



**ELK RIDGE**  
COMMUNITY HEALTH

# 2026



# Benefits Information Guide

# Welcome



Welcome to your 2026 Benefits Plan Year! Elk Ridge Community Health is proud to offer a range of employee benefit plans to help protect you in the case of illness or injury. This Benefits Information Guide is a comprehensive tool designed to familiarize you with the plans and programs you and your family can enroll in for the plan year. If you have any questions regarding your benefits, please contact Human Resources Benefits.

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## How do I sign up?

To sign up, go to [www.DayforceHCM.com](http://www.DayforceHCM.com). For assistance, contact Human Resources.



## iNGAGED

Available for iOS and Android mobile devices, the iNGAGED app makes checking your health and benefits information easier than ever! With iNGAGED, you can view our company's benefit plans and resources.

Download the "iNGAGED Benefits" app from the App Store or Google Play or go to <https://ingagedbenefits.com/login> and use company code **ElRio** to login





## Who can sign up?

Employees working at least 20 hours per week can enroll in our benefit programs, covering spouses and eligible children. To include a domestic partner, you may need to establish a registered domestic partnership. Note that coverage for domestic partners may not be tax-free unless they qualify as your tax dependents..

## When does my coverage start?

- Medical, Dental, and Vision Coverage – first of the month following your date of hire.
- All other lines of coverage – first of the month following 60 days of employment.

Once you enroll in benefits, your decisions will remain in effect until the end of the plan year, which is from January 1, 2026 to December 31, 2026. If you miss the deadline to sign up, you will not be able to enroll until the next open enrollment period or unless you experience a Qualifying Life Event (QLE).

## Can I make changes after I sign up?

Outside of your Initial Enrollment period or Open Enrollment, changes can be made if you experience a QLE, such as marriage or childbirth, within 30 days. If you lose eligibility or enroll in Medicaid/AHCCCS, you have within 60 days of the event to submit your request.

## Do I have to sign up?

You can waive coverage, but you cannot re-enroll until next year's Open Enrollment unless you experience a QLE.

## How do I sign up?



CERIDIAN  
Dayforce

To enroll, simply follow these steps:

- Log into [www.Dayforcehcm.com](http://www.Dayforcehcm.com) or click the Dayforce link in SharePoint. If using SharePoint, you will automatically be logged into Dayforce.
- If you are logging in from an outside computer, you will need to have your employee ID and password. The company name "**elrio**".
- Once you are in Dayforce, click on benefit, overview tab. Here you can elect benefits or make changes to your retirement contributions.



# Medical Plans



You and your eligible dependents will have the opportunity to enroll in a medical plan through UMR. You can select from HDHP or PPO medical plans. We encourage you to review the coverage details in the chart below and on the following slides to select the option that best suits your needs. For more information on the medical benefits, go to iNGAGED.

|                                                                  | PPO                                                                                                                                                                                                                                                                                                | HDHP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                  | UMR                                                                                                                                                                                                                                                                                                | UMR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Required to select and use a Primary Care Physician (PCP)</b> | No                                                                                                                                                                                                                                                                                                 | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Seeing a Specialist</b>                                       | No referral required                                                                                                                                                                                                                                                                               | No referral required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Deductible Required</b>                                       | Yes, in most cases<br>Embedded: Yes                                                                                                                                                                                                                                                                | Yes<br>Embedded: Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Claims Process</b>                                            | PPO network providers will submit claims. You submit claims for other services.                                                                                                                                                                                                                    | PPO network providers will submit claims. You submit claims for other services.                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Compatible with your Health Savings Account (HSA)</b>         | No                                                                                                                                                                                                                                                                                                 | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Other Important Tips</b>                                      | <ul style="list-style-type: none"> <li>You may choose in or out-of-network care, however in-network care provides you a higher level of benefit.</li> <li>Emergencies covered worldwide.</li> <li>Out-of-network providers will bill the balance to the member for amounts not covered.</li> </ul> | <ul style="list-style-type: none"> <li>You may choose in or out-of-network care, however in-network care provides you a higher level of benefit.</li> <li>Emergencies covered worldwide.</li> <li>Out-of-network providers will bill the balance to the member for amounts not covered by UMR.</li> <li>Although this plan has a higher deductible than most plans, it requires lower payroll deductions.</li> <li>The HSA account provides a tax-favored vehicle to help you manage your out-of-pocket expenses.</li> </ul> |

Please note: the above examples are used for general illustrative purposes only. Please consult with your Human Resources department for more specific information as it relates to your specific plan. For a detailed view of your medical plan summaries, visit [www.umar.com](http://www.umar.com).





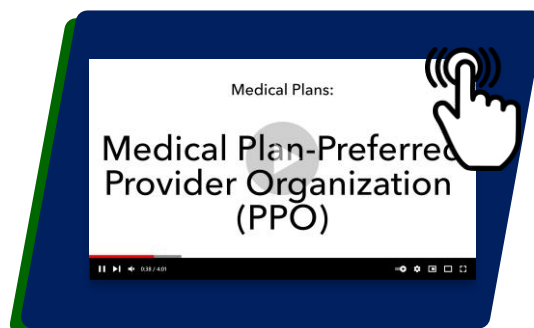
|                                                           | Base Plan PPO        |                                                                       | Buy-Up Plan PPO      |                                                                       |
|-----------------------------------------------------------|----------------------|-----------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------|
|                                                           | Elk Ridge Facilities | UHC Choice Plus Network                                               | Elk Ridge Facilities | UHC Choice Plus Network                                               |
| <b>Annual Calendar Year Deductible</b>                    |                      |                                                                       |                      |                                                                       |
| <b>Individual</b>                                         | \$1,000              | \$2,000                                                               | \$750                | \$1,500                                                               |
| <b>Family</b>                                             | \$2,000              | \$3,500                                                               | \$1,500              | \$2,500                                                               |
| <b>Maximum Calendar Year Out-of-pocket <sup>(2)</sup></b> |                      |                                                                       |                      |                                                                       |
| <b>Individual</b>                                         | \$1,000              | \$6,000                                                               | \$750                | \$5,000                                                               |
| <b>Family</b>                                             | \$2,000              | \$11,500                                                              | \$1,500              | \$9,500                                                               |
| <b>Professional Services</b>                              |                      |                                                                       |                      |                                                                       |
| <b>Primary Care Physician (PCP)</b>                       | No Charge            | \$30 copay                                                            | No Charge            | \$25 copay                                                            |
| <b>Specialist</b>                                         | No Charge            | \$60 copay                                                            | No Charge            | \$50 copay                                                            |
| <b>Preventive Care Exam</b>                               | No Charge            | No Charge                                                             | No Charge            | No Charge                                                             |
| <b>Diagnostic X-ray and Lab</b>                           | No Charge            | 20% no deductible                                                     | No Charge            | 10% no deductible                                                     |
| <b>Complex Diagnostics (MRI/CT)</b>                       | N/A                  | 20% after deductible                                                  | N/A                  | 10% after deductible                                                  |
| <b>Chiropractic Services</b>                              | N/A                  | \$60 copay                                                            | N/A                  | \$50 copay                                                            |
| <b>Hospital Services</b>                                  |                      |                                                                       |                      |                                                                       |
| <b>Inpatient</b>                                          | N/A                  | 20% after deductible                                                  | N/A                  | 10% after deductible                                                  |
| <b>Outpatient Surgery</b>                                 | N/A                  | 20% after deductible                                                  | N/A                  | 10% after deductible                                                  |
| <b>Urgent Care</b>                                        | N/A                  | \$75 copay                                                            | N/A                  | \$75 copay                                                            |
| <b>Emergency Room</b>                                     | N/A                  | \$300 copay                                                           | N/A                  | \$300 copay                                                           |
| <b>Mental Health &amp; Substance Abuse</b>                |                      |                                                                       |                      |                                                                       |
| <b>Inpatient</b>                                          | N/A                  | 10% after deductible                                                  | N/A                  | 10% after deductible                                                  |
| <b>Outpatient</b>                                         | N/A                  | \$30 copay office visit;<br>20% after deductible<br>other OP Services | N/A                  | \$25 copay office visit;<br>10% after deductible<br>other OP services |

**Infertility treatments and GLP-1 medications for weight loss coverage are included ONLY on the Buy-up Medical plan; Excluded from the HDHP and Base plans. GLP-1 medications ARE covered on the HDHP and Base plans for Diabetes/FDA indicated diagnoses, deductible and copays will apply as applicable.**

1. Table shows in-network benefits information only. Please see benefits summaries for Out-of-Network information.
2. Out-of-pocket maximum is based on the maximum allowable charge the carrier allows. This does not include any balance billing that may occur when using an out-of-network provider.

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

**Click on the image below to view a video on the medical plans offered:**





| Plan Highlights <sup>(1)</sup>                            | HDHP                 |                         |
|-----------------------------------------------------------|----------------------|-------------------------|
|                                                           | Elk Ridge Facilities | UHC Choice Plus Network |
| <b>Annual Calendar Year Deductible</b>                    |                      |                         |
| Individual                                                |                      | \$3,400                 |
| Family                                                    |                      | \$4,500                 |
| <b>Maximum Calendar Year Out-of-pocket <sup>(2)</sup></b> |                      |                         |
| Individual                                                |                      | \$5,000                 |
| Family                                                    |                      | \$9,500                 |
| <b>Professional Services</b>                              |                      |                         |
| Primary Care Physician (PCP)                              | 0% after deductible  | 10% after deductible    |
| Specialist                                                | 0% after deductible  | 10% after deductible    |
| Preventive Care Exam                                      | No Charge            | No Charge               |
| Diagnostic X-ray and Lab                                  | 0% after deductible  | 10% after deductible    |
| Complex Diagnostics (MRI/CT)                              | N/A                  | 10% after deductible    |
| Chiropractic Services                                     | N/A                  | 10% after deductible    |
| <b>Hospital Services</b>                                  |                      |                         |
| Inpatient                                                 | N/A                  | 10% after deductible    |
| Outpatient Surgery                                        | N/A                  | 10% after deductible    |
| Urgent Care                                               | N/A                  | 10% after deductible    |
| Emergency Room                                            | N/A                  | 10% after deductible    |
| <b>Mental Health &amp; Substance Abuse</b>                |                      |                         |
| Inpatient                                                 | N/A                  | 10% after deductible    |
| Outpatient                                                | N/A                  | 10% after deductible    |

**Infertility treatments and GLP-1 medications for weight loss coverage are included ONLY on the Buy-up Medical plan; Excluded from the HDHP and Base plans. GLP-1 medications ARE covered on the HDHP and Base plans for Diabetes/FDA indicated diagnoses, deductible and copays will apply as applicable.**

1. Table shows in-network benefits information only. Please see benefits summaries for Out-of-Network information.
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**Click on the image below to view a video on the medical plans offered:**





## Prescription Drug Coverage

|                                                        | HDHP                  |                         | Base Plan PPO         |                         | Buy-Up Plan PPO       |                         |
|--------------------------------------------------------|-----------------------|-------------------------|-----------------------|-------------------------|-----------------------|-------------------------|
|                                                        | Elk Ridge Facilities* | UHC Choice Plus Network | Elk Ridge Facilities* | UHC Choice Plus Network | Elk Ridge Facilities* | UHC Choice Plus Network |
| <b>Retail Prescription Drugs (31-day supply)</b>       |                       |                         |                       |                         |                       |                         |
| <b>Tier 1</b>                                          | \$0 after ded         | \$15 after ded          | \$0 copay             | \$15 copay              | \$0 copay             | \$15 copay              |
| <b>Tier 2</b>                                          | \$10 after ded        | \$40 after ded          | \$10 copay            | \$40 copay              | \$10 copay            | \$40 copay              |
| <b>Tier 3</b>                                          | \$20 after ded        | \$80 after ded          | \$20 copay            | \$80 copay              | \$20 copay            | \$80 copay              |
| <b>Tier 4 – Specialty</b>                              | \$50 after ded        | \$125 after ded         | \$50 copay            | \$125 copay             | \$50 copay            | \$125 copay             |
| <b>Prescription Drugs – Mail Order (90-day supply)</b> |                       |                         |                       |                         |                       |                         |
| <b>Tier 1</b>                                          | \$0 after ded         | \$30 after ded          | \$0 copay             | \$30 copay              | \$0 copay             | \$30 copay              |
| <b>Tier 2</b>                                          | \$20 after ded        | \$80 after ded          | \$10 copay            | \$80 copay              | \$10 copay            | \$80 copay              |
| <b>Tier 3</b>                                          | \$40 after ded        | \$160 after ded         | \$20 copay            | \$160 copay             | \$20 copay            | \$160 copay             |

Many FDA-approved prescription medications are covered through the benefits program. Important information regarding your prescription drug coverage is outlined below:

- DisclosedRx covers generic formulary, brand-name formulary, non-formulary brand, and specialty drugs.
- Generic drugs are required by the FDA to contain the same active ingredients as their brand-name counterparts.
- A brand-name medication is protected by a patent and can only be produced by one specified manufacturer.
- Although you may be prescribed non-formulary prescriptions, these types of drugs are not on the insurance company's preferred formulary list.
- Specialty medications most often treat chronic or complex conditions and may require special storage or close monitoring.

\*Prescription coverage at Elk Ridge Community Health will be available later in 2026. More information to come

For a current version of the prescription drug list(s), visit iNGAGED Benefit App. <https://ingagedbenefits.com/login> Use Company code "EIRio"

## Why pay more for your medications?

### Use the mail



You can save time and money by getting your medications shipped directly to you through a mail-order service. You can have a larger quantity, usually a 90-day supply, regularly shipped to your door. Go to [www.disclosedrx.com](http://www.disclosedrx.com) to sign-up for delivery service.

### Shop around



Some pharmacies offer less expensive medications. Try calling pharmacies inside warehouse clubs or discount stores to see if they offer a lower price. Shopping around could pay off.

### Try over-the-counter



For colds, headaches, and other common conditions, over-the-counter medications can sometimes work just as well as prescription ones—and cost a lot less, too.





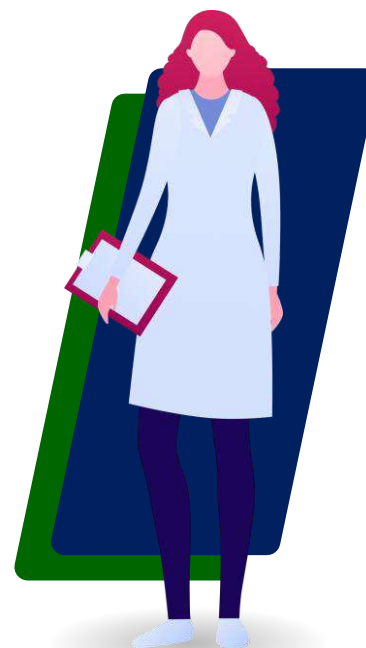
## Important Medical Tips

- Preventive Care is covered at 100% if you stay in-network. Preventive care includes well-exams for adults and children as well as immunizations.
- Consider an urgent care center for non-emergencies. Urgent care centers do not require an appointment, and the copay is more cost-effective than an emergency room visit.
- Save money by switching to a generic medication. Talk to your doctor to see if a generic medication will work for your condition. You can save money on a prescription by enrolling in mail-order services for maintenance medications.
- When choosing a doctor, make sure they are in your medical plan's network to receive the best discount. Call the doctor's office before your appointment or find a provider using the instructions below.

### To find a provider in your plan's network: United Healthcare Network through UMR

- Go to [www.UMR.com](http://www.UMR.com) and select "Find a Provider"
- Select "Medical Network for Search"
- Select "UnitedHealthcare Choice Plus Network"
- Scroll down and Select "View Providers"
- Search for providers and services
- Enter Doctor, Specialty, Facility, etc., or select "Find Health Care by Category"

**Remember, if you don't log in or create an account, you may get search results showing healthcare facilities and professionals that are not in your plan's network.**



# Spending Accounts



## Health Savings Account (HSA)

Administered by Optum Bank, a Health Savings Account (HSA) allows you to save money for qualified health care expenses, such as your deductible, copayments, and other out-of-pocket expenses. The HSA we offer works in conjunction with the High-Deductible Health Plan (HDHP). The money you put in your HSA is not federally taxed.

| Plan Highlights                      | Company Contribution* | Employee Maximum Contribution | 2026 Contribution Limit |
|--------------------------------------|-----------------------|-------------------------------|-------------------------|
| Employee Only                        | \$1,200               | \$3,200                       | \$4,400                 |
| Employee + Dependents                | \$2,400               | \$6,350                       | \$8,750                 |
| Additional "catch-up" if 55 or older |                       |                               | \$1,000                 |

\*The company contributes \$50 twice a month to your HSA for employee-only coverage, and \$100 twice a month for an employee covering dependents.

The maximum contribution is reduced pro-rata for partial year enrollment. Login to iNGAGED to learn more about the HSA, including advantages, if you qualify, how to activate your account, and how to use your funds. View the status of your claims and check your HSA balance at [www.optumbank.com](http://www.optumbank.com).



Click on the image below to view a video on the health savings account offered:



# Spending Accounts



## Flexible Spending Account (FSA)

With this type of account, you and your spouse, plus any eligible dependents, can use pre-tax dollars to cover healthcare/dependent care. There are different types of FSAs, but they all help reduce your taxable income. Elk Ridge is offering the following FSA plans administered by UMR. For more information on reimbursement deadline and the carryover period, visit iNGAGED Benefit App or <https://ingagedbenefits.com/login> Use Company code "EIRio"

### Limited Purpose FSA

- For employees who are HSA eligible and plan to contribute to an HSA during the plan year.
- Maximum contribution for 2026 is \$3,400.
- Employees can roll over up to \$680 into 2027.

### Healthcare FSA

- Can reimburse eligible healthcare expenses not covered by medical, dental, or vision insurance.
- Maximum contribution for 2026 is \$3,400.
- Employees can roll over up to \$680 into 2027.

### Dependent Care FSA

- Can be used to pay for a child's (up to the age of 13) childcare expenses and/or care for a disabled family member in the household, who is unable to care for themselves.
- Eligibility rules require that if you are married, your spouse needs to be working, looking for work or attending school full-time.
- Maximum contribution for 2026 is \$7,500. If married, filing separately, the maximum is \$3,750.

Click on the image below to view a video on the flexible spending account offered:



# Dental Plans



## Dental Plan(s)

You can choose to enroll yourself and your eligible dependents in a Dental Preferred Provider Organization (DPPO) plan offered by Delta Dental of AZ. We encourage you to review the coverage details and select the option that best suits your needs.

To find out if your dentist is in your provider network, you can search on [www.deltadentalaz.com](http://www.deltadentalaz.com).

| Plan Highlights                                                | Base Plan                                                                                                                                                                                                                                                                                                                           |                                     | Buy-Up Plan                                                       |                                     |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------|-------------------------------------|
|                                                                | Elk Ridge Providers                                                                                                                                                                                                                                                                                                                 | Delta Dental Premier & PPO Dentists | Elk Ridge Providers                                               | Delta Dental Premier & PPO Dentists |
| <b>Calendar Year Deductible (Individual / Family)</b>          | No Deductible                                                                                                                                                                                                                                                                                                                       | \$50/\$150                          | No Deductible                                                     | \$50/\$150                          |
| <b>Calendar Year Annual Maximum (per person)</b>               | \$1,000                                                                                                                                                                                                                                                                                                                             |                                     | \$2,000                                                           |                                     |
| <b>Rollover Benefit</b>                                        | Up to \$500 of annual max will rollover with a Preventive Service                                                                                                                                                                                                                                                                   |                                     | Up to \$500 of annual max will rollover with a Preventive Service |                                     |
| <b>Preventive Services (Exams / X-rays / Cleanings)</b>        | No Charge                                                                                                                                                                                                                                                                                                                           |                                     | No Charge                                                         |                                     |
| <b>Basic Services (Fillings / Extractions / Root Canal)</b>    | 10% after deductible                                                                                                                                                                                                                                                                                                                | 20% after deductible                | 10% after deductible                                              | 20% after deductible                |
| <b>Major Services (Bridges / Dentures / Crowns / Implants)</b> | 40% after deductible                                                                                                                                                                                                                                                                                                                | 50% after deductible                | 40% after deductible                                              | 50% after deductible                |
| <b>Orthodontia Services</b>                                    |                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                   |                                     |
| <b>Children to age 19</b>                                      | Not Available                                                                                                                                                                                                                                                                                                                       | 50% after deductible                | Not Available                                                     | 50% after deductible                |
| <b>Adult</b>                                                   |                                                                                                                                                                                                                                                                                                                                     | N/A                                 |                                                                   | 50% after deductible                |
| <b>Lifetime Maximum</b>                                        |                                                                                                                                                                                                                                                                                                                                     | \$1,000                             |                                                                   | \$1,500                             |
| <b>Special Healthcare Needs*</b>                               | If you or a covered family member is diagnosed with special healthcare needs, you may be eligible for additional services including additional visits, cleanings, and treatment delivery modifications. Let your dentist know that you or a family member may have a qualifying condition and that your plan includes this benefit. |                                     |                                                                   |                                     |

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

\* Special Health Care needs include such conditions as Intellectual and neurodevelopmental disabilities, Chromosomal abnormalities, Syndromes or sequences with craniofacial or airway abnormalities, any other syndrome, sequence or abnormality that limits the ability to perform daily self-care or creates substantial limitations in major life activity.



Click on the image below to view a video on the dental plans offered:





## Vision Plan

You and your eligible dependents will have the opportunity to enroll in vision coverage with Avesis. With the vision plan, you can pick where to receive services. Just keep in mind that your vision plan has settled on lower rates with in-network providers.

To find out if a vision provider is in your network, you can search on [www.avesis.com](http://www.avesis.com). Once on the website, use the commercial category when logging in.

| Plan Highlights             | Base Vision PPO                           | Buy Up Vision PPO                         |
|-----------------------------|-------------------------------------------|-------------------------------------------|
|                             | In-network                                | In-network                                |
| Exam – Every 12 months      | \$0 copay                                 | \$10 copay                                |
| Lenses – Every 12 months    |                                           |                                           |
| Single                      | \$0 copay                                 | \$0 copay                                 |
| Bifocal                     | \$0 copay                                 | \$0 copay                                 |
| Trifocal                    | \$0 copay                                 | \$0 copay                                 |
| Frames                      | Every 24 months                           | Every 12 months                           |
| Frames                      | \$150 Allowance; 10% discount above \$150 | \$175 Allowance; 10% discount above \$175 |
| Additional Pairs of Glasses | 10% discount                              | 10% discount                              |
| Contacts                    | In lieu of lenses & frames                |                                           |
| Medically Necessary         | Covered in full                           | Covered in full                           |
| Elective                    | \$150 allowance                           | \$175 allowance                           |

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.



Click on the image below to view a video on the vision plans offered:



# Costs Breakdown



Let's sum it all up!

The rates below are effective January 1, 2026 to December 31, 2026

| Coverage Level                       | Payroll Deduction       |                       |
|--------------------------------------|-------------------------|-----------------------|
|                                      | Employee Biweekly       |                       |
| UMR High Deductible Health Plan      | Part-Time (20-29 hours) | Full-time (30+ hours) |
| Employee Only                        | \$20.89                 | \$0.00                |
| Employee and Spouse/Domestic Partner | \$173.67                | \$125.36              |
| Employee and Child(ren)              | \$168.73                | \$121.29              |
| Employee and Family                  | \$297.48                | \$224.00              |
| UMR Base Plan PPO                    |                         |                       |
| Employee Only                        | \$60.47                 | \$35.93               |
| Employee and Spouse/Domestic Partner | \$255.64                | \$203.10              |
| Employee and Child(ren)              | \$248.71                | \$197.12              |
| Employee and Family                  | \$413.19                | \$337.14              |
| UMR Buy-Up Plan PPO                  |                         |                       |
| Employee Only                        | \$105.10                | \$78.72               |
| Employee and Spouse/Domestic Partner | \$358.97                | \$298.70              |
| Employee and Child(ren)              | \$350.73                | \$291.55              |
| Employee and Family                  | \$563.19                | \$475.95              |
| Delta Dental of AZ Base Plan         |                         |                       |
| Employee Only                        | \$0.89                  | \$0.00                |
| Employee and Spouse/Domestic Partner | \$9.13                  | \$8.07                |
| Employee and Child(ren)              | \$13.86                 | \$13.00               |
| Employee and Family                  | \$18.76                 | \$17.53               |
| Delta Dental of AZ Buy-up Plan       |                         |                       |
| Employee Only                        | \$9.32                  | \$6.42                |
| Employee and Spouse/Domestic Partner | \$26.51                 | \$20.93               |
| Employee and Child(ren)              | \$33.34                 | \$26.29               |
| Employee and Family                  | \$45.93                 | \$36.20               |
| Avesis Vision Base Plan              |                         |                       |
| Employee Only                        | \$4.26                  |                       |
| Employee and Spouse/Domestic Partner | \$7.45                  |                       |
| Employee and Child(ren)              | \$8.88                  |                       |
| Employee and Family                  | \$11.07                 |                       |
| Avesis Vision Buy-up Plan            |                         |                       |
| Employee Only                        | \$4.89                  |                       |
| Employee and Spouse/Domestic Partner | \$8.54                  |                       |
| Employee and Child(ren)              | \$10.19                 |                       |
| Employee and Family                  | \$12.70                 |                       |





## Life Insurance and AD&D

In the event of your passing, life insurance will provide your family members or other beneficiaries with financial protection and security. You are automatically enrolled for this benefit and your family will be paid a lump sum of money upon your passing. If your passing was caused by an accident, your chosen beneficiaries may receive an additional pay out.

The company pays for 100% of this benefit through Mutual of Omaha. It includes the following:

- Basic Life and AD&D Insurance of 2x annual earnings up to \$500,000
- Your benefits may reduce when you turn 75

**Quick note on IRS Regulations:** You can receive employer-paid life insurance coverage up to \$50,000 on a tax-free basis and do not have to report the payment as income. However, coverage of more than \$50,000 will trigger taxable income for the "economic value" of the coverage provided to you.

## Voluntary Life and AD&D

You can choose to add more life insurance and AD&D coverage for you and/or your dependents. The cost of these benefits would be taken out of your regular paycheck. Here are details:

**For employees:** Increments of \$10,000 up to 5x salary or \$500,000 maximum with a guaranteed issue benefit of \$200,000 if you enroll in the plan within your initial eligibility.

**For your spouse:** Increments of \$10,000 up 100% of employee's benefit or to a \$250,000 maximum with a guaranteed issue benefit of \$50,000 if you enroll in the plan within your initial eligibility.

**For your child(ren):** Amounts of \$5,000 or \$10,000

**AD&D Coverage:** AD&D provides extra financial protection if you suffer a covered accident that results in death or serious injury, such as loss of a limb, sight, hearing, or speech. It pays a benefit in addition to your life insurance. Can be purchased in increments of \$10,000.

If you choose to get additional coverage during your enrollment period, the insurance company may want to make sure you're in good health. The insurance amounts here are subject to review and won't be effective until the insurance company approves. There's more info in the Summary Plan Description.

Please note: Benefits coverage may reduce when you turn 75. Restrictions may apply if you and/or your dependent(s) are confined in the hospital or terminally ill at the time of policy issuance. Take a look at your Summary Plan Description for exclusions and further detail.

### Don't forget to update your beneficiaries!

The people or entities who you want to receive benefits from your policy are called beneficiaries. It's very important that they are up to date.

- You may change your beneficiaries at any time
- To select or change your beneficiary, visit Dayforce or contact Human Resources





## Disability Insurance

When you're too sick or injured to work, you need time to focus on healing—not worrying about your income. Enrolling in disability insurance offers you and your family peace of mind by helping to replace some of your income if you have a non-work related illness or injury.

- Employer-Paid Short Term Disability (STD)** Administered by Mutual of Omaha, STD coverage provides a benefit equal to 60% of your earnings, up to \$2,500 per week for a period up to 19 weeks. The plan begins paying these benefits after you have been absent from work for 45 consecutive days.
- Buy-Up Short Term Disability (STD)** Administered by Mutual of Omaha, STD coverage provides a benefit equal to 60% of your earnings, up to \$2,500 per week for a period up to 24 weeks. The plan begins paying these benefits after you have been absent from work for 14 consecutive days.
- Employer-Paid Long Term Disability (LTD)** If your disability extends beyond 180 days, the LTD coverage through Mutual of Omaha can replace 60% of your earnings, up to maximum of \$8,500 per month. Your benefits may continue to be paid until you reach social security normal retirement age as long as you meet the definition of disability.

**Note:** Please note, the state you reside in may provide a partial wage-replacement disability insurance plan.





## Critical Illness Insurance

If you choose to sign up for this coverage, Mutual of Omaha will pay you a lump sum of money if you're diagnosed with a specific critical illness. Some of the medical conditions covered include cancer, heart attack, stroke, kidney failure, and organ transplant. This coverage pays you directly in cash, so you can use the funds however you want.

**Click on the image below to view a video on the critical illness plans offered:**



## Hospital Insurance

Hospital stays are difficult, especially if your health plan doesn't cover costs. To help ensure you can afford a hospital stay, you can sign up for hospital insurance through Mutual of Omaha. This benefit will pay you or your family directly to offset medical and non-medical bills that you get after staying in the hospital.

**Click on the image below to view a video on the Hospital plans offered:**



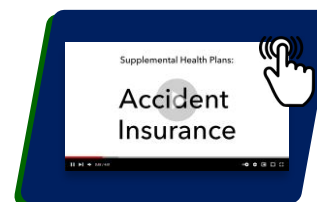
This type of coverage pays you directly, so you can use the funds however you want. Here are a few examples of what these funds can cover:

- Copayments
- Deductibles
- Lodging expenses for a companion
- Childcare
- Transportation expenses
- Lost income

## Accident Insurance

We all know they happen, but not everyone is prepared. Accident insurance through Mutual of Omaha is optional coverage that helps you pay for expenses if something unexpected occurs. The benefits are paid directly to you based on specific covered treatments. The amount depends on the type of injury you have and what care you need.

**Click on the image below to view a video on the accident insurance plans offered:**



You decide how to use the funds. You could use the funds to pay for:

- Emergency room visits
- Hospital admission
- Outpatient therapy
- Ambulance transportation
- Surgery
- Diagnostic imaging
- Doctor visits
- Medical equipment



# Employee Assistance Program



Your Employee Assistance Program (EAP) through CuraLinc Healthcare is a set of services that can support you through personal and professional challenges with resources, information, and counseling. What you talk about won't be shared with your employer. Everything is confidential and at no cost to you (free).

## Program Component and Coverage Details

### Number of Sessions

- 6 face-to-face sessions

### How to Access

- Phone or face-to-face sessions

### Topics may include

#### **Mental Health Support:**

- Marital, relationship or family problems
- Bereavement or grief counseling
- Substance use disorder and recovery

#### **Community Support:**

- Child and eldercare
- Legal services and identity theft
- Financial support

### Who can utilize

- You, your dependents, and even other members of your household

## Contact Information

- Phone: 1.888.881.LINC (5462)
- Web: [www.supportlinc.com](http://www.supportlinc.com)
- Username: EIRIo





## Your 403(b) Plan

Planning for retirement is essential, even if you enjoy your job. A 403(b) retirement account enables you to save and invest money for growth, which you can access upon retirement.

### Enrollment & Account Access

- To enroll in the 403(b) plan, complete the form located in Dayforce located in the Benefits section. Return to the Benefits Team at [HRBenefits@elrio.org](mailto:HRBenefits@elrio.org) or 520.309.2570
- Check your 403(b) account balance, view your contributions, change your investments and more by visiting [www.standard.com](http://www.standard.com).
- For login or password assistance please contact The Standard at 800.858.5420

### Additional 403(b) Information

**Contribution Limits:** For 2026, the IRS annual contribution limits are \$24,500 for everyone under age 50 or \$32,500 for anyone that is age 50 or over prior to December 31, 2026. If you have multiple employers during the year, all your contributions are combined. Restrictions may apply to these limits based on plan documents and annual testing requirements.

**Contribution Changes:** Changes to your personal contributions can be made at any time by completing the 403(b) Enrollment Form in Dayforce.

**Employer Contributions:** Elk Ridge Community Health contributes **1.5%** of your gross wages and matches up to **3%** for regular employees who work at least 20 hours a week. These contributions begin after you have worked at the company for six (6) months.

**Loans & Hardship Withdrawals:** Employees are able to borrow from their retirement account; however, there is a minimum balance requirement. Please contact The Standard at 800.858.5420 or visit [www.standard.com](http://www.standard.com).

**Rollover Contributions:** If you have an outside qualified retirement plan or account such as a 401(k), 403(b), or IRA, you may be able to transfer that account into your new plan. Please contact The Standard or Human Resources - Benefits Team for additional information.

**Termination of Employment:** Upon termination of employment from our organization, regardless of reason, you will be entitled to request a full distribution of your vested account balance. This may be done as a rollover to another plan or IRA. You may also request a lump-sum cash payment to yourself. Please be aware of possible taxes and penalties which may apply to any payment other than a rollover.

Marsh & McLennan Insurance Agency LLC does not serve as advisor, broker-dealer or registered investment advisor for this plan. All of the terms and conditions of your plan are subject to applicable laws, regulations and policies. In case of a conflict between your plan document and this information, the plan documents will always govern.



# Directory & Resources



Below, please find important contact information and resources

| Information Regarding                 | Group / Policy # |              | Contact Information                                                                      |
|---------------------------------------|------------------|--------------|------------------------------------------------------------------------------------------|
| Enrollment & Eligibility              |                  |              |                                                                                          |
| Human Resources:                      |                  |              |                                                                                          |
| Benefits                              |                  | 520.309.2570 | <a href="mailto:hrbenefits@elrio.org">hrbenefits@elrio.org</a>                           |
| Online Enrollment Vendor:             |                  |              |                                                                                          |
| Dayforce                              |                  |              | <a href="http://www.dayforcehcm.com">www.dayforcehcm.com</a>                             |
| Medical Coverage                      |                  |              |                                                                                          |
| UMR                                   |                  |              |                                                                                          |
| Base Plan PPO                         | 76-412578        | 800.207.3172 | Download UMR's mobile app, UMR Health.<br><a href="http://www.umar.com">www.umar.com</a> |
| Buy-Up Plan PPO                       |                  |              |                                                                                          |
| HDHP                                  |                  |              |                                                                                          |
| Pharmacy Benefits Manager             |                  |              |                                                                                          |
| DisclosedRx                           | 76-412578        | 888.589.3340 | <a href="https://www.disclosedrx.com/">https://www.disclosedrx.com/</a>                  |
| Health Savings Account                |                  |              |                                                                                          |
| Optum Bank                            | 76-412578        | 866.234.8913 | <a href="http://www.optumbank.com">www.optumbank.com</a>                                 |
| Flexible Spending Accounts            |                  |              |                                                                                          |
| UMR                                   | 76-412578        | 800.207.3172 | <a href="http://www.umar.com">www.umar.com</a>                                           |
| Dental Coverage                       |                  |              |                                                                                          |
| Delta Dental of AZ                    |                  |              | Download Delta Dental's mobile app.                                                      |
| Base Plan DPPO                        | 31281            | 800.352.6132 | <a href="http://www.deltadentalaz.com/member">www.deltadentalaz.com/member</a>           |
| Buy-Up Plan DPPO                      |                  |              |                                                                                          |
| Vision Coverage                       |                  |              |                                                                                          |
| Avesis                                |                  |              |                                                                                          |
| Vision Base Plan                      | 30781            | 800.828.9341 | <a href="http://www.avesis.com">www.avesis.com</a>                                       |
| Vision Buy-up Plan                    |                  |              |                                                                                          |
| Life, AD&D, Disability, and Worksite  |                  |              |                                                                                          |
| Mutual of Omaha                       |                  |              |                                                                                          |
| Life, Disability, and Worksite        | G000CSG2         | 800.655.5142 | <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>                         |
| Employee Assistance Plan              |                  |              |                                                                                          |
| CuraLinc                              | ElRio            | 888.881.5462 | <a href="http://www.supportlinc.com">www.supportlinc.com</a>                             |
| 403(b) Retirement Plan Adviser        |                  |              |                                                                                          |
| The Standard                          | 810832           | 800.234.8913 | <a href="http://www.standard.com">www.standard.com</a>                                   |
| Benefits Questions                    |                  |              |                                                                                          |
| iNGAGED Benefits                      | ElRio            |              | <a href="https://ingagedbenefits.com/login">https://ingagedbenefits.com/login</a>        |
| Benefits Broker                       |                  |              |                                                                                          |
| Marsh & McLennan Insurance Agency LLC |                  | 800.321.4696 | <a href="http://www.MarshMMA.com">www.MarshMMA.com</a>                                   |
| Alyssa Veltman                        | Client Manager   | 520.722.7297 | <a href="mailto:Alyssa.veltman@MarshMMA.com">Alyssa.veltman@MarshMMA.com</a>             |
| Faith Bracken                         | Client Executive | 520.722.3000 | <a href="mailto:Faith.bracken@MarshMMA.com">Faith.bracken@MarshMMA.com</a>               |
| Shan O'Connor                         | Claims Advocate  | 602.385.7069 | <a href="mailto:Shan.o'connor@MarshMMA.com">Shan.o'connor@MarshMMA.com</a>               |

For detailed coverage, refer to the Evidence of Coverage (EOC) or Summary Plan Description (SPD), which serve as the binding agreements for your plan. Any discrepancies should be resolved using these documents, and they also provide information necessary for claim review or dispute.





**ELK RIDGE**  
COMMUNITY HEALTH

Prepared by: **Marsh & McLennan Insurance Agency LLC**

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