

2026 Benefit Guide

Helping you make informed choices
about your employee benefits.



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Welcome to ArchCare's Benefit Guide

ArchCare is committed to offering you quality, competitive and cost-effective medical, dental, and vision programs, as well as other important benefits. We are also committed to wellness. We recognize that your benefits are extremely important to you and your family as well as being a large part of your total compensation package.

What if I have questions about enrollment or benefits?

Please contact
archcarebenefits@archcare.org.

New Hire / Newly Eligible Enrollment Period

You have 30 days from your date of eligibility to enroll in the ArchCare Benefit Programs. Should you not take action, you will have to wait until Open Enrollment unless you have a qualifying life event. If you enroll, coverage will be effective the first of the month following your date of eligibility.

Eligibility

All Non-Union Care Members working at least 20 hours per week and their qualified dependents (legally married spouse and dependent children under age 26) are eligible to be covered by the group health insurance program.

For dependent enrollment, Care Member must send a marriage certificate for spouse and birth certificate(s) for child(ren) to archcarebenefits@archcare.org.

Qualifying Life Event

After you enroll, the only time you may make changes to your benefits program during the plan year is if you experience a qualifying life event.

A qualifying life event as defined by the IRS includes:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Death of a dependent
- Start or end of your spouse's employment and insurance coverage
- Your dependent becomes ineligible for coverage
- Becoming eligible for Medicare or Medicaid during the plan year

For additional information,
please contact
ArchCareBenefits@archcare.org

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

Medical

Administered by Meritain an Aetna Company

ArchCare provides healthcare coverage through Meritain an Aetna Company. You have a choice of two plans: a POS Plan and an EPO Plan.

The POS Plan offers both in and out-of-network coverage. The EPO is a high deductible plan that is in-network only. Both plans cover office visits and prescriptions at a copay, however, when you seek care at a facility, the plan deductible will apply as well as coinsurance once the deductible is met.

In addition to your healthcare coverage through Meritain, you also have access to Quantum Health Care Coordinators. Quantum Health offers members a unique concierge service to all your healthcare benefits, as well as a user friendly web experience, including accessing account information and other functions in a secure environment.

	POS		EPO
	In-Network	Out-of-Network	In-Network Only
Deductible (Individual / Family)	\$750 / \$2,250	\$1,500 / \$4,500	\$4,000 / \$8,000
Coinsurance (member pays after deductible)	10%	30%	10%
Out-of-Pocket Maximum (Individual / Family)	\$5,000 / \$10,000	\$5,600 / \$11,200	\$5,000 / \$10,000
Routine Physical Exams	Covered in full	Deductible & coinsurance applies	Covered in full
Primary Office Visit (Pediatricians, Internists, Family Practitioners)	\$35 for adult visits \$0 for child visits	Deductible & coinsurance applies	\$35 for adult visits \$0 for child visits
Specialist Visit	\$50 for adult visits \$0 for child visits	Deductible & coinsurance applies	\$50 for adult visits \$0 for child visits
Telemedicine	\$0 through Teladoc	N/A	\$0 through Teladoc
Well-Child Care	Covered in full	Deductible & coinsurance applies	Covered in full
Outpatient Day Surgery	Deductible & coinsurance applies	Deductible & coinsurance applies	Deductible & coinsurance applies
Urgent Care	\$35 copay for adult visits \$0 for child visits	Deductible & coinsurance applies	\$35 copay for adult visits \$0 for child visits
Emergency Room Care	\$200 copay	\$200 copay	Deductible & coinsurance applies
Imaging (CT / PET Scans, MRIs)	Deductible & coinsurance applies	Deductible & coinsurance applies	Deductible & coinsurance applies
Hospitalization	Deductible & coinsurance applies	Deductible & coinsurance applies	Deductible & coinsurance applies
Rehabilitation Services 48 visits per calendar year (Inpatient / Outpatient)	Outpatient: \$50 adult visit Inpatient: Deductible & coinsurance applies	Deductible & coinsurance applies	Outpatient: \$50 adult visit Inpatient: Deductible & coinsurance applies

Contact archcare.quantum-health.com for assistance with your healthcare benefits.

Prescription Drug Coverage

Administered by Caremark

If you enroll in any of ArchCare's medical plans, you and your enrolled dependents will be covered under the Prescription Drug Plan.

	Retail Program	Mail Service Program
When	For immediate medicine needs or short-term medicines	For maintenance or long-term medicines
Where	You can use your prescription benefit at more than 62,000 Caremark retail pharmacies nationwide, including 20,000 independent pharmacies. Go to caremark.com to locate a pharmacy in your area.	Simply mail your original prescription along with the mail service order form to Caremark. Your medicine will be sent directly to your home.
Cost	\$15 – Generic Medicine \$40 – Brand Name Medicine on drug list \$80 – Brand Name Medicine not on drug list	\$30 – Generic Medicine \$80 – Brand Name Medicine on drug list \$160 – Brand Name Medicine not on drug list
Out-of-Pocket Maximum	\$5,000 (Individual) and \$10,000 (Family). All medical and pharmacy expenses (deductible, coinsurance, and copays) accrue toward your Out-of-Pocket Maximum.	
Supply	30-day supply	90-day supply
Refill Cap	Copays double after the third fill	None

This is just a brief outline of the benefits offered.
For additional information contact
ArchCareBenefits@archcare.org.

Coordinating Your Healthcare

Administered by Quantum Health

ArchCare offers Care Coordination through Quantum Health. Think of Care Coordination as your personal team of nurses, benefits experts and claims specialists who will do whatever it takes to support your unique healthcare needs. It's your one resource to contact whenever you need help with your medical, dental, and vision, wellness or pharmacy benefits.

Making sense of your benefits, costs, and claims can get complicated fast. That's where Quantum Health can help. With Quantum Health, you have a personal team of Care Coordinators including nurses, benefit experts, and claims specialists who will support your healthcare needs.

Whether you've lost your ID cards, need help with pre-certifications, or assistance with a claims issue, Quantum Health's Care Coordinators are ready with personalized support and guidance when you need it.

What a Care Coordinator can do for you:

- Verify coverage
- Obtain pre-certifications
- Answer claims, billing, and benefits questions
- Find in-network providers
- Contact providers to discuss treatment
- Advocate for your care
- Help manage chronic conditions
- Help reduce unnecessary, out-of-pocket costs
- Create health improvement plans
- Provide health education resources

Set up your Quantum Health Member Portal to get started

Register for your Quantum Health member portal. After you register, you'll be able to access claims, search for an in-network provider, and print and save a copy of your ID card.

1. Go to archcare.quantum-health.com and select Register.
2. Provide the information requested.
3. Select Next.
4. A verification code will be sent to your choice of phone or email address.
5. Enter the verification code

Download the Quantum Mobile App

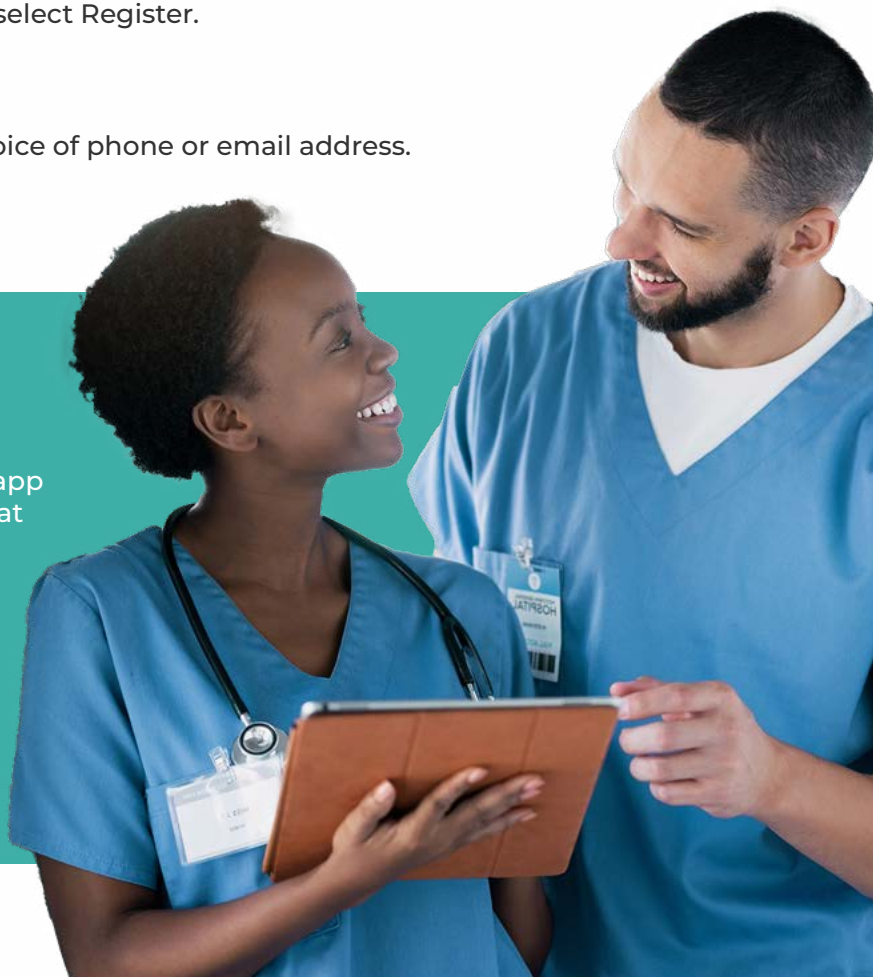
Go to the [Apple App Store](#) or [Google Play](#) and download the MyQHealth Care Coordinators app and have all your Quantum Health resources at your fingertips.



App Store



Google Play





Your Health Care Journey

You receive your ID card in the mail.

- Your ID card lets your doctor know your coverage details. It also gives important information for how to use your benefits. Your card includes the Aetna logo—Aetna manages your provider network, Aetna Choice POS II. This is a group of doctors available to you when you need care.
- If you're wondering where to submit your claims, your card includes Meritain Health submission information—Meritain Health handles your claims processing.
- Show your new ID card to your doctor's office at your next visit, and let them know your coverage has changed.

You have a question about your benefits

- Your Quantum Health Care Coordinators are available for all your benefit-related questions! You can contact Quantum Health Care Coordinators at 866-871-0631 for assistance with questions such as:
 - When and how do I precertify an upcoming procedure?
 - I got married—how will my coverage change?
 - I had a baby—what do I need to do?
 - I lost my ID card—how can I get a replacement?
 - What is my annual deductible?
 - What services are covered under my benefits plan?
 - How do I log in to my benefits portal?

You need to schedule your annual physical

- To find out if your doctor is in your network, you can search right online through the Aetna DocFind® site.
- If you need help finding a doctor in your network, no problem! Ask Quantum Health for help finding a doctor, hospital or health care provider. You can contact your Quantum Health Care Coordinators by calling 866-871-0631, or downloading the Quantum Health mobile app.
- When your doctor's office asks who your health insurance is with, just let them know it's Meritain Health with the Aetna Choice POS II network. Then, show the office your ID card so they know to submit your claims to Meritain Health.

You have an ongoing medical condition

- If you need support with a chronic condition, you can contact your Quantum Health Care Coordinators. They will provide you with help to manage your health each step of the way, and guide you to the right care.

You need to submit a claim for a health care service you received

- Your doctor should handle this for you, but if for any reason you need to submit a claim on your own, you will need to send it to Meritain Health at the following address:

Meritain Health
P.O. Box 853921
Richardson, TX 75085-3921

Teladoc

Talk to a doctor anytime

Teladoc gives you **24/7/365 access to U.S. board-certified** doctors through the convenience of phone, video or mobile app visits. It's an affordable alternative to costly urgent care and ER visits when you need care now. Teladoc is offered to employees enrolled in our medical plans. **All Care Members will be required to create a new Teladoc username and password.**

Overview	
Meet our doctors	<p>Teladoc is another way to access qualified doctors. All Teladoc doctors:</p> <ul style="list-style-type: none">• Are practicing PCPs, pediatricians, and family medicine physicians• Average 15 years experience• Are U.S. board-certified and licensed in your state• Are credentialed every three years, meeting NCQA standards
Get the care you need	<p>Teladoc doctors can treat many medical conditions, including:</p> <ul style="list-style-type: none">• Cold & flu symptoms• Allergies• Sinus problems• Ear infection• Urinary tract infection• Respiratory infection• Skin problems• And more!
When can I use Teladoc?	<p>Teladoc does not replace your primary physician. It is a convenient and affordable option for quality care.</p> <ul style="list-style-type: none">• When you need care now• If you're considering the ER or urgent care for a non-emergency issue• On vacation, on a business trip, or away from home• For short term prescription refills

Talk to a doctor anytime for **free!**

Teladoc is just a click or call away!
teladochealth.com
1-800-TELADOC (835-2362)

GET IT ON
Google Play

Download on the
App Store

Flexible Spending Accounts (FSA)

Administered by BRI

ArchCare offers a Flexible Spending Account program through Benefit Resources that allows eligible Care Members to use pre-tax dollars to pay for qualified out-of-pocket medical expenses or dependent care expenses. All non-union full-time and part-time benefits-eligible Care Members may enroll in the FSA plan during open enrollment.

You decide how much money you want to set aside from each paycheck before taxes are deducted. This lowers your taxable income and reduces the amount of tax you pay for the year. The money you set aside is there for you to use to pay for eligible health and dependent care expenses as allowed by the IRS Code 502. If you do not use the entirety of your 2026 pre-tax contributions by the end of 2026, you will lose the money per IRS Regulations.

2026 maximum contributions to the FSA plans:

Medical FSA: \$3,400

Dependent Care FSA: \$7,500



Dental

Administered by MetLife

ArchCare offers a dental plan through MetLife. With the MetLife Dental Plan, eligible Care Members will have access to MetLife's expansive national network of dentists. All non-union full-time and part-time benefit eligible Care Members can enroll in the dental insurance plan. Coverage is available to Care Members and their eligible dependents.

DPPO Plan			
		In-Network	Out-of-Network
Per Calendar Year Deductible		\$50 Individual / \$150 Family	
Calendar Year Coverage Maximum		\$2,250 per person	
TYPE A – PREVENTIVE SERVICES (DEDUCTIBLE WAIVED)			
Periodic Oral Exam	1 in 6 months	100%	100%
X-Rays	Frequency dependent upon type of X-Ray	100%	100%
Teeth Cleaning	1 in 6 months	100%	100%
Fluoride Treatments	Once per calendar year for members under age 19	100%	100%
TYPE B – BASIC RESTORATIVE CARE			
Fillings		100%	80%
Oral Surgery		100%	80%
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services	100%	80%
Root Canal Treatment	Once per tooth per 24 months	100%	80%
Periodontics	Periodontal scaling and root planing once per quadrant every 24 months. Periodontal surgery once per quadrant, every 36 months.	100%	80%
TYPE C – MAJOR RESTORATIVE CARE			
Simple Extractions		80%	60%
Crown, Denture, and Bridge Repair / Recementations		80%	60%
Implants		80%	60%
Bridges and Dentures	Initial placement to replace one or more natural teeth, which are lost while covered by the Plan. Dentures and bridgework replacement: once every 10 years. Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed.	80%	60%
Crowns / Inlays / Onlays	Replacement once every 10 years	80%	60%
Orthodontics	Available to covered dependents up to age 26. Covered at 50% to a separate lifetime max of \$2,000.		
Dependent Eligibility	Eligible dependents are covered up to age 26.		

Vision

Administered by VSP

ArchCare offers a vision plan through VSP. Under the VSP Signature Plan, you will have access to VSP's national network of doctors and vision care providers. All non-union full-time and part-time benefit eligible Care Members are eligible to enroll in the vision insurance plan. Coverage is available to Care Members and their eligible dependents.

Vision Plan			
Your Coverage from a VSP Doctor		In-Network Member Cost	Out-of-Network Reimbursement
WellVision Exam (every calendar year)	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$0	Up to \$50
Frames (every calendar year)	<ul style="list-style-type: none"> \$150 Allowance for a wide selection of frames \$170 Allowance for featured frame brands Costco/Walmart equivalent frame allowance (\$80) 20% off balance over your allowance 	\$0	Up to \$70
Lenses (every calendar year)	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	\$0 copay	Up to \$50 / \$75 / \$100
Lens Enhancements (every calendar year)	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements 	\$0 \$80 - \$90 \$120 - \$160	Up to \$75
Contacts (every calendar year)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Up to \$105
Essential Medical Eye Care	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$20	N/A
Extra Savings	<ul style="list-style-type: none"> 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% from any VSP doctor within 12 months of your last WellVision Exam. No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam Laser Vision Correction – average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

Employee Assistance Program

Administered by Aetna

We offer an EAP through Aetna/Meritain. Care Members and their dependents will have access to three counseling sessions per issue at no cost.

Aetna Resources For Living is an employer sponsored program, available at no cost to you and all members of your household. That includes dependent children up to age 26, whether or not they live at home. Services are confidential and available 24 hours a day, 7 days a week.

Emotional Well-Being Support

Counseling sessions are available face to face or online with televideo. Services are free and confidential. We're always here to help with a wide range of issues including:

- Relationship support
- Stress management
- Work/life balance
- Family issues
- Grief and loss
- Depression
- Anxiety
- Substance misuse and more
- Self-esteem and personal development

Daily Life Assistance

Competing day-to-day needs can make it tough to know where to start. We'll help you find resources for:

- Child care, parenting and adoption
- School and financial aid research
- Care for older adults
- Special needs
- Pet care
- Home repair and improvement
- Household services and more

Legal Services

You can get a free 30-minute consultation with a participating attorney for each new legal topic related to:

- Criminal law preparation
- Elder law and estate planning
- Divorce
- Wills and other document
- Real estate transactions
- Mediation services

Financial Services

Simply call for a free 30-minute consultation for each new financial topic related to:

- Budgeting
- Retirement or other financial planning
- Mortgages and refinancing
- College funding
- Credit and debt issues
- Tax and IRS questions and preparation

Online Resources

Your member website offers a full range of tools and resources. You'll find:

- Articles and self-assessments
- Stress resource center
- Adult care and child care provider search tool

Discount Center: Find deals on brand name products and services including electronics, entertainment, gifts and flowers, travel, fitness, nutrition and more.

myStrength: myStrength offers tools to improve your emotional health and help you overcome depression, anxiety, stress, substance misuse and/or chronic pain.

Identity theft services: One hour fraud resolution phone consultation or coaching about ID theft prevention and credit restoration.

MindCheck online tools: Makes it easy to improve your emotional well-being. Measure your mindset and get feedback and resources to maintain a positive outlook.

To access services visit: ResourcesForLiving.com

Username: ArchCare Password: EAP

1-855-283-1917, TTY: 711

Wellness Program

Our goal of supporting your efforts to make healthy decisions remains the same through a focus on awareness, prevention and action. We partner with Quantum Health for our Wellness program.

The Program for participants enrolled in the Meritain Health plan offers a robust menu of activities designed to help you achieve your goals.

Additionally, it provides an annual \$250 HRA fund, regardless of the medical plan you choose. To qualify for the reward, you must complete three required activities + two additional activities. This structure gives you the flexibility to participate in programs that meet your individual needs.

Visit the Quantum Health portal to complete the wellness activities..

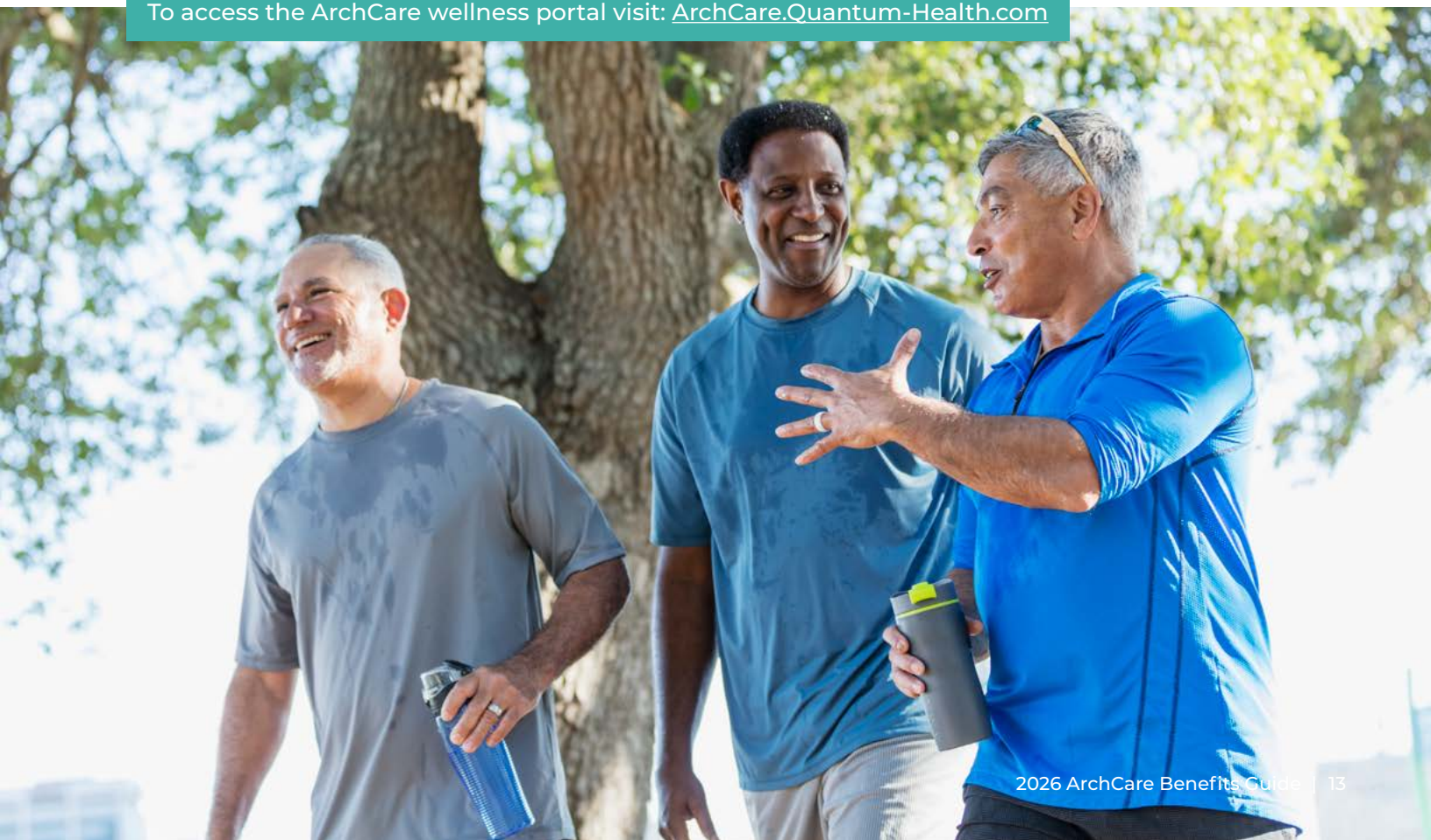
Complete 3 required activities to earn credit:

- Register on the QH website
- Designate/ Verify a PCP
- Complete at least 1 Preventive Screening
 - Annual Physical – men & women 18+
 - Breast Cancer Screening – women 40+
 - Cervical Cancer Screening – women 21+
 - Colorectal Cancer Screening – men & women 45+
 - Prostate Cancer Screening (PSA) – men 50+

In addition, complete at least 2 out of 6 activities below:

- Complete the Wellness Assessment
- Complete 2 Health Coaching Sessions
- Complete Tobacco Cessation Coaching Program
- Enter your Biometrics
- Self-Enter Dental Exam or Vision Exam
- Enroll in Early Steps Maternity Program

To access the ArchCare wellness portal visit: ArchCare.Quantum-Health.com



Health Reimbursement Account (HRA)

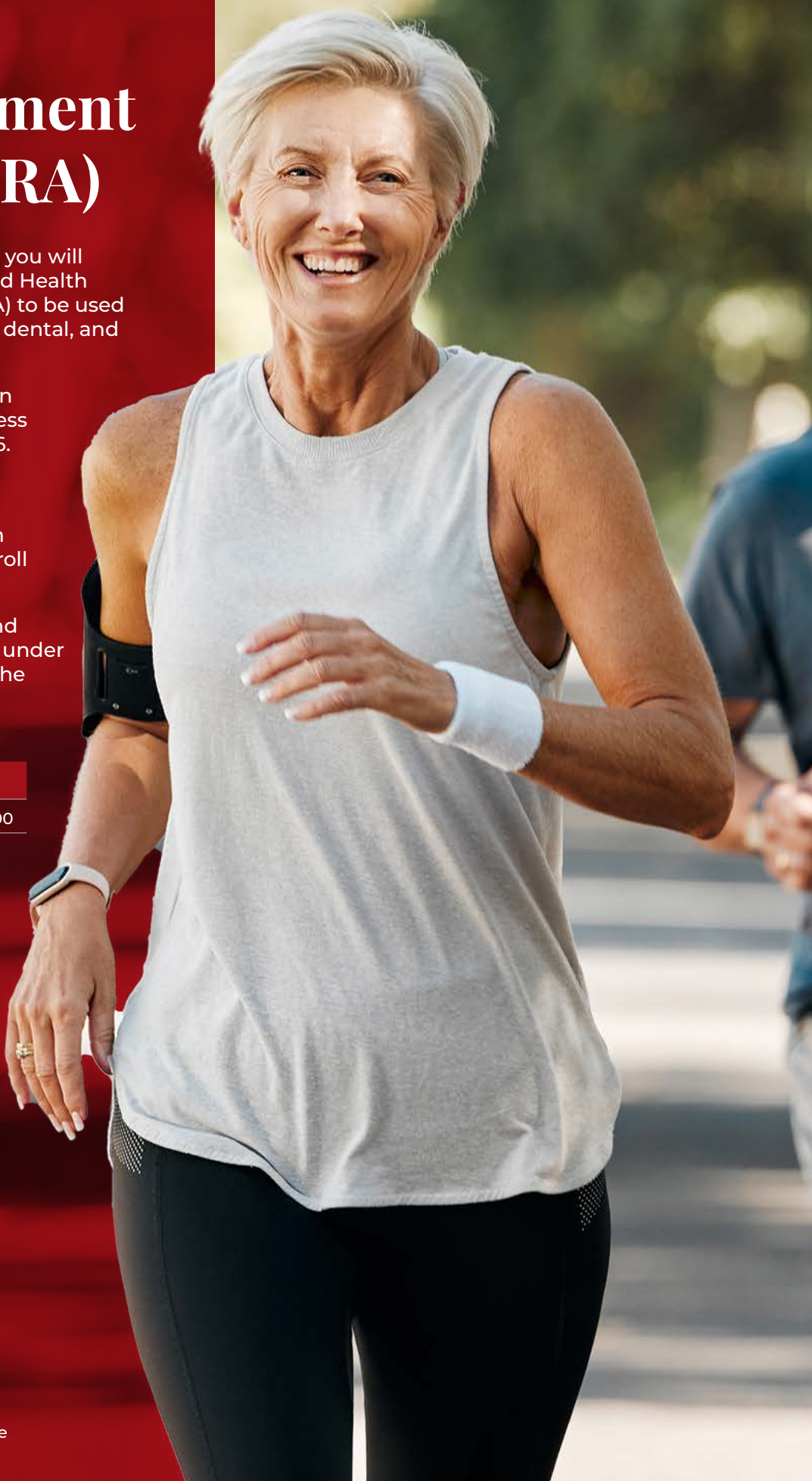
For Wellness participants only, you will be eligible for an employer-paid Health Reimbursement Account (HRA) to be used toward out-of-pocket medical, dental, and vision expenses.

The funding is contingent upon successfully completing wellness activities by December 31, 2026.

If you wish to elect a Flexible Spending Account (FSA) and contribute pre-tax dollars from your pay checks you would enroll in an FSA separately.

If you are enrolled in an FSA and the claim submitted is eligible under both your FSA and your HRA, the FSA funds will be used prior to HRA funds that are available.

	POS	EPO
HRA Annually	\$250.00	\$250.00





Supplemental Life Insurance

Administered by SunLife

Supplemental Life Insurance

More protection for your loved ones.. The people you love and support could face financial challenges without you. Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

You may have life insurance today, either on your own or through ArchCare. Now is a good time to ask yourself if you need more coverage.

Supplemental Life Insurance	
Benefit Features (You can purchase this coverage at a group rate.)	
For you	<p>You can choose from \$10,000 to \$500,000—in increments of \$10,000 not to exceed 5 times your Basic Annual Earnings. If you are currently enrolled and you want to increase coverage or if you previously waived coverage and want to enroll, you must submit evidence of insurability (EOI). Coverage is not effective until EOI is approved. If you are newly eligible (i.e., new hire and enroll within your first 30 days), you can enroll without medical questions up to the Guaranteed Issue amount of \$150,000.</p> <p><i>Benefits are reduced at age 70 and may reduce again in subsequent years as noted in your Certificate.</i></p>
For your spouse	<p>If you elect coverage for yourself, you can choose from \$5,000 to \$100,000—in increments of \$5,000. If your spouse is currently enrolled and wants to increase coverage or if your spouse previously waived coverage and wants to enroll, you must submit evidence of insurability (EOI). Coverage is not effective until EOI is approved. If you are newly eligible (i.e., new hire and enroll within your first 30 days), your spouse can enroll without medical questions up to the Guaranteed Issue amount of \$50,000.</p> <p><i>The amount you select for your spouse cannot exceed 50% of your coverage amount. Coverage ends when your spouse turns age 70.</i></p>
For your child(ren)	<p>If you elect coverage for yourself, you can choose \$2,000 to \$10,000—in \$2,000 increments. No medical questions asked.</p> <p><i>The amount you select for your child(ren) cannot exceed 50% of your coverage amount. Benefits may reduce as noted in your Certificate. Child(ren) must primarily depend on the employee for 50% or more of their support.</i></p> <p><i>A full benefit is payable for a dependent child who is 6 months to 19 or 23 if a full-time student. A reduced benefit of \$500 is payable for a child from birth to 6 months.</i></p>

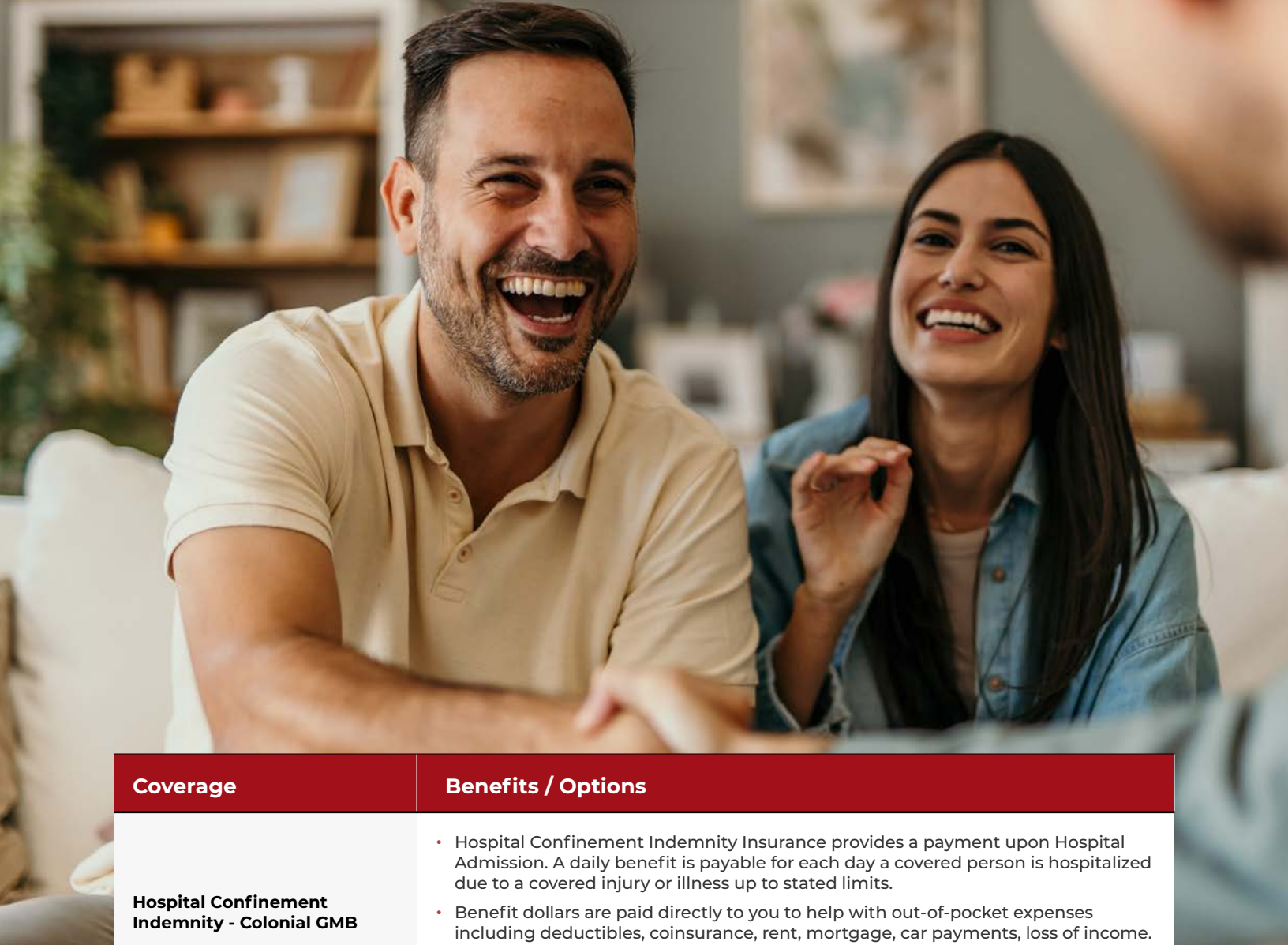
Voluntary Insurance Plans

Your benefits matter to us! As a Care Member of ArchCare, you can access a range of customizable plans that meet the needs of you and your family. These programs are designed to tailor your benefits, providing greater financial security and lowering out-of-pocket costs.

Most plans are conveniently deducted from payroll and portable. These benefits are provided in addition to any other insurance coverage you may have.

For more information or to enroll, please contact the Farmington Employee Solution Center at 1-855-342-0071.

Coverage	Benefits / Options
Premier Whole Life – Voya	<ul style="list-style-type: none"> Care Members may choose to purchase, up to \$100,000.00 of Permanent Life Insurance coverage in addition to any company-paid benefit or personal Life Insurance coverage. Fixed premiums do not increase with age or when you leave or retire. Coverage available for Care Member, Spouse and eligible Children.
Short Term Disability – Colonial Life	<ul style="list-style-type: none"> If a covered accident or illness prevents you from earning a paycheck, disability insurance can offer a monthly benefit to help cover your ongoing expenses, whether on or off the job. Collect up to 40% of income to a maximum amount \$6,500/month (amount of income replacement is based on salary and benefit period). Benefits start after 7, 14 or 30 Days (you choose). Benefits may be paid up to 6, 12 or 24 months (you choose). Disability coverage is available for the Care Member only.
Cancer Insurance – Colonial Life	<ul style="list-style-type: none"> Cancer Insurance provides financial coverage that can help you with cancer-related expenses. Benefit dollars are paid directly to you to help with out-of-pocket expenses including deductibles, coinsurance, rent, mortgage, car payments, loss of income. Benefits are provided in addition to any other insurance coverage you have. Coverage available for Care Member, Spouse and eligible Children.
Critical Illness Plus – Life of Boston	<ul style="list-style-type: none"> Care Member coverage up to \$50,000 Spouse / eligible Children: may have up to 50% of the amount elected by the Care Member Some Covered Conditions include Heart Attack, Stroke, Major Organ Transplant, and End Stage Renal Disease Benefit dollars are paid directly to you to help with out-of-pocket expenses including deductibles, coinsurance, rent, mortgage, car payments, loss of income. Benefits are provided in addition to any other insurance coverage you have. Health Screening Benefit - \$50 per covered insured, once per year
Accident Insurance – Unum	<ul style="list-style-type: none"> Provides coverage for on- and off-the-job accidents. Plan pays in addition to medical and disability benefits for emergency room, fractures, cuts, burns and much, much more. These benefits are paid directly to you to use as you choose. Coverage available for Care Member, Spouse and Children.



Coverage	Benefits / Options
Hospital Confinement Indemnity - Colonial GMB	<ul style="list-style-type: none"> • Hospital Confinement Indemnity Insurance provides a payment upon Hospital Admission. A daily benefit is payable for each day a covered person is hospitalized due to a covered injury or illness up to stated limits. • Benefit dollars are paid directly to you to help with out-of-pocket expenses including deductibles, coinsurance, rent, mortgage, car payments, loss of income. Benefits are provided in addition to any other insurance coverage you have. • Coverage available for Care Member, Spouse and eligible Children.
Pet Insurance – Nationwide	<ul style="list-style-type: none"> • Coverage available for accidents, illnesses, hereditary & congenital conditions, and wellness • Unlimited 24/7 pet telehealth support with Nationwide VetHelpline® • Care Members can visit any vet, anywhere. • To enroll, visit: www.petinsurance.com/archcare or call 877-738-7874
Identity Theft – LifeLock by Norton	<ul style="list-style-type: none"> • Norton LifeLock provides identity theft protection services by monitoring potential fraud and alerts users to suspicious activity. • Devices such as phones and tablets may also be covered. Resolution, should you become a victim, is one of the strongest features of this coverage. • Coverage available for Care Member, Spouse and eligible Children.
Legal Plan – MetLife	<ul style="list-style-type: none"> • Do you have a will? The MetLife Legal Plan offers affordable legal assistance by covering attorney fees for many services. • Services include, but are not limited to: Wills, Living Wills, Power of Attorney, Court Appearances, Document Review and Preparation, Debt Collection, Family Law, and Real Estate Matters. • Care Members have access to a network of over 11,000 attorneys. • Coverage available for Care Member, Spouse and eligible Children

Commuter Benefits

Transit & Parking

Administered by BRI

Archcare offers pre-tax commuter benefits to help you reduce your monthly commuting costs. These benefits let you pay for your eligible commuting expenses for mass transit and parking through automatic pre-tax payroll deductions (up to the monthly IRS maximums) so you save money on taxes every pay period.

Commuter benefits are not tied to a specific benefit year, meaning the funds in your account will remain available until fully used. Additionally, you can update or stop your election at any time as your commuting needs change.

Eligible Commuter Expenses:

- Buses, trains, and subways
- Ferries
- Vanpooling

Note: For vanpooling to qualify, the vehicle must seat at least six adults, excluding the driver.

Eligible Parking Expenses:

- Parking at or near your workplace
- Parking at a location from which you commute to work

IRS 2026 commuter benefits maximum contributions:

Transit: Up to \$340 per month | Parking: Up to \$340 per month

Any election amount over the pre-tax limit set by the IRS will be deducted on an after-tax basis up to \$500.

Discounts

Plum Benefits

Care Members have access to various discounts through Plum Benefits. Visit Plum Benefits for exclusive discounts and access to preferred seating and tickets to top attractions, theme parks, shows, sporting events, movie tickets, hotels and much more.

Website: plumbenefits.com

ArchCare Company Code: ac0226371

403(b) Retirement Savings

Whether retirement is just around the corner or way down the road, saving for your future should be a top priority. Starting at an easy pace is better than not starting at all.

To help you in planning for your future retirement needs, ArchCare offers a 403(b) Defined Contribution Retirement Plan to eligible Care Members. Eligible employees may begin contributions on their date of hire. Through payroll deductions, you can make elective deferrals up to the maximum allowed by law, which for 2026 is \$24,500 and if over 50 years of age an additional \$8,000."

You may elect to contribute pretax dollars or ROTH after tax contributions. ROTH contributions will be included as taxable income in the year of contribution. Earnings on ROTH contributions will accumulate tax free and withdrawals at retirement may be tax free if you are over 59 ½ and have had the account for at least 5 years.

You may change your contribution amount at any time by submitting a new Salary Reduction Agreement. The 403(b) Plan is offered through Aspire Advisors as the advisor for the plan and BPAS is the recordkeeper.

If you would like more information or want to enroll, please call Aspire Advisors at **877-760-3540**.

Tuition Benefits

ArchCare encourages and supports the continuing education of our Care Members and offers a tuition reimbursement program.

Full time, non-union, Care Members who meet eligibility requirements may participate in the Tuition Reimbursement program. Tuition reimbursement benefits are available for job related courses that will assist Care Members in their present job titles. Courses must be taken at accredited college, university, or certification program. CHCS/ArchCare will reimburse up to \$5,000 per semester not to exceed \$10,000 per year.

- Care Members are responsible for completing the application, attaching the proper documentation and submitting it for approval one month prior to starting the course work.
- Care Members must complete courses with a "C" or better, if not, reimbursement will be denied.
- Care Members who accept reimbursements are required to continue their employment for one year from the time of completion of the course. If a Care Member resigns before that period, he or she must pay back tuition reimbursement to the facility.

You must be on active payroll for at least six months to be eligible for this benefit.

Paid Time Off

Paid Time Off (Non-Union Staff Members)

ArchCare provides eligible Care Members with paid time off including vacation time, sick time, marriage leave, bereavement leave, jury duty leave, parental leave, and personal days.

Vacation Time

Vacation time is determined by your job position and length of service. Care Members can start using vacation time after six months of employment. Please see the chart below.

Vacation Days Per Year					
Level	< 5th Anniversary	5th Anniversary	10th Anniversary	15th Anniversary	20th Anniversary
Level 1 Dept. Head, Director and above; RN, MSW, OT, PT, RD	20	20	25	25	25
Level 2 Management below the level of Dept. Head/Director	20	20	20	20	25
Level 3 LPN's, COTA, PTA, Financial Analyst, Staff Accountant	15	20	20	20	25
Level 4 All Other Staff	10	20	20	20	20

Personal Time

Personal days are earned on a pay period by pay period bases throughout the year. You will be entitled to 5 days per year. If not used within the year earned days will be lost. The last personal days earned for the year have a grace period until January 31.

Sick Time

Sick time is to be earned at the rate of one (1) day per month, up to a maximum accumulation of 120 days. Sick days are never paid out.

2026 Holiday Time

New Year's Day: Thursday, January 1
Martin Luther King, Jr Day: Monday, January 19
Presidents' Day: Monday, February 16
Good Friday: Friday, April 3
Memorial Day: Monday, May 25
Independence Day: Friday, July 3
Labor Day: Monday, September 7
Thanksgiving Day: Thursday, November 26
Christmas Day: Friday, December 25

Cost of Coverage

Pre-tax Contributions for Medical, Dental and Vision

2026 Plan Contributions Per **Bi-Weekly** Pay Period

Spousal Surcharge

If your spouse is unemployed, self employed or covered by medicare, a spousal surcharge will not apply. If you cover a spouse who has access to medical coverage through their own employer, and you choose to cover them on ArchCare's medical plan, you will pay an additional \$500 annually for coverage. Deductions will be taken in equal installments each pay period.

Note: When you enroll, you are attesting that the information you provide in the Spousal Surcharge Status election is accurate. You understand that any changes in the status of your spouse's access to medical coverage requires you to update your spousal surcharge status election within 31 days of the change. You understand that any falsification of such information may result in disciplinary action up to and including termination.

Medical	POS	POS w/ Spousal Surcharge	EPO	EPO w/ Spousal Surcharge
Under \$44,000				
Single	\$53.75	N/A	\$12.79	N/A
Caremember + 1	\$105.67	\$124.90	\$15.68	\$34.91
Family	\$162.01	\$181.24	\$18.87	\$38.10
\$44,001 - \$66,000				
Single	\$64.19	N/A	\$13.57	N/A
Caremember + 1	\$126.99	\$146.22	\$17.24	\$36.47
Family	\$192.65	\$211.88	\$21.18	\$40.41
\$66,001 - \$100,000				
Single	\$79.60	N/A	\$14.88	N/A
Caremember + 1	\$156.97	\$176.20	\$19.84	\$39.07
Family	\$236.16	\$255.39	\$24.78	\$44.01
\$100,001 - \$160,000				
Single	\$86.12	N/A	\$15.41	N/A
Caremember + 1	\$167.47	\$186.70	\$20.89	\$40.12
Family	\$255.56	\$274.79	\$26.56	\$45.79
\$160,000+				
Single	\$95.41	N/A	\$16.19	N/A
Caremember + 1	\$186.18	\$205.41	\$22.45	\$41.68
Family	\$281.01	\$300.24	\$28.86	\$48.09

Dental: Per Bi-Weekly Pay Period	
Single	\$2.08
Caremember + 1	\$4.16
Family	\$6.24

Vision: Per Bi-Weekly Pay Period	
Single	\$2.00
Caremember + 1	\$4.00
Family	\$6.00

Cost of Coverage (continued)

Pre-tax Contributions for Medical, Dental and Vision

2026 Plan Contributions Per Weekly Pay Period

Spousal Surcharge

If your spouse is unemployed, self employed or covered by medicare, a spousal surcharge will not apply. If you cover a spouse who has access to medical coverage through their own employer, and you choose to cover them on ArchCare's medical plan, you will pay an additional \$500 annually for coverage. Deductions will be taken in equal installments each pay period.

Note: When you enroll, you are attesting that the information you provide in the Spousal Surcharge Status election is accurate. You understand that any changes in the status of your spouse's access to medical coverage requires you to update your spousal surcharge status election within 31 days of the change. You understand that any falsification of such information may result in disciplinary action up to and including termination.

Medical	POS	POS w/ Spousal Surcharge	EPO	EPO w/ Spousal Surcharge
Under \$44,000				
Single	\$26.88	N/A	\$6.40	N/A
Caremember + 1	\$52.84	\$62.46	\$7.84	\$17.46
Family	\$81.01	\$90.63	\$9.44	\$19.06
\$44,001 - \$66,000				
Single	\$32.10	N/A	\$6.79	N/A
Caremember + 1	\$63.50	\$73.12	\$8.62	\$18.24
Family	\$96.33	\$105.95	\$10.59	\$20.21
\$66,001 - \$100,000				
Single	\$39.80	N/A	\$7.44	N/A
Caremember + 1	\$78.49	\$88.11	\$9.92	\$19.54
Family	\$118.08	\$127.70	\$12.39	\$22.01
\$100,001 - \$160,000				
Single	\$43.06	N/A	\$7.71	N/A
Caremember + 1	\$83.74	\$93.36	\$10.45	\$20.07
Family	\$127.78	\$137.40	\$13.28	\$22.90
\$160,000+				
Single	\$47.71	N/A	\$8.10	N/A
Caremember + 1	\$93.09	\$102.71	\$11.23	\$20.85
Family	\$140.51	\$150.13	\$14.43	\$24.05

Dental: Per Weekly Pay Period

Single	\$1.04
Caremember + 1	\$2.08
Family	\$3.12

Vision: Per Weekly Pay Period

Single	\$1.00
Caremember + 1	\$2.00
Family	\$3.00



Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below.

Benefit	Administrator	Phone	Website/Email
Medical	Quantum Health	866-871-0631 (8:30 am–10 pm)	ArchCare.Quantum-Health.com
Prescription Drug	CVS Caremark	800-565-7091	Caremark.com
Dental	MetLife	800-942-0854	metlife.com/dental
Vision	VSP	800-877-7195	VSP.com
Flexible Spending Accounts	BRI	800-473-9595	benefitresource.com
Employee Assistance Program (EAP)	Aetna a Meritain Company	855-283-1917	ResourcesForLiving.com
Telemedicine	Teladoc	800-Teladoc	Teladochealth.com
Wellness	Quantum Health	866-871-0631	ArchCare.Quantum-Health.com
Basic Life and AD&D	Sunlife	800-SUN-LIFE (786-5433)	sunlife.com/us/en
Long Term Disability			
Voluntary Benefits	Farmington	800-621-0067	farmingtonco.com/

Legal Notices

Women's Health & Cancer Rights Act Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Deductibles, coinsurance, and copayment amounts are the same as those applied to other similarly covered medical services, such as surgery and prosthesis.

If you would like more information on WHCRA benefits, please contact Human Resources.

HIPAA Privacy Notice Availability

ArchCare Group Health Plan Protecting Your Health Information Privacy Rights

The ArchCare Group Health Plan is committed to the privacy of your health information. The administrators of the ArchCare Group Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Human Resources.

Dependent Adult Children Coverage

Coverage for adult children, married or unmarried and without respect to student

or dependency status, has been extended to your dependent children under the age of 26. During open enrollment, employees are given the opportunity to re-enroll their dependents who were terminated but now meet the new eligibility rule.

Mental Health Benefit Changes

The Federal Emergency Economic Stabilization Act of 2008 went into effect for employees on January 1, 2011. This Act requires group health plans that provide physical and mental health/substance abuse disorder benefits, ensure member financial requirements and treatment limitations that apply to mental health and substance abuse disorder benefits are no more restrictive than the financial requirements and treatment limitations on physical benefits. Consequently, deductibles, coinsurance, copays, and out-of-pocket expenses for mental health and substance abuse disorder benefits will be no more restrictive than those for medical/surgical benefits.

Also, treatment limits, such as frequency and number-of-visit limits, and coverage days will be no more restrictive than those for medical/surgical services.

The 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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Uniformed Services Employment and Reemployment Rights Act

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in

the military for less than 31 days, your Plan participation will not be interrupted. If you do not elect to continue to participate in the Plan during an absence for military duty that is more than 31 days, you and your covered family members will have the opportunity to elect COBRA Continuation Coverage only under the medical insurance policy for the 24-month period that begins on the first day of your leave of absence. You must pay the premiums for Continuation Coverage with after-tax funds, subject to the rules that are set out in that plan."

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. 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 already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or

CHIP office to find out if premium assistance is available.

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 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.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 866.444.EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your state for more information on eligibility.

ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447	CALIFORNIA – Medicaid Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: health.alaska.gov/dpa/Pages/default.aspx	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health plan Plus (CHP+) Health First Colorado Website: healthfirstcolorado.com Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): www.mycohibi.com HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	FLORIDA – Medicaid Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid Website: https://medicaid.georgia.gov/health-insurance-premiumpayment-program-hipp Phone: 678-564-1162 ext 2131 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	MASSACHUSETTS – Medicaid and CHIP Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com

INDIANA – Medicaid Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584	MINNESOTA – Medicaid Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672
IOWA – Medicaid and CHIP (Hawki) Medicaid Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid Medicaid Phone: 1-800-338-8366 Hawki Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp HIPP Phone: 1-888-346-9562	MISSOURI – Medicaid Website: dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS – Medicaid Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	MONTANA – Medicaid Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPPProgram@mt.gov
KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: chfs.ky.gov/agencies/dms	NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA – Medicaid Website: www.medicicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	NEVADA – Medicaid Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
MAINE – Medicaid Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	NEW HAMPSHIRE – Medicaid Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218, Toll free number for the HIPP program: 1-800-852-3345, ext 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	SOUTH DAKOTA – Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK – Medicaid Website: health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	TEXAS – Medicaid Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program Phone: 1-800-440-0493
NORTH CAROLINA – Medicaid Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	UTAH – Medicaid and CHIP Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/

NORTH DAKOTA – Medicaid Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	VERMONT – Medicaid Website: https://dvha.vermont.gov/members/medicaid/hipp-program Phone: 1-800-250-8427
OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	VIRGINIA – Medicaid and CHIP Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	WASHINGTON – Medicaid Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA – Medicaid Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx CHIP Phone: 1-800-986-KIDS (5437)	WEST VIRGINIA – Medicaid Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND – Medicaid and CHIP Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820	WYOMING – Medicaid Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)



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