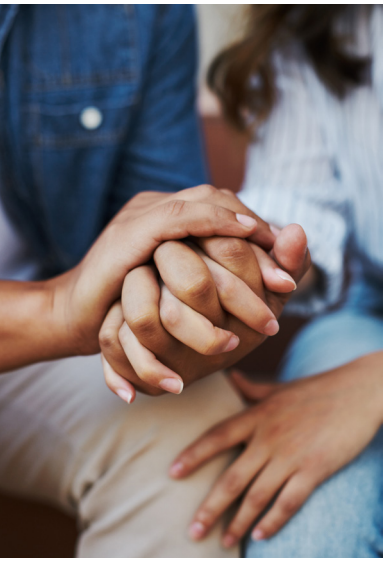
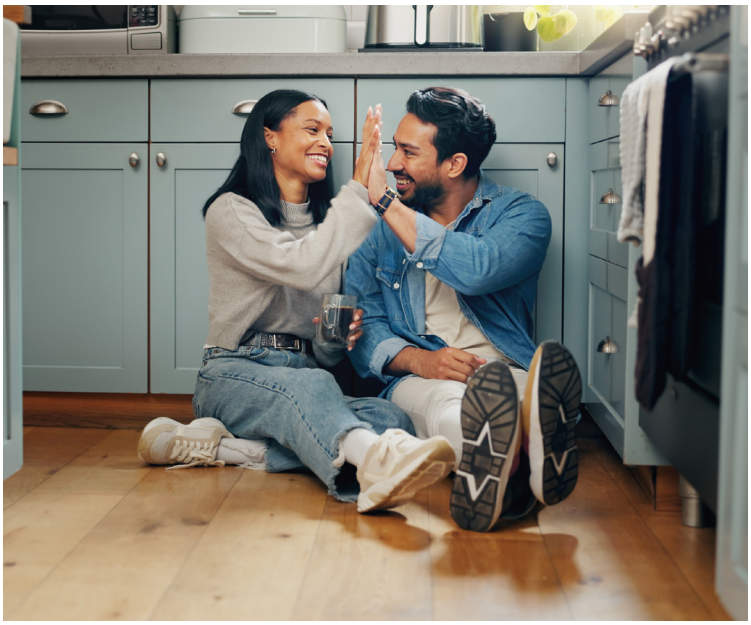
Devereux

2026 BENEFITS GUIDE

TCV/PLEA EMPLOYEES





"Servant Leadership is a philosophy and set of practices that enriches the lives of individuals, builds better organizations and ultimately creates a more just and caring world. At Devereux, we strive to incorporate Servant Leadership into our culture and every aspect of our organizational framework; from the delivery of quality services to individuals served, their families, and other stakeholders to the development and empowerment of our employees. At Devereux, we are committed to being the employer of choice, and we know that offering high quality, affordable benefits is a key component. I am honored to partner with you in service of our important mission. Please reach out to People Operations if you have questions or comments on these materials."

— Carl E. Clark II, Devereux President and CEO

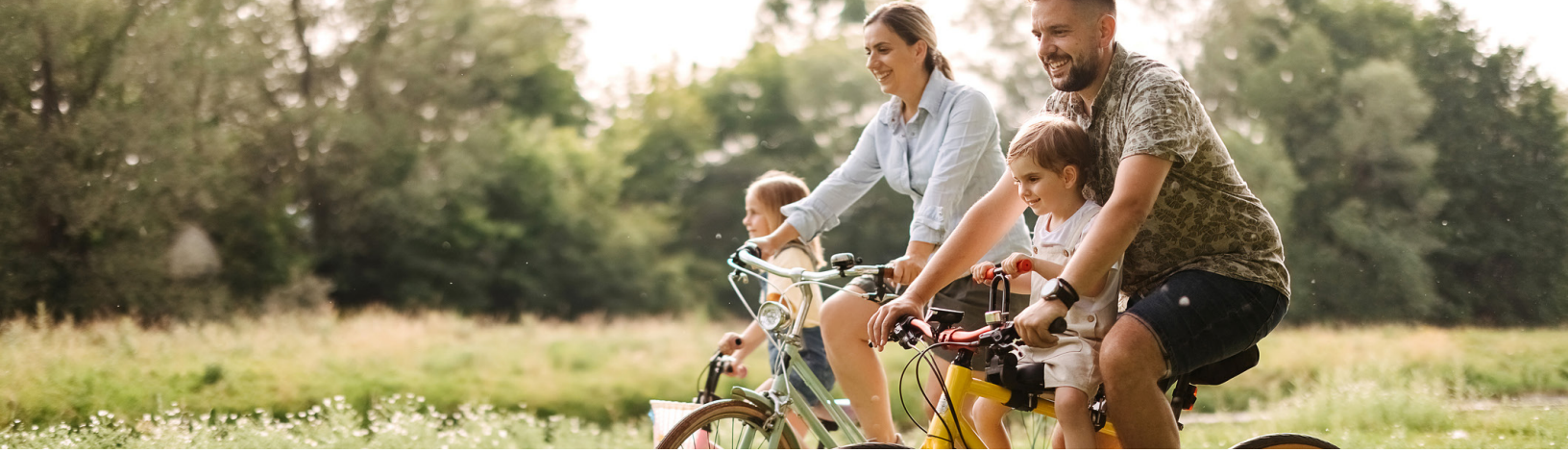
WELCOME!

We all have different needs that influence the choices we make every day. Devereux embraces these differences, providing you with the freedom to select quality benefit options that work best for your personal situation.

New hires have 30 days to enroll in benefits. The benefits that you select will be effective until December 31, 2026.

We encourage you to take the time to carefully review this guide and learn about all of the benefits available to you.

INSIDE THIS GUIDE



ELIGIBILITY & ENROLLMENT

WHO IS ELIGIBLE?

If you're a full-time employee at Devereux (scheduled to work 30+ hours per week), you are eligible to enroll in benefits*.

* To be eligible for full-time employer-paid benefits (Basic Life, Long-Term Disability, Health Management Leave, and Time Off), you must work 37.5+ hours/week.

Eligibility for educational staff may differ by location. Please contact People Operations with any questions.

In addition, the following family members are eligible for coverage:

- Your legally married spouse/domestic partner
- Your dependent child(ren) up to age 26

3 WAYS TO ENROLL:

- **Open Enrollment**
- **New Hire**
- **Qualifying Life Event (QLE)**

QUESTIONS?

Reach out to People Operations at your Center or CSB's Member Advocacy Center.

HOW TO ENROLL

You will have **30 days** from your date of hire to complete your benefits enrollment. If you do not enroll within this timeframe, you will not be able to enroll until the next Open Enrollment period, unless you experience a Qualifying Life Event. Benefit elections can be made online through Oracle Self-Service.

QUALIFYING LIFE EVENTS (QLE)

Unless you experience a Qualifying Life Event, you cannot make changes to your benefits until the next Open Enrollment period. QLE's include:

- Marriage (30 days)
- Divorce, legal separation, or ending a domestic partnership (60 days)
- Birth or adoption of a child (60 days)
- Change in child's dependent status (30 days)
- Death of a spouse, child or other qualified dependent (60 days)
- Change in employment status or a change in coverage under another employer-sponsored plan (30 days)

NOTE: You must notify People Operations when experiencing a Qualifying Live Event within the number of days specified above.

Independence Blue Cross
MEDICAL PLANS AT-A-GLANCE

The following medical plan opti
Full-time employees (working 3
Plan (HDHP) or the EPO plan th

	EPO PLAN
IN-NETWORK BENEFITS	
CALENDAR YEAR DEDUCTIBLE	
Employee	$925
Employee + Child	$1,390
Family (includes Employee + Spouse/DP & Employee + Children)	$1,850
OUT-OF-POCKET MAXIMUM	
Employee	$5,720
Employee + Child	$8,580
Family (includes Employee + Spouse/DP & Employee + Children)	$11,440
PREVENTIVE CARE SERVICES	No charge, no deductible
PRIMARY CARE PHYSICIAN (PCP) REQUIRED?	No
PCP OFFICE VISIT	$20; no deductible
SPECIALIST OFFICE VISIT	$50; no deductible
TELEMEDICINE (Teladoc)	No charge; no deductible
DIAGNOSTIC LABORATORY	No charge, no deductible
DIAGNOSTIC X-RAY/IMAGING (MRI, CT-Scan)	X-Ray: 25% after deductible MRI: 25% after $100 copay; no deductible
EMERGENCY ROOM (Copay waived if admitted)	$275; no deductible
URGENT CARE CENTER	$50; no deductible
INPATIENT HOSPITAL	$250/admission after deductible, then 25%
OUTPATIENT SURGERY	25% after deductible
BARIATRIC SURGERY	50% after deductible; not counted toward out-of-pocket maximum
SKILLED NURSING FACILITY	25% after deductible, 120 days/year
HOME HEALTH CARE	25% after deductible
OUTPATIENT THERAPIES Physical, Occupational, and Speech Therapy (60 visits/year, combined max) Chiro (15 visits/year)	$40; no deductible
INPATIENT MENTAL HEALTH/SUBSTANCE ABUSE	No charge after deductible
OUTPATIENT MENTAL HEALTH/SUBTANCE ABUSE	$20; no deductible
MATERNITY CARE	Outpatient: 25% after deductible; Inpatient: $250/admission after deductible, then 25%
DURABLE MEDICAL EQUIPMENT	No charge after deductible
OUT-OF-NETWORK BENEFITS	
EMERGENCY ROOM	$275; no deductible
INPATIENT & OUTPATIENT MENTAL HEALTH/SUBSTANCE ABUSE	50% after deductible

* The single deductible is embedded in the family deductible, so no one family member can contribute more than the individual deductible amount during the plan year. Once the member meets their single deductible, they will start paying

** The entire family deductible must be met before plan pays any benefits. If you cover any dependents under the plan, the full family deductible must be met before the plan pays any benefits. However, once any individual meets the indiv
the year. Other members of the family will continue to pay toward the family deductible and out-of-pocket maximum.

ons are administered by Independence Blue Cross (IBX).
0+ hours per week) may enroll in the High Deductible Health
at corresponds with their salary band.

HIGH DEDUCTIBLE HEALTH PLAN

$3,408 $5,080 $6,815
$5,200 $7,803 $10,400
No charge, no deductible
No
25% after deductible
25% after deductible
No charge, no deductible for telemedicine
25% after deductible
25% after deductible
25% after deductible
25% after deductible
25% after deductible
25% after deductible
50% after deductible; not counted toward out-of-pocket maximum
25% after deductible, 120 days/year
25% after deductible
25% after deductible
25% after deductible
25% after deductible
25% after deductible
25% after deductible; no maximum
N/A – No Out-of-Network Benefits under the HDHP

copays and/or coinsurance until they have reached their out-of-pocket maximum.
idual out-of-pocket maximum, the plan will begin to pay benefits and that individual has no further liability for the balance of

PRESCRIPTION BENEFITS

If you enroll in one of the IBX medical plans you are automatically enrolled in prescription drug benefits, outlined on page 6.

Independence Blue Cross
PRESCRIPTION BENEFITS

If you enroll in one of the Independence Blue Cross medical plans you are automatically enrolled in corresponding prescription coverage, outlined below.

IBX PRESCRIPTION PLAN FOR TIERED MEDICAL PLANS (PPO)

INCLUDED WITH TIERED MEDICAL PLAN ELECTION

IN-NETWORK ONLY	RETAIL PHARMACY (UP TO 90-DAY SUPPLY)	MAIL ORDER PHARMACY (UP TO 90-DAY SUPPLY)
GENERIC	15% and $5 minimum	15% and $5 minimum
PREFERRED BRAND	35% and $10 minimum	35% and $10 minimum
NON-PREFERRED BRAND	50%	50%
OUT-OF-POCKET MAXIMUM	Prescription drug accumulates to a separate out-of-pocket maximum: $4,200 for employee, $6,300 for employee + child, and $8,400 for family (includes employee + spouse/DP & employee + children)	

IBX PRESCRIPTION PLAN FOR THE HIGH DEDUCTIBLE HEALTH PLAN

INCLUDED WITH HDHP MEDICAL PLAN ELECTION

IN-NETWORK ONLY	RETAIL PHARMACY (UP TO 90-DAY SUPPLY)	MAIL ORDER PHARMACY (UP TO 30-DAY SUPPLY)
GENERIC	75% after deductible; covered 100% after out-of-pocket maximum is met	75% after deductible; covered 100% after out-of-pocket maximum is met
PREFERRED BRAND		
NON-PREFERRED BRAND		

MANDATORY MAIL ORDER OR CVS PHARMACY 90-DAY FILLS (FOR TIERED MEDICAL PLANS ONLY)

All covered medications will be provided through our convenient mail order service, which allows you to order up to a 90-day supply (if enrolled in a tiered medical PPO plan).

Independence Blue Cross

NEW! ENHANCED COPAY CARD

The Copay Assistance Program may substantially reduce—or even fully cover—your costs for certain high-cost specialty medications.

HOW DOES THE COPAY ASSISTANCE PROGRAM WORK?

Many drug manufacturers offer coupons or copay cards for specialty medications. Through the Copay Assistance Program, you can take full advantage of these savings on eligible prescriptions. The program is supported by a team of Care Team Coordinators—pharmacy professionals who are highly trained in specialty pharmacy coupons and copay cards.

Once you enroll, manufacturer copay assistance will be automatically applied at checkout to lower your out-of-pocket costs, sometimes to as little as $0. Eligible prescriptions may be processed with a 30% coinsurance, but the manufacturer's cost-share assistance will be applied to further reduce what you owe. You will never pay more than your normal cost-share.

ENROLLMENT AND SUPPORT

If you take an eligible prescription, a Care Team Coordinator will contact you to:

- Explain how the Copay Assistance Program works
- Estimate your new out-of-pocket costs for filling your prescription
- Help you enroll in the drug manufacturer's copay assistance program
- Coordinate with your pharmacy to ensure they have the updated costs on file
- Answer any questions you have about the program

Care Team Coordinators provide ongoing support and monitor your out-of-pocket costs to make sure you get the maximum assistance available. You are not required to enroll for copay assistance, but you must enroll to receive the savings. If you choose not to enroll when contacted by a Care Team Coordinator, you will be responsible for your normal cost-share.

IMPORTANT NOTE

Only the cost-sharing you pay out-of-pocket will count toward your deductible and/or out-of-pocket maximum. The portion paid by the Copay Assistance Program will not count toward either one.

QUESTIONS?

If you are eligible for the Copay Assistance Program, a Care Team Coordinator will call to help you enroll. You can also reach them directly at **215-967-2501**.

Accarent Health & Blue Distinction Programs

SAVE ON YOUR SURGIAL PROCEDURE!

ACCARENT HEALTH

If you participate in one of Devereux's medical plans, you can choose to have **$0 out-of-pocket for surgical procedures at top-rated hospitals** by using Accarent.

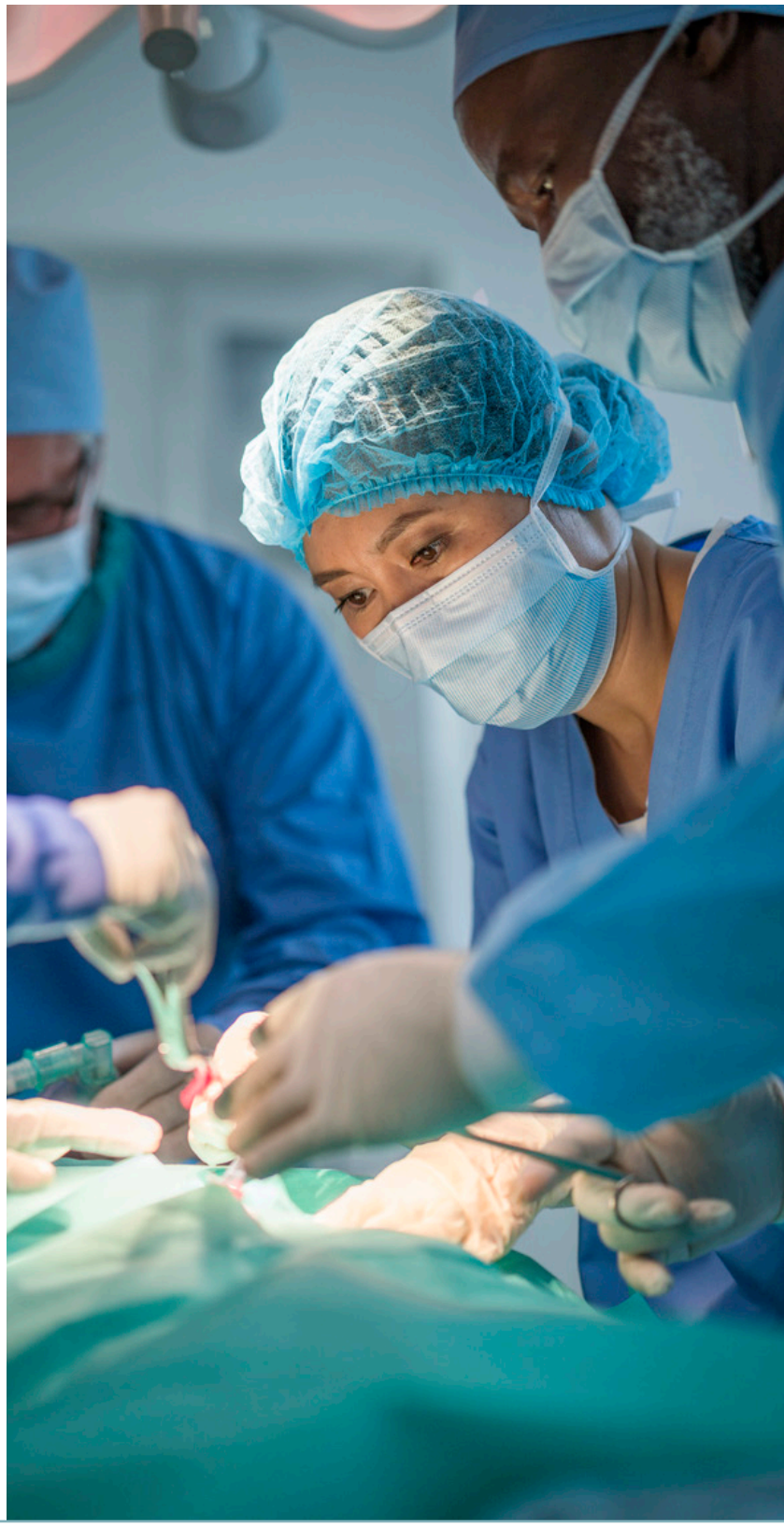
- With Accarent, you have access to a network of select academic medical centers and top-rated hospitals established in conjunction with Johns Hopkins Hospital.
- All initial treatment and any complication or concurrent related illness, outpatient follow-up during the post surgical period, personalized nurse case management, and concierge and travel assistance are covered under the program.

NEED TO TRAVEL FOR SURGERY?

Devereux will reimburse you and a caregiver for your travel expenses, including a hotel stay, for the day prior to surgery and aftercare based on the Accarent post-operative schedule.

GETTING STARTED WITH ACCARENT

Contact Accarent at **866.771.0697** for immediate assistance or visit **www.accarenthealth.com** to see the schedule of services and how it works!



Teladoc

TELEMEDICINE

TELADOC TELEMEDICINE

Teladoc is a national network of U.S. board-certified doctors available 24/7/365 to diagnose, treat and prescribe medication when necessary for many common medical issues. Teladoc uses digital devices such as computers, smartphones, and video conferencing.

Using telemedicine is a convenient option when it's not possible to visit your doctor's office for non-emergency medical conditions such as:

- Allergies
- Asthma
- Acne
- Pink eye
- Ear infections
- Sinus issues
- Respiratory infections
- Urinary tract infections
- Cold and flu symptoms
- Behavioral health

TELADOC DERMATOLOGY

Teladoc Dermatology gives you access to board-certified dermatologists anywhere you are. Whether you have a question about a recent skin change or need help managing a chronic skin condition like acne, rosacea, or psoriasis, Teladoc Dermatology can help.

TELADOC TELEPSYCHIATRY

Members have access to high-quality virtual care for a wide variety of behavioral issues, without the obstacles of conventional in-office options. Members can speak with board-certified psychiatrists, psychologists and therapists from wherever they feel most comfortable.

GETTING STARTED

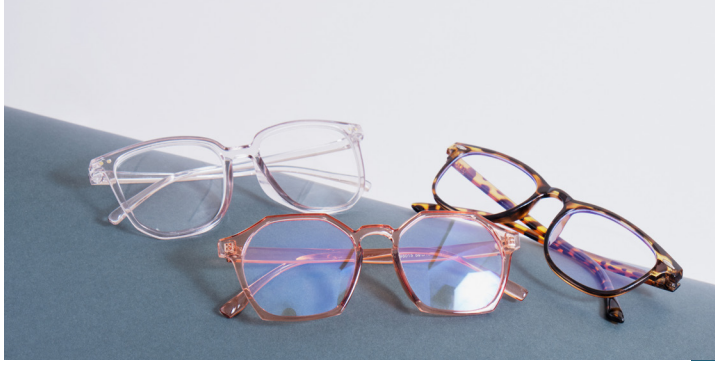
Why wait for the care you need? Contact Teladoc and feel better now!

- Download the Teladoc App from the App Store or Google Play
- Visit **www.teladochealth.com**
- Call **1.800.835.2362**

COST FOR A TELADOC VISIT

Teladoc will have a $0 copay for the Tiered Medical PPO and HDHP.

Independence Blue Cross VISION BENEFITS



You must be enrolled in one of the medical plans to receive this benefit.

PLEASE NOTE: **Annual eye exam must be at least one calendar year after your last visit.**

IBX VISION PLAN

INCLUDED WITH MEDICAL ELECTION

IN-NETWORK ONLY	IN-NETWORK*	OUT-OF-NETWORK REIMBURSEMENT
ANNUAL PLAN MAXIMUM	Unlimited	Unlimited
DEDUCTIBLE (Individual/Family)	$0 / $0	$0 / $0
OUT-OF-POCKET MAXIMUM (Individual/Family)	$0 / $0	$0 / $0
ROUTINE VISION EXAM AT DAVIS VISION PARTICIPATING PROVIDER	No charge	$40 reimbursement
FRAMES		
Davis Vision Collection Fashion or Designer Frames	No charge	N/A
Davis Vision Collection Premier Frames	$25	N/A
Non-Davis Vision Collection Frames	Up to $130 allowance; 20% discount on overage	$50 reimbursement
Visionworks Frames Option	Up to $180 allowance; 20% discount on overage	N/A
LENSES		
Single Vision	No charge	$40 reimbursement
Bifocal		$60 reimbursement
Trifocal		$80 reimbursement
Lenticular		$100 reimbursement
CONTACT LENSES & EVALUATION (in lieu of eyeglasses)		
Davis Vision Collection – Standard, Specialty, or Disposable Contact Lenses	No charge	$105 reimbursement
Evaluation at a Davis Vision Participating Provider	No charge	
Non-Davis Vision Collection Contact Lenses	Up to $130 allowance; 15% discount on overage	
Non-Davis Vision Evaluation	Up to $60 allowance; 15% discount on overage	
CONTACT LENSES (medically necessary)	No charge	$225 reimbursement

* Participating Davis provider benefit

ADDITIONAL VISION DISCOUNTS

The following discounts are also available to you under the IBX vision plan.

Additional Eyewear Discount: Members selecting non-covered materials (i.e., second pair of eyeglasses, sunglasses, etc.) will receive up to a 20% courtesy discount and up to a 10% discount on disposable contacts at most participating providers

Replacement Contact Lenses: Through Lens 123, a free mail order program, member may receive replacement contact lenses offered at guaranteed, discounted prices.

Discount on Laser Vision Correction Services at Davis Vision Participating Providers: Up to 25% off the participating provider's usual and customary fees or 5% off any participating provider's advertised specials, whichever is less.

Cigna DENTAL BENEFITS

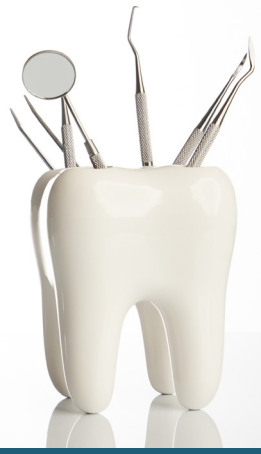
Benefit-eligible employees may enroll in one of the three Cigna dental plans below — a choice of two DPPOs or the DHMO – which include 100% coverage for preventive services such as routine dental exams, cleanings and X-rays.

	PPO PLAN A		PPO PLAN B		DHMO
IN-NETWORK ONLY	**ADVANTAGE PROVIDERS**	**PREMIER PROVIDERS & OUT-OF-NETWORK**	**ADVANTAGE PROVIDERS**	**PREMIER PROVIDERS & OUT-OF-NETWORK**	**IN-NETWORK ONLY**
CALENDAR YEAR DEDUCTIBLE (Individual/Family)	$50 / $150		$75 / $225		No deductible
CALENDAR YEAR MAXIMUM (Per patient)	$2,000	$1,000	$2,000	$1,000	No yearly maximum
PREVENTIVE & DIAGNOSTIC SERVICES Exams, Cleanings, Bitewing X-rays (each twice in a calendar year) Fluoride Treatment (once in a calendar year, children to age 19)	100% covered; no deductible		100% covered; no deductible		100% covered
BASIC SERVICES Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Sealants	Plan pays 70%* 100% covered; no deductible		Plan pays 50%* 100% covered; no deductible		Plan pays 90%
MAJOR SERVICES Crowns, Gold Restorations, Bridgework, Full and Partial Dentures	Plan pays 60%*		Plan pays 50%*		Plan pays 60%
ORTHODONTIA BENEFITS (CHILDREN TO AGE 19)	Separate Deductible: $50; Plan pays 50%*		Separate Deductible: $50; Plan pays 50%*		Plan pays 50%
ORTHODONTIA BENEFITS (ADULTS)	Separate Deductible: $50; Plan pays 50%*		Separate Deductible: $50; Plan pays 50%*		Plan pays 50%
IMPLANTS	Plan pays 60%*		Plan pays 60%*		N/A
ORTHODONTIA LIFETIME MAXIMUM (per patient)	$1,500	$1,000	$1,000	$750	24 months of comprehensive orthodontic treatment plus 24 months of retention

* After deductible

DPPO VS. DHMO PLANS

The **DPPO** plans offer the convenience and flexibility of visiting any licensed dentist, anywhere. Covered services are paid based on a percentage — if, for example, fillings are covered at 80%, you pay the remaining 20%. Under the **DHMO** plan, members have their choice of skilled primary care dentists from the Cigna network. Select a primary care dentist who will then coordinate any needed referrals to a specialist. There are no maximums or deductibles.



To search for participating dental providers near you, visit **www.mycigna.com** and enter your address, city, or ZIP code. Dental ID cards are also available at **www.mycigna.com**.

Special Health Needs Program

NEW! DENTAL BENEFIT ENHANCEMENT

The SHCN Dental Program supports employees and dependents with physical, developmental, mental, sensory, behavioral, cognitive, or emotional conditions requiring specialized dental care. The program improves access, outcomes, and satisfaction through tailored benefits.

ELIGIBILITY

Employees and dependents with special healthcare needs, as defined by the American Academy of Pediatric Dentistry (AAPD), may enroll.

HOW TO ENROLL

Request and complete a Special Healthcare Needs Enrollment Form from HR or Cigna Healthcare Dental. Once enrolled, you'll receive a welcome letter and can begin using enhanced benefits.

REIMBURSED PROCEDURES

Registered participants are eligible for reimbursement for:

- One additional cleaning per benefit year (D1110, D1120, D4346, D4910)
- One additional exam per benefit year (D0120, D0145, D0150, D0180)
- One additional fluoride treatment per benefit year, any age (D1206, D1208)
- General anesthesia or IV sedation with a covered service (D9222, D9223, D9239, D9243)
- Dental case management up to four times per year (D9997)

Usual deductibles, copayments, or coinsurance apply. Reimbursements are mailed directly after claims are processed for in-network visits.

For questions or more information, contact Cigna Healthcare Dental at **800.88Cigna (800.882.4462)**.

Virtual Care & SmartScan

ADDITIONAL DENTAL BENEFIT RESOURCES

CIGNA HEALTHCARE DENTAL VIRTUAL CARE

Cigna Healthcare Dental Virtual Care provides access to licensed dental professionals from home, 24 hours a day, seven days a week, all year round. If you have an urgent dental issue—such as a toothache, chipped tooth, or oral infection—and cannot reach your regular provider, you can consult with a dentist through a secure video call by logging into your myCigna.com account.

HOW IT WORKS

During your virtual visit, the dentist will assess your condition, offer guidance, prescribe medication if needed, and refer you to a local Cigna Healthcare dentist for in-person care when appropriate. Records from your virtual consultation are shared with your local provider to ensure continuity of care.

COST AND COVERAGE

Virtual consults are processed as in-network claims under your dental plan, with no copay or coinsurance required. These visits count toward your plan's frequency limits and annual maximums.

ELIGIBILITY

All enrolled employees and dependents may use this service. Dependents under age 18 must be accompanied by a parent or guardian during the consultation.

CONTACT INFORMATION

For more information or assistance, please visit myCigna.com or call 1-800-Cigna24. You can also call the number on the back of your ID card.

NEW! SMARTSCAN AT-HOME DENTAL SCREENING

SmartScan is an easy, at-home oral health screening tool available to Cigna Healthcare members. Using your smartphone, you can take guided photos of your teeth and gums and receive a professional assessment from a Cigna Healthcare dentist within minutes. This service is designed for those who may avoid dental visits due to cost, inconvenience, or anxiety.

WHAT SMARTSCAN IS NOT

SmartScan does not replace a full dental exam or x-rays performed in a dental office, which remain essential for comprehensive oral health care.

BENEFITS

SmartScan screenings are provided at no additional cost and take about five minutes to complete. After your photos are submitted, they are analyzed using artificial intelligence and reviewed by network dentists. You will receive a report indicating your oral health status—green, yellow, or red—along with tips for improvement. If your results indicate a concern, you can schedule a virtual dental appointment or be referred to an in-network provider.

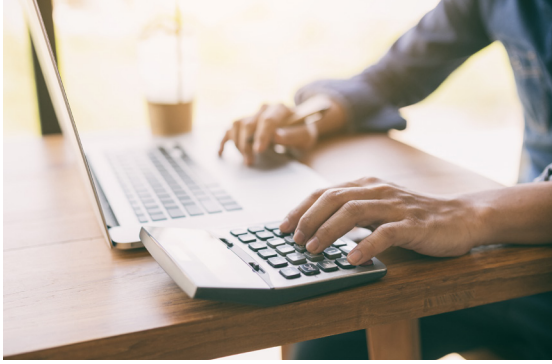
HOW TO GET STARTED

To use SmartScan, log in or register on myCigna.com, select "Talk to a Doctor," choose "Dental" virtual care, and then select "Connect" to access SmartScan.

CONTACT INFORMATION

For more information, visit **myCigna.com**.

2026 Medical & Dental
PER-PAY CONTRIBUTIONS



TIERED MEDICAL PROGRAM PER-PAY CONTRIBUTIONS

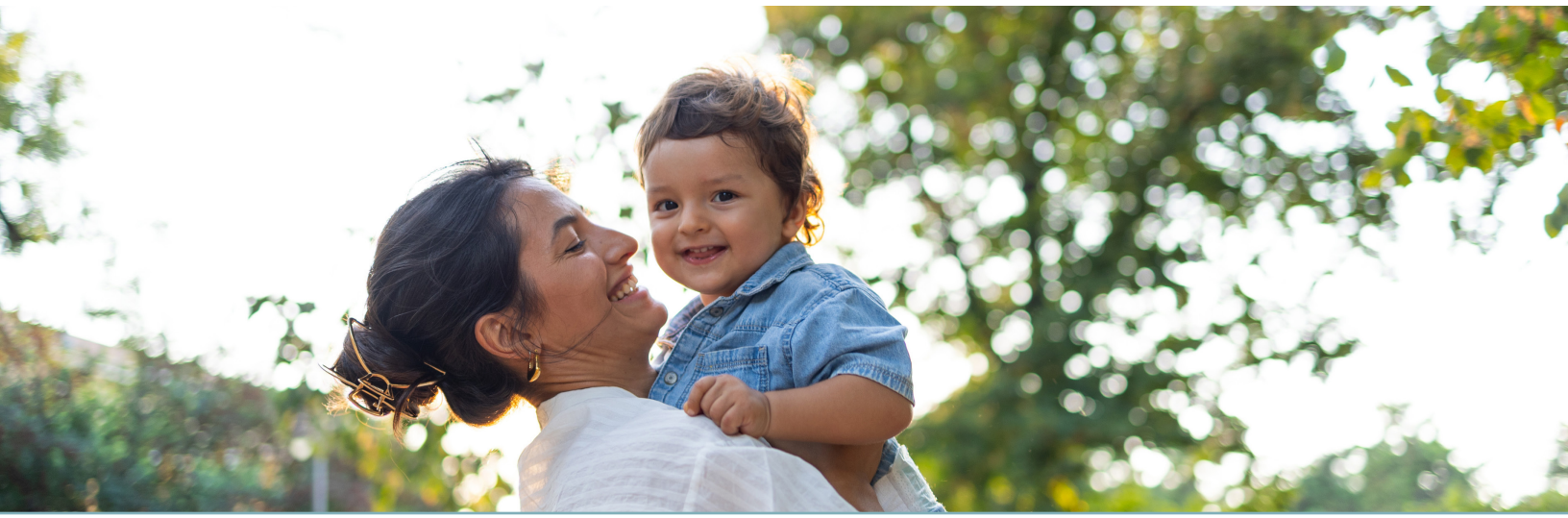
	ALL TIERED MEDICAL PLANS	HIGH DEDUCTIBLE HEALTH PLAN
SINGLE	$70.35	$41.59
EMPLOYEE + 1 CHILD	$176.45	$118.90
EMPLOYEE + SPOUSE	$221.01	$156.60
FAMILY	$315.40	$223.55

DENTAL HMO PER-PAY CONTRIBUTIONS

	DHMO
SINGLE	$14.00
2-PERSON (EMPLOYEE/CHILD)	$25.00
2-PERSON (EMPLOYEE CHILD/DEPENDENT)	$25.00
FAMILY / 2 EMPLOYED	$33.00

DENTAL PPO PER-PAY CONTRIBUTIONS

	PLAN A	PLAN B
SINGLE	$12.92	$11.08
2-PERSON / FAMILY	$25.38	$21.23



Optum Bank

HEALTH SAVINGS ACCCOUNT (HSA)

If you elect the HDHP medical plan, you may be eligible to make pre-tax payroll contributions toward a Health Savings Account (HSA), administered by Optum Bank.

A Health Savings Account (HSA) allows you to save money for qualified healthcare expenses that you're expecting, such as contact lenses or prescriptions, as well as the unexpected ones.

HSA ADVANTAGES

- The money you deposit and withdraw is tax-free. Unused funds roll over year after year.
- An HSA is portable; if you leave Devereux or retire, you can take your HSA funds with you.
- Once you meet the required account balance minimum, typically $2,000, you will have the option to begin investing in mutual funds at a minimum of $100 per transaction. **Click here** to learn more about HSA investing opportunities.

CONTRIBUTION LIMITS*

HSA contribution limits are set by the Internal Revenue Service (IRS) and adjusted annually. The limits for 2026 are:

- $4,600 for individual coverage
- $8,750 for family coverage
- $1,000 catch-up contribution for those age 55+

HSA ELIGIBILITY

In order to qualify for an HSA, you must be an adult who meets the following qualifications:

- You have coverage under an HSA-qualified, high deductible health plan (HDHP)
- You (or your spouse, if applicable) have no other health coverage (excluding other types of insurance, such as dental, vision, disability or long-term care coverage)
- Are not enrolled in Medicare
- You cannot be claimed as a dependent on someone else's tax return

QUALIFIED MEDICAL EXPENSES

You can use the funds in your HSA to pay for qualified healthcare expenses, such as:

- Doctor visits
- Dental care, including extractions and braces
- Vision care, including contact lenses, prescription sunglasses and LASIK surgery
- Prescription medications
- Chiropractic services and acupuncture

For a list of qualified medical expenses under the HSA, please **click here**.

* When deciding how much to contribute to your HSA, make sure to factor in any employer contribution amounts. The IRS annual maximum is the total combined employer and employee funding (i.e., employees cannot elect a deduction at the maximum if they are receiving company funds).

Employee Benefits Corporation

FLEXIBLE SPENDING ACCOUNTS (FSA)

Flexible Spending Accounts, or FSAs, provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next plan year, you can lower your taxable income.

MEDICAL CARE FSA

The Medical Care FSA allows you to set aside pre-tax dollars via payroll deductions to pay for qualified healthcare expenses for you and your dependents. For 2026, the annual maximum amount you may contribute is projected to be $3,400 per calendar year. The Medical Care FSA can be used for:

- Doctor office copays
- Non-cosmetic dental procedures (crowns, dentures, orthodontics)
- Prescription contact lenses, glasses, & sunglasses
- LASIK eye surgery
- Menstrual care products
- Certain OTC medications
- Sunscreen with at least SPF 15
- And more! (**Click here for a list**)

DEPENDENT CARE FSA (DCFSA)

The Dependent Care FSA lets you use pre-tax dollars toward qualified dependent care expenses for children up to the age of 13 or individuals 13 or older if they are unable to care for themselves and reside with you at least 8 hours per day. The annual maximum amount you may contribute for 2026 is $7,500 (or $3,750 if married and filing separately) per calendar year. The DCFSA can be used for:

- Au Pair or nanny
- Before- and after-school programs, day camps, preschool
- Baby-sitting/dependent care to allow you to work
- Adult/eldercare for adult dependents

USE IT OR LOSE IT!

Devereux allows you to carry over up to $680 (projected amount) of unused Medical Care FSA funds into the following plan year. Amounts over $680 will be forfeited. ***NOTE***: Dependent Care FSA funds do not roll over. Money not used by the end of the plan year (December 31, 2026) will be forfeited.

PLEASE NOTE: **If you enroll in the HDHP with HSA, the IRS does not allow you to participate in a Medical Care FSA.**

CommuteEase

COMMUTER BENEFITS

Commuter Benefits allow you to pay for eligible work-related mass transit and parking expenses through pre-tax payroll deductions from your paycheck.

You are able to make changes to your pre-tax election amount on a month to month basis. Contributions to your CommuteEase plan are done directly through the Employee Benefits Corporation's member portal — paid by the 13th of each month for the upcoming month.

Contributions will be available on the EBC Benefits Card. EBC provides Devereux the election amount and that amount is deducted from the employees check the last pay of each month.

CONTRIBUTION LIMITS

For the 2026 plan year, Devereux projects you may contribute up to $340 per month for transit and $340 per month for parking:

- **TRANSIT:** Up to $340 per month for transportation — mass transit (such as train, bus, subway, etc.) and commuter highway vehicle (such as vanpool or certain ridesharing services like UberPool or LyftLine)
- **PARKING:** Up to $340 per month for parking expenses incurred at or near your work location or near a location from which you commute using mass transit

At the end of the plan year, any balances in either account will remain in your account and be available for your use in the next plan year, unless your employment with Devereux is terminated.

New York Life (NYL)

BASIC & VOLUNTARY LIFE AND AD&D

Life and Accidental Death and Dismemberment (AD&D) insurance provides protection to those who depend on you financially, in the event of your death or an accident that results in death or serious injury.

BASIC LIFE INSURANCE

Devereux provides **full-time employees** with 2x their annual base salary, not to exceed $200,000 in group life insurance. Devereux pays for the full cost of this benefit.

SUPPLEMENTAL LIFE INSURANCE

Employees who work 30+ hours per week have the option to elect Supplemental Life insurance, outlined below:

- **Employee Supplemental Life:** New hires may elect up to $200,000 guaranteed issue in increments of $10,000.
- **Spouse/Partner Supplemental Life:** New hires may elect up to $50,000 guaranteed issue for spouse/domestic partner supplemental life in increments of $5,000.
- **Child Supplemental Life:** Age 14 days to 26 years: $10,000 benefit

Note: *Spouse/domestic partner and/or child(ren) coverage does not require the employee to purchase employee supplemental life coverage.*

SUPPLEMENTAL AD&D

Employees who work 30+ hours per week have the option to elect Supplemental AD&D. AD&D insurance is an inexpensive way to provide additional life insurance benefits if the cause of death is accidental. It also pays a benefit if there is a loss of a limb, vision or hearing due to an accident. Supplemental AD&D is available in $10,000 increments up to $500,000 (not to exceed 10x salary).

EMPLOYEE ONLY OR FAMILY PLAN COVERAGE

Family plan provides 100% employee, 50% spouse and 15% Child of amount elected.

NOTE—Benefit Reduction: Coverage amounts for Basic Life, Supplemental Life, and Supplemental AD&D for employees that attain age 70 or older are reduced by 50%, rounded to the next higher $10,000 (if not already a multiple thereof).

For Supplemental Life/AD&D rates, please see page 39 of this guide.

New York Life (NYL) DISABILITY BENEFITS

When an unexpected illness or injury occurs your focus should be on your health, not your budget. In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income.

SUPPLEMENTAL SHORT-TERM DISABILITY

If you had a disabling injury or illness, how much of your income would be at risk? Supplemental Short-Term Disability (STD) insurance, **available to employees scheduled to work 30+ hours per week,** can provide an additional monthly benefit to cover your risk of lost income if you are out of work for a short period of time due to an off the job injury or illness, including maternity.

The premium is 100% employee paid with post-tax dollars but, under current tax laws, benefits are tax free.

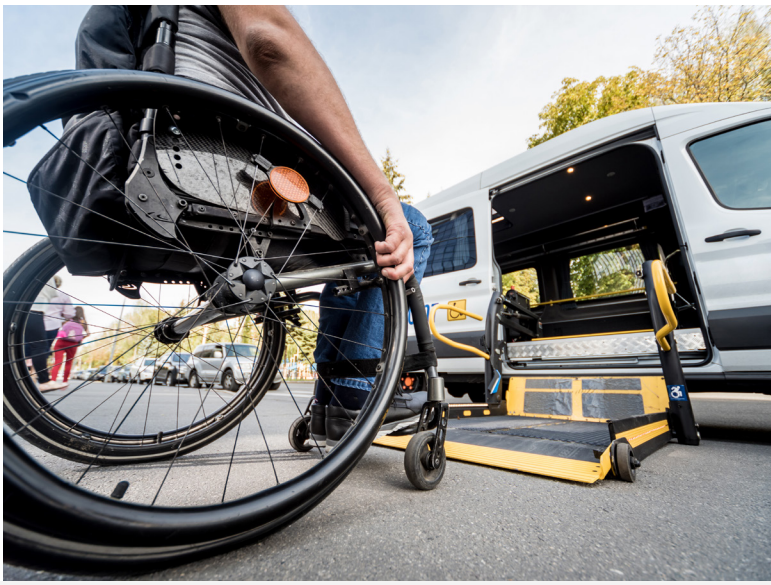
STD BENEFIT DETAILS

- Coverage is 60% of your salary, up to a maximum of $1,500 per week.
- There is a 14-day or 28-day elimination period for sickness or accident.
- An elimination period is the number of days you have to wait until the benefit kicks in.
- Employees who select this insurance may use their Health Management Leave (HML), Time-off Benefit (TOB), or not be paid to satisfy the elimination period until Short-term Disability coverage begins.

EMPLOYER-PAID LONG-TERM DISABILITY

Long-Term Disability (LTD) insurance protects workers in the event they become disabled for a prolonged period prior to retirement. Devereux provides all **full-time employees** with a minimum of 60% income replacement if out of work due to a disabling condition for 90 days or longer.

This important paycheck protection benefit pays benefits directly to you and may be continued to Normal Social Security Retirement Age if you continue to meet the definition of disability. **This benefit is offered at no cost to you.**



For Supplemental Short-Term Disability rates, please see page 40 of this guide.

New York Life (NYL)

ADDITIONAL VOLUNTARY BENEFITS

HOSPITAL INDEMNITY INSURANCE

A hospital stay can happen at any time, and it can be costly. Hospital Indemnity insurance helps you and your loved ones have additional financial protection. With voluntary hospital indemnity insurance, available to employees scheduled to work 30+ hours per week, a fixed benefit is paid directly to the covered person, unless otherwise assigned, after a covered hospitalization resulting from a covered injury or illness.

It can be used for expenses, such as:

- Copays, deductibles and coinsurance
- Unexpected costs
- Child care
- Follow-up services
- Help for the home
- And much more!

HOSPITAL INDEMNITY INSURANCE DETAILS

- No restrictions on how the money can be used.
- Coverage continues after the first covered hospitalization – helping provide additional protection for future hospital stays.
- Benefits are separate from medical plan, do not coordinate, and are paid directly to you.
- Guaranteed Issue (no medical underwriting)

ACCIDENT INSURANCE

Accidents happen and they can affect more than just your physical health. With voluntary accident insurance, available to employees scheduled to work 30+ hours per week, you get a benefit to help pay for costs associated with a covered accident or injury. You may utilize the payments as you best see fit.

Accident Insurance covers:

- Initial, emergency and follow-up care
- Hospitalization
- Fractures & Dislocation

Covered injuries may include:

- Broken bones
- Concussions
- Burns
- Torn ligaments
- Ruptured discs
- And more!

ACCIDENT INSURANCE DETAILS

- Guaranteed Issue (no medical underwriting)
- A physician must diagnose covered losses and treatment must be received in the United States or its territories.
- **$50 per year Wellness, Health Screening and/or Preventative Care Benefit Credit per covered person per calendar year.** (Must submit wellness claim within 90 days of the date of service.)

For more information about the voluntary Hospital Indemnity and Accident Insurance plans, including plan rates, please see pages 40 and 41 of this guide.

New York Life (NYL)

ADDITIONAL VOLUNTARY BENEFITS

CRITICAL ILLNESS INSURANCE

We know that everyone has different needs when coping with a critical illness. With Critical Illness insurance, **available to employees scheduled to work 30+ hours per week,** you get a benefit paid directly to the covered person, unless otherwise assigned, if they are diagnosed with a covered critical illness, such as cancer, heart attack, or stroke.

This plan can help ease some of your financial worries so you can stay focused on your health. You choose how to spend or save your benefit. **It can be used for expenses, such as:**

- Paying for child care or help around the house
- Travel costs to see a specialist
- Medical treatment and doctor visits
- Copays and deductibles
- Prescription drug costs

BALANCE WELLBEING PORTAL

Introducing the Balance Wellbeing Portal, vetted and supported by New York Life, this portal provides financial guidance, including help managing finances, planning for and achieving life goals (emergency savings fund, home purchase, etc.). It provides resources to help navigate financial challenges, planned and unplanned life events and offers solutions using either the tools on the site or with professional guidance.

Additional services include managing income and finances with an ill or disabled partner or dependent, and access to debt counseling services through the nonprofit Cambridge Counseling Corporation.

Please visit **balancewellbeing.com** for more information on this benefit.

For Voluntary Critical Illness rates, please see 41 of this guide.

Eyemed (through Cigna)

NEW! VOLUNTARY VISION INSURANCE

We are excited to offer a voluntary vision benefit through Cigna Vision, serviced by EyeMed. This plan includes covera ge for routine eye exams, prescription eyewear, and discounts on additional vision products. **For a full schedule of benefits, please refer to the BenePortal.** For more details, visit **myCigna.com** or call **888-353-2653**.

EYEMED VISION SCHEDULE OF BENEFITS

VISION SERVICES	IN-NETWORK PLAN COVERAGE	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
EXAM AND PROFESSIONAL SERVICES*			
(once per 12 months)			
Eye Exam	100% after Copay	$10 Copay	Up to $45 Allowance
Retinal Screening	Not Covered	Up to $39	Not Covered
Standard Contact Lens Fit & Follow-up	$0	Up to $401	Not Covered
Premium Contact Lens Fit & Follow-up	$0	90% of Retail[1]	Not Covered
STANDARD EYEGLASS LENSES*			
(once per 12 months)			
Single Vision	100% after Copay	$20 Copay	Up to $32 Allowance
Lined Bifocal	100% after Copay	$20 Copay	Up to $55 Allowance
Lined Trifocal	100% after Copay	$20 Copay	Up to $65 Allowance
LENS ENHANCEMENTS / OPTIONS			
Polycarbonate Lenses	$0	$40	
Standard Progressives+	$0	$65	
Photochromic - Glass or Plastic	$0	20% off retail Less $120 allowance	Not Covered
Standard Scratch Coating	$0	$75	
Standard Ultraviolet (UV) Coating	$0	$15	
	$0	$15	
CONTACT LENSES RETAIL ALLOWANCE*			
(one pair or single purchase per 12 month)			
Elective - Conventional	100% up to $130 Retail Allowance, Additional 15% off balance over allowance	Balance over $130 Allowance	Up to $105 Allowance
Elective - Disposable	100% up to $130 Retail Allowance	Balance over $130 Allowance	Up to $105 Allowance
Therapeutic	100%	$0	Up to $210 Allowance
FRAME ALLOWANCE (Once per 24 months)			
Retail	100% up to $130 Allowance	20% off balance over Allowance	Up to $71 Allowance
Costco	100% up to $80 Allowance	Balance over Allowance	Up to $71 Allowance

*Your Frequency Period begins on January 1 (Calendar year basis)

1May be applied to Contact Lens Allowance

2Member out-of-pocket includes Lined Bifocal copay. Out-of-network reimbursement based on Lined Bifocal allowance.

To utilize your benefit ,use the provider locator on myCigna.com, Schedule an appointment by identifying yourself as a Cigna Vision customer, and provide your Cigna Vision ID card or your name and date of birth.

Free-to-you

INSURANCE ASSISTANCE

The following benefits are available to all employees — 100% paid for by Devereux!

INSURANCE SUPPORT

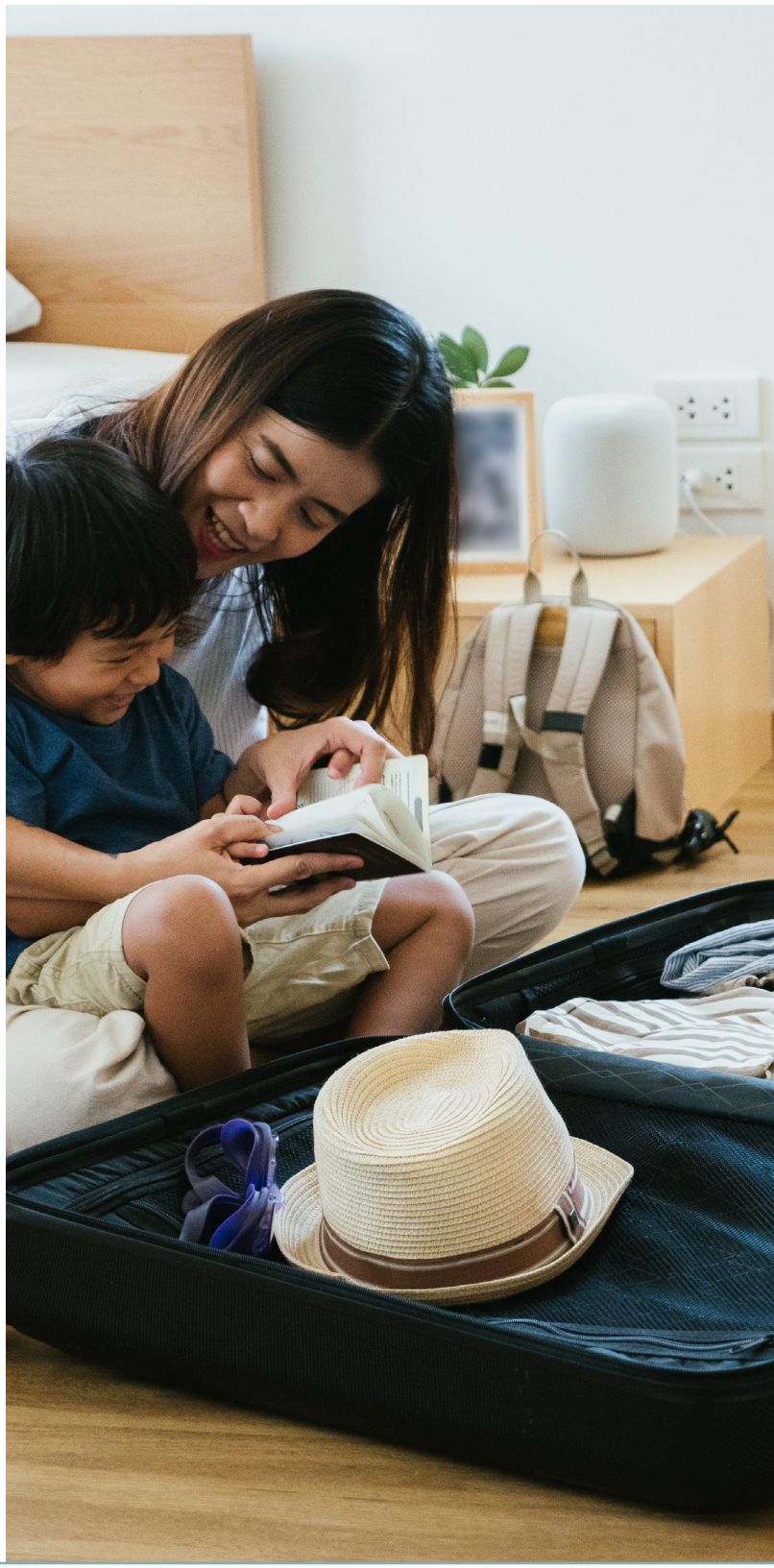
- Support through New York Life at **www.guidanceresources.com** offers trained advocates to help you navigate healthcare even if not on a Devereux benefit plan.
- Services include claim and billing issues, appeal processes and simplifying complicated administrative services and address questions and concerns.
- When accessing services, use ID: **NYLGBS**

SECURE TRAVEL

- Secure Travel through New York Life at **www.guidanceresources.com** offers pre-trip planning and 24/7/365 support when traveling more than 100 miles away on vacation.
- Services include help with medical evacuations, repatriation and lost fees due to travel changes or emergencies.
- When accessing services, use ID: **NYLGBS**

SENIOR ADVISORS

Medicare Specialists providing education, choices and recommendations on Medicare coverage, including Plan A, Plan B, Medicare Advantage Plans (Plan C), Plan D (Medicare Rx Plan) and Medicare Supplement Plans (Medigap). Our specialists can be reached by calling **908-272-1970** or at **www.senior-advisors.com**.



TIAA
403(B) PLAN

The 403(b) Defined Contribution Retirement Plan is one of the most important ways you can help secure your financial future. Participating in the 403(b) is not just about the future, but also about taking advantage of real benefits today that may transform the choices and opportunities you have tomorrow.

CONTRIBUTION LIMITS

- The annual IRS contribution limit for 2026 is projected to be $24,500
- Employees age 50 or over can possibly make a catch-up contribution of up to an additional $8,000 beyond the basic limit
  - Due to Secure Act 2.0, in 2026 employees aged 60 through 63 may make a catch-up contribution of up to the greater of $11,250 or 150% of the normal Catch-up contribution.
- Employees age 50 or over that have 15 or more years of service may contact TIAA about additional catch-up contributions.

For specifics on 403(b) contribution limits, please refer to **www.irs.gov** or contact a TIAA or Janney Montgomery Scott financial advisor.

DEVEREUX'S MATCHING CONTRIBUTION

- Amount varies by center
- Contribution is made once per year in January

HAVE QUESTIONS? CONTACT A TIAA FINANCIAL ADVISOR!

Visit **www.tiaa.org/devereux** for more information or contact a TIAA advisor:

- Advisors are available Monday - Friday, 8 a.m. — 10 p.m. (ET) at 800.842.2252

You may also contact an advisor at Janney Montgomery Scott:

- Devereux's Plan Advisors at Janney Montgomery Scott are Quinn Karpiak, Scott Karpiak and Greg Dupee
- You can call **800-567-2687** Toll Free, call direct by dialing **215-665-6010**, or email **QKarpiak@janney.com**.

ScholarShare 529
COLLEGE SAVINGS PLAN

The following benefits are available to all employees — 100% paid for by Devereux!

START SAVING MORE FOR YOUR CHILD'S EDUCATION!

Devereux partners with ScholarShare 529, a nationally-recognized college savings plan managed by TIAA-CREF Tuition Financing, Inc.

ScholarShare 529 is an industry leader with a 20-year track record of helping families like yours save to cover future college costs. Families appreciate the plan's special features including tax benefits, low fees, and flexibility.

ONLINE TOOLS AND RESOURCES

Visit **www.scholarshare529.com** for helpful resources including:

- Live and interactive educational webinars, hosted monthly
- Consultation scheduling with a 529 specialist
- Rollover an existing 529 into your ScholarShare 529 account. Schedule an appointment to have a consultant assist you

PLAN FEATURES INCLUDE:

- Select your beneficiary
- Choose your investment portfolio
- Decide how much to save
- Fund your account
  - — Periodic contributions
  - — Recurring contributions
  - — Workplace savings

GET STARTED TODAY!

To enroll or learn more, call **800-544-5248**, visit **www.scholarshare529.com**, or download the ReadySave529 app from the App Store or Google Play.

Free-to-you

FINANCIAL ASSISTANCE

The following benefits are available to all employees — 100% paid for by Devereux!

TIAA FINANCIAL COUNSELING

- Visit **www.tiaa.org/devereux** for individual consultations, advice and counseling including on-demand webinars, calculator and tools.
- Help is also available by calling **800-842-2252**. Advisors can also help with decisions regarding Devereux's 403(b) Retirement Plan.

FINANCIAL, LEGAL & ESTATE GUIDANCE

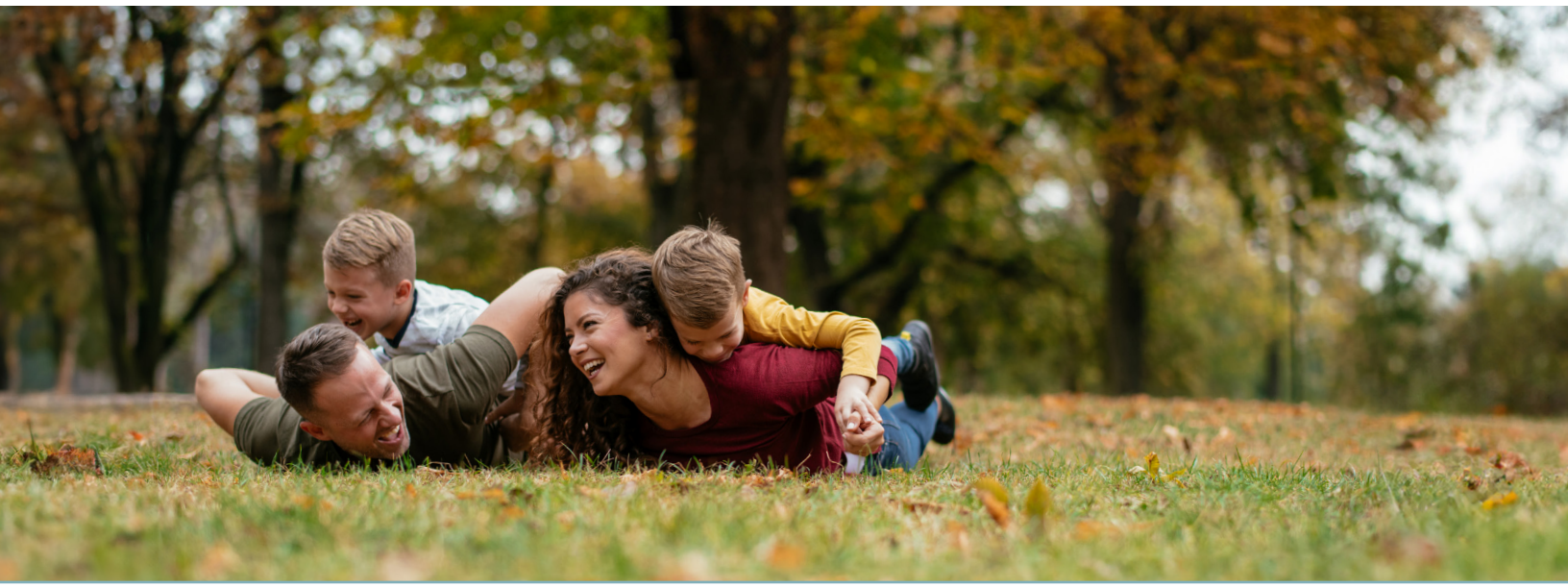
- Financial, Legal and Estate Guidance through NY Life at **www.guidanceresources.com** offers professional services that include unlimited financial support on issues like debt management, family budgeting, estate planning, law and tax consultations and much more.
- Services include help with medical evacuations, repatriation and lost fees due to travel changes or emergencies.
- When accessing services, use ID: **NYLGBS**

JANNEY MONTGOMERY SCOTT ADVISORS

- Janney Montgomery Scott, Devereux's Retirement Plan advisors are available to help with retirement and financial questions by calling **800-567-2687** or emailing **QKarpiak@janney.com**.

GUIDANCE RESOURCES

- Family Source and Guidance Resources through NY Life at **www.guidanceresources.com** are specialists that provide customized research, educational materials and prescreened referrals for childcare, adoption, eldercare, education and pet care.
- They can also assist with questions on home and auto insurance and general questions through "Ask the Expert", which provides personal responses to your questions.
- When accessing services, use ID: **NYLGBS**



LegalShield LEGAL BENEFIT

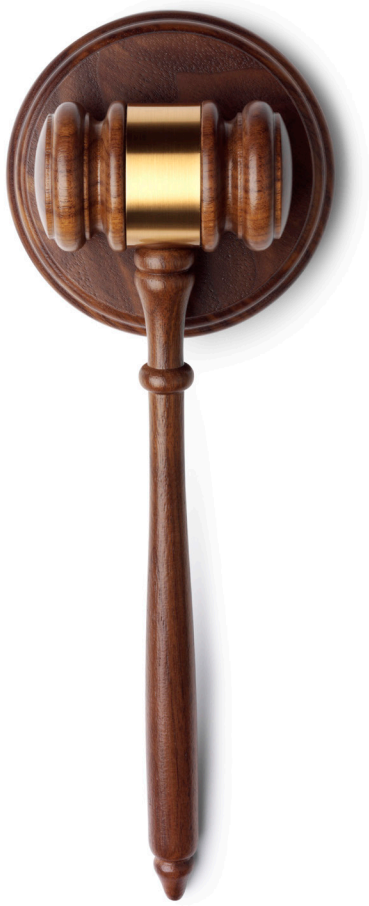
PROTECT YOURSELF AND FAMILY WITH LEGALSHIELD

The legal plan, administered by LegalShield, gives you direct access to a dedicated provider law firm for unlimited phone consultation on most personal legal issues including, but not limited to:

- **Estate planning:** standard wills, living wills, trusts, health and financial powers of attorney, advance directives, probate
- **Real estate:** sale or home purchase, mortgages, deeds, construction, foreclosures
- **Renter:** contract reviews, disputes with the landlord
- **Family law:** name change, divorce, separation, adoption (all uncontested)
- **Consumer protection:** billing disputes, tax audits, loan modifications, credit reports/repairs, etc.
- **Traffic:** Moving violations, speeding tickets, tragic accidents, property damage collection, and license restoration
- **Tax audit:** Receive consultation if audited by local, state, or federal government on your personal tax returns
- **Letters and phone calls on your behalf:** A phone call or letter on law firm letterhead can help quickly resolve disputes before they escalate. For example, faulty mechanic repair
- **Contract and document review:** Your provider law firm can review personal documents, for example, a home rental lease (up to 15 pages)
- **24/7 emergency access:** Live access to a provider lawyer for covered emergency services

In addition to unlimited phone consultation, your provider law firm will create a will, power of attorney, and living will on your behalf **and** provide legal representation for traffic violations, uncontested divorce, consumer protection, civil litigation, and tax **audits**. Representation on most other personal legal matters **receives** a 25% discount off the provider law firm's standard hourly rate.

For **$18.95** a month, LegalShield provides affordable protection for you, your spouse, and your children.



LegalShield ID THEFT

Is your identity protected? Every few seconds, someone has their identity stolen. Identity theft is a growing crime, and our identity theft protection benefit helps protect your identity.

IDSHIELD

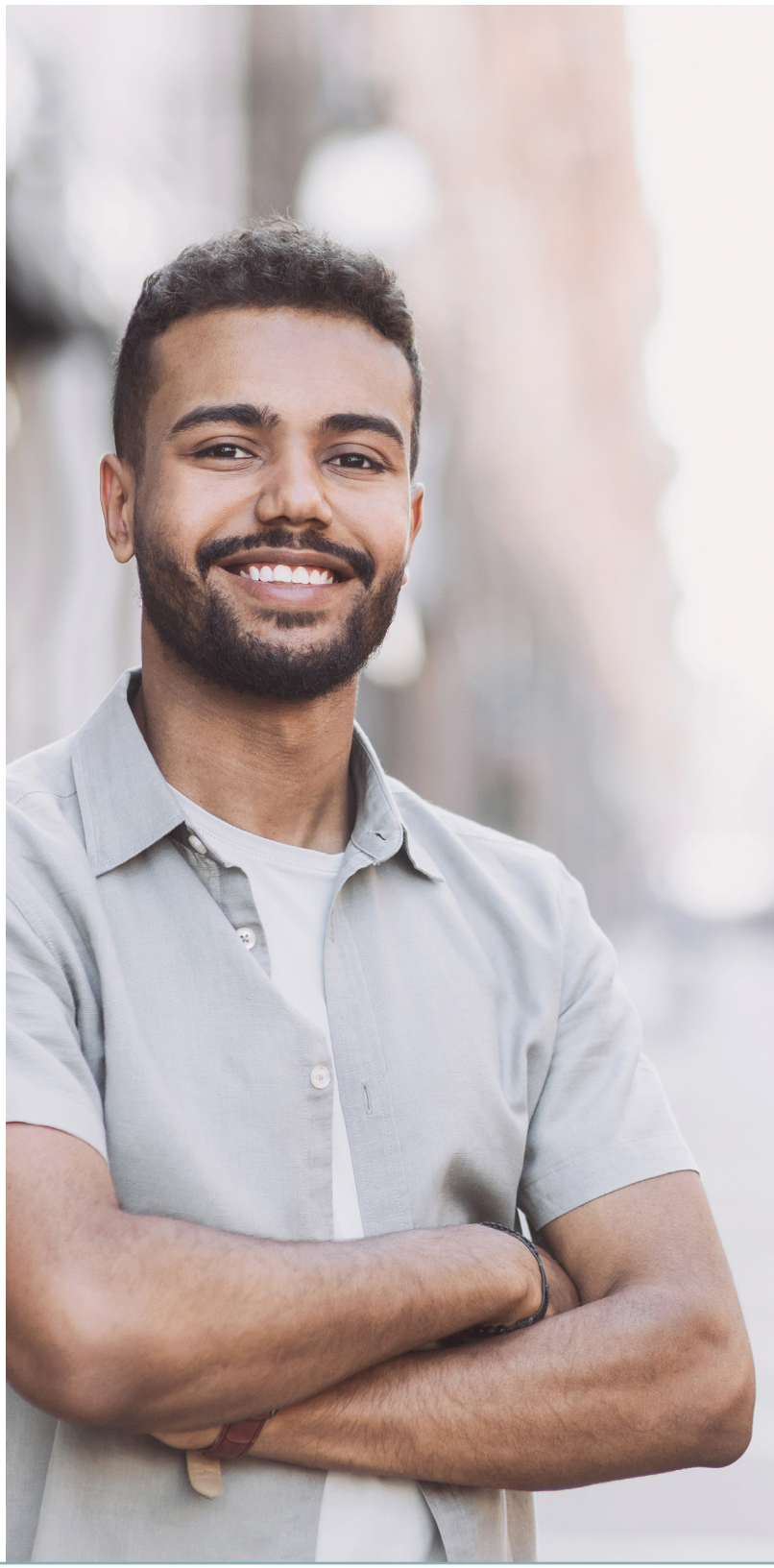
Plan benefits include:

- Identity Fraud Protection Plan of up to $3 million
- Financial account protection
- Identity and credit monitoring & threat alerts
- Child monitoring (Family Plan only)
- Full-service identity restoration by licensed private investigators
- Monthly credit score tracker
- Mobile app
- 24/7 emergency identity theft support

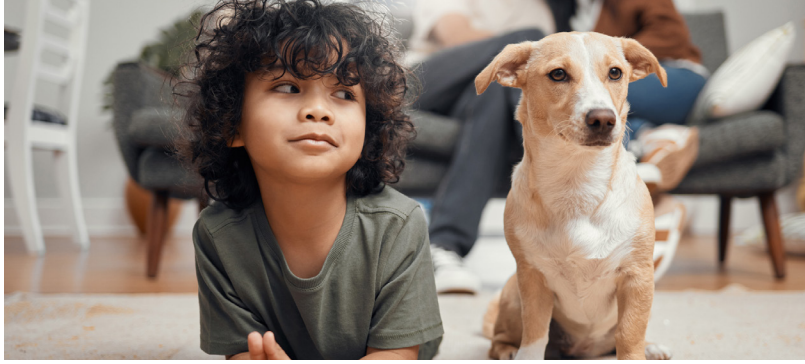
IDShield provides two options:

1. The Individual Plan is $8.95 a month.
2. Family Plan for $18.95 a month. This plan provides data monitoring for dependent children under the age of 18, plus consultation and full-service restoration to dependent, unmarried children 18-26.

If you enroll in both benefits, a reduced monthly rate is applied.



Pet Benefit Solutions
PET INSURANCE



Devereux is pleased to offer two plan options from Pet Benefit Solutions: the Total Pet Plan and Wishbone Pet Insurance.

PLAN 1: TOTAL PET PLAN

- Everyday savings on veterinary care, pet products and access to other benefits from PetPlus, Pet Assure, AskVet and The Pet Tag.
- No exclusions based on breed, age or pre-existing conditions. Coverage for all pets from cats and dogs to exotic animals and farm animals.
- Member only pricing (up to 40% discount) on brand name prescriptions, food, treats and toys.
- Free shipping on all orders from **petcarerx.com** and same day-pickup on human grade prescriptions at over 50,000 Caremark pharmacies.
- Instant 25% discount on in-house medical services at participating veterinarians which means no claim forms and not waiting for reimbursement.

HAVE QUESTIONS?

Contact Pet Benefit Solutions at **800-891-2565** or visit **www.petbenefits.com**.

PLAN 2: WISHBONE PET INSURANCE

Monthly, direct pay to Wishbone Insurance. Premium varies per policy because rates are based on the pet's breed, age and zip code. Get an individual quote at **www.petbenefits.com**.

- $250 Annual Deductible, 90% coverage and $25,000 annual limit.
- Provides 90% reimbursement on accidents and illness, including office visits and prescription medications. You can choose to add on routine care coverage. Everything your pet needs for one low price. Save 65% on retail rates.
- Accident and Illness Coverage – includes office visits, exam fees and take-home Rx.
- Easy claim submission (processed in 5 days) at **www.wishboneinsurance.com/devereux**.
- Coverage on hereditary & congenital conditions, but pre-existing conditions do apply.
- No waiting period for injuries and illnesses and 6 months for cruciate ligament events. Waiting period starts on the policy effective date.
- Choice of two add-on plans for routine veterinary care (full details at **www.petbenefits.com**). Services include spay/neuter, rabies vaccine, flea/tick/heartworm prevention, vaccination, wellness exam, heartworm test, blood fecal, parasite exam, microchip, urinalysis and deworming.

For Pet Insurance rates, please see 41 of this guide.

ASCEND Career Accelerator Program
CAREER DEVELOPMENT

This program is available to all Devereux employees.

DEVEREUX ASCEND CAREER ACCELERATOR PROGRAM

The Devereux ASCEND Career Accelerator program offers the following:

MULTI-TRACK CAREER ADVANCEMENT

Broad variety of enriching career tracks designed to expand and accelerate advanced opportunities in each role, at every level, including:

- **Clinical Track:** Clinician, RBT/BCBA
- **Operational Management Track:** Supervisor, Manager, Director
- **Medical Track:** Nurse, Psychiatrist
- **Education Track:** Teacher Assistant, Teacher, Principal
- **Direct Care Track:** DCP/DSP, Leads
- **Administration Track:** Administrative and Support Roles

FINANCIAL EDUCATION RESOURCES

Funding up to 100% of the costs of exam fees, training, tuition and study materials to support every career path and life-long service commitment. Devereux will also help you with the management of your student loan debt.

PERSONALIZED CAREER COACHING

Team of dedicated career coaches to help each person build a personalized career plan that best matches their skills, interests and opportunities at each stage of their career.

- Matched with a Career Coach within 30 days of hire
- Professional development guided by individualized goals
- Ongoing support to navigate through broad array of learning programs and education resource options
- Ongoing guidance to continually match Devereux opportunities to individual skills and interests
- Regular check-ins to gauge progress

MENTORING AND DEVELOPMENT

We will create development options with the focus on individual needs and equity in the organization. Learning opportunities will be led by our own subject matter experts to help each team member reach their full potential, including, Mentorship, Individualized Learning Journeys, Training and Certifications, In-house Learning Cohort, and more!

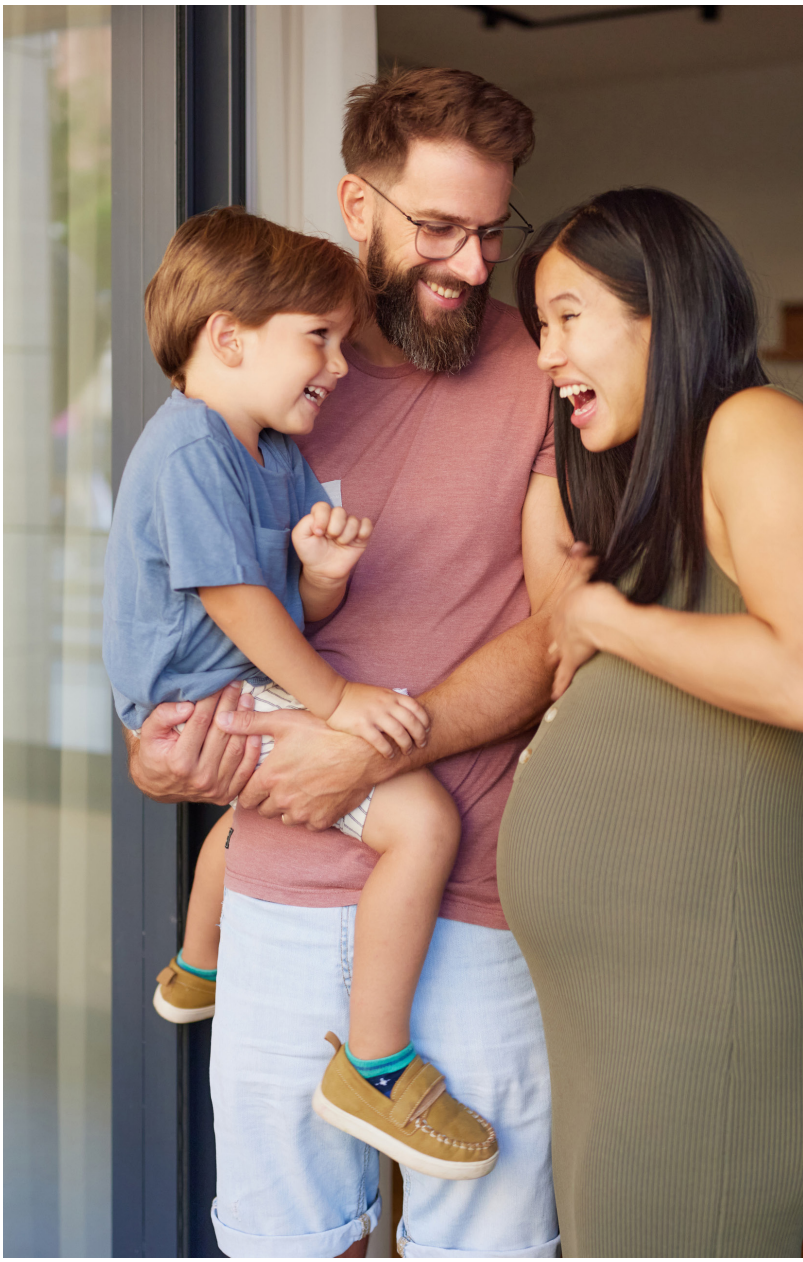
HAVE QUESTIONS?

Contact **DevereuxASCEND@Devereux.org**.

Carebridge & Devereux
WELLBEING RESOURCES

CAREBRIDGE EMPLOYEE ASSISTANCE PROGRAM (EAP)

- Carebridge can help with managing family and personal concerns including childcare, parenting, elder care, money management, education planning, time management, legal resources, relocation and more.
- Help is confidential and available 24/7/365 by calling **800-437-0911**, visiting **www.carebridgenow.com** or downloading the Carebridge EAP app.
- Five free, per topic, in-person or virtual counseling services. These can assist you and family members living in your household with emotional concerns such as grief, stress, relationship difficulties, depression, anxiety, substance abuse or other behavioral health challenges.
- Discounted shopping and other helpful resources
- When accessing services, use code **ADC53**.



RESILIENCY

Learn how to grow, thrive and flourish by taking care of yourself first, so you can take care of others. Fill your pitcher and build your bounce with videos, webinars, mindfulness activities and other resources hosted by Devereux's DCRC team. Visit **devereux.sharepoint.com/pages/devereuxstrong.aspx** to enhance your well-being and become **DevereuxStrong**.

Lilly Direct, GRAIL, & Utopia WellCare WELLBEING RESOURCES

LILLYDIRECT – OBESITY CARE

LillyDirect offers independent obesity care options with access to FDA-approved obesity medications, if clinically appropriate. Find local in-person obesity care using Lilly's independent physician search tool.

For those looking for more focused support, a telehealth program through Form Health is available and covered by most insurance plans*. Form provides personalized weight loss guidance based on nutrition, physical activity, and mindset by providers who specialize in obesity medicine. Prescription savings programs are also available to help those who qualify obtain the Lilly medications, like Zepbound, at a lower cost.

Visit **lillydirect.com/obesity** for more information.

*Member is responsible for any copay or deductible, similar to an office visit.

GRAIL – EARLY CANCER DETECTION

The Galleri test is a first-of-its-kind multi-cancer early detection test that screens for over 50 cancers with a simple blood draw. The test can detect a cancer signal in the blood and predict the tissue or organ associated with the cancer signal. Patients must be age 50 or older to be eligible. The cost is $1,000 and you may be able to use your flexible spending account (FSA) or health savings account (HSA) to pay for the test.

Galleri is available by prescription only and must be ordered by a healthcare provider. You can request the test through your healthcare provider or online through an independent telemedicine provider. The annual test should be used in addition to routine screening tests your healthcare provider recommends.

Visit **www.galleri.com** to learn more.

UTOPIA WELLCARE

What Utopia WellCare is all about – Utopia WellCare's goal is to help you develop a better overall relationship with your health via comprehensive Functional Nutrition services provided by Board Certified Registered Dietitians.

How it works – Utopia WellCare provides one on one virtual consultations with dietitians at no cost to you. Consultations are covered under preventive care through your insurance carrier and offers 6 FREE visits. Capturing your complete patient history and health status to leverage diet and nutrition counseling to assist with your overall health and wellbeing.

Not only can you take advantage of Utopia WellCare but your dependents can also schedule a visit with one of their Board Certified Registered Dietitians.

Treated Conditions:

- Mood Regulation
- Stress and Anxiety
- Body Composition
- Cardiovascular Issues
- Endocrine Imbalance
- Kidney Imbalances & Cancer
- Autoimmunity
- Allergies and Environmental exposures
- Gastro-Intestinal Disorders
- And More!

Goldfinch Health

NEW! SURGERY RECOVERY PROGRAM

GOLDFINCH HEALTH

Goldfinch Health is a service designed to support you through every step of your surgery experience. If you or a family member need surgery, Goldfinch Health provides access to nurse navigators who offer personalized guidance before, during, and after your procedure. Their team helps you understand your options, connects you with high-quality surgical facilities, and shares recovery strategies proven to reduce pain, speed healing, and minimize the need for opioids.

With Goldfinch Health, you can feel confident that you have expert support to help you recover safely and return to your daily life as quickly as possible. For more information, visit **www.goldfinchhealth.com**.

Benefits MAC
MEMBER ADVOCACY

NEED HELP RESOLVING A BENEFITS ISSUE?

The Benefits Member Advocacy Center (MAC), provided by Conner Strong & Buckelew, allows you to speak to a specially trained Member Advocate who can help you get the most out of your benefits.

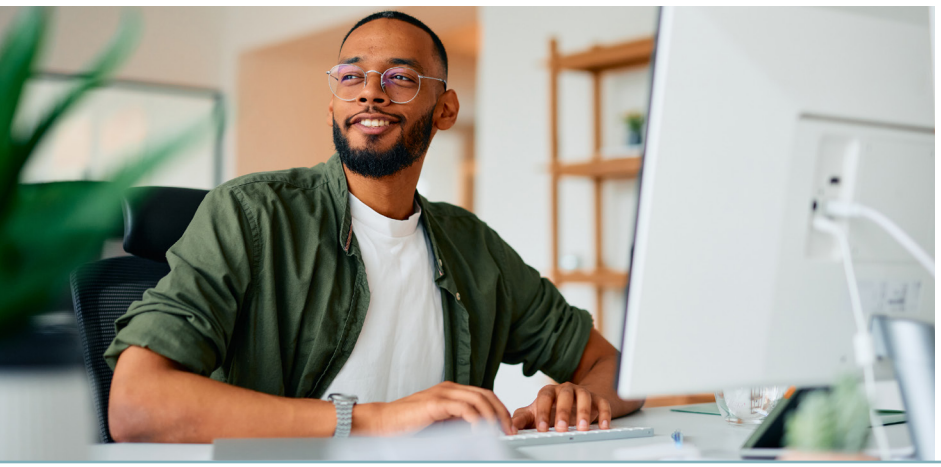
You can contact the Benefits MAC for assistance if you:

- Believe your claim was not paid properly
- Need clarification on information from the insurance company
- Have a question regarding a medical bill
- Are unclear on how your benefits work
- Need information about adding or removing a dependent
- Need help resolving a benefits problem

You can contact the Benefits MAC via:

- Phone: **800-563-9929***
- Web: **www.connerstrong.com/memberadvocacy**
- E-mail: **cssteam@connerstrong.com**

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



Brush up on your benefits knowledge with these key healthcare definitions!

Copay/Copayment
A fixed dollar amount that you usually pay when you receive services (e.g., office visits, prescriptions, emergency room usage, hospital admissions).

Coinsurance
The percentage of eligible medical or prescription expenses after the deductible amount that you pay.

Deductible
A flat amount you must pay before the plan begins to pay for covered services you use. Review your plan details; you may not have to meet your deductible for specific services before the plan will pay.

Out-of-Pocket Limit (OOP)
The most you could pay during the calendar year for your share of covered services. You have a different OOP for your medical and prescription expenses for Tiered Medical Plans. Your share includes your copays, coinsurance and deductibles. At times, you may see OOP referred to as out-of-pocket maximum, or abbreviated as OOM.

Health Savings Account (HSA)
An account that holds tax-free income in reserve for health-related expenses. HSAs can be funded only when you are enrolled in the High Deductible Health Plan. Contributions are withheld from income before taxes and are not subject to taxes when used for qualifying medical expenses.

Flexible Spending Account (FSA)
A healthcare or dependent care FSA allows you to save tax-free for health or dependent care expenses. This account must be elected each year.

BenePortal
ONLINE BENEFITS RESOURCE

YOUR BENEFITS INFORMATION — ALL IN ONE PLACE!

At Devereux, employees have access to a full range of valuable employee benefit programs. With BenePortal, you and your dependents can review your current employee benefit plan options online, 24/7!

Use BenePortal to access benefit plan documents, insurance carrier contacts, forms, guides, links and other applicable benefit materials. BenePortal is mobile-optimized, making it easy to view your benefits on-the-go. Simply bookmark the site in your phone's browser or save it to your home screen for quick access.

BenePortal features include:

- Oracle Self-Service Information
- Plan summaries
- Wellness resources
- Carrier contacts
- Downloadable forms
- And more!

Simply go to **www.mydevereuxbenefits.org** to access your benefits information today!

Conner Strong & Buckelew

VALUE-ADDED SERVICES

BENEFITPERKS

With CSB Benefit Perks, members gain access to premium discounts on valuable services and items. CSB Benefit Perks is a discount and rewards program provided by Conner Strong & Buckelew (CSB) that is available to all employees at no additional cost.

The program allows employees to receive discounts and cash back for hand-selected shopping online at major retailers. Use the Benefit Perks website to browse through categories such as:

- Automotive
- Beauty
- Computer & Electronics
- Gifts & Flowers
- Health & Wellness
- And much more!

Employees can also print coupons to present at local retailers and merchants for in-person savings, including movie theatres and other services.

Start saving today by registering online at **connerstrong.corestream.com**.

HEALTHYLEARN

This resource covers over a thousand health and wellness topics in a simple, straight-forward manner. The HealthyLearn On-Demand Library features all the health information you need to be well and stay well.

Learn more at:
www.healthylearn.com/connerstrong

HUSK WELLNESS DISCOUNT PROGRAM

Achieving optimal health and wellness doesn't have to be complicated or expensive. Access exclusive best-in-class pricing with some of the biggest brands in fitness, nutrition, and wellness with HUSK Marketplace (formerly GlobalFit).

Not a traditional gym goer?
Take advantage of all the benefits of group exercise classes in the comfort of your own home. HUSK's streaming membership options will take your wellness and workouts to the next level.

Home Equipment and Tech
Whatever your fitness level is, HUSK has exclusive equipment and wearable technology to help support you on your wellness journey. Whether you want to monitor an everyday activity or start a new fitness routine, find the best products and deals here.

Learn more by visiting
marketplace.huskwellness.com/connerstrong

GOODRX

Use Good Rx to compare drug prices at local and mail-order pharmacies and discover free coupons and savings tips. Find huge savings on drugs not covered by your insurance plan – you may even find savings versus your typical co-payment!

Start saving on your prescriptions today at **connerstrong.goodrx.com**.

Benefits

CONTACTS & RESOURCES

BENEFITS/RESOURCES	PROVIDER NAME	PHONE NUMBER	WEBSITE
MEDICAL	Independence Blue Cross (IBX)	877.393.6740	www.ibx.com
PRESCRIPTION DRUG	Independence Blue Cross (IBX)	888.678.7012	www.ibx.com
DENTAL	Cigna	800.564.7642	www.mycigna.com
TELEMEDICINE	Teladoc	1.800.835.2362	www.teladochealth.com
HEALTH SAVINGS ACCOUNT (HSA)	Optum Bank	866.234.8913	www.optumbank.com
FLEXIBLE SPENDING ACCOUNTS (FSA)	Employee Benefits Corporation	800.346.2126	www.ebcflex.com
LIFE/AD&D, DISABILITY, ACCIDENTAL INJURY, HOSPITAL CARE & CRITICAL ILLNESS	New York Life	800.238.2125	www.mynylgbs.com
RETIREMENT BENEFITS	TIAA	800.842.2252	www.tiaa.org/devereux
PET BENEFITS	Pet Benefit Solutions	800.891.2565	www.petbenefits.com
LEGAL ASSISTANCE/ID THEFT	LegalShield & ID Shield	LegalShield: 800.654.7757 IDShield: 888.494.8519	https://login.legalshield.com
EMPLOYEE ASSISTANCE PROGRAM	Carebridge	800-437-0911	www.carebridgenow.com
VOLUNTARY VISION	EyeMed through Cigna	888.353.2653	www.mycigna.com

Explanation of Accruals
HML AND TOB

The table below illustrates the accrual schedule for Health Management Leave (HML) and Time-off Benefit (TOB).

Note: HML and TOB benefits are available to scheduled full-time employees.

YEARS OF SERVICE	ACCRUAL FACTOR	ANNUAL ACCRUAL MAXIMUM	EARNED ON 80 HOURS WORKED
HEALTH MANAGEMENT LEAVE			
DATE OF HIRE	.0500	64 Hours	4.00 Hours
TIME OFF BENEFIT: VP, ED, OOP			
< 1 YEAR	2.6 days per month	Determined by # of months	N/A
1 YEAR – 19 YEARS	31 days	Front loaded 7/1 of each year	N/A
20+ YEARS	36 days	Front loaded 7/1 of each year	N/A
TIME OFF BENEFIT			
DAY 1 – 2 YEARS	.0923	192	7.38 Hours
3 YEARS – 4 YEARS	.0962	200	7.70 Hours
5 YEARS – 9 YEARS	.1000	208	8.00 Hours
10 YEARS – 14 YEARS	.1192	248	9.54 Hours
15+ YEARS	.1385	288	11.08 Hours
TIME OFF BENEFITS AND HML: EDUCATION / SCHOOL-BASED PROGRAMS			
Time Off Benefits (TOB and Health Medical Leave (HML) for Education and School-based programs vary based on program and location. Please check with People Operations or your supervisor for details.			

Voluntary Benefits Rates & Additional Plan Details

BI-WEEKLY SUPPLEMENTAL LIFE RATES		
AGE	**EMPLOYEE RATE**	**SPOUSE/DOMESTIC PARTNER RATE**
0-19	$0.031	$0.029
20-24	$0.031	$0.029
25-29	$0.031	$0.046
30-34	$0.038	$0.060
35-39	$0.046	$0.074
40-44	$0.065	$0.103
45-49	$0.096	$0.166
50-54	$0.153	$0.262
55-59	$0.243	$0.427
60-64	$0.343	$0.540
65-69	$0.610	$0.785
70-74	$0.989	$1.558
75-79	$0.989	$1.558
80-84	$0.989	$1.558
85-89	$0.989	$1.558
90-94	$0.989	$1.558
95-99	$0.989	$1.558
CHILD RATE PER $1,000		
Up to age 26	$0.065	

HOW TO CALCULATE YOUR SEMI-MONTHLY COST:

- Use the chart to find your Semi-Monthly rate based on your age as of your effective date.
- Multiply this rate by your desired coverage amount, in units. Reference the table above to find the appropriate unit amounts for employee and/or dependents.
- The result is the Semi-Monthly cost.

NYL SUPPLEMENTAL ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) RATES

MONTHLY SUPPLEMENTAL AD&D RATES		
COVERAGE AMOUNT	**EMPLOYEE RATE**	**EMPLOYEE + FAMILY RATE**
$10,000	$0.032	$0.030
$20,000	$0.032	$0.030
$30,000	$0.032	$0.048
$40,000	$0.040	$0.062
$50,000	$0.048	$0.078
$60,000	$0.068	$0.108
$70,000	$0.100	$0.172
$80,000	$0.160	$0.272
$90,000	$0.254	$0.445
$100,000	$0.357	$0.562

ADDITIONAL SUPPLEMENTAL AD&D AMOUNTS AVAILABLE UP TO $500,000

To determine the cost for the amount you desire:

- Amount of Insurance coverage multiplied by Cost divided by 10,000
- Example for $300,000 benefit:
  - **Employee Only:** ($300,000 x $0.18 / 10,000 = $5.40);
  - **Family:** ($300,000 x $0.26 / 10,000 = $7.80)

Voluntary Benefits Rates & Additional Plan Details

NYL SUPPLEMENTAL SHORT-TERM DISABILITY (STD) RATES

BI-WEEKLY SUPPLEMENTAL STD RATES		
AGE	**14-DAY ELIMINATION PERIOD**	**28-DAY ELIMINATION PERIOD**
< 25	$0.94	$0.47
25–29	$1.14	$0.55
30–34	$1.35	$0.65
35–39	$1.02	$0.45
40–44	$0.66	$0.30
45–49	$0.70	$0.34
50–54	$0.85	$0.43
55–59	$0.96	$0.45
60–64	$1.12	$0.54
65+	$1.18	$0.54

CALCULATING YOUR STD PAYROLL DEDUCTION:

To calculate the bi-weekly payroll deduction for voluntary Short-term Disability coverage, use the indicated rate for your age and the formula below:

1. Enter your annual pre-disability earnings, not to exceed $130,000, divided by 52 weeks, and multiply by benefit of 60 percent and enter on Line 1	1. _____
2. Select your rate from the rate table and enter on Line 2	2. _____
3. Multiply Line 1 by the amount shown on Line 2 and enter on Line 3	3. _____
4. Divide Line 3 by $10 and enter on Line 4	4. _____
5. Multiply Line 4 by 12 months and enter on Line 5	5. _____
6. Divide Line 5 by 26 pays and enter on Line 6	6. _____

The amount shown on Line 6 is your estimated bi-weekly payroll deduction for this benefit; premiums will be deducted directly from your paycheck.

NYL SUPPLEMENTAL HOSPITAL INDEMNITY INSURANCE PLAN DETAILS

BENEFIT DETAILS	BENEFIT AMOUNT
HOSPITAL ADMISSION*	$1,000 per day
HOSPITAL CHRONIC CONDITION ADMISSION*	$50 per day
HOSPITAL STAY*	$100 per day
HOSPITAL INTENSIVE CARE UNIT STAY*	$200 per day
HOSPITAL OBSERVATION STAY 24-hour elimination period. Limited to 72 hours.	$100 per day

* No elimination period. Limited to 1 day, 1 beenfit(s) every 90 days.

Note: Inpatient stay required to receive benefits.

NYL SUPPLEMENTAL HOSPITAL INDEMNITY PER-PAY RATES

TIER	RATE PER PAY
EMPLOYEE ONLY	$6.72
EMPLOYEE + SPOUSE/DOMESTIC PARTNER	$13.10
EMPLOYEE + CHILD(REN)	$11.49
FAMILY	$17.72

Voluntary Benefits Rates & Additional Plan Details

VOLUNTARY VISION PER-PAY CONTRIBUTIONS

TEIR	RATE PER PAY
SINGLE	$4.08
2-PERSON (EMPLOYEE/CHILD)	$8.17
2-PERSON (EMPLOYEE CHILD/DEPENDENT)	$8.25
FAMILY / 2 EMPLOYED	$13.17

NYL VOLUNTARY CRITICAL ILLNESS RATES PER $10,000 OF COVERAGE

AGE	EE	EE + SPOUSE	EE + CHILDREN	FAMILY
< 25	$1.60	$2.53	$2.07	$3.00
25-29	$1.81	$2.83	$2.28	$3.30
30-34	$2.15	$3.33	$2.62	$3.79
35-39	$3.00	$4.55	$3.47	$5.01
40-44	$3.84	$5.89	$4.31	$6.36
45-49	$5.26	$8.15	$5.73	$8.62
50-54	$6.92	$10.83	$7.38	$11.30
55-59	$9.40	$15.09	$9.86	$15.56
60-64	$11.73	$19.07	$12.20	$19.54
65-69	$15.70	$25.08	$16.17	$25.55
70-74	$20.76	$32.82	$21.22	$33.29
75-79	$27.01	$42.70	$27.48	$43.17
80-84	$31.59	$50.35	$32.06	$50.82
85-89	$42.72	$66.77	$43.19	$67.23
90-94	$42.72	$66.77	$43.19	$67.23
95+	$42.72	$66.77	$43.19	$67.23

NYL VOLUNTARY ACCIDENTAL INJURY INSURANCE PER-PAY RATES

TIER	RATE PER PAY
EMPLOYEE ONLY	$3.58
EMPLOYEE + SPOUSE/DOMESTIC PARTNER	$5.90
EMPLOYEE + CHILD(REN)	$7.62
FAMILY	$9.82

TOTAL PET PLAN

TIER	RATE PER PAY
SINGLE PET	$5.43
FAMILY PLAN	$8.54

WISHBONE PET INSURANCE

Premium varies per policy; get an individual quote at **www.petbenefits.com**.

LEGALSHIELD LEGAL BENEFIT RATES*

TIER	RATE PER PAY
SINGLE/FAMILY COVERAGE	$8.75

ID THEFT RATES*

TIER	RATE PER PAY
SINGLE PET	$4.13
FAMILY PLAN	$8.75

* If you want both LegalShield and IDShield coverage, single coverage is $12.88 bi-weekly and family coverage is $15.65 bi-weekly.

Legal Notices & Disclosures

AVAILABILITY OF SUMMARY HEALTH INFORMATION

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

Contact People Operations for a copy of your SBC.

OPEN ENROLLMENT MATERIALS AS AN SMM

This open enrollment communication addresses information on changes coming for the new year, and as such this communication constitutes a "Summary of Material Modification" or SMM to the Summary Plan Description (SPD) for the Plan, thereby modifying the information previously presented in the SPD with respect to the Plan. Please keep a copy of this SMM with the SPD previously provided to you.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT NOTICE

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).

In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

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

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact People Operations.

SPECIAL ENROLLMENT NOTICE

Loss of other coverage (excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage (including COBRA coverage) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days or any longer period that applies under the plan after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment. When the loss of other coverage is COBRA coverage, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the Plan. Generally, exhaustion means that COBRA coverage ends for a reason other than the failure to pay COBRA premiums or for cause (that is, submission of a fraudulent claim). This means that the entire 18-, 29-, or 36-month COBRA period usually must be completed in order to trigger a special enrollment for loss of other coverage.

Loss of eligibility for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program (CHIP) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or CHIP. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

New dependent by marriage, birth, adoption, or placement for adoption. 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 new dependents. However, you must request enrollment within 30 days or any longer period that applies under the plan after the marriage, birth, adoption, or placement for adoption. If you request a change within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For a new dependent as a result of marriage, coverage will be effective the first of the month following your request for enrollment.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

To request special enrollment or obtain more information, contact People Operations.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of March 17, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: http://myalhipp.com/
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx

Legal Notices & Disclosures

ARKANSAS – Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+: https://hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/
flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1
GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: 678-564-1162, Press 2

INDIANA – Medicaid
Health Insurance Premium Payment Program
All other Medicaid
Website: https://www.in.gov/medicaid/
http://www.in.gov/fssa/dfr/
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website:
https://hhs.iowa.gov/programs/welcome-iowa-medicaid
Medicaid Phone: 1-800-338-8366
Hawki Website:
https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki
Hawki Phone: 1-800-257-8563
HIPP Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid
Website:
https://mn.gov/dhs/health-care-coverage/
Phone: 1-800-657-3672

MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: https://www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
Phone: 1-800-692-7462
CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

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TEXAS – Medicaid
Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: https://medicaid.utah.gov/expansion/
Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/
CHIP Website: https://chip.utah.gov/

VERMONT– Medicaid
Website: https://dvha.vermont.gov/members/medicaid/hipp-program
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select and https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid/CHIP Phone: 1-800-432-5924

WISCONSIN – Medicaid and CHIP
Website:
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since March 17, 2026, or for more information on special enrollment rights, contact either:

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

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

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PART A: GENERAL INFORMATION

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employmentbased health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the insurance carrier's customer service number located on your ID card. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area. To get information about the Marketplace coverage, you can call the government's 24/7 Help-Line at 1-800-318-2596 or go to https://www.healthcare.gov/marketplace/individual/.

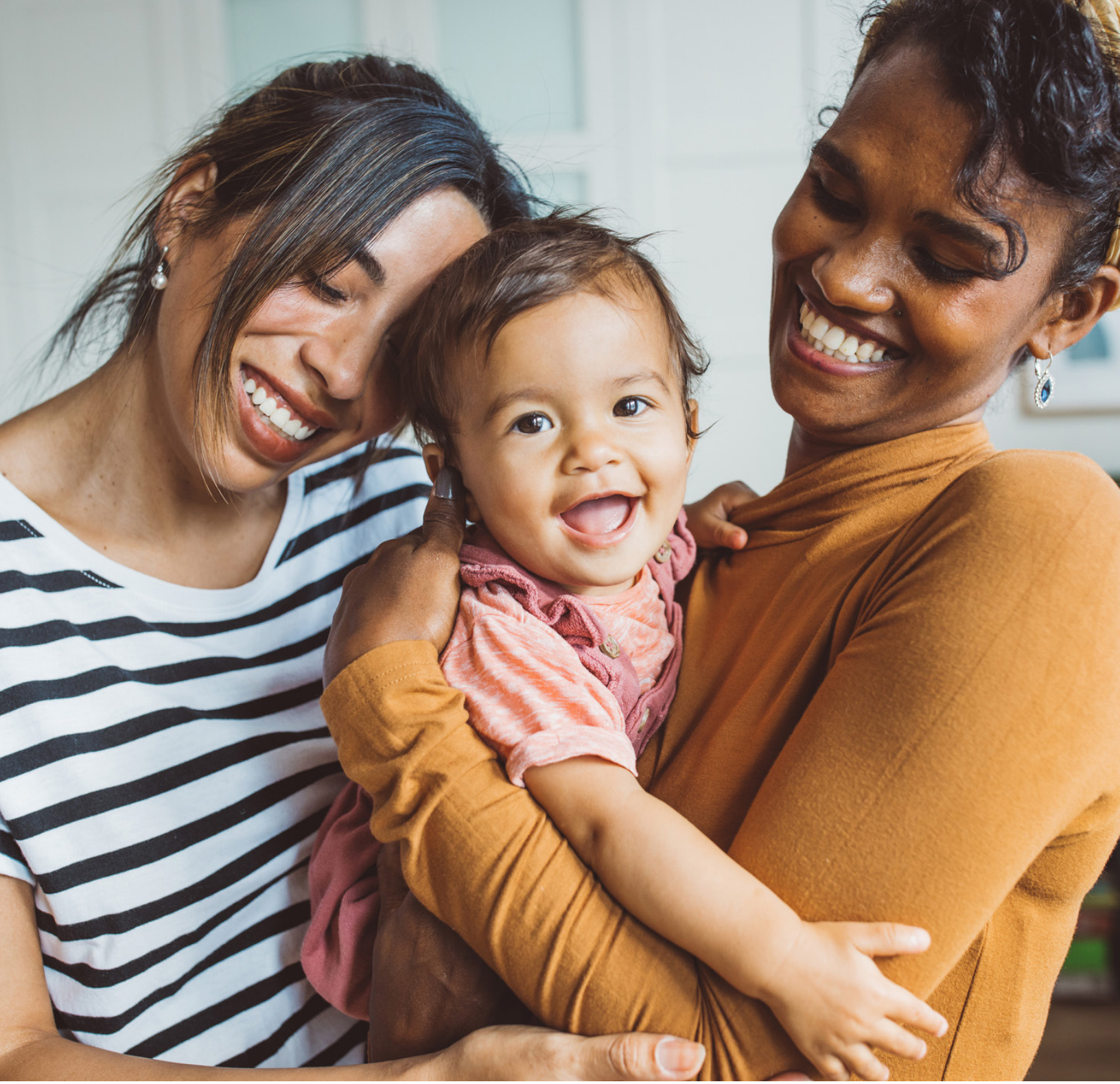
PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

[1] *An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.*

3. Employer Name The Devereux Foundation	4. Employer Identification Number 23-1390618	
5. Employer Address 444 Devereux Drive	6. Employer phone number 610-520-3000	
7. City Villanova	8. State PA	9. Zip Code 19085
10. Who can we contact about Teammate health coverage at this job? People Operations	11. Phone number (if different from above)	12. Email address adelcarl@devereux.org

Notes



Devereux

This benefit guide provides selected highlights of the employee benefits program at Devereux. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at Devereux. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Devereux reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.