



The Credit Counseling Professionals



American Consumer Credit Counseling

2026 OPEN ENROLLMENT PRESENTATION

Presented by:
Ryan Merle, The Hilb Group of New England
Ashley Follis, National Enrollment Partners

Today's Discussion

- **Open Enrollment Overview**
- **Next Steps**
- **Benefits Overview***
 - **Medical Benefits:** Harvard Pilgrim Healthcare (HPHC)
 - **Health Reimbursement Arrangement (HRA):** London Health
 - **Dental:** Delta Dental MA
 - **Vision:** VSP
 - **Group Life & Disability:** Mutual of Omaha
 - **Other Voluntary Benefits:**
 - LegalShield/ID Shield
 - ASPCA Pet Insurance
 - Colonial Voluntary Plans

**This is a high-level overview. Please refer to the carrier benefit plan summaries for additional plan details*





Open Enrollment Overview

- All changes/elections made during open enrollment are effective **March 1, 2026**
- ***This is the only time of year employees can add/drop coverage and/or dependents with no questions asked***
- Following open enrollment, changes can only be made with a **mid-year Qualifying Life Event (QLE)**
 - **Examples of a QLE:**
 - Marriage, divorce
 - Birth or adoption of a child
 - Change/Open enrollment in spouse's benefits
 - Age-ing off parent/guardian's plan at age 26
 - *Must be reported to HR within 30-days of event*
- *Reminder: dependents up to age 26 can remain on your benefit plans*



What's Changing/New?

MEDICAL: HARVARD PILGRIM HEALTHCARE

- **Premium Cost Change:**
 - There will be a rate increase to both medical plans
 - New payroll deductions will begin the first pay date in March
- **Plan Changes/Enhancements:**
 - RX Copay Changes to both HPHC Plans (3-tier to 4-tier)

• Dental: Delta Dental of Massachusetts

- **Premium Cost Change:**
 - There will be a slight rate increase
 - New payroll deductions will begin the first pay date in March
 -

• All Other Plans: No Changes

- Company-Paid Life/Disability remaining with MOO – No Changes
- Vision will remain with BCBSMA– No changes
- HRA will remain with London Health – No Changes
- Other Voluntary Benefits – No Changes
 - Legal Shield
 - ASPCA Pet Insurance
 - Colonial Plans

3/1/2026 Employee Weekly Contributions

ACCC generously Contributes:

- 100% for each employee's group life/disability benefits
- Pays 70% for medical, dental and vision benefits

See below WEEKLY per pay period employee costs (remaining 30%):

Medical: Harvard Pilgrim Health Plan		
	HMO	PPO
Employee	\$58.31	\$64.44
Employee + Spouse	\$122.46	\$135.31
Employee + Child(ren)	\$110.80	\$122.43
Employee + Family	\$174.94	\$193.31

Dental: Delta Dental of MA	
Employee	\$2.85
Employee + Family	\$8.60

Vision: VSP	
Employee	\$0.66
Employee + 1	\$0.96
Employee + Family	\$1.72

Next Steps...

Benefits effective



ALL EMPLOYEES MUST LOG INTO ADP BY 2/19!



Wait for an email from ADP

Log in using the link in the email to verify your demographics, even if you are just waiving benefits. Make all new elections and/or changes in ADP.



For assistance, contact:

- ACCC HR
- The Hilb Group
- NEP Benefit Counselor



Open Enrollment:

Starts: 2/10/2026


Ends: 2/19/2026

**remember, you cannot make changes after OE ends*

Benefit Counselor Assistance

- **Onsite Open Enrollment Meeting 2/6 from 1pm – 2pm**
 - Ryan from The Hillb Group
 - Ashely from National Enrollment Partners
- **Benefit Counselor assistance available from 2/10 – 2/19**
 - Book via the QR code below to schedule a virtual benefit counselor session

Can't meet in person?
Scan here to schedule a
phone call!



➔

Free benefit when you speak with a benefit counselor: Wellcard Savings

Benefit Open Enrollment Feb 10th - 19th



Your Benefit Enrollment Plan

To review and waive/elect new benefits, follow these easy steps:



Schedule Your Enrollment Session
Benefit Counselors will be available on-site **2/10 10am - 2pm.**

If you miss your on-site session, benefit counselors will be available for a call center session from **2/10 - 2/19.** Scan or visit the link to schedule your call center enrollment session with your certified benefit counselor.



Review Your Options

Make sure to review the plan details and have your dependent's information ready for your enrollment.



Complete Your Enrollment

During your scheduled time, your benefit counselor will review your options, answer any questions, and assist you to complete your enrollment.

2026 Medical Benefits



Networks: HMO & PPO

HMO

- Eligibility: Only employees who reside in New England
- Local New England coverage
- In-Network benefits only (except for emergency services)
- Requires a PCP to be designated to access care
- Requires referrals

PPO

- Eligibility: All benefit-eligible employees, regardless of state of residence
- Nationwide coverage
- In & *Out-of-Network benefits
- Visit with any provider; you will access the most out of your benefit if you stay in-network
- No referrals required by the plan

**Out-of-network benefits are mostly covered with 80% coinsurance, meaning you owe 20% of the cost of the service (sometimes after the deductible). It is more cost-effective to stay in-network when accessing care. HPHC's out-of-area carrier is United Healthcare's nationwide network, in partnership with HPHC*



How to Find an In-Network Provider

HPHC PROVIDER SEARCH TOOL:

- <https://www.harvardpilgrim.org/public/select-a-plan>
- “HMO or HMO Open Access”
- “PPO”

Filter your results

▼ **Plan Type**

- PPO
- HMO
- POS

▼ **Plan Category**

- Standard Plans
- Commonwealth of MA - State and Municipal Employee and non-Medicare Retiree Plans
- Tiered/Limited Plans
- LP (Low-Cost Provider) Plans
- Employer Specific Plans
- Virtual Plans

Search by Plan

ex: HMO

Standard Plans

- [Access America or Access America Value](#)
- [Dependent Out-of-Area Provider Directory](#)
- [HMO - Flex](#)
- [HMO or HMO Open Access](#)
- [Medicare Advantage Stride HMO/HMO-POS](#)
- [Ocean State Access America](#)
- [POS or POS Open Access](#)
- [PPO](#)
- [PPO - Flex](#)
- [PPO Access](#)
- [PPO Access - Flex](#)

LP (Low-Cost Provider) Plans

- [HMO - LP or HMO](#)
- [POS Open Access](#)
- [PPO - LP](#)
- [PPO Access - LP](#)

Employer Specific Plans

- [BILH Domestic and International](#)
- [BILH Flex Network](#)
- [BILH HMO Plus](#)
- [BILH Network Preferred](#)
- [BILH Tiered POS](#)
- [CCHC DPO Plan \(f\)](#)

Members Employers Brokers Providers Find a Provider Contact us Our story Help

OUR PLANS WHY CHOOSE US MEMBER LOGIN

MY PROVIDER LIST CHANGE PLAN HOW TO SEARCH

Find a Provider

Start your search

Important Plan Details

Health Plan
PPO

Location
(ZIP Code or Complete Address)
13201

Search by
 Name or Facility Specialty
Ex. John Doe

SEARCH PROVIDERS

- [Primary Care Providers \(PCP\)](#)
- [Specialists](#)
- [Behavioral Health](#)
- [Hospitals, Urgent Care, Labs and more](#)

HPHC MEDICAL: HMO PLAN

Benefits	<u>Current</u> HPHC HMO \$5,000	<u>RENEWAL</u> HPHC HMO \$5,000
Plan Year	March 1, 2025 – February 28, 2026	March 1, 2026 – February 28, 2027
In-Network Deductible	\$5,000 / \$10,000	\$5,000 / \$10,000
HRA Reimbursed by ACCC	\$5,000 / \$10,000	\$5,000 / \$10,000
PCP & Referrals Required	Yes / Yes	Yes / Yes
Out-of-Pocket Maximum	\$9,200 / \$18,400	\$9,200 / \$18,400
Primary Care Provider (PCP) Office Visit	Preventative: \$0 All Other: \$20	Preventative: \$0 All Other: \$20
Specialist Office Visit	\$30	\$30
Telemedicine/Teledoc	Same costs as PCP or Specialist Copay	Same costs as PCP or Specialist Copay
Adult Routine Eye Exam <i>Every 24 months (PCP or EyeMed Provider)</i>	\$25	\$25
Mental/Behavioral/Substance Abuse Services	\$20 (outpatient) \$0 after deductible (inpatient)	\$20 (outpatient) \$0 after deductible (inpatient)
Urgent Care	\$30	\$30
Emergency Room	\$150	\$150
Emergency Medical Transportation	\$50 after deductible per trip	\$50 after deductible per trip
Inpatient Surgery / Outpatient (Day) Surgery	\$0 after deductible	\$0 after deductible
Diagnostic lab & X-ray / Major Machine Tests	\$0 after deductible	\$0 after deductible
Prescription Copays	\$5 / \$10 / \$20 / \$35	\$5 / \$20 / \$30 / \$45 / \$80

HPHC MEDICAL: PPO PLAN

Benefits	<u>Current</u> HPHC PPO \$5,000	<u>RENEWAL</u> HPHC PPO \$5,000
Plan Year	March 1, 2025 – February 28, 2026	March 1, 2026 – February 28, 2027
In-Network Deductible Out-of-Network Deductible	\$5,000 / \$10,000 Combined in/out-of-network	\$5,000 / \$10,000 Combined in/out-of-network
HRA Reimbursed by ACCC	\$5,000 / \$10,000	\$5,000 / \$10,000
PCP & Referrals Required	No / No	No / No
In-Network Out-of-Pocket Maximum Out-of-Network Out-of-Pocket Maximum	\$9,200 / \$18,400 Combined in/out-of-network	\$9,200 / \$18,400 Combined in/out-of-network
Coinsurance (in / Out-of-Network)	100 / 80%*	100 / 80%*
Primary Care Provider (PCP) Office Visit	Preventative: \$0 All Other: \$20	Preventative: \$0 All Other: \$20
Specialist Office Visit	\$30	\$30
Telemedicine/Teledoc	Same costs as PCP or Specialist Copay	Same costs as PCP or Specialist Copay
Adult Routine Eye Exam <i>Every 24 months (PCP or EyeMed Provider)</i>	\$25	\$25
Mental/Behavioral/Substance Abuse Services	\$20 (outpatient) \$0 after deductible (inpatient)	\$20 (outpatient) \$0 after deductible (inpatient)
Urgent Care	\$25	\$25
Emergency Room	\$150	\$150
Emergency Medical Transportation	\$50 after deductible per trip	\$50 after deductible per trip
Inpatient Surgery / Outpatient (Day) Surgery	\$0 after deductible	\$0 after deductible
Diagnostic lab & X-ray / Major Machine Tests	\$0 after deductible	\$0 after deductible
Prescription Copays	\$5 / \$10 / \$20 / \$35	\$5 / \$20 / \$30 / \$45 / \$80

*most services out-of-network are subject to 80% coinsurance after the deductible

Money Saving Tips!

Consumerism: Review ways to save money



- ❑ Use Teledoc / PCP / Urgent Care benefits instead of Emergency Room, when appropriate
- ❑ Utilize free standing (non-hospital) imaging and lab locations for lower costs (Ex: Quest Diagnostics, Shields MRI, your PCP office if applicable, etc.)
- ❑ Make sure your provider/facility of care is In-Network



Health Reimbursement Arrangement (HRA)



HRA Summary

The HRA (ACCC) reimburses deductible-related expenses (no copays):

HPHC Advantage HMO	In-Network Deductible	You Pay (Embedded Ded)	HRA Pays
Individual Plans	\$5,000	\$0	\$5,000
Family Plans	\$10,000	\$0	\$10,000
HPHC Advantage PPO	In-Network Deductible	You Pay (Embedded Ded)	HRA Pays*
Individual Plans	\$5,000	\$0	\$5,000
Family Plans	\$10,000	\$0	\$10,000

- **THE HRA PAYS YOUR PROVIDER AUTOMATICALLY**
- Keep an eye out for your **EOB** (Explanation of Benefits) from London Health showing what they paid to your provider / compare to your Tufts EOB
- **CLAIMS QUESTIONS:**
 - Call London Health's dedicated team at: 401-435-4700
 - Or Email: customerservice@londonhealthusa.com

London Health – HRA Payment Process:

Auto Claim Feed

1



PROVIDER

At the provider's office, show your health plan insurance card. You should only be billed for your copay at your service (if applicable), not your deductible. After your service, the doctor will send the deductible claim to HPHC

Average Timing: 2-3 weeks

HEALTH PLAN

When HPHC receives the claim from the provider, they will apply an amount to your health plan deductible and automatically sends London your HRA claim. At this time your health plan EOB will be sent.

Average Timing: 3-5 days from receiving claim

LONDON

London receives your claim from HPHC and pays your provider directly for the HRA amount, which is the amount applied to your health plan deductible. At this time your HRA EOB will be sent.

Average Timing: 2-3 days from receiving claim

London Health – HRA Payment Process:

HRA Explanation of Benefits (EOB)

London Health Administrators
40 Commercial Way
East Providence, RI 02914

Forwarding Service Requested

2376 0.3820 AB 0.405
Employee Address

ALL FOR AADC 026

14

ENSV 1728 1 OF 1

If you have any questions please contact London Health at:
Phone: 401-435-4700
Email: customerservice@londonhealthusa.com

Group:
Group #:
Date:

Explanation of Benefits for Services Provided By:
Provider Name

Enrollee: Participant ID:	Patient: Patient Acct #:	Claim #: Group:	Group #:							
Dates of Service	Service Code	Total Charge	Ineligible	Reason Code	Discount Amount	Covered By Plan	Deductible Amount	Co-Pay Amount	Paid At	Payment Amount
	Deductible	745.00	206.79	HRA	0.00	0.00	0.00	0.00	100%	\$39.11
CLAIM TOTALS:		745.00	206.79		0.00	0.00	0.00	0.00		\$39.11
Credits or Adjustments:										0.00
Total Net Payment:										\$39.11

DOCUMENT SUMMARY:

Total Charge	Ineligible Amount	Discount Amount	Covered By Plan	Deductible Amount	Co-Pay Amount	Payment Amount
745.00	206.79	0.00	0.00	0.00	0.00	\$39.11

Messages

This Explanation of Benefits illustrates the amounts your plan paid and the amounts you owe to the provider. Your responsibility is stated in the DEDUCTIBLE and/or INELIGIBLE columns.

Total Charge is the amount applied toward the deductible by the health insurance carrier

Ineligible and Deductible Amounts are the amounts confirming the member's responsibility owed to the provider

Payment Amount is the amount the HRA paid to the provider

HIGHLIGHTS:

- 1) The HRA statements will be mailed to you for every eligible claim processed
- 2) The statement is used to confirm the amounts you owe to the provider and the amounts your HRA has paid to the provider
- 3) The HRA statements are mailed within 2 days of receiving the claim from HPHC
- 4) Members can view health plan HRA activity LondonHealthUSA.com

Dental Benefits



Delta Dental: PPO Plus Premier

Calendar Year Maximum: **\$2,000 Per Covered Person**

- *Re-Sets Annually January 1st*
- *Rollover Max Benefits: **\$600** [claims cannot exceed \$800/must have one services/cap \$1,500]*

Deductible: **\$50 per individual up to \$150 per family**

Preventive/Diagnostic Care: **No Charge / No Deductible**

Restorative/Surgery/Periodontics/Endodontics: **You Owe 20% after the deductible (plan covers 80%)**

Prosthodontics/Major Restorative Services: **You owe 50% after the deductible (plan covers 50%)**

Network:

- You have access to two of Delta Dental's extensive national networks:
 - (1) Delta Dental **PPO** (+350,000 dentist locations)
 - (2) Delta Dental **Premier** (largest dental network in the country / more than 450,000 dentist locations)
- Three out of four dentists nationwide participate in one or both networks
- You will enjoy great benefits when you receive your dental care from a participating dentist
- Visits www.deltadentalma.com to search for in-network providers or call customer service at 800-872-0500



Vision Benefits



VSP Vision: CHOICE PLAN

FREQUENCY	COPAYS AND ALLOWANCES
Exam every 12 months	\$10 Exam Copay
Lenses every 12 months	\$10 Frame/Lens Copay
Frame every 12 months	\$150 Frame Allowance
Contact Lenses every 12 months (Instead of lenses and frame)	\$150 Contact Lens Allowance

VSP CHOICE PLAN BENEFITS		
	In-network	Out-of-network
Vision Care		
WellVision Exam*	Covered-in-full after copay	Reimbursed up to \$45
Contact Lens Exam, Fitting, and Evaluation (Standard & Premium)	Covered-in-full after copay, not to exceed \$60	Not applicable
Routine Retinal Scanning	Covered-in-full after copay, not to exceed \$39 ³	Not applicable
Frames		
	Covered-in-full after copay, up to frame allowance ⁴	
	20% off any amount above the allowance ^{3,4}	Reimbursed up to \$70
	Extra \$20 allowance on Featured Frame Brands ^{4,6}	
Lenses		
Single Vision		Reimbursed up to \$30
Lined Bifocal		Reimbursed up to \$50
Lined Trifocal	Covered-in-full after copay	Reimbursed up to \$65
Lenticular		Reimbursed up to \$100
Standard Progressive Lenses		Reimbursed up to \$50

VSP Vision: CHOICE PLAN CONT.



VSP CHOICE PLAN BENEFITS		
	In-network	Out-of-network
Lens Enhancements		
Enhanced coverage may apply. Refer to the option(s) under Customized Benefit Options and Monthly Rates.		
Premium Progressive Lenses	\$95 - \$105	Not applicable
Custom Progressive Lenses	\$150 - \$175	
Standard Anti-Reflective Coating	\$41	
Photochromic Lenses	\$75	
Solid Tints and Dyes	\$0	
Plastic Gradient Tints	\$17	
Polycarbonate Lenses	\$31 - \$35; \$0 for children	
Scratch-Resistant Coating	\$17	
UV Protection	\$16	
Contact Lenses		
Instead of lenses and frame		
Elective	Covered-in-full, up to Contact Lens Allowance	Reimbursed up to \$105 ^{3,8}
Necessary	Covered-in-full after copay	Reimbursed up to \$210

VSP Vision: DISCOUNTS

VSP CHOICE PLAN BENEFITS (CONTINUED)

In-network

Out-of-network

Additional Benefits

Essential Medical Eye Care^{SM,8}

Supplemental coverage beyond routine care to treat urgent issues/monitor ongoing conditions like pink eye, sudden vision changes, dry eye, diabetic eye disease and glaucoma

Covered-in-full after copay; not to exceed \$20

Low Vision

Supplemental testing and coverage for approved low vision aids; for members with vision loss that prevents reading, moving around in unfamiliar surroundings, and completing desired tasks

Up to \$1,000 every two years; covers 100% supplemental testing and 75% for approved low vision aid

Not applicable¹⁰

VSP Laser VisionCareSM Program⁹

Discounted access for laser vision correction services

Average savings of 15-20% off retail price or 5% off promotional price

Additional Pairs of Glasses

20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses^{3,4,5}

AVERAGE SAVINGS OF 30% ON ALL LENS ENHANCEMENTS¹

Protection from UV, relief from digital eyestrain, and more.

COVERAGE FOR URGENT AND MEDICAL EYE CARE

Care for conditions like pink eye, dry eye, diabetic eye disease and glaucoma.

UP TO \$3,000 IN SAVINGS

Contact lens rebates and discounts on hearing aids, prescriptions—the list goes on.²

Company-Paid Life/AD&D, STD & LTD Insurance



Company-Paid Term Life Insurance

BENEFIT	COVERAGE
Group Life/AD&D	<ul style="list-style-type: none">• 1x your annual salary up to \$100,000• Make sure you have an up-to-date beneficiary on file in ADP
Group Short Term Disability	<ul style="list-style-type: none">• Coverage: 60% of your annual salary up to \$1,500 per week• Waiting Period: 7 days• Duration: 12 weeks• Reach out to HR with any questions about claims or how to start a claim
Group Long Term Disability	<ul style="list-style-type: none">• 60% of your pre-tax earnings up to \$5,000 per month

Mutual of Omaha Value-Add (Free) Programs





EAP, Travel Assist, Hearing Discounts & Will Prep Services

All benefit-eligible employees are automatically enrolled in the Mutual of Omaha benefits below (no cost to employees and their families):

SERVICES	
Employee Assistance Program (EAP)	Mutual of Omaha's team of master's level EAP professionals are available 24/7/365 to provide you and your loved ones resources for assistance with personal and workplace issues. Access to EAP services is obtained by calling 1-800-316-2796 or by using an online submission form for employee convenience at www.mutualofomaha.com/eap . Online are valuable resources and links for additional assistance, including current events, family and relationships, emotional well-being, financial wellness, substance abuse and addiction, legal assistance and work and career.

SERVICES	
Travel Assistance	The Travel Assistance program is an added benefit that provides assistance for your travels over 100 miles away from home or outside the country.
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.
Will Prep Services	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit www.willprepservices.com .

Voluntary Benefits



Voluntary Legal Insurance: IDShield & LegalShield

Have You Ever...

- Needed your Will prepared or updated?
- Signed a contract?
- Received a moving traffic violation?
- Worried about being a victim of identity theft?
- Been concerned about your child's identity?
- Had social media accounts? (Facebook, Instagram, Twitter, LinkedIn, Youtube)

The LegalShield Membership Includes:

- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** On unlimited personal issues
- **Letters/Calls** Made on your behalf
- **Contracts/Documents Reviewed** Up to 15 pages
- **Residential Loan Document Assistance** For the purchase of your primary residence
- **Will Preparation** - Living Will, Health Care Power of Attorney, Financial Power of Attorney
- **Speeding Ticket Assistance** Upload your speeding ticket from the mobile app directly to law firm
- **IRS Audit Assistance** (Begins with the tax return due April 15th of the year you enroll)
- **Trial Defense** (If named defendant/respondent in a covered civil action suit)
- **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (Available 90 days after enrollment)
- **25% Preferred Member Discount** (Bankruptcy, criminal charges, DUI, personal injury, etc.)
- **24/7 Emergency Access** For covered situations

The IDShield Membership Includes:

- **Credit Monitoring** Continuous credit monitoring through TransUnion
- **Online Privacy Management** IDShield provides consultation and guidance on ways participants can protect their privacy and personally identifiable information across the internet and on their smart devices.
- **Reputation Management & Score** Scans social media accounts for existing content that could be damaging to participants' online reputation. Ranks your online reputation risk by giving you a score based off the content found on your social media accounts.
- **Financial Account Monitoring** Accounts monitored include checking, savings, employer 401k accounts, loans and more.
- **\$1 Million Protection Policy** Coverage for lost wages, legal defense fees, stolen funds and more
- **Unlimited Service Guarantee** Ensures that we won't give up until your identity is restored!
- **Identity Restoration** Performed by Licensed Private Investigators to restore your identity to its pre-theft status.
- **24/7 Emergency Access** In the event of an identity theft emergency

Plan	Individual Monthly	Family Monthly
Legal	\$21.95	\$21.95 (RI) \$20.95 (MA)
ID	\$12.95	\$22.95
Comb.	\$34.90	\$41.90

Family plan includes a \$3.00 bundled discount in RI

Voluntary Pet Insurance ASPCA – Direct Pay

ASPCA PET HEALTH
INSURANCE

AMERICAN
CONSUMER
CREDIT
COUNSELING
The Credit Counseling Professionals

Visit www.aspcapetinsurance.com/acc and save with your discount!*



worry less about cost
and focus on care

Vet bills can really add up.

ASPCA® Pet Health Insurance plans can help you follow your vet's recommendations and worry less about cost.

We don't limit you to a network, so you can visit any licensed vet, specialist, or emergency clinic you trust.

We keep it simple!

You can customize your annual limit, annual deductible and reimbursement for the right coverage and the right price for you and your pet.

\$3,600
Covered
Vet Bill

-\$250
Annual
Deductible

x90%
Reimbursement
Percentage

\$3,015
cash back



Our Best Protection Complete CoverageSM

accidents
illnesses
dental
diseases



cancer
hereditary
conditions
behavioral
issues

- exam fees
- diagnostic imaging
- lab tests
- hospitalization
- surgery
- rehabilitation
- chemotherapy
- acupuncture
- stem cell therapy
- prescription food+
- supplements
- and more*

We also offer an **Accident-Only Coverage** plan. **Preventive Care Coverage** can be added to all plans for an additional cost.

Anytime from anywhere.

- Access Plan Details
- Submit & Track Claims
- Find A Nearby Vet
- 24/7 Vet Triage Line
- Add A Pet
- And More!



**Click here
to get started!**

**the coverage
they need**
the way you want



Our best plan ever

Complete CoverageSM

With an accident & illness plan provided by the ASPCA® Pet Health Insurance program, you have help choosing the care you want when your pet is hurt or sick. You can take comfort in knowing they have coverage.

Simple to Use

Just pay your vet bill, submit claims, and get reimbursed for eligible expenses! You're free to visit any licensed vet, specialist or emergency clinic in the US or Canada, and you can choose to receive reimbursement by direct deposit or mail.

Exam Fees, Diagnostics, and Treatments for Covered Conditions

- Accidents
- Hereditary Conditions
- Dental Disease
- Illnesses
- Behavioral Issues
- Cancer

Customizable Options

Annual Limit - from \$2,500 to unlimited.

Reimbursement Percentage - 90%, 80%, or 70% of your eligible vet bill.

Annual Deductible - select \$100, \$250, or \$500. You'll only need to satisfy it once per 12-month policy period.

Add Preventive Care Coverage - Get reimbursed scheduled amounts for things that protect your pet from getting sick, like vaccines, dental cleanings, and screenings for a little more per month.

Select Accident-Only Coverage - If you're just looking to have some cushion when your pet gets hurt, you can choose coverage that only includes coverage for accidents.

Get a customized quote and SAVE 10% with your group discount!*

ASPCA PET HEALTH
INSURANCE

Priority Code: EB25ACCC | 1-877-343-5314

www.aspcapetinsurance.com/acc

aspcapetinsurance.com/acc

Voluntary Benefits



The Following Benefits will be offered:

- **DISABILITY**
- **LIFE Insurance**
- **ACCIDENT Insurance**
- **MEDICAL BRIDGE Insurance**
- **CRITICAL ILLNESS Insurance**
- **FREE WellCard**

Important Features of Colonial Life Benefits:

- ✓ These benefits have been selected as a complement to our company-paid benefits to provide options for enhanced financial protection.
- ✓ Coverage is available to the employee, spouse, and dependents
- ✓ Group Discounted Rates apply to all offered benefits.
- ✓ Coverage is paid 100% by you.
- ✓ Coverage is fully portable, with no increase in cost or change in benefits, if you leave employment and wish to continue your coverage.
- ✓ All employees are guaranteed coverage with no exams or underwriting.

DISABILITY INSURANCE (MASSACHUSETTS)



- Provides **income replacement in the event of a disability** (illness, injury, maternity, etc.)
- Benefits are **paid tax-free, directly to you**
- Understanding your state's paid leave benefits (PFML) and any benefit limits will help determine the level of Colonial Life Disability coverage to elect.
- **SPEAK TO AN ADVISOR FOR ENROLLMENT ASSISTANCE to ensure you elect the correct benefits based on your state.**

MA PFML Enhancer Disability Plan Highlights (OVERLAP)

Monthly Benefit Amount	\$400 - \$4000, available in \$100 increments
Monthly Benefit Maximum	Up to 20% of your total earnings (to supplement the state plan)
When Benefits Begin	Your choice: Benefits begin after 7 days or 14 days
Maximum Benefit Duration	6 months

Extended Disability Plan Highlights (DOVETAIL)

Monthly Benefit Amount	Your choice of \$400-\$6500, available in \$100 increments
Monthly Benefit Maximum	Up to 60% of your total earnings
When Benefits Begin	Benefits begin after 180 days (after PFML ends)
Maximum Benefit Duration	Your choice: 12 or 24 months



LIFE INSURANCE OPTIONS

Whether you're a recent college graduate, getting married, having children, buying a home, or planning for retirement- ***Life Insurance is a critical part of your financial planning.***



Term Life Insurance

Short-term solution for high-need years

- **Affordable coverage** that lasts **10, 15, 20** or **30 years**
- Benefits and premiums are **fixed** for the duration of your term
- **Coverage amounts** from \$10,000-\$250,000
- This coverage is **personally owned and portable**, meaning it's yours to keep even if you change jobs or retire
- **Rates DO NOT increase** if you leave employment and wish to keep your coverage
- **Guaranteed renewable** at the end of your term (with no EOI)
- Coverage available for you, your spouse, and children

Cash-Value Whole Life Insurance

Permanent solution for life-long protection

- Coverage through age **100**
- **Cost** is based on your age when you enroll, and **never increases** once you are enrolled
- This coverage is **personally owned and portable**
- **Builds a cash value** – policy accumulates **3.75% interest** annually; ability to take a loan against the cash value
- Coverage is available to you, your spouse, and children*
- **Guaranteed Coverage offer during 2026 OE**

LONG TERM CARE BENEFIT



Available as a Rider on all Life Policies

The need for personal care for everyday life can arise due to illness or develop gradually as people age. Long Term care services help with personal tasks of everyday life, such as dressing, bathing, eating, or using the bathroom. If you are unable to care for yourself, this benefit advances the life insurance death benefit to help cover the cost of long-term care. It's the most affordable way to obtain LTC protection!

- Also known as a “Chronic Care” benefit, this feature provides access the policy's death benefit to **help cover Long Term Care costs**
- **Payable if diagnosed with a chronic illness**, and requiring substantial supervision due to severe cognitive impairment or are unable to perform at least two of the six Activities of Daily Living (ADLs).
- **Benefit amount:**
 - **Payable as a lump sum** (50% of your total death benefit)
 - **Payable monthly** in the amount of 6% of your death benefit (up to 100% of your total death benefit)

ACCIDENT INSURANCE

Accidents happen in places where you and your family spend the most time – at work, in the home and on the playground – and they're unexpected. How you care for them shouldn't be.

Colonial Life's Accident Insurance is designed to help you fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to an accidental injury. The benefit to you is that you may not need to use your savings or secure a loan to pay expenses.

Plus- you'll feel better knowing you can have greater financial security!

- ✓ **Pays a schedule of cash benefits** for common accidental injuries, initial treatment, and follow-up care
- ✓ **24/7 coverage (on & off the job)**
- ✓ **Benefits are paid directly to you**, in addition to any other coverage you have
- ✓ **No limit to how many claims** you can file
- ✓ Great for active families, sports injuries, unexpected slip and fall or accident, etc.
- ✓ Includes **\$50.00 Health Screening Benefit**

BENEFITS STORY

Milo was working in his yard when he tripped and injured his hand.

With Colonial Life accident benefits, Milo was able to pay the annual deductible and co-payments for his health insurance plan without using his savings or taking on debt.

	Milo went to an urgent care facility and received immediate care.	⇒
	The doctor ordered an X-ray and discovered Milo had fractured his hand.	⇒
	The doctor also found that Milo had a cut on his hand but did not require stitches.	⇒
	Milo was discharged with a splint.	⇒
	Over the next several weeks, Milo had two follow-up appointments with his doctor.	⇒

MILO'S ACCIDENT BENEFITS

Treatment in a physician's office or urgent care facility	\$100
<ul style="list-style-type: none"> • X-ray • Fracture (hand) 	\$60 \$1,200
Laceration (no repair)	\$50
Durable medical equipment	\$50
Physician follow-up visits (2 visits)	\$50 x 2 = \$100
Total	\$1,560

For illustrative purposes only. Benefit amounts may vary and may not cover all expense

BENEFITS STORY

Olivia was driving to the store when she got into a car accident.

Olivia's accident benefits helped cover her annual deductible and co-payments.

OLIVIA'S ACCIDENT BENEFITS		
	Olivia arrived by ambulance at the nearest emergency room and received immediate care.	⇒
	The doctor ordered an X-ray and discovered Olivia had fractured her thigh (femur). He also ordered a CT scan of her head to check for a brain injury.	⇒
	Olivia was admitted to the hospital for surgery on her leg. She was confined for three days.	⇒
	Olivia had eight sessions of physical therapy to help regain the strength in her leg.	⇒
	Over the next several weeks, she had six follow-up appointments with her doctor.	⇒
Total		\$9,830

For illustrative purposes only for covered accidents. Benefit amounts may vary and may not cover all expenses.

ACCIDENT BENEFIT DETAILS

IAC PREFERRED

Fracture benefits

- **Injury** \$200-\$3,750
Examples: finger: \$200 | wrist: \$1,200 | hip: \$3,750
- **Surgical repair of fracture** 100%
(Payable as an additional % of the applicable fractures benefit)
- **Chip fracture** 25%
(Payable as a % of the applicable fractures benefit)

Dislocation benefits

- **Injury** \$200-\$3,000
Examples: elbow: \$450 | ankle: \$1,200 | hip: \$3,000
- **Surgical repair of dislocation** 100%
(Payable as an additional % of the applicable dislocations benefit)
- **Incomplete dislocation** 25%
(Payable as a % of the applicable dislocations benefit)

Treatment benefits

- **Air ambulance** \$1,500
- **Ambulance (ground or water)** \$300
- **Durable medical equipment** \$90-\$200
- **Emergency dental repair** \$100-\$300
- **Emergency department** \$200
(Maximum 4 per year)
- **Family care** \$50 per day
(Maximum of one benefit per day for all Insureds combined, up to a maximum of three days per covered accident, regardless of the number of children)
- **Injections to prevent or limit infection** \$50
- **Lodging** \$200 per day
(Maximum 30 days)
- **Medical imaging** \$200
- **Pain management injections** \$100
- **Pet boarding** \$20 per day
(Maximum of one benefit per day for all insureds combined, up to a maximum of three days per covered accident, regardless of the number of pets that are boarded)

- **Prosthetic device or artificial limb** \$1,250-\$2,500
- **Skin grafts (due to burns)** 50%
(Payable as a % of the applicable burn benefit)
- **Skin grafts (not due to burns)** \$250-\$500
- **Transfusions** \$400
- **Transportation** \$150 per trip
(Maximum 6 one-way trips)
- **Treatment in a physician's office or urgent care facility** \$100
(Maximum 4 per year)
- **X-ray or ultrasound** \$60

Surgery benefits

- **Anesthesia** \$150-\$250
- **Connective tissue surgery** \$125-\$1,600
- **Eye surgery** \$300
- **General surgery**
 - Abdominal, thoracic, or cranial \$1,500
 - Exploratory surgery \$225
- **Hernia surgery** \$300
- **Knee cartilage (meniscus) surgery** \$100-\$600
- **Outpatient surgical facility** \$300
- **Ruptured or herniated disc surgery** \$125-\$1,500

Recovery care benefits

- **At-home care** \$100 per day
(Maximum 5 days)
- **Benefit Booster** \$900
- **Physician follow-up visits** \$50
(Maximum 4 days per covered accident and 16 days per calendar year)
- **Rehabilitation or sub-acute rehabilitation unit confinement** \$150 per day
(Maximum 15 days per covered accident and 30 days per calendar year)
- **Therapy services (speech, physical therapy, occupational therapy)** \$45 per day
(Maximum 15 days)

Benefits are per covered person per covered accident unless stated otherwise

Injury benefits

- **Burns (based on size and degree)** \$500-\$15,000
- **Concussion** \$375
- **Connective tissue damage** \$100-\$200
- **Eye injury** \$300
- **Hearing loss injuries** \$120
(Maximum once per lifetime per ear per insured)

- **Injury due to auto accident** \$250
- **Internal injuries** \$200
- **Knee cartilage (meniscus) injury** \$150
- **Lacerations** \$50-\$600
- **Loss of a digit — partial** \$300-\$600
- **Loss of a digit** \$750-\$2,000
- **Ruptured or herniated disc** \$150-\$300

Additional Riders Available

- Customize your benefit with riders
- Guaranteed Issue Coverage
- Lower Rates & Higher Benefits over the previous plan!

Group Accident (GAC4100) for MA

Applicable to policy forms GAC4100-P, GAC4100-C

- **Additional Benefits:** Accident Hospital Benefits Preferred, Recovery Plus Package, Active Lifestyles, Wellbeing Assistance Max - \$50

On/Off-Job Accident Coverage

BENEFIT LEVEL	AD&D BENEFIT LEVEL	ISSUE AGE	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND DEPENDENT CHILD(REN)	EMPLOYEE, SPOUSE AND DEPENDENT CHILD(REN)
Preferred	Not Included	17-99	\$3.13	\$4.91	\$6.91	\$8.72
Preferred	Preferred	17-99	\$3.63	\$5.77	\$7.60	\$9.77

Options checked below have been chosen by your employer to enhance your Group Accident Coverage.

Recovery Plus package

- **Behavioral health therapy** \$45 per day
(Maximum 15 days)
- **Post-traumatic stress disorder (PTSD)** \$200
- **Prescription drug** \$25
- **Additional therapy services (chiropractic, acupuncture, alternative therapy)** \$45
(Existing therapy services benefit maximum applies to additional therapy services, maximum 15 days)
- **Injury due to felonious act of violence or sexual assault** \$250
(Maximum once per insured per calendar year, with an accompanying police report)

Gunshot wound benefit

This benefit can help pay your medical expenses if you receive a non-fatal gunshot wound. It offers you a lump sum for a covered injury regardless of any other insurance you may have and includes on/off-job coverage.

- **Gunshot wound** \$ _____

This benefit covers a non-fatal gunshot wound from a conventional firearm that requires treatment by a doctor and overnight hospitalization within 24 hours of the injury. If you are shot more than once in a 24-hour period, we can pay benefits only for the first wound.

CRITICAL ILLNESS INSURANCE

IGCI 6000



When life takes an unexpected turn due to a serious illness, such as a cancer diagnosis, heart attack or stroke, your focus should be on recovery — not finances. Critical illness insurance helps relieve financial worries by providing a lump-sum benefit payable directly to you to use as needed.

- ✓ **Covered Illnesses Include-** Cancer • Benign Brain Tumor • Coma • End Stage Renal (Kidney) Failure • Heart Attack (Myocardial Infarction) • Loss of Hearing • Loss of Sight • Loss of Speech • Major Organ Failure Requiring Transplant • Occupational Infectious HIV or Occupational Infectious Hepatitis B, C, or D • Permanent Paralysis due to a Covered Accident • Stroke • Sudden Cardiac Arrest
- ✓ **Childhood Disease Coverage** at no additional cost, benefits are provided for childhood diseases such as downs syndrome, spina bifida, cystic fibrosis, cerebral palsy, cleft lip or palate
- ✓ **Guaranteed Coverage offer during 2026 OE: \$35,000**
- ✓ **Employee will select benefit amount: \$5,000-\$50,000**

- Spousal Coverage (50% of employee face amount)
- Child Coverage (25% of employee face amount) – available at no additional cost through age 26

- ✓ **Includes \$50 Annual Health Screening Benefit**

- ✓ **Use your cash benefit to help cover:**

- Medical costs / Deductibles / Co-Payments
- Lengthy recovery periods, missed time from work
- Rehabilitation or private nursing care expenses
- Traveling and lodging expenses

Additional Riders Available

- Cover up to 53 Critical Illnesses!
- Pre-Ex is waived on the base plan!
- Up to \$35,000 Guaranteed Issue
- Lower Rates & higher benefits over the previous plan!

CRITICAL ILLNESS EXAMPLE

Here's how it works...

Joan enrolls and elects a **\$10,000 benefit**. She adds her spouse, who is then covered at a \$5,000 benefit.

3 months after her coverage starts, she is diagnosed with cancer. Over the next 4 months she receives chemotherapy, radiation and has surgery to remove the cancer.

How did Joan benefit from her Critical Illness Coverage?

- Once her diagnosis was verified by Colonial from her doctor, Joan received a check in the amount of \$10,000, tax-free.
- This process took 17 days to complete.
- Since her husband had to take some time off from work to help out while Joan went through treatment, along with the deductible expenses owed on their medical plan, this money was critical to their finances.



GROUP MEDICAL BRIDGE

GMB PLAN 3



This policy works alongside any health insurance plan to help cover common out-of-pocket expenses, such as co-pays and deductibles. These benefits are available for you, your spouse and eligible dependent children.

Hospital confinement benefit \$ \$1,000 per day

Maximum of one day per covered person per calendar year

Accident only emergency room visit benefit \$150 per day

Outpatient Surgical Procedure Benefit: This option contains two tiers of benefits and a calendar year maximum payable per covered person per calendar year. Below is a sample list of covered surgical procedures. We will also pay the Outpatient Surgical Procedure Benefit for a procedure that is not listed if the procedure meets the definition of a covered surgical procedure as outlined in the certificate.

	Tier 1 Surgery ¹ Sample procedures shown below	Tier 2 Surgery ² Sample procedures shown below	Calendar Year Max
<input type="checkbox"/> Option 1	\$500	\$1,000	\$1,500

Diagnostic Procedure: As the employer, you will select one of the Diagnostic Procedure options below. The benefit is paid once per covered person per calendar year for the listed covered diagnostic procedures³.

Option 1 | \$250

The average family has more than \$4,500 in out-of-pocket medical costs each year.

Health screening benefit \$50 per day
Maximum of one day per covered person per calendar year

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- Carotid Doppler
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test for HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

Coverage advantages

- Benefits are payable directly to you (unless you specify otherwise) and can be used as you see fit.¹
- Coverage is available for you, your spouse and eligible dependent children.
- Benefits are payable regardless of any other insurance you may have with other companies.
- All benefits are indemnity based, which means you will know the benefit amount payable for covered accidents or covered sicknesses.

Group Medical Bridge for MA Age-Banded

Applicable to Policy Forms GMBL0-P & GMBL0-C

- Hospital Confinement: \$1000, Health Screening: \$50, Outpatient Surgery: Tier 1=\$500, Tier 2=\$1000, CY Max=\$1500, Diagnostic Procedure Benefit: \$250, Emergency Room: \$150

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	\$5.28	\$9.55	\$8.28	\$12.55
50-59	\$6.94	\$13.38	\$9.93	\$16.38
60-64	\$8.67	\$17.38	\$11.66	\$20.37
65-99	\$10.74	\$21.82	\$13.72	\$24.82

FREE WELLCARD MEMBERSHIP



How does it work?

The WellCard program is not insurance, but it can help employees and their families get more affordable access to services and products their insurance doesn't cover.

It allows the employee to purchase services over and above insurance coverage, at a discount. In most cases, an employee who has insurance coverage cannot use WellCard to receive deeper discounts. But, if the employee's benefits are limited to a certain number of visits or products – such as for eyeglasses, chiropractic treatments or hearing aids – WellCard discounts can help with out-of-pocket costs if the employee exceeds the limit.

The WellCard program offers health and wellness products and services from brand-named vendors nationwide:

- Pharmacy (retail and mail order)
- Vision care and LASIK
- Hearing
- Dental
- Medical Network
- MRI & Imaging
- Lab Savings
- 24/7 Doctor Telephone Consult
- Medical Bill Help
- Health Library
- Diabetes Care & Supplies
- Vitamins
- Daily Living Products
- Surgical Centers
- Cash Rewards Mall

HOW TO ENROLL

(MUST LOG INTO ADP BEFORE OE ENDS ON 2/19/2025)



AMERICAN CONSUMER
CREDIT COUNSELING
The Credit Counseling Professionals

Your Benefit Enrollment Plan

To review and waive/elect new benefits, follow these easy steps:



Schedule Your Enrollment Session

Benefit Counselors will be available on-site **2/10 10am - 2pm.**

If you miss your on-site session, benefit counselors will be available for a call center session from **2/10 - 2/19.** Scan or visit the link to schedule your call center enrollment session with your certified benefit counselor.



Review Your Options

Make sure to review the plan details and have your dependent's information ready for your enrollment.



Complete Your Enrollment

During your scheduled time, your benefit counselor will review your options, answer any questions, and assist you to complete your enrollment.

Can't meet in person?
Scan here to schedule a
phone call!



THANK YOU!

ALL EMPLOYEES MUST LOG INTO ADP BY 2/19!

