

# Associate Open Enrollment Guide



Northbridge  
Companies

2026

# Welcome to Your Benefits!



Stafford Management Company, LLC, on behalf of The Northbridge Companies (hereinafter referred to as Northbridge), is pleased to offer a wide range of competitive benefits that are a vital part of your total compensation. You have the flexibility to select from a full range of benefits to keep you and your family healthy, provide financial protection in the event of unforeseen circumstances and help you build long-term security for retirement. This brochure was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this brochure to make sure you understand the benefits that are available to you and your family, and be sure to act before the enrollment deadline.

This brochure highlights the main features of our benefits program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. Northbridge reserves the right to change or discontinue its benefits plans at any time.

## New For 2026

- Beginning in 2026, Northbridge will contribute the following amounts to HSA accounts for Associates enrolled in the Core medical plan:
  - \$500 for Employee Only coverage
  - \$750 for Employee + 1 coverage
  - \$1,000 for Employee + Family coverage
- The Health Savings Account (HSA) IRS contribution limits are increasing to \$4,400 for individuals and \$8,750 for families. These contribution limits include any contributions you receive from Northbridge.
- The Flexible Spending Account (FSA) contribution maximum is increasing to \$3,400.

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# Eligibility

Benefits are effective the 1st of the month following your date of hire. New Hires that do not enroll within 21 days will have to wait until the next open enrollment period to elect coverage. Full-time associates scheduled 30 hours or more per week are eligible to participate in the company-sponsored medical and dental plans. Full and part-time associates regularly scheduled to work at least 20 hours per week are eligible to participate in the company sponsored vision plan and voluntary benefits. You may also enroll your eligible dependents for coverage. Eligible dependents could be:

- Children under the age of 26 regardless of student status, tax dependency, or marital status.
- Your legal spouse or your qualified domestic partner.
- Children over the age of 26 and are indicated on your federal tax return as fully dependent on you for support due to a mental or physical disability.



## Changing Benefits After Enrollment

During the year, you cannot make changes to your benefits unless you have a Qualified Life Event. If you do not make changes to your benefits within 30 days of the Qualified Life Event, you will have to wait until the next annual Open Enrollment period to make changes (unless you experience another Qualified Life Event).

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

## Continuation of Benefits and COBRA

The Health Plan(s) offered by Northbridge are subject to COBRA. COBRA allows individuals who would otherwise lose coverage to remain covered under the plan for a period of time.

In general, Associates who are no longer working on a full-time active basis and who do not qualify for continuation under another statute such as ACA or FMLA may lose eligibility for coverage under our Health Plan(s) for themselves and their dependents. COBRA allows for individuals who would otherwise lose their coverage to continue their coverage, for a period of 18, 29, or 36 months depending upon the reason they lost coverage (Qualifying Event).

# Medical

HPI is our medical insurance carrier. We offer three medical plan options, as outlined in the following pages.

Important information about your HPI medical plan options:

- HPI medical plans work the same as traditional plan offerings until you require non-emergency procedures or treatments that take place in a facility, either inpatient or outpatient, such as a hospital or surgical center.
- When you need to have a treatment or procedure done, you will contact your concierge team to get pre-certified for the treatment.
- Your concierge team will negotiate with the facility to save you and the plan money. Negotiated arrangements like this can save a significant amount of money and can prevent excess costs for certain procedures.
- The HPI medical plan network for professional services, such as office visits, is PHCS VDVP.

Your costs will be different for each procedure and at each hospital, but here is an example of how your HPI medical plans will work.

Sample Procedure	Traditional PPO	HPI Medical Plan
<b>Starting Price:</b>	\$75,000 (What the hospital wants to bill)	\$15,000 (What Medicare would pay for the same procedure)
<b>Plan price:</b>	\$45,000 (Hospital agrees to 60% of the bill)	\$21,000 (Hospital agrees to 140% of the standard Medicare price)
<b>Coinsurance:</b>	You pay 20%	You pay 20%
<b>Your Bill:</b>	\$9,000	\$4,200
<b>SAVINGS TO YOU:</b>		\$4,800

## Pathways Concierge:

Once enrolled in Medical insurance, a patient advocate will support you throughout your health care journey when you call (888) 811-3419. Pathways Concierge can help with:

- **ADDRESSING** benefit questions and coverage (copays, deductibles, balance billing, etc.)
- **LOCATING** providers and facilities
- **PRE-CERTIFICATION** for facility services
- **REVIEWING** cost-effective treatment options and available alternatives
- **PREPARING AND EDUCATING** you for your hospitalization or procedure
- **ASSISTING** with claim and billing issue resolution, grievances and appeals



## Steps for Pre-Certification:

1. Your physician will recommend a hospital and will need to pre-certify your treatment at least seven days prior to the date of service. The pre-certification is mandatory for the service to be covered by the plan.
2. The facility will be notified of the plan reimbursement amount when services are pre-certified in advance.
3. In some cases, HPI will recommend an alternative provider if it cannot reach agreement with the hospital on a fair price. When possible, you should consider the recommended facility to keep from overpaying for your treatment.
4. Your Pathways Concierge is a helpful resource to navigate all of your facility services.



## Balance Billing

- Balance billing sometimes happens when your health insurance company pays a non-network physician or other health care provider less than the amount the physician charges for the care. Because the physician and the health plan have not agreed upon payment through a contract, the physician may bill you for the remainder of the cost.
- For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A preferred provider may not balance bill you for covered services.
- If you receive a balance bill, do not pay it right away — reach out to the Pathways Concierge Team.



## Finding Providers

Out-of-network benefits mirror in-network benefits. This will allow you to see any provider at the same level of benefits. We still encourage the use of in-network providers whenever possible because they have contracted rates and you cannot be balanced-billed from in-network providers. Any services you are planning to incur in a facility setting must be pre-certified. You may access the provider network by going to [hpitpa.com](http://hpitpa.com) and selecting the "Find a Provider" link under member resources. Filter by our network, "PHCS VDHP," to view in-network providers.

# Medical Plan

Below is a snapshot of some of the benefits covered under the HPI medical plan options and your costs when you receive care. For a complete listing of covered benefits refer to your plan documents.

	Core Plan	Plus Plan	Premier Plan
	IN- AND OUT-OF-NETWORK	IN- AND OUT-OF-NETWORK	IN- AND OUT-OF-NETWORK
YOU PAY			
<b>CALENDAR YEAR DEDUCTIBLE</b>			
<b>Individual</b>	\$3,000	\$1,500	\$250
<b>Family</b>	\$6,000	\$3,000	\$500
<b>CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)</b>			
<b>Individual</b>	\$6,550	\$4,000	\$3,000
<b>Family</b>	\$13,100	\$8,000	\$6,000
<b>COINSURANCE / COPAY</b>			
<b>Preventive Care</b>	No charge	No charge	No charge
<b>Primary Care Physician</b>	20%*	\$30	\$25
<b>Specialist</b>	20%*	\$50	\$45
<b>Urgent Care</b>	100%*	\$20	\$20
<b>Emergency Room</b>	20%*	\$250	\$250
<b>RETAIL RX (UP TO 30-DAY SUPPLY)</b>			
<b>Generic</b>	\$15*	\$15	\$15
<b>Brand Preferred</b>	\$30*	\$30	\$30
<b>Brand Non-Preferred</b>	\$50*	\$50	\$50
<b>Specialty**</b>	\$100*	\$100	\$100
<b>MAIL ORDER RX (UP TO 90-DAY SUPPLY)</b>			
<b>Generic</b>	\$30*	\$30	\$30
<b>Brand Preferred</b>	\$60*	\$60	\$60
<b>Brand Non-Preferred</b>	\$150*	\$150	\$150
<b>Specialty**</b>	\$300*	\$300	\$300

\* After deductible

\*\* Specialty drugs that cost at least \$350/month are coordinated through SHARx

Medical	Core Plan	Plus Plan	Premier Plan
<b>COST PER PAY PERIOD</b>			
<b>Employee Only</b>	\$29.81	\$74.01	\$136.49
<b>Employee + 1</b>	\$127.96	\$229.44	\$304.18
<b>Employee + Family</b>	\$191.94	\$344.15	\$450.42

# Your Prescription Drug Benefit

The Pharmacy Benefit Manager for all non-high-cost and non-specialty prescriptions is Liviniti. Participating pharmacies include all major chains such as CVS, Target, Walgreens, Rite Aid, etc. The Liviniti information will be on your ID card. Please be sure to provide your card to the pharmacy.

## Home Delivery

You may initiate mail order through the Liviniti (Southern Scripts) mobile app.

- 90-day supply at retail at First Choice Pharmacies.
- Additional savings with Mail Order through Postal Prescription Services.

Enjoy the convenience and savings of home delivery for medications you take on a regular basis through our mail-order prescription program. The larger 90-day supply is mailed directly to your home — saving you time and money.

## High-Cost Medications

High-cost and specialty medications will be sourced through SHARx. SHARx is a program designed to redirect high-cost prescription access through manufacturer programs.

High-cost maintenance drugs and high-cost specialty medications and injectables create a very expensive burden to those that participate in health programs. The SHARx program procures these medications for members through alternate access points — many times at no cost to the member.

Any medication that costs more than \$350 for a 30-day supply would be considered high cost. Some examples are Insulin (all types), Abilify, Botox, Celebrex, Cialis, Copaxone, Crestor, Cymbalta, Eliquis, Enbrel, Flovent HFA, Humira, Latuda, Lipitor, Lyrica, Singulair, Stelara, Viagra, Xaralto, and more.





## Frequently Asked Questions

### What is a Referenced-Based Pricing plan?

Your health plan has eliminated Preferred Provider Networks (PPO) for medical facilities, allowing you to access any provider you choose.

All payments to providers are based off Medicare pricing.

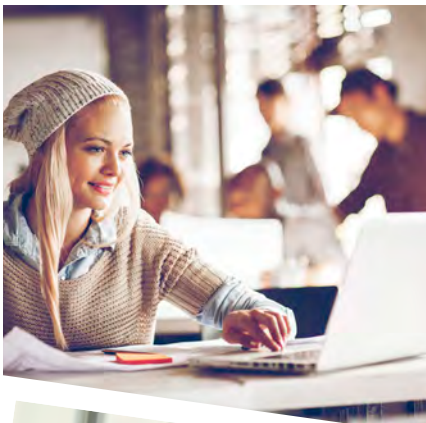
### Can I only go to a hospital that is in-network?

No. There is no network for medical facilities. Associates enrolled in the Northbridge Companies health plan have the freedom to seek care at any hospital or facility they choose. Please note, this is not true for physicians and other medical professionals. Your health plan will utilize a network for physicians and other medical professionals, so when it comes time to select a provider, please refer to the website on your ID card.



### What should I do if scheduling or billing doesn't recognize my health plan?

Please tell the provider at the medical facility that your health plan allows you to seek care from any provider and that there are no reduced out-of-network benefits. They should collect any applicable copay and submit a claim to HPI using the information on your ID card. If the provider still has questions, they should call HPI Pathways Concierge at (888) 811-3419. Make sure you present your ID card at every visit or service.



### How will I know what my health plan has paid?

After any medical service, you will receive an Explanation of Benefits (EOB) from HPI. Your EOB is a breakdown of what medical treatments were billed and what benefits were paid, along with indicating what you, the patient, is responsible for.

### What is a balance bill?

A balance bill is when a provider bills a member for the difference between what the health plan allows for a medical service versus what the provider chooses to charge. In essence, it's when the provider charges more than what the EOB indicates is patient responsibility.

### What should I do if I receive a balance bill?

If you receive a bill from a hospital or other medical facility, you need to compare it to the EOB we will send you. If you are asked to pay more money than what is shown as patient responsibility on your EOB, you will need to call HPI Pathways Concierge at (888) 811-3419. You will likely need to send the bill via email or fax.





# Telemedicine

When you need care — anytime, day or night — or when your primary care provider is not available, the telemedicine benefit, provided through Doctor on Demand, can be a convenient option. With telemedicine, you don't have to drive to the doctor's office or sit in a waiting room when you're sick — you can see your doctor from the comfort of your own bed or sofa.



## Register Today so You Are Ready When You Need Care



Avoid germs in the ER, urgent care clinic or doctor's office.



Connect virtually with a physician in minutes\*



Get treated for more than 80 common conditions including colds, flu, allergies and more



Get a prescription or short-term refill of any existing prescription sent to a pharmacy nearby in less time than your usual doctor visit.



Avoid costly copays and deductibles of the ER and urgent care clinic.  
Connect with psychologists and psychiatrists for mental health support.

\*Availability more limited during overnight hours.

## Using Telemedicine Is as Easy as One, Two, Three

STEP  
1

### Register Now

**Setting up your secure account takes only minutes.**

Download the app on your mobile device or access [doctorondemand.com/health-plans-inc](https://www.doctorondemand.com/health-plans-inc) to create your account. Enter your insurance (choose Health Plans, Inc.) and pre-consult information.

STEP  
2

### Request a Visit

You can have a doctor visit right away or schedule an appointment — all by phone, computer or the app.

STEP  
3

### Feel Better

Get treated by a doctors who can prescribe medication if necessary.

# HSA



Northbridge offers a Health Savings Account through HealthEquity. A Health Savings Account (HSA) is a personal savings account you can use to pay for qualified out-of-pocket medical expenses with pretax dollars — now or in the future. Once you're enrolled in the HSA, you'll receive a debit card to help manage your HSA reimbursements. Your HSA can also be used for your expenses and those of your spouse and dependents, even if they are not covered by the HDHP medical plan.

**New for 2026!** Northbridge will make contributions to HSA accounts for Associates enrolled in the Core medical plan. Northbridge will contribute \$500 if you are enrolled in Employee Only coverage, \$750 for Employee + 1, and \$1,000 for Employee + Family.

## How a Health Savings Account Works



### ELIGIBILITY

You must be enrolled in the Core Medical Plan.



### CONTRIBUTIONS

You contribute on a pretax basis and can change how much you contribute from each paycheck up to the annual IRS maximum. The HSA contribution limits for 2026 are \$4,400 if you enroll only yourself or \$8,750 if you enroll in family coverage. Remember to factor in the contributions you receive from Northbridge. If you are age 55 or older, you can make an additional catch-up contribution of up to \$1,000.



### ELIGIBLE EXPENSES

You may use your HSA funds to cover Medical, Dental, Vision and prescription drug expenses incurred by you and your eligible family members.



### USING YOUR ACCOUNT

Use the debit card linked to your HSA to cover eligible expenses, or pay for expenses out of your own pocket and save your HSA money for future health care expenses.



### YOUR HSA IS ALWAYS YOURS — NO MATTER WHAT.

One of the best features of an HSA is that any money left in your account at the end of the year rolls over so you can use it next year or sometime in the future. And if you leave the Company or retire, your HSA goes with you so you can continue to pay for or save for future eligible health care expenses.





# Dental

Delta Dental is our dental insurance carrier. Taking care of your oral health is not a luxury — it’s a necessity to long-term optimal health. With a focus on prevention, early diagnosis and treatment, dental insurance can greatly reduce your costs when it comes to restorative and emergency procedures. Preventive services are covered at no cost to you and include routine exams and cleanings. You will pay only a small deductible and coinsurance for basic and major services.

Although you may visit any dentist of your choosing, when you visit a dentist in the network, you will maximize your savings. These dentists have agreed to reduced fees, which means you won’t get charged more than your expected share of the bill.

(For a complete listing of covered benefits refer to your plan documents.)

	Dental	
	DELTA DENTAL PPO NETWORK	DELTA DENTAL PREMIER NETWORK AND OUT-OF-NETWORK
<b>CALENDAR YEAR PLAN MAXIMUM</b>		
Per Individual	\$1,500	
<b>YOU PAY</b>		
<b>CALENDAR YEAR DEDUCTIBLE</b>		
Individual	\$0	\$50
Family	\$0	\$150
<b>PREVENTIVE CARE</b>		
Exams, Cleanings, X-rays	No charge	0% after deductible
<b>BASIC SERVICES</b>		
Fillings, Sealants, Extractions, Emergency Exams	No charge	20% after deductible
<b>MAJOR PROCEDURES</b>		
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs	40%	50% after deductible
<b>ORTHODONTIA</b>		
For adults and dependent children	60% up to \$1,000 lifetime maximum benefit (combined in- and out-of-network)	

Dental	Cost Per Pay Period
Employee Only	\$8.40
Employee + Spouse	\$17.82
Employee + Child(ren)	\$19.23
Employee + Family	\$25.03

# Vision

EyeMed is our vision insurance carrier. Healthy eyes and clear vision are an important part of your overall health and quality of life. You may enroll yourself and your eligible dependents, or you may waive Vision coverage. You do not have to be enrolled in Medical coverage to elect Vision coverage or cover the same dependents under Medical and Vision.

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



	Vision Plan		
	PLUS PROVIDERS	IN-NETWORK	OUT-OF-NETWORK
	YOU PAY		REIMBURSEMENT
<b>Exam</b>	\$0	\$10 copay	Up to \$57
<b>Single Vision Lenses</b>	\$25 copay		Up to \$47
<b>Bifocal Lenses</b>	\$25 copay		Up to \$79
<b>Trifocal Lenses</b>	\$25 copay		Up to \$113
<b>Lenticular Lenses</b>	\$25 copay		Up to \$113
<b>Frames</b>	\$180 allowance, then 20% discount on amount over \$180	\$130 allowance, then 20% discount on amount over \$130	Up to \$104
<b>Contacts in lieu of Frames/Lenses</b>	\$180 allowance, then 15% discount on amount over \$180	\$130 allowance, then 15% discount on amount over \$130	Up to \$104

## BENEFIT FREQUENCY

<b>Exams</b>	Once every 12 months
<b>Lenses</b>	Once every 12 months
<b>Frames</b>	Once every 12 months
<b>Contacts</b>	Once every 12 months

Vision	Cost Per Pay Period
<b>Employee Only</b>	\$3.08
<b>Employee + Spouse</b>	\$5.86
<b>Employee + Child(ren)</b>	\$6.17
<b>Employee + Family</b>	\$9.06

# FSA's

The Northbridge Flexible Spending Account is administered by HPI. Flexible Spending Accounts (FSAs) allow you to pay for eligible expenses using tax-free dollars. Important: There is a "use it or lose it" rule imposed by the IRS.

If you do not spend all the money in your FSA by March 31 of the following year for expenses incurred from January 1 – December 31, unused dollars will be forfeited per IRS regulations for pretax contributions. All FT and PT associates scheduled 20 or more hours a week are eligible to participate. You are not eligible for the FSA if you are enrolled in an HSA plan.



## FSA

Contribute up to \$3,400 per year, pretax, to pay for copays, prescription expenses, lab exams and tests, contact lenses and eyeglasses.

## Rollover Benefits

At the end of the 2025 calendar year, you can roll over up to \$680 of any unused funds into 2026.

## Use It or Lose It

If you do not spend all the money in this FSA by **March 31**, per IRS regulations for pretax contributions, unused dollars will be forfeited.



# Life and AD&D

## Basic Life and AD&D

Reliance is our Basic Life and AD&D carrier. Life and Accidental Death & Dismemberment (AD&D) insurance pays a lump-sum benefit to your beneficiary(ies) to help meet expenses in the event of your death or in the case of a covered accidental injury. Basic Life is provided for you at no cost, and you have the option to purchase coverage for your dependents. All full-time associates (scheduled to work 30 or more hours per week) with one or more years of service will be provided with a life and accidental death and dismemberment insurance policy. All other associates will become eligible for coverage once they have met both the eligibility and waiting period.

## Voluntary Benefits

### Voluntary Life

Full and part-time Associates regularly scheduled to work at least 20 hours per week are eligible to participate in the optional life insurance with long-term care benefits plan offered through Trustmark beginning on the first day of the month following your date of hire.

These benefits provide an affordable way to strengthen your family's financial security. At any point in your life, you may need long-term care services, which could cost hundreds of dollars per day. The optional life insurance coverage through Trustmark provides a long-term care (LTC) benefit that can help pay for these services at any age. This benefit remains at the same level throughout your life, so the full amount is always available when you most need it.

Benefits are paid for through the convenience of payroll deduction and are yours to keep at the same cost if you change jobs or retire.



## For You

100% your basic annual earnings, to a maximum of \$150,000.



### Voluntary Disability

Full and part-time Associates regularly scheduled to work at least 20 hours per week are also eligible to participate in the Voluntary Short-Term Disability (STD) Insurance through Reliance. STD insurance offers income protection if you are unable to work due to illness, injury, or another disabling condition. This insurance provides financial support during the initial weeks of your disability, helping you cover essential expenses until you can return to work.

Voluntary STD Insurance replaces a portion of your weekly income, up to 60%, with a maximum benefit of \$2,500 per week. You have the option of enrolling in either a 12-week or 24-week voluntary STD benefit.

## Accident Insurance

Accident insurance, through Reliance, pays out a lump sum if you become injured because of an accident — even if the injuries you incur do not keep you out of work. While health insurance companies pay your provider or facility, Accident insurance pays you directly.

### How Does Accident Insurance Work?

Accident insurance policies can provide you with a lump sum paid directly to you that will help pay for a wide range of situations, including initial care, surgery, transportation and lodging, and follow-up care. Here's how it works:

- A set amount is payable based on the injury you suffer and the treatment you receive.
- Benefits are payable directly to you (unless you specify otherwise) and can be used as you see fit.
- Coverage is available for you, your spouse and eligible dependent children.
- You do not need to answer medical questions or have a physical exam to get basic coverage.
- Accident insurance covers injuries that happen on the job or off the job — unlike workers' compensation, which only covers on-the-job injuries.
- Benefit payments are not reduced by any other insurance you may have with other companies.



## Critical Illness Insurance

While medical insurance is vital, it doesn't cover everything. If you suffer from a serious illness, such as cancer, stroke or a heart attack, Medical insurance may not provide the coverage you need. Critical Illness insurance, through Reliance, will ease the financial strain and help you focus on your recovery.

### How Will a Critical Illness Claim Get Paid?

After purchasing Critical Illness insurance, if you suffer from one of the serious illnesses covered by your policy, you'll be paid in a lump sum. The payment will go directly to you instead of to a medical provider. The payment you receive can be used for many things including:

- Child care costs
- Medical and living expenses
- Travel expenses for you and your family
- Lost wages from missed time at work

## Hospital Indemnity Insurance

Hospital Indemnity insurance, through Reliance, is a plan designed to pay for the costs of a hospital admission that may not be covered by other insurance. The plan covers Associates who are admitted to a hospital or ICU for a covered sickness or injury. Even if your Medical insurance covers most of your hospitalization, you can still receive payments from your Hospital Indemnity insurance plan to cover extra expenses while you recover.

### How Does Hospital Indemnity Insurance Work?

You pay monthly premiums for your Hospital Indemnity insurance plan. If you are admitted to the hospital for an injury or illness, your Hospital Indemnity plan makes cash payments to you. And with the payments going directly to you, you can use these emergency funds to pay for costs not covered by your Medical insurance, Medical insurance deductibles, copays and coinsurance, child care expenses while you are in the hospital or cost-of-living expenses as you recover.



# Planning for Retirement

One of the best ways to ensure a secure retirement is to start saving as early as possible. Our 401(k) savings plan allows you to save for retirement on a pretax basis. You can begin contributing to the plan at any time once you become eligible and can start making contributions to your account through convenient payroll deductions. Associates may contribute up to 100% of their pay into the plan, up to an annual limit set by the IRS and can designate how those funds are invested. Associates may spread their contributions amongst many investment funds and can do so on either a before-tax (traditional), or after-tax (Roth) basis.

## 401(k) Eligibility

Associates 21, or over, become eligible to enroll in the 401(k) Retirement Savings Plan following the completion of 3 months of service.

- New associates will become eligible to participate beginning the 1st of the month following 3 months of service.
- The plan sponsor will notify Associates by mail when they are eligible to participate in the plan.

## 401(k) Auto-Enroll

- Associates who do not complete their enrollment upon their first eligibility date will have an automatic deduction of 4% contributed to the plan on their behalf. Notification will be mailed directly to the associates home approximately 1 month before their enrollment date.

## 401(k) Company Match

To be eligible for the company match, Associates must be currently employed by the Company and making contributions to the Stafford Management 401(k) Retirement Savings Plan. (Unless employment ends because of retirement, death, or total and permanent disability).

- If you contribute to the Plan, Northbridge will contribute to your account as well. Northbridge matches contributions to the Plan at the rate of 25 cents on the dollar on contribution rates of up to 6% of pay.
- Assuming you make \$30,000 a year, at a contribution rate of 6%, your weekly contribution of \$34.62 be matched by a \$8.65 contribution from Northbridge. Over a year that's \$450 in match earned on your contributions of \$1,800.

## 401(k) Vesting

You are always 100% vested in your pre-tax savings contributions, Roth contributions, and any amounts rolled over into the Plan. A "vested" benefit can never be taken away from you or forfeited. If your employment with Northbridge terminates on or after your Normal Retirement Date, you will be 100% vested in your entire account. Death or permanent and total disability will also mean you are vested 100% in your entire account if these conditions occur during your active employment.

If your employment with Northbridge terminates for reasons other than those listed above, the Plan's vesting schedule gives you a right to a part or all of your account derived from Company matching contributions depending on how long you have worked for us, as follows:

- Less than 1 year: 0%
- 1 year but less than 2: 20%
- 2 years but less than 3: 40%
- 3 years but less than 4: 60%
- 4 years but less than 5: 80%
- 5 years or more: 100%

Any part of your account to which you are not entitled will be forfeited. Forfeited Company contributions will be used to reduce any Company contributions for the Plan Year or may be used to pay Plan expenses.

### **Important Definition – Year of Vesting Service:**

A Year of Vesting Service is a Plan Year in which you have been credited with at least 1,000 Hours of Service, including years prior to January 1, 2013, the effective date of the Plan. Qualified employees are those that work at least 20 hours per week.

# Employee Assistance Program

We offer our Associates and their eligible family members free access to licensed counselors through our Employee Assistance Program whether or not you elect other benefits coverage. Through this coverage, Associates and their families receive immediate support and guidance and assessments and referrals for further services. The EAP is available at no cost to all Associates and their immediate family members. This service is provided on behalf of Northbridge by KGA Associates.

As a member you will have access to more KGA services and benefits at no extra charge to you. At all times, using KGA is confidential. Your personal data and information about the services you access will not be shared with anyone including your employer.

A membership gives you access to the following:

- **The KGA Bookshelf:** Browse books recommended by KGA counselors. Receive up to two books per year at no charge to you.
- **Online Training:** Choose from over 30 courses related to personal development, management skills and workplace essentials.
- **My Mindfulness Challenge:** Take the 30-day challenge that combines meditation practice with education and tracks your outcomes.
- **Member Deals:** Find discounts and coupons on attractions and leisure activities. Access to the MindTide app.

## Access to KGA:

- Toll-free line answered twenty-four (24) hours, seven (7) days per week.
- Every caller reaches a licensed EAP counselor or work-life specialist within the first 60 seconds.
- Client can refer Associates to KGA for support as determined necessary.
- Individual Associates who are referred to KGA can access short-term, face-to-face counseling for Associates and adult household members. Each caller will be able to access up to three (3) counseling sessions per issue.

It's important to note that all EAP conversations are voluntary and strictly confidential. If you and your counselor determine that additional assistance is needed, you'll be referred to the most appropriate and affordable resource available. Although you're responsible for the cost of referrals, these costs are often covered under your Medical plan.

**You can contact the EAP  
for help with the following:**



**Marital or Family Problems**



**Stress, Anxiety or Depression**



**Substance Abuse**



**Aging Parents**



**Financial Issues**

# Important Contacts



Coverage	Contact	Phone	Website
Medical	HPI	(888) 811-3419	<a href="http://www.hpitpa.com">www.hpitpa.com</a>
Pharmacy	Liviniti	(800) 710-9341	<a href="http://www.liviniti.com">www.liviniti.com</a>
Specialty Pharmacy	SHARx	(314) 451-3555	<a href="http://www.SHARxplan.com">www.SHARxplan.com</a>
Dental	Delta Dental of Massachusetts	(800) 872-0500	<a href="http://www.deltadentalma.com">www.deltadentalma.com</a>
Vision	EyeMed	(866) 804-0982	<a href="http://www.eyemed.com/member">www.eyemed.com/member</a>
Life and AD&D	Reliance	(877) 202-0055	<a href="http://www.reliancematrix.com">www.reliancematrix.com</a>
Flexible Spending Accounts	HPI	(877) 734-7004	<a href="http://www.hpitpa.com">www.hpitpa.com</a>
Health Spending Accounts	Health Equity	(866) 346-5800	<a href="http://www.healthequity.com">www.healthequity.com</a>
Voluntary Life	Trustmark	(866) 813-7192 x3	<a href="http://www.trustmarkVB.com">www.trustmarkVB.com</a>
Voluntary Short-Term Disability	Reliance	(877) 202-0055	<a href="http://www.reliancematrix.com">www.reliancematrix.com</a>
Accident, Critical Illness & Hospital Indemnity	Reliance	(877) 202-0055	<a href="http://www.reliancematrix.com">www.reliancematrix.com</a>
Employee Assistance Program	KGA Associates	(800) 648-9557	<a href="http://www.my.kgalifeservices.com">www.my.kgalifeservices.com</a>
Virtual Health	Doctor on Demand	(800) 997-6196	<a href="http://www.doctorondemand.com/health-plans-inc">www.doctorondemand.com/health-plans-inc</a>
COBRA	Sentinel	(888) 762-6088	<a href="http://www.sentinelgroup.com">www.sentinelgroup.com</a>
401(k) Retirement	The Standard	(800) 858-5420	<a href="http://www.standard.com/individual">www.standard.com/individual</a>
Home Office	Benefits	(781) 272-2424	<a href="mailto:benefits@northbridgecos.com">benefits@northbridgecos.com</a>

## Member App QR Codes

HST	
Liviniti	
Delta Dental of MA	
Reliance	
Dr on Demand	



If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please log into UKG to access Benefits Forms and Links for more details and annual notices.

