

Benefits Guide
2025-2026

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OVERVIEW

When it comes to health insurance, Graham Windham continues to offer you choices in a broad range of benefit areas, including health care, life insurance, disability insurance, dependent care and much more. This guide is designed to help you understand your benefit enrollment options for the 2025/2026 policy year. Included are summaries of your plan choices, such as medical, dental, vision, life insurance, accidental death & dismemberment and retirement options.
We encourage you to use this guide as a reference throughout the year. If you have questions, please contact Mildred Powers in our Human Resources Department.

Important Note: The purpose of this guide is to summarize our benefit programs and provide required notifications. Your specific rights to benefits under the Plans are governed solely, and in every aspect by the official Plan Documents and insurance contracts and not by this guide. If there is any discrepancy between the description in this guide and the official Plan Documents, the language of the official Plan Documents shall take precedent.



Core Benefits	
Medical: ICHRA	• As a Graham Windham employe you have the ability to purchase medical coverage through an ICHRA
Dental: United Heathcare	• DMO • PPO
Vision: United Healthcare	• PPO
Disability: Prudential	• Voluntary STD • Voluntary LTD
Basic Life Insurance: Prudential	• Voluntary Life Insurance • Accidental Death and Dismemberment
Flexible Spending Account: Benefits Resources, Inc.	• Dependent Care FSA
Commuter Benefit Plan: Benefits Resources, Inc.	• Transit • Parking
Employee Assistance Program:	• ComPsych
Retirement Plans:	• Mutual of America

IMPORTANT REMINDERS

Before Enrollment:

Before enrollment begins, take the time to educate yourself on the benefit options that are available to you. Review this Guide carefully as you consider your plan choices.

If you are electing to cover your dependents on medical, dental or vision benefits, proof of dependent eligibility is required. If you are enrolling dependent children, a copy of their Birth Certificate is required. To enroll your lawful spouse, a copy of your Marriage Certificate is required. These documents must accompany your enrollment forms or your dependents will not be enrolled.

During Enrollment:

You will be required to make your elections during the Benefits Orientation within the first 21 days of employment. If you do not make elections, then you may not be able to get coverage until the next open enrollment period.

After Enrollment:

Medical coverage: Medical benefits will be effective the first of the month after your 60th day of employment. If you elect coverage, you will receive an ID card in the mail that you should use for all medical and prescription services. New ID cards will only be sent when an employee first elects coverage or makes changes to their current election.

Your ID card contains important information about you, and the benefits to which you are entitled. Always remember to carry your ID card with you, present it when receiving health care services or supplies, and make sure your provider always has an updated copy of your ID card.

Dental coverage: If you elect coverage, on or after your 90th day of employment, you can obtain an ID card by logging into myuhc.com.

Vision coverage: If you elect coverage, on or after your 90th day of employment, you can obtain an ID card by logging on to www.myuhcvision.com.

Note: New hires are not required to provide proof of health status to enroll in any benefits.

General:

The medical benefits run from January 1 to December 31st.

All other benefits run from: October 1-September 30

Our plans are administered on a pre-tax basis. Deductions for these plans are taken before taxes and are therefore reducing your taxable income (and saving money on taxes for that amount). Per IRS regulation, you are only able to make future changes to your elections during Open Enrollment or if you have a qualifying life event. (Please see definition of Qualifying Life Events on page 5.) Please choose your benefit elections carefully.

Note: New hires are not required to provide proof of health status to enroll in voluntary life or disability benefits. Existing employees who choose to elect or add addition coverage will be required to complete a health questionnaire (evidence of insurability).

ELIGIBILITY AND ENROLLMENT



All Full/Part time employees scheduled to work 21 hours or more, per week, are eligible for the Health and Welfare benefits offered by Graham Windham. Eligibility is extended to the qualified dependents of our eligible employees.

Dependents include the following:

- Any lawful spouse
- Your biological, adopted, step or foster children who has not reached the age of 26
  - Dependent children coverage ends either at the end of the month that they turn 26, or through the end of the year at which point the dependents would be removed upon renewal. Employees will need to confirm the rules with their specific carrier.
  - Dependent children will be covered until the end of the month in which they turn 26 under the UHC Dental and Vision plans.

- Dependent students can elect either COBRA or Young Adult Coverage over the age of 26. Both options allow for an additional 36 months of coverage.
- Dependents who are over age 27, primarily supported by and incapable of self-sustaining employment by reason of mental or physical handicap.

Changing benefit elections:

As previously mentioned, you are allowed to make changes to your medical, dental, and vision plan choices during the annual open enrollment period. After the open enrollment period ends, you will not be allowed to make changes to your elections unless you experience a qualifying event.

Some qualifying events include:

Life Events
Change in marital status (marriage, death of spouse, legal separation)
Change in number of dependents (birth, death, adoption, eligibility status, child support order)
Change in employment status for you or your spouse (new employment, termination, leave of absence, full-time to part-time or vice versa)
Special enrollment rights under HIPAA
Medicare coverage

Medical Benefits

ICHRA MEDICAL PLANS

The company ***Graham Windham*** will continue to contribute to your own individual health insurance. Every month, we will contribute a specified dollar amount toward your insurance premiums. All of this will be through a health reimbursement arrangement (HRA), and we've partnered with a company called zizzl Health who will help us administer the ICHRA plan. You will receive an email from their platform that invites you to log in and begin the process of shopping and enrolling in an individual health plan. An Individual Coverage Health Reimbursement Arrangement (ICHRA) is a type of account-based healthcare plan that allows employers to fund a portion of the individual health insurance premiums for employees. An employer establishes a contribution amount for benefits and then employees choose a health plan. If the plan chosen is higher than the contribution amount from your company, the employee pays for the additional cost of premiums out of their paycheck on a pre-tax basis. If your selected plan is less than the assigned contribution amount, you will have access to leftover funds which can be used towards any qualified medical expenses.
For Medicare Eligible Employees and/or dependents aged 65 and over, employer funds can be used to pay for Medicare and Medicare Supplement Plans.

How To Enroll

- To enroll in the program, you are required to go through the zizzl online process. If you choose not to participate in the program, we ask that you login to your zizzl portal and indicate you are waiving coverage. The steps to complete the process are as follows:
- Click the Log In button in your registration email and follow the enrollment steps.
- We have designed our shopping experience to be user-friendly but if you need help, you can schedule a call with a team member. Select CONTACT US in your ICHRA portal to reach out to us.
- After you log in to your portal, select START ENROLLMENT on your dashboard.
- You'll be prompted to update your date of birth. Your age and zip code will determine your contribution amount.
- You'll then fill out some personal information including address and dependent info.
- Let's shop! You can sort by premium, search for doctors and prescriptions, and compare plans side-by-side to find the one that's best for you and your family. If you are feeling overwhelmed, please reach out to a zizzl health team member. They are here to help.
- Once you've settled on a plan, you're ready to enroll! Click "Choose Plan" and complete the enrollment process. Make sure to complete a final review and submit your enrollment application.
- If additional steps need to be taken by you after open enrollment, you will see the next steps populate in your portal. Follow-up outreach will be shared by the agent of record or the carrier after open enrollment ends.
- Once your application is approved, you can expect your insurance card in the mail within 7-10 business days of your coverage start date!

AGE 65 OR OVER?

Please review the Medicare enrollment guide that is posted to your ICHRA library to ensure you complete all necessary steps to secure Part A & B or any additional supplemental Medicare coverage.

- Part A: Covers hospital stays and inpatient care. Part B: Covers doctor visits and outpatient care.
- If you haven't enrolled, visit https://www.ssa.gov/medicare/sign-up and follow the instructions in the Medicare Guide.
- You can also complete this in person by visiting your local Social Security office (bring your driver's license).
- Enroll promptly; approval typically takes 6–8 weeks.
- Once enrolled in Original Medicare, you can choose to enroll in Medicare Supplemental Coverage for extra protection.
    - Option 1- Medigap Insurance: Helps pay out-of-pocket costs not covered by Original Medicare. You can add Part D for prescription drug coverage.
    - Option 2 - Medicare Advantage Plan (Part C): Combines Part A and Part B coverage and often includes Part D for prescription drugs.
- Set up monthly reimbursements through the ICHRA zizzl Health portal.

COVERAGE BEGINS

You can enroll in benefits during these times:

- **New Hires or Newly Eligible Employees**
  - To avoid delays, complete enrollment within 21 days of your hire date.
  - Coverage begins on the first of the next available month after you satisfy your new hire waiting period of 60 days of employment
- **Enrollment Changes**
  - Make changes within 30 days of a qualifying life event (such as marriage, address changes, or loss of coverage elsewhere). Enrollment changes take effect on the first day of the next available month.. It is recommended to make changes as soon as possible.
  - Newborns should be added within 30 days of the birth, and the coverage start date will be the date of birth of the newborn.
  - For more information on qualifying life events, visit https://mybenefits.nfp.com/Life-Events/

HOW TO ENROLL:

- **Health Insurance (ICHRA Plan):**
  Visit https://grahamwindham.zizzlhealth.com to choose your health plan. Contact the support team if you need help selecting coverage.

WHO IS ELIGIBLE

Before choosing your benefits, it's important to know who qualifies.

Employees

- You are eligible as a full-time or part-time employee as defined by the Plan Sponsor.
- Additional eligibility details are outlined in the Plan Documents' "Eligibility" section. You can locate the Plan Document in your zizzl Health Library.

Dependents

- Spouse: Your legal spouse
- Children:
  - Under age 26, including:
    - Biological child
    - Adopted child or child placed for adoption
    - Stepchild
    - Child under legal guardianship
  - Any age if they are legally dependent on you due to a physical or mental disability (supporting documentation may be required).

Your To-Do List

PREPARE

Educate Yourself to Make the Best Decision

Before enrolling, take these steps to make informed decisions:

- **Review last year's health care costs:** Look at what you spent on premiums, doctor visits, prescriptions, and other services. This helps you estimate what you might need for the upcoming year.
- **Explore your benefit options:** Read this guide and review any supporting materials in your ICHRA portal to understand what plans and resources are available.
- **Decide on the following:**
  - **Coverage:** Who will you cover this year? Will you include dependents? If you're enrolling under a spouse's plan, you will need to opt out of your employer's coverage.
  - **Usage & Costs:** How often do you expect to use your plan? Decide whether you prefer lower monthly premiums with higher out-of-pocket costs or higher premiums with lower costs when you receive care.
  - **In-Network Providers:** Which providers do you want to keep?

ENROLL

Enroll in Your Benefits

New Hires: Complete within 21 days following your date of hire in the system. Note that your coverage will start for the first of the month following your new hire waiting period of 60 days.

Steps to verify:

- Make sure you have your (and your qualified dependents') birth date(s), address(es) and social security number(s) on hand.
- Go to Graham Windham and log in to your ICHRA portal.
- Complete your profile and add your dependents
- Look at your plan options.
- Use the provider search tool to verify if your providers are in-network.
- Health Savings Account (HSA): If you want to save pre-tax dollars for medical expenses, choose an HSA-compatible plan. HSAs can help reduce taxable income and cover qualified expenses. You can set up an HSA account to fund it on a pre-tax basis.
- Verify that your mailing address, dependent information, and elections is all correct before final submission.

LAUNCH

Remember these Last Steps AFTER Enrollment is Complete

- If your plan was marked as a moderate enrolment-effort plan, make sure you complete any additional steps such as setting up recurring payments or signing off on required carrier documents.
- You can make changes to your coverage election only during your enrollment period.
- Make sure you act during your enrollment period and verify you have chosen appropriately as you will not be able to make changes until next year's Open Enrollment or unless you experience a qualifying event.
- Premiums will be paid from your ICHRA bank account unless you are Medicare eligible. Make sure to verify recurring payments are setup from your ICHRA bank account.

Action Required: Open Enrollment
All employees must make an election during open enrollment. Under the ICHRA, elections must be actively renewed in the ICHRA portal each year.

COBRA + ICHRA

HOW IT WORKS

- COBRA applies to your contribution dollars, not your individual health plan.
- If you would like to keep your individual plan, you can keep it by changing the payment method on your policy and paying the premium directly to the insurance carrier from your credit card or bank account.
- Under COBRA, you may elect to take your contribution amount, pay an additional fee, and keep your individual plan, but note you would pay for the full premium and an additional fee to sign up for COBRA.
- COBRA may make sense if you need access to leftover funds should your employer allow access to leftover funds.
- If you want to continue your current health plan coverage, you can change the payment method with the insurance carrier by calling the phone number on your member ID card, or by logging into your member portal and changing the payment method online.
- Employees own their individual plans. There are certain things the employee is responsible for and a few things the employer is responsible for.

EMPLOYER RESPONSIBILITY

- ✓ Funding your ICHRA Bank Account with your full premium amount unless you enroll off platform and submit a reimbursement request.
- ✓ Allowing you to make changes to your plan with a Qualifying Life Event through the ICHRA portal zizzl Health.
- ✓ Determining the contribution allotted toward your individual plan selection.
- ✓ Providing employees with required documentation.

EMPLOYEE RESPONSIBILITY

- ✓ Creating a login with their individual carrier.
- ✓ Ensuring all information is correct in the ICHRA portal zizzl Health, and on their Medical ID card and carrier portal.
- ✓ Reporting any changes that may result in a Qualifying Life Event to the HR Department
- ✓ Checking that claims have been paid correctly by the carrier.
- ✓ Ensuring that any providers they see or medications they are prescribed are covered under their chosen plan.

YOUR SUPPORT TEAM

CONTACT US

Technical & Benefit Enrollment Support:
414-800-2278
support@zizzlhealth.com

Medicare Enrollment Support:
Book a Medicare consultation: https://visit.medicarechoicegroup.com/zizzl or call 855-453-0586 to review your Medicare options for supplemental coverage.

Visit the ICHRA Portal Library for more information and detailed instructions or select CONTACT US in your ICHRA Portal to speak with a representative.



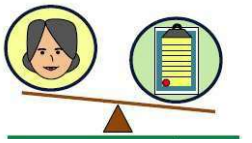
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GLOSSARY OF TERMS

Allowed Amount:
Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)

Appeal:
A request for your health insurer or plan to review a decision or a grievance again.

Balance Billing:
When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. A preferred provider may not balance bill you for covered services.

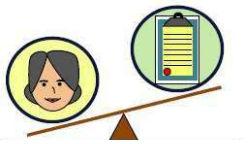
Co-insurance:


Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance plus any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is $100 and you've met your deductible, your co-insurance payment of 20% would be $20. The health insurance or plan pays the rest of the allowed amount.

Complications of Pregnancy:
Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section aren't complications of pregnancy.

Co-payment:
A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Durable Medical Equipment (DME):
Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include oxygen equipment, wheelchairs, crutches, or blood testing strips for diabetics.

Deductible:


The amount you owe for health care insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is $1000, your plan won't pay anything until you've met your $1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

Emergency Medical Condition:
An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Medical Transportation:
Ambulance services for an emergency medical condition.

Emergency Services:
Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

Excluded Services:
Health care services that your health insurance or plan doesn't pay for or cover.

Grievance:
A complaint that you communicate to your health insurer or plan.

Habilitation Services:
Health care services that help a person keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance:
A contract that requires your health insurer to pay some or all your health care costs in exchange for a premium.

Home Health Care:
Health care services a person receives at home.

Hospice Services:
Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization:
Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care:
Care in a hospital that usually doesn't require an overnight stay.

In-network Co-insurance:
The percent (for example, 20%) you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan. In-network co-insurance usually costs you less than out-of-network co-insurance.

Non-Preferred Provider:
A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers.

Out-of-network Co-insurance:
The percent (for example, 40%) you pay of the allowed amount for covered health care services to providers who do not contract with your health insurance or plan. Out-of-network co-insurance usually costs you more than in-network co-insurance.

Out-of-network Co-payment:
A fixed amount (for example, $30) you pay for covered health care services from providers who do not contract with your health insurance or plan. Out-of-network co-payments usually are more than in-network co-payments.

Plan:
A benefit your employer, union or other group sponsor provides to you **to** pay for your health care services.

Preauthorization:
A decision by your health insurer or plan that a health care service, treatment plan, prescription drug **or** durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval, or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

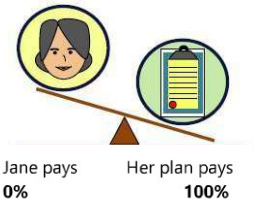
Preferred Provider:
A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

In-network Co-payment:
A fixed amount (for example, $15) you pay for covered health care services to providers who contract with your health insurance or plan. In-network co-payments usually are less than out-of-network co-payments.

Network:
The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

Physician Services:
Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

Primary Care Provider:
A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates, or helps a patient access a range of health care services.

Out-of-Pocket Limit:


The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges, or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all your co-payments, deductibles, co-insurance payments, out-of-network payments, or other expenses toward this limit.

Medically Necessary:
Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.

Specialist:
A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.

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.

Prescription Drug Coverage:
Health insurance or plan that helps pay for prescription drugs and medications.

Prescription Drugs:
Drugs and medications that by law require a prescription.

Urgent Care:
Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

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DENTAL INSURANCE

Good dental health is important to your overall wellbeing. At the same time, we all need different levels of dental treatment. It is for this reason that Graham Windham is offering eligible employees a comprehensive dental plan through United Healthcare (UHC).



UHC PPO Plan

The UHC Dental PPO Plan offers a balance of savings and choice. This plan gives participants the freedom to receive care from participating UHC providers or to visit any dentist of their choice outside of the network. The UHC Dental PPO Plan puts into action two strengths:

1) Managing a network that focuses on patient satisfaction and savings and

2) Fast, accurate claims processing

UHC DMO Plan

The UHC Dental DMO Plan only offers In-Network Benefits only. Please note the dental plan deductible and policy year maximum run on a policy year basis and reset every October 1.

	PPO Plan		DMO Plan
Plan Details	**In-Network**	**Out-of-Network**	**In-Network Benefits Only**
Annual Deductible (Single / Family)	$50 / $150		None
Policy year Maximum	$2,000		None
Class I Preventative & Diagnostic	100%, no deductible		100%
Class II Basic Restorative Care	80% after deductible	80% after deductible	100%
Class III Major Restorative Care	50% after deductible	50% after deductible	50%
Class IV Orthodontia	$50 deductible $1,000 lifetime maximum	$50 deductible $1,000 lifetime maximum	50%

VISION INSURANCE



Participation in United Healthcare Vision is also available to all eligible associates. United Healthcare offers vision benefits through a large national network of providers. You can select to use a UHC participating provider or select an out of network facility.

Benefit	Frequency (based on your last date of service)	Frequency (based on your last date of service)	Out-of-Network Provider
Exam	12 months	$10	Reimbursed up to $40
Lenses	12 months	Covered in full after copay	Reimbursed up to $40 / single vision Reimbursed up to $60 / bifocal Reimbursed up to $80 / trifocal & standard lenticular
Frames	24 months	Up to $130 retail allowance	Reimbursed up to $45
Eye Exam		Covered in full after copay	Reimbursed up to $40
Contact Lenses (necessary)		Covered in full after copay	Reimbursed up to $210
Elective Contact Lenses		Up to $105 (copay does not apply)	Reimbursed up to $105

EMPLOYEE CONTRIBUTIONS

United HealthCare: Dental				
	Total Premium Rates	Employer Portion	EE Contribution - Monthly	EE Contribution - Bi-Weekly
Employee Only	$27.74	$22.32	$5.42	$2.50
Employee Only + 1	$52.09	$39.09	$13.00	$6.00
Family	$80.16	$62.83	$17.33	$8.00

United Healthcare: Vision		
	Total Premium Rates	EE Contribution
Employee Only	$5.18	$5.18
Employee + Sp	$9.55	$9.55
Employee + Child(ren)	$10.00	$10.00
Family	$14.97	$14.97



BASIC TERM LIFE INSURANCE AND AD&D (ACCIDENTAL DEATH & DISMEMBERMENT)

No one likes to think about illness and not being able to provide for their family in the same manner that they do today. That includes day-to-day expenses as well as future goals like a college education. But sometimes death or disability does happen, and you'll want to ensure your family's lives and dreams can move forward – even if the worst happens. Please remember to input your beneficiary information for all life and accidental death and dismemberment (AD&D) insurance coverage areas into ADP. You are able to update your beneficiary information at any time throughout the year.

Basic Life Insurance

Graham Windham provides eligible employees with Basic Term Life Insurance at no cost to you. This coverage is equal to one and a half times your salary with a maximum coverage of $300,000. This benefit is available to all non-union full-time and part-time staff working 21 hours or more a week. Additionally, benefits for accidental death or dismemberment will be paid up to $300,000. Premiums are paid entirely by Graham Windham; coverage is provided at no cost to you.

Basic Life	1.5x your salary, up to a maximum coverage of $300,000
Basic Accidental Death and Dismemberment	Matches Basic Life coverage
For your spouse	Not eligible
For your child(ren)	Not eligible



VOLUNTARY TERM LIFE INSURANCE

This benefit is available to a full-time and part-time staff working 21 hours or more a week. Provided through Prudential and offered on a voluntary basis; you are responsible for the full cost of this coverage. You may elect up to 7 times your annual earning up to a maximum of $500,000, coverage terminates at age 65.

Voluntary Spousal Life is available for 50% of employee coverage to a maximum of $100,000. Voluntary Child Life [for children age 14 days to 19 years; 25 is full time student] is available in increments of $1,000 up to a max of $10,000. Coverage limits are based on age of child.

Prudential



Graham Windham offers both a short term and long term disability benefit through Prudential. This benefit provides an income in the event you become disabled due to an injury or illness that is not work-related.

Voluntary Short Term Disability Benefit Highlights

Consider what would happen financially if you became disabled and could no longer work due to an injury or illness. It's likely that it would be a financial challenge to replace enough income to meet your monthly expenses. That's why Graham Windham provides Voluntary Short-Term Disability (STD) benefits to eligible employees who are absent from work due to substantiated disabilities.

STD Coverage Type	STD Benefits
Short-Term Disability (STD)	• Available to all full-time and part-time staff working 21 hours or more a week • Offered on a voluntary basis; you are responsible for the full cost of this coverage • STD benefits is calculated at 60% of your pre-disability earnings to a maximum weekly benefit of $1,500 with a 25-week maximum period of payment • There is a 15 day elimination period for accident or sickness

Voluntary Long Term Disability Benefit Highlights

With Voluntary Long Term Disability (LTD) coverage provided by Graham Windham, you can receive a benefit equal to 60% of your monthly salary in the event you are unable to work due to a non-work-related injury or illness. With LTD there is a 180-day elimination period. Graham Windham's LTD coverage has a monthly maximum benefit of $7,500.

LTD Coverage Type	LTD Benefits
Long-Term Disability (LTD)	• Available to all full-time and part-time staff working 30 hours or more a week • Offered on a voluntary basis; you are responsible for the full cost of this coverage • 180 day elimination period • LTD benefit is calculated at 60% of your monthly pre-disability earnings up to a maximum of $7,500 monthly

Prudential

VOLUNTARY BENEFITS

As a Graham Windham employee you have access to additional voluntary benefits such as Accident, Critical Illness and Hospital Indemnity Insurance, ARAG Legal Plan, Identity Theft Protection and Auto and Home Insurance. Employees are responsible for 100% of voluntary premiums.

Guardian Products (all Guardian products are being deducted Pre-Tax, so they can only cancel coverage during annual open enrollment or with a QLE):

- Accident – Accident insurance provides cash benefits to employees or covered dependents who have been injured in a covered accident.
- Critical Illness/Specified Disease – Specified Disease insurance provides a lump sum benefit paid upon the first diagnosis of a covered specified disease.
- Hospital Indemnity - Hospital Indemnity Insurance provides a cash benefit when an employee or covered dependent is admitted to the hospital due to sickness or injury.
  - Employees over the age of 69 are not eligible to enroll in Hospital Indemnity coverage

ARAG Legal Plan

- Legal plans provide the following core services: Phone advice, Office consultation, Document review and preparation, and Courtroom and/or trial representation as needed for covered matters.
  - Services listed are covered and/or paid in full only when working with an in-network attorney.

Allstate Identity Protection (InfoArmor)

- Identity Theft Protection provides security for Personally Identifiable Information (PII) by monitoring multiple data points and financial transactions across various online networks including the dark web and black market website.



Guardian • graham children families communities

An Accidental Injury Can Seriously Cost You

Protect yourself from unexpected medical costs

If you and your family are active, chances are, you're no stranger to a hospital emergency room. Even with medical insurance, a fall while bicycle riding or your child's sprained ankle at soccer practice can cost you a bundle in out-of-pocket expenses. Are you financially prepared for all of the medical and non-medical costs of treatment and recovery from a serious injury?

Financial support to get you back on your feet

- No matter what kind of medical coverage you have, you will have out-of-pocket costs that could really set you back financially
- Guardian® pays you cash benefits based on covered injuries, treatments and services
- Payments go directly to you, and you can pay for other expenses, like traveling to the hospital, childcare and lost income from missed work
- "Child Organized Sport" benefit pays you an extra 20% cash benefit for each accident when the dependent child is injured while playing an organized sport[1]

Here is an example of how Accident Insurance works[2]

While Sue was hiking in a local park, she fell and tore cartilage in her knee. She went to the hospital emergency room for treatment and stayed overnight. The doctor gave her a brace and scheduled her for a follow up visit. See how Accident Insurance offset Sue's expenses:

Ambulance	$100	**Knee Brace**	$100
Hospital Admission	$750	**X-Ray**	$20
Emergency Room Visit	$150	**Knee Cartilage Tear**	$500
Hospital Confinement (1 Day)	$165	**6 Follow-Up Visits**	$150
Medical Resonance Imaging (MRI)	$100		

Total cash benefit paid for covered services: $2,035

Accident Insurance with Guardian is easy

- No health questions to answer and convenient payroll deductions
- Protects your savings when the unexpected occurs
- Take the coverage with you if you change jobs or retire



Accidents happen. How financially prepared are you?

Over 40 million Americans received emergency room treatment for an accidental injury[3]

63% of Americans with medical insurance used all their savings for out-of-pocket medical costs[4]

The average cost of an emergency room visit for people between the ages of 45-64 is $2,176[5]

Learn more about Accident Insurance at guardiananytime.com

The Guardian Life Insurance Company of America
New York, NY

guardiananytime.com

[1] The child must be insured by the plan on the date the accident occurred. The child must be 18 years of age or younger. [2] For illustrative purposes only. See your plan for specific coverage amounts and details. [3] CDC Centers for Disease Control and Prevention, http://www.cdc.gov/nchs/fastats/hospital.htm, 2015. [4] Kaiser Family Foundation and the Health Research & Educational Trust, 2015. 5 2014 Medical Expenditure Panel Survey, Consumer Health Ratings.com. https://www.huffingtonpost.com/simple-thrifty-living/top-1 -reasons-people-go-_b_6887642.html. Guardian's Accident Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides Accident insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Important Notice – This Policy Does Not Provide Coverage For Sickness. Policy Form GP-1-AC-BEN-12, et al. GP-1-ACC-16-NM. GP-1-LAH-12R-OR. GC-ACC-12-OR. Guardian® and the Guardian G® logo are registered service marks of The Guardian Life Insurance Company of America®

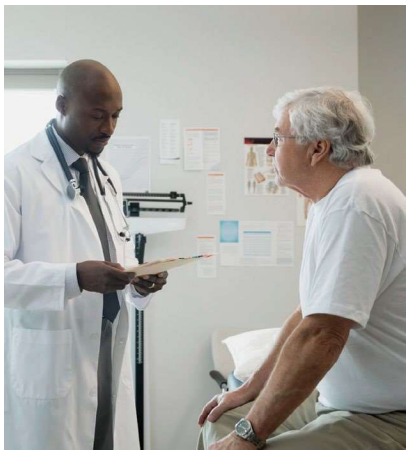
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Guardian • graham children families communities

Protect Your Savings From Life's Unexpected Moments

Because medical insurance doesn't cover everything

Health care costs are on the rise. Even with medical insurance, you're often still responsible for both medical and non-medical expenses related to your recovery from a serious illness. The cost you pay for co-pays and deductibles, as well as other expenses such as child care, transportation to the doctor and loss of income when you are unable to work, could really set you back financially. Are you prepared to manage these expenses if you or a family member were diagnosed with a serious illness?



Helps protect your savings

- Guardian® Specified Disease Insurance supplements your medical plan — no matter what type of coverage you have
- The plan pays you cash benefits based on each eligible diagnosis such as a heart attack, stroke or cancer
- Also pays a benefit for covered illnesses, as well as offering benefits for a reoccurring condition*
- The cash benefits are paid directly to you, so you decide how to use them

Here is how Guardian Specified Disease Insurance works**

Bob suffers a heart attack and receives a cash payment of $10,000 from his Specified Disease plan. Four years later he has a stroke and receives an additional payment of $10,000 from his plan. During both of these illnesses, his plan provided the financial support to cover a variety of expenses, such as mortgage and car payments, while he recovered.

Condition	Formula	Benefit
Heart Attack	1 % of covered benefit X $1 ,	$1 ,
Stroke	1 % of covered benefit X $1 ,	$1 ,
	Total Cash Benefit Paid: $2 ,	

Specified Disease Insurance with Guardian is easy

- Convenient payroll deduction
- Take the coverage with you if you change jobs or retire
- Protects your savings and gives you peace of mind when the unexpected occurs

A serious illness impacts you and your family

Every minute of every day, an American becomes seriously ill[1]

Medical expenses account for approximately 62% of personal bankruptcies in the US[2]

72% of people who filed bankruptcy due to medical expenses had some type of medical insurance[2]

Learn more about Specified Disease Insurance at guardiananytime.com

The Guardian Life Insurance Company of America
New York, NY

guardiananytime.com

2018-54166 (02-20)

*See your plan for specific coverage amounts and details. **For illustrative purposes only.
[1] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) Nonfatal Injury Data. (2 15).
[2] Harvard University Study, Huffingtonpost.com, 5/2 15 https://www.huffingtonpost.com/ simple-thrifty-living/top-1 -reasonspeople-go-_b_6887642.html. Guardian's Specified Disease Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Policy Form No. GC-CI-14-NY.

Guardian • graham children families communities

A Trip to the Hospital Can Hurt Your Wallet

Support when you need it most

If you become seriously ill or injured, it's likely you will have a hospital stay. It may be a little scary, as well as expensive. While medical insurance may cover the hospital bills, there will also be non-medical expenses such as transportation to medical treatment or additional child care which could be considerable. If you became hospitalized, could you manage all of these expenses from your savings?



Guardian® helps protect you and your family from unexpected expenses

- Guardian Hospital Indemnity Insurance supplements your medical plan — no matter what type of other coverage you have
- You receive cash benefits based on your covered sickness or injury, treatments and services
- The cash benefits are paid directly to you and can be used for any purpose — from covering medical copays and deductibles to paying for everyday expenses such as the mortgage, groceries and utilities, you decide how to use them

How Guardian Hospital Indemnity Insurance works*

Jane became ill and was admitted to the hospital. She had emergency surgery and was there for two days while recovering. Her Hospital Indemnity Insurance paid her a $500 cash benefit which helped offset her hospital expense.

Hospital Admission	**$500**

Total cash benefit paid: $500

Hospital Indemnity Insurance with Guardian is easy

- No health or medical questions to answer
- No deductibles, copays or coinsurance requirements
- Convenient payroll deduction
- Take the coverage with you if you change jobs or retire

Are you financially prepared?

There are over 36 million hospital stays in the US per year[1]

The average cost for a 3 day hospital stay is $30,000[2]

63% of Americans with medical insurance used all their savings for out-of-pocket medical costs[3]

Learn more about Hospital Indemnity Insurance at guardiananytime.com

The Guardian Life Insurance Company of America
New York, NY

guardiananytime.com

*All scenarios and names mentioned herein are purely fictional and are for illustrative purposes only, circumstances may vary. See your plan for specific coverage amounts and details. [1]Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project,http://www.hcup-us.ahrq.gov/reports/statbriefs/sb180-Hospitalizations-United-States-2012.pdf, October, 2014. [2]Protection from high medical costs,2016, https://www.healthcare.gov/why-coverage-is-important/protection-from-high-medical-costs/. [3]Kaiser Family Foundation and the Health Research & Educational Trust, 2015. Guardian Hospital Indemnity Insurance is underwritten by The Guardian Life Insurance Company of America, New York, NY and will not be effective until approved by a Guardian underwriter. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides limited hospital insurance only. It does not provide basic medical or major medical insurance as defined by the New York State Department of Financial Services. Policy Form No. GP-1-HI-15. GP-1-HI-15-NM. GP-1-LAH-12R-OR. GC-HI-15-OR. GP-1-HI-15-WA.

2018-54167 (02-20)

Legal Insurance from ARAG

What does legal insurance cover?

An UltimateAdvisor legal insurance plan from ARAG® **covers a wide range of legal needs** like the examples shown below — and many more — to help you address life's legal situations.

Consumer Protection
- Auto repair
- Buy or sell a car
- Consumer fraud
- Consumer protection for goods or services
- Home improvement
- Personal property disputes
- Small claims court

Criminal Matters
- Juvenile
- Parental responsibility

Debt-Related Matters
- Debt collection
- Garnishments
- Personal bankruptcy
- Student loan debt

Driving Matters
- License suspension/revocation
- Traffic tickets

Tax Issues
- IRS tax audit
- IRS tax collection

Family
- Adoption
- Guardianship/conservatorship
- Name change
- Pet-related matters
- Divorce

Landlord/Tenant Issues
- Contracts/lease agreements
- Eviction
- Security deposit
- Disputes with a landlord

Real Estate & Home Ownership
- Buying a home
- Deeds
- Foreclosure
- Contractor issues
- Neighbor disputes
- Promissory notes
- Real estate disputes
- Selling a home

Wills & Estate Planning
- Powers of attorney
- Trusts
- Wills

What does it cost?

UltimateAdvisor®
$23.00 monthly



What is legal insurance?

Legal coverage isn't just for the serious issues, it's for your everyday needs, too. Legal insurance helps you address common situations like creating wills, transferring property, or buying a home.

More details, please! See the complete list of what your plan covers at:
ARAGlegal.com/myinfo Access Code: **18620gw**

Let's Talk! Call ARAG at 800-247-4184

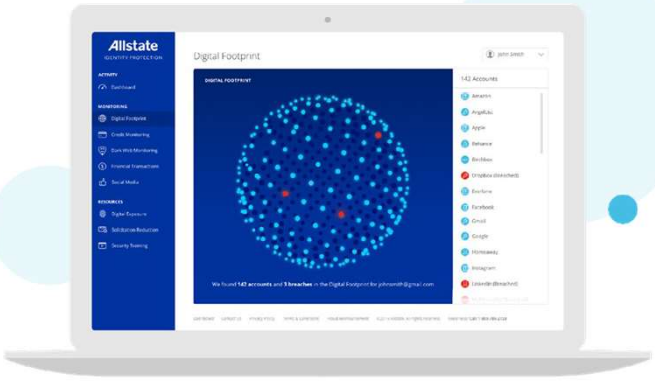
Allstate SM
IDENTITY PROTECTION

Identity protection that keeps up with your digital life



Your identity is made up of more than your Social Security number and credit score. That's why we do more than monitor your credit reports. We help you look after your online activity, from financial transactions to what you share on social media — so you can protect the trail of data you leave behind.

Introducing our next evolution in identity protection. For over 85 years, we've been protecting what matters most. Now we're providing protection from a wide range of identity threats, so you can keep loving what technology adds to your life.



- **See your personal data**
- **Manage it with real time alerts**
- **Protect your identity and finances from fraud†**

Sign up during open enrollment

Questions? 1.800.789.2720

Plans and pricing

Allstate Identity Protection Pro Plus

$9.95 per person / month
$17.95 per family / month

MUTUAL OF AMERICA
Your Retirement Company®

Thrift Savings Plan

Plan eligibility: **You are immediately eligible to make employee contributions**

Contribution types: **You can make Pretax and/or Roth contribution to the plan.**

- **Pretax contribution – taken from your salary before federal and state taxes are deducted. Any earnings on these contributions grow tax-deferred until you withdraw them.**
- **Roth contributions – taken from your salary after federal and state taxes are deducted. Contributions and earnings grow tax-free, and withdrawals are tax-free if taken after you reach age 59-1/2, die or become disabled, providing your Designated Roth Contribution account has been established for five taxable years or more.**

IRS Contribution Limits 2026

- **Elective Deferral Limit is $24,500 for employee contributions. (Can be Pre-tax and/or Roth)**
- **Standard Catch-Up for participants turning 50 and older is $8,000. ($24,500 + $8,000 = $32,500 Max Contribution)**
- **Enhanced Catch-Up (SECURE 2.0): Participants turning 60, 61, 62, or 63 in 2026 can contribute up to $11,250 extra in lieu of $8,000 standard Catch-Up. ($24,500+ $11,250 = $35,750).**
- **NEW in 2026**
- **Roth Catch-Up Contributions: For those plans allowing catch-ups, catch-up contributions must be made on a Roth basis for those with incomes over $150,000 in the prior year.**

Pension Plan

Graham Windham provides, at no cost to you, a Defined Contribution Pension Plan (401A) for all non-union full-time, part-time and seasonal employees who work at least 1,000 hours per year. Mutual of America offers 36 investment vehicles to provide for high diversification and flexibility. Upon your retirement, you may purchase an annuity to ensure a lifetime monthly income, withdraw the entire accumulation in a lump sum or choose a pay-out option. For specific questions regarding your account with Mutual of America, please email nyc@mutualofamerica.com or call (212) 587-9045.

Employee Contribution	None
Graham Windham Contribution	Amount equal to 3% of compensation
Investment Options	36 investment options available: stocks, bonds, money market, balanced, global, etc.
Eligibility Requirements	• 21 years of age • Full time employment (part-time and seasonal must work at least 1,000 hours in a policy year to become eligible) • One year waiting period (may be waived if you have completed one year on non-profit work experience within the past three years)
Date Eligible	First day of the month after meeting the eligibility requirement

Vesting Cycle for Thrift & Pension:

- 20% vested after two years of employment
- 60% vested after three years of employment
- 80% vested after four years of employment
- 100% vested after five years of employment

Direct Deposit

You may have some or all of your paycheck directly deposited into your already established checking, savings, or money market account in the bank or credit union to which you belong. This “wire transfer” system is safe and convenient, and it may save you important time each day.

Credit Union—Municipal Credit Union

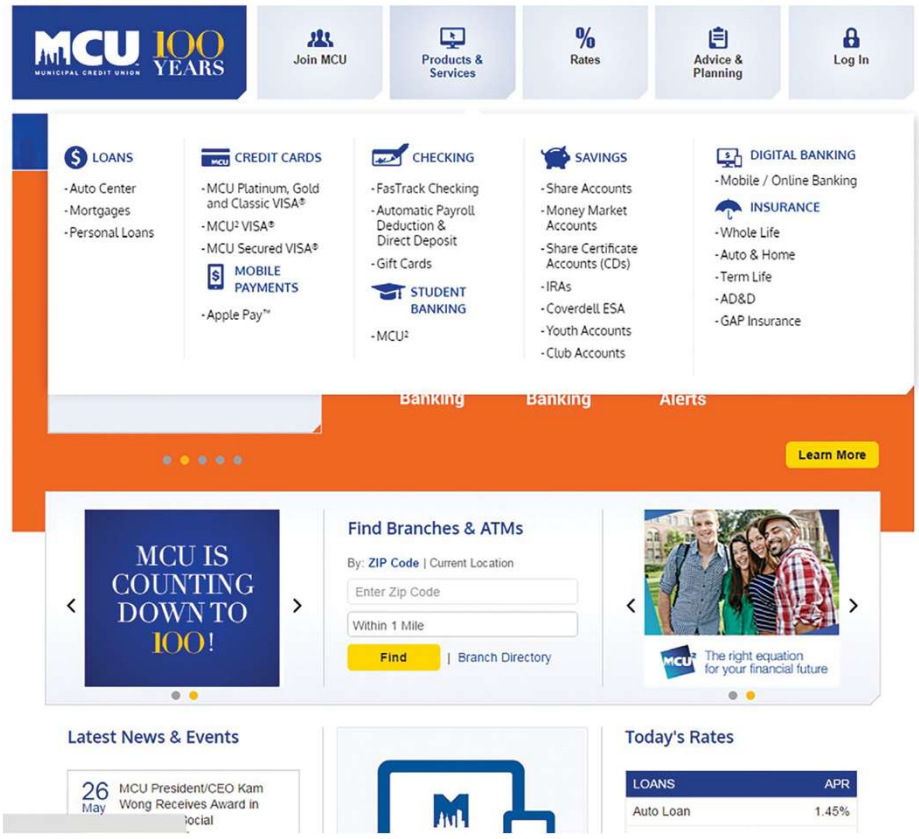
You are eligible for membership in the Municipal Credit Union, one of the oldest and largest credit unions in the United States. You may open an account at any time during your employment.

Joining MCU is Easy

- Applying Online: go to www.nymcu.org to apply OR
- Apply in Person: visit one of the MCU branches during their operating hours and bring the following:
  1) Your Graham ID
  2) Federal and/or State Issued ID
  3) Proof of Address Bearing your Name (e.g. utility bill, credit card bill) dated within the last 30 days
- Apply by Phone: Call 1-866-JOIN-MCU

The following is a brief list of additional products and services:

- Checking/Savings Accounts
- Money Market Accounts
- CDs
- IRAs
- Online Banking
- Vacation clubs
- Auto Loans
- Credit Cards
- Mortgages
- Personal Loans
- Convenient ATMs



Commuter Benefit Plan (CBP)

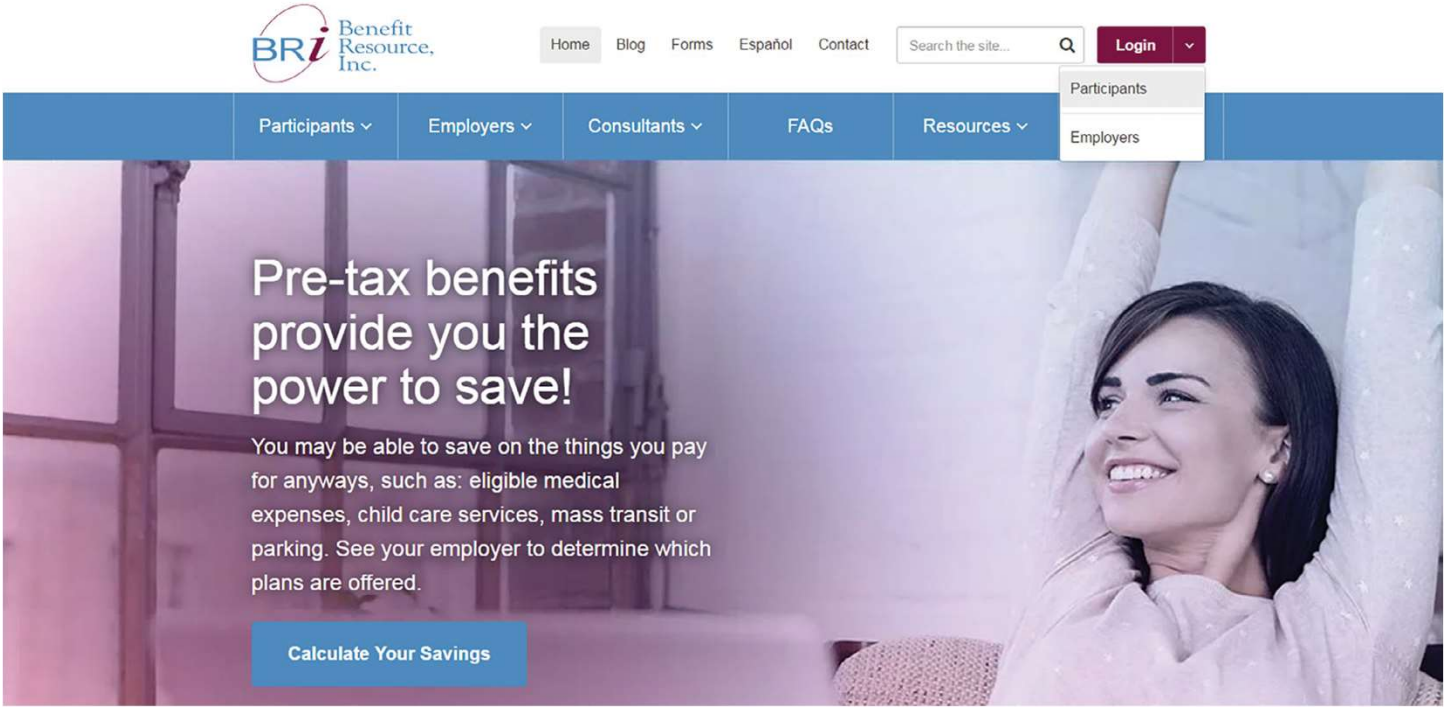
Through Graham Windham we offer a Commuter Benefit Plan (CBP) through third party administrator Benefit Resource, Inc. (BRI). This is a tax free account for workplace commuting expenses (including mass transit and parking expenses / excluding taxis, tolls and fuel). You can elect to contribute up to $340 per month for mass transit expenses and up to $340 per month for parking expenses. BRI will issue employees a Beniversal Card which will store your payroll deductible mass transit funds.

To claim reimbursement for a parking or vanpool expense, you can log onto benefitresource.com and submit your claims online. You may also send your claim by fax or regular mail. At this time, receipts for FSA parking expenses are not required to be submitted to BRI for Parking Reimbursement claims only.

At this time, Mass Transit Commuter Expense Reimbursements can not be transferred to another account. If you would like to pay with your Mass Transit expenses with your CBP funds, you must use the BRI eTRAC MasterCard.

To make any changes to your CBP Account, please contact Mildred Powers (powersm@graham-windham.com).

You do not need to elect this benefit during Open Enrollment. You can participate in the Commuter Benefit Plan by enrolling with Graham Windham at any time.







Dependent Care FSAs

A Dependent Care FSA can be used to reimburse dependent care expenses for a qualified person that enable you to be gainfully employed and, if married, enable your spouse to be gainfully employed, look for work or attend school full-time. The qualified person must spend at least 8 hours per day in your home and is one of the following:

- A dependent child under the age of 13 and for whom you can claim a tax exemption
- A spouse or dependent who is physically or mentally incapable of self-care, has the same principal place of abode as you for more than half of the year, and for whom you can claim an exemption

Once enrolled, you may access your FSA via the BRI website provides access 24/7 for account activity, forms, plan documentation and much more. You can access the website at www.BenefitResource.com and log in as follows:

Company Code: graham

Login ID: Default Login ID (typically the Social Security Number (SSN) or Employee ID) is selected and provided by Graham. You may change this upon initial login.

Password: Default Password is set to your 5-digit home zip code. You will be prompted to change this password upon initial login.

You may elect to defer up to $7,500 per household ($3,750 for married individuals filing separately) of your salary into a dependent care FSA per household. If you are a highly compensated employee (HCE), defined by the IRS as an employee with annual compensation greater than $160,000, your election will be capped between $2,100 and $3,600 and may be reduced during the year, if necessary, to ensure that the plan passes required discrimination testing. The amount available for reimbursement for dependent care expenses is limited to the cash balance in your Dependent Care FSA. Elections cannot be changed during the year unless you have a “qualified change in family status.”

Please note that for expenses to qualify for reimbursement, both you and your spouse (if applicable) must be working, looking for work or attending school full-time during the period for which you are requesting reimbursement.



BENEFITS CONCIERGE

As an employee participating in Graham Windham's Benefit Plans, you have access to NFP's Benefit Concierge Team. They provide a one-stop contact center for answering your benefit plan questions and help resolve benefit claim issues.

Answers At Your Fingertips!

Your dedicated Benefits Concierge representatives are here to assist with regard to all the benefits your company provides. For example: medical, dental, vision, life, disability and COBRA.

Areas We Can Help

- Benefits Questions
- ID Card Issues
- Bills/Claims Resolutions
- Prescription Network Questions
- And Much More!

Contact Us

For personal service that is confidential and responsive, call 877-835-1361 or email DBbenadmin@nfp.com. Business Hours: 9 a.m.—5 p.m. Eastern Time.



ADDITIONAL BENEFITS

Graham Windham is proud to offer several additional benefits at no cost to you. The following benefits are in place to help make your life easier and less stressful.

Employee Assistance Program (EAP)

Your Employee Assistance Program (EAP) is offered through GuidanceResources. Employee assistance services are designed to help with the pressures of everyday life. At no cost to you, the EAP provides an opportunity to talk with counselors face-to-face or by telephone about personal concerns such as stress, anxiety, depression, couples' issues, and substance use or abuse 24 hours a day, seven days a week. The EAP also offers free confidential telephone consultation and referral services for career issues, child care, elder care, legal, financial, fitness and nutritional concerns. When a legal issue arises, our attorneys are available to provide confidential support. If you require representations, you can also be referred to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter.

Note: The EAP is strictly confidential. Because of privacy laws, Graham Windham does not have access to information about who uses the EAP.

- **Call:** 800-311-4327
- **TDD:** 800-697-0353
- **Website:** guidanceresources.com
- **Web ID:** GEN311

If you need help using GuidanceResources Online, email: memberservices@compsych.com.





Important news about your benefits!

Your disability and FMLA benefits will be administered by Prudential.

- Absence Management (FMLA)
- Short Term Disability
- Long Term Disability

There are 3 easy ways to report an absence or disability claim.

1. Call **877-367-7781**, M-F, 8 a.m. to 8 p.m. ET. You can speak to one of our service professionals or follow the prompts to record your absence or disability information.

2. Submit your claim at **www.prudential.com/mybenefits**.
   - Login or create your account:
     - Company Name: **Graham Windham**
     - Control Number: **12831**
   - Click "File a Claim/Report an Absence."
   - Input your information and download any additional forms.

3. Scan the code and submit a claim right from your mobile device

graham children ♥ families ♥ communities

Prudential

Group Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial Company, Newark, NJ.
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GL.2022.141 NOT11_FL_GI986_01

Bravely | Introducing Bravely—free, confidential coaching

What is Bravely?

You can use Bravely to connect with a "Coach" for free and confidential coaching about anything that is going on at work. You can have unlimited sessions with a Bravely Coach.

How do you schedule a session?

You'll receive an activation email from Bravely! You can click the link there, or head app.workbravely.com and create your account. (It takes less than 60 seconds.) You can schedule your Bravely session for any time that's convenient—before work, after work, during the day, or on the weekend. We offer both voice and video sessions depending on your preference!

What should you talk about?

Anything that's on your mind at work. Bravely can help you navigate stress and change, prepare for an upcoming performance review, work through a conflict with your coworker or manager, develop strategies for meeting your quotas.

Who are Bravely's Coaches?

They're professional coaches and HR experts with years of experience across organizations and industries. When you book a session, you'll connect with the Coach that's right for you.

What else should you expect?

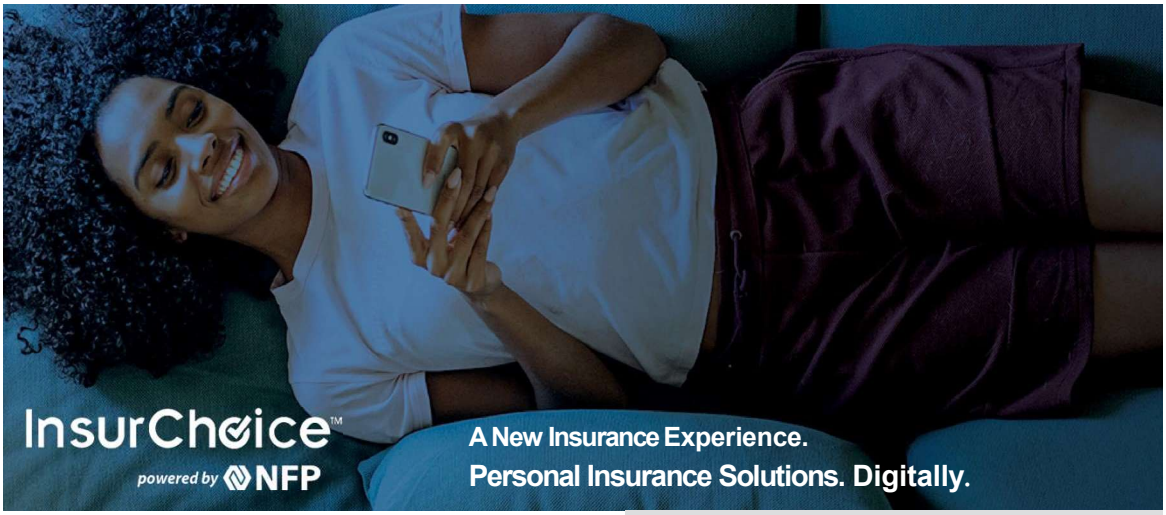
Your coaching session will start with you sharing and your Coach asking some questions. Then, together, you will identify and evaluate your options and find an actionable plan to move forward.

When do you use Bravely?

Anytime you want! Bravely Coaches are unbiased and keep what you say confidential. Your Coach can help you clarify your thinking, put together a strategy and develop the confidence you need to move forward.

InsurChoice

- InsurChoice is a one-of-a-kind auto and home insurance program with multiple insurance discounts, to give access to different products and policies. The program shops auto and home insurance across more than 20 of the top-rated insurance carriers so participants can get the best rates.
  - **Start your savings at the link below:** https://www.agentinsure.com/compare/auto-insurance-home-insurance/nfp/quote.aspx?refid=GrahamWindham



All-around protection for what matters most to you — spanning the entire breadth of NFP's focused expertise.

Key benefits include:

- **Competitive pricing:** One size doesn't fit all, so you can match yourself with the best rates and coverages from multiple insurance companies.
- **Custom-tailored coverage:** Select the products that meet YOUR needs & YOUR schedule.
- **Stability:** We have relationships with key national carriers who have a proven track record of rate and coverage stability.
- **Innovation:** With our innovative digital product platform we are constantly striving to add more benefits and improve your experience.

For more information, visit here

Or email us at InsurChoice@nfp.com



Your Personalized Solutions are a scan away!

Scan Here to start $aving Today!

Save an extra $10*
Promo code: welcometen
*Valid on purchases of $100 or more, through 9/30/19.

working ADVANTAGE

Build Lasting Memories with Family and Friends

What is Working Advantage?

Having fun, getting away, and saving money are important for your well-being.

This cost-free benefit provides you access to thousands of exclusive travel and entertainment discounts, so you can make the most of your time away from work.

How Do I Become a Member?

- Visit workingadvantage.com and click *Become a Member.*
- Use your company code or work email to create an account.

Not by a computer? Use your phone camera or QR scanning app to access the site:

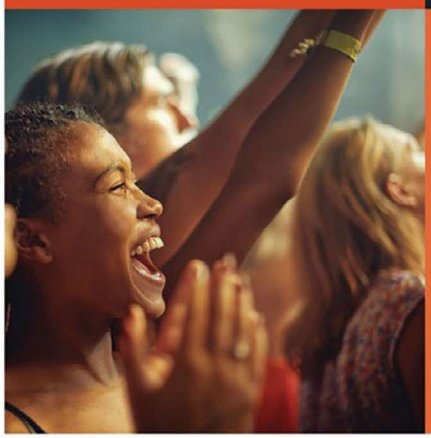
Company Code 259161666

Movie Buffs – Travel Bugs – Thrill Seekers – Entertainment Enthusiasts – Sports Fanatics
There's something for everyone with savings on:

Hotels
Theme Parks
Concerts
Sporting Events
Movie Tickets



Rental Cars
Gift Cards
Broadway Shows
Vegas Shows
& More!



Retail
Restaurants
Spas
Sightseeing Tours
Activities



Need help? 1-800-565-3712 - customerservice@workingadvantage.com

BenefitHub Discount Marketplace
Year-Round Engagement

BenefitHub

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Register at: https://grahamwindham.benefithub.com/

1,000+	100,000	100,000	7 Million	40,000
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AMC THEATRES, employee AUTO BUYING powered by TRUECar, Hotels, GROUPON, DELL, Budget, Vitamix, Sam's Club, Nutrisystem, hp, TICKET MONSTER, Office DEPOT OfficeMax, AVIS, Lenovo, jiffy lube





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- Choose from top brands including LA Fitness, Anytime Fitness, and Gold's Gym and specialty studios like yoga, CrossFit, and rowing.

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- Utilize motivational fitness and nutrition resources and tools.
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POWERED BY GlobalFit

Affordable Care Act (ACA) - Frequently Asked Questions

Employees Eligible for the Company-Sponsored Medical Plan

Q. What is the Affordable Care Act?

A. The Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA) is a United States federal statute signed into law by President Obama in March 2010.

The ACA includes subsidies, health insurance exchanges, and mandates, including an individual mandate that, with certain exceptions, requires all individuals beginning January 1, 2014 to have health insurance or pay a penalty. The law includes subsidies to help individuals with low incomes comply with the mandate. Coverage through the health insurance exchange is guaranteed; even if you have a pre-existing medical condition, your cost for coverage will be the same as all other applicants of the same age living in the same geographic location.

Q. Who is required to have health insurance?

A. Beginning January 1, 2014, all Americans – with some exceptions – are required to have medical insurance coverage or incur a penalty. Qualified health insurance plans that meet the ACA requirements may include:

- Government-sponsored plans, such as:
  - Medicare or Medicaid
  - Children's Health Insurance Program (CHIP)
  - TRICARE
  - Veterans health care programs
- Employer-based or sponsored health care plans- the Transamerica Limited Benefit Hospital Indemnity Insurance is NOT considered qualified health insurance
- Individual private coverage

Q. Will the Company continue to offer medical coverage in 2024?

A. Yes, we will continue to offer medical coverage to eligible employees and their eligible family members in 2024.

Q. What is the health insurance exchange?

A. The health insurance exchange, sometimes called the Exchange or Marketplace, is a resource where individuals can learn about private health coverage options, compare private health insurance plans, and enroll in private health insurance coverage. The health insurance exchange also provides information on programs that help individuals with low to moderate incomes, and resources to pay for private health insurance coverage.

You can get help online at www.healthcare.gov, or call 1-800-318-2596, 24 hours a day, 7 days a week.

Newborns' and Mothers' Health Protection Act

Under federal law, health care plans may not restrict any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal 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 and with the mother's consent, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).

Continued Coverage Under COBRA

Under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), you and your covered dependents may be able to continue your medical and dental coverage if you lose your health care coverage as the result of certain qualifying events. Contact the Human Resources Department for more information.

Women's Health and Cancer Rights Act of 1998

Under the Women's Health and Cancer Rights Act, group health plans must make certain benefits available to participants of health plans who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits for:

- Reconstruction of the breast on which the mastectomy was performed
- Any necessary surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical conditions related to the mastectomy, including lymphedema.

Our medical plans comply with these requirements. Benefits for these items are similar to those provided under the plan for similar types of medical services and supplies.

HIPAA Regulations Help to Protect Your Privacy

The privacy provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) help to ensure that your health care-related information stays private. New employees will receive a Privacy Practice Notice which outlines the ways in which the medical plan may use and disclose protected health information (PHI). The notice also describes your rights. For more information, contact the Human Resources Department.

Your Rights under Michelle's Law

Effective January 1, 2010, full-time students covered under the group health plan, that would otherwise lose eligibility under the plan because of a reduction in their full-time class status due to a medically necessary leave of absence from school, may be eligible to extend their coverage under the plan for up to one year, or to age 26, whichever occurs first. The child must be a dependent child of a plan participant and be enrolled in the company group health plan on the basis of being a student at a postsecondary educational institution immediately before the first day of the leave.

Mental Health Parity

Effective January 1, 2010, the Company sponsored medical plans were modified to cover mental health and substance abuse expenses subject to the same treatment limits, deductibles, copayments, co-insurance and out-of-pocket requirements that apply to other medical and surgical expenses. This change applies to both inpatient and outpatient services.

Creditable Coverage Disclosure Notice

If you are Medicare-eligible, there are two important things you need to know about your current coverage and Medicare's prescription drug coverage. First, Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Second, it was determined that the prescription drug coverage offered by Express Scripts is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan. If you are considering joining Medicare's prescription drug coverage, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. For more information about Medicare's prescription drug coverage please visit: www.medicare.gov.

Children's Health Insurance Program Reauthorization Act of 2009 (CHIP)

Signed into expand state CHIP eligibility to more children and expectant mothers with an extended 60-day time frame to coordinate any changes to employer health elections in the event of gain or loss of eligibility and/or a subsidy under Medicaid or CHIP.

Uniformed Services Employment and Reemployment Rights Act (USERRA)

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services. The Act also states that if an employee leaves their job to perform military service, they have the right to elect to continue existing employer-based health plan coverage for the employee and their eligible dependents for up to 24 months while in the military. Even if the employee doesn't elect to continue coverage during their military service, they have the right to be reinstated in their employer's health plan when they are reemployed, generally without any waiting periods or exclusions (e.g. pre-existing condition exclusions) except for service-connected illnesses or injuries.







Notice of HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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

To request special enrollment or obtain more information, contact Human Resources at (508) 999-9920.

Termination of Health Coverage for Cause, Including Fraud or Intentional Misrepresentation

P.A.C.E. reserves the right to terminate health care coverage for you and/or your dependent prospectively without notice for cause (as determined by the Plan Administrator), or if you and/or your dependent are otherwise determined to be ineligible for coverage under the plan. In addition, if you or your covered dependent commits fraud or intentional misrepresentation in an application for health coverage under the plan, in connection with a benefit claim or appeal, or in response to any request for information by P.A.C.E. or it's delegees (including the Plan Administrator or a claims administrator), the Plan Administrator may terminate your coverage retroactively upon 30-days' notice.

Failure to inform any of such persons that you or your dependents are covered under another group health plan or knowingly providing false information in order to obtain or continue coverage for an eligible dependent are examples of actions that constitute fraud under the plan.







New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

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 employment-based 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 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.

[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.

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.

3. Employer name	4. Employer Identification Number (EIN)
Graham Windham	13-2926426
5. Employer address	**6. Employer phone number**
One Pierrepont Plaza, Suite 901	212-529-6445

7. City	8. State	9. ZIP code
Brooklyn	NY	11201

10. Who can we contact about employee health coverage at this job?	
Mildred Powers, Benefits Manager	
11. Phone number (if different from above)	**12. Email address**
212-529-6445, ext. 2311	PowersM@graham-windham.org

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☒ All employees. Eligible employees are:

    Employees who are considered Full-Time and work on average 21 or more hours per week.

  - ☐ Some employees. Eligible employees are:

- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are:

    Your legal spouse or your legal child to age 26.

  - ☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☐ **Yes** (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage?_____ (mm/dd/yyyy) (Continue)
☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?
☒ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.
a. How much would the employee have to pay in premiums for this plan? $8.00
b. How often? ☐ Weekly ☒ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?_____
☐ Employer won't offer health coverage
☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
a. How much would the employee have to pay in premiums for this plan? $_____
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

* 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 (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

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 **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 July, 31, 2024. Contact your state for more information on eligibility –

To see if any other states have added a premium assistance program since July 31, 2024, 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

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

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

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

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

CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program
http://dhcs.ca.gov/hipp | 1-916-445-8322
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
https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
1-877-357-3268

GEORGIA – Medicaid
GA HIPP: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp | 1-678-564-1162, Press 1
GA CHIPRA: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra | 1-678-564-1162, 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: https://hhs.iowa.gov/programs/welcome-iowa-medicaid
1-800-338-8366
Hawki: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki | 1-800-257-8563
HIPP: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp | 1-888-346-9562

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

MEDICAID / CHIP CONTACT INFORMATION

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

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

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

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

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

MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
1-573-751-2005

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

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

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

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

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

NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid
1-800-541-2831

NORTH CAROLINA – Medicaid
https://medicaid.ncdhhs.gov | 1-919-855-4100

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

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

OREGON – Medicaid
http://healthcare.oregon.gov/Pages/index.aspx | 1-800-699-9075

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

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

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

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

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

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
https://dvha.vermont.gov/members/medicaid/hipp-program
1-800-250-8427

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

WASHINGTON – Medicaid
https://www.hca.wa.gov | 1-800-562-3022

WEST VIRGINIA – Medicaid
https://dhhr.wv.gov/bms | http://mywvhipp.com
Medicaid: 1-304-558-1700
CHIP Toll-free: 1-855-MyWVHIPP (1-855-699- 8447)

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

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

DEFINITIONS

Affordable Care Act (ACA): The Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA) is a United States federal statute signed into law by President Obama in March 2010. The law puts in place comprehensive health insurance reforms.

Annual Maximum: Total dollar amount a plan pays during a policy year toward the covered expenses of each person enrolled.

Out-of-Pocket Maximum: The maximum amount of coinsurance a Plan member must pay towards covered medical expenses in a policy year for both network and non-network services. Once you meet this out-of-pocket maximum, the Plan pays the entire coinsurance amount for covered services for the remainder of the policy year. Deductibles and copays apply to the annual out-of-pocket maximum.

Coinsurance: A percentage of the medical costs, based on the allowed amount, you must pay for certain services after you meet your annual deductible.

Conversion: An Associate changes or "converts" her/his Group Life coverage to an Individual Life Insurance policy without having to answer any medical questions. Conversion is for an Associate who is leaving her/his job, reducing hours, or has reached the age when coverage may be reduced or eliminated, and still wants to maintain the protection that life insurance provides.

Copayment: A set dollar amount you pay for network doctors' office visits, emergency room services and prescription drugs.

Deductible: Total dollar amount, based on the allowed amount, you must pay out of pocket for covered medical expenses each policy year before the plan pays for most services. The deductible does not apply to network preventive care and any services where you pay a copayment rather than coinsurance. Some of your dental options also have an annual deductible, generally for basic and major dental care services.

Brand Formulary Drugs: The brand formulary is an approved, recommended list of brand-name medications. Drugs on this list are available to you at a lower cost than drugs that do not appear on this preferred list.

Generic Drugs: These drugs are usually most cost-effective. Generic drugs are chemically identical to their brand-name counterparts. Purchasing generic drugs allows you to pay a lower out-of-pocket cost than if you purchase formulary or non-formulary brand name drugs.

Maintenance Drugs: Prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

Non-Formulary Drugs: These drugs are not on the recommended formulary list. These drugs are usually more expensive than drugs found on the formulary. You may purchase brand-name medications that do not appear on the recommended list, but at a significantly higher out-of pocket cost.

PDP Fee: PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefits maximums.

Portability: An Associate carries or "ports" her/his current Group Life coverage after employment ends, without having to answer any medical questions. Portability is for an Associate who is leaving her/his job and still wants to maintain the protection that life insurance provides.

Pre-tax Plan: A plan for active employees that is paid for with pre-tax money. The IRS allows for certain expenses to be paid for with tax-free dollars. The state takes premiums out of your check before taxes are calculated, increasing your spendable income and reducing the amount you owe in income taxes. Consequently, the IRS has tax laws that require you to stay in the plans you select for a full policy year (January through December). You can only make changes during Open Enrollment or if you have a Qualifying event.

Primary Care Physician (PCP): The health care professional who monitors your health needs and coordinates your overall medical care, including referrals for tests or specialists.

Provider: Any type of health care professional or facility that provides services under your plan.

Network: A group of health care providers, including dentists, physicians, hospitals and other health care providers, that agrees to accept pre-determined rates when serving members.

Qualifying Event (QLE): An occurrence that qualifies the Subscriber to make an insurance coverage change outside of the Open Enrollment. (For example: marriage, divorce, birth, adoption, loss of other coverage, etc.)

Reasonable and Customary Charge (R&C): R & C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentist's in the same geographic area for the same or similar services as determined by Metlife.

Specialty Drugs: Prescription medications that require special handling, administration or monitoring. These drugs may be used to treat complex, chronic and often costly conditions.

CONTACT INFORMATION

Plan	Group Number	Website	Phone Numbers
ICHRA Medical	N/A	www. zizzlhealth.com	1-414-800-2278
United Health Care Dental	Group # 752887	www.uhc.com	1-800-638-3120
United Health Care Vision	Group # 752887	www.uhc.com	1-800-638-3120
Prudential Ancillary Benefits	Group # P12831A	www.prudential.com	1-800-496-1035
ComPsych GuidanceResources Employee Assistance Program (EAP)		www.guidanceresource.com	1-800-311-4327
Benefit Resource, Inc. FSA & Commuter Benefit Plan		www.BRI.com	1-800-882-4462
ARAG Legal Plan	18620	https://www.araglegal.com/individuals	1-800-255-3352
Allstate Identity Protection (InfoArmor)	4042	https://www.infoarmor.com/	1-800-789-2720
Guardian Voluntary Products	00569963	https://www.guardianlife.com	1-800-541-7846

Committee Name	Anti-Black Racism Steering Committee
Leadership	Marcella McKoy
Contact: (This will be an email address)	mckoym@graham-windham.org
Meeting Schedule:	Monthly, every last Thursday
About the Committee:	The Anti-Black Racism Steering Committee advances Graham's commitment to transforming racist systems. We facilitate dialogue on the roots of oppression and the importance of centering black people as we reconstruct our culture, policies, and practices. Our work is informed by data that demonstrates the impact of anti-Black racism on communities. We are dedicated to centering the most marginalized to amplify their voices and create lasting change for our children, families, and staff. Events show that when you center the most marginalized, you uplift all.

Committee Name	Continuity of Operations Planning (COOP)
Leadership	Piper LaMelle and Nakisha Oliver
Contact: (This will be an email address)	COOP@graham-windham.org
Meeting Schedule:	Monthly – 3rd Wednesday (3:30 – 4:30PM)
About the Committee:	Committee develops protocols that are in line with Graham's mission, vision and pillars to ensure that Graham continues to operate safely amidst any crisis that arises.

Committee Name	Graham Culture Committee
Leadership	Marcella McKoy
Contact: (This will be an email address)	culture@graham-windham.org
Meeting Schedule:	Monthly – 4th Wednesday (10:00 – 11:30AM)
For More Information:	Graham Culture Committee Teams' Page
About the Committee:	The Graham Culture Committee works to assure a respectful and inclusive organizational culture through the acknowledgement, expression and celebration of our vibrant and diverse spiritual and ideological perspectives; racial and ethnic identities; and, gender and sexual orientations which are reflected among our staff and in the communities we serve.
Committee Name	**LGBTQIA+ ThinkTank**
Leadership	Caitlin Bargmann and Clarissa Mendez
Contact: (This will be an email address)	N/A
Meeting Schedule:	Monthly – 4th Thursday (12:00-1:00PM)
For More Information:	LGBTQIA+ ThinkTank Teams' Page
About the Committee:	Forum for staff --LGBTQIA+ identified and Allies-- to build and enjoy LGBTQ+ Representation, Support, and Celebration at Graham. We come together in several ways: Topic of the Month presentation/workshops (all staff invited) and Planning meetings (members, all staff may be invited to join). We also will be gathering in person for social community activities, including celebrating Pride.

Committee Name	Pretty Tough Cookies (PTC)
Leadership	Rhea Allen and Ebony Cannon
Contact: (This will be an email address)	N/A
Meeting Schedule:	Monthly – 3rd Friday
For More Information:	N/A
About the Committee:	PTC is a networking group for female-identifying youth throughout Graham. We discuss everything from relationships to our bodies and our experiences as young women in this world. Our group is a safe place for you to get to know others and most importantly, yourself!
Committee Name	**Wellness Committee**
Leadership	Mildred Powers
Contact: (This will be an email address)	wellnesscommittee@graham-windham.org
Meeting Schedule:	Semi-weekly – Every other Tuesday (2:00 – 3:00PM)
For More Information:	N/A
About the Committee:	The Wellness Committee is committed to promoting self-care practices in the Six Dimensions (Spiritual, Emotional, Occupational, Physical, Social, and Intellectual) of staffs' lives help boost staff morale. The goal is to allow staff to recognize that "Self-care is not Selfish".



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