



2025-26 Benefits Guide

July 1, 2025- June 30, 2026

Welcome Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 20 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your domestic partner (DP) and/or their children, where applicable by state law
- ▶ Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following your date of hire. If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, DP or child
- ▶ You lose coverage under your spouse's/DP's plan
- ▶ You gain access to state coverage under Medicaid or The Children's Health Insurance Program

Making Changes

To change your benefit elections, you must contact Human Resources within 31 days of the qualifying life event. Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

Medical

We are proud to offer you a choice of medical plans. The following is a high-level overview of the coverage available.

Key Medical Benefits	Cigna High Plan PPO		Cigna Low Plan PPO		Cigna H.S.A.	
	In-Network	Out-of-Network¹	In-Network	Out-of-Network¹	In-Network	Out-of-Network¹
Deductible (per calendar year)						
Individual / Family	N/A / N/A	\$300 / \$600	N/A / N/A	\$5,000 / \$10,000	\$1,650 / \$3,300	\$5,000 / \$10,000
Out-of-Pocket Maximum (per calendar year)						
Individual / Family	\$1,000 / \$2,000	\$1,000 / \$2,000	\$6,350 / \$12,700	\$10,000 / \$20,000	\$2,500 / \$5,000	\$10,000 / \$20,000
Company Contribution to Your Health Savings Account (HSA) (per calendar year; prorated for new hires/newly eligible employees employee)						
Individual / Family	N/A / N/A		N/A / N/A		\$500 / \$750	
Covered Services						
Office Visits (physician/specialist)	\$20 / \$40 copay	20%*	\$20 / \$40 copay	30%*	10%*	30%*
Virtual Visits	\$20 Copay	20%*	\$20 Copay	30%*	\$20 Copay	\$20 Copay
Routine Preventive Care	No charge	20%*	No charge	30%*	No charge	30%*
Outpatient Diagnostic (lab/X-ray)	No charge	20%*	No charge	30%*	10%*	30%*
Complex Imaging	No charge	20%*	No charge	30%*	10%*	30%*
Chiropractic Services	\$40 copay	20%*	\$40 copay	30%*	10%*	30%*
Ambulance	No charge	No charge	No charge	No charge	10%*	10%*
Emergency Room	\$100 copay	\$100 copay	\$100 copay	\$100 copay	10%*	10%*
Urgent Care Facility	\$50 copay	20%*	\$50 copay	30%*	10%*	30%*
Inpatient Hospital Stay	\$500 copay	20%*	\$500 copay	30%*	10%*	30%*
Outpatient Surgery	No charge	20%*	No charge	30%*	10%*	30%*
Prescription Drugs (Generic / Brand / Non-Formulary)						
Retail Pharmacy (30-day supply)	\$20* / \$30* / \$50* (Rx Deductible = \$100/ 300)	30%*	\$20* / \$30* / \$50* (Rx Deductible = \$100 / 300)	30%* (Rx Deductible = \$100 T2 & T3)	\$15* / \$25* / \$40* (after full medical deductible)	30%* (after full medical deductible)
Mail Order (90-day supply)	\$60* / \$90* / \$150* (Rx Deductible = \$100 / 300)	Not covered	\$60* / \$90* / \$150* (Rx Deductible = \$100 / 300)	Not covered	\$45* / \$75* / \$120* (after full medical deductible)	Not covered

Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Dental

We are proud to offer you a choice of dental plans. The following is a high-level overview of the coverage available.

Key Dental Benefits	Cigna Dental PPO		Cigna DMO
	In-Network	Out-of-Network ¹	In-Network Only
Deductible (per calendar year)			
Individual / Family	\$50 / \$150	\$50 / \$150	None / None
Benefit Maximum (per calendar year; preventive, basic and major services combined)			
Per Individual	\$2,000	\$2,000	Unlimited
Covered Services			
Preventive Services	No charge	No charge	See Schedule
Basic Services	20%*	20%*	See Schedule
Major Services	50%*	50%*	See Schedule
Orthodontia (Child Only)	50%; \$1,500 maximum benefit	50%; \$1,500 maximum benefit	See Schedule

Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

2 1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision

We are proud to offer you a vision plan. The following is a high-level overview of the coverage available.

Key Vision Benefits	VSP	
	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10	Up to \$45
Materials Copay	\$20	N/A
Lenses (once every 12 months) Single Vision Bifocal Trifocal	No charge after materials copay	Up to \$30
		Up to \$50
		Up to \$65
Frames (once every 24 months)	No charge after \$20 copay	Up to \$70
Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to \$130	Up to \$105

Flexible Spending Accounts (FSAs)

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered by Benefit Resource, Inc.. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified expenses.

Health Care FSA

For 2025, you may contribute up to \$3,300 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Limited-Purpose Health Care FSA (for HSA participants)

If you enroll in the HSA medical plan, you may only participate in a limited-purpose health care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses.

Dependent Care FSA

For 2025, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

FSA RULES

YOU MUST ENROLL EACH YEAR TO PARTICIPATE. Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules: Unused funds will NOT be returned to you or carried over to the following year. Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.

Life and AD&D

Life insurance provides your named beneficiary(ies) with a benefit after your death.

Accidental death and dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at NO COST to you through Prudential.

Benefit Amount	
Employee	1.5 times annual salary to a maximum of \$500,000

Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Prudential for yourself and your eligible family members.

Benefit Option		Guaranteed Issue ¹
Employee	\$10,000 increments; up to 3x annual salary (\$500,000 max)	\$100,000
Spouse/DP	\$5,000 increments; up to \$75,000 (not to exceed employee's amount of coverage)	\$25,000
Child(ren)	Up to \$10,000 in \$2,000 increments (not to exceed 50% of employee's amount of coverage)	\$10,000

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Disability

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Short-Term Disability

Provided at NO COST to you through Prudential	
Benefit Percentage	66-2/3%
Weekly Benefit Maximum	\$2,000
When Benefits Begin	8th calendar day
Maximum Benefit Duration	26 weeks

Long-Term Disability

Provided at NO COST to you through Prudential	
Benefit Percentage	60%
Monthly Benefit Maximum	\$11,000
When Benefits Begin	After 180th day of disability
Maximum Benefit Duration	Social Security retirement age

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend on the plan you select and if you choose to cover eligible family members. Please refer to **the separate rate sheet for your contributions**.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Cigna	1-866-494-2111	www.mycigna.com
Dental	Cigna	1-800-244-6224	www.mycigna.com
Vision	VSP	1-800-877-7195	www.vsp.com
Flexible Spending Accounts (FSAs)	Benefit Resource, Inc.	1-866-996-5200	www.benefitsresource.com
Life and AD&D	Prudential	1-800-524-0542	www.prudential.com
Disability	Prudential	1-800-842-1718	www.prudential.com
Employee Assistance Program (EAP)	CCA	1-800-833-8708	www.myccaonline.com Company Code: vera'
Retirement Benefits	Empower	1-800-743-5274	www.retiresmart.com

Benefits Website

Our benefits website www.workforcenow.com can be accessed anytime you want additional information on our benefits programs.

Questions?

If you have additional questions, you may also contact:

Touchcare
1-866-486-8242
www.Touchcare.com or Email assist@touchcare.com

Kate Lazar Vargas
(646) 884-5395
klazar@vera.org



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

