Mountain Community Health

2025 Benefits at a Glance

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802-453-3911
www.mchvt.org

Welcome to your 2025 benefits!

Mountain Community Health is pleased to provide you and your family with a wide range of competitive benefits. Your benefits are an important part of your total compensation. You have the flexibility to choose the benefits that are right for you and your family — to keep you physically and financially healthy now and in the future.

This benefits guide provides important information about your benefits and how to use them to your best advantage. Please review this information carefully, ask questions if needed, and make sure to enroll by the deadline.

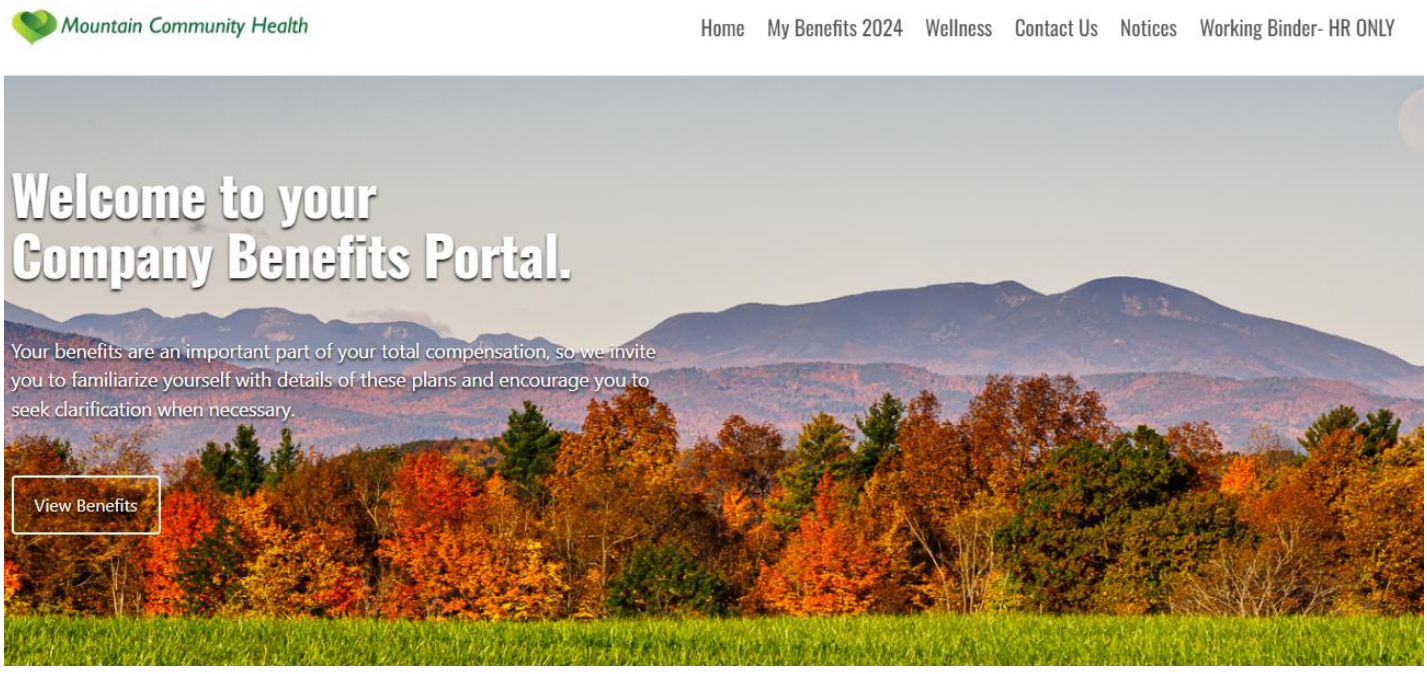
Photo Credit Howard Ignatius

All Employee Benefits Information In One Convenient Location!

The EBC is your online Employee Benefits Center. The EBC is an online benefit resource library which provides you with up-to-date benefit information, benefit summary plan documents, forms and contact information for each carrier.

Scan to access your Employee Benefits Center

Visit: https://mountaincommunity.trgportal.com



Qualifying Life Events

Changing Benefits After Enrollment

During the year, you cannot make changes to your medical, dental or vision unless you experience a Qualified Life Event, such as marriage or the birth of a child. If you experience a Qualified Life Event (examples below), you should contact the Human Resources within 30 days of the event, or you will have to wait until the next annual open enrollment period to make changes (unless you experience another Qualified Life Event).

Qualified Life Event	Possible Documentation Needed
Change in marital status	
Marriage	Copy of marriage certificate
Divorce/Legal Separation	Copy of divorce decree
Death	Copy of death certificate
Change in number of dependents	
Birth or adoption	Copy of birth certificate or copy of legal adoption papers
Step-child	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
Death	Copy of death certificate
Change in employment	
Change in your eligibility status (i.e., full-time to part-time)	Notification of increase or reduction of hours that changes coverage status
Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage

Steps to Enroll

Employee Navigator is an online benefit enrollment system that allows you to complete your benefit enrollment elections and process your own life events at the click of a button. It will also give you access to your benefits 24/7.

Scan to access Employee Navigator, your benefits enrollment system

Visit:
www.employeenavigator.com/benefits/account/login

- **Step #1**
  - **For first time users**: click on the registration link in the email you received by your administrator or click "*Register as a new user.*" Follow the prompts to create an account and your own username and password.
  - **Company Identifier =** MH Center
  - **For returning users**: Login with the username and password you selected. If you have forgotten your password, you can click "*Reset a forgotten password*."
- **Step #2**
  - After you have logged in, click "*Let's Begin*" to complete your required tasks.
- **Step #3**
  - Complete any onboarding tasks before enrolling in your benefits. You will be all set when you see a green checkmark next to Onboarding on the screen.
  - Once you've completed these tasks, click on "*Start Enrollment*" to begin enrolling in your benefits.
  - After you've clicked "*Start Enrollment*" you will need to complete some personal & dependent information before making your benefit elections.
- **Step #4**
  - To enroll dependents in a benefit, click the checkbox next to the dependent's name under "*Who am I enrolling?"*
  - Once you've selected who you would like covered under the benefit plan, the cost to you per pay period will appear.
  - To elect the benefit plan, simply click "*Select Plan*" found underneath the plan cost and then click "*Save & Continue*" found at the bottom of each screen to save your elections.
  - If you do not want a benefit offered, click "*Don't want this benefit*" at the bottom of the screen and select a reason from the drop-down menu.
- **Step #5**
  - If you have elected any benefits that require a beneficiary designation, Primary Care Physician or completion of and Evidence of Insurability form, you will be prompted to add in those details.
- **Step #6**
  - Review the benefits you have selected on the enrollment summary page to confirm they are correct and then click "Sign & Agree" to complete your enrollment.
  - You can either print a summary of your elections, or login at any time to view the summary online.

2025 Medical Insurance

The table below summarizes the key features of the medical coverage. Please refer to the official plan documents for additional information on coverage and exclusions.

	MVP VT Gold 1	MVP VT Reflective Silver 3	MVP VT Bronze 3 HDHP
	In-Network	**In-Network**	**In-Network**
Calendar Year (Embedded) Deductible**			
Individual	**$1,400**	**$3,500**	**$5,800**
Family	**$2,800**	**$7,000**	**$11,600*** **
Calendar Year Out-of-Pocket Maximum (Includes Deductible)			
Individual	**$5,600**	**$9,200**	**$7,100**
Family	**$11,200**	**$18,400**	**$14,200*** **
	You pay		
Coinsurance	30%	50%	50%
Preventive Care	$0	$0	$0
24/7 virtual care with Gia *Includes urgent and emergency care, same-day primary and specialty care and behavioral health support.*	$0	$0	$0*
Primary Care Physician	3 visits per member at no cost share, then $20	3 visits per member at no cost share, then $40	$0 *
Specialist	$55	$90	$0 *
Urgent Care	$65	$100	$0 *
Emergency Room	$150 *	$250 *	$0 *
Lab & X-ray	30% *	50% *	$0 *
Hospitalization	30% *	50% *	$0 *
Diagnostic Imaging (MRI/CT)	30% *	50% *	$0 *
Pharmacy			
Rx Deductible	$200/$400	$500/$1,000	Combined with medical
Rx Out of pocket max Individual Family	 $1,600 $3,200	 $1,600 $3,200	 $1,650 $3,300
Retail Rx (up to 30-day supply)			
Generic	$15	$15	$12 *
Preferred Brand-Name	$60	$70	40% *
Non-Preferred Brand-Name	50% *	50% *	60% *
	50% *	50% *	60% *
Mail Order Rx (90-day supply)	$37.50/$150/50% *	$50/$175/50% *	$30/40% */60% *

**After Deductible*

**Members must cover all provider costs until they reach their individual deductible. For families, each member must meet their own deductible, and once the total expenses reach the overall family deductible, the plan will begin to pay.

Preventive Medications not subject to deductible.

*** No Individual will pay more than the government mandated out of pocket maximum of $9,200.

Employee Premiums: Semi-Monthly Cost

2025 Medical Rates	MVP VT Gold 1	MVP VT Reflective Silver 3	MVP VT Bronze 3 HDHP
Employee	$0	*$0	**$0
Employee + Spouse	$456.16	$263.87	$184.97
Employee + Children	$424.23	$238.67	$162.53
Family	$825.65	$555.48	$444.63

2025 Dental Rates	
Employee	$2.71
Employee + One	$13.77
Employee + Two or more	$29.62

2025 Vision Rates	
Single	0.00
Employee + One	$0.60
Employee + Children	$0.64
Family	$1.64

If you choose **Employee Only** coverage for:

* **Reflective Silver 3** Health Plan, MCH will contribute up to $2,307.60 per year to an HRA.
** **Bronze 3 HDHP** Health Plan, MCH will contribute $135.60 per pay period, up to $3,254.28 per year to your HSA.

HSA qualified expenses are set by the IRS and HSA funds are managed by the employee. All record keeping requirements are the employee's responsibility.

Medical

Mountain Community Health's medical coverage provides you and your family the protection you need for everyday health issues or unexpected medical expenses.

How Medical Coverage Works

When you enroll in medical coverage, you pay a portion of your health care costs when you receive care and the plan pays a portion, as detailed below. Preventive care, like physical exams, flu shots and screenings, is always covered 100% when you use in-network providers. The key difference between the plans is the amount of money you'll pay each pay period and when you need care.

The plans have different:

- **Deductibles** — the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay a portion of the costs.
- **Copays** —a fixed amount you pay for a health care service. Copays do not count toward your annual deductible but do count toward your annual out-of-pocket maximum.
- **Coinsurances** — Once you've met your deductible, you and the plan share the cost of care, which is called coinsurance. For example, you pay 20% for services and the plan pays 80% of the cost until you reach your annual out-of-pocket maximum.
- **Out-of-pocket maximums** — the most you will pay each year for eligible in- or out-of-network services, including prescriptions. After you reach your out-of-pocket maximum, the plan pays the full cost of eligible health care services for the rest of the year.
- **Prescriptions** — Deductible, coinsurance and copays may apply.

Before You Enroll, Consider This:

1. Think about the per-pay-period cost and out-of-pocket expenses you will incur and your possible future medical expenses. The option that has the highest per-pay-period cost typically has a lower deductible, pays more and/or copays when you need care.
2. Want to stay with your doctor? Ensure they are in the MVP VT/VT Plus network by visiting https://www.mvphealthcare.com/find-care. If they're out of network, services may not be covered or may be more expensive.
3. Consider the cost of services and prescription drugs you expect to receive during the year.

Telemedicine

Telemedicine technology gives you access to the providers you know and trust, all from the convenience of your home – or anywhere! The *Gia by MVP* mobile app is a guide to your health and your health plan, with 24/7 access to virtual care and important plan information. *Gia by MVP's* virtual care services by MVP provides fast access to your plan info, including your MVP ID card, new and past claims, progress towards deductibles and more. All for $0, after deductible.

In-person visits and referrals are subject to cost-share per plan. Members enrolled in a Medicare Rx plan without additional MVP medical coverage do not have access to MVP virtual care services through Gia.
If you have a life-threatening medical emergency, call 911 immediately.

Download the Gia by MVP Mobile App for:

- 24/7 Urgent and Pediatric care
- Same-day treatment for many health concerns
- Message a doctor 24/7
- Medication management
- Virtual

If you have an urgent medical need, call Gia:
877-GoAskGia
(877-462-7544)

Download on the App Store | GET IT ON Google Play

Health Savings Account (HSA)

A Health Savings Account (HSA) is a personal savings account that you own and can use to pay for qualified out-of-pocket medical expenses. Your contributions to the HSA are taken out of your paycheck and are tax-free. Once you enroll in the HSA, you'll receive a debit card to pay for qualified out-of-pocket medical expenses.

If you decide to enroll in **Employee Only** coverage, on the **MVP VT Bronze 3 HDHP** Health Plan, MCH will contribute $135.60 per pay period to your HSA. HSA qualified expenses are set by the IRS and funds are managed by the employee. All record keeping requirements are the employee's responsibility. You will be also be responsible for choosing a bank in which to open an HSA account with.

How a Health Savings Account (HSA) Works

Eligibility
Anyone who is:
- Covered by a High Deductible Health Plan (HDHP);
- Not covered under another medical plan that is not a High Deducible Health Plan (HDHP);
- Not enrolled in Medicare benefits; or
- Not eligible to be claimed on another person's tax return

Eligible Expenses
You can use your HSA to pay for medical, dental, vision and prescription drug expenses incurred by you and your eligible family members. Please note: Funds available for reimbursement are limited to the balance in your HSA.

Using Your Account
Use the debit card linked to your HSA to cover eligible expenses — or pay for expenses out of your own pocket and save your HSA dollars for future health, dental or vision expenses.

Your HSA is always yours – no matter what
One of the best features of an HSA is that money left over at the end of the year remains in the account so you can use it the following year or at any time in the future. If you leave the Mountain Community Health or retire, your HSA goes with you.

If you enroll in the 2025 Bronze High Deductible Health Plan:

Coverage Level	2025 Annual IRS Limit	MCH Employer Contribution	You Can Contribute
Employee Only	$4,300	$3,254.28	$1,045.72
Employee + Spouse	$8,550	N/A	$8,550
Employee + Child(ren)	$8,550	N/A	$8,550
Family	$8,550	N/A	$8,550
Age 55+ Catch Up	$1,000	N/A	$1,000

Health Savings Account (HSA)

The Triple Tax Advantage

HSAs offer three significant tax advantages:

1. You can use your HSA funds to cover qualified medical expenses, including dental and vision expenses — tax-free.
2. Unused funds grow and can earn interest over time — tax-free.
3. You can save your HSA dollars to use for your health care when you leave Mountain Community Health or retire — tax-free.

If you want to pay less per paycheck for health care coverage and save tax-free money for future medical expenses, consider enrolling in the HDHP with HSA.

How a High Deductible Health Plan (HDHP) and a Health Savings Account (HSA) Work Together

Year 1 Example: You enroll in the HDHP with HSA during enrollment		Year 2 Example: You enroll in the HDHP plan again next year
You contribute $4,000 for a total of $4,000		$3,300 rolls over from last year and you contribute $4,000 for a total of $7,300
You use the HSA to pay $700 of eligible expenses		You use the HSA to pay $1,300 of eligible expenses
You have $3,300 in the HSA to roll over to next year!		**You have $6,000 in the HSA to roll over to next year!**

For the HSA Employer Contribution:

- You must choose **Employee Only** coverage for the **Bronze 3 HDHP** Health Plan
- MCH will contribute **$135.60** per pay period to an HSA.
- *Employees are responsible for establishing a Health Savings Account (HSA) at the bank of their choice.*

Health Reimbursement Arrangement (HRA)

What is an HRA?

Health Reimbursement Arrangements (HRAs) are employer-funded group health plans from which employees are reimbursed tax-free for qualified medical expenses up to a fixed dollar amount per year. The employer funds and owns the arrangement. Funds can only be used for eligible Medical, Dental, and Vision services.

If you choose to enroll in **Employee Only** coverage on the **MVP VT Reflective Silver 3** Health Plan, Mountain Community Health will fund an HRA account of up to $2,307.60 per year through MVP Health Care, beginning on January 1, 2025 to offset your deductible. Contributions for newly-eligible employees will be prorated.

Who pays the provider?
MVP Health Care. At the time of service, any eligible expenses will be paid by your HRA, up to your HRA Account balance. Once your HRA Balance has been exhausted, you must pay all copays and/or charges out of pocket until you reach your deductible of $3,500.

Can I use my HRA to pay for prescriptions?
Yes! You will receive a Debit card to use for prescriptions. If you need a prescription, you will simply use your HRA Debit card at the point of sale.

What is preventive care and why is it important?

Prevention and wellness are vital to have a long and healthy life. Focusing on preventive care can reduce the risk of chronic disease, maintain independence as you grow older, and improve your quality of life.

Examples of preventive care:

- Vaccinations: flu shots and other immunizations
- Screenings: blood pressure, cholesterol, diabetes and more
- Counseling: for tobacco use, alcohol misuse, depression and health eating
- Annual wellness visits: regular visits with your healthcare provider

Preventive care aims to detect and treat common conditions as early as possible – when outcomes are better and treatments may be less expensive. Ask your provider if the services you need are preventive.

How does preventive care affect my medical costs?

Preventive care is important at every stage of life and is usually covered at no cost.

No co-pays & no deductible - $0 cost to you!

Flexible Spending Account (FSA)

What is a Flexible Spending Account? Flexible Spending Accounts provide you with an important tax advantage that can help you pay healthcare and dependent care expenses on a pre-tax basis.

Annual Maximum & Utilization: The annual maximum amount you may contribute to this FSA in 2025 is $3,300. This program allows employees to use pre-tax dollars for certain IRS-approved expenses. By anticipating your family's healthcare and dependent care costs for the next year and setting aside money, you can lower your taxable income. Members receive a debit card to use for eligible expenses, making payments hassle-free. Any unused FSA dollars up to *$660 may be rolled over into the following plan year to use for eligible expenses only. Any unused funds in your FSA account are typically forfeited at the end of the calendar year and do not carry over to the next year. It is important to utilize these funds within the designated timeframe. Use it or lose it!

Some examples include:

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution and eyeglasses
- Dental services and orthodontia
- Medical and Rx deductibles; Co-pays & Co-insurance

Limited Purpose FSA

Employees who enroll in the MVP VT Bronze HPHD HSA Health Plan and also elect to contribute to a Health Savings Account (HSA) may still elect a medical FSA but will only be able to use funds for dental & vision expenses. This type of FSA is called a Limited Purpose FSA. Any unused FSA dollars up to $640 may be rolled over into the following plan year to use for eligible expenses.

*Subject to change per IRS annual limits

Dependent Care Account (DCA)

The dependent care flex account allows you to reimburse yourself with pre-tax dollars for daycare expenses for your children under age 13 and other qualified dependents. You can contribute up to $5,000 per year; $2,500 if you and your spouse file your taxes separately.

Eligible Day Care Expenses:

• Childcare/Adult Care by a licensed childcare facility for children under age 13 who qualify as dependents on your federal income tax return.
• Childcare/Adult Care for children or adult of any age who are physically or mentally unable to care for themselves and who qualify as dependents.

Ineligible Day Care Expenses

• Child support payments & overnight camp.
• Food, clothing, entertainment, educational supplies and activity fees.
• Cleaning and cooking services not provided by the day care provider.

2025 Dental Insurance

Dental insurance helps cover the costs you pay each time you see the dentist including cleanings and X-rays. This coverage is designed to help pay a percentage of associated dental care costs after a member receives dental care.

To find out if your dentist participates in the Delta Dental PPO network, you can call your dentist, visit the website at https://dentistsearch.nedelta.com/ or call Customer Service at 1-800-832-5700.

Delta Dental Basic Plan Features	
Preventative	100% coverage No deductible No waiting period
Basic	60% coverage Deductible applies No waiting period
Major	50% coverage Deductible applies 6 month waiting period

Additional Provisions	
Annual Deductible	$50/$150 one-time deductible per individual/family
Combined maximum	Maximums for preventative, basic, and major procedures are combined. Calendar year maximums are $1,000 per person.
Double-up Max	Spend $500 or less and complete at least one exam or cleaning, to roll $250 over to next year's annual maximum, up to a maximum of $2,000.
Plan type/Network	PPO (https://dentistsearch.nedelta.com/)

DELTA DENTAL®

2025 Vision Insurance

Vision insurance is designed to help you cover the cost when you go to visit an optometrist. This coverage is designed to help pay a percentage of associated vision care costs after a member receives vision care.

To find out if your eye care provider participates in the VSP network, you can visit the website at https://www.vsp.com/eye-doctor.

VSP Choice Network	
Exams	Every 12 months, one exam is covered in full after $10 copay
Retinal Screening for those with diabetes	$0 per screening
Essential Medical Eye Care	$20 per exam • Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. • Coordination with your medical coverage may apply. Ask your VSP doctor for details. • Available as needed
Extra Savings	**Glasses and Sunglasses** • Extra $20 to spend on featured frame brands. Go to **vsp.com/offers** for details. • 20% savings on complete pair of prescription glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months from your last WellVision Exam. **Contacts** • 15% savings on a contact lens exam (fitting and evaluation) **Laser Vision Correction** • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

vsp vision care

Employer Paid Basic Group Term Life & Accidental Death & Dismemberment (AD&D)

Life insurance will pay your beneficiary a lump-sum payment if you should pass away while covered under the term of this policy. The money can help your family pay for basic living expenses, final arrangements, tuition and more. AD&D insurance is also provided, which can pay a benefit if you survive an accident but have certain, serious injuries. It can pay an additional amount if you die from a covered accident.

Protect what means the most to you, the people you love. If something were to happen to you, your life insurance proceeds would go to the people you've designated as your beneficiaries.

Principal®

Group Life and AD&D	Benefit	Guaranteed issue	Benefit reduction
You	$50,000	$50,000	35% reduction at age 65, with an additional 15% reduction at age 70

Employee Paid Voluntary Term Life & Accidental Death & Dismemberment (AD&D)

Voluntary Life and AD&D is optional coverage that provides an extra layer of protection on top of the Group Life and AD&D already offered by Mountain Community Health. You may elect additional coverage for yourself, as well as coverage for your spouse or child.

Principal®

Voluntary Life and AD&D	Benefit	Guaranteed issue	Benefit reduction
You	$10,000 - $300,000	$100,000	35% reduction at age 65, with an additional 15% reduction at age 70
Spouse	$5,000 - $100,000	<70 yrs. $25,000 >70 yrs. $10,000	
Child	$10,000	$10,000	

Short-Term Disability (Employer Paid)

Help protect one of your most valuable assets - the ability to earn an income. If you're temporarily disabled and can't work for a short amount of time, you can rely on short-term disability insurance to replace a portion of your weekly income.

Your primary weekly benefit is 60% of your pre-disability earnings to a maximum of $1,615, minus other income sources. Other income sources could include but aren't limited to Social Security, other earnings, worker's compensation, state disability (if applicable), and salary continuance. Your benefits are determined by your base wage.

Group Short – Term Disability Coverage	
Primary weekly benefit	60% of your earnings to a maximum of $1,615
Elimination period	Benefits begin on the 15th day for injuries and the 15th day for sickness
Benefit payment period	Up to 90 days
Maternity	Pregnancy and childbirth are treated the same as any other disability

Long-Term Disability (Employer Paid)

Your primary monthly benefit is 60% of the first $11,667 of your pre-disability earnings to a maximum of $7,000, minus other income sources.

Group Long – Term Disability Coverage	
Primary monthly benefit	60% of your earnings to a maximum of $7,000
Elimination period	90 Days
Maximum benefit payment period	To Social Security Normal Retirement Age (SSNRA)

Voluntary Accident Insurance (Employee Paid)

When you, your spouse, or child has a covered accident, like a fall from a bicycle that requires medical attention, you can receive cash benefits to help cover the unexpected costs. You can use accident benefits to help cover related expenses like lost income, childcare, deductibles, and co-pays. Accident benefits can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are paid directly to you.

You can elect to cover yourself, your spouse, and your children up to age 26.

Coverage	Twice-Monthly Premium
Employee	$5.02
Employee and Spouse	$7.72
Employee and Children	$8.64
Employee and Family	$13.33

Eye Injury with surgical repair: $500
Concussion: $500
Dislocation: $1,500 - $7,500
Fractures: $500 - $10,000
Dental Injury: $500
Burns: range from $500 to $5,000
And more!

Voluntary Critical Illness (Employee Paid)

When you, your spouse, or child is diagnosed with a covered condition, like a heart attack, cancer, stroke, or kidney failure, you can receive a cash benefit to help cover the unexpected costs not covered by your health plan. Critical Insurance benefits can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are paid directly to you. What's more, all family members on your plan are eligible for a wellness-screening benefit, also paid directly to you once each year per covered person.

You can elect up to $50,000 for yourself, $25,000 your spouse. Dependent child(ren) are automatically covered at 25% of the Employee coverage amount.

Covered illnesses include:

- Alzheimer's Disease
- Cancer
- Heart Attack
- Stroke
- Parkinson's Disease
- Multiple Sclerosis
- And more!

Please visit your EBC for a complete summary of covered illnesses and Rate Table.

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Employee Assistance Program (EAP)

Mountain Community Health provides eligible employees with an Employee Assistance Program (EAP) through Principal. The EAP is a confidential resource that you can access when you need someone to talk to about finding resources, a family matter, stress, or a personal problem of any kind.

With Principal's EAP, you and your family have access to free, confidential resources to help handle life's everyday and not so everyday challenges.

Life's challenges don't always happen during regular business hours. Your EAP services are available 24 hours a day, 7 days a week, 365 days a year.

EAP Services can help with:

- **In-person or virtual counseling**
  - One valuable way to work through personal or work issues is by talking with a professional. You and your family can meet with a licensed, EAP professional in person, via text message or by live chat, video or phone sessions. Three counseling sessions per year are included.
- **Legal, financial and identity theft services**
  - Legal services: Receive a free 60-minute consultation to help deal with issues such as car accidents or family law.
  - Financial wellness: Receive three free 30-minute consultations. This may include help with budget planning, debt consolidation, or retirement planning.
  - Identity Theft resources: Receive a free 60-minute consultation to help restore your identity if stolen.
- **Work-life web services**
  - You and your family can access webinars, live talks, and articles on topics such as child and elder care, education, parenting and more.

Contact your EAP by phone or website for expert assistance – it's free, fast and effective.
800-450-1327

Member.MagellanHealthcare.com

When you create an account, enter **Principal Core** as the program name.

Principal®

Medicare Navigation & Tuition Repayment Assistance offered by The Richards Group

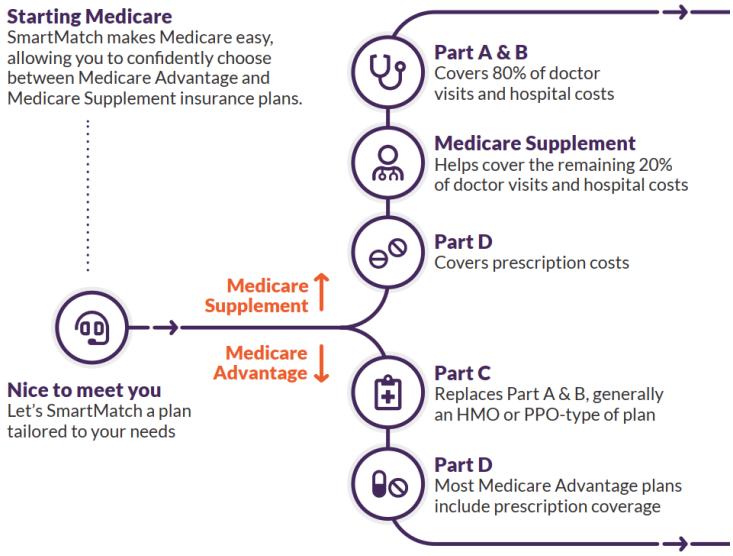
Medicare Navigation: SmartConnect

Medicare is very complex, and it is important that you have an advocate who can provide you the proper Medicare education and guidance.

There are different paths you can choose in Medicare plans, and it can be very time consuming and difficult to filter through these options yourself. It is important that you find the appropriate plan in your area that best fits your medical needs and is within your financial budget.

Mountain Community Health has partnered with SmartConnect™ an exclusive, no-cost program created specifically to connect Medicare-eligible working adults to the world of Medicare benefits. This resource will simplify the Medicare enrollment process by providing you the education, plan evaluation and enrollment assistance.

Visit SmartConnect:
https://gps.smartmatch.com/mch
or scan the QR code



Tuition Repayment Assistance: GradFin

The Gradfin Tuition Repayment Assistance Program is designed to help employees pay back student loan debt and improve their financial well-being. Consultation services provided through GradFin are provided to employees free of charge. Their services include:

- One-on-one education consultations to review your current loan status and discuss personalized payoff options to save on your loans
- Competitive interest rate reduction when you refinance your loans.
- The lowest interest rates in the industry through their lending platform which is made up of ten lenders to maximize the chances that you will be approved for a new loan.

To schedule a one-on-one consultation visit:
www.gradfin.com/platform/trg/ or scan the QR code

GradFin
GRADUATE FINANCIAL SOLUTIONS

Pet Insurance (Employee Paid)

How do I enroll?

To enroll, visit: www.PinPaws.com/mchvt and follow the steps.

Monthly premiums will vary depending on the age and breed of your dog or cat, as well as which plan or customizations you choose. Monthly premiums will be paid by credit card.

Enrollment is not limited to Open Enrollment window or new hire eligibility.

- Coverage for Cats and Dogs of All Ages & Breeds
- No Initial Exam/Past Vet Notes Required
- Accident Coverage Starts at Midnight
- Customizable Deductible and Out-of-Pocket Max
- Annual Max Payouts as Opposed to Per Incident
- Choose Your Reimbursement Percentage
- Multiple Value-Added Benefits Included
- Routine Care Option Available with Customized Plans
- Available in All 50 States

For more information, visit
www.pinpaws.com/mchvt
or call 844-746-7297

PIN PAWS

MCH BeWell Program

MCH supports your efforts in achieving and maintaining a healthier lifestyle. We do so by reimbursing you a portion of the expenses associated with your wellness activities and equipment. This program offers you the flexibility to choose components of well-being that best fulfills your needs and preferences.

Reimbursement for approved items is easy!

- Complete BeWell reimbursement form and submit to Finance for processing.
  - Review Committee reserves the right to review all submissions for reimbursement and will notify you with questions or if additional information needs to be provided.
  - Reimbursement for purchases will be provided within 2 pay periods.

Approved items include:

- Gym Memberships
- Sports/Recreation Equipment
- Fitness Classes
- Massage
- Fitness Apps & More!

Contact HR or visit your Employee Benefits Center (EBC) at www.mountaincommunity.trgportal.com for more information.

Program year runs from July 1st through June 30th.

Mountain Community Health

Eligibility & Contact Information

Benefit	Eligibility	Waiting Period	Contact Information
Medical and Flexible Spending Accounts	Minimum 30 hours/week	1st of the month following 30 days of employment	**MVP Health Care** 800-852-7826 www.mvphealthcare.com
Dental Insurance	Minimum 30 hours/week	1st of the month following 30 days of employment	**Northeast Delta Dental** 800-832-5700 www.nedelta.com
Vision Insurance	Minimum 30 hours/week	1st of the month following 30 days of employment	**VSP: Vision Insurance** 800-877-7195 www.vsp.com
Group Short Term Disability, Group Long Term Disability	Minimum 30 hours/week	1st of the month following 30 days of employment	**Principal** 800-986-3343 www.principal.com
Basic Life and AD&D	Minimum 30 hours/week	1st of the month following 30 days of employment	**Principal** 800-986-3343 www.principal.com
Voluntary Life and AD&D, Accident Insurance, Critical Illness	Minimum 30 hours/week	1st of the month following 30 days of employment	**Principal** 800-986-3343 www.principal.com
Pet Insurance	All employees	1st of the month following 30 days of employment	**Pin Paws** 844-746-7297 www.pinpaws.com/mchvt
Employee Assistance Program (EAP)	All employees	Date of Hire	**Principal** 800-450-1327 www.Member.MagellanHealthcare.com

Eligible Dependents Include:

- Spouse
- Children under the age of 26, regardless of student, dependency or marital status
- Children past the age of 26 who are fully dependent on you for support due to a mental or physical disability (and are indicated as such on your federal tax return).

Should you have any questions regarding your benefits or any other component of your employment with us, we invite you to contact our Human Resource Department:

HR Director Nancy Kusner 802-453-6861 nkusner@mchvt.org

Additional Information & Notices

COBRA Information:

COBRA continuation coverage is a temporary extension of coverage under the group health plan. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation cover age can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Benefits Coordinator in Human Resources.

Health Insurance Marketplace:

You may have other options available to you when you lose group health coverage. You may be eligible to buy an individual plan through the Health Insurance Marketplace (www.healthcare.gov). By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

HIPAA Information:

Special Enrollment Right Mandated by the Health Insurance Portability and Accountability Act of 1996

Group health plans and health insurance insurers are required to provide special enrollment periods during which individuals who previously declined coverage for themselves and their dependents may be allowed to enroll without having to wait for the plan's next open enrollment period. A special enrollment period can occur if a person with other health coverage loses that coverage or if a person becomes a new dependent through marriage, birth, adoption or placement for adoption. If you refuse enrollment for yourself or your dependents for medical coverage, you may later enroll within 30 days of a change in family status or loss of health coverage.

Individuals may not be denied eligibility or continued eligibility to enroll for benefits under the terms of the plan based on specified health factors. In addition, an individual may not be charged more for coverage than similarly situated individuals based on these specific health factors.

Effective April 1, 2009, the Children's Health Insurance Reauthorization Act of 2009 (CHIPRA) created a new 60-day special enrollment period for eligible employees and dependents to immediately enroll in the plan if they become ineligible for Medicaid or any state's Children's Health Insurance Program (CHIP) and lose coverage or become eligible for that state's premium assistance program. The employee must request coverage within 60 days after the termination of coverage or the determination of subsidy eligibility.

Women's Health and Cancer Rights Act of 1998 (WHCRA):

WHCRA requires a group health plan to notify you, as a participant or a beneficiary, of your potential rights related to coverage in connection with a mastectomy. Your plan may provide medical and surgical benefits in connection with a mastectomy and reconstructive surgery. If it does, coverage will be provided in a manner determined in consultation with your attending physician and the patient for a) all stages of reconstruction on the breast on which the mastectomy was performed; b) surgery and reconstruction of the other breast to produce a symmetrical appearance; c) prostheses; and d) treatment of physical complications of the mastectomy, including lymphedema. The cover age, if available under your group health plan, is subject to the same deductible and coinsurance applicable to other medical and surgical benefits provided under the plan. For specific information, please refer to your summary plan description or benefits booklet, or contact Human Resources.

THIS IS ONLY A SUMMARY, NOT A CERTIFICATE OF INSURANCE

The information contained in this Employee Benefits Summary is presented for illustrative purposes only and is based on information provided by the employer and in certificates of insurance supplied by the insurance carrier. The Richards Group, your company's insurance broker, has prepared this Summary to assist employees in understanding their company's benefits plan. While every effort has been made to describe these benefits accurately, discrepancies or errors are possible. You should also read the actual plan documents in their entirety. If there is a discrepancy between the Employee Benefits Summary and the actual plan documents, the plan documents will prevail. If you have any questions about the Employee Benefits Summary, please contact Human Resources.

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)

Annual Maximum Benefit: A cap on the benefits your insurance Mountain Community Health will pay in a year while you're enrolled in a particular benefit plan. After an annual limit is reached, you must pay all associated health care costs for the rest of the year.

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 provider who balance bills is typically known as an out-of-network provider. An in-network provider cannot balance bill you for covered services.

Coinsurance: The percentage of costs of a covered health care service you pay (20%, for example) after you've paid your deductible.

Copayment (copay): A fixed amount ($20, for example) you pay for a covered health care service after you've paid your deductible. Copays can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.

Deductible: The amount you pay for covered health care services before your insurance plan starts to pay. With a $2,000 deductible, for example, you pay the first $2,000 of covered services yourself. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance Mountain Community Health pays the rest. Your deductible starts over each plan year.

Guarantee Issue Amount: The amount of coverage you can be automatically approved for. If you apply for more coverage than the guaranteed issue amount, you will have to complete an Evidence of Insurability form and be approved for your coverage amount. Usually only available at your first enrollment opportunity.

In-Network: Providers who contract with your insurance carrier. In-network coinsurance and copayments usually cost you less than out-of-network providers.

Out-of-Network: Providers who don't contract with your insurance carrier. Out-of-network coinsurance and copayments usually costs you more than in-network coinsurance. In addition, you may be responsible for anything above the allowed amount (see Balance Billing).

Out-of-Pocket Maximum: The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your plan pays 100% of the costs of covered benefits. The out-of-pocket limit doesn't include your monthly premiums. It also doesn't include anything you may spend for services your plan doesn't cover.

Prescription Drug Formulary: A list of prescription drugs covered by a prescription drug plan. Also called a drug list.

Prior Authorization: Approval from a health plan that may be required before you get a service or fill a prescription in order for the service or prescription to be covered by your plan.

Preventive Care: Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.

Embedded Deductible: Generally, members must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

Notes

Mountain Community Health