STILL HOPES
Episcopal Retirement Community

EMPLOYEE BENEFITS GUIDE

2026

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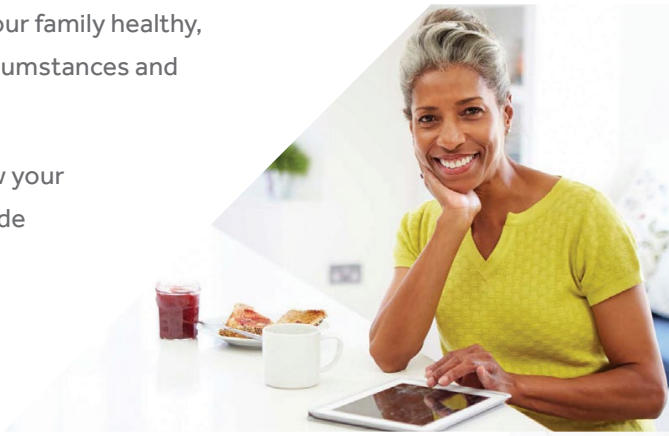
THIS BENEFIT GUIDE describes the benefit plans available to you as an employee of Still Hopes. The details of these plans are contained in the official plan documents that have been provided to you by your employer, including some insurance contacts. This summary is meant only to cover the highlights of each plan. It does not contain all the details that are included in your summary plan description as described by the Employee Retirement Income Security Act (ERISA).

If there is ever a question about one of these plans, or if there is a conflict between the information in this summary and the formal language of the plan documents, the formal wording in the plan documents will govern. Please note that the benefits described in the summary may be changed at any time and do not represent a contractual obligation on the part of Still Hopes.

WELCOME

WE ARE COMMITTED to providing competitive benefit programs that are flexible enough to meet your individual needs. Our comprehensive benefits are carefully designed to give you the tools you need to keep you and your family healthy, provide financial protection in the event of unforeseen circumstances and help you build long-term security for retirement.

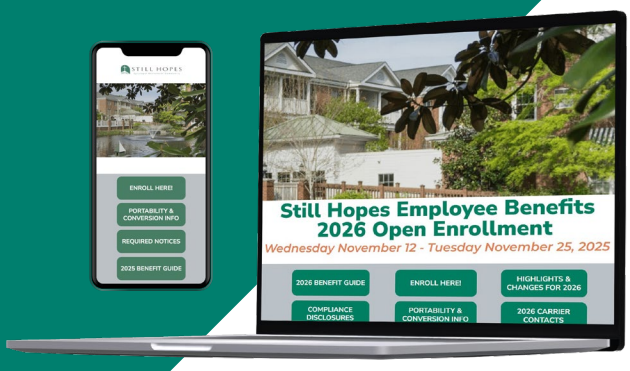
Getting the most from your benefits is up to you. You know your family, your goals, and your lifestyle best. This benefits guide was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this guide to make sure you understand the benefits that are available to you and your family and be sure to act before the enrollment deadline.



Scan or Click Here

Want To Learn More About Your Benefits?

Employees and their spouses can view their benefit information throughout the year on this website. Scan or click the QR code above. Save this link to access throughout the year:



Add the Benefits Page to Your Cell Phone Home Screen!

1. Scan the QR code to the left with your smart phone. Use your cell phone camera to hover over the QR code and click the yellow link that pops up on your screen.
2. Click the "**Actions**" button (which is a small square with an arrow pointing upwards) at the bottom of the screen to open browser options.
3. Click "**Add to Home Screen**" to create a shortcut on your phone homepage.

Benefit Eligibility

You and your eligible family members may participate in the employee benefits program if you're a regular, full-time employee working a minimum of 30 hours per week.

ELIGIBILITY

Dependent Eligibility

You can enroll the following dependents in our group benefit plans:

- Your legal spouse
- A child under the age of 26 who is your natural child, stepchild, legally adopted child, or child for whom you have obtained legal guardianship
- Unmarried children of any age if totally disabled and claimed as a dependent on your federal income tax return (documentation of handicapped status must be provided)

Dependent Document Requirement: Employees are required to submit verification documents for any new dependents added to Still Hopes benefits during your new hire enrollment or annual Open Enrollment. Your dependent's benefits will not be approved until the appropriate documentation is provided such as a marriage license, birth certificate, adoption certificate, or a court document.

New-Hire Eligibility

New hires benefits are effective as of the **first of the month following 30 days** from your date of hire for all benefits other than EAP, Identity Theft, or the Wellness Center which are available to you starting on your date of hire. You must complete your new hire enrollment within 30 days from your new hire start date. Failure to complete your new hire enrollment will result in having no elective benefits for the remainder of the calendar year and you will have to wait for annual Open Enrollment.

BENEFIT BASICS

WHEN CAN YOU MAKE CHANGES TO BENEFITS?

Open Enrollment

Once per year, we conduct an annual Open Enrollment (usually in the fall). During this time, you can add or drop benefit plans and add or remove dependents from your coverage for the coming plan year. Our benefits renew and are subject to change each year on January 1st.

Qualifying Life Events (QLEs)

If you decide to change your election, you are required to notify Human Resources **within 30 days after the qualifying event** by creating a QLE change request on PlanSource. If you do not notify Human Resources within 30 days after the event, changes cannot be made to your elections until the next annual Open Enrollment. Human Resources will require verification of all qualifying event changes through documentation uploaded through PlanSource.

Examples include:

QUALIFYING LIFE EVENT DOCUMENTATION		
Qualifying Event	**Coverage Change Allowed**	**Document Required**
Marriage, Divorce, Separation	• Add or remove coverage for employee and/ or dependents, change plans or tiers	• Copy of marriage license or decree (divorce must be final)
Birth or Adoption	• Add coverage for employee and/or new child	• Copy of birth certificate or adoption paperwork • Photocopy of 1st and/or 2nd page of current Tax Return with dependents names listed
Death of Covered Dependent	• Remove coverage for deceased dependent	• Copy of death certificate
Loss or Gain of Other Coverage	• Add or remove coverage for employee/affected dependent	• Documentation providing proof of loss or gain of coverage with effective date

Can I Change Plans During the Year?

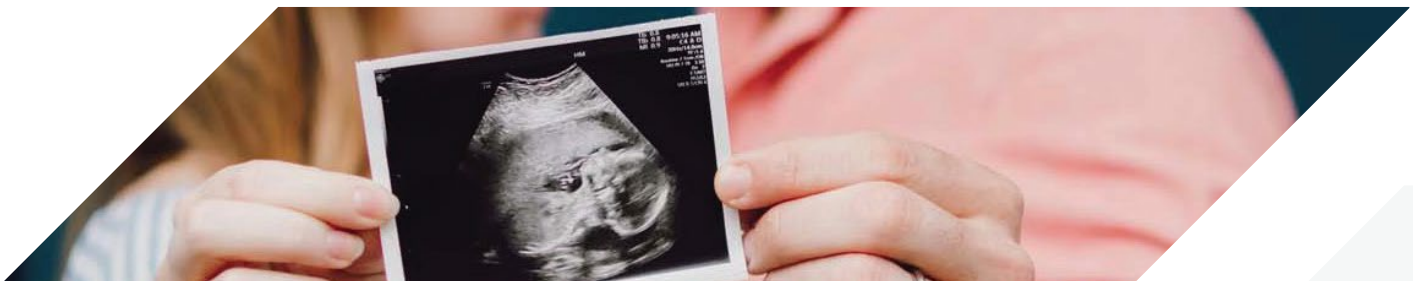
Unless you experience a QLE as stated above, you cannot make changes to the benefits you elect until the next Open Enrollment period. Eligible QLE options are available to view on PlanSource.

When Will Coverage Begin?

All benefit elections and changes as a result of QLE are effective as of the date of the life event. This means that if your QLE is processed retroactively, you may have to pay back premium for the coverage period back to the date of your life event. Our benefits renew and are subject to change each year on January 1st. New hire benefits effective date details are listed on **page 4**.

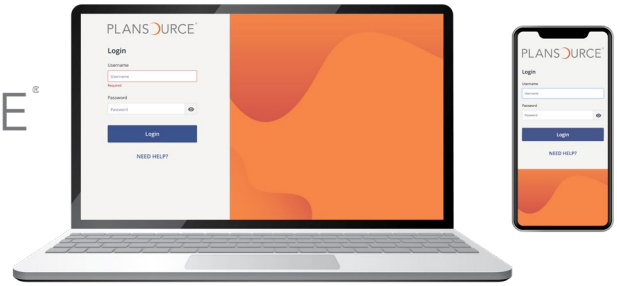
When Will Coverage End?

If you leave employment with Still Hopes, your medical, dental, and vision benefits will end on the last day of the month in which you terminate. You will receive COBRA information in the mail upon termination for these benefits. Your HSA account will be transitioned to an individual rather than group account. Change in administrative fees may apply. All other coverages end on the date of your termination. Some benefits other than medical, dental, and vision are eligible for portability or conversion to a self pay individual policy as long as completed within 30 days of your last day worked. **Click here** for portability and conversion information.



HOW DO I ENROLL?

PLANSOURCE®



ENROLL ONLINE IN THE PLANSOURCE PORTAL OR ON THE PLANSOURCE MOBILE APP

LOGIN	▪ Go to **benefits.plansource.com**. Once you are logged in, Click on the "**Get Started**" in the middle of the screen to begin enrollment. ▪ If you are a new hire logging in for the first time, use these details for your username and password. • Username is the first letter of your first name + 1st six letters of your last name + last 4 digits of your Social Security number. • Password is your date of birth in YYYYMMDD format.
MAKING YOUR BENEFIT ELECTIONS	▪ Once you've logged in, click **Get Started** in the middle of the screen to begin enrollment. ▪ Be sure to add your dependents in the beginning. This will adjust your benefit offerings accordingly. Don't forget to email your dependent verification documents to Human Resources as described on **page 4**.
ENROLL & VERIFY	▪ Once you have updated your dependents, you will go to each benefit and **Update Cart** to capture any changes, new benefits or declined benefits as you go. ▪ There is a running per pay period total on the top right corner that will show you the running total cost for your elections.
CONFIRM	▪ Before you are finished, you will go to **Review & Checkout** to save your changes or new elections.

REMINDER: INFO NEEDED FOR LIFE INSURANCE

Are your beneficiaries up to date?

As a benefit-eligible employee, you automatically receive a basic life insurance policy at no cost. Be sure to designate your beneficiaries in PlanSource, even if you're declining other coverage.

CIGNA MEDICAL PLAN OPTIONS

Medical Plan Options	Base PPO Plan		HDHP Plan	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Pre-Tax Account Eligibility	Health Reimbursement Account (HRA)		Health Savings Account (HSA)	
Deductible (Ded) Type	*Embedded		*Embedded	
Total Annual Plan Ded Single / Family	$6,500 / $13,000	$10,000 / $20,000	$5,000 / $10,000	$10, 000 / $20,000
Total Ded After HRA Reimbursement	See page 8 for more details	Out-of-network claims are not eligible for HRA reimbursement	HRA not applicable to this plan	
Single / Family	$2,350 / $4,700			
Coinsurance (After Ded)	Cigna Pays 70% You Pay 30%	Cigna Pays 50% You Pay 50%	Cigna Pays 80% You Pay 20%	Cigna Pays 50% You Pay 50%
Annual Out-of-Pocket Maximum	*Embedded		*Embedded	
Single/Family	$9,000 / $18,000	$19,000 / $38,000	$6,800 / $13,600	$15,000 / $30,000
Doctor Visit Fees	You Pay		You Pay	
Primary Care (In-person & virtual)	$30 copay	Ded then 50%	20% coinsurance, Ded does not apply	Ded then 50%
Specialist Office (In-person & virtual)	$60 copay	Ded then 50%	20% coinsurance, Ded does not apply	Ded then 50%
Urgent Care	$75 copay	Ded then 50%	Ded then 20%	Ded then 50%
Physical, Occupational, & Speech Therapies (Maximum of 20 visits annually)	$60 copay	Ded then 50%	Ded then 20%	Ded then 50%
Chiropractic (Maximum of 20 visits annually)	$60 copay	Ded then 50%	Ded then 20%	Ded then 50%
MDLive Virtual Visits				
Non-Specialist (PCP, Urgent Care, Mental Health)	$0 copay	Not Applicable	$0; Ded does not apply	Not Applicable
Specialist	$0 copay	Not Applicable	$0; Ded does not apply	Not Applicable
Hospital & Emergency Care	You Pay		You Pay	
Inpatient Hospital Services ($250 penalty for no out-of-network precertification)	Ded then 30%	Ded then 50%	Ded then 20%	Ded then 50%
Outpatient Surgery ($250 penalty if no pre-cert for out-of-network non-routine services)	Ded then 30%	Ded then 50%	Ded then 20%	Ded then 50%
Emergency Room	$250 copay + Ded then 30% (copay waived if admitted)		Ded then 20%	
Ambulance	Ded then 30%	Ded then 30%	Ded then 20%	Ded then 20%
Other Services & Care				
Preventive Care Services Click here to review a comprehensive Preventive Care Guide	Covered 100%	Ded then 50%	Covered 100%, Ded does not apply	Ded then 50%
Durable Medical Equipment	Ded then 30%	Ded then 50%	Ded then 20%	Ded then 50%

Accumulators reset on a calendar year (1.1) annually

*Embedded Deductible: Pertains to individuals covering a spouse or child. Once an individual on the family plan meets his or her "individual within a family" deductible, the insurance company will begin paying its portion for medical expenses for that person without the entire family deductible being met. The other family members then pay toward the family deductible amount. This feature is a benefit to a medical plan as your family members can gain access to coinsurance more quickly than meeting the full family deductible on their own.

Call Cigna for enrollment assistance!

Cigna One Guide enrollment counselors are available to help you determine what medical plan is best for you. Call 866-806-5094 to speak with a Cigna One Guide counselor. **Click here** to learn more.

HEALTH REIMBURSEMENT ACCOUNT (HRA)

ALERAPAY
POWERED BY ALERAEDGE

What is an HRA?

- An HRA is a tax-advantaged funding arrangement whereby Still Hopes provides funding to reimburse Base PPO Plan members for HRA eligible expenses as detailed below.
- Only employees enrolled in the Cigna Base PPO Plan are eligible to participate. Eligible reimbursement requests are for any payments you make toward your in-network deductible.

Questions about the HRA? Email **AleraEdgePay@AleraGroup.com** or call 800-622-6233.

HRA Reimbursement Details	
How much is your total Cigna plan in-network deductible?	$6,500 per individual $13,000 per family
How much of the deductible are you responsible for paying first?	You cover the first $2,350 (individual) or $4,700 (family) of in-network deductible expenses.
How much will the HRA reimburse you for and when?	Still Hopes HRA will reimburse you for the last $4,150 (individual) or $8,300 (family) of your in-network deductible for the remainder of the calendar year.
What expenses are eligible for reimbursement?	The HRA will only reimburse for in-network medical deductible health expenses processed through Still Hopes Cigna Base PPO Plan.
When submitting a claim for reimbursement, what is required?	You will be required to submit your Cigna Explanation of Benefits (EOB) related to the claim.
What deadlines should you be aware of related to reimbursements?	All HRA eligible claims must be incurred prior to December 31st annually. You have until March 31st each year to submit claims for reimbursement that were incurred during the prior calendar year.
What if I do not use all of my HRA funds?	There is no rollover. Unused funds are forfeited as of March 31st annually.

How to File a Claim:

In your browser, enter **aleraedge.aleragroup.com**

1. Click the participant login tab
2. Select AleraPay from the drop-down menu
3. Then Login under New Plan Member and click "Get Started," and then verify your User ID (Name, Zip code, Social Security #) and follow the prompts to create your Username/Password.

Download the AleraPay App from iTunes or Google Store

Download on the App Store

Download on Google play

HEALTH SAVINGS ACCOUNT (HSA)

hsabank

A health savings account or "HSA" is a type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses. By using untaxed dollars in a health savings account (HSA) to pay for eligible expenses, you may be able to lower your overall health care costs, lower your taxable income, or even help you save for retirement.

HSA – Frequently Asked Questions	
Maximum amount you can contribute in 2026? Amounts shown are subject to change annually.	$4,400 for employee only $8,750 for employees covering dependents Employees age 55+ can contribute an additional $1,000 annually as a catch-up contribution
Who is eligible to participate?	Only members enrolled in the HDHP Plan
Who puts money in the account?	Employees can contribute up to IRS annual limits.
How do I check my HSA balance?	You can check your HSA balance by logging into **your HSA Bank account**, where you will have secure, 24/7 access to your real-time account balances and transaction history.
Do funds roll over year after year?	Yes, entire account balance rolls over and is portable if you ever leave the company. Once contributed into the account, funds are never forfeited or expire.
What is the tax treatment for employees?	Your voluntary contributions are tax deductible, up to the annual maximum. Account distributions are tax-free as long as funds are spent on qualified health care expenses.
What are HSA investment options and does interest accrue?	You are eligible to invest HSA fund balances over $1,001. Interest accrues on a tax-free basis in qualified HSAs. **Click here** for more information on your HSA investing options.
Additional Questions?	Call HSA Bank at 800-357-6246 or see account details by logging into **www.hsabank.com**.

Click here
to access HSA educational resources

- HSA Eligible Expenses
- HSA Frequently Asked Questions
- HSA Investment Opportunities & more.

Want to Check Your HSA Balance?

Contact HSA Bank Member Services at 800-357-6246 or visit **www.hsabank.com**

CIGNA PRESCRIPTION COVERAGE

	Base PPO Plan		HDHP Plan	
Retail (30 day supply)	**In-Network**	**Out-Of-Network**	**In-Network**	**Out-Of-Network**
Tier 1 Generic	$15 copay	You pay 50%	Ded then 20%	Ded then 20%
Tier 2 Preferred Brand	$40 copay	You pay 50%	Ded then 20%	Ded then 20%
Tier 3 Non-Preferred Brand	$70 copay	You pay 50%	Ded then 20%	Ded then 20%
Tier 4 Specialty	$125 copay	You pay 50%	Ded then 20%	Ded then 40%
Mail Order (90 day supply)	**In-Network**	**Out-Of-Network**	**In-Network**	**Out-Of-Network**
Tier 1 Generic	$25 copay	Not Covered	Ded then 20%	Not Covered
Tier 2 Preferred Brand	$90 copay	Not Covered	Ded then 20%	Not Covered
Tier 3 Non-Preferred Brand	$175 copay	Not Covered	Ded then 20%	Not Covered

Free Preventive Generic Medications!

Both Cigna plans offer free generic preventive medications. Log in to the myCigna app or myCigna.com to see the most up-to-date list of medications covered under this program.

Click here to review the free generic preventive drug list.

Prescription Benefits & 90-Day Mail Order Drugs

Your Cigna medical plan offers several prescription benefits to help you get the most out of your prescription coverage.

- Manage your prescriptions through myCigna.com to review covered medications, find in-network pharmacies, and manage home delivery prescriptions.
- Visit myCigna.com to use the Price a Medication tool to view drug costs and compare lower-cost alternatives.
- For Home Delivery with Express Scripts, visit Cigna.com/homedelivery to order and pay for medications online. You can also set up 90-day automatic refills so you don't miss a dose.
- Click here to review the Cigna Advantage 4-Tier Prescription Drug list.

Are you a new Cigna plan member?

Click here to review important steps to take before your coverage starts

MEDICAL PLAN RATES

Below are the semi-monthly pre-tax premiums you will pay for the Still Hopes medical plans.

Semi-Monthly Premium	Base PPO Plan	HDHP Plan
Employee	$79.47	$104.17
Employee & Spouse	$292.59	$354.29
Employee & Child(ren)	$203.54	$246.46
Family	$381.63	$462.11

Always Use In-Network Doctors

You may visit any medical provider you choose, but in-network providers offer the highest level of benefits and lower out-of-pocket costs. In-network providers charge members reduced, contracted rates instead of their typical fees. Providers outside the plan's network set their own rates, so you may be responsible for the difference if a provider's fees are above the Reasonable and Customary (R&C) limits.

How to Find an In-Network Doctor:

1. Go to **Cigna.com**, and click on "Find a Doctor" at the top of the screen. Then, under "How are you Covered?" select "Employer or School."
2. If you're already a Cigna customer, log in to **myCigna.com** or the myCigna® app to search the Cigna Open Access Plus network.
3. Change the geographic area you want to search. You can also search by provider or facility name, or specialty type.

Register Your myCigna Account

Your connection to great health care is only a click away. Register for an online account by **clicking here**, to find in-network providers, manage claims, see cost estimates, and view plan resources.

Cigna Digital ID Cards

Cigna only offers digital ID cards. Access your digital ID card through your myCigna account.

- **Visit www.myCigna.com**
- **Log in to your myCigna account, and click "ID Cards" at the top of the screen.**
- **Select a member name for the card you want to access, and click "Print ID Card" to print a physical copy.**
- **Download the myCigna app to your iPhone or Android device to keep a copy of your ID card in your pocket!**

Download the myCigna mobile app from the Apple App Store or Google Play today! Within the app, click "ID cards" on the home screen. You can email or fax the ID card to a provider straight from your phone! If you register and forget your username or password, just click "forgot user ID" or "forgot password" on the registration page.

Scan the QR code to download the mobile app or visit www.myCigna.com to register.

VIRTUAL CARE BENEFITS

Employees enrolled in our medical plans have access to virtual care options with Cigna through MDLive. This benefit gives you access to 24/7 non-emergency care from a board-certified doctor or therapist using the myCigna mobile app. Cigna has partnered with MDLive to offer a comprehensive suite of convenient virtual care options — available by phone or video whenever it works for you.

Benefits of Telehealth

- MDLive board-certified doctors, dermatologists, psychiatrists and licensed therapists have an average of over 10 years of experience, and provide personalized care for hundreds of medical and behavioral health needs.
- Speak with a primary care physician for routine care, or even speak with an urgent care physician 24/7/365 including holidays!
- MDLive physicians can even write prescriptions directly over the phone, if appropriate.
- Avoid costly copays and deductibles of the ER and urgent care clinic.

MDLive Virtual Visits Give You Anytime, Anywhere Access to Care

For treatment from a doctor for minor, non-emergency conditions, mental health or dermatology visits.

- Available 24/7/365 days per year in any state
- Ask questions and get immediate answers from a certified team of doctors
- Log in to your **myCigna** account to access MDLive and click on "Talk to a doctor." You can also call MDLive at 888-726-3171 (no phone calls for virtual dermatology)

Primary Care

Preventive care, routine care, and specialist referrals

- Preventive care checkups/wellness screenings
- Routine visits allow you to build a relationship with the same primary care provider (PCP) to help manage conditions
- Prescriptions available through home delivery or at local pharmacies, if appropriate
- Receive orders for biometrics, blood work and screenings at local facilities

Urgent Care

On-demand care for minor medical conditions

- On-demand 24/7/365, including holidays
- Care for hundreds of minor medical conditions
- A convenient and affordable alternative to urgent care centers and the emergency room
- Prescriptions available, if appropriate

Behavioral Care

Talk therapy and psychiatry from the privacy of home

- Access to psychiatrists and therapists
- Schedule an appointment that works for you
- Option to select the same provider for every session
- 24/7 care available for issues like anxiety, depression, and grief

Dermatology

Fast, customized care for skin, hair and nail conditions — no appointment required

- Board-certified dermatologists review pictures and symptoms; prescriptions available, if appropriate
- Care for common skin, hair and nail conditions including acne, eczema, psoriasis, and more
- Diagnosis and customized treatment plan, usually within 24 hours

DENTAL PLAN

Still Hopes offers dental coverage through Cigna. While you can choose a provider in or out of network, you'll save on out-of-pocket costs by seeing a dentist that participates in the **Cigna P0010** network.

Healthy teeth and gums are an important part of your overall well-being. Be sure to get your dental checkup two times per year because the dental plan covers preventive and diagnostic services at 100% (the deductible is waived). See details below.

	Cigna Dental Plan	
Network	Cigna Total DPPO Network	
Deductible (Ded)	$50 per individual / $150 per family	
Annual Maximum	$1,500 per member	
	In-Network	**Out-of-Network**
Preventive Services • Standard Cleanings • X-rays • Fluoride • Sealant	Cigna pays 100% (deductible waived)	Cigna pays 100% (deductible waived)
Basic Services • Cavity Fillings • Periodontal Services • Extractions • Oral Surgery • Anesthetics • Periodontics • Root Canal • Endodontics • Denture Repair	Ded, then Cigna pays 100%	Ded, then Cigna pays 80%
Major Services • Dentures • Inlays/Onlays • Stainless Steel & Resin Crowns • Bridges	Ded, then Cigna pays 60%	Ded, then Cigna pays 50%
Orthodontia	Cigna pays 50% | Covered up to $1,500 lifetime maximum for children up to age 19	Cigna pays 50% | Covered up to $1,500 lifetime maximum for children up to age 14
Out-of-Network Coverage	Out-of-network dentists will be paid according to the 90th percentile of the usual and customary allowance of what is paid to an in-network provider. You will not receive a network discount for services and you may be balance billed.	
Semi-Monthly Premium		
Employee Only	$3.10	
Employee + Spouse	$19.32	
Employee + Child(ren)	$23.50	
Family	$43.74	

Our Cigna dental plan uses the **Total DPPO Network**. You save the most by visiting in-network dentists.

1. Visit **hcpdirectory.cigna.com/web/public/consumer/directory/search** to search the Cigna Total DPPO Network network.
2. Search by name, location, address or center name.
3. Enter the details needed for each section to locate a dentist.

VISION PLAN

Still Hopes offers vision coverage through Mutual of Omaha utilizing the **EyeMed Insight** network. Vision insurance covers your annual eye exam, glasses, frames, and contact lenses.

VISION	Mutual of Omaha Vision Plan	
Plan Feature	**In-Network**	**Out-of-Network Reimbursement**
Network	EyeMed Insight	
Routine Eye Exam (Every 12 Months)	$10 copay	Up to $37
Frames (Every 24 Months)	$130 Allowance then 20% discount	Up to $58
Lenses (Every 12 months)		
Single	Covered at 100% after copay	Up to $20
Bifocal	Covered at 100% after copay	Up to $36
Trifocal	Covered at 100% after copay	Up to $64
Lenticular	Covered at 100% after copay	Up to $64
Contact Lenses (Every 12 months)		
Elective	Up to $130 allowance then 15% off	Up to $89
Therapeutic	Covered at 100%	Up to $210
Standard Fit / Follow-Up Exam	Up to $40	Not covered
Semi-Monthly Premium		
Employee Only	$2.18	
Employee + Spouse	$4.09	
Employee + Child(ren)	$4.64	
Family	$6.76	

Our Mutual of Omaha vision plan uses the EyeMed Insight network of providers. If you choose to see an eye doctor that is not in network, you will pay the full cost up front and file for reimbursement from Mutual of Omaha.

1. Visit **eyedoclocator.eyemedvisioncare.com/mutual/en**, and click **Search by location** or **Search by doctor**
2. When searching by location you will either use your location services or enter your zip code, then search providers near you.
3. When searching by doctor you will enter your doctors last name or office name, then the Zip code.

LIFE INSURANCE

Basic Life and Accidental Death & Dismemberment (AD&D)

Life insurance is an important part of your financial security, especially if others depend on you for support. AD&D insurance is designed to provide an additional benefit in the event of accidental death or dismemberment.

Still Hopes provides all eligible employees with a basic life and AD&D policy in the amount $25,000 through Mutual of Omaha at no additional cost to you. Make sure your beneficiary contact information is always up to date in the PlanSource online portal.

Voluntary Life & AD&D Insurance

If you want additional protection for you and your family, you have the option to buy voluntary life & AD&D insurance as shown below through Mutual of Omaha.

- **New Hires:** You can elect up the "guarantee issue" amount listed below and be automatically approved without evidence of insurability (EOI). **This is a one time opportunity.**
- **If You Are Not a New Hire:** All employees who enroll in or increase their voluntary life & AD&D insurance must submit evidence of insurability (EOI) to Mutual of Omaha to be approved. The only exception to this is for currently enrolled employees who increase their coverage by $10,000 during open enrollment which is automatically approved with no EOI.
- **Need to Complete EOI?**
  - You have 60 days from enrollment to complete EOI if needed/shown in PlanSource.
  - Go to **www.mutualofomaha.com/eoi** and use group number **G000BNDZ**. You must select EOI for voluntary life and enter the volume/coverage amount you selected when enrolling in PlanSource.

Voluntary Life & AD&D Insurance	
Benefit	**Voluntary Life & AD&D Amounts**
Employee Life	5x annual salary up to $500,000 in increments of $10,000 **Guarantee Issue:** $110,000
Spouse Life	100% of employee benefit up to $250,000 in increments of $5,000 **Guarantee Issue:** $50,000
Child Life	14 days to 26 years: 100% of employee benefit up to $10,000 in $1,000 increments

Voluntary Life & AD&D Monthly Rates	
Employee Age On January 1	**Rate Per $1,000**
29 & Under	$0.085
30-34	$0.095
35-39	$0.140
40-45	$0.240
45-49	$0.360
50-54	$0.530
55-59	$0.830
60-64	$1.370
65-69	$2.240
70-75	$3.590
75+	$6.410
Child Coverage	$0.024

Age Reductions:

Basic & voluntary life benefits reduce at age 70 to 45% for active employees, at age 75 to 35%, at age 80 to 20%, at age 85 to 15%, and at age 90 to 10%. Spouse coverage ends at age 70.

To Calculate Your Monthly Cost:

_____	x	_____	=	_____
Rate based on employee age (see chart above)		**Coverage amount desired (i.e. $10,000) divided by $1,000**		**Your monthly cost**

Use this formula to calculate your monthly premium first. Calculate your spouse's and child's monthly premium using the same formula and add together for total monthly rate.

Scan the QR code to access the Life Claim form

DISABILITY COVERAGE

Still Hopes offers voluntary short term disability and voluntary long term disability to provide you with income replacement should you become sick, injured, or disabled and unable to return to work due to a non-work-related illness or injury. The rate you pay for these coverages can be found online in the PlanSource portal and are based on your age as of January 1st each year. Since Mutual of Omaha is our disability carrier, all claims must be reported to Mutual of Omaha for consideration and approval as they will be paying your benefit while out on disability.

Voluntary Short Term Disability (STD)

If you are out of work due to a non-work-related injury or illness, you may be eligible to receive disability benefits during your time away from work.

- Mutual of Omaha will pay 60% of your weekly earnings up to a maximum of $1,000 per week after eligibility approval.
- Benefit payments from Mutual of Omaha will begin after a 14-day waiting period on day 15 (use PTO during this time) and can last up to 11 weeks if eligible.
- STD benefits while out on claim are subject to the same taxation as income if not on disability.

Maternity leave benefits provide 60% of weekly earnings, up to $1,000 per week, after an unpaid waiting period (unless covered by available PTO). Benefits last 6 weeks for natural delivery and 8 weeks for cesarean delivery.

Example:
If you deliver on January 15th with a 14-day waiting period, benefits would start on January 30th (after the waiting period). For a natural delivery, benefits would last 6 weeks, ending on February 25th, resulting in 4 weeks of benefits after the waiting period. For a C-section, benefits would last 8 weeks, ending on March 11th.

Voluntary Long Term Disability (LTD)

All benefits-eligible employees may enroll in voluntary LTD coverage, which provides income protection for non-work-related injuries and illnesses. Enrollment in LTD is separate from STD coverage; you are not required to have both for benefits to apply. New hires are automatically approved if they enroll during their initial eligibility period. Enrollment after this period requires completion of Evidence of Insurability (EOI) and approval by Mutual of Omaha. **Click here** to complete EOI.

- Mutual of Omaha will pay 60% of your monthly earnings (annual salary only/bonus & commission not included) to a maximum of $5,000 per month.
- Your elimination period is 90 days. This is the number of consecutive days that must pass before you can begin to receive benefits.
- LTD benefits paid while out on claim are subject to the same taxation as income if not on disability.
- Maximum benefit period is social security normal retirement age.
- Mutual of Omaha defines your disability eligibility as your inability to perform the functions of your own occupation for up to 24 months. After that period of disability payment, Mutual of Omaha will re-evaluate your eligibility based on your ability to perform any occupation within your skillset and similar pay.
- Please note pre-existing condition limitations may apply meaning any condition or illness for which you are aware of or treated for during the 12 months prior to the coverage effective date will not be a covered condition for 12 months into your coverage period.

How to File a Disability Claim

Mutual of Omaha is responsible for all disability claim approval for Still Hopes STD and LTD. Employees are required to initiate your claim with Mutual of Omaha and provide needed documentation or else disability payment will not be made.

How to Report	When to Report	What You Need
STD and LTD Claims: 888-493-6902	**Foreseeable:** 30 day advance notice	Name, address, phone number, birth date, social security number, and email address
Online: New requests can be completed by logging into **www.mutualofomaha.com/support/claims**	**Unforeseeable:** As soon as possible/same or next day	Name, address, phone number, birth date, social security number, and email address

WELL-BEING BENEFITS

Still Hopes is proud to offer a comprehensive Employee Assistance Program (EAP) through First Sun EAP and Mutual of Omaha, designed to support the emotional, physical, and mental well-being of our employees and their families, and help them thrive in both their personal and professional lives.

Participation in the Employee Assistance Program (EAP) is voluntary, confidential, and free of cost for the first set amount of free visits per year based on which EAP you utilize below. For those who require referrals for long-term treatment, there may be fees for the services of outside providers. However, EAP counselors will coordinate referrals, whenever possible, to take advantage of existing insurance coverage and community resources in order to minimize costs.

First Sun EAP

First Sun EAP gives you and your family members access to confidential personal support, across everything from stress management and nutrition to handling legal or financial issues.

The services available include consultations with experienced professionals, as well as access to resources and discounts designed to help you in a variety of different ways.

To access services:

- Call 800-968-8143
- Visit **firstsuneap.com**
- **Click here** to fill out and submit a Request a Benefit form to use your counseling benefits.

What's Included At No Cost To You:

- 6 free counseling sessions per immediate family and household member per calendar year. These can be used for counseling support for life issues such as grief, stress, relationships, depression, etc.
- 6 free life management sessions per employee and per immediate family member per calendar year. These visits provide assistance and guidance on life issues such as finances, education, elder and adult care, adoption, and more.

Mutual of Omaha EAP

Mutual of Omaha's EAP is available to all employees and immediate family members. Mutual of Omaha's EAP program also includes counseling, legal, and family resources available to you 24 hours a day, seven days a week. Mutual of Omaha's EAP provides up to three face to face counseling sessions free of charge per year per household.

To access services:

Call 800-316-2796
Visit **www.mutualofomaha.com/eap**

Wellness Center

Still Hopes considers the Marshall A. Shearouse Center an important part of your employee benefits package and encourages you to begin or maintain a health and fitness regimen. The Wellness Staff are here to help you create an exercise plan and provide health and wellness information. Their expertise helps you maintain good health for life, regardless of any chronic health conditions. Please feel free to consult with the Wellness Staff on physical, mental, or emotional issues. This benefit is provided to you at no cost as an employee of Still Hopes.

Current Hours of Operation:

- Fitness Center open 24 hours daily
- Pool open 6 am – 10 pm

SUPPLEMENTAL ACCIDENT COVERAGE

When you have a Mutual of Omaha supplemental health plan, you can count on extra financial protection when you need it most. Read more on these plans below.

Accident Coverage

Protect yourself from the unexpected

When an accident happens, most of us aren't financially prepared for the overwhelming costs of care — even if we have medical coverage. Accident coverage can help take care of those unexpected costs and provide peace of mind.

You can benefit from accident coverage if you:

- Have children who are active or play sports.
- Work at a physically demanding job.
- Participate in active hobbies.
- Enjoy working around the house.

How the accident plan works

If you or a covered family member is injured because of a qualifying accident, the plan pays out a cash benefit in one lump sum. The injury doesn't have to be severe. Some commonly covered accidental injuries include broken bones or dislocations, burns, and dental and eye injuries. You decide how to use the benefits to best support your recovery. Use them to help pay for:

- Out-of-pocket medical costs, like your deductible, copays, or coinsurance (your percentage of the costs)
- Other medical costs, such as ambulance fees, physical therapy, x-rays, or crutches
- Daily expenses, like rent, food, transportation, or help around the house

Key features:

- Cash benefit is paid directly to you in a lump-sum, tax-free payment.
- No medical questions or exam needed to enroll.
- You can take your coverage with you even if you leave your employer.
- No limitations for pre-existing conditions.

On the job accidents are not covered.

Coverage Option	Semi-Monthly Cost
Employee Only	$7.41
Employee + Spouse	$11.31
Employee + Dependent Child(ren)	$11.91
Employee + Family	15.81

WELLNESS BENEFIT – IT PAYS TO BE HEALTHY

This coverage includes a $50 cash benefit per enrolled member per year for completing an eligible preventive screening. **Click here** to file your wellness benefit claim.

Click here to learn more about accident coverage through Mutual of Omaha

If you have any questions, please reach out to Mutual of Omaha customer support at 800-877-5176, Option 4

SUPPLEMENTAL CRITICAL ILLNESS COVERAGE

Mutual of Omaha

Critical Illness Coverage

Helping to ease your stress and protect your finances

Illness can happen to anyone at any time, regardless of age. That's why it's important to be prepared.

How the Critical Illness plan works

Critical illness coverage provides the added layer of security you want and need when illness occurs — a lump-sum cash benefit to help pay for unexpected costs. You decide how to use the benefits. Help pay for out-of-pocket medical costs, prescriptions, hospital bills, x-rays, daily expenses, rent, food, or transportation.

Key features:

- Cash benefit is paid directly to you in a lump-sum, tax-free payment.
- Health screenings, such as a lipid panel or fasting glucose test.
- You can take your coverage with you even if you leave your employer.
- Benefits for covered spouse are 50% and children are 50% of the amount shown below, except for Health Screening and Skin Cancer.

Coverage Options & Rates:

- $10,000 lump sum cash benefit
- $20,000 lump sum cash benefit

Log in to PlanSource for more information about critical illness rates.

WELLNESS BENEFIT – IT PAYS TO BE HEALTHY

This coverage includes a $50 cash benefit per enrolled member per year for completing an eligible preventive screening. **Click here** to file your wellness benefit claim.

Click here to learn more about critical illness coverage through Mutual of Omaha.

If you have any questions, please reach out to Mutual of Omaha customer support at 800-877-5176, Option 4

Mon-Fri: 8am – 8pm EST

Click here to file a claim online through your Mutual of Omaha account. Click the "submit claim" icon and select "I am a Plan Member (Employee.)" Select the necessary form, then select "Complete form online." You can also call 800-877-5176 to complete over the phone. Use Option 3 for critical illness.

EMPLOYEE DISCOUNT PROGRAM

As an employee, you are eligible to receive discounts from a variety of suppliers. To begin accessing these discounts, please contact your Benefits and Leave Coordinator who will be able to provide you with the information, promotion codes, and coupons you need to access these discounts.

YMCA

Membership discounts of 15% off for all staff (individual and family plans):

- Includes gym access to all locations including Richland, Lexington, and Orangeburg counties.
- Access to gym, pool, basketball courts, tennis courts, and fields.
- Group exercise classes including yoga, body pump, Zumba, water aerobics, and more.
- Free childcare for up to two hours per day with family membership.
- Special rates on family friendly programs including: summer camp, sport, childcare, swim lessons, personal training, and more. Bring Still Hopes ID or check stub to receive discount at any location.

Discounted Tickets

Get access to exclusive savings on movie tickets, theme parks, hotels, tours, Broadway shows, and more!
Visit **www.ticketsatwork.com** to become a member or call 800-331-6483. Our company code is SHERC.

Riverbanks Zoo and Garden

To purchase and print tickets, visit **www.riverbanks.org**. Click on the eticket store to buy general admission tickets.
Enter this exclusive coupon code: STILLHOPES_SC under Corporate Ticket Club.

ADDITIONAL RESOURCES

Identity Theft Protection

Identity and privacy protection for a rapidly changing world including identity monitoring, credit monitoring, and remediation. Allstate provides a full suite of identity theft protection to you and your family members. Other solutions include high-risk transaction monitoring, account activity, social media monitoring, IP address monitoring, and much more. **Click here** to learn more about this benefit.

Semi-Monthly Cost	
Employee Only	$4.98
Employee & Family	$8.98

401(k)

What does retirement look like for you? Maybe you plan to travel the world? Or maybe you'd like to take up some hobbies closer to home? Whatever your goal, it's important to take responsibility for your own finances so you have the income you'll need in the future.

One of the best ways to ensure a secure retirement is to start saving as early as possible. Our 401(k) savings plan, managed through John Hancock, allows you to save for retirement on a pretax basis. You can begin contributing to the plan at any time, once you become eligible, and can start making contributions to your account through convenient payroll deductions.

Plan Details:

- Employees 21 and older
- Still Hopes matches 100% of your salary deferrals, not to exceed 4% of your eligible pay
- 100% vested in the plan

Questions?
Call 803-929-0719

Paid Time Off (PTO)

Employees will earn PTO hours on a pro-rated basis, according to the accrual rate per hour (see table). Length of service determines the rate at which the employee will accrue PTO. Employees become eligible for the new higher accrual rate on the first day of the pay period in which the employee's anniversary date falls. An employee will continue to accrue PTO until the employee reaches his or her maximum annual PTO accrual. Once the employee reaches his or her maximum annual PTO accrual, the employee will forfeit all future accruals until the employee's PTO balance is below the maximum levels again.

PTO hours are counted as regular paid hours in the calculation of the PTO accrual. PTO does not accrue on unpaid leaves of absence. All PTO benefits are paid at the employee's regular rate of pay, without shift differentials, or any other form of pay.

Length of Service	Less than 5 years	5 years to less than 10 years	10 years to less than 15 years	15 years to less than 20 years	20 years to less than 25 years	Greater than 25 years
Accrued Days	20	24	26	28	29	33
Accrual Rate Per Hour	0.0769	0.0923	0.1000	0.1077	0.1115	0.1269
Max Annual Accrual	160 Hours	192 Hours	208 Hours	224 Hours	232 Hours	264 Hours

UNDERSTANDING HOW YOUR PLAN WORKS

YOUR FAMILY

1 visits your provider (doctor/ hospital) and shows their medical insurance card

YOUR DOCTOR OR PROVIDER

2 will bill your medical carrier

YOUR MEDICAL CARRIER

3 will process your claim, notify your provider, and send a Claims Summary to you and your provider

EXPLANATION OF BENEFITS (EOB)

4 You are responsible to pay the amount due to your provider as shown on your EOB. View your EOB at **www.myCigna.com**

BENEFITS DEFINITIONS

Coinsurance

The percentage of your medical bill(s) you are responsible for paying AFTER your deductible has been met. Cigna covers the remaining portion of the bill. For example, the plan may pay 80% of the cost of a service and you would pay the remaining 20%. Coinsurance does not include deductibles or copays.

Copayment

A flat dollar amount you pay for primary care doctor visits or prescription drugs. Copays are only applicable to members enrolled in the Base PPO Plan. Copays DO NOT count toward your deductible but DO count towards your out-of-pocket maximum.

Deductible (Ded)

An amount you could owe during a coverage period (resets annually on January 1) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is $1,000, your plan won't pay anything until you've met your $1,000 deductible for covered health care services subject to the deductible.)

Dental Annual Maximum

The most benefit in terms of dollar amount that you will receive (Cigna will pay out toward your claims) within a calendar year.

Dental Out-of-Network 90th UCR

If you choose to see an out-of-network dentist, you will most likely pay more out of pocket than you would at an in-network dentist. How much you pay for service at an out-of-network dentist is calculated based on what 95% of other dentists in a given area charge.

Embedded Deductible

Pertains to individuals covering a spouse or child. Once an individual on the family plan meets his or her "individual within a family" deductible, the insurance company will begin paying its portion for medical expenses for that person without the entire family deductible being met. The other family members then pay toward the family deductible amount. This feature is a benefit to a medical plan as your family members can gain access to coinsurance more quickly than meeting the full family deductible on their own.

Health Reimbursement Account (HRA)

An employer-funded account that reimburses employees for eligible out-of-pocket medical expenses, such as deductibles, copayments, and prescriptions. The employer contributes to the account, and employees can submit claims for reimbursement. HRAs are tax-free for both the employer and employee when used for qualified expenses.

Unused funds may either roll over or expire, depending on the plan. Unlike Health Savings Accounts (HSAs), employees don't contribute to HRAs. The structure can vary, with some plans reimbursing after expenses are incurred (back-end HRA) or providing upfront funds.

In short, an HRA helps employees manage healthcare costs with tax advantages, funded entirely by the employer.

BENEFITS DEFINITIONS (CONT)

Health Savings Account (HSA)

Available only with a qualified high deductible health plan (HDHP Plan). You deposit money into the account pre-tax. The money grows tax-deferred and can be withdrawn tax-free to pay for qualified eligible medical, pharmacy, dental, and vision expenses including, your deductible and health costs that aren't covered by your plan.

Unused money rolls over annually and is never forfeited. If you change employers, you can take the money with you. At age 65, you can withdraw the money for non-medical expenses without paying a penalty, subject to taxes.

High-Deductible Health Plan (HDHP)

A type of health plan that has lower monthly premiums, but higher deductibles and out-of-pocket limits, than a traditional health plan.

Network Provider

A provider who has a contract with your health insurer or plan who has agreed to provide services to members of a plan. You will pay less if you see a provider in the network. Also called "preferred provider" or "participating provider."

OT, PT & ST

Which stands for Occupational Therapy (OT), Physical Therapy (PT) and Speech Therapy (ST) focuses on the acquisition of basic, self-help skills required for daily living.

Out-of-Network Provider

A provider who doesn't have a contract with your plan to provide services. If your plan covers out-of-network services, you'll usually pay more to see an out-of-network provider than a preferred provider. Your policy will explain what those costs may be. May also be called "non-preferred" or "non-participating" instead of "out of-network provider."

Out-of-Pocket Maximum

The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit, the plan will usually pay 100% of the allowed amount. This limit helps you plan for health care costs. This limit never includes your premium, balance-billed charges or health care your plan doesn't cover.

Premium

The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly, or yearly.

IMPORTANT CONTACTS

Coverage	Contact	Group Number	Phone	Website
Medical	Cigna	00660373	866-494-2111 (Available 24/7/365)	**www.myCigna.com**
Pre-Enrollment Decision Support	Cigna One Guide	00660373	888-806-5094	**www.myCigna.com**
Prescription Drugs	Cigna	00660373	866-494-2111	**www.myCigna.com**
Virtual Visits	MDLive	00660373	888-726-3171	**www.myCigna.com** & click "Talk to a Doctor"
Dental	Cigna	0660373	800-244-6224	**www.myCigna.com**
Vision	Mutual of Omaha	G000BNDZ	833-279-4358	**www.mutualofomaha.com/vision**
Life Insurance	Mutual of Omaha	G000BNDZ	800-775-8805	**www.mutualofomaha.com**
Evidence of Insurability	Mutual of Omaha	G000BNDZ	**www3.mutualofomaha.com/eoi/#/home** Group #G000BNDZ Required to submit EOI	
Short Term Disability	Mutual of Omaha	G000BNDZ	800-877-5176	**www.mutualofomaha.com**
Long Term Disability	Mutual of Omaha	G000BNDZ	800-877-5176	**www.mutualofomaha.com**
Accident	Mutual of Omaha	G000BNDZ	800-877-5176, Option 4	**www.mutualofomaha.com**
Critical Illness	Mutual of Omaha	G000BNDZ	800-877-5176, Option 4	**www.mutualofomaha.com**
HSA	HSA Bank	SHC068	855-731-5213	**www.HSABank.com**
Employee Assistance Program	First Sun EAP Alliance		800-968-8143	**firstsuneap.com**
Employee Assistance Program	Mutual of Omaha	n/a	800-316-2796	**www.mutualofomaha.com/eap**
ID Theft	Allstate	6718	855-821-2331	**www.allstate.com/identity-protection**
HRA	AleraPay		800-622-6233	**aleraedge.aleragroup.com** Select AleraPay under Participant Login
401(k)	Chip Ward Financial Advisor		803-929-0719	**cward@eps401k.com**
Benefit Questions	Benefits & Leave Coordinator		803-995-8085	**cdtaylor@stillhopes.org**

STILL HOPES

Episcopal Retirement Community