



2026 Benefits AT-A-GLANCE



Plan year: January 1 - December 31, 2026

2026 Open Enrollment

Open Enrollment will be held from **Tuesday, December 16th to Monday, December 22nd, 2025.**

Open Enrollment is your opportunity to review your current benefit elections and make any desired changes.

This year's Open Enrollment is **ACTIVE**, which means you must actively make your benefit elections, or you will **not** have coverage in 2026.

How to Enroll

To enroll in benefits for 2026, you must actively enroll in ADP no later than **December 22nd, 2025**. Log in to my.adp.com using your username and password.

Who is Eligible to Enroll?

Full time employees working 30 or more hours per week and their eligible dependents may enroll in benefits for 2026. Coverage begins on the first of the month following 30 days after your date of hire.

Eligible dependents include:

- Your legally married spouse
- Your domestic partner*
- Your dependent children:
 - Biological, legally adopted, step child(ren), or court-ordered dependent child(ren) up to age 26
 - Continuously disabled dependent child(ren)**

* Domestic Partner's medical expenses cannot be reimbursed under your Health Savings Account (HSA) and Health Care Flexible Spending Account (HCFA)

** If the child(ren) is/are disabled prior to age 26; the dependent child(ren) is incapable of self-sustaining employment and dependent upon you for support, regardless of age

Qualifying Life Events (QLEs)

Once you have made your benefit elections, they will be in effect for the duration of the plan year. You will not be able to make any changes until the next annual Open Enrollment unless you experience a QLE.

Qualifying Life Events include:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan
- Change in residence that affects benefits offered to you
- Eligibility for Medicare

If you experience a QLE, you must submit under My Benefits on ADP within 31 days of the event.



Medical Benefits: Aetna

Please refer to page 9 for contributions.

In 2026, you will have the option to enroll in one of the three medical plan options administered by Aetna: AFA 2500 HSA 80/50, AFA 3500 80/50, and AFA 6500 HSA 70/50. If you enroll in either HSA plan, you will receive employer-paid Hospital Indemnity and Critical Illness insurance. To find a provider, visit Aetna’s website at www.aetna.com and click on **Find a Doctor**.

Additionally, when you enroll in one of the medical plans, you automatically receive prescription drug coverage through Aetna Advanced Control Formulary. You will save money when you utilize drugs listed on the formulary. You can also save money by using the Mail Order program through CVS Caremark, which allows you to purchase a 90-day supply of maintenance medications. When you use mail order, you will pay two copays for a 90-day supply of generic, brand and non-formulary drugs instead of three.

Aetna Medical/Prescription Coverage

In-Network Medical Benefits	AFA 2500 HSA 80 / 50		AFA 3500 80 / 50		AFA 6500 HSA 70 / 50	
Senior Care Therapy HSA Contribution (Funded Quarterly)	\$800		N/A		\$800	
Annual Deductible (Individual/Family)	\$2,500 / \$5,000		\$3,500 / \$7,000		\$6,500 / \$13,000	
Out-of-Pocket Maximum (Individual/Family)	\$5,000 / \$10,000		\$7,000 / \$14,000		\$7,500 / \$15,000	
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Preventive Care	\$0		\$0		\$0	
Primary Care Provider	\$35 copay*		\$35 copay		\$40 copay*	
Specialist	\$75 copay*		\$75 copay		\$80 copay*	
Lab, X-rays, Advanced Imaging	You pay 20%*		You pay 20%*		You pay 30%*	
Inpatient/Outpatient Hospital	You pay 20%*		You pay 20%*		You pay 30%*	
Emergency Room	\$500 copay*		\$300 copay*, then you pay 20%		You pay 30%*	
Urgent Care	\$75 copay*		\$75 copay		You pay 30%*	
Prescription Benefits	AFA 2500 HSA 80 / 50		AFA 3500 80 / 50		AFA 6500 HSA 70 / 50	
	Retail (Up to a 30-day supply)	Mail Order (Up to a 90-day supply)	Retail (Up to a 30-day supply)	Mail Order (Up to a 90-day supply)	Retail (Up to a 30-day supply)	Mail Order (Up to a 90-day supply)
Generic Drugs (Tier 1A/Tier 1)	\$3 / \$10 copay*	\$6 / \$20 copay*	\$3 / \$10 copay	\$6 / \$20 copay	\$3 / \$10 copay*	\$6 / \$20 copay*
Preferred Brand Drugs	\$50 copay*	\$100 copay*	\$50 copay	\$100 copay	\$50 copay*	\$100 copay*
Non-Preferred Brand Drugs	\$80 copay*	\$160 copay*	\$80 copay	\$160 copay	\$100 copay*	\$200 copay*
Preferred Specialty Drugs	You pay 20%*; \$250 max	Not covered	You pay 20%*; \$250 max	Not covered	You pay 20%*; \$250 max	Not covered
Non-Preferred Specialty Drugs	You pay 40%*; \$500 max	Not covered	You pay 40%*; \$500 max	Not covered	You pay 40%*; \$500 max	Not covered

* After deductible

If you enroll in the 2500 HSA 80/50 or 6500 HSA 70/50 plans, you are eligible for a Health Savings Account (HSA). See page 6 for more details.



Dental Benefits: Ameritas

You have the option to enroll in the Ameritas Dental PPO plan. Under the plan, you have access to a broad range of providers in the Ameritas Dental PPO network. You also have the option to see Out-of-Network providers. Please refer to page 9 for contributions.

Bonus: You also have access to a \$100 reimbursement for covered vision expenses.

Ameritas Dental PPO Plan

	Ameritas PPO Dentists	Non-PPO Dentists
Annual Deductible (Individual/Family)	\$50 / \$50 (waived for preventive)	\$50 / \$50 (waived for preventive)
Annual Maximum	\$1,500	\$1,500
Preventive and Diagnostic Services (Exams, cleanings, x-rays, sealants)	You pay 0%	You pay 0%
Basic Services (Fillings)	You pay 20%	You pay 20%
Major Services (Crowns, inlays, onlays, and cast restorations)	You pay 50%	You pay 50%
Orthodontics (Children up to age 19)	You pay 50%	You pay 50%
Orthodontia Lifetime Maximum (\$1,500)	You pay 50%	You pay 50%



Vision Benefits: Ameritas

The vision program, administered by Ameritas, is designed to provide routine preventive care such as eye exams, eyewear, and other vision services. If you enroll in the Vision plan, you will have access to the VSP provider network. If you receive services Out-of-Network, coverage is based on a reimbursement schedule. Please refer to page 9 for contributions.

Ameritas Vision Plan

	In-Network	Out-of-Network
Frequency (Exams, Lenses, and Frames)	Covered once every 12 months	Covered once every 12 months
Eye Exam	\$10 copay	Up to \$45 reimbursement
Basic Lenses (Per pair)		
Single Vision		Up to \$30 reimbursement
Lined Bifocal	\$10 copay	Up to \$50 reimbursement
Lined Trifocal		Up to \$65 reimbursement
Lenticular		Up to \$100 reimbursement
Frame Allowance (Any frame, including prescription sunglasses)	\$150 copay	Up to \$70 reimbursement
Contact Lenses		
Elective	\$150 allowance	Up to \$120 reimbursement
Medically-Necessary	Covered in full after copay	Up to \$120 reimbursement

Life/AD&D and Voluntary Benefits: MetLife



Basic Life and AD&D Insurance

Senior Care Therapy provides all eligible, active full-time employees with Basic Life and AD&D insurance in the amount of \$10,000 at no cost.

Supplemental Life Insurance

You have the option to enroll in Supplemental Life up to 5 times your base annual earnings to a maximum of \$500,000. You may also elect coverage for your spouse up to \$100,000 and your dependent children.

Child Supplemental Life Amounts:

- 15 days to 6 months old: \$1,000
- Over 6 months old: \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000

Disability Insurance

Disability benefits cover eligible injuries and illnesses including psychiatric and psychological mental disorders.

Short Term Disability

Benefits begin on the first day for injury and on the 7th day of illness, injury, or disability. This benefit covers 60% of your weekly earnings to a maximum of \$2,000 for 25 weeks.

Long Term Disability

Benefits begin 180 days from the date of disability. This benefit will replace 60% of your monthly income to a maximum of \$6,000 up until Social Security Normal Retirement Age or longer, depending on age at disability.

Voluntary Benefits

Critical Illness Insurance

Critical Illness Insurance provides a lump sum benefit to help with the out-of-pocket medical and non-medical expenses to those who suffer from a critical illness. Coverage is available to you, your spouse, and dependent child(ren).

Hospital Indemnity Insurance

Hospital Indemnity Insurance can help with out-of-pocket expenses associated with a hospital stay that your health insurance may not cover. It is designed to help offset the larger financial exposures of your health insurance plan, including deductibles and coinsurance. This plan is compatible with HSA guidelines, and if you enroll in an HDHP, Senior Care Therapy will cover the cost of the Hospital \$1,000 Indemnity plan for you and your dependents.

Accident Insurance

Accident Insurance can help with medical or other costs associated with a covered accident or injury that your health insurance may not cover. Examples of covered accidents include fracture, dislocation, or laceration. Coverage options are available for you, your spouse and eligible dependent children. There are two plan options to choose from: the High Plan and the Low Plan. If you enroll in an HDHP, Senior Care Therapy will cover the cost of the High Plan.

Health Savings Account and Flexible Spending Accounts: FlexFacts

Health Savings Account (HSA)

If you enroll in one of the High-Deductible Health Plans (HDHP), you are eligible for an HSA. An HSA allows you to put tax-free dollars from your paycheck into an account that can be used for qualified out-of-pocket medical expenses.

Additionally, if you enroll in either the AFA 2500 HSA 80/50 or the AFA 6500 HSA 70/50 plan, Senior Care Therapy will fund \$200 quarterly (up to \$800 annually)* to your HSA.

* You will receive \$200 if you are enrolled for January coverage and are actively employed on February 1st. From there, you will receive \$200 if you are: Enrolled for April coverage and actively employed on April 1st; Enrolled for July coverage and are actively employed on August 1st; Enrolled for October coverage and are actively employed on November 1st.

In 2026, you may contribute up to:

- \$4,400 annually for single coverage
- \$8,750 annually for family coverage
- \$1,000 in catch-up contributions if you are 55 or older

Flexible Spending Accounts (FSA)

FSAs allow you to set aside a predetermined amount of your pretax dollars to cover certain out-of-pocket expenses.

Healthcare FSA (HCFSA)

An HCFSA can be used to pay for certain healthcare-related out-of-pocket expenses like copays, coinsurance, deductibles, prescriptions, dental expenses, vision expenses, and orthodontia care. In 2026, you may contribute up to \$3,400 to your HCFSA.

Dependent Care FSA (DCFSA)

A DCFSA can be used to pay for qualified dependent care expenses including but not limited to the cost of dependent adult or child daycare, summer day camp, and nursery schools. In 2026, you may contribute up to \$7,500 (\$3,750 if married and filing separately).

Use-it-or-Lose-it Rule

If you do not use all of your available FSA funds by the end of the plan year, any remaining funds will be forfeited. However, you will be allowed to rollover up to \$680 in unused funds to the following plan year if you continue to elect to enroll in an FSA account.



Separation

If you become no longer employed by Senior Care Therapy, you will only be reimbursed for eligible expenses incurred while you were actively employed.

Additionally, you may have a limited amount of time to submit claims for reimbursement following your separation date. You may elect COBRA continuation of your HCFSA if you have a positive account balance.

401(k) Retirement Plan

About the 401(k) Plan

Eligible employees who wish to save for retirement may enroll in the 401(k) Retirement Plan.

Plan options

You may choose between a traditional (pre-tax) 401(k) plan or a Roth (after-tax) 401(k) plan to fit your financial goals. To be eligible for the 401(k) plan, you must have completed at least 1 hour of service during the plan year.

Senior Care Therapy will make an Employer Matching Contribution on your behalf in the amount equal to 100% of your contributions that are not in excess of 3% of compensation.

Employees are automatically enrolled at a contribution rate of 1%. **If you elect not to contribute, you must waive coverage through ADP.** Eligibility begins on the 1st of the month following 30 days of employment.

Vesting Schedule

Years of Service	Vesting Percentage
One year	33%
Two years	67%
Three or more years	100%



Benefits Member Advocacy Center (MAC): Conner Strong & Buckelew

The Benefits Member Advocacy Center (“Benefits MAC”), provided by Conner Strong & Buckelew, can help you and your covered family members navigate your benefits.

Contact the Benefits MAC to:

- Find answers to your benefits questions
- Search for participating network providers
- Clarify information received from a provide or your insurance company, such as a bill, claim, or explanation of benefits (EOB)
- Guide you through the enrollment process or how you can add or delete coverage for a dependent
- Rescue you from a benefits problem you’ve been working on
- Discover all that your benefits have to offer!

You can contact Benefits MAC in any of the following ways:

- Via phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm
- Via the web: **www.connerstrong.com/memberadvocacy**
- Via e-mail: **cssteam@connerstrong.com**
- Via fax: **856.685.2253**

Member Advocates are available Monday through Friday, 8:30 am to 5:00 pm (Eastern Time). After hours, you will be able to leave a message with a live representative and receive a response by phone or email during business hours within 24 to 48 hours of your inquiry.



Bi-Weekly Employee Contributions: Medical, Dental, and Vision Plans

Medical/Prescription Plan Contributions

	AFA 2500 HSA 80 / 50	AFA 3500 80 / 50	AFA 6500 HSA 80 / 50
Employee	\$91.68	\$96.46	\$9.82
Employee + Spouse	\$673.00	\$689.39	\$432.73
Employee + Child(ren)	\$396.36	\$408.83	\$209.44
Family	\$1,182.93	\$1,206.53	\$844.32

Dental Plan Contributions

	Dental PPO
Employee	\$6.42
Employee + Spouse	\$11.95
Employee + Child(ren)	\$15.91
Family	\$21.44

Vision Plan Contributions

	Vision Plan
Employee	\$1.54
Employee + Spouse	\$3.01
Employee + Child(ren)	\$2.60
Family	\$4.06





SENIOR CARE THERAPY