- ☐ Disabled child(ren) of any age (with documentation of disability) dependent on you for support due to physical or cognitive disability that occurred before reaching age 26

Dependents become eligible for coverage on the same date you do or on the date of a Qualified Life Event

Dependent Documentation required include marriage certificate, birth certificate, adoption papers, etc.

Open Enrollment

Open Enrollment for 2026 plan elections and changes will be held November 12 – November 21, 2025
All plan elections made during Open Enrollment will be effective January 1 - December 31, 2026

Open Enrollment is your annual opportunity to:

- Add or drop coverage
- Add or drop dependents
- Change benefit plans

Changes to your benefit elections outside of the Open Enrollment period are only permitted if you experience a Qualified Life Event such as:

- Marriage or Divorce
- Birth or Adoption
- Loss of Eligibility for Other Coverage

If you enroll your dependent(s) please make sure you have their SSN as well as their Date of Birth

In order to enroll dependents the required documents for verification are:

Spouse:

- ✓ Marriage Certificate/Affidavit
- ✓ Prior year tax return (first page)

Children:

- ✓ Birth Certificate
- ✓ Proof of Legal Guardianship
- ✓ Qualified medical court support order (QMCSO)
- ✓ Prior year tax return (first page)


The Benefit Service Center must be notified within 30 days of a Qualified Life Event

Open Enrollment Hub – Internet

Open Enrollment documents will be available on the Open Enrollment Hub on the Fedcap Group page:

<https://fedcapgroup.org/fedcap-employee-benefits-portal/> or scan QR code below

There is no need to login or remember passwords.



Welcome To The Fedcap Group's
2026 Benefit Information Hub

[Click here to view the 2025 Benefit Information Hub](#)



Please Review your 2026 Benefit Information:

Benefit Guides and Webinar Information:

Fedcap All Staff ▼

Client Workers ▼

Easterseals – Upstate New York ▼

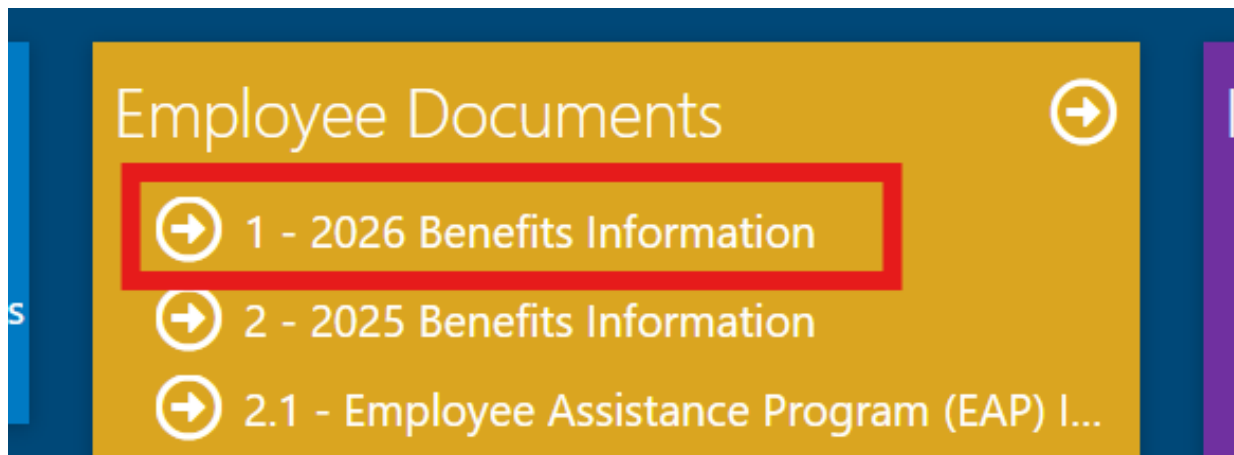
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Employee Resources Portal – Intranet

Open Enrollment documents will also be available on the Employee Resources Portal on the Fedcap Group Intranet site: <https://fedcap.sharepoint.com/hr/SitePages/home.aspx>

Select “2026 Benefits Information” folder to view these documents.



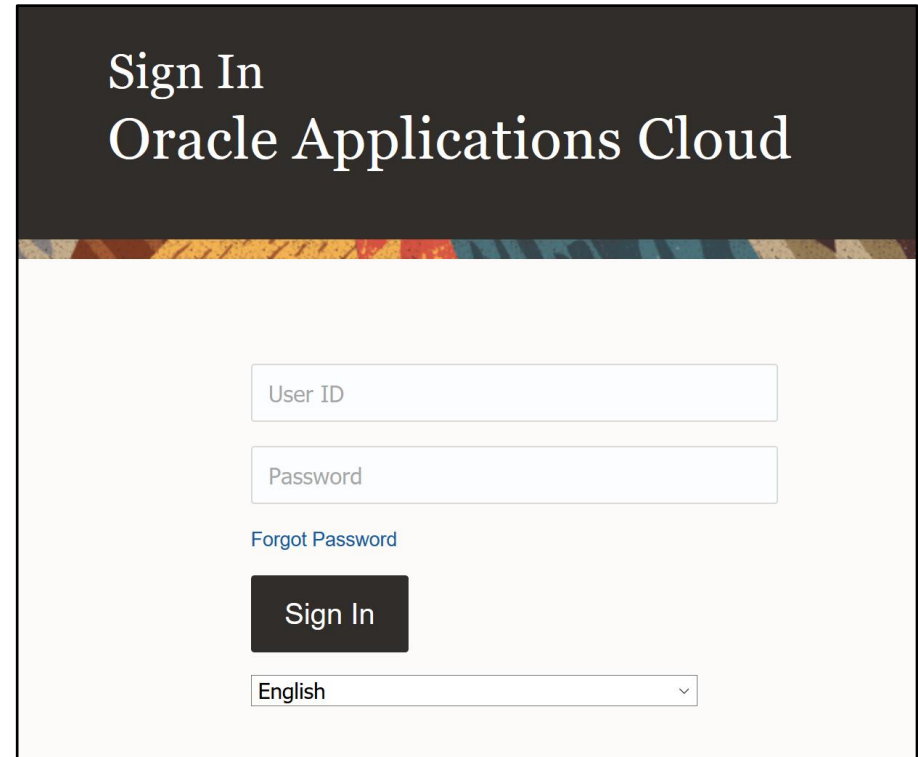
Open Enrollment – Oracle HCM Login

User ID: work email address

Password: user generated

If you need access to your Oracle HCM account or need help to reset your password, please contact the Oracle Help Desk at oraclehelpdesk@fedcap.org.

Microsoft Edge and Google Chrome are the recommended browsers.

A screenshot of the Oracle Applications Cloud sign-in interface. The page has a dark header with the text "Sign In Oracle Applications Cloud" in white. Below the header is a light gray background with a colorful abstract pattern. The sign-in form consists of two input fields: "User ID" and "Password". Below the password field is a link for "Forgot Password". A dark "Sign In" button is positioned below the link. At the bottom of the form is a language selection dropdown menu currently set to "English".

Sign In
Oracle Applications Cloud

User ID

Password

[Forgot Password](#)

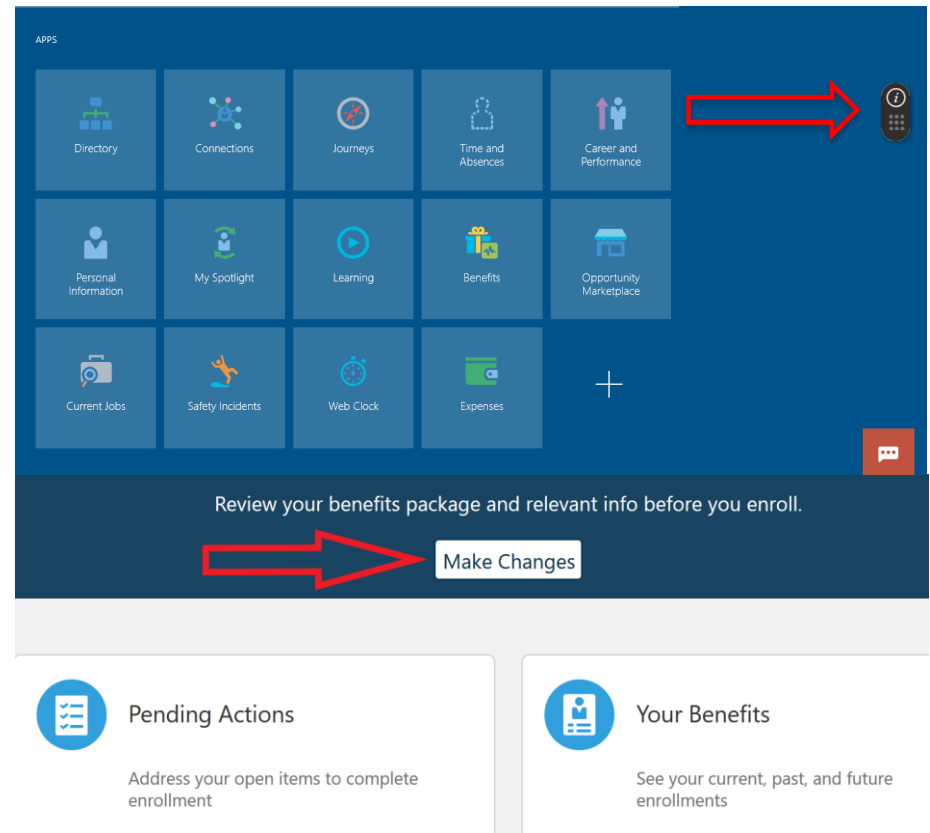
Sign In

English

Open Enrollment – Oracle HCM

Oracle Guided Learning (OGL) is available which provides real time guidance as you navigate through the Oracle system. To activate OGL, click on the black “i” button and select “Benefits”.

After logging in, from the “Me” tab, click on the “Benefits” icon, then click “Make Changes” to start the process.



Benefit Service Center

The Fedcap Group Benefit Service Center offers you a central location for your benefits questions and should always be your first point of contact for a benefits question or claims issue. The Benefit Service Center is staffed with qualified benefit representatives who understand your benefit plans and can answer your questions and assist with claims resolution.

Contact the Fedcap Group Benefit Service Center if you are looking for information about:

- Medical, Dental, Vision, Disability, Life, and Accidental Death & Dismemberment (AD&D) benefits
- Health Care and Dependent Care Flexible Spending Accounts
- Commuter Benefits
- Claim Issues
- ID Cards
- Qualified Life Status Changes
- COBRA
- Voluntary Benefits

Fedcap Benefit Service Center

Agents Available Monday-Friday 9am-5pm ET:



Call Toll-Free: 1.866.533.3227



Live Chat: Go to

<http://myteambms.com/benefitservicecenter>
and click "Start Chat"



Email: benefitservicecenter@fedcap.org



Leave a Message: Go to

<http://myteambms.com/benefitservicecenter>
and click "Leave a Message"

*Inquiries received after 5pm will be answered within one business day.

What's New For 2026?

- Deductible changes to the PPO and EPO Medical plans
 - PPO annual deductible for In-Network will change to \$1,250 (Individual) / \$3,125 (Family)
 - EPO annual deductible will change to \$2,000 (Individual) / \$4,000 (Family)
- Out-of-pocket maximum changes to the PPO and EPO Medical plans
 - PPO maximum for both In and Out of Network coverage will change to \$7,150 (Individual) / \$17,875 (Family)
 - EPO maximum for Family will change to \$17,875
- FSA/Commuter benefits will be moving from BRi to FloresHR
 - New FSA/Commuter cards will be mailed to employees currently enrolled and new enrollees.
- Paid Family Leave benefits for employees working in Delaware will begin in 2026.

MEDICAL BENEFITS OVERVIEW



Comparing Plan Basics

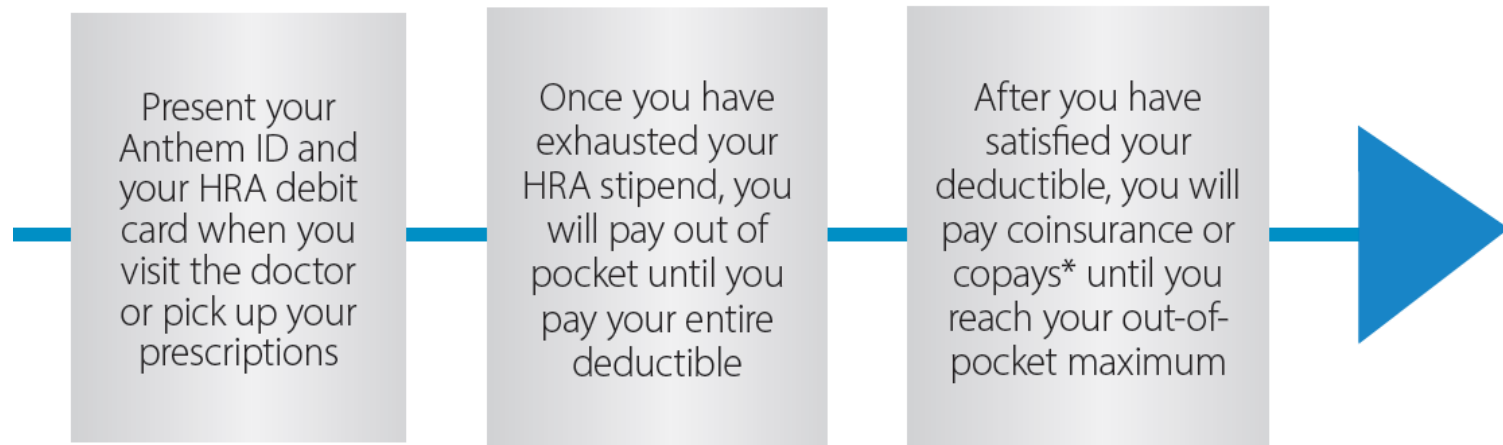
Medical plans		PPO		EPO	HRA
		Doctors in your plan's network	Doctors not in your plan's network	Doctors in your plan's network	Doctors in your plan's network
Deductible	Employee	\$1,250	\$3,000	\$2,000	\$3,000
	Employee + family	\$3,125	\$7,500	\$4,000	\$6,000
Coinsurance	Member	20%	40%	30%	10%
Office visits	Doctor	\$20	Deductible & Coinsurance	\$25	Deductible & Coinsurance
	Specialist	\$35	Deductible & Coinsurance	\$40	Deductible & Coinsurance
Out-of-pocket limit	Employee	\$7,150	\$7,150	\$7,150	\$7,150
	Employee + family	\$17,875	\$17,875	\$17,875	\$14,300
Urgent Care	Member	\$35 copay	\$35 copay	\$40 copay	Deductible & Coinsurance
Emergency Room	Member	\$250 copay	\$250 copay	\$250 copay	Deductible & Coinsurance
Prescription drugs	Pharmacy deductible	\$100	Covered in-network only	\$100	Deductible applies
	Retail	\$10/\$35/20% (\$80 min/\$400 max)		\$10/\$35/20% (\$80 min/\$400 max)	\$10/\$35/20% (\$80 min/\$300 max)
	Home delivery	\$20/\$70/20% (\$80 min/\$400 max)		\$20/\$70/20% (\$80 min/\$400 max)	\$20/\$70/20% (\$80 min/\$300 max)

Health Reimbursement Account (HRA)

If you choose the HRA3000 medical plan, The Fedcap Group will provide you with an employer funded HRA (Health Reimbursement Account) you can use to offset your deductible.

The HRA will be administered by Anthem and incoming claims are first paid by the HRA.

Coverage Level	Stipend Amount
Employee Only	\$1,000
Employee + Child(ren)	\$1,250
Employee + Spouse	\$1,250
Employee + Family	\$1,500



You can choose the convenience of home delivery

Your health plan is all about giving you choices. When you need a prescription medicine, you can:

- Choose CarelonRx Pharmacy.
- Get your prescriptions at your local pharmacy.
- Get 90-day supplies from a CVS pharmacy.

It's up to you.

Set up home delivery through CarelonRx Pharmacy for the prescriptions you take long-term for conditions like high blood pressure, diabetes, heart disease, or asthma. You'll receive your medications at your door and enjoy the convenience of not having to visit the pharmacy.



Preferred Generic Rx Program

Switching to Generic Drugs Can Save You Money!

- Generic drugs work just as well as brand-name drugs but often cost less
- If you get a brand-name drug that has a generic option, you will pay the tier 1 (generic) copay plus the difference in cost between the brand-name and generic drug
- If your doctor prescribes a brand-name drug that does not have a generic equivalent, you will pay the tier 2 copay or tier 3 coinsurance



Here's an example of why you pay more for a brand-name drug:

Your tier one (generic) drug copay:	\$ 10
Plus the brand name drug cost:	+ \$ 160
Subtotal:	<u>\$ 170</u>
Minus the generic drug cost:	- \$ 60
You pay more for a 30-day supply of the brand-name prescribed drug:	\$ 110

Before you opt for a brand-name drug, remember it will cost you more money

Anthem Medical

How to find a doctor

STEP 1

Visit anthem.com/find-care/ (or visit anthem.com, and then click

Find Care

- Existing members should **“Log in for Personalized Search”**
- New members should **“Basic search as a guest”**

STEP 2

Complete the following fields:

- Select the type of plan or network
 - Select **“Medical Plan or Network”**
- Select the state where the plan or network is offered
 - Select a **State**
- Select how you get health insurance
 - Select **“Medical (Employer-Sponsored)”**
- Select a plan or network
 - Inside NY - Blue Access Network**
 - Outside NY - National PPO (BlueCard PPO)**
- Then click **“Continue”**

The screenshot shows two main options for finding care. On the left, 'Log in for Personalized Search' with a 'Log in to Find Care' button. On the right, 'Use Member ID for Basic Search' with a 'Continue' button. Below these, there is a section for 'Select a plan for basic search' with a 'Find out if a doctor, hospital, or other care provider is in-network for the plan selected.' link.

This is a detailed view of the 'Select a plan for basic search' form. It includes fields for 'Select the type of plan or network' (Medical Plan or Network), 'Care Providers for Behavioral Health & Substance Use Disorder Medical plan or network.', 'Select the state where the plan or network is offered.' (New York), 'Select how you get health insurance' (Medical (Employer-Sponsored)), and 'Select a plan or network' (Blue Access Network Empire EPO).

STEP 3

Enter in your **zip code**, Search by doctor name or specialty or Search by Care Provider

The screenshot shows the search bar with a zip code '10016' entered. Below the search bar, there are filters for 'Primary Care', 'Behavioral Health', 'Lab (Blood Work)', 'Imaging (MRI or X-ray)', and 'Hospital'.

STEP 4

View your **search results.**

The screenshot shows the search results page for 'Physicians & Medical Professionals'. It lists two results: 'WILFREDO TALAVERA, M.D.' and 'JESSICA L. LEVATINO, M.D.'. Each result includes their address, phone number, and a 'Get Directions' link. The page also shows filters for 'Family/General Practice, Internal' and 'Medical Group or IPA'.

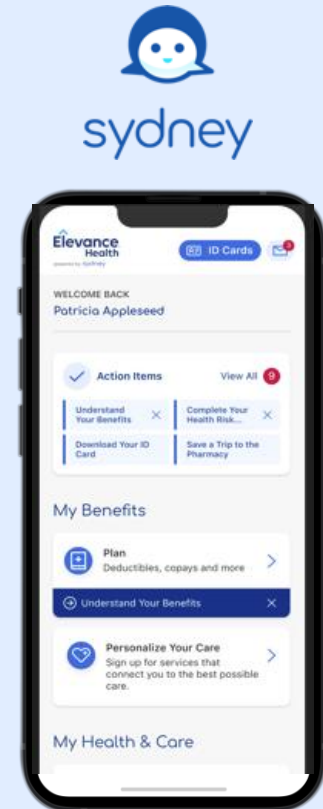
Sydney Health mobile app

Makes healthcare easier

Sydney Health helps you keep track of your health and benefits all in one place. You can use the app to:

- Find care and compare costs.
- Learn what's covered and check claims.
- View and use your digital ID cards.
- Check your plan usage.
- Fill prescriptions.
- Chat with Member Services if you have questions or need information.
- Access Virtual Care to talk with a doctor via chat or a video session.
- Use the Symptom Checker to assess your symptoms.
- Use My Health Dashboard to find wellness tips and personalized action plans.
- Connect with Community Resources to find no-cost and reduced-cost programs.
- Simplify your family's health data with My Health Record to access and share health information in one place.

Sydney Health is offered through an arrangement with Caredon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.



Anthem Health Guides

An Anthem Health Guide answers your questions and walks you through the healthcare system so you can:



Find the right benefits for your needs.



Stay on top of appointments.



Save money on prescriptions.

Compare costs for healthcare services.

Once you have an Anthem health plan, reach a Health Guide by calling the number on the back of your health plan ID card. You can also go to [anthem.com](https://www.anthem.com) to send a secure email or chat online.



Virtual care

Connect with care anywhere

- Primary care — Meet with a virtual care doctor to assess a minor illness or injury. They can also prescribe certain medicines and order lab tests.
- Urgent care — Connect virtually with a doctor in minutes, 24/7, for nonemergency care.
- Specialty visits — Schedule virtual care for a more specific need, like behavioral health, dermatology, and diabetes.

Telehealth appointments are available through your mobile phone, tablet, or computer with a camera.



Health and wellness programs

Once you enroll in your Anthem health plan, you'll have access to a variety of programs and resources — at no added cost — to help you:



Better manage your condition.



Improve your overall health.



Reach your health goals.



Save on health-related products and services.




Once you have an Anthem plan, log in to [anthem.com](https://www.anthem.com) or the Sydney Health app, or call the Member Services number on your health plan ID card to enroll in these programs.



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Engagement Package 700

Your employees can earn up to \$700 by engaging in programs designed to encourage participation in health-related activities and support those with chronic conditions.

 Preventive care	 Condition management	 Wellness
Annual preventive wellness exam or well-woman exam \$20	ConditionCare \$225*	Complete action plans \$20*
Annual eye exam \$20	Building Healthy Families \$125*	Connect a device \$5
Colorectal cancer screening \$25	Well-being Coach Telephonic: Tobacco Cessation Program \$60	Log in to anthem.com or app \$5
Mammogram \$25	Well-being Coach Telephonic: Weight Management Program \$60	Complete Health Assessment \$20
Flu shot \$10		Track steps \$60*
Cholesterol test \$5		Update contact information \$15
		Use Well-being Coach Digital \$20*

24/7 NurseLine

Support anytime, day or night

Connect with a registered nurse who can:

- Answer health questions.
- Help you decide where to go for care.
- Find doctors or other care healthcare professionals near you.



Autism Spectrum Disorder Program

Building a strong support system for the entire family

A specialized team of clinicians will work with you to create a personalized custom care plan, help coordinate care and connect you with resources in your community.



ConditionCare CORE

A dedicated care management team offers support if you're living with:



Asthma



Diabetes



Heart disease or heart failure



Chronic obstructive pulmonary disease (COPD)

You also have additional support from dietitians, health educators, and pharmacists.



Diabetes Prevention Program

Support to help you reduce your risk for type 2 diabetes

Anthem and Lark have come together to offer this 12-month weight loss program that can help you lose weight and reduce your risk for type 2 diabetes.

Get personalized 24/7 coaching to help you:

- Lose weight
- Manage stress
- Eat healthier
- Sleep better
- Increase activity

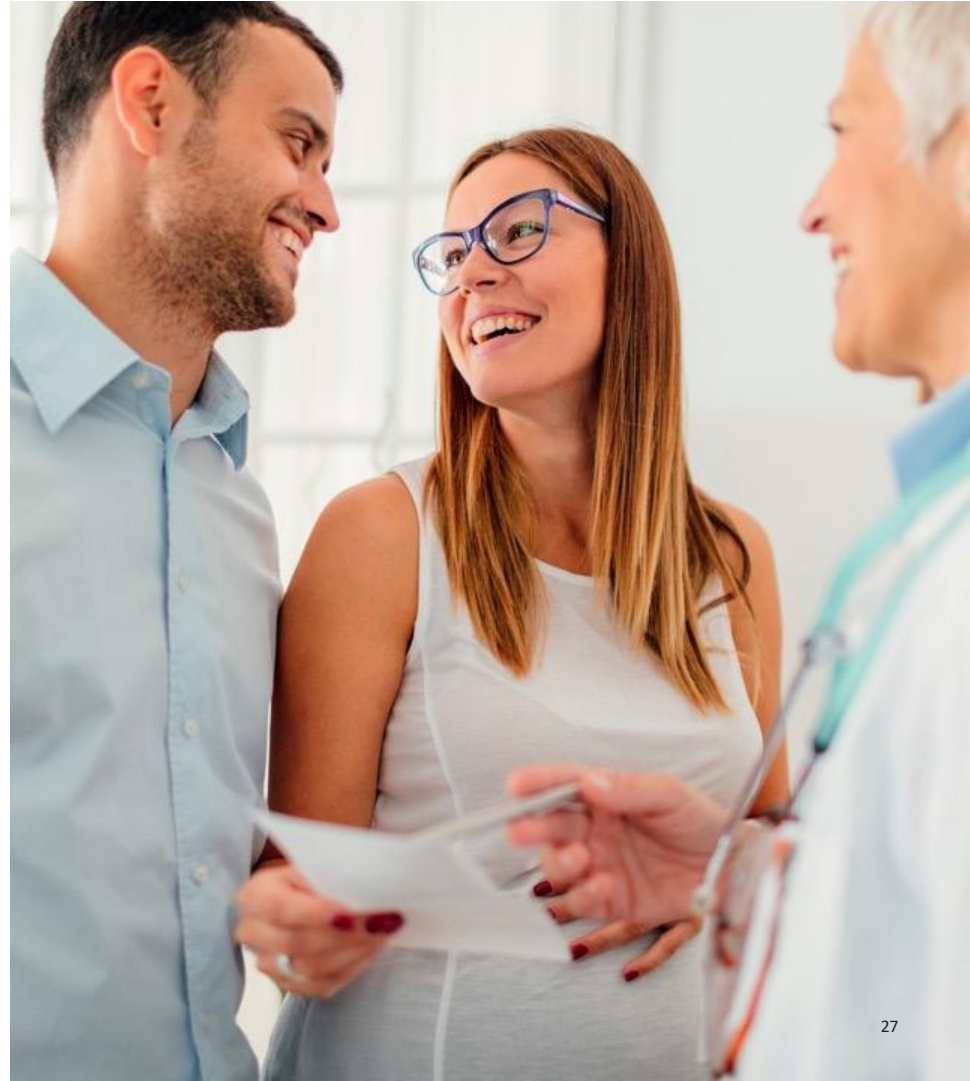
Use the Sydney Health app to complete the Lark prediabetes survey by going to My Health Dashboard and searching for “Lark Diabetes Prevention Program” under Programs.



WINFertility

If you need fertility support while working toward building your family, WINFertility offers:

- 24/7 access to specially trained nurse care managers.
- Help selecting the right doctor for your needs.
- Information about testing, types of fertility challenges, and treatment and medicine options.
- Preapprovals, care recommendations, <pharmacy assistance,> and specialist referrals.



Building Healthy Families



Extensive content library covering topics to support diverse families — including single parents and same-sex or multicultural couples — on the path to parenthood.



Screenings, tools, and trackers — for preconception, fertility, pregnancy, and early childhood.



Available 24/7 through our Sydney^{<SM>} Health app.



Gym reimbursement

Exercising regularly is one of the best things you can do for your health

Your plan covers part of your fitness membership fees when you:

- 1 Track your workouts.
- 2 Meet the minimum gym visit requirement for a six-month period.



You May Have Other Options Available to You:

- If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from Fedcap, there is a premium assistance program that can help pay for coverage, using funds from the Medicaid or CHIP program. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.
- If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Fedcap Advantage

The Fedcap Group is committed to helping its employees succeed and understand that life's challenges can come at any time. With Fedcap Advantage, you can discover your eligibility for federal, state, and local benefits like **food assistance**, **tax credits**, and **lower internet costs**. Plus, you'll be connected to other free local community resources that are ready to provide additional help.

How Do I Find Out What Free and Confidential Resources I'm Eligible For?

Do It Yourself Screening

Available on any device, 24/7

Guided Screening

Mon-Fri 9AM-5PM

Community Resource & Benefits

Healthcare

Nutritional Assistance

Educational Assistance

Energy Assistance Programs

Tax Credits and Preparation

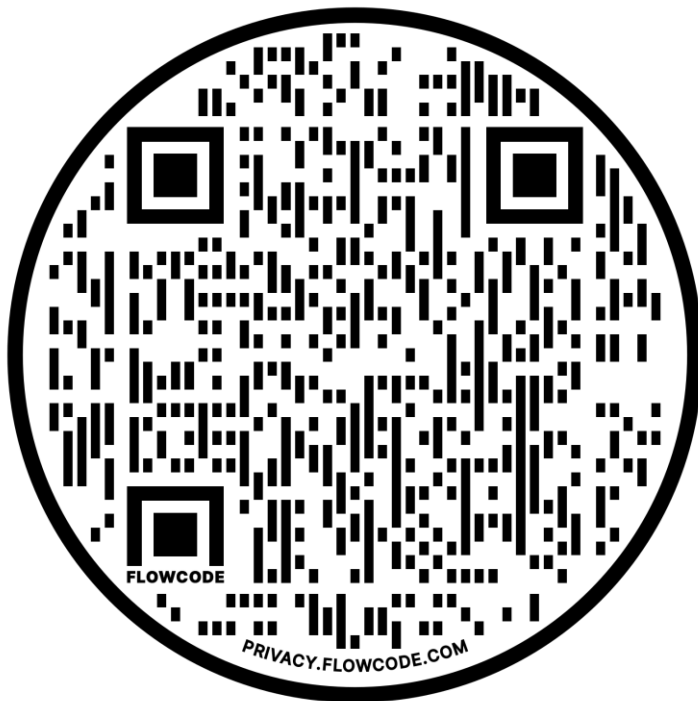
Housing Resources

Powered by



Fedcap Advantage


Let's get started




Scan The QR Or Visit:
fedcapgroup.org/advantage

Dedicated & Confidential Support

Reach out to our dedicated consultant if you have any questions or need assistance.

 (212) 727-4232

 dflores@singlestop.org

or stop by Civic Hall on the 5th Fl.
in NYC for assistance

se Habla Español

DENTAL BENEFITS OVERVIEW



Dental

Dental Plans	PP01	PP02
Carrier	Anthem	Anthem
Plan Type	PPO	PPO
Out-of-Network Reimbursements	80th% UCR ⁽¹⁾	In-network MAC ⁽²⁾
Deductible	Individual: \$50 Family: \$150	Individual: \$100 Family: \$300
Deductible Waived for Preventive Care	Yes	Yes
Preventive / Basic / Major	In-Network: 100% / 80% / 50% Out-of-Network: 100% / 80% / 50%	In-Network: 100% / 60% / 50% Out-of-Network: 100% / 50% / 50%
Endodontics / Periodontics / Oral Surgery	Basic	Basic
TMJ Benefits	Covered Under Oral Surgery (Basic)	Covered Under Oral Surgery (Basic)
Crowns / Bridges / Dentures / Implants	Major	Major
Implants	Covered	Covered
Annual Maximum	\$1,500	\$1,000
Orthodontia	50%	50%
* Ortho Eligibility	Dependent Children Only (must be banded before age 19)	Adults and Dependent Children
* Ortho Lifetime Maximum	\$1,500	\$1,000
Dependent Age Limit	26	26

This is only a brief summary of benefits. Please refer to the Benefits Guide for additional details.



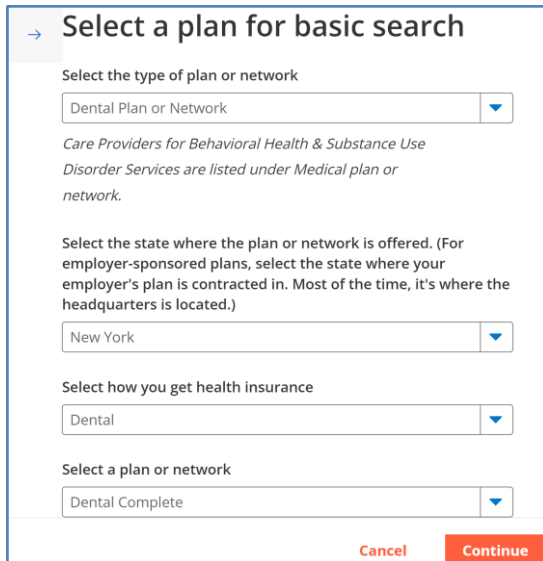
(1) UCR = Usual, Customary, Reasonable

(2) MAC = Maximum Allowable Charge

Finding In-Network Dental Providers

To find an in-network dental provider go to www.anthem.com/find-care/, click on “**Basic search as a guest**”. Under “Select the type of plan or network”, select “**Dental Plan or Network**”. Under “Select plan or network”, select “**Dental Complete**”. Click “Continue” to enter your zip code and select the type of dentist under the “Search by Care Provider” section. A list of in-network dentists will appear. You can also search using the Sydney app by clicking on the “Find Care” icon and selecting “Dental Professionals”.

Web Search



→ Select a plan for basic search

Select the type of plan or network

Dental Plan or Network

Care Providers for Behavioral Health & Substance Use Disorder Services are listed under Medical plan or network.

Select the state where the plan or network is offered. (For employer-sponsored plans, select the state where your employer's plan is contracted in. Most of the time, it's where the headquarters is located.)

New York

Select how you get health insurance

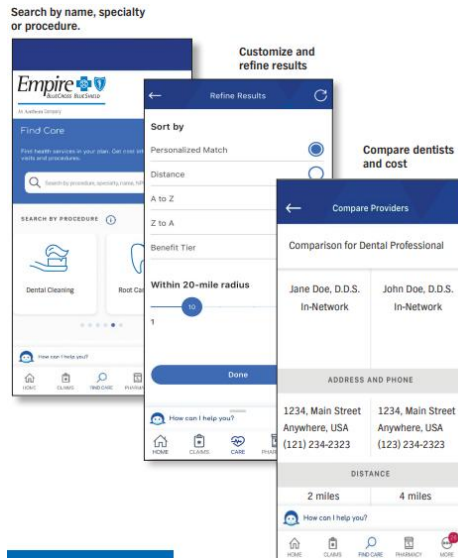
Dental

Select a plan or network

Dental Complete

Cancel Continue

Sydney Health app



Search by name, specialty or procedure.

Customize and refine results

Empire BlueCross BlueShield

Find Care

First health services in your state. Get more info on our website.

Search by procedure, specialty, name, etc.

Dental Cleaning

Root Canal

Sort by

Personalized Match

Distance

A to Z

Z to A

Benefit Tier

Within 20-mile radius

1

Done

How can I help you?

Compare dentists and cost

Compare Providers

Comparison for Dental Professional

Jane Doe, D.D.S. In-Network	John Doe, D.D.S. In-Network
1234, Main Street Anywhere, USA (121) 234-2323	1234, Main Street Anywhere, USA (123) 234-2323
ADDRESS AND PHONE	
DISTANCE	
2 miles 4 miles	

How can I help you?

HOME CLINIC FIND CARE SCHEDULE MORE

VISION BENEFITS OVERVIEW



Vision

Anthem BCBS	In-Network	Out-of-Network	Frequency Period (calendar year)
Exam	\$5 Copay	\$30 Reimbursement	12 months
Lenses			
Single Vision	\$10 Copay	\$25 Reimbursement	12 months (either pair of eyeglass lenses OR 1 order of contact lenses)
Bifocal	\$10 Copay	\$35 Reimbursement	
Trifocal	\$10 Copay	\$45 Reimbursement	
Contact Lenses			
Conventional	\$120 Allowance Additional 15% off balance over allowance	\$120 Reimbursement	12 months (either pair of eyeglass lenses OR 1 order of contact lenses)
Disposable	\$120 Allowance No additional discount	\$120 Reimbursement	
Medically Necessary	\$0 Copay	\$200 Reimbursement	
Frames			
Any Frames	\$120 Allowance Additional 20% off balance over allowance	\$120 Reimbursement	24 months

This is only a brief summary of benefits. Please refer to the Benefits Guide for additional details.

FSA BENEFITS OVERVIEW



Flexible Spending Accounts (FSAs)

FSA programs allow you to pay for unreimbursed health care and/or dependent care expenses on a pre-tax basis.

Account Type	Examples of Eligible Expenses	Contribution Limits	Access to Funds
Health Care FSA For yourself or any dependent claimed on your federal tax return	<ul style="list-style-type: none"> • Medical plan deductibles and coinsurance * • Copays • Prescription drugs • Dental Expenses, including orthodontia and implant expenses • Vision exams • Glasses/contact lenses • Laser eye surgery 	Up to \$3,400	Immediate access to your entire, annual contribution amount as of January 1
Dependent Care FSA For eligible dependents under age 13, a disabled spouse, a parent or disabled child over age 13	<ul style="list-style-type: none"> • Dependent/childcare centers • Adult day care • Nursery school /pre-school • After school /summer day camp 	Up to \$5,000 <i>(\$2,500 if married and filing separately)</i>	<ul style="list-style-type: none"> • Funds are added to your Dependent Care FSA account on every pay date • Submit claims up to your year-to-date accumulated amount in your account

*** Note for the HRA3000 Medical Plan:** If you are enrolled in the HRA3000 medical plan and elect Health Care FSA, you must meet your annual deductible before you receive reimbursement for medical expenses.

Budget Appropriately: FSAs are considered “**use it or lose it.**” This means you will forfeit your remaining balance if you do not use all of the funds by March 15 of the following year. You have until March 31 of the following year to submit all claims. It is important you budget appropriately and use all of the funds within the FSA plan year.

An extended list of covered expenses can be found in **IRS Publication 502** (<https://www.irs.gov/pub/irs-pdf/p502.pdf>)

DISABILITY AND PAID FAMILY LEAVE



Family and Medical Leave Act (FMLA)

The Federal Family and Medical Leave Act (FMLA) provides eligible employees with up to 12 weeks of unpaid leave, job protection and health benefits continuation in the event of their own serious health condition or the serious health condition of a qualifying family member.

If you are absent for more than three consecutive days, **on the fourth day** you must contact The Standard at 888-868-7046 to file a claim under the Family Medical Leave Act (FMLA) and/or Disability. In addition, you must also contact your Manager/Supervisor and HR.

You are eligible for FMLA at the time of the qualifying event if you have at least 12 months of service and have worked a minimum of 1,250 hours in the previous 12 months with Fedcap.

Eligible leaves under FMLA: Birth or Placement of a Child, Care for an Immediate Family Member, Employee's Own Serious Health Condition, Qualifying Exigency Leave, Care of Spouse or Next of Kin Injured While on Active Duty in the Armed Forces

Core STD Plan and Buy-Up Plan

Weekly benefit amount	60% of weekly earnings, up to maximum of \$400
Benefit begins for illness & accident	8 th day
Maximum benefit period	26 weeks
Buy Up STD	60% of weekly earnings for a total weekly maximum of \$1,500 (inclusive of \$400)

New York DBL and PFL Benefits

NY DBL benefit amount	50% of weekly earnings, up to maximum of \$170
Benefit begins for illness & accident	8 th day
Maximum benefit period	26 weeks (in any consecutive 52-week period)
Company-provided benefit	60% of weekly earnings for a total weekly maximum of \$400 (inclusive of NY DBL)

New York Paid Family Leave (PFL)

Benefit Amount: The benefit amount is 67% of your average weekly wages, up to a maximum weekly benefit of \$1,228.53 with a maximum benefit period for up to 12 weeks in any consecutive 52-week period.

To learn more, visit <https://paidfamilyleave.ny.gov/>

New Jersey TDB and PFL Benefits

NJ TDB benefit amount	85% of average weekly wages, subject to a maximum of 70% of the Statewide average weekly wages paid to workers by employers, not to exceed \$1,199.
Benefit begins for illness & accident	8 th day
Maximum benefit period	26 weeks

New Jersey Family Leave

Benefit Amount: The benefit amount is 85% of your average weekly wage, and the maximum weekly benefit increases to \$1,199 per week, with a maximum benefit period for 12 consecutive weeks within a 52-week period.

To learn more, visit <https://myleavebenefits.nj.gov/worker/fli/>

Massachusetts Paid Family Leave

Massachusetts Paid Family and Medical Leave (PFML):

Benefit Amount: The maximum total amount that you can receive in PFML benefits is \$1,230.39 per week (adjusted annually to equal 64% of the state average weekly wage) with a maximum benefit period of 26 weeks during a 52-week period.

To learn more, visit <https://www.mass.gov/paid-family-and-medical-leave-benefits>

Washington, D.C. Paid Family Leave

District of Columbia Paid Family Leave:

Benefit Amount: The maximum weekly benefit amount is \$1,190 with a maximum benefit period of 12 weeks during a 52-week period.

To learn more, visit <https://dcpaidfamilyleave.dc.gov/>

Delaware Paid Family Leave Benefits

PFL benefit amount	80% of weekly earnings, up to maximum of \$900
Maximum benefit period	12 weeks in an application year
Benefits Effective Date	January 1, 2026

To learn more, visit <https://labor.delaware.gov/delaware-paid-leave-is-coming/>

Long-Term Disability (LTD)

LTD Monthly benefit amount	60% of monthly earnings, up to maximum of \$5,000
Benefit begins	90 days
Maximum benefit period	Normal Social Security retirement age
Pre-existing conditions	3 months look-back/within 12 months from the effective date

For an employee who goes on leave over the age of 60, the below schedule would apply:

Your Age When Disability Begins	Maximum Benefit Period
Less than age 60	To Social Security Normal Retirement Age (SSNRA) *
Age 60	60 months or to SSNRA*, whichever is greater
Age 61	48 months or to SSNRA*, whichever is greater
Age 62	42 months or to SSNRA*, whichever is greater
Age 63	36 months or to SSNRA*, whichever is greater
Age 64	30 months or to SSNRA*, whichever is greater
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 and over	12 months

* - For employees born 1965 or later, the SSNRA is age 67.

BASIC LIFE AND AD&D



Basic Life and AD&D

Employee Life & AD&D Benefit	1 times annual salary to a maximum of \$100,000
Age reduction	Benefit is reduced by 50% at age 70
Conversion	If your employment ends, you can apply to convert to an individual AnthemLife plan without a health exam / Evidence of Insurability
Living benefit	50% up to \$100,000

VOLUNTARY BENEFITS



Voluntary Supplemental Health Plans

Financial protection when you need it the most

Accident, Specified Disease & Hospital Indemnity Insurance



Pay lump-sum
benefits when covered
events happen



No pre-existing
condition limitations²



Can help pay for
out-of-pocket
medical costs



Extended
continuation¹



Cash benefit paid to
you, so you decide
how to use the money

¹ Extended continuation may not be available in all states. Remains in place as long as the group policy is not terminated.
² Covered accidents or illness must occur after the effective date of coverage.

Accident plan (24 hour coverage)



40 MILLION

ER visits due to injuries each year¹

**Accident plan covers you
on or off the job²**

Emergency room	\$250
Hospital admission	\$1,500
Ambulance (ground)	\$400
Urgent care	\$200
X-ray	\$200
Physical therapy (up to 10 visits/within 90 days)	\$50
Concussion	\$300
Laceration (2 to 6 inches)	\$200

¹ Centers for Disease Control and Prevention, National Center for Health Statistics: *National Hospital Ambulatory Medical Care Survey* (2014): [cdc.gov/nchs/data/nhamcs/web_tables/2014_ed_web_tables.pdf](https://www.cdc.gov/nchs/data/nhamcs/web_tables/2014_ed_web_tables.pdf).

² This is a partial listing of benefits. Please see plan documents for additional details.

Specified Disease plan

735,000
Americans have heart
attacks every year¹



	\$20,000²
Cancer (invasive/non-invasive)	\$20,000 / \$5,000
Stroke	\$20,000
Heart attack (myocardial infarction)	\$20,000
Coronary Artery Disease	\$5,000
Major Organ Failure	\$20,000
End-Stage Renal Disease	\$20,000
Skin Cancer Benefit (Lifetime Benefit)	\$250
Health Screening benefit for each covered member (annually)	\$50

Note: Specified Disease benefits for covered spouse and dependents are 50% of the amount shown above. Specified Disease rates are based on the employees age at five year increments.

¹ Centers for Disease Control and Prevention: *Heart Disease Facts* (updated November 28, 2017): cdc.gov/heartdisease/facts.htm.
² This is a partial listing of benefits. Please see plan documents for additional details.

Hospital Indemnity plan



Benefit

Hospital confinement first day	\$165
Hospital confinement daily benefit	\$165
Intensive Care Unit (ICU) confinement first day	\$165
Daily Intensive Care Unit (ICU) confinement	\$165
First-day hospital confinement annual max	5 day
Daily hospital confinement annual max	90 days
Pregnancy waiting period	None

¹ U.S. Centers for Medicare & Medicaid Services; *Protection from High Medical Costs* (accessed May 2, 2018); [healthcare.gov](https://www.healthcare.gov).

² This is a partial listing of benefits. Please see plan documents for additional details.

Anthem's Auto-Notification Feature

Auto-Notification

We know you're busy so Anthem will let you know when to file a claim for your Accident, Specified Disease and Hospital Indemnity plans.

We can remind you when you have an eligible claim and help you get your cash payment faster!

know you lead busy lives so we're to make sure to let you know when you have an eligible claim on your accident, Specified Disease and hospital indemnity plan. Here's how!

- 1 Log in at anthem.com and register using your member id number
- 2 Your provider files a medical claim
- 3 Anthem analyses your claims data and determines if it's related to a supplemental claim
- 4 We email you when your medical claim is approved and include a notification to file your supplemental claim and how to start the claims process
- 5 You connect with our member services department and they will guide you through the claims process

Voluntary Life and AD&D

Employee benefit	\$10,000 increments to a maximum of \$1,000,000 or 5x your annual earnings, whichever is less
Spouse benefit	\$5,000 increments to \$250,000, limited to 100% of employee benefit
Child benefit (to age 29)	\$1,000 increments to \$20,000, limited to 100% of employee benefit; one rate covers all children
Guaranteed issue	Employee: \$200,000 or 3x annual earnings, whichever is less; Spouse: \$30,000; Child(ren): \$20,000
Conversion/portability	If your employment ends, you can apply to convert to another Anthem plan without a health exam/Evidence of Insurability
Age reduction	Benefit is reduced by 35% at age 65; 50% at age 70
AD&D	Automatically included for employees, spouse and children and equal to Voluntary Life benefit elected
Living benefit	Up to 50% of Voluntary Life benefit

ADDITIONAL BENEFITS



Additional Benefits

Commuter Benefit – FloresHR

- IRS regulated benefit allows employees to use pre-tax dollars for transit and parking expenses commuting to and from work up to \$340 per month
- Commuter elections can be changed at any time throughout the year

Legal Plan – MetLaw

- Provides legal services from qualified attorneys for employee and dependents
- Enrollees must remain in the plan for the full year

Refer to Benefits
Guide for Details

Employee Assistance Program (CCA)



CCA is a provider of programs that enhance individual and organizational performance and well-being

- No cost
- Confidential
- Available to you and your family members
- Staffed by caring professional counselors and work/life specialists with a depth of expertise
- Types of Assistance
 - Information, resources and referrals
 - In-the-moment support
 - Solutions-focused, short-term counseling
 - Referrals to longer term and/or specialized care

TOLL-FREE:
800-833-8707

WEBSITE:
www.myccaonline.com

COMPANY CODE:
fedcap



Areas of Assistance for Employees and Family Members

CHILD CARE

Locating Child Care

Parenting/Child Development

Pre/post-Natal Health

Adoption

Education

Work/Family Balance

ADULT AND ELDER CARE

Aging

Housing Options

Caregiver Support

Medicare and Medicaid

Community Resources

Adults with Disabilities

DAILY LIVING

Home Improvement

Pet Care

Health/Fitness

Moving and Relocation

Event Planning

Travel/Leisure

Disaster Recovery

LEGAL AND FINANCIAL

Identity Theft

Wills and Estate Planning

Divorce and Custody

Bankruptcy

Budgeting and Debt/Credit Management

Saving for the Future

EMOTIONAL WELL-BEING

Stress, Anxiety, Depression

Life Transitions

Relationship and Family Concerns

Grief and Trauma

Addiction and Recovery

Workplace Issues

403(b) Thrift Plan

The 403(b) program through Mutual of America allows you to set aside money on a pre-tax and/or post-tax basis for retirement

- For Employee contributions: No minimum age or service requirement
- Employee contribution up to \$24,500 (2026 IRS and plan limit)
- Age 50 or over “Catch-up” contribution: an additional \$8,000
- Age 60 - 63 Super Catchup Contribution: \$11,500 (inclusive of \$8,000)
- Participant contributions lower taxable income for both federal and, if applicable, state income tax purposes.
- All contributions and any investment earnings accumulate on a tax-deferred basis.
- Invest funds among variety of investment options

Open Enrollment Reminders

Open Enrollment Check List

- ✓ Log into the Oracle HCM between November 12 and November 21
- ✓ Answer the Medicare eligibility question
- ✓ If you want a Health Care FSA or Dependent Care FSA for 2026, you must enroll, even if you enrolled for 2025
- ✓ Only act if you want to make a change to your elections – if you take no action, your current elections will roll over (except for FSA & Commuter)
- ✓ If you do not want medical coverage, check the box to waive coverage and provide a reason
- ✓ Designate a beneficiary for Life Insurance and AD&D
- ✓ If you are adding dependents, you must provide SSN and DOB along with dependent verification documentation by December 31, 2025. After December 31, 2025, unverified dependents will not be covered.
- ✓ Consider participating in the 403(b) Thrift Plan

Recap: What's New For 2026?

- Deductible changes to the PPO and EPO Medical plans
 - PPO annual deductible for In-Network will change to \$1,250 (Individual) / \$3,125 (Family)
 - EPO annual deductible will change to \$2,000 (Individual) / \$4,000 (Family)
- Out-of-pocket maximum changes to the PPO and EPO Medical plans
 - PPO maximum for both In and Out of Network coverage will change to \$7,150 (Individual) / \$17,875 (Family)
 - EPO maximum for Family will change to \$17,875
- FSA/Commuter benefits will be moving from BRi to FloresHR
 - New FSA/Commuter cards will be mailed to employees currently enrolled and new enrollees
- Paid Family Leave benefits for employees working in Delaware will begin in 2026.

Questions

