



Broadview Multi-Care Center

SKILLED NURSING & REHABILITATION

Employee Benefits Enrollment Guide | **2026**

As employees of Broadview Multi-Care Center, we care for others every day, regardless of what department we work in. Our residents' health and well-being are at the forefront of our minds in all we do. In order to be engaged and effective caregivers, we must take care of our own health and well-being, as well as that of our families. This comprehensive benefit package encourages our staff to focus on all facets of wellness. The enhanced benefit choices available to you allow you to customize your coverage based on your unique needs.

We understand that healthcare costs can be a stressor as the cost of healthcare continues to rise across the nation. There are three medical insurance plans available to our employees – the PPO Plan, HMO Plan and a Qualified High Deductible Health Plan with a pre-tax HSA account. These services give our employees convenient, 24/7 access to physicians that can save you copay costs from office or urgent care visits. We continue to offer discounted premiums for employees who are tobacco free. For those who are smokers, we offer smoking cessation education to help you take steps towards better health and reduced healthcare costs.

Please read this benefit guide carefully so that you understand the options available to you. If you have any questions about these benefits, or your eligibility, please contact the Human Resources Director.

Thank you for being a valued part of our team and for your continued dedication to our residents.



2026 Employee Benefits Enrollment Guide

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This booklet is intended as a high level overview and is for informational purposes only. The plan documents, insurance certificates and policies will serve as the governing documents to determine plan eligibility, benefits and payments. In the case of conflict between the information in this booklet and the official plan documents, the plan will always govern.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice.



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Eligibility

This guide provides a summary of benefits you may choose to elect as an eligible employee. Employees must work 30 hours per week to be eligible for benefits.

Eligible dependents include:

- Your lawful spouse, as determined by the state in which you reside.
- You or your spouse's children and stepchildren, adopted children or children placed for adoption with the eligible employee or eligible employee's spouse and any children whom you have legal custody. Any dependent children, which by court order must be provided healthcare coverage by the eligible employee or the eligible employee's spouse. Court or government approval of guardianship is required.

Spousal Medical Coverage

If you are married and your spouse is employed and eligible for healthcare coverage from his/her employer, then he/she is not eligible for the Broadview Multi-Care Center health plan, unless the cost to obtain the other employer's single coverage is more than \$160 per month. If your spouse is self-employed and does not have access to group health coverage, or if your spouse is not working or is not eligible for coverage through their employer, then he or she is eligible to participate in the Broadview Multi-Care Center health plan. If your spouse has a change in his or her employment status and becomes eligible for group health coverage, he/she must enroll in that coverage as soon as he/she is eligible. For additional information, see your HR Coordinator.

Qualified Life Events

Generally, you may only change your benefit elections during the annual enrollment period. However, you can change your benefit elections during the year if you experience a Qualified Life Event. If you have a Qualified Life Event during the year, you have 30 days to report it by contacting your HR Coordinator. Qualified Life Events must be communicated with proper supporting documentation. Qualified Life Events include:

- Marriage
- Divorce or legal separation
- Death of spouse
- Birth/adoption/legal guardianship of a child
- Covered dependent status change
- Loss of other insurance coverage
- Dependent child reaches limiting age (26 years)
- Retirement
- Spouse loss of coverage

Important: If you miss the **30 day deadline** to make a change to your life event, you cannot enroll a new dependent or make a change to your benefits until the next open enrollment period.



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MEDICAL

Health insurance does more than just pay for medical expenses. It limits out of pocket expenses, grants you access to preventive care, reduces the need to delay necessary medical care, all of which combines to offer you peace of mind. That is why we are offering the following medical plans from Anthem:

	PPO Plan <i>In-Network</i>	PPO Plan <i>Out-of-Network</i>	HMO Plan <i>In-Network only</i>	QHDHP w/HS <i>In-Network</i>	QHDHP w/HS <i>Out-of-Network</i>
Deductible					
Individual	\$3,000	\$3,000	\$5,000	\$6,000	\$12,700
Family	\$6,000	\$6,000	\$10,000	\$12,000	\$25,400
Out-of-Pocket Maximum <i>includes deductible</i>					
Individual	\$7,500	Unlimited	\$7,500	\$6,000	\$15,000
Family	\$15,000	Unlimited	\$15,000	\$12,000	\$30,000
PCP Visit	\$35	50%	\$35	Deduct. then 0%	Deduct. then 40%
Specialist Visit	\$50	50%	\$50	Deduct. then 0%	Deduct. then 40%
Coinsurance	Deduct. then 20%	Deduct. then 50%	Deduct. then 20%	Deduct. then 0%	40%
Preventive Care*	Covered at 100%	Covered at 50%	Covered at 100%	Covered at 100%	Deduct. then 40%
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Emergency Room Use	\$250 copay/visit 20% coinsurance	\$250 copay/visit 20% coinsurance	\$250 copay/visit deduct., 20% coins.	Deduct. then 0%	Deduct. then \$0
Non-Emergency Room Use†	Not covered	Not covered	Not covered	Not covered	Not covered
Urgent Care	\$50	50%	\$50	Deduct. then 0%	Deduct. then 40%
Inpatient Hospital Care	20%	50%	20%	Deduct. then 0%	Deduct. then 40%
Outpatient Hospital Care	20%	50%	20%	Deduct. then 0%	Deduct. then 40%
Prescription Drugs, 30 day supply** <i>Retail</i>					
Generic	30%, \$10 min.	N/A	30%, \$10 min.	Deduct. then 0%	Deduct. then 40%
Preferred Brand	30%, \$35 min.	N/A	30%, \$35 min.	Deduct. then 0%	Deduct. then 40%
Non-Preferred Brand	30%, \$50 min.	N/A	30%, \$50 min.	Deduct. then 0%	Deduct. then 40%
Prescription Drugs, 90 day supply** <i>Mail Order</i>					
Generic	25%, \$25 min.	N/A	25%, \$35 min.	Deduct. then 0%	Deduct. then 40%
Preferred Brand	25%, \$75 min.	N/A	25%, \$75 min.	Deduct. then 0%	Deduct. then 40%
Non-Preferred Brand	25%, \$112.50 min.	N/A	25%, \$112.50 min.	Deduct. then 0%	Deduct. then 40%

* Preventive Care examples include: Blood pressure, diabetes, and cholesterol tests; many cancer screenings, including mammograms and colonoscopies; counseling on such topics as quitting smoking, losing weight, eating healthfully, treating depression, and reducing alcohol use; regular well-baby and well-child visits, from birth to age 21.

† Non-Emergency Room Use examples include: A cold or the flu; earache; sore throat; using the emergency room for your convenience; using the emergency room during normal physician office hours for medical conditions treatable in a physician's office.

** All Specialty Drugs are excluded, contact Payer Matrix for assistance

This is not a comprehensive list of benefits. Please refer to your Certificate of Coverage for additional details. Certificate of Coverage information supersedes this booklet.





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MEDICAL

PPO Plan

The PPO Plan provides you with access to the Blue Card PPO Network. The PPO Plan includes competitive office visit and Rx copays. No referrals are required. This option provides the most network flexibility but has the highest per pay cost to you.

HMO Plan

The HMO Plan plan option is an HMO plan, so there are no out-of-network benefits. Only true emergencies will be covered at non-network hospitals. Employees choose their own primary care physician in the network, but do not need a referral for specialist care. This option is for employees who want to have office visit and Rx copays but are willing to not have access to non-network providers. This option comes with a lower per-pay cost to you.

Qualified High Deductible Health Plan (HSA Plan)

The High Deductible Health Plan (HDHP) provides you with access to the same larger Blue Card PPO Network as the PPO Plan. With this plan, there are no office visit or Rx co-pays – all services are subject to the deductible. You do receive the discounted rate for these services as long as you are seeking care from an in-network provider. The one exception is preventive care which is covered at 100%. Once you have satisfied the deductible under this plan, all additional medical and Rx needs are covered at 100%. This insurance plan can be coupled with a Health Savings Account (HSA) which allows you to put money aside on a pre-tax basis. You can use the funds in this account to pay for qualified medical, dental and vision expenses.

Smoking Cessation

For the 2026 plan year, the employee cost for health benefits is based on whether the employee uses tobacco products. Those who are tobacco-free will pay lower premiums than tobacco users. Broadview Multi-Care Center requires employees who have stated that they are tobacco-free to sign a “Tobacco Attestation” form at the time of enrollment in our health plan. Broadview Multi-Care Center may also require annual testing to confirm tobacco-free status. Failure to submit an attestation form at the time of enrollment means you will pay the larger contribution rate, regardless of your actual tobacco status.

If you are interested in quitting tobacco, we want you to have the tools you need to start on a path to better health. Broadview Multi-Care Center is offering our employees the opportunity to participate in the online program, at no cost to you. By completing the online program, you can earn the tobacco-free discount.

Anthem covers prescription and OTC brand and Generic Smoking Cessation products for members over 18. Please see below list:

- OTC (Brand and Generic)
- Nicotine Replacement Gum, Lozenge and Patch
- Chantix Tablet
- Nicotrol Inhaler

They also offer a smoking cessation program (at a cost to the member). Once the member registers on the anthem.com website, they can access the smoking cessation course there.





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SYDNEY HEALTH MOBILE APP

Receive virtual care and support through our Sydney Health mobile app

When you aren't feeling your best — physically, mentally, or emotionally — or you need guidance managing a health condition, help is available. You can connect to the care you need using our SydneySM Health mobile app. You can have a video visit with a doctor 24/7 for common health issues, and mental and emotional healthcare is available by appointment.¹ Plus, Sydney Health is your avenue to specialized programs designed to help you improve your habits and your health. Enrollment in the PPO Plan or HMO Plan is required.

Visit with a doctor for common medical concerns

Doctors are available anytime, with no appointments or long wait times. They can help you with health issues, such as a cold or the flu, allergies, sore throat, migraines, or skin rashes. During your private and secure video visit, the doctor will assess your condition, provide a treatment plan, and send prescriptions to the pharmacy of your choice, if needed.²

Receive mental or emotional healthcare

If you're feeling anxious or depressed, or having trouble coping, you can set up a video visit with a licensed therapist or board-certified psychologist or psychiatrist.³

Appointments can be scheduled within one to two weeks.¹

Psychiatrists help manage medications; they do not provide counseling or talk therapy.⁴

Here's how to access the program through virtual care:

Download our Sydney Health app.

1. Register (if you haven't yet) and log in.
2. Once you register, your username and password are the same for our app and anthem.com.
3. Select Care and then select Virtual Care.

Visit anthem.com.

1. Register (if you haven't yet) and log in.
2. Once you register, your username and password are the same for anthem.com and our Sydney Health app.
3. Select Care and then select Virtual Care.

1. Appointments subject to availability.

3. Your doctor will determine if a prescription is needed at time of visit.

4. Online counseling is not appropriate for all kinds of problems. If you are in crisis or having suicidal thoughts, it's important that you seek help immediately. Please call 800-273-8255 (National Suicide Prevention Lifeline) or 911 for help. If your issue is an emergency, call 911 or go to your nearest emergency room. Emergency services are not provided through virtual care on the Sydney Health app or anthem.com.

5. Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed through virtual care on the Sydney Health app or anthem.com.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

Sydney Health is offered through an arrangement with Caredon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2023 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.



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FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSA) allows you to pay for certain medical and/or dependent care expenses with pre-tax dollars. By contributing pre-tax, you will lower your taxable income and increase your spendable income. We are offering you two options: a Medical FSA and a Dependent Care FSA.

- The maximum annual contribution to your medical FSA is \$3,400 per year.
- The maximum annual contribution to your dependent care FSA is \$7,500 per year.

Flexible spending accounts provide you with the following advantages:

- They reduce your federal and state income taxes.
- They reduce your Social Security taxes.
- They allow you to increase your net spendable income.
- They allow you to budget your known out-of-pocket expenses over a 12-month period.

Medical FSA

The Medical FSA helps you pay for healthcare expenses not covered or only partially covered by your health, dental or vision insurance. The Medical FSA can be used to pay expenses for you or any of your qualified dependents, and the funds in the account are available on the first day of the plan year or your effective date.

OTC drugs and medicines will continue to be eligible for reimbursement from these benefits plans as long as the reimbursement request is accompanied by a doctor's prescription.

Dependent Care FSA

The Dependent Care FSA will save you money on the cost of dependent care expenses, while you and your spouse (if applicable) work. Childcare expenses like daycare centers or babysitters are eligible for children through age 12. Disabled or elder daycare expenses are eligible, regardless of age.

How FSAs will Save you Money

When you elect to participate in a FSA, you will designate a specific amount of dollars to be deducted from your gross earnings (before tax) each pay period. By contributing pre-tax, you will lower your taxable income and increase your spendable income! In fact, you are using dollars you would have paid in taxes to help pay for your medical and/or dependent care costs.





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FLEXIBLE SPENDING ACCOUNTS

How Does It Work? Planning your Election

Here are just a few strategies you can use to be sure that you are making every penny count!

- Plan ahead. Base your election on anticipated predictable expenses not covered by other insurance or benefit plans.
- Look back to last year. One way to estimate those expenses is to look back at the healthcare and dependent care expenses you paid during the past plan year. This can be the starting point for your annual contribution, adjusted of course for any past or future extraordinary expenses.
- Look outside your health plan. There are many FSA eligible expenses not covered by your health plan such as over-the-counter (OTC) medicines, laser eye surgery, out-of-pocket orthodontic expenses, etc.
- Evaluate your home pharmacy. Throw away all expired OTC medications and the next time you visit your healthcare provider, ask for a prescription for OTC medications that you may use on a regular basis including aspirin, allergy medications, antacids, etc. Contact lens solution, bandages and other OTC item (non-medication) can be reimbursed without a prescription.
- Be conservative. Any unused funds cannot carry forward to the next plan year and are forfeited.

Some qualified expenses include:

- Co-pays
- Prescription drugs
- Diabetic supplies
- Prescribed over-the-counter medicines
- Doctor fees
- Deductibles

For a complete list of eligible medical expenses, visit www.IRS.gov.

Key takeaways about HSAs and FSAs.

- Both accounts offer tax benefits and have annual contribution limits.
- You must have a high-deductible health plan (HDHP) to qualify for an HSA.
- Funds from your HSA roll over year after year.
- Some HSAs offer investment options.
- HSA holders cannot spend more than the funds that have been deducted from their paycheck. However, they can file for reimbursement later in the year.
- You can't contribute to an HSA and a traditional FSA in the same year.
- FSAs work on a "use it or lose it" basis, meaning any funds not spent by the end of your plan year will be lost, unless the plan has a grace period or rollover feature.
- You can use your FSA to cover eligible health care expenses early in the year, as long as you plan to contribute what's necessary to cover those expenses by the year's end.





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HEALTH SAVINGS ACCOUNT (HSA)

HSA Plan (Qualified High Deductible Health Plan)

An HSA is a personal savings account owned by the individuals covered under a High Deductible Health Plan (HDHP) to help them save and pay for their health care. When you contribute to an HSA, the funds in the account become your sole property and can be used for current and future qualified medical, dental, vision and pharmacy expenses for you, your spouse, and all dependents you claim on your tax return.

An HSA offers a triple tax advantage:

Contributions are excluded from federal income tax, state income tax and social security and any interest earnings are tax deferred. In addition, withdrawals for eligible expenses are exempt from federal income tax.

If you contribute to the account with after tax dollars (outside of payroll) you will receive the tax credit when you file your taxes the following year.

If you enroll in the HDHP, you will be eligible to open an HSA with Discovery. Through Discovery, account owners can do their HSA banking on the website and will be issued a debit card tied to the HSA to make it more convenient to pay at the point of service.

Who can enroll in the HSA?

You are eligible to open and contribute to an HSA if you are not covered by any other health plan that is not a high deductible plan; you are not enrolled in Medicare; you are not claimed as a dependent on someone else's tax return; you are not covered by a Health Care FSA.

Important HSA Tips

You are in charge of managing your HSA- it is your money. There is no "use it or lose it" rule- funds roll over year to year (unlike an FSA). You get to keep it even if you change plans, change employers or retire. You control and manage your health care expenses. You choose when to use your HSA dollars to pay your health care expenses.

Know the penalty. Under IRS HSA rules, if an HSA is used to pay for care or services that are not qualified expenses you will have to pay a 20% penalty to the IRS, plus applicable taxes on the money spent. This penalty does not apply if you are age 65 or older; however, you are still responsible for the applicable taxes.

HSA contributions

You can set up regular, pretax deposits through payroll deduction. You can even change your payroll deduction amount throughout the year or make a regular deposit directly through Discovery Benefits, HSA administrator.

2026 HSA Contribution Limits

Employee Only	\$4,400
Family	\$8,750
Age 55+	An additional \$1,000





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DENTAL

A glowing smile will enlighten anyone's day. That is why we are providing a dental plan, offered by Delta Dental, to eligible employees. Taking care of your teeth will help you maintain your dental health and prevent periodontal or gum disease from developing. Proper dental care at home, combined with seeing your dentist regularly, is your ticket to good dental health. However, when a dental problem arises, our comprehensive dental benefits help you receive the treatment you need.

Deductible (per year)	
Individual	\$50
Family	\$150
Annual Maximum	\$1,000
Preventative Services Coverage	
Oral Exams	100%
Bitewing X-rays	100%
Cleanings	100%
Fluoride Treatment	100%
Sealants	100%
Basic Services Coverage	
All Other X-Rays	80%
Fillings	80%
Simple Extractions	80%
Major Services Coverage	
Endodontic Services	50%
Periodontal Services	50%
Crowns	50%
Prosthodontics	50%
Orthodontia	
Orthodontic Treatment	50%
Lifetime maximum	\$1,000

Late Entrants: There is a 12-month waiting period for certain services. Endodontic Services, Periodontic Services, Occlusal Guards/Adjustments, Other Oral Surgery, Major Restorative Services, and Prosthodontic Services will not be covered until after a person is enrolled in the dental plan for 12 consecutive months. Orthodontic Services will not be covered until after a person is enrolled in the dental plan for 24 consecutive months.





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VISION

Whether you are driving down the highway or reading a book, seeing clearly is important, which is why we are offering you a vision plan through EyeMed. From keeping an eyewear Rx up-to-date to preventing vision loss due to glaucoma, diabetes or macular degeneration, regular visits to a quality eye care professional are a must.

	In-Network	Out-of-Network
Eye Exam	\$10	up to \$40
Frames	\$0 Co-pay; \$140 allowance, 20% off balance over \$140	up to \$70
Lenses*		
Single	\$10	up to \$30
Bifocal	\$10	up to \$50
Trifocal	\$10	up to \$70
Polycarbonate - Children to age 19	\$0	up to \$28
Polycarbonate - Adult	\$0	up to \$28
Progressive Standard Lenses	\$65 co-pay	up to \$50
Solid or Gradient Tint	\$15	N/A
Scratch Coating	\$15	N/A
Contact Lenses		
Contact Lens Evaluation & Fitting	Up to \$40	N/A
Contact Lenses (Disposable, Conventional, Specialty)	\$0 Co-pay; \$150 allowance, 15% off balance over \$155	up to \$78 co-pay
Medically Necessary (per pair)	\$0 Co-pay; Paid in full	up to \$300 co-pay
Frequency:		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frames	Once every 24 months	

* multiple options on lenses for additional cost, i.e. \$10





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DISABILITY INSURANCE

Short Term Disability

Short term disability benefits are available for employees who work more than 30 hours per week as a company paid benefit, so there is no cost to you! Protecting yourself is important especially if others depend on you. That is why we are offering Short Term Disability insurance to eligible employees. In the event that you are unable to work due to serious illness or injury, Short Term Disability insurance pays cash benefits that can help to compensate for lost income. Benefits and features include:

Weekly Benefit Amount	60% of weekly salary up to \$500 per week
Benefit Duration (Injury, Illness)	11 weeks
Elimination Period	Benefits begin on day 15 of an injury or illness
Waiting period for coverage to begin	12 months of employment

Long Term Disability

Optional Long Term Disability insurance can pay you a percentage of your gross monthly earnings (up to the maximum allowed by your plan) if you become ill or injured and can't work for an extended period. It can help you pay your bills and protect your finances at a time when you have extra medical costs but don't get a paycheck. The length of time you can receive benefits is based on your age when you become disabled. Benefits include:

Long Term Disability Benefit	60% of monthly salary
Maximum Monthly Benefit	\$7,500
Minimum Monthly Benefit	Greater of \$100 or 10% of Benefit
Benefit Duration	Up to Social Security national retirement age
Elimination Period	90 days
Specified Illness/Injury Limits	Mental/Nervous & Substance Abuse: 24 Months Other Limits (Specified Illnesses): 24 Months
Pre-Existing Condition	You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 12 months.

Additional features include:

- Portability
- Vocational Rehabilitation





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LIFE INSURANCE

Life can be tricky and unpredictable events can happen at any time, which is why we want to make sure that you are covered in the event of a tragedy. For employees who work 30+ hours per week, Broadview Multi-Care Center provides a basic life insurance policy at no cost to you. We are also offering additional optional life insurance. Both offerings are through Sun Life. If you have family or others who depend on you for financial support, securing or increasing life insurance coverage is among the most important steps you will ever take. Life insurance is one of easiest and most affordable ways to protect your loved ones should something happen to you.

Current Eligible Employees:

You and your spouse may elect or increase insurance coverage up to 2 increments on a guaranteed acceptance basis during the defined open enrollment period, provided that you and your spouse have not been previously declined for coverage. See your HR coordinator for specific pricing.

Optional Employee Life

Minimum Benefit	\$10,000
Maximum Benefit	\$300,000 (Not to exceed 3 times your annual salary)
Guaranteed Issue Amount	\$150,000 for timely enrollees
Accelerated Life Benefit	Yes
Waiver of Premium	Yes
Conversion	Yes
Portability	Yes

Optional Spousal Life

Minimum Benefit	\$5,000
Maximum Benefit	\$50,000 (Not to exceed 50% of employee elected amount)
Guaranteed Issue Amount	\$50,000 for timely enrollees

Optional Child Life

Minimum Benefit	\$5,000
Maximum Benefit	\$10,000
Guaranteed Issue Amount	\$10,000

Additional benefits include:

- Online Will Preparation and Claimant Support Services. See following page.





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LIFE INSURANCE

Value-added services include:

Online will preparation

A will is the cornerstone of any estate plan and can protect your assets and loved ones. Through an easy-to-use secure website, you and your spouse can now create and download a will in about 20 minutes. This service includes the following:

- Step-by-step guidance and customization for your unique situation, glossary of legal definitions,
- Ability to name an executor to carry out your wishes and a guardian(s) to care for your children,
- Ability to create a living will (for an additional fee)
- Ability to create a final arrangements document (for an additional fee)

To protect your assets and loved ones, you can go online to create and download a will at:

www.EstateGuidance.com Promo code: **SLF4VAS**

Online Will Preparation provided by ComPsych to active employees enrolled in Sun Life's Life insurance. This service is not insurance.

Claimant Support Services

Losing a loved one or becoming disabled can be overwhelming to say the least. With Claimant Support Services, you have access to no-cost, objective financial planning, legal information, and emotional support, if you or your family member has filed a claim with us. You can receive the following:

- Up to five telephonic professional counseling sessions per claim for legal, financial, and emotional assistance
- 24/7 access to counseling provided by ComPsych's on-staff professionals, including clinicians, licensed attorneys, CPAs, CFPs, and other financial experts
- Assistance with topics such as inheritance taxes, loss of income, creditors, and probate
- Support dealing with trauma, loss, and adjusting to a reduced quality of life, and other concerns
- ComPsych's professionals do not sell financial products and do not receive commissions, so you can rest assured that you will receive the information you need to help during a difficult time

If you need to talk to a counselor or need legal or financial information because of a Life or Disability insurance claim with Sun Life, you can call ComPsych for no-cost, objective assistance. **888-475-3827**

Claimant Support Services provided by ComPsych to Sun Life's Life insurance claimants and beneficiaries. Up to five counseling sessions per claim. This service is not insurance.





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CRITICAL ILLNESS INSURANCE

Surviving a critical illness is becoming more common today thanks to advances in medicine. With Critical Illness Insurance benefits from Sun Life, you and your family can face your financial future with confidence and concentrate on getting better when a critical illness strikes.

Important features include:

- Critical Illness benefits are paid directly to you and may be used according to your wishes.
- You may keep your Critical Illness coverage should you leave the company.
- Pre-existing condition period: 12/12. A pre-existing condition means any injury or sickness for which you incurred expenses, received medical treatment, care or services including diagnostic measures, took prescribed drugs or medicines, or for which a reasonable person would have consulted a physician within 12 months before your most recent effective date of insurance. The pre-existing condition would not be covered for 12 months.
- Guaranteed Issue:
 - Employee: \$10,000 to \$40,000, \$40,000 guaranteed issue
 - Spouse: \$5,000 to \$40,000. Amount cannot exceed 50% of employee amount, \$40,000 guaranteed issue
 - Child: \$5,000 to \$20,000. Amount cannot exceed 50% of employee amount, \$20,000 guaranteed issue

Benefit (paid as % of elected benefit amount):

- Heart category:
 - Heart attack, heart transplant, stroke: 100%
- Cancer category:
 - Invasive cancer, benign brain tumor: 100%
 - Cancer In situ: 25%
- Organ category:
 - End stage renal failure, major organ transplant: 100%
 - Acute respiratory distress syndrome (ARDS): 25%
- Quality of Life coverage:
 - ALS/Lou Gehrig's disease, loss of sight, hearing, or speech: 100%
 - Advanced Alzheimer's disease, advanced Parkinson's disease: 25%

Other benefits and services include:

- Annual Wellness Screening: Pays \$50 for one covered screening per year for each covered person (employee, spouse, children).
- Family Care Benefit: Pays a \$25 per day for up to 30 days for child care expenses while a covered person is confined for a covered event/illness.

If there is any discrepancy between this benefit summary and the policy, the policy shall control. This summary is not intended to contain a complete description of the coverage offered. This summary does not modify the policy. This is not a binding contract.





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ACCIDENT INSURANCE

Sun Life accident insurance helps protect your savings from unexpected expenses related to an accident. The plan can pay you a lump-sum cash benefit – you decide the best way to use it.

Accident insurance is great for all lifestyles – families with active children, weekend warriors, or even those that like taking it easy. The cash benefit can help fill in the gaps and can be used for deductibles and co-pays and any other living expenses you have.

Accident insurance pays you for covered injuries. Benefits for more than 70 covered injury expenses and treatments include:

Accident follow-up treatment at physician's office	\$150 per visit up to 6 visits
Emergency room treatment	\$100 to \$250
Hospital admissions and confinement	\$2,000 (once per benefit year) \$400/day (365 days) \$400/day ICU (14 days)
Fractures	\$90 to \$3,000/fracture – non-surgical \$175 to \$6,000/fracture – surgical
Ambulance	Air ambulance - \$1,500; Ground ambulance - \$500
Major diagnostic exam	\$50 to \$150
Family lodging	\$100 per day per child (up to 30 days)
Emergency dental work	Crown - \$200; Extraction - \$50
Annual wellness screening	\$50 per employee/spouse/child (once per benefit year)

For a complete list of benefits, refer to the benefit summary.

You'll receive cash for covered injuries. You'll even get benefits for multiple covered injuries resulting from the same accident. If you complete one of the 20 eligible annual wellness screenings, \$50 will be paid annually per covered individual.

Claims may be submitted online (www.sunlife.com/account), via DocuSign (877-820-5306) or email/fax/mail (www.sunlife.com/findaform and complete the "Wellness/Cancer Screening Form").

If there is any discrepancy between this benefit summary and the policy, the policy shall control. This summary is not intended to contain a complete description of the coverage offered. This summary does not modify the policy. This is not a binding contract.





2026 Employee Benefits Enrollment Guide

EVIDENCE OF INSURABILITY (EOI)

1. EOI

What is EOI?

EOI stands for Evidence of Insurability. It is a statement or proof of medical history. We use it to determine whether or not to provide the benefit you are requesting.

Why am I required to submit EOI?

The reason you may need to submit EOI depends on your group policy. Usually, EOI is required if:

- you apply for additional coverage that is more than the Guaranteed Issue amount,
- you previously enrolled for the benefit and now want to increase the amount,
- you declined the benefit during your initial eligibility period and now want to enroll, or
- you elect to increase your coverage, and doing so is allowed by your group policy.

What is the EOI application?

The EOI application is a questionnaire on which you and/or your dependent answer “yes” or “no” to questions about certain medical conditions. If you answer “yes” to any question(s), you are asked to provide details of the condition, such as pertinent dates, treatments, and names of physicians.

What is the process for submitting EOI?

To be considered for coverage, you must complete an EOI application, either online or on paper.

To submit EOI for you or your dependents, visit:

- www.sunlife.com/account or
- contact Sun Life Client Services at 800-247-6875, Monday through Friday, 8:00 a.m. to 8:00 p.m. ET and ask for an EOI application. Fill it out and send it back to us by following the instructions on the application.

Is all my medical information kept confidential?

Yes. All the medical information you provide on the EOI application is kept strictly confidential and is used for underwriting purposes only. We do not share the health information on the EOI application with your employer.

2. EOI paramedical examinations

What is a paramedical examination?

A paramedical examination generally includes questions about medical history and your height, weight, blood pressure, and pulse measurements. In addition, blood and/or urine samples are collected at the time of the examination.

Sometimes we require paramedical examinations as part of our EOI process in order to make a decision about approving the coverage you are requesting.





2026 Employee Benefits Enrollment Guide

EVIDENCE OF INSURABILITY (EOI)

When EOI is required, are there situations when paramedical exams are always necessary?

Yes. Routine paramedical exams are required according to an age-based and dollar-amount-based schedule or if the medical team determines that there is need for a paramedical exam based on your answers to EOI application questions.

Who performs the paramedical examination?

Sun Life Financial uses a professional paramedical examination company. An experienced health care professional will perform the examination.

How is a paramedical examination arranged?

The paramedical examination company contacts you directly to schedule a convenient time and place for the examination.

Sun Life pays the cost of the examination.

3. EOI coverage decisions

When is EOI coverage effective?

EOI coverage is effective on the approval date, or the date you become effective per the contract, whichever date is later.

How long does the EOI approval process take?

As soon as we have received a completed online EOI application and as soon as the coverage amount is certified by your employer, often we can issue an approval within minutes and notify you or your employer via our online system or email.

For paper applications and applications that require review by a member of our medical underwriting team, the process usually takes five to seven business days. This time range is contingent on your returning a complete EOI application and our ability to obtain the necessary health information.

How will I know if I am approved?

If you submit your EOI application online and are approved right away, we will notify you by email.

If you submit your EOI application via fax or mail, or your online EOI required review by a Medical Underwriter, we will send a letter to your home address.

What happens if I am denied coverage?

If we deny you the coverage you requested, we'll send you a letter explaining why and give you instructions on how to appeal the decision.





2026 Employee Benefits Enrollment Guide

INVESTMENTS

Retirement planning can be an important part of a person's financial wellbeing. Broadview Multi-Care Center offers pre and post-tax investment options for qualified employees who have completed three months of service. This is an overview of the products available to you through Fidelity Investments. Copies of the 401(k) and Roth 401(k) Summary Plan Descriptions (SPD) provide additional information and can be obtained from your HR Coordinator.

401(k) Plan

When can I enroll in the plan?

You are eligible to participate in the Plan if you complete three (3) months of service and you are not weekend only, PRN or a student. The plan does not cover employees who are residents of Puerto Rico.

Once you satisfy this requirement you will become eligible to participate in the Plan on the first day of the following month.

How do I enroll?

To enroll in the Plan, log on to Fidelity NetBenefits at netbenefits.com, and click on "Register Now." Follow the easy instructions to enroll online.

What are the IRS contribution limits?

If you are under age 50, the IRS contribution limit is an aggregation of pre and post-tax deferrals. Employees over age 50 can contribute an additional catch-up contribution beyond the basic limit on elective deferrals. For current IRS contribution limit amounts, please visit www.irs.gov/retirement-plans.

Does the company contribute to my account?

Broadview Multi-Care Center will make matching contributions in an amount equal to 25% of up to 4% of your eligible compensation. The match will be split between both plans if you elect to participate in both the 401(k) plan and Roth 401(k) plan. To be eligible for matching contributions you are required to make employee deferral contributions.

When am I vested?

The money your employer contributes to your account in the form of a match or profit sharing contribution and any earnings become yours after a certain period of time. This is known as vesting. The vesting schedule for employer contributions is detailed in your Plan's Summary Plan Description.

But remember, the money you contribute to the Plan and any earnings on those contributions are always yours. However, the value of your account may fluctuate depending on market conditions.

Can I make withdrawals from my account?

Withdrawals from the Plan are generally permitted in the event of termination of employment, hardship, retirement, disability, or death. Penalties may apply based on age and circumstances.

To learn more about and/or to request a withdrawal, log in to Fidelity NetBenefits at netbenefits.com or call the Retirement Benefits line at 800-294-4015.





2026 Employee Benefits Enrollment Guide

INVESTMENTS

Roth 401(k)

You have the option on selecting a Roth 401(k) for your retirement needs.

How do Roth 401(k) contributions differ from traditional 401(k) contributions?

With a Roth 401(k) feature, you can designate all or a portion of your future deferral contributions as Roth contributions. Traditional 401(k) contributions are made on a pretax basis and are not included in current taxable income. The pretax contributions and any earnings will be subject to income taxes when withdrawn. In contrast, Roth 401(k) contributions are made on an after-tax basis and are included in current taxable income. Earnings are tax-free if they are part of a qualified distribution—a distribution that is taken at least five tax years from the year of your first Roth 401(k) contribution and after you have attained age 59½, or become disabled or deceased.

How might Roth 401(k) contributions affect your paycheck?

You elect a percentage of your salary that you wish to contribute to the Roth source within your existing Plan account, just like a traditional 401(k) contribution. However, unlike your traditional 401(k) contribution, you pay taxes up front on the Roth contribution. Therefore, your take-home pay will be less if you are making Roth contributions than it would be if you were making traditional pretax contributions.

What are the IRS contribution limits?

If you are under age 50, the IRS contribution limit is an aggregation of pre and post-tax deferrals. Employees over age 50 can contribute an additional catch-up contribution beyond the basic limit on elective deferrals. For current IRS contribution limit amounts, please visit www.irs.gov/retirement-plans.

Does the company contribute to my account?

Broadview Multi-Care Center will make matching contributions in an amount equal to 25% of up to 4% of your eligible compensation. The match will be split between both plans if you elect to participate in both the 401(k) plan and Roth 401(k) plan. To be eligible for matching contributions you are required to make employee deferral contributions.

What is Roth Catch-up?

Starting in 2026, employees turning age 50 or older earning more than \$145,000* in FICA wages in the previous year must make any catch-up contributions permitted under a plan as after-tax Roth contributions. If a plan does not offer a Roth option, those participants may not make catch-up contributions to the plan.

What action do I need to take?

Since the Roth Catch-up provision does not go into effect until 2026, now is a great time to talk to a financial or tax advisor about how Roth Catch-up can impact your retirement investing plan.

You can view or make changes to your contributions at any time by logging on to netbenefits.com. From the Quick Links drop-down menu, select Contribution Amount.





2026 Employee Benefits Enrollment Guide

REQUIRED NOTICES

HIPAA Special Enrollment Rights

If you are declining or have declined enrollment for yourself and/or your dependents (including your spouse) because of other health insurance coverage or group health plan coverage, you may in the future be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage or if the employer stops contributing towards you or your dependent's coverage. To be eligible for this special enrollment opportunity, you must re-request enrollment within 31 days after your other coverage ends or after the employer stops contributing towards the other non-COBRA coverage.

New Dependent as a Result of Marriage, Birth, Adoption or Placement for Adoption — If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and/or your dependents.

To be eligible for this special enrollment opportunity, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Medicaid Coverage— The Plan will allow an employee or dependent who is eligible, but not enrolled for coverage, to enroll for coverage if either of the following events occur:

1. Termination of Medicaid or CHIP Coverage

If the employee or dependent is covered under a Medicaid plan or under a State child health plan and coverage of the employee or dependent under such a plan is terminated as a result of loss of eligibility.

2. Eligibility for Premium Assistance Under Medicaid or CHIP

If the employee or dependent becomes eligible for premium assistance under Medicaid or CHIP, including under any waiver or demonstration project conducted under or in relation to such a plan. This is usually a program where the state assists employed individuals with premium payment assistance for their employer's group health plan rather than provide direct enrollment in a state Medicaid program.

To be eligible for this special enrollment opportunity you must request coverage under the group health plan within 60 days after the date the employee or dependent becomes eligible for premium assistance under Medicaid or CHIP or the date you or your dependent's Medicaid or state-sponsored CHIP coverage ends.

Women's Health and Cancer Rights Act

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: HSA Plan (Individual: 100% coinsurance and \$6,000 deductible; Family: 100% coinsurance and \$12,000 deductible)

Plan 2: MedFlex HMO (Individual: 80% coinsurance and \$5,000 deductible; Family: 80% coinsurance and \$10,000 deductible)

Plan 3: Value Plan (Individual: 80% coinsurance and \$3,000 deductible; Family: 80% coinsurance and \$6,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 216.898.8399 or Taylor.Raub@lshshealth.com.

Newborns' and Mothers' Health Protection Act

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

Mental Health Parity Act

According to the Mental Health Parity Act of 1996, the lifetime maximum and annual maximum dollar limits for mental benefits under the MUM medical plan are equal to the lifetime maximum and annual maximum dollar limits for medical and surgical benefits under this plan.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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

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

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

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



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REQUIRED NOTICES

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 –

ALABAMA – Medicaid

Website: <http://myalhipp.com/>

Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program Website: <http://myakhipp.com/>

Phone: 1-866-251-4861

Email: CustomerService@MyAKHIPP.com

Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program Website: <http://dhcs.ca.gov/hipp>

Phone: 916-445-8322 Fax: 916-440-5676

Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado

(Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website:

<https://www.healthfirstcolorado.com/>

Health First Colorado Member Contact Center:

1-800-221-3943/ State Relay 711

CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>

CHP+ Customer Service: 1-800-359-1991/State Relay 711

Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>

HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: <https://www.flmedicaidtprecovery.com/>

[flmedicaidtprecovery.com/hipp/index.html](https://www.flmedicaidtprecovery.com/hipp/index.html)

Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162, Press 1

GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>

Phone: 678-564-1162, Press 2

INDIANA – Medicaid

Health Insurance Premium Payment Program

All other Medicaid

Website: <https://www.in.gov/medicaid/>

<http://www.in.gov/fssa/dfr/>

Family and Social Services Administration

Phone: 1-800-403-0864

Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:

iowa.Medicaid.I Health & Human Services

Medicaid Phone: 1-800-338-8366

Hawki Website:

Hawki - Healthy and Well Kids in Iowa | Health & Human Services

Hawki Phone: 1-800-257-8563

HIPP Website: [Health Insurance Premium Payment \(HIPP\) | Health & Human Services \(iowa.gov\)](http://Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov))

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328

Email: KIHIPPPROGRAM@ky.gov

KCHIP Website: <https://kynect.ky.gov>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

Website:

www.medicaid.la.gov or www.ldh.la.gov/lahipp

Phone: 1-888-342-6207 (Medicaid hotline)

or 1-855-618- 5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US

Phone: 1-800-442-6003 TTY: Maine relay 711

Private Health Insurance Premium Webpage:

<https://www.maine.gov/dhhs/ofi/applications-forms> Phone: 1-800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840 TTY: 711

Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/>

Phone: 1-800-657-3672

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: HHSHIPPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

Phone: 603-271-5218

Toll free number for the HIPP program:

1-800-852-3345, ext. 15218

Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov



2026 Employee Benefits Enrollment Guide

REQUIRED NOTICES

NEW JERSEY – Medicaid and CHIP

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

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx> Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website: [Children's Health Insurance Program \(CHIP\) \(pa.gov\)](http://www.health.pa.gov/ChildrensHealthInsuranceProgram(CHIP)(pa.gov))
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: [Health Insurance Premium Payment \(HIPP\) Program | Texas Health and Human Services](https://www.healthandhuman-services.com/HealthInsurancePremiumPayment(HIPP)ProgramTexas)
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

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

VERMONT – Medicaid

Website: [Health Insurance Premium Payment \(HIPP\) Program | Department of Vermont Health Access](https://www.vermont.gov/health/insurance/premium-payment-hipp-program)
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <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/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/> Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid

Website: <https://dhhr.wv.gov/bms/> <http://mywwhipp.com/> Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN–Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2020, 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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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



2026 Employee Benefits Enrollment Guide

CONTACTS

Benefit	Carrier	Phone Number	Website
Medical	Leading Edge Administrators (Anthem)	1-877-208-5952	mesa.leadingedgeadmin.com
Pharmacy member services		1-833-271-2374	
Help for pharmacists		1-833-296-5039	
Coverage while traveling		1-800-810-BLUE	
Provider eligibility/benefits		1-800-676-BLUE	
Healthlink Inc. precertification		1-877-284-0102	
Flexible Spending Account (FSA)	Wex	1-833-225-5939	www.wexinc.com
Dependent Care FSA			
HSA			
Dental	Delta Dental	1-800-524-0149	www.deltadentaloh.com
Vision	EyeMed	1-866-939-3633	www.eyemedvision.com
Short Term Disability	Sun Life	1-800-247-6875	www.sunlife.com
Long Term Disability			
Critical Illness Insurance			
Accident Insurance			
Life Insurance			
Savings	Carrier	Phone Number	Website
401(k) Program	Fidelity Investments	1-800-294-4015	www.netbenefits.com
Roth 401(k)			

For any other questions, please contact your HR Director.



Broadview Multi-Care Center

SKILLED NURSING & REHABILITATION

5520 Broadview Road · Parma, OH 44134 | 216-749-4010

broadviewmulticarecenter.com