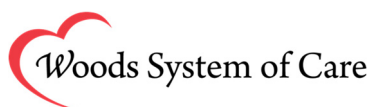


2025- 2026

EMPLOYEE BENEFITS GUIDE

Archway Programs offers you and your eligible family members a comprehensive and valuable benefits program. This guide has been developed to assist you in learning about your benefit options and how to enroll.

We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.



Archway Programs

2025/2026 BENEFITS GUIDE

This guide includes only highlights of the benefit plans. While we have tried to be as accurate as possible in developing this information, the official plan documents govern in all cases. If you would like a copy of the official plan documents, please contact Human Resources.

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QUESTIONS?

If you have questions about your benefits, please contact Member Advocacy at **800.563.9929**, Monday through Friday 8:30 am to 5:00 pm. They can also be reached at cssteam@connerstrong.com or www.connerstrong.com/memberadvocacy.

Enrollment & Eligibility

How to Enroll

To enroll or waive any of the Archway Programs benefits, you must complete enrollment online through your Paycom Employee Self Service within your designated enrollment period.

Who is Eligible to Elect Benefits?

If you are an active employee who is directly employed and compensated for services by Archway Programs and you regularly work 35 or more hours per week, you can enroll in the benefits described in this Guide. Please remember that only eligible dependents can be enrolled.

Eligible dependents include:

- Legal spouse or Civil Union Partner
- Dependent children up to age 26 for medical and dental benefits
- Dependent child(ren) up to age 19 if not a full-time student, and age 23 if a full-time student for dental benefits

Documentation is required for all dependents—you must provide documentation when requested to confirm the eligibility status of your dependents.

Spouses and Domestic Partners

All employees who wish to cover their Spouses or Domestic Partners on their medical plan will also have to complete a Spouse/Domestic Partner Affidavit and submit to HR within 30 days of enrollment. Failure to complete and submit the affidavit will negatively impact your spouse or domestic partner eligibility.

Adding Newborns

A newborn child will be automatically covered for the first 30 days immediately following birth.

If the child is not enrolled within these 30 days, coverage will be terminated retroactively to date of birth. To enroll this child you must contact Human Resources within 30 days of the birth.

If you have a qualified life event during the year and wish to make a change in your coverage, you must complete online via Paycom by selecting "Benefits" then "Qualifying Life Event."

ID Cards

You will receive ID cards for your medical, prescription drug, and vision coverages.

If you do not receive your new cards in a timely manner, or if there are errors on your card, please contact Human Resources or your plan's Member Services Department for assistance.



Making Changes & Enrollment Decisions

Making Changes During the Year

Your elections will be in effect until June 30, 2026 unless you experience a status change defined by the IRS, such as:

- Change in legal marital status
- Change in number of tax dependents
- Termination of employment for you or your spouse
- Change in work schedule of either employee or spouse
- Dependent becomes ineligible due to age or termination of student status
- Change in residence or worksite for you or your dependents
- Entitlement to Medicare.

Note: Enrollment changes must be made within 30 days of the status change.

Before Enrolling, Consider...

It is important that you put careful thought into the annual enrollment process to make the proper choices based on your individual and family healthcare needs and financial standing.

Determine your healthcare needs up front.

- Evaluate your spouse's health plan to determine the best cost and coverage for you and your family.
- Consider if any of your dependents will remain on your plan in 2025-2026. Remember that adult children are able to be covered under their parent's health plan up to age 26.
- Do you cover a dependent child under age 19 under the Archway Programs' plan? If so, you may have alternative coverage options under Medicaid and the Children's Health Insurance Program (CHIP). Please refer to the legal notices at the end of this guide for additional information.



Enrollment Instructions

PAYCOM

You must enroll through our online system, Paycom.

How to Enroll with Paycom

1. Go to www.paycom.com.
2. Hover over the Login button in the upper right of the page and then click **“Employee.”**
3. Enter your username, password and last four digits of your Social Security Number, then click **“Log In.”**
4. Locate the **“Benefits”** tile on the second row, then click **“2025 Benefits Enrollment.”**
5. You will see a pop-up window with a few tips for enrollment. After reviewing those, click **“Start Enrollment.”**

Note:

Don't forget to submit your life insurance beneficiary form to the benefits department in Human Resources. You can purchase additional coverage for yourself and life insurance for your Spouse and/or Child(ren) directly with the insurance company during open enrollment every year.

6. Finally, you can click **“Review”** to see all the benefits you've chosen and how much will come out of each paycheck. You can also make any changes by clicking on the pencil in that benefit's box.
7. Once you are completely done making your choices, click **“Finalize.”** A pop-up window will ask you to confirm that you want to complete enrollment.
8. Click **“Sign and Submit”** to continue to the Benefit Confirmation screen. From here, you can print your enrollment benefit choices for your records.

Enrollment Tip!

You can keep track of your choices as you go by checking the Progress Bar on the right hand side of your screen.

A green check means you have enrolled and a red “X” means you have declined.



Medical Plan Highlights

HOMESTEAD PLAN

Homestead Plan Highlights

- Minimal Copays
- No Referrals Required to See Providers

Finding Homestead Providers

You can continue to see your current provider, but if you need a new one please visit

www.homesteadproviders.com or
www.multiplan.com.

On the MultiPlan site, look for providers who participate in the PHCS Practitioner Only Network. Homestead also has a new agreement with Penn Medicine and Atlantic Health System.

To find a Penn Medicine provider or facility, including their multispecialty outpatient medical facility in Yardley, PA, call **215.316.5150** or visit www.homesteadplans.com.

To find an Atlantic Health System provider or facility, visit www.findadoctor.atlantichealth.org.

Facilities or Hospitals

With the Homestead Plan, you have the ability to visit any facility or hospital without needing a referral and without out-of-network penalties. Some services may require pre-authorization which your physician can obtain by contacting Healthcare Strategies (HCS) at **800.764.3433**.

Homestead Member Concierge

Not able to find a specific provider? Concerned about an upcoming appointment or how to explain your benefits coverage? Homestead is here and ready to help. We are with you every step of the way — just call us at **855.897.4816** or email us at customerservice@homesteadplans.com.



Medical Plan Highlights

HOMESTEAD PLAN

Homestead/Medxoom Online Health Portal

Homestead's Medxoom member portal provides on-demand access on your phone or computer to:

- Coverage information and digital ID cards
- Your profile and paid claims information
- Digital Explanation of Benefits (EOB)
- Automatic tracking of expenses and progress towards deductible and other out-of-pocket costs

To access the portal and register on your mobile device:

- Download the app at the Apple App Store or Google Play Store by searching for “**Medxoom**” and installing on your mobile device as directed.
- Open the app and register entering your email, password, SSN + DOB. (Don't worry, your information is kept private and secure.) Once registered, your app screen will say Homestead, but still say Medxoom on your phone.
- Review your profile information by clicking your name or Settings. Invite your adult dependents to register too.

Accessing on the web

To access the portal on your laptop or PC, simply visit **www.hs-plans.com/woods**. You can also access it through the button on your health benefits website: **www.woodsindex.com**.



Now you can:

- Have all details about your medical plan in one place
- Get real-time updates on progress made towards meeting your deductible and out-of-pocket maximums
- See important messages and documents from Homestead
- ...and more! Start maximizing your health benefits experience today

BillingNav Support Team

HOMESTEAD

What is a Balance Bill?

When you receive care, you pay your patient responsibility (any copays, deductibles, and/or coinsurance) as shown in the Explanation of Benefits (EOB) you get from Homestead. The EOB shows the allowed amount for a service. The allowed amount is the fair and reasonable amount your health plan pays, including a profit for the provider. Rarely, the provider will not accept this fair payment, and will charge you the difference. For example, if the provider's charge is \$100 and the allowed amount is \$80, the provider may bill you for the remaining \$20.

Homestead can protect and defend you against balance bills **once it is confirmed that you have paid your full patient responsibility.**

There is a 30 day deadline for Homestead to begin this process with you — so it is important that you open your mail regularly and contact Homestead immediately if you think you have received a balance bill.

If you get a balance bill in the mail, you should:

Call Claim Watcher Customer Service at **844.307.6755** and press #1. Our Customer Service team will help you identify that the bill is a balance bill and direct you to send in a copy using any of the below methods:

- **By email:** balancebills@claimwatcher.com
- **By fax:** **267.514.2242**
- **By your member portal**
- **By mail:** Claim Watcher
50 S. 16th Street, Suite 3400,
Philadelphia, PA 19102

What happens next?

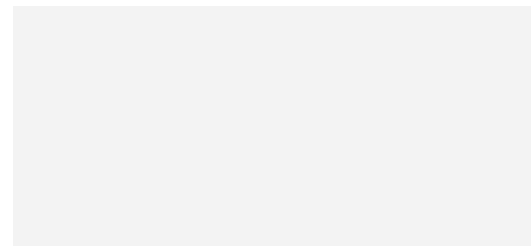
Homestead will take steps to verify that the bill you received is in fact a balance bill or that it was for unpaid patient responsibility.

If it is determined that the bill is an actual Balance Bill, and it is not initially settled, the Claim Watcher Balance Bill Defense Service powered by BillingNav will commence:

- **BillingNav Support Team will send an introductory email to you with instructions of how to login to the BillingNav Member Portal.**
- BillingNav will explain the Advocacy/Defense process.
- You may need to log in to the BillingNav Portal and review/e-sign necessary documents.

BillingNav will continue to provide you with support and a minimum of monthly check-ins, as we work to resolve your case.

Remember to open your mail regularly so you do not miss the 30 day deadline for BillingNav to help handle your balance bill.



Medical Plan Highlights

HOMESTEAD/AETNA HDHP (HIGH DEDUCTIBLE HEALTH PLAN)

Homestead/Aetna HDHP Overview

The HDHP plan offers you direct access to any network provider for covered services; this means no PCP designations or referrals. Each time you or a family member seeks care from a participating provider, you receive the highest level of benefits. You may also choose seek treatment from a non-network provider; however, your out-of-pocket costs will be higher.

Under the HDHP, preventive care is covered at 100%, no deductible. For all other care, you must meet a deductible before the plan pays.

Please note: If you select employee + dependent coverage under this plan, you must meet the family deductible before the plan begins to pay. After you meet the deductible, the plan pays 100% of your covered medical expenses, with the exception of hospitalization or outpatient surgery.

What is an HSA?

In conjunction with the HDHP you may participate in a Health Savings Account (HSA) through HealthEquity. An HSA is a tax-favored account used in conjunction with HDHPs that allows you to contribute funds on a pre-tax or tax-deductible basis. These funds may be used to pay for current and future eligible medical expenses not paid for by your plan. Contributions will be deposited each pay period.



HSA Contribution Limits

You may elect to have pre-tax payroll deductions deposited into your HSA up to the IRS contribution limits. Please keep in mind that your contribution cannot exceed the IRS HSA contribution limit listed below.

	2025 TAX YEAR	2026 TAX YEAR**
Single Coverage	\$4,300	\$4,400
Family Coverage	\$8,550	\$8,750

**Includes EE + ER Contribution*

*** IRS project limits (official amounts not announced yet)*

Enrolling in the HSA

When you enroll in the Homestead/Aetna HDHP Plan, you will be enrolled in an HSA based on your coverage tier election (Single or Family). Once enrolled, you will receive a kit with your debit card. An HSA is a personal banking account, subject to banking fees. A schedule of fees will be included in the welcome kit. Members can access their accounts online at www.healthequity.com.

HSA Advantages

- **Control:** You never lose unused HSA funds. Any unused funds in the account at the end of the year can be rolled over to the next year without limits.
- **Tax Advantage:** Contributions to your HSA are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you pay less in taxes.
- **Portability:** Your HSA account is portable. This means your money stays put even if you change jobs, change coverage, or move to another state.
- **Investment Opportunity:** Funds roll over at the end of each year and accumulate tax-free, as does the interest on the account.

Medical Benefits

DETAILS AT A GLANCE



For the 2025-2026 benefit year, Archway Programs is offering two competitive and comprehensive health care plan options. (Full plan detail available by contacting Human Resources).

Homestead Plan

Homestead/Aetna High Deductible Health Plan

BENEFIT DESCRIPTION	IN-NETWORK	
PCP Designation/Referrals Required	No	No
Deductible (Individual/Family)	\$500/\$1,000*	\$3,000/\$6,000
Coinsurance	100%	100%
Medical Out-of-Pocket Maximum (Individual/Family)	\$1,500/\$3,000	\$6,750/\$13,500
Rx Out-of-Pocket Maximum (Individual/Family)	\$1,000/\$2,000	Integrated with Medical
Preventive Care Services	100%	100%
Primary Care Physician Office Visit	\$20 copay	100% after deductible
Mental Health Care Visit (Office or Outpatient Setting)	\$20 copay	100% after deductible
Retail Clinics	\$10 copay	100% after deductible
Specialist Office Visit	\$30 copay	100% after deductible
Physical/Speech/Occupational Therapy	\$20 copay	100% after deductible
Outpatient Lab/Pathology	\$20 copay	100% after deductible
Diagnostic Laboratory	\$20 copay	100% after deductible
Diagnostic X-Ray/Imaging	\$20 copay	100% after deductible
MRI/MRA, CT Scans/PET	\$50 copay	100% after deductible
Inpatient Hospital	\$200 copay after deductible	90% after deductible
Outpatient Surgery	\$100 copay after deductible	90% after deductible
Emergency Room (waived if admitted)	\$200 copay after deductible	100% after deductible
Urgent Care Center	\$30 copay	100% after deductible
Durable Medical Equipment	100%	100% after deductible
OUT-OF-NETWORK		
Deductible (Individual/Family)	N/A	\$5,000/\$10,000
Coinsurance	N/A	50%
Out-of-Pocket Maximum (Individual/Family)	N/A	\$10,000/\$20,000

* Deductible applies to inpatient hospital stays, outpatient surgeries and emergency room visits. Preventive and non-preventive colonoscopies will not be subject to the deductible. Outpatient facility copay will apply. Deductible waived at Penn Medicine and Atlantic Health hospitals and facilities.

Note: if you have any family members enrolled, each family member must meet their own deductible and out-of-pocket maximum until the overall family deductible and out-of-pocket maximum is met.

Please refer to the chart below for your 2025-2026 bi-weekly contribution amounts.

COVERAGE LEVEL	HOMESTEAD PLAN	HOMESTEAD/AETNA HDHP
Employee Only	\$75.20	\$62.00
Employee + Child(ren)	\$380.00	\$412.00
Employee + Spouse	\$545.00	\$597.00
Family	\$750.00	\$843.00

Telemedicine

REVIVEHEALTH



For the 2025-2026 benefit year, Archway Programs will continue to offer a 100% Employer Paid Telemedicine Plan through ReviveHealth.

Telemedicine, or the delivery of healthcare through digital technology, allows you rapid access to medical professionals at any time.

ReviveHealth will provide employees and their dependents with telephonic or videoconference access to U.S. Board Certified physicians, 24 hours a day/7 days a week/365 days a year. Members can schedule a Doctor visit by phone or online at www.revive.health. Members can get immediate access or schedule an appointment for a more convenient time. But best of all, when you use SwiftMD there will be **no charge to you** for the telephonic or video chat consultation.

When to Use Telemedicine

- If you're considering the ER or urgent care for a non-emergency medical issue
- Your primary care physician is not available
- At home, traveling or at work
- 24 hours a day/7 days a week/365 days a year, even holidays

What Can be Treated

- Allergies and rashes
- Nasal or respiratory congestion, sinusitis
- Cold and flu, ear infections
- Joint aches and pain
- Stomach problems, nausea, vomiting, diarrhea
- Pediatric Care related to cold, ear infection, fever, nausea, pink eye and more

Program Highlights

- Average call-back time of less than 12 minutes and always within the hour
- HIPAA compliant
- Prescriptions called into local pharmacy (when appropriate)
- Transcript of consultation can be shared with Primary Care Physician for continuity of care

Using Telemedicine

Your membership must be activated by visiting www.revive.health and selecting “Get Started”. Complete the required fields.

By phone: Call the toll-free number **(888.220.6650)** any time, 24 hours a day/7 days a week/365 days a year, and speak with one of ReviveHealth care coordinators who will evaluate your needs and schedule your doctor appointment. The Doctor will call you back at the contact number you provided.

By mobile app: You can also schedule a consult by downloading the ReviveHealth mobile app on your iPhone or Android phone.

By video: If during the phone consult the Doctor feels the diagnosis can be enhanced by dual-video, they will schedule that for an immediate encounter.

Please feel free to call ReviveHealth with any medical concern or question. However, if you believe you're experiencing a true emergency, call 911 immediately.

Prescription Benefits

US-RX CARE & SCRIPTSOURCING

If you are enrolled in one of the Archway Programs medical plans, you are automatically enrolled in the corresponding prescription drug plan.

	Homestead Plan	Homestead/Aetna High Deductible Health Plan
RETAIL PHARMACY (UP TO A 30-DAY SUPPLY)		IN-NETWORK
Generic	\$5 copay	\$15 copay after deductible
Preferred Brand Formulary Drugs	20% coinsurance (\$25 min/\$50 max)	\$35 copay after deductible
Non-Preferred Brand Drugs	30% coinsurance (\$55 min/\$80 max)	\$75 copay after deductible
MAIL ORDER PHARMACY (UP TO A 90-DAY SUPPLY)		
Generic		
Preferred Brand Formulary Drugs	2x retail copay	2x retail copay
Non-Preferred Brand Drugs		

Mandatory Generic Program

Archway Programs employees and their dependents **are required to use the mandatory generic program**. This means that **if a member is prescribed a brand name drug when a generic is available, the generic drug will be filled** and the member will be responsible for the applicable generic drug copay.

When a prescription drug is not available in a generic form, the member will receive the brand drug and be responsible for the applicable brand drug copay. **If a brand drug is filled when a generic is available, the member will be responsible for the brand name drug copay plus the difference between the negotiated discount price for the generic drug and the brand drug.**

Please keep in mind that generic drugs are prescription medications that have the same active ingredients, dosage amounts, strength, safety, and quality as brand-name prescription medications at a lower cost.

Mail Order/Retail 90 Program (Optional)

You and your family members can conveniently get a 90-day supply of your maintenance medications through Prescription Mart, your mail-order pharmacy provider.

You must register prior to obtaining your medications by either going online at www.presmartinc.com or by mailing a completed form located on www.presmartinc.com, once there click on “Forms” located in the menu on the top right of the webpage and then navigating to “Patient Profile Form”. The mailing address is listed on the form and can also be found on the Benefits Resources page in the back of this guide.

To contact the pharmacy with questions, call **800.630.3206**.



Prescription Benefits

US-RX CARE & SCRIPTSOURCING

Specialty Rx

Specialty medications are high cost drugs used to treat complex conditions (such as HIV and multiple sclerosis). Depending on the medication, these will be obtained through ScriptSourcing.

ScriptSourcing is a third party vendor that integrates with US-Rx Care to assist members with obtaining their specialty medications.

ScriptSourcing will reach out to you to guide you through the process on how to obtain your medications.

If you choose not to participate in this program, your out-of-pocket cost could increase by as much as 100% of the medication cost.

US-Rx Care Member Portal

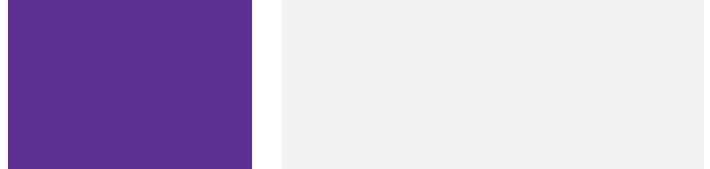
Search for lowest-cost pharmacies on your US-Rx Care member portal by going to www.usrxcare.com/member and typing in your zip code. You can also view your out-of-pocket cost for any medication, your pharmacy claims history and drug information by registering/logging into your US-Rx Care member portal at www.usrxcare.com/member.

CopayAssist Program

If you are taking certain high-cost and specialty medications, you may be eligible for the CopayAssist Program. If you are eligible, you will be contacted by US-Rx Care to enroll you in the program. If you choose not to enroll, your out-of-pocket cost could increase by as much as 100% of the medication cost.



Wellness Programs



Archway Programs Supports a Culture of Wellness

The Archway Programs medical benefit programs offer you support and guidance as you strive to live the kind of life that improves your chances of staying well.

Preventive Care Paid at 100%

The Archway Programs medical program covers certain preventive health services at no cost for all medical plans. Preventive services including colorectal cancer screenings, high blood pressure screenings, annual physicals, immunizations, flu vaccinations, mammograms, pap smears and osteoporosis screenings, all of which are covered at 100%, with no out of pocket cost to you. Utilizing guidelines recommended by the U.S. Preventive Services Task Force, Centers of Disease Control and Center for Medicare and Medicaid, all services rendered must be age and gender appropriate.

Covered Women's Health Services

The Archway Programs medical and prescription drug program covers women's health services.

All of the following women's health services are considered preventive (please note that some were already covered) and will generally be covered at 100% with no cost-share, when provided in-network:

- Well-women visits (annually and now including prenatal visits)
- Screening for gestational diabetes
- Screening for human papillomavirus (HPV)
- Counseling for sexually transmitted infections
- Counseling and Screening for human immunodeficiency virus (HIV)
- Screening and Counseling for interpersonal and domestic violence
- Breastfeeding support, supplies and counseling
- Contraceptive methods and counseling



Retail Clinics & Urgent Care Centers

Walk-In Retail Clinics

Retail clinics are health care facilities located in high-traffic retail outlets such as pharmacies, grocery stores and big box retailers like Target and Walmart. Retail clinics have flexible hours of operation, with most of them open 7 days a week—up to 12 hours a day during the work week and up to 8 hours on Saturday and Sunday, including most holidays. Services are provided by licensed, highly-educated physician assistants or nurse practitioners, who are qualified to diagnose, treat and prescribe.

Most visits take approximately 15-25 minutes and many of the clinics see patients from ages 18 months through 65+ years old. The services offered in retail clinics include basic primary care, wellness and preventive services and chronic disease care. Retail clinics are a great source of accessible, affordable, high-quality health care.

- In the Homestead plan, there is no network and you are able to choose any retail clinic.

Walk-in Clinics Provide or Treat:

- | | |
|----------------------|-----------------------------|
| • Routine allergies | • Sprains |
| • Ear infections | • Diabetes screening |
| • Strep throat | • Heart screenings |
| • Colds & flu | • School physicals |
| • Vaccinations | • Well-baby exams, and more |
| • Minor insect bites | |
| • Poison ivy | |

Seven Great Reasons to Go Retail

- **You're covered.** All you need is your member ID card.
- **No appointments needed.** The name says it all — just walk right in.
- **Convenient hours.** Some clinics are open 7 days a weeks, with extended evening and weekend hours.
- **Quicker care.** The average ER visit tops 4 hours, while clinic visits are generally an hour or less.
- **Many locations.** With freestanding and retail-based clinics nationwide, you can find a spot close to your home or job; including inside your neighborhood Rite Aid®, CVS/pharmacy® or Walgreens®.
- **Skilled staff.** Clinics are overseen by a doctor, with nurse practitioners or physician assistants onsite.
- **Recommendations.** If you ever need more extensive care, clinics can refer you to a local doctor, emergency room or urgent care center.

Have an Urgent Medical Need? Try an Urgent Care Center

If your care need is more than minor, Urgent Care centers give you an affordable alternative to the ER. The sites are staffed with doctors to handle urgent medical matters. **Wait times are usually much shorter than in an emergency room.** And just like retail clinics, evening and weekend hours are available, with no appointments needed.

If your medical need is more than urgent — for example, characterized by chest pain, trouble breathing, bad bleeding or other symptoms that are serious or put your life at risk — you should go straight to your local ER.

Additional Resources

SURGICAL BENEFIT & BENEFITS MEMBER ADVOCACY CENTER

Goldfinch Health Surgical Benefit

A Better Approach to Surgery and Recovery.

Archway Programs partners with Goldfinch Health to protect you and your family from the pitfalls of surgery. Today, surgery doesn't need to be so invasive to your body, budget and life.

When you're considering surgery, Goldfinch Health's team of surgery experts – **at NO COST to you** – can help you and your family make the best decisions when it comes to surgery and the recovery that follows.

Your personal Goldfinch Nurse Navigator can help you:

- Find a great surgeon
- Get your questions answered every step of the way
- Shorten your recovery time after surgery by 2x or more
- Have a surgery experience that minimizes opioid painkiller use
- Reduce pain and complications
- Enjoy a better surgery and recovery

Did you know?

- >90% of surgeries are more invasive than necessary.
- Invasive surgery extends pain, recovery time and return to normal life by weeks to months.
- Invasive surgery is the #1 gateway to opioid addiction.

Connect with your Goldfinch Nurse Navigator today!

Email Hello@GoldfinchHealth.com or call **833.453.3624** to get started.

Conner Strong & Buckelew Benefits Member Advocacy Center

Archway Programs is proud to offer its employees a comprehensive suite of affordable benefits.

Through our relationship with Conner Strong & Buckelew, we are providing you and your family access to Member Advocacy. This is a team of experienced benefit professionals that you and your family can reach out to with any questions related to your benefits.

You can contact Member Advocacy in any of the following ways:

- Via phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm ET
- Via the web: www.connerstrong.com/memberadvocacy
- Via e-mail: cssteam@connerstrong.com



Additional Resources

GLOBALFIT, GOODRX AND BENEFITPERKS

HUSK Wellness

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

Gyms and Fitness Centers

HUSK Marketplace members can access exclusive savings and flexible membership options to a variety of facilities. From national chains to specialty studios, HUSK has something for every workout.

HUSK Nutrition

HUSK Nutrition provides evidence-based virtual health and nutrition programs. You will meet with a Registered Dietician who will implement a complete 1-on-1 nutrition program specifically designed to answer your nutrition related questions, meet your health goals, individual needs and busy lifestyle.

On-Demand Fitness

Take advantage of all the benefits of group exercise classes in the comfort of your own home. HUSK's streaming membership options will take your wellness and workouts to the next level.

Mental Health

We all need help sometimes. We all go through difficulties and struggles. HUSK Mental Health connects you with licensed therapists through technology. Our therapists empower you through guidance and support using evidence-based practices.

Ready to start saving with HUSK Wellness? Visit marketplace.huskwellness.com/connerstrong.

GoodRx

GoodRx allows you to simply and easily search for retail pharmacies that offer the lowest price for specific medications.

Use Good Rx to compare drug prices at local and mail-order pharmacies and discover free coupons and savings tips.

Find out how GoodRx can save on your prescription drugs by visiting goodrx.com.

Benefit Perks Rewards Program

CSB Benefit Perks is a discount and rewards program provided by Conner Strong & Buckelew (CSB) that is available to all employees at no additional cost. The program allows employees to receive discounts and cash back for hand-selected shopping online at major retailers.

Use the Benefit Perks website to browse through categories such as: Automotive, Beauty, Computer & Electronics, Gifts & Flowers, Health & Wellness and much more! Employees can also print coupons to present at local retailers and merchants for in-person savings, including movie theatres and other services.

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



Dental Benefits

DELTA DENTAL

NOTE: To view/download/print an ID card, please go to www.deltadentalins.com.

For the 2025-2026 Plan Year, Archway Programs is offering two dental plan options through Delta Dental.

	Delta PPO	DeltaCare DHMO
	PPO/PREMIER NETWORK	DELTACARE USA NETWORK
Annual Deductible (Individual/Family)	\$50/\$150	None
Annual Benefit Maximum*	\$1,200	None
Benefit Basis	Delta Dental's prevailing fee**	N/A
Lifetime Ortho Maximum	\$1,000	None
Preventive & Diagnostic Services Exams, Cleanings, Bitewing X-rays (each twice in a contract year)	100% no deductible	\$0 – \$50
Basic Services Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Sealants, Posterior Composites, TMJ/Mouth Guards	80%	\$0 – \$365
Major Services Crowns, Gold Restorations, Bridgework, Full and Partial Dentures	50%	\$10 – \$365
Orthodontia Benefits (children age 19 and below for PPO, Adult Ortho on DHMO)	50%	\$1,150 – \$2,100

* Does not apply to Preventive & Diagnostic Services
** Benefit basis used as reimbursement for out-of-network services (premier network level).

Delta PPO Plan

You have the flexibility to receive treatment from any dentist you choose, either in or out-of-network. Please note out-of-network providers will be paid at the Delta Dental usual & customary allowance. You will be responsible for paying the difference between the out-of-network dentists actual charge and the plan allowance, which may result in higher out-of-pocket costs. To find an in-network dentist, log onto deltadentalins.com and select the PPO network.

DeltaCare DHMO Plan

You and each of your covered dependents are required to choose a participating Primary Care Dentist (PCD) to coordinate your care. If you require specialty care, your PCD can refer you to a network specialist for covered services, however, you may visit a participating orthodontist without a referral. To find an in-network dentist, log onto deltadentalins.com and select the DeltaCare USA (DHMO) network.

Please refer to the chart below for your 2025-2026 per-pay contribution amounts.

COVERAGE LEVEL	PPO PLAN	DHMO PLAN
Single Coverage	\$7.14	\$1.92
Employee & Child(ren)	\$20.73	\$10.18
Employee & Spouse/Domestic Partner	\$16.71	\$8.39
Family Coverage	\$37.38	\$18.58

Vision Plan

NATIONAL VISION ADMINISTRATORS (NVA)

Eligible employees and their eligible family members may enroll in the NVA Vision plan. With NVA, you will get quality care that focuses on your eyes and overall wellness. Vision coverage is fully employee paid.

NVA Vision Plan

	IN-NETWORK	OUT-OF-NETWORK
Exam	\$10 copay	Up to \$40 reimbursement
Retinal Screening	Up to \$39 copay	N/A
Frames	\$150 allowance; 20% discount on amount over allowance	Up to \$105 reimbursement
Lenses		
Standard Lenses – Single Vision	\$20 copay	Up to \$30 reimbursement
Lined Bifocal Lenses	\$20 copay	Up to \$50 reimbursement
Lined Trifocal or Lenticular Lenses	\$20 copay	Up to \$70 reimbursement
Lens Enhancements		
Standard Progressives	\$70 copay	Up to \$50 reimbursement
Premium Progressives	\$100 copay	Up to \$50 reimbursement
UV Treatment/Tint/Scratch Resistant Coating	\$12 copay / \$10 copay / \$10 copay	N/A
Standard Polycarbonate	\$25 copay (Single vision); \$30 copay (Bifocal/Trifocal lenses)	N/A
Contact Lenses		
In Lieu of Eyeglasses	\$150 allowance; 15% discount on amount over allowance	Up to \$105 reimbursement
Contact Lens Exam (fitting and evaluation)	\$20 copay	N/A
- Daily wear	\$20 copay	
- Extended wear	\$30 copay	
- Specialty contact fitting	\$50 copay	
Frequency		
Vision Exam	12 months	12 months
Lenses	12 months	12 months
Frames	12 months	12 months

To get the most out of your benefits and to reduce your out-of-pocket costs, make sure you visit an in-network provider or retailer. For a complete list of in-network providers near you, go to www.e-nva.com or call **800.672.7723**.

You will also receive a Welcome Packet from NVA which will contain two ID cards, a listing of 10-12 providers near your home zip code, a benefit summary, information on contact lens mail order, and information on LASIK surgery discounts.

Your Cost for Vision

Please refer to the chart below for your 2025-2026 per-pay contribution amounts.

COVERAGE LEVEL	COST PER PAY
Employee Only	\$2.26
Employee + Child(ren)	\$4.52
Employee + Spouse	\$4.29
Family	\$6.64

Life & Disability Benefits

SYMETRA

Life, Accidental Death & Dismemberment (AD&D) and Long-Term Disability Insurance is **100% paid** by Archway Programs.

Group Life & AD&D Insurance

Life Insurance benefits are paid to a beneficiary(ies) you designate in the event of your death. **AD&D benefits** are paid to your beneficiary(ies) upon your accidental death or to you for a covered loss (such as the loss of a limb, eyesight or hearing).

GROUP LIFE AND AD&D	
Eligible Employees	Employees working or scheduled to work at least 35 hours per week upon the date of your insurance eligibility
Benefit Amount	
Life Insurance	2x Annual Base Salary up to \$650,000
AD&D	2x Annual Base Salary up to \$650,000
Age Reduction Rules	Benefit reduces by 35% at age 65; 50% at age 70
Taxation of Benefits	None

Group Long-Term Disability Insurance

For enduring, serious non-work related illnesses or injuries that prevent you from working longer than 90 days.

GROUP LONG-TERM DISABILITY	
Eligible Employees	Full time employees scheduled to work at least 35 hours per week upon the date of your insurance eligibility
Elimination Period	180 days
Benefit Duration	Later of Age 65 or Social Security Normal Retirement Age
Benefit Multiple	60% of base monthly salary up to \$7,500 per month
Pre-Existing Conditions	3 months prior/12 months after



Voluntary Life & AD&D Benefits

SYMETRA

Voluntary Life and Accidental Death & Dismemberment (AD&D) is **100% employee paid**.

Voluntary Life and AD&D Insurance

Supplemental Life Insurance benefits that are paid to a designated beneficiary(ies) you designate in the event of death. Individual Term Life and AD&D is a sensible and affordable way to provide your family and loved ones with the money they may need in the event of an untimely death or accident.

VOLUNTARY LIFE AND AD&D	
Employee Coverage	Increments of \$10,000 to a maximum of \$300,000 or 5x Annual Salary. Minimum election of \$20,000
Spouse Coverage	Increments of \$5,000 to a maximum of \$100,000 or 50% of the employee coverage amount
Child(ren) Coverage	Flat amount of \$10,000
Plan Limitations	Certain amounts may require carrier approval, and that limitations and/or reduction in benefits may apply at certain ages; please consult policy documents for details
Age Reductions	
Employee	Benefit reduces by 35% at age 65; 58% at age 70; 73% at age 75
Spouse	Spouse life will reduce by the same percentage and at the same time EEs like insurance reduces
Children	Coverage terminates at age 26



Voluntary Benefits

SYMETRA

Please note: if you are currently enrolled in an AFLAC, you can keep this coverage. All new enrollments will be through Symetra.

Accident Insurance

Accidents are unexpected and can strike any member of your family. The costs associated with treatment can mount quickly. For covered accidental injuries, fixed benefits are paid directly to you regardless of any other coverage you may have and you can spend it any way you choose. Benefits are paid according to a fixed schedule that includes benefits for hospitalization, fractures and dislocations, emergency room visits, major diagnostic exams, physical therapy and more. Also, if you or a covered dependent should die as a result of an accidental injury within 365 days while the coverage remains in force, a death benefit is payable.

Key Advantages of this Plan

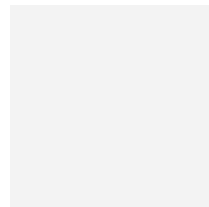
- This plan pays a \$50 wellness screening benefit each year once you provide proof of an eligible health screening. We'll pay for a dependent screening too. The application is easy to fill out and includes common screenings, such as:
 - Certain blood tests
 - Pap smear
 - Skin cancer screening
 - Lipid panels
 - Cardiac exercise stress test
 - Electrocardiogram (ECG)
 - Immunizations and interscholastic sports physical exam. (Availability of benefit and covered tests may vary by state.)
- Provides coverage for on- and off-the-job accidents
- Benefits are payable directly to you, the employee
- This plan pays benefits in addition to any other coverage you may have
- There are no health questions or pre-existing conditions limitations

Critical Illness Insurance

Critical Illness insurance pays a fixed benefit if you are diagnosed after your coverage effective date. Covered illnesses include but are not limited to cancer, heart attack, stroke, and paralysis. This insurance can help cover out-of-pocket medical and non-medical expenses. It does not have to be used to pay for treatment.

Key Advantages of this Plan

- Benefits are payable directly to you to be spent any way you choose. You can elect the following amounts for you and your dependents
 - **Employee:** \$5,000, \$15,000, \$20,000, or \$30,000
 - **Spouse:** \$2,500, \$5,000, or \$15,000 (not to exceed 50% of employee coverage)
 - **Child(ren):** \$2,500 or \$5,000 (not to exceed 50% of employee coverage)
- \$50 wellness screening
- Pays in addition to any other coverage you may have
- Flexible coverage options to meet your individual needs
- Fast and accurate claims service
- Coverage is fully portable — if you change jobs you can take your coverage with you



Voluntary ID Theft and Legal Services

COUNTRYWIDE PRE-PAID LEGAL SERVICES

For the 2025-2026 Plan Year, Archway Programs is offering Voluntary Plans through Countrywide Pre-Paid Legal Services.

Countrywide Identity Theft Plans

Designed to be both affordable and beneficial, our **Premier Plus ID Protector Plan** offers a variety of features that help you stay on top of your credit history to prevent identity theft. This plan can also help you reconstruct your credit in the event that you do fall victim to an identity crime.

The **Diamond Identity Theft Protector Plan** is the most comprehensive plan which offers enhanced benefits to help you reconstruct your credit in the event that you do fall victim to an identity crime.

Eligible employees can enroll their spouse, domestic partner, & dependents over age 18 in either plan.

	PREMIER PLUS IDENTITY THEFT PROTECTOR PLAN	DIAMOND IDENTITY THEFT PROTECTOR PLAN
Benefit Amount	Identity Theft Insurance: \$1,000,000	Identity Theft Insurance: \$1,000,000
Bureau Reports & Credit Scores	Annual Reports (3 bureaus)	Every 30 days (3 bureaus)
Credit Monitoring & Alerts	1 Bureau	3 Bureaus
Family Protection	N/A	\$25,000 ID Theft Insurance for dependents under age 24 living in same household
Additional Benefits	Dark Web & Internet Monitoring, ID Theft & Fraud Restoration Services, Application Monitoring & Alerts, Change of Address Monitoring & Alerts, Checking Account Reporting, Synthetic ID Theft Monitoring, SSN Alerts, Lost Wallet Protecting & Assistance, File Sharing Monitoring & Alerts, Opt-out of Junk Mail/Do Not Call List, Identity Theft Victim Assistance, ID Theft Prevention Kit, Online Knowledge Center	Identity Monitoring & Alerts, Credit Score Change Alerts + Score Tracker, Credit Score Simulator, Enhanced Credit Reporting & Alerts, Criminal Records Monitoring, Dark Web & Internet Monitoring, ID Theft & Fraud Restoration Services, Application Monitoring & Alerts, Change of Address Monitoring & Alerts, Checking Account Reporting, Synthetic ID Theft Monitoring, SSN Alerts, Lost Wallet Protecting & Assistance, File Sharing Monitoring & Alerts, Opt-out of Junk Mail/Do Not Call List, Identity Theft Victim Assistance, ID Theft Prevention Kit, Online Knowledge Center
Cost & Enrollment	\$2.53/person/week	\$2.99/person/week

Countrywide Pre-Paid Legal Services

A legal plan will provide you access to attorneys in an affordable way. Benefits include IRS and State Tax Relief Service, Receive Cash Rebates or a Home Warranty, Online Legal Library & DIY Forms.

Eligible employees can enroll their spouse, domestic partner, & dependents up to age 26. **The cost to enroll in this benefit is \$3.29/person/week.**

The Pre-Paid Legal Services and Identity Theft Plans include a 60-minute consultation and a 30-minute financial consultation.



Employee Assistance Program (EAP)

GUIDANCERESOURCES

Archway Programs offers all eligible employees an Employee Assistance Program (EAP) administered through Symetra called GuidanceResources®.

The EAP provides resources to assist with difficulties with relationships and coping with difficult life circumstances, managing grief and loss, communicating and dealing more effectively with stress.

Help when you need it

Your GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them.

Your toll-free number gives you direct, 24/7 access to a Guidance consultant, who will answer your questions and, if needed, refer you to a counselor or other resources.

- Call: **888.327.9573**

Log on today to connect directly with a Guidance consultant about your issue or to consult articles, podcasts, videos and other helpful tools.

- Online: **guidanceresources.com**
- App: **GuidanceResources® Now**
- Web ID: **Symetra**

Services Included for employees and household family members:

EAP

Five confidential telephonic counseling sessions per issue with experienced clinicians available 24/7

Legal Resources

Unlimited phone access to legal professionals and an initial consultation has no charge with a local attorney. Additional discounts and services are also available

Financial Resources

Unlimited phone access to financial professionals for information regarding personal finance and related issues

Work / Life Resources

Information and referrals on child care, elder care, adoption, relocation and other personal convenience matters

GuidanceResources® Online

Access to extensive content to help with personal or family concerns, and access to helpful planning tools, discount programs and more

Health Risk Assessments

Online access to a health risk assessment survey and a variety of health management tools and information



Employee Assistance Program (EAP)

CAREBRIDGE

Archway Programs offers employees an Employee Assistance Program (EAP) administered through Carebridge.

The EAP provides resources to assist with difficulties with relationships and coping with difficult life circumstances, managing grief and loss, communicating and dealing more effectively with stress.

Help when you need it

Your Carebridge EAP program offers someone to talk to and resources to consult whenever and wherever you need them.

Your toll-free number gives you direct, 24/7 access to an EAP and Worklife Consultant, who will answer your questions and, if needed, refer you to a counselor or other resources.

- Call: **800.437.0911**

Log on today for immediate consultation about your issue or to consult articles, podcasts, videos and other helpful tools.

- Online: **www.carebridgenow.com**
- App: **Carebridge EAP**

Services Included for employees and household family members:

EAP

Six face-to-face and confidential telephonic counseling sessions per issue with experienced clinicians available 24/7

Legal Resources

Individuals are eligible for a 30-minute free consultation per issue with a local attorney or via telephone plus access to online legal resources and documents. Retainment of the attorney is offered at a discounted rate of 25% discount

Financial Resources

Unlimited phone access to financial professionals for information regarding personal finance and related issues

Work / Life Resources

Information and referrals on child care, elder care, adoption, relocation and other personal convenience matters

Myliferesource.com Online

Access to extensive content to help with personal or family concerns, and access to helpful planning tools, discount programs and more



Medicare Assistance

SARATOGA MEDICARE ADVISORS

Are you or your dependents approaching or at Medicare eligible age (65 years or older)? If so, take advantage of our partnership with Saratoga Medicare Advisors.

This **free** service can help you understand your options and make informed decisions when it comes to Medicare coverage. Saratoga's service will walk you through each of your options and ensure you and your family are making the best Medicare decision for your situation.

After contacting Saratoga, within 24 hours they will reach out and arrange a conference call or in-person meeting to gather information about your unique situation and explain the cost and process for selecting Medicare Supplement (Medigap), Medicare Advantage, Dental, and Vision coverage. Saratoga will also receive your prescriptions and assist you with securing a drug plan that best suits your needs.

To learn more about this **free** service, please contact:

Bill Webb by phone at **856.263.3152** or by email at **bwebb@saratogabenefits.com**.



Benefit Resources

ARCHWAY PROGRAMS



Carrier Contacts

PLAN	CONTACT	WEBSITE	CLAIMS ADDRESS
Medical Homestead	Member Concierge: 855-897-4816 Surprise Bills: 844-307-6755 Pre-Authorization: 800-764-3433	www.woodsindex.com https://hs-plans.com/woods www.homesteadproviders.com www.teladoc.com customerservice@homesteadplans.com	Homestead P.O. Box 211208 Eagan, MN 55121
Prescription US-Rx Care & ScriptSourcing	Member Services: 877-200-5533 Prescription Mart Pharmacy: 800-630-3206	www.usrxcare.com/member	Prescription Mart P.O. Box 12607 Beaumont, TX 77726
Surgical Benefit Goldfinch	833-453-3624	Hello@GoldfinchHealth.com	N/A
Dental Delta Dental	PPO Plan: 800-932-0783 DeltaCare Plan: 800-422-4234	www.deltadentalins.com	Delta Dental of PA P.O. Box 2105 Mechanicsburg, PA 17055
Vision National Vision Administrators (NVA)	800-672-7723	www.e-nva.com	N/A
FSA Clarity Benefit Solutions	888-423-6359	www.ClarityBenefitSolutions.com	N/A
Life, AD&D, LTD Symetra	877-377-6773	www.symetra.com	Life & Disability Claims Department PO Box 1230-06083 Enfield, CT 06083
Accident/Critical Illness Symetra	800-497-3699	www.symetra.com	Voluntary Benefits Claims Department PO Box 3245 Milwaukee, WI 53201
EAP GuidanceResources	888-327-9573	www.guidanceresources.com Web ID: Symetra	N/A
EAP Carebridge	800-437-0911	www.carebridgenow.com	N/A
ID Theft and Legal Services Countrywide Pre-Paid Legal Services	800-550-5297	www.countrywideppls.com	N/A
Medicare Assistance Saratoga Medicare Advisors	Bill Webb 856-263-3152	bwebb@saratogabenefits.com https://saratogamedicareadvisors.com	N/A
Member Advocacy Conner Strong & Buckelew	800-563-9929	www.connerstrong.com/memberadvocacy cssteam@connerstrong.com	N/A

Benefit Contacts

HUMAN RESOURCES	PHONE	EMAIL
Denise Milazzo	856-767-5757 ext. 221	denise.milazzo@archwayprograms.org
Diane Kirby	856-767-5757 ext. 208	diane.kirby@archwayprograms.org

Legal Notices

Availability of Summary Health Information

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

Archway Programs offers a series of health coverage options. You should receive a Summary of Benefits and Coverage (SBC) during Open Enrollment. These documents summarize important information about all health coverage options in a standard format. Please contact Human Resources if you have any questions or did not receive your SBC.

Notice Regarding Special Enrollment

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

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

New dependent by marriage, birth, adoption, or placement for adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If you request a change within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For a new dependent as a result of marriage, coverage will be effective the first of the month following your request for enrollment.

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

To request special enrollment or obtain more information, contact Human Resources.

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 benefits. If you have any questions, please speak with Human Resources.

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 the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

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).

Legal 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 March 17, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid

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

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>
Phone: 1-877-357-3268

GEORGIA – Medicaid

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

INDIANA – Medicaid

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

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:
<https://hhs.iowa.gov/programs/welcome-iowa-medicaid>
Medicaid Phone: 1-800-338-8366
Hawki Website:
<https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
Website:
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: 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

Legal Notices

NEBRASKA – Medicaid

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

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

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

NEW JERSEY – Medicaid and CHIP

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

NEW YORK – Medicaid

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

NORTH CAROLINA – Medicaid

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

NORTH DAKOTA – Medicaid

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

OKLAHOMA – Medicaid and CHIP

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

OREGON – Medicaid and CHIP

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

PENNSYLVANIA – Medicaid and CHIP

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

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct 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: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

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

VERMONT – Medicaid

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

VIRGINIA – Medicaid and CHIP

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

WISCONSIN – Medicaid and CHIP

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

WYOMING – Medicaid

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

To see if any other states have added a premium assistance program since March 17, 2025, 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

Insurance Marketplace Notice

PART A: General Information

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

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets our needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than

9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

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

How Can I Get More Information?

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

¹ An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information about Health Coverage Offered by Your Employer

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

3. Employer Name Archway Programs		4. Employer Identification Number 22-2401037	
5. Employer Address 280 Jackson Road		6. Employer phone number (856)-767-5757	
7. City Atco	8. State New Jersey		9. Zip Code 08004
10. Who can we contact about employee health coverage at this job? Denise Milazzo		11. Phone number 856-767-5757 x221	12. Email Address denise.milazzo@archwayprograms.org

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

As your employer, we offer a health plan to all employees. Eligible employees are:

- If you are an active employee who is directly employed and compensated for services by Archway Programs and you regularly work 35 or more hours per week, you can enroll in benefits.

With respect to dependents, we do offer coverage. Eligible dependents are:

- Legal spouse or domestic partner
- Dependent children up to age 26

Note: This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

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



Archway Programs reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. If you have any questions about your Guide, contact Human Resources.