Team Member Benefits 2027



Elara Caring

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Working together is what makes Elara Caring a success, and this teamwork extends to your benefits. We provide options to support your family's overall wellbeing. This guide offers details on your 2027 benefits. Contact Quantum Health with any questions.

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See **page 37** for important information concerning Medicare Part D coverage.

In this Guide, we use the term company to refer to BW NHHC Holdco, INC DBA Elara Caring. This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

Welcome

Elara Caring is committed to keeping your healthcare costs reasonable and adding benefits that make your life easier. You work hard. You deserve benefits that add convenience, promote wellness, and improve security — allowing you to better care for yourself and your loved ones.

Quantum Health: Your Personal Healthcare Guide

Navigating healthcare can be time consuming and complex, and no team member should have to do it alone! That's why we've partnered with Quantum Health, a service partner that makes healthcare smarter, simpler, and more cost-effective for our team members and their loved ones. Think of Quantum Health as your personal assistant, dedicated to ensuring you get the most from your benefits. Simply call Quantum if you need to:

- Understand your healthcare benefits
- Find an in-network provider and make an appointment
- Sort out a new diagnosis and what to do next
- Find an alternative to the emergency room (ER) for non-emergencies
- Find out how much a service or procedure will cost
- Help you save money by finding high value providers
- Understand a bill or explanation of benefits (EOB)

Quantum Health is your one resource to contact whenever you need help with your medical, dental, vision, pharmacy benefits, or any other benefits. Reach out to Quantum at **866-920-1963** or log on at www.MyElaraCaringBenefits.com.



Eligibility and Enrollment

Elara Caring's benefits are designed to support your unique needs.

Eligibility

If you are a full-time employee of Elara Caring who is regularly scheduled to work 36+ hours per week, you are benefits-eligible the first of the month following 30 days of employment. Part-time employees who move to full-time status become eligible on the first of the following month.

Part-time employees working either an average of 30 hours per week or 130 hours during a month, based on a 12-month look-back period, also are benefits-eligible. Anyone who fits this category will receive notification through Workday.

Coverage ends on the date of termination or when you change to an ineligible status.

Dependents

Dependents eligible for coverage include:

- Your legal spouse (or domestic partner where recognized).
- Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom you or your spouse have legal guardianship).
- Dependent children age 26 or older may remain eligible if they are unmarried, primarily supported by you, and unable to support themselves due to a mental or physical disability that began while covered under this plan. New hires may enroll an eligible disabled dependent by submitting the required documentation.

Verification of dependent eligibility is required. Acceptable proof may include the following: marriage license, birth certificate, or formal court designation.

Working Spousal/Domestic Partner Surcharge

If you elect medical coverage for your spouse/domestic partner and they are eligible for a medical plan through their employer, there will be a $150 surcharge per month added to your medical premium. You will be required to answer a spouse/domestic partner eligibility question during your enrollment in Workday.

NOTE: The company reserves the right to verify if your spouse is provided coverage elsewhere. This information must be consistent with the information you report. Misrepresenting whether your spouse has access to medical coverage may result in disciplinary action.

3 Enrollment Periods

You may be able to enroll or change benefits at three times during the year, based on your employment status, as follows:

New Employees – Make your benefit elections within 30 days of employment.

Current Employees – Enroll during the annual Open Enrollment period each year.

Midyear Benefit Changes – When a Qualifying Life Event (QLE) occurs during the benefits plan year, generally, you have 30 days to change any benefits consistent with the event. If the event is due to eligibility for or loss of Medicaid or Children's Health Insurance Program (CHIP) coverage, you have 60 days to make changes to your benefits coverage. Contact your Plan Administrator at 866-683-9400 to make appropriate changes and provide proof of the event and documentation for dependent verification, if applicable.

Wellness

It's never too late to better your wellness. Elara Caring is here to help with programs like tobacco cessation support, Teladoc Cardiometabolic Health + Comprehensive Weight Care, Hinge Health and Virtual Primary Care. These programs are included for all medical-enrolled employees and are completely confidential.

Tobacco User Surcharge

Quitting is more than an ending — it's a fresh start! We want to support your quitting journey and save you money. Elara Caring has a tobacco user surcharge to help control employee medical premium costs. If you or your spouse/domestic partner have used tobacco products within the past 3 months, you'll pay a monthly surcharge of $100 per applicable person. Using tobacco includes, but is not limited to, using pipes, cigarettes, e-cigarettes, vaping, cigars, chewing tobacco, snuff, and any other type of smoking or smokeless tobacco, regardless of frequency or method of use. You must verify tobacco status each year.

Need help quitting? We've got you! Elara Caring provides tobacco cessation support through Blue Cross Blue Shield, including personal coaching, online tools, an audio health library, and discounts on wellness-related products and services.

If you currently don't meet the tobacco-free requirement but you're trying to quit, you may be eligible to avoid the surcharge. Contact Quantum Health to complete or enroll in a tobacco cessation program with Blue Cross Blue Shield or to submit confirmation of being under a physician's care for tobacco or nicotine use.

Hinge Health

Hinge Health is a digital health program that can assist you with chronic pain and pre/post-surgical rehab from the comfort of your home.

Get all the tools you need to get moving. Here are a few examples of the ways your treatment plan could be tailored to you:

- Get a personal care team, including a physical therapist and health coach
- Schedule personal physical therapy sessions as needed
- Receive wearable sensors that give live feedback on your form in the app

To learn more, visit hinge.health/elaracaring-25 to sign up.

Best of all, Hinge Health's programs are provided at no cost to you and your eligible dependents. You must be enrolled in a BCBS medical plan to have access to the Hinge Health Program.

Note

Quitting smoking improves your health and quality of life and can even add as much as 10 years to your life expectancy!
(Source: CDC)

Teladoc Cardiometabolic Health + Comprehensive Weight Care

Your health journey is unique, and the Teladoc Cardiometabolic Health & Weight Care Program is designed to meet you where you are. Whether you're looking to lose weight, lower your blood pressure, prevent or manage diabetes, improve your nutrition, or simply adopt healthier habits, this program provides personalized support to help you reach your goals. Eligible members have access to dedicated health coaches, registered dietitians, digital tracking tools, and connected health devices when appropriate, along with resources that support nutrition, physical activity, sleep, stress management, and overall wellbeing. The program also includes at-home A1c and cholesterol testing, personalized health recommendations, food and activity tracking, mental health support, and proactive outreach for members who may need additional guidance. By focusing on sustainable lifestyle changes rather than quick fixes, the program helps participants build lasting habits that can improve their health today and reduce the risk of chronic conditions in the future. Based on individual needs, support may be available for weight management, diabetes, prediabetes, hypertension, and related health concerns, all through one convenient and connected experience.

Who's Eligible?

Employees, spouses and covered dependents age 18 and over enrolled in one of Elara Caring's BCBS medical plans are eligible to apply to the program.

Teladoc Primary Care (Primary360)

The Teladoc Primary360 Program, for Blue Cross Blue Shield members, inspires lasting relationships between you and your care providers — from anywhere, any time. Continuous support from your care team gives you a unified, whole-person experience that makes it possible to reach your health goals, even when you are on the go. Additional details are on page 16.

Teladoc Health Condition Management

Through Teladoc Health's Condition Management programs, Blue Cross Blue Shield members can access personalized coaching, expert guidance, helpful digital tools, and ongoing encouragement to help achieve their health goals. Programs are available for Diabetes Management, Hypertension Management, Pre-diabetes Management, Weight Management, Mental Health Support, and GLP-1 Medication Support, giving you access to the resources and care that best fit your needs. Whether you're looking to manage an existing condition, improve your overall wellbeing, or make lasting lifestyle changes, these programs are designed to help you feel your best.



Medical Benefits

Medical benefits are provided through Blue Cross Blue Shield. Consider the physician networks, premiums, and out-of-pocket costs for each plan when choosing for you and your family. Keep in mind your choice is effective for the entire 2027 plan year unless you have a Qualifying Life Event.

Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your monthly contributions. Elara Caring pays a significant portion of the cost of your medical coverage, helping reduce the amount you pay through payroll deductions. The portion paid by Elara Caring is generally not considered taxable wages to you.

Your share of the medical premium is deducted from your paycheck on a pre-tax basis. However, premiums attributable to domestic partners and their children are generally deducted on an after-tax basis and are not eligible for pre-tax treatment.

	EPO SIGNATURE	EPO PREFERRED	HDHP CHOICE
MONTHLY CONTRIBUTIONS			
EMPLOYEE-ONLY	$419.33	$234.45	$121.90
EMPLOYEE + SPOUSE/ DOMESTIC PARTNER	$980.86	$696.95	$489.76
EMPLOYEE + CHILD(REN)	$956.34	$655.56	$442.74
FAMILY	$1,396.10	$1,024.15	$676.96

How to Find a Provider

Visit MyElaraCaringBenefits.com or call Customer Care at 866-920-1963 for a list of Blue Cross Blue Shield network providers.



Note

Preventive care offered by an in-network physician, such as an annual physical, is often covered at 100%.

Medical Plan Summary

This chart summarizes the 2027 medical coverage provided by Blue Cross Blue Shield. All covered services are subject to medical necessity as determined by the plan.

	EPO SIGNATURE		EPO PREFERRED		HDHP CHOICE	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE						
INDIVIDUAL	$2,500	Not covered	$3,750	Not covered	$4,500	Not covered
FAMILY	$5,000	Not covered	$7,500	Not covered	$9,000	Not covered
COINSURANCE (PLAN PAYS)	80% after ded.	Not covered	70% after ded.	Not covered	80% after ded.	Not covered
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)						
INDIVIDUAL	$5,000	Not covered	$7,000	Not covered	$8,500	Not covered
FAMILY	$10,000	Not covered	$14,000	Not covered	$17,000	Not covered
COPAYS/COINSURANCE						
PREVENTIVE CARE	No charge	Not covered	No charge	Not covered	No charge	Not covered
PRIMARY CARE OFFICE VISITS	$30	Not covered	$40	Not covered	20% after ded.	Not covered
SPECIALIST VISITS	$50	Not covered	$60	Not covered	20% after ded.	Not covered
URGENT CARE	$50	Not covered	$75	Not covered	20% after ded.	Not covered
OUTPATIENT SURGERY	20% after ded.	Not covered	30% after ded.	Not covered	20% after ded.	Not covered
INPATIENT SURGERY	20% after ded.	Not covered	30% after ded.	Not covered	20% after ded.	Not covered
EMERGENCY ROOM (EMERGENT)	$300 copay	$300 copay	$400 copay	$400 copay	20% after ded.	20% after ded.
EMERGENCY ROOM (NON-EMERGENT)	$300 copay + 20%	$300 copay + 20%	$400 copay + 30%	$400 copay + 30%	20% after ded.	20% after ded.
LABS AND X-RAYS	20% after ded.	Not covered	30% after ded.	Not covered	20% after ded.	Not covered

Deductible

The individual deductible amount must be met by each member enrolled under your medical coverage. If you have several covered dependents, all charges used to apply toward a “per individual” deductible amount will also be applied toward the “per family” deductible amount. When the family deductible amount is reached, no further individual deductibles will have to be met for the remainder of that plan year. No member may contribute more than the individual deductible amount to the “per family” deductible amount. The same applies for the out-of-pocket maximum.

Our Plans Are Self-Funded

Our medical and pharmacy plans are self-funded. What does that mean? Rather than paying premiums to an insurance carrier as with fully insured plans, the Company pays fixed costs to use the carrier’s network and variable costs for members’ claims. Self-insured plans allow for more freedom in plan design. Together, the Company and employees share the cost of healthcare.

Healthcare Cost Transparency

There are so many different providers and varying costs for healthcare services — how do you choose? Online services called healthcare cost transparency tools can help. These tools allow you to compare costs for services, from prescriptions to major surgeries, to make your choices simpler. Visit MyElaraCaringBenefits.com to learn more.

Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through Judi Rx. You will have one ID Card for medical and pharmacy. You may find information on our benefits coverage and search for network pharmacies by logging on to the Judi Rx member portal at rx.judi.health or by calling customer care at 833-202-5146. The formulary list is the same for all three medical plan choices. Your cost is determined by the tier assigned to the prescription medication. Medications are assigned as GENERIC, PREFERRED BRAND, NON-PREFERRED BRAND, or SPECIALTY. For a complete list of covered medications on Judi Rx plans, please visit the Pharmacy section on Elara's benefit website at www.elara.com/benefits.

	EPO SIGNATURE		EPO PREFERRED		HDHP CHOICE	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
RETAIL RX (30-DAY SUPPLY)						
GENERIC	$15	Not covered	$15	Not covered	$15 after ded.	Not covered
BRAND FORMULARY	$45	Not covered	25% ($24 min/ $67 max)	Not covered	25% after ded. ($24 min/ $67 max)	Not covered
BRAND NON-FORMULARY	$75	Not covered	33% ($53 min/ $137 max)	Not covered	33% after ded. ($53 min/ $137 max)	Not covered
SPECIALTY	$350	Not covered	$350	Not covered	$350 after ded.	Not covered
MAIL ORDER RX (90-DAY SUPPLY)						
GENERIC	$30	Not covered	$30	Not covered	$30 after ded.	Not covered
BRAND FORMULARY	$90	Not covered	25% ($48 min/ $134 max)	Not covered	25% after ded. ($48 min/ $134 max)	Not covered
BRAND NON-FORMULARY	$150	Not covered	33% ($106 min/ $274 max)	Not covered	33% after ded. ($106 min/ $274 max)	Not covered



Judi Rx

We understand saving money is important and so are your medications, Elara Caring has partnered with Judi Rx to help you save more when filling prescriptions. There are several programs available.

Costco Specialty Pharmacy – Judi Rx has partnered with Costco Specialty Pharmacy to reduce costs. If you have a specialty drug prescription, Judi Rx and Costco could help reduce or eliminate your cost for applicable drugs. There is no membership needed to participate in the Costco Specialty Pharmacy savings. Specialty medications can be shipped directly to your home at no additional cost to you. Visit Specialty.rx.costco.com/login to get started.

Costco Mail Order Pharmacy – another great option to help reduce costs. Costco can refill maintenance medications and mail them directly to your home. When you order a 90 day supply, you pay only 2 copays for 3 months of medications.

Judi Rx Advantage Discount Card Program – This card can help you afford medications that are not covered under your current benefit plan. The range of discounts for prescription services provided under the card will vary depending on the type of pharmacy and medication received. The Advantage Discount Card must be presented at the pharmacy to receive the discount on medications. Visit capitalrxadvantage.com to learn more and sign up.



Other Prescription Discount Programs

Want to save money on meds? Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety, and strength. Because they are the same medicine, generic drugs are just as effective as the brand names, and they undergo the same rigid FDA standards. **But generic versions cost 80% to 85% less on average than the brand-name equivalent.** To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov.

NOTE: Apps and prescription discount programs such as GoodRx, Amazon Prime Rx Savings, and Optum Perks let you compare prices of prescription drugs and find possible discounts.

How do they work? – These discounts can't be combined with your benefit plan's coverage, so make sure to check the price against the cost of using your insurance's prescription drug benefit. Something else to consider: If you choose to use a discount card and are therefore not tapping into your insurance's prescription drug benefit, the cash amount you pay for the prescription will not count toward your deductible or out-of-pocket maximum under the benefit plan.

GoodRx is a web- and app-based platform that allows you to search for prescription drug coupons and compare pharmacy prices. The company claims a savings of up to 80%.

Optum Perks also provides coupons for medications and a searchable database for drug cost comparison at participating pharmacies near you. The Optum Perks member card, which can be used at more than 64,000 pharmacies, is free to use and requires no personal data.

Another discount option is the **Amazon Prime Rx Savings** discount card, which is included with an Amazon and is administered by InsideRx. It provides discounts of up to 80% for generics and up to 40% for brand-name medication at participating pharmacies.

Many large retailers such as WALMART, SAMS CLUB, PUBLIX, KROGER, AND MEIJER have their prescription savings plans such as Walmart's $4 generics plan. You can take advantage of any or all of these. Remember to weigh the benefits of potential savings with the fact that cash discount savings with these programs does not accumulate towards your plan's Out-of-Pocket Maximum.

Dental Benefits

Like brushing and flossing, visiting your dentist is an essential part of your oral health. Elara Caring offers affordable plan options from Delta Dental for routine care and beyond.

Stay in Network

If your dentist doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit Delta Dental at deltadentalins.com.

Dental Premiums

Dental premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your monthly premium.

Dental Plan Summary

This chart summarizes the dental coverage provided by Delta Dental for 2027.

	LOW PLAN	MID PLAN	HIGH PLAN
MONTHLY CONTRIBUTIONS			
EMPLOYEE ONLY	$13.61	$34.54	$37.20
EMPLOYEE + SPOUSE/DOMESTIC PARTNER	$49.25	$78.44	$84.49
EMPLOYEE + CHILD(REN)	$50.01	$79.66	$85.81
FAMILY	$78.33	$124.78	$134.39
CALENDAR YEAR DEDUCTIBLE			
INDIVIDUAL	$50	$50	$50
FAMILY	$150	$150	$150
CALENDAR YEAR MAXIMUM			
PER PERSON	$1,000	$2,000	$2,000
COVERED SERVICES			
PREVENTIVE SERVICES Oral Exams, Routine Cleanings, Bitewing X-rays, Fluoride Applications, Sealants, Space Maintainers	0%; no deductible	0%; no deductible	0%; no deductible
BASIC SERVICES Amalgam Restorations, Resin-Based Composite Restorations, Non-Surgical Extractions	20% after deductible	20% after deductible	20% after deductible
MAJOR SERVICES Periodontics, Endodontics, Crown, Labial Veneers, Dentures, Bridges, Implants	N/A	50% after deductible	50% after deductible
ORTHODONTIC LIFETIME MAXIMUM	N/A	N/A	$1,500; no deductible

Note

Oral health is linked to your overall health — keeping your mouth healthy can protect you from cardiovascular disease, pregnancy complications, and pneumonia.

Vision Benefits

Getting your eyes checked regularly is important even if you don't wear glasses or contacts. We provide quality vision care for you and your family through Superior Vision by MetLife.

Vision Premiums

Vision premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your monthly premium.

Vision Plan Summary

This chart summarizes the vision coverage provided by Superior Vision by MetLife for 2027.

	SUPERIOR VISION PLAN
MONTHLY CONTRIBUTIONS	
EMPLOYEE-ONLY	$6.71
EMPLOYEE + SPOUSE/DOMESTIC PARTNER	$13.42
EMPLOYEE + CHILD(REN)	$15.83
FAMILY	$24.24
EXAMS (ONCE EVERY 12 MONTHS)	
COPAY	$10
LENSES (ONCE EVERY 12 MONTHS)	
SINGLE VISION	$15
BIFOCAL	$15
TRIFOCAL	$15
LENTICULAR	$15
CONTACTS (IN LIEU OF LENSES AND FRAMES) (ONCE EVERY 12 MONTHS)	
FITTING AND EVALUATION*	$25
ELECTIVE	$175 allowance
MEDICALLY NECESSARY	Covered in full
FRAMES (ONCE EVERY 24 MONTHS)	
COPAY	$15
ALLOWANCE	$175 allowance

*Fitting and Evaluation fee applied to contact lens allowance.

Note

Early detection of vision conditions like diabetic retinopathy leads to more effective treatment and cost savings.



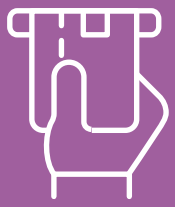
Out-of-Pocket Costs

These are the types of payments you're responsible for:

Copay

The fixed amount you pay for healthcare services at the time you receive them.





Deductible

The amount you must pay for covered services before your insurance begins paying its portion/coinsurance.

Coinsurance

The percentage of the total cost of a covered service that you will pay up to the out-of-pocket maximum.





Out-of-Pocket Maximum

The most you'll pay during the plan year. The plan will pay 100% of all remaining eligible charges.

How to Pick a Plan

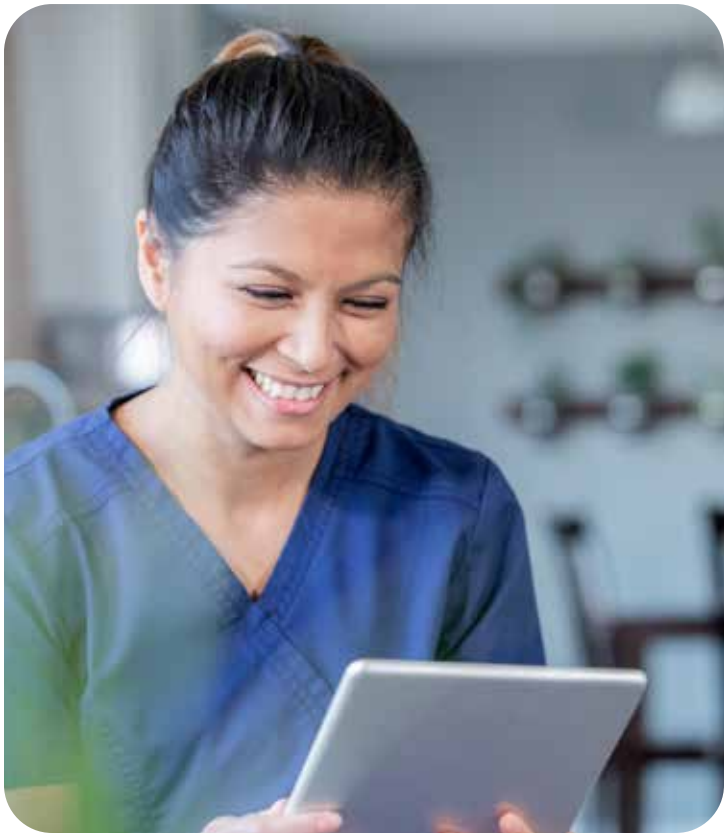
What plan is right for you? Consider any medical needs you foresee for the upcoming plan year, your overall health, and any medications you currently take. Keep in mind, all of the Elara Caring plans require the use of IN-NETWORK Physicians/facilities for all care except in cases of true emergency.

How does an EPO (Exclusive Provider Organization) work?

- You'll pay more in premiums, but perhaps less at the time of service.
- If you expect to need more medical care this year or you have a chronic illness, the EPO may be the right choice for you to ensure your healthcare needs are covered.

How does an HDHP (High Deductible Health Plan) work?

- You'll pay for the full cost of non-preventive medical services until you reach your deductible.
- You can also use a Health Savings Account in conjunction, which provides a safety net for unexpected medical costs and tax advantages.
- If you expect to mostly use preventive care (which is covered), this plan could be for you.



Preventive Care

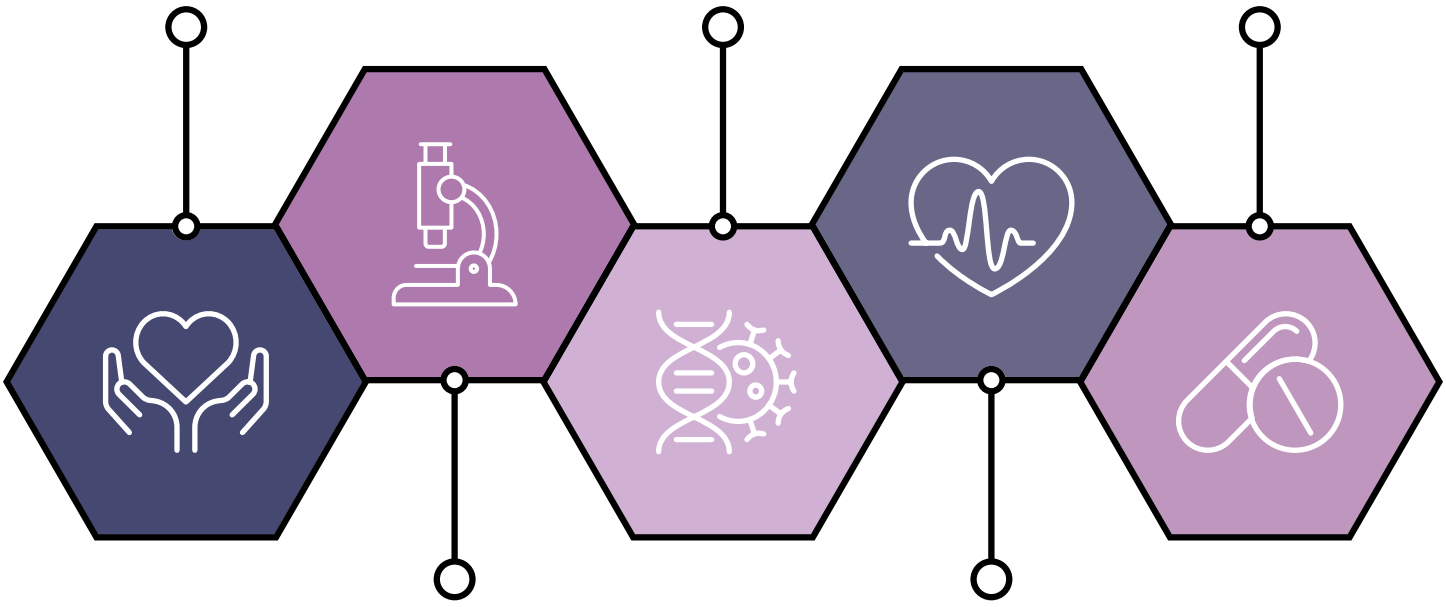
Routine checkups and screenings are considered preventive, so they're often paid at 100% by your insurance.

Keep up to date with your primary care physician to stay on top of your overall health. Under the U.S. Patient Protection and Affordable Care Act (PPACA), some common covered services include:

Wellness visits, physicals, and standard immunizations

Pediatric screenings for hearing, vision, obesity, and developmental disorders

Iron supplements (for children ages 6 to 12 months at risk for anemia)



Screenings for blood pressure, cancer, cholesterol, depression, obesity, and diabetes

Anemia screenings, breastfeeding support, and pumps for pregnant and nursing women

Don't miss out on these covered services. But remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. So, if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs. Read over your benefit summary to see what specific preventive services are provided to you.

What about the COVID-19 vaccine? The COVID-19 vaccine itself is considered preventive. For the vast majority of individuals who have insurance through an employer, the vaccine will be at no cost.

Where to Go for Care

When you're under the weather, there's no place like home. If you're feeling sick or you have a question about the side effects of a new prescription, but your provider is not available, or the pharmacy is closed, consider all your site-of-care options.

Teladoc

When to Use

You need care for routine treatments or minor illnesses and ailments but would prefer not to leave home. These services are available by phone and online (via webcam).

Types of Care*

- If you are enrolled in a BCBS plan, the Teladoc Primary360 Program lets you coordinate all of your routine, primary care on-the-go without actually stepping foot inside a doctor's office. Visit www.teladochealth.com for more information about the Primary360 Program. You can also call 800-TELADOC.
  - Full spectrum of care needs – From wellness and prevention to chronic condition management, mental health support and more.
  - Dedicated care team – Includes a primary care provider, nurse, and medical associate. Your team supplies ongoing guidance and support to ensure you reach your health goals.
  - Personalized care plan – Receive a personalized, longitudinal care plan that's flexible to change as your needs change and engages you in a lasting relationship with your care team.
  - 24/7 access – Teladoc Primary360 is there when you need it, whenever and wherever. Take advantage of unlimited messaging, reminders and health nudges to keep you connected.
  - Specialty care, too – You also can navigate to in-network, high-quality specialty providers and facilities, as needed.
  - Teladoc doctors can share information with your primary care physician with your consent. Please note that some states do not allow physicians to prescribe medications via telemedicine.
- Minor Urgent Care through Teladoc provides you with quick care for minor illnesses without leaving your home.
  - Cold & flu symptoms
  - Allergies
  - Bronchitis
  - Urinary tract infection
  - Sinus problems
- Looking for extra support to improve your health and wellbeing? Eligible Blue Cross Blue Shield members may have access to Teladoc Condition Management programs that provide personalized coaching, expert guidance, digital tools, and ongoing support to help you reach your health goals. Programs may include support for:
  - Diabetes Management
  - Pre-diabetes Management
  - Hypertension (High Blood Pressure) Management
  - Weight Management
  - Mental Health Support
  - GLP-1 Medication Support

  Whether you're managing an existing condition, working toward a healthier weight, or looking to develop healthier habits, these programs are designed to meet you where you are and provide support every step of the way. Registration information, eligibility details, and enrollment instructions will be communicated soon.
- Dermatology through Teladoc allows you to upload photos through the secure portal and get custom treatment plans for skin issues such as:
  - Eczema
  - Psoriasis
  - Acne
  - Rosacea
  - Skin infections
- Behavioral Health Care through Teladoc gives access to mental healthcare like therapy and medicines from the comfort of your home. You and your covered family members can get support for issues such as:
  - Depression
  - Anxiety and panic attacks
  - Substance use
  - Attention deficit (ADHD/ADD)
  - Autism
  - Bipolar
  - Eating disorders
- Nutritional Counseling through Teladoc gives you access to talk to a registered dietitian by phone or video when it's most convenient for you. This service can help with:
  - Weight management
  - Diabetes
  - High blood pressure
  - Prenatal nutrition
  - Other health conditions

Costs and Time Considerations**

Teladoc is available at no cost ($0 copay) per consultation for team members enrolled in a BCBS medical plan.

*This is a sample list of services and may not be all inclusive.
**Costs and time information represent averages only and are not tied to a specific condition or treatment.

Primary Care Center

When to Use

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

Types of Care*

- Routine checkups
- Immunizations
- Preventive services
- Manage your general health

Costs and Time Considerations**

- Often requires a copay and/or coinsurance
- Normally requires an appointment
- Usually little wait time with scheduled appointment

Urgent Care Center

When to Use

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

Types of Care*

- Strains, sprains
- Minor broken bones (e.g., finger)
- Minor infections
- Minor burns
- X-rays

Costs and Time Considerations**

- Often requires a copay and/or coinsurance usually higher than an office visit
- Walk-in patients welcome, but waiting periods may be longer (urgency decides order)

Emergency Room

When to Use

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

Types of Care*

- Heavy bleeding
- Chest pain
- Major burns
- Spinal injuries
- Severe head injury
- Broken bones

Costs and Time Considerations**

- Often requires a much higher copay and/or coinsurance
- Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first
- Ambulance charges, if applicable, will be separate and may not be in-network

DO YOUR HOMEWORK

What may seem like an urgent care center could actually be a standalone ER. These newer facilities come with a higher price tag, so ask for clarification if the word "emergency" appears in the company name.

*This is a sample list of services and may not be all inclusive.
**Costs and time information represent averages only and are not tied to a specific condition or treatment.

Health Savings Account

Want funds handy to help cover out-of-pocket healthcare expenses? A Health Savings Account (HSA) is a personal healthcare bank account used to pay for qualified medical expenses. HSA contributions and withdrawals for qualified healthcare expenses are tax-free. You must be enrolled in an HDHP to participate.

Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependent(s), even if they're not covered by your plan. If you are not currently enrolled in an HDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

HSA Bank will issue you a debit card with direct access to your account balance. Use your debit card to pay for qualified medical expenses — no need to submit receipts for reimbursement. Like a regular debit card, you must have a balance in your HSA account to use the card.

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, PPE, over-the-counter medications, and more. Visit IRS Publication 502 on www.irs.gov for a complete list.



Eligibility

You are eligible to contribute to an HSA if:

- You are enrolled in an HSA-eligible High Deductible Health Plan.
- You are not covered by your spouse's non-HDHP.
- Your spouse does not have a Healthcare Flexible Spending Account or Health Reimbursement Account.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE.
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)

You Own Your HSA

Your HSA is a personal account you own and manage. You choose how much to contribute, when to use funds for eligible medical expenses, and when to reimburse yourself. Unused funds roll over year to year and can accumulate for future healthcare costs, including retirement. The account is portable if you change plans or jobs, with no vesting or forfeiture requirements. Once your balance exceeds $1,000, you can invest available funds through HSA Bank. Contributions, earnings, and withdrawals for eligible expenses are tax-free. Participants should review investment information before making investment decisions.

How to Enroll

To enroll in Elara Caring's HSA, you must elect the HDHP plan. Submit all HSA enrollment materials and choose the amount to contribute on a pre-tax basis. Elara Caring will establish an HSA account in your name and send in your contribution once bank account information has been provided and verified.

HSAs and Taxes

HSA contributions are made through payroll deduction on a pre-tax basis when you open an account with HSA Bank. The money in your HSA (including interest and investment earnings) grows tax-free. When the funds are used for qualified medical expenses, they are spent tax-free.

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax.

Note

Not sure how much to contribute? Think about how much you may need in order to cover any anticipated or emergency medical services this year. Consider contributing the amount of your plan's in-network deductible so you know you're covered.



HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2027, contributions (which include any employer contribution) are limited to the following:

ANNUAL HSA FUNDING LIMITS	
EMPLOYEE	$4,500
FAMILY	$9,000
CATCH-UP CONTRIBUTION (AGES 55+)	$1,000

Elara Caring provides an annual HSA employer contribution that will be deposited on a per-pay-period basis.

ANNUAL EMPLOYER HSA CONTRIBUTION	
EMPLOYEE	$500
FAMILY	$1,000

HSA contributions over the IRS annual contribution limits ($4,500 for individual coverage and $9,000 for family coverage for 2027) are not tax deductible and are generally subject to a 6% excise tax.

If you've contributed too much to your HSA this year, you have two options:

- Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed.
- Leave the excess contributions in your HSA and pay 6% excise tax on them. Next year consider contributing less than the annual limit to your HSA.

The Elara Caring HSA is established with HSA Bank. You may be able to roll over funds from another HSA. For more information, please contact HSA Bank at 855-731-5220 or through the web at HSABank.com.

Flexible Spending Accounts

Take control of your spending! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses. The FSA plan is available through HSA Bank.

Healthcare Flexible Spending Account

You can contribute up to $3,400* annually for qualified medical expenses (deductibles, copays, coinsurance, menstrual products, PPE, over-the-counter medications, etc.) with pre-tax dollars, which reduces your taxable income and increases your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them — no waiting for reimbursement.

Flexible Spending Commuter Benefits

The Commuter Benefit Account lets you set aside pretax dollars to pay for expenses related to your commute to and from work. This includes:

- Mass transit
- Vanpooling
- Paid parking

You may contribute up to $340 per month for both transportation and parking. Funds are added to a debit card for use as you make contributions each month.

Note: This benefit is only available to residents who live in New York and New Jersey.

Note

You can use your FSA funds to pay for deductibles, copays, coinsurance, menstrual products, PPE, over-the-counter medications, and more. Visit IRS publication 502 on irs.gov for more information.

*2026 limit is shown. 2027 limit will be released by the IRS at a later date.

Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA — even if you don't elect any other benefits. Set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is currently deposited in your account.

- With the Dependent Care FSA, you can set aside up to $5,000 to pay for child or elder care expenses on a pre-tax basis.
- Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as the employee for more than half the year.
- Expenses are reimbursable if the provider is not your dependent.
- You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent daycare expenses that are necessary for you and your spouse to work or attend school full time. Eligible expenses include:

- In-home babysitting services (not provided by a dependent)
- Care of a preschool child by a licensed nursery or daycare provider
- Before- and after-school care
- Day camp
- In-house dependent daycare

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

Using the Account

Use your FSA debit card at doctor and dentist offices, pharmacies, and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you use the card at an ineligible location.

To request for reimbursement, please submit a claim form along with the required documentation to HSA Bank. If any additional information such as a receipt is needed, HSA Bank will notify you. If you have any questions regarding reimbursement, you can contact HSA Bank.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges. Without proof an expense was valid, your card could be turned off and the expense deemed taxable.

General Rules

The IRS has the following rules for Healthcare and Dependent Care FSAs:

- Expenses must occur during the 2027 plan year.
- Funds cannot be transferred between FSAs.
- You cannot participate in a Dependent Care FSA and claim a dependent care tax deduction at the same time.
- You must “use it or lose it” — any unused funds will be forfeited.
- You cannot change your FSA election in the middle of the plan year without a Qualifying Life Event.
- Terminated employees have ninety (90) days following termination to submit FSA claims for reimbursement.
- Those considered highly compensated employees (family gross earnings were $160,000 or more last year) may have different FSA contribution limits. Visit www.irs.gov for more info.



FSA vs HSA

Flexible Spending Accounts (FSAs) and Health Savings Accounts (HSAs) are both ways to save pre-tax money to pay for eligible healthcare costs. Which one is best for you?

	FLEXIBLE SPENDING ACCOUNTS	HEALTH SAVINGS ACCOUNTS
OWNERSHIP	Your employer owns your FSA. If you leave your employer, you lose access to the account unless you have a COBRA right.	You own your HSA. It is a savings account in your name and you always have access to the funds, even if you change jobs.
ELIGIBILITY & ENROLLMENT	You're eligible for an FSA if it's offered by your employer. You can elect a Healthcare FSA even if you waive other coverage. You cannot make changes to your contribution during the Plan Year without a Qualifying Life Event. You cannot be enrolled in both a Healthcare FSA and an HSA.	1. You must be enrolled in a Qualified HDHP to contribute money to your HSA. You cannot be covered by a spouse's non-High Deductible plan or a spouse's FSA or enrolled in Medicare or TRICARE. 2. You can change your contribution at any time during the Plan Year.
TAXATION	Contributions are tax-free via payroll deduction. Funds are spent tax-free when used for qualified expenses.	For Federal tax purposes, the money in the account is "triple tax-free," meaning: 1. Contributions are tax-free. 2. The account grows tax-free through the accumulation of interest and/or investment gains. 3. Funds are spent tax-free when used for qualified expenses.
CONTRIBUTIONS	Both you and your employer can contribute according to IRS limits. The contribution limit for the Healthcare FSA for 2027 is $3,400*. Elara does not contribute to the Healthcare FSA.	Both you and your employer can contribute according to IRS limits. The contribution limit for 2027 is $4,500 for individuals and $9,000 for families. This includes the employer contribution. If you are 55 or older, you may make an annual "catch-up" contribution of $1,000.
PAYMENT	Some plans include an FSA debit card to pay for eligible expenses. If not, you pay up front and submit receipts for reimbursement.	Many HSAs include a debit card, ATM withdrawal, or checkbook to pay for qualified expenses directly. You can also use online bill payment services from the HSA financial bank. You decide when to use the money in your HSA to pay for qualified expenses, or you may use another account to pay for services and save the money in your HSA for future expenses or retirement.
RUNOUT PERIOD	You must use the money in the account by end of Plan Year. The Healthcare FSA and Dependent Care FSA include a 3-month runout period after the end of the Plan Year for expenses to be reimbursed. Any unclaimed funds at the end of the run out are lost and returned to your employer.	HSA funds roll over from year to year. Money is always yours and may be used for future qualified expenses — even in retirement years.
QUALIFIED EXPENSES	Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, and vision care. A full list is available at www.irs.gov.	Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, vision care, Medicare Part D plans, COBRA premiums, and long-term care premiums. A full list is available at www.irs.gov.
OTHER TYPES	• Dependent Care FSA - Allows you to set aside pre-tax dollars for elder or child dependent care and covers expenses such as daycare and before- and after-school care. • Commuter Benefit Account - Allows you to set aside pretax dollars to pay for expenses related to your commute to and from work. You may contribute up to $340 per month for both transportation and parking. This benefit is only available to residents who live in New York and New Jersey.	There is only one type of HSA.

Please refer to your summary plan description or plan certificate for your plan's specific FSA or HSA benefits.
*2026 limit is shown. 2027 limit will be released by the IRS at a later date.

Supplemental Health Benefits

Elara Caring offers several ways to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and offered at discounted group rates.

Accident Coverage

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact. Accident coverage, available through Aflac, provides benefits for you and your covered family members if you have expenses related to an accident that occurs on or off the job. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help you pay deductibles, copays, and even typical day-to-day expenses such as a mortgage or car payment. Benefits under this plan are payable to you to use as you wish.

WELLNESS BENEFIT: (once per calendar year) A $50 benefit for wellness tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.



SUMMARY OF BENEFITS*	HIGH PLAN	LOW PLAN
HOSPITAL ADMISSION	$2,000 per confinement	$1,000 per confinement
HOSPITAL CONFINEMENT	$200 per day	$100 per day
DISLOCATIONS	Up to $6,000 based on a schedule	Up to $4,000 based on a schedule
FRACTURES	Up to $10,000 based on a schedule	Up to $6,000 based on a schedule
AMBULANCE	$450: Ground / Air: $1,000	$200: Ground / Air: $600
ER/URGENT CARE/ DOCTOR'S OFFICE - WITHOUT X-RAY	$250 / $250 / $150	$150 / $150 / $75
ER/URGENT CARE/ DOCTOR'S OFFICE - WITH X-RAY	$325 / $325 / $225	$200 / $200 / $125
ACCIDENT FOLLOW-UP TREATMENT	$100	$50
BURNS	Up to $15,000	Up to $7,000
MAJOR DIAGNOSTIC TESTING	$225	$125
REHABILITATION UNIT	$50 per day	$35 per day
INPATIENT SURGERY AND ANESTHESIA	$800	$400
CONCUSSION	$350	$200
LACERATIONS	Up to $500	Up to $200
BLOOD/PLASMA/ PLATELETS	$200	$100
THERAPY	$60	$30
APPLIANCES	Up to $300	Up to $150

*This list is a summary. Refer to plan documents for a comprehensive list of covered benefits.

MONTHLY CONTRIBUTIONS	HIGH PLAN	LOW PLAN
EMPLOYEE ONLY	$7.53	$5.18
EMPLOYEE + SPOUSAL/ DOMESTIC PARTNER	$11.81	$8.15
EMPLOYEE + CHILD(REN)	$14.25	$10.09
EMPLOYEE + FAMILY	$18.53	$13.06

Critical Illness Coverage

Critical Illness coverage through Aflac pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like – for example, to help pay for expenses not covered by your medical plan, lost wages, childcare, travel, home healthcare costs, or any part of your regular household expenses.

Plan Highlights

- Guaranteed Issue Coverage (no medical questions).
- Children are covered at NO COST when you elect employee coverage.
- Benefits are payable based on the date of the covered event occurring or the date of diagnosis. Illnesses or occurrences prior to the effective date of coverage will not be payable events.
- WELLNESS BENEFIT: (once per calendar year) A $50 benefit for wellness tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. Limited to Team Member and Spouse (if applicable).

Coverage Amounts:

- Employee: $15,000 or $30,000
- Spouse: 50% of employee benefit
- Child(ren): 50% of employee benefit at no additional cost

MONTHLY CONTRIBUTIONS

NON-TOBACCO

AGE	$15,000 EMPLOYEE	$7,500 SPOUSE	$30,000 EMPLOYEE	$15,000 SPOUSE
Age <25	$4.09	$2.23	$7.24	$3.52
25–29	$5.24	$2.81	$9.55	$4.68
30–34	$5.85	$3.11	$10.77	$5.29
35–39	$7.36	$3.87	$13.78	$6.79
40–44	$9.10	$4.74	$17.25	$8.53
45–49	$9.63	$5.00	$18.32	$9.06
50–54	$16.74	$8.56	$32.53	$16.17
55–59	$15.45	$7.91	$29.95	$14.88
60–64	$26.41	$13.40	$51.89	$25.85
65–69	$57.15	$28.76	$113.35	$56.58
70+	$57.15	$28.76	$113.35	$56.58

TOBACCO

AGE	$15,000 EMPLOYEE	$7,500 SPOUSE	$30,000 EMPLOYEE	$15,000 SPOUSE
Age <25	$5.24	$2.81	$9.54	$4.68
25–29	$6.59	$3.48	$12.24	$6.03
30–34	$8.05	$4.21	$15.16	$7.48
35–39	$10.76	$5.57	$20.58	$10.19
40–44	$13.38	$6.88	$25.81	$12.81
45–49	$14.15	$7.26	$27.36	$13.58
50–54	$25.19	$12.78	$49.43	$24.62
55–59	$24.29	$12.33	$47.64	$23.73
60–64	$41.05	$20.71	$81.16	$40.49
65–69	$86.05	$43.21	$171.16	$85.48
70+	$86.05	$43.21	$171.16	$85.48

COVERED CONDITIONS AND BENEFIT AMOUNTS*

A covered employee has the full benefit amount illustrated below. Any covered dependent is covered at 50% of the benefit amount illustrated below.

BASE BENEFITS	
CANCER (INTERNAL OR INVASIVE)	100%
HEART ATTACK (MYOCARDIAL INFARCTION)	100%
STROKE (ISCHEMIC OR HEMORRHAGIC)	100%
MAJOR ORGAN TRANSPLANT	100%
KIDNEY FAILURE (END-STAGE RENAL FAILURE)	100%
BONE MARROW TRANSPLANT	100%
SUDDEN CARDIAC ARREST	100%
SEVERE BURN	100%
PARALYSIS	100%
COMA	100%
LOSS OF SPEECH/SIGHT/HEARING	100%
NON-INVASIVE CANCER	25%
CORONARY ARTERY BYPASS SURGERY	25%
PROGRESSIVE DISEASE RIDER	
AMYOTRAPHIC LATERAL SCLEROSIS (ALS)	100%
SUSTAINED MULTIPLE SCLEROSIS	100%
OPTIONAL BENEFITS RIDER	
BENIGN BRAIN TUMOR	100%
ADVANCED ALZHEIMER'S DISEASE	100%
ADVANCED PARKINSON'S DISEASE	25%
Specified Diseases Rider: Benefits are payable if an insured is diagnosed with one of the diseases listed below. These benefits will be paid based on face amount. ADDISON'S DISEASE, CEREBROSPINAL MENINGITIS, DIPHTHERIA, HUNTINGTON'S CHOREA, LEGIONNAIRE'S DISEASE, MALARIA, MUSCULAR DYSTROPHY, MYASTHENIA GRAVIS, NECROTIZING FASCIITIS, OSTEOMYELITIS, POLIOMYELITIS (POLIO), RABIES, SICKLE CELL ANEMIA, SYSTEMIC LUPUS, SYSTEMIC SCLEROSIS (SCLERODERMA), TETANUS, TUBERCULOSIS	25%
CHILDHOOD CONDITIONS	
CYSTIC FIBROSIS	50%
CEREBRAL PALSY	50%
CLEFT LIP OR CLEFT PALATE	50%
DOWN SYNDROME	50%
PHENYLALANINE HYDROXYLASE DEFICIENCY DISEASE (PKU)	50%
SPINA BIFIDA	50%
TYPE 1 DIABETES	50%
AUTISM SPECTRUM DISORDER (ASD)	$3,000

*This is a summary. Refer to plan document for details including definitions, plan exclusions and limitations.

Hospital Indemnity Coverage

Hospital Indemnity Coverage through Aflac pays cash benefits directly to you if you have a covered stay in a hospital or critical care unit (ICU). You can use the benefits from this policy to help pay for your medical expenses such as deductibles and copays, travel cost, food and lodging, or everyday expenses such as groceries and utilities.

- **Benefits are payable for pregnancy on the first day of coverage**
- **Coverage is guaranteed issue; no medical questions**

	HIGH PLAN	LOW PLAN
SUMMARY OF BENEFITS*		
HOSPITAL ADMISSION (ONCE PER COVERED SICKNESS OR ACCIDENT PER CALENDAR YEAR)	$2,000 per confinement	$1,000 per confinement
HOSPITAL CONFINEMENT (MAXIMUM CONFINEMENT PERIOD: 31 DAYS PER COVERED SICKNESS OR COVERED ACCIDENT)	$200 per day	$100 per day
HOSPITAL INTENSIVE CARE (MAXIMUM CONFINEMENT PERIOD: 15 DAYS PER COVERED SICKNESS OR COVERED ACCIDENT)	$200 per day	$100 per day
INTERMEDIATE INTENSIVE CARE STEP-DOWN (MAXIMUM CONFINEMENT PERIOD: 10 DAYS PER COVERED SICKNESS OR ACCIDENT FOR EACH INSURED)	$100	$50

*This list is a summary. Refer to plan documents for a comprehensive list of covered benefits

	HIGH PLAN	LOW PLAN
MONTHLY CONTRIBUTIONS		
EMPLOYEE ONLY	$20.44	$10.22
EMPLOYEE + SPOUSAL/ DOMESTIC PARTNER	$41.38	$20.68
EMPLOYEE + CHILD(REN)	$32.16	$16.06
EMPLOYEE + FAMILY	$53.10	$26.52



Mental Health

You visit your doctor when you're feeling sick, and you exercise and eat healthy to keep your body strong. But your mental health is just as important. What do you do to stay healthy mentally? Do you know where you can go when you need help? Whether you need assistance with work-life balance or anxiety, there are resources available to help you out.

Mental Health and Your Medical Plan

The medical plan through Blue Cross Blue Shield also covers behavioral and mental health services at $0 copay per visit under the EPO Signature, EPO Preferred, and HDHP Choice plans. See plan documents for specifics on coverage for inpatient and outpatient services.

An important aspect of your overall wellbeing is emotional wellness — the ability to successfully adapt to changes and challenges as they arrive and handle life's stresses. These five actions have been shown to improve emotional wellness.

Employee Assistance Program

We're here for you when you need help. Our Employee Assistance Program (EAP) helps manage your and your family's total health, including mental, emotional, and physical. And there's no cost to you and your dependents when you enroll in Basic Life.

Through the EAP, you have access to mental health assistance and legal and financial help from professionals. You also have 24-hour access to helpful resources by phone, and the EAP benefit includes 5 face-to-face visits per issue with a licensed professional. All services provided are confidential and will not be shared with Elara Caring. You may access information, benefits, educational materials, and more by phone at 888-628-4824 or online at www.guidanceresources.com.
Click Register and use LFGSupport as the Organization Web ID.

The Program provides referrals to help with:

- Emotional health and wellbeing
- Alcohol or drug dependency
- Marriage or family problems
- Job pressures
- Stress, anxiety, depression
- Grief and loss
- Financial or legal advice

The Big Five of Emotional Wellness

Practice mindfulness.
Practice deep breathing, enjoy a stroll, and stay present in each moment.

Strengthen social connections.
Reach out to a friend or family member daily — even if it's just a video call or text.

Improve your outlook.
Treat people with kindness, including yourself.

Get quality sleep.
Keep a consistent sleep schedule and limit electronic use before bed.

Deal with your stress.
Think positively, exercise regularly, and set priorities.



Other Mental Health Resources

No matter your problem, whether you're a manager or entry-level employee, don't be afraid to ask for help. There are resources available 24/7.

988 Suicide & Crisis Lifeline

Dial 988 to be connected with 24/7/365 emotional support.

Free, confidential crisis counseling, including appropriate follow-up services, is available no matter where you live in the United States.

Crisis Text Line

Text "HOME" to 741741

Send a text 24/7 to the Crisis Text Line to speak with a crisis counselor who can provide support and information. Standard text messaging rates may apply.

War Vet Call Center

Veterans and their families can call 877-WAR-VETS (877-927-8387) to talk about their military experience and/or readjustment to civilian life. Reach out by text at 838255 or chat live at VeteransCrisisLine.net/chat.

Call 911 if you or someone you know is in immediate danger or go to the nearest emergency room.



Note

According to the American Psychological Association, 61% of adults say they could have used more emotional support in 2020.

Survivor Benefits

It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection in the event of an unexpected event.

Basic Life and Accidental Death & Dismemberment Insurance

Elara Caring provides employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance as part of your basic coverage through Lincoln Financial Group, which guarantees that your spouse or other designated survivor(s) continue to receive benefits after death.

Your Basic Life and AD&D insurance benefit is 1x annual salary, up to $50,000. If you are a full-time employee, you automatically receive Life and AD&D insurance even if you waive other coverage.

Naming a Beneficiary

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life. You receive the benefit payment for a dependent's death under the Voluntary Lincoln Financial Group insurance.

Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18. Contact People Services Center or your own legal counsel with any questions.



Voluntary Life and AD&D Insurance

You may wish for extra coverage for more peace of mind. Eligible employees may purchase additional Voluntary Life and AD&D insurance. Premiums are paid through payroll deductions.

BASIC EMPLOYEE LIFE/AD&D	
COVERAGE AMOUNT	1x annual salary
WHO PAYS	Elara Caring
MAXIMUM BENEFIT	$50,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No
VOLUNTARY EMPLOYEE LIFE/AD&D	
COVERAGE AMOUNT	Increments of $10,000
WHO PAYS	Employee
MAXIMUM BENEFIT	$500,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	If you do not enroll within 30 days of employment, increase your coverage by more than $10,000, or you go over the Guaranteed Issue amount of $200,000, EOI is required
VOLUNTARY SPOUSE LIFE/AD&D	
COVERAGE AMOUNT	Increments of $5,000
WHO PAYS	Employee
MAXIMUM BENEFIT	$250,000 or 100% of employee supplemental election amount
EVIDENCE OF INSURABILITY (EOI) REQUIRED	If you do not enroll within 30 days of employment, increase your coverage by more than $5,000, or go over the Guaranteed Issue amount of $30,000, EOI is required
VOLUNTARY CHILD LIFE/AD&D	
COVERAGE AMOUNT	Live birth to 6 months: $500 6 months to 26 years: $10,000
WHO PAYS	Employee
MAXIMUM BENEFIT	$10,000

Evidence of Insurability (EOI)

- Any amount over the guaranteed issue will require EOI.
- If you do not elect employee Life insurance as a new hire, but choose to enroll later during open enrollment, you will be considered a late entrant. As a late entrant, EOI will apply to any amount elected. Guaranteed issue will no longer apply.
- Employees who enroll in Supplemental Life (as a new hire or during annual enrollment) may increase election by one level each annual enrollment without EOI.
- You will be notified in Workday when you enroll in benefits if an EOI is required. To complete the EOI, please go to LincolnFinancial.com or download the Lincoln Mobile app. First time users can register using company code: ELARA. Follow the registration steps by entering the requested personal information, completing identity verification and setting up a username and password. Your information may pre-populate on Lincoln's portal. Review it and ensure the portal displays the correct coverage type you're applying for. Select the "Complete Evidence of Insurability" option to answer the EOI questions about you and your family members, if applicable. Review your elections and digitally sign your application.
- No coverage amount subject to EOI will be approved until EOI is received, and approved by Lincoln.

Income Protection

You and your loved ones depend on your regular income. That's why Elara Caring offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury or illness. A portion of your income is protected until you can return to work or you reach retirement age.

Voluntary Short-Term Disability (STD) Insurance

Short-Term Disability (STD) benefits are available for purchase on a voluntary basis. This insurance replaces 60% of your weekly income if you become partially or totally disabled for a short time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or People Services Center for details. See Workday for specific rates for this plan.

WEEKLY MAXIMUM BENEFIT	$2,500
ELIMINATION PERIOD	7 days
MAXIMUM BENEFIT PERIOD	13 weeks
PREEXISTING CONDITIONS EXCLUSION	3 months look back; 12 months after effective date of coverage



Basic Long-Term Disability (LTD) Insurance

Long-Term Disability (LTD) benefits are available at no cost. This insurance replaces 40% of your monthly income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or People Services Center for details.

MONTHLY MAXIMUM BENEFIT	$10,000
ELIMINATION PERIOD	90 consecutive days
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.

Voluntary Long-Term Disability (LTD) Insurance

Long-Term Disability (LTD) benefits are available for purchase on a voluntary basis. This insurance replaces an additional 20% of your monthly earnings, for a total of 60%. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or People Services Center for details. See Workday for specific rates for this plan.

MONTHLY MAXIMUM BENEFIT	$10,000
ELIMINATION PERIOD	90 consecutive days
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.

Retirement Planning

No matter what point of your career you're in, it's never a bad time to think about your future and save for retirement.

Contributing to a 401(k) account now can help keep you financially secure later in life. The Elara Caring 401(k) plan provides you with the tools you need to prepare.

PLAN AT A GLANCE	
PLAN NAME	Elara Caring 401(k) Plan
RECORDKEEPER	Fidelity
WEBSITE	401k.com
ELIGIBILITY	Must be at least 21 years of age and have completed at least six months of service at Elara Caring
COMPANY MATCH	Elara Caring supports your savings efforts by offering you a company matching contribution to help you save even more.

All About 401(k)

Elara Caring supports your savings efforts by offering you a Company Match: 100% of first 3% and 50% on the next 2% (total of a 4% match on a 5% contribution).

Eligible employees can invest for retirement while receiving tax advantages. Elara Caring supports your savings efforts by offering you a company matching contribution to help you save even more. Administrative services are provided by Fidelity. You may start making pre-tax contributions into the plan after completing at least six months of service at the company. You must be at least 21 years of age to be eligible.

Pre-tax vs. Roth 401(k): What's the difference? If you contribute to your 401(k) pre-tax, your contributions are taken out before taxes each pay period, which will lower your annual taxable income. Pre-tax contributions grow on a tax-deferred basis and you won't pay taxes on these dollars until a distribution is taken at retirement. If you choose the available Roth 401(k), contributions are deducted from your paycheck after taxes — so although you are paying taxes on those dollars now, you won't pay taxes when you withdraw during retirement.

Contributing to the Plan

As a participant in the 401(k) Plan, you are able to save for retirement to help you achieve your retirement goals. The IRS limits the amount you can save annually, but if you are over age 50, you can contribute even more to the plan through catch-up contributions.

The annual IRS limit for 2027 is $24,500*, and the standard catch up contribution limit for individuals ages 50 and older is $8,000*.

Not sure if you're getting close to the annual contribution limit? Our payroll system tracks how much you've contributed. If you started at the company mid-year, let the Payroll Department know how much you contributed at your previous employer so that can be factored in and you won't be subject to penalties for overcontributing.

To get started, navigate to Elara.com/benefits. Select 2027 and use the first tab to learn more about 401K. Please reach out to Fidelity for additional assistance if needed at 800-835-5097.

*2026 limits are shown. 2027 limits will be released by the IRS at a later date.



How Much Should I Save?

Industry standards suggest saving at least 12% to 15% of your income, including Elara Caring's generous matching contribution. If you can't afford to save that much, make sure to save up to the matching amount so you don't leave free money behind.

Changing or Stopping Your Contributions

You may change the amount of your contributions any time. Changes are effective as soon as administratively feasible and remain in effect until you modify them. You may also discontinue your contributions and start them again at any time.

Consolidating Your Retirement Savings

If you have an existing qualified retirement plan (pre-tax) with a previous employer, you may transfer that account into the plan any time. Contact Fidelity at 800-835-5097 for details.

Regardless of which retirement account you choose or how much you contribute, remember to think of it as a long-term strategy. Dipping into the account early will jeopardize the quality of your retirement and you may be subject to early withdrawal penalties from the IRS.

Investing in the Plan

It's up to you how to invest the assets. The Elara Caring 401(k) plan offers a selection of investment options for you to choose from. You may change your investment choices any time. For more details, visit 401k.com.

Vesting

Vesting refers to how much of your 401(k) funds you can take with you if or when you leave Elara Caring. With the new safe harbor plan you are immediately vested in the company match, so you'll own 100% of the contributions. You always own and are fully vested in your own personal 401(k) contributions.

Reminder: You cannot enroll or make changes to your 401(k) through Workday. Team members must visit the Fidelity website or call Fidelity for assistance.



Additional Benefits

Elara Caring wants you to succeed in all aspects of life, so we offer a variety of additional benefits to make your day-to-day easier.

Pet Insurance

We know your pets are part of the family, and just like any other family member, our furry friends are bound to have some medical expenses from time to time. For the most part, these expenses come from standard checkups and immunizations, but the occasional unexpected illness or injury can rack up some significant bills when you least expect it. Pet insurance through Nationwide provides coverage for veterinary expenses related to accidents and illnesses. Policies are available for dogs, cats, birds, and exotic pets. To enroll or for additional information, please visit https://benefits.petinsurance.com/elara or Nationwide at 877-738-7874.

Coverage Includes:

- Accidents
- Illnesses
- Hereditary and congenital conditions
- Cancer
- Behavioral treatments
- Rx therapeutic diets and supplements
- Multiple pet discounts
- And more

How to Use Your Pet Insurance Plan

1. Visit any vet, anywhere
2. Submit claim
3. Get reimbursed for eligible expenses

Prepaid Legal Coverage

MetLife Legal Plan provides you with access to experienced attorneys and reduces effort on your end. It's a smart and simple way to get the legal help you need. You'll have all the help you're looking for from MetLife's experienced service team, network of attorneys and variety of online resources.

MetLife Legal Features:

- Cost-effective plan, providing access to more than 18,000+ experienced network attorneys.
- Zero copays or deductibles.
- Unlimited use of network attorneys for covered issues.
- Assistance for a wide range of legal needs, including money matters, home and real estate, family and personal matters, civil lawsuits, elder care issues, and vehicles and driving.
- Online digital estate planning tool — create wills and trusts, healthcare proxy, and power of attorney documents from the comfort of home.

The MetLife Legal Plan is **$18.50 monthly,** via payroll deduction.

To learn more about your legal insurance plan, visit members.legalplans.com or call 800-821-6400.



Identity Theft + Cybersecurity

Access to identity theft protection is available on a voluntary basis through Allstate ID. In an always on, ever connected world, the risk of identity theft is real. There is a new identity fraud victim every two seconds. You can help protect yourself with Allstate ID monitors millions of transactions every second, alerting you to suspicious activity by text, phone or email. This protection is different than free credit monitoring and offers a full set of features to help proactively protect you and your covered family members against identity theft.

Allstate Membership Features:

- Comprehensive Identity Monitoring and Alerts
- Dark Web Monitoring
- Data Breach Notifications
- Tri-bureau Credit Monitoring
- Social Media Monitoring
- 24/7 US-Based Customer Care
- Cyber protection for up to ten devices per adult family member
- Military-grade VPN
- $5M in expense reimbursements
- Family Digital Safety Tools powered by Bark
- $100K in Cyberbullying coverage

This plan is available via payroll deduction and can be continued even if you leave Elara Caring.

ALLSTATE IDENTITY PROTECTION PRO	MONTHLY PREMIUM PLUS PLAN
EMPLOYEE ONLY	$9.95
EMPLOYEE + FAMILY	$17.95

KinderCare

Elara Caring is partnering with KinderCare to offer an affordable childcare solution. If you enroll your child(ren) in a KinderCare center or Champions program, you now have access to a 10% tuition subsidy. For more information, visit www.kindercare.com/elaracaring.



Glossary

Balance Billing – When you are billed by a provider for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $60, you may be billed by the provider for the remaining $40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount you pay for healthcare services received, as determined by your insurance plan.

Deductible – The amount you owe for healthcare services before your insurance begins to pay its portion. For example, if your deductible is $1,000, your plan does not pay anything until you've paid $1,000 for covered services. This deductible may not apply to all services, including preventive care.

Exclusive Provider Organization (EPO) – An Exclusive Provider Organization (EPO) is a health insurance plan that limits covered care to a predetermined network of providers and usually doesn't cover out-of-network care.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision.

Flexible Spending Accounts (FSAs) – A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare costs. You'll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are "use it or lose it," so funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or rollover into the next plan year. For additional information on eligible expenses, refer to IRS Publications 502 and 503 on the IRS website.

- **Healthcare FSA –** A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
- **Dependent Care FSA –** A pre-tax benefit account used to pay for dependent care services.

Health Savings Account (HSA) – A personal healthcare bank account funded by your or your employer's tax-free dollars to pay for qualified medical expenses. You must be enrolled in an HDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable if you change jobs.

High Deductible Health Plan (HDHP) – A plan option that provides choice, flexibility, and control when it comes to healthcare spending. Most preventive care is covered at 100% with in-network providers, and all qualified employee-paid medical expenses count toward your deductible and out-of-pocket maximum.

Network – A group of physicians, hospitals, and healthcare providers that have agreed to provide medical services to a health insurance plan's members at discounted costs.

- **In-Network –** Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- **Out-of-Network –** Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.
- **Non-Participating –** Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out of pocket.

Initial Enrollment – The initial enrollment period for new hires is the time frame when new employees can enroll in their benefits.

Open Enrollment – The period set by the employer during which employees and dependents may enroll for coverage.

Out-of-Pocket Maximum – The most you pay during the plan year before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, out-of-network provider charges beyond the Reasonable & Customary, or healthcare your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.

Over-the-Counter (OTC) Medications – Medications available without a prescription.

Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred, or specialty.

- **Generic Drugs –** Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- **Preferred Drugs –** Brand-name drugs on your provider's approved list (available online).
- **Non-Preferred Drugs –** Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- **Specialty Drugs –** Prescription medications used to treat complex, chronic, and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered.
- **Prior Authorization –** A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- **Step Therapy –** The goal of a Step Therapy Program is to steer employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before "stepping up" to a non-preferred brand.



Qualifying Life Events – You can update your benefits when you start a new job or during Open Enrollment. But changes in your life called Qualifying Life Events (QLEs) determined by the IRS can allow you to enroll in health insurance or make changes outside of these times. When a Qualifying Life Event occurs, you have 30 days to request changes to your coverage. If the event is due to a loss in Medicaid or Children's Health Insurance Program (CHIP) coverage, you have 60 days to request changes to your coverage. Your change in coverage must be consistent with your change in status.

Common QLEs include a change in the number of dependents (through birth or adoption or if a child is no longer an eligible dependent); a change in a spouse's employment status (resulting in a loss or gain of coverage); a change in your legal marital status (marriage, divorce, or legal separation); eligibility for coverage through the Marketplace; a change in employment status from full time to part-time, or part-time to full time, resulting in a gain or loss of eligibility; and Entitlement to Medicare or Medicaid.

Some Lesser-known QLEs include turning 26 and losing coverage through a parent's plan; death in the family (leading to change in dependents or loss of coverage); and changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP).

Reasonable and Customary Allowance (R&C) – The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount. Also known as the UCR (Usual, Customary, and Reasonable) amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, you are provided with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) – The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.

Required Notices

Important Notice From BW NHHC Holdco, INC DBA Elara Caring About Your Prescription Drug Coverage and Medicare Under the Blue Cross Blue Shield Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with BW NHHC Holdco, INC DBA Elara Caring and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. BW NHHC Holdco, INC DBA Elara Caring has determined that the prescription drug coverage offered by the Blue Cross Blue Shield plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current BW NHHC Holdco, INC DBA Elara Caring coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with BW NHHC Holdco, INC DBA Elara Caring and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage…

Contact the person listed at the end of these notices for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through BW NHHC Holdco, INC DBA Elara Caring changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 1, 2027
Name of Entity/Sender:	BW NHHC Holdco, INC DBA Elara Caring
Contact—Position/Office:	People Services Center
Address:	3010 LBJ Freeway, Suite 1100 Dallas, TX 75234
Phone Number:	866-683-9400

Women's Health and Cancer Rights Act

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 this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact People Services Center at 866-683-9400.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for healthcare benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact People Services Center at 866-683-9400.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact People Services Center at 866-683-9400.

Illinois Essential Health Benefit (EHB) Listing

Employer Name:	BW NHHC Holdco, INC DBA Elara Caring
Employer State of Situs:	Texas
Name of Issuer:	Blue Cross Blue Shield
Plan Marketing Name:	EPO Signature, EPO Preferred, HDHP Choice
Plan Year:	2027

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2026 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
1	Accidental Injury – Dental	Ambulatory	Pgs. 10 & 17	Yes
2	Allergy Injections and Testing		Pg. 11	Yes
3	Bone Anchored Hearing Aids		Pgs. 17 & 35	Yes
4	Durable Medical Equipment		Pg. 13	Yes
5	Hospice		Pg. 28	Yes
6	Infertility (Fertility) Treatment		Pgs. 23 - 24	No
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Pg. 21	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)		Pgs. 15 - 16	Yes
9	Private-Duty Nursing		Pgs. 17 & 34	No
10	Prosthetics/Orthotics		Pg. 13	Yes
11	Sterilization (Vasectomy Men)		Pg. 10	Yes
12	Temporomandibular Joint Disorder (TMJ)		Pgs. 13 & 24	Yes
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency Services	Pg. 7	Yes
14	Emergency Transportation/Ambulance		Pgs. 4 & 17	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	No
16	Breast Reconstruction After Mastectomy		Pgs. 24 – 25	Yes
17	Reconstructive Surgery		Pgs. 25 – 26, & 35	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)		Pg. 15	Yes
19	Skilled Nursing Facility		Pg. 21	Yes
20	Transplants – Human Organ Transplants (Including Transportation & Lodging)		Pgs. 18 & 31	Yes

2020-2026 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
21	Diagnostic Services	Laboratory Services	Pgs. 6 & 12	Yes
22	Intranasal Opioid Reversal Agent Associated with Opioid Prescriptions	MH/SUD	Pg. 32	Yes
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)		Pgs. 8 – 9, 21	Yes
24	Opioid Medically Assisted Treatment (MAT)		Pg. 21	Yes
25	Substance Use Disorders (Including Inpatient Treatment)		Pgs. 9 & 21	Yes
26	Tele-Psychiatry		Pg. 11	Yes
27	Topical Anti-Inflammatory Acute and Chronic Pain Medication		Pg. 32	Yes
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See All Kids Pediatric Dental Document	Yes
29	Pediatric Vision Coverage		Pgs. 26 – 27	Yes
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes
31	Outpatient Prescription Drugs	Prescription Drugs	Pgs. 29 – 34	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes
33	Contraceptive/Birth Control Services		Pgs. 13 & 16	Yes
34	Diabetes Self-Management Training and Education		Pgs. 11 & 35	Yes
35	Diabetic Supplies for Treatment of Diabetes		Pgs. 31– 32	Yes
36	Mammography – Screening		Pgs. 12, 15, & 24	Yes
37	Osteoporosis – Bone Mass Measurement		Pgs. 12 & 16	Yes
38	Pap Tests/Prostate-Specific Antigen Tests/Ovarian Cancer Surveillance Test		Pg. 16	Yes
39	Preventive Care Services		Pg. 18	Yes
40	Sterilization (Women)		Pgs. 10 & 19	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 – 13	Yes
42	Habilitative and Rehabilitative Services		Pgs. 8, 9, 11, 12, 22, & 35	Yes

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.

Important Contacts

QUANTUM HEALTH
MyElaraCaringBenefits.com
866-920-1963

MEDICAL
Blue Cross Blue Shield
866-920-1963
MyElaraCaringBenefits.com
Policy #: 789908

PHARMACY
Judi Rx
833-202-5146
https://rx.judi.health

SUPPLEMENTAL HEALTH (Accident, Critical Illness, Hospital Indemnity)
Aflac
800-433-3036
aflacgroupinsurance.com

TELEMEDICINE
Teladoc
800-TELADOC
teladochealth.com

BACK & JOINT CARE
Hinge Health
855-902-2777
hinge.health/elaracaring-25

DENTAL
Delta Dental
800-521-2651
www.deltadentalins.com

VISION
Superior Vision by MetLife
800-507-3800
www.metlife.com/mybenefits
Policy #: 243259

HEALTH SAVINGS ACCOUNT
HSA Bank
855-731-5220
hsabank.com

FLEXIBLE SPENDING ACCOUNTS
HSA Bank
855-731-5220
hsabank.com

LIFE AND AD&D
Lincoln Financial Group
800-320-7585
mylincolnportal.com
Company Code: Elara
Policy #: SA3-890-LF0067-01

DISABILITY
Lincoln Financial Group
800-320-7585
mylincolnportal.com
Company Code: Elara
Policy #: GD/GF3-890-LF0067-01

RETIREMENT
Fidelity
800-835-5097
401k.com

PET INSURANCE
Nationwide
877-738-7874
benefits.petinsurance.com/elara

PREPAID LEGAL
MetLife
800-821-6400
members.legalplans.com

IDENTITY THEFT
Allstate Identity Protection
myaip.com
800-789-2720

EMPLOYEE ASSISTANCE PROGRAM
888-628-4824
www.guidanceresources.com
Username: LFGSupport

KINDERCARE
www.kindercare.com/elaracaring

TELADOC CARDIOMETABOLIC HEALTH & WEIGHT CARE PROGRAM
800-TELADOC
teladochealth.com

ELARA CARING PEOPLE SERVICES CENTER
https://elara.service-now.com/esc

Notes

Notes



Elara Caring

Together, we care more.