

2026

Employee Benefits Guide

Your Health & Wellness

**Sunshine
Cottage**

A Listening and Spoken Language
School for Deaf Children

The rates quoted for these benefits may be subject to change based on final enrollment and/or final underwriting requirements. This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of the plan or program benefits and does not constitute a contract. Consult your plan documents (Schedule of Benefits, Certificate of Coverage, Group Agreement, Group Insurance Certificate, Booklet, Booklet-certificate, and Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan. All the terms and conditions of your plan or program 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.

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2026 PROGRAM HIGHLIGHTS

Medical – A Preferred Provider Organization (PPO) plan from **United Healthcare**. This plan includes out-of-network benefits.

The Difference Card – The Difference Card and your insurance carrier are not affiliated. The Difference Card is used in addition to your health insurance plan. It is funded by us to help you save money on medical costs. **It can only be used with in-network benefits.**

Dental and Orthodontia – Our dental plan will continue to be with United Healthcare. It includes no-cost preventive care, coverage for major services and orthodontia coverage for children up to the age of 19.

Vision – Our vision plan will continue to be with United Healthcare. This plan is a full featured vision benefit.

Life and AD&D Insurance – Sunshine Cottage provides each of its employees with a **\$50,000** term life and **\$50,000** AD&D policy. It also provides **\$5,000** coverage for spouses and **\$2,000** for your child(ren) up to age 26.

Supplemental Life and AD&D – Option to purchase up to **5 X Annual Salary up to \$300,000** in additional insurance for yourself and up to **\$150,000** for your spouse at rates far below what you will pay for on an individual policy.

Disability Income – Sunshine Cottage provides all full time eligible employees with an option to purchase short-term and long-term disability that will pay up to 60% of your income should you become ill or have an accident that limits your ability to work.

Accident, Hospital Indemnity, and Critical Illness Insurance – These voluntary products help offset out-of-pocket expenses with benefits paid directly to you.

Additional Benefits – We also provide our employees with a number of no-cost services to help with personal Employee Assistance Program (EAP), Will Prep and Travel value add benefits.

The Open Enrollment begins December 3rd, 2025, and ends December 10th, 2025.

All Benefits will take effect January 1, 2026 – December 31, 2026, and will renew again on January 1, 2027.



BENEFITS ELIGIBILITY AND ENROLLMENT

WHO IS ELIGIBLE?

To participate in the Sunshine Cottage benefits, you must meet the following criteria:

- Be a full-time employee as defined in our employee handbook
- Enroll within the first 30 days from your date-of-hire or during annual Open Enrollment

Dependents eligible for coverage include:

- Your legal spouse
- Dependent children up to age 26 includes stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom legal guardianship has been awarded to you or your spouse
- Dependent children, regardless of age, provided they are incapable of self-support due to a disability and are fully dependent on you for support as indicated on your tax return

WHEN DOES COVERAGE BEGIN?

The benefit elections you make are effective:

2026 Annual Open Enrollment	December 3 rd – 10 th
New Hire	1st Of the Month Following Date of Hire

WHEN DOES COVERAGE END?

Your benefit coverage will end on the last day of the month in which:

- Your regular work schedule is reduced below the minimum hours required to receive benefits
- Your current employment ends
- You stop paying your share of the coverage during an unpaid leave of absence

When dependent coverage ends:

- The last day of the month in which you terminate employment or cease to be eligible
- The last day of the month in which children turn age 26

MAKING CHANGES DURING THE YEAR

Qualifying Events allow you to make changes before Open Enrollment. When one of the following occurs, you have 30 days to contact Human Resources with the appropriate documentation to make changes to your coverage. Your requested change in coverage must be consistent with your qualifying event.

Examples of qualifying events include:

- Change in your legal marital status
- Change in the number of your dependents (Example: birth, adoption, or if a child is no longer an eligible dependent)
- Change in your spouse’s employment status
- Change in status from full-time to part-time or part-time to full-time
- Entitlement to Medicare or Medicaid
- Qualified Medical Child Support Order (QMCSO) or legal change of custody

30
DAYS

You have 30 days from the qualifying life event to report the event to Human Resources. Qualifying life events will require documentation.

IRS regulation does not allow changes to benefit elections outside of your new-hire enrollment period or open enrollment

UNLESS you experience a qualifying life event

ENROLLING IN BENEFITS

PREPARING TO ENROLL

Sunshine Cottage provides its employees with the best possible coverage available. As a committed partner in your health and welfare, Sunshine Cottage absorbs a significant amount of the costs.

Your share of the premiums for medical, dental, and vision will be displayed in the upcoming pages.

Keep in mind that you may select any combination of medical, dental and/or vision plan coverage categories. For example, you could select medical coverage for you and your family but elect dental and vision coverage for yourself only. The only requirement is that you must elect coverage for yourself in order to elect dependent coverage in any given plan.

**OPEN ENROLLMENT 2026
DECEMBER 3RD – DECEMBER 10TH
ALL EMPLOYEES ARE REQUIRED TO
LOGIN TO EMPLOYEE NAVIGATOR TO
MAKE 2026 BENEFIT ELECTIONS
AND/OR MAKE BENEFIT CHANGES.**

HOW TO ENROLL

1. Understand Your Choices – This guide contains very useful reference material to help you prepare for Annual Enrollment. Keep it handy so you can refer to it throughout the year.
2. Gather Your Personal Information – Be sure to have the Social Security numbers and birth dates for any dependents you plan to enroll.
3. Go to employeenavigator.com – We will continue to utilize our web-based enrollment system, Employee Navigator, to capture benefit elections. Refer to page 30 for instructions on how to get started.
4. Call Marsh McLennan Member Support Center – A team of customer service representatives is ready to answer your questions and enter your enrollment elections. Refer to the inside back cover for contact information.
5. Review Your Paystub – Review your pay stubs to ensure your plan selections are properly reflected. Immediately report any discrepancies to payroll.



MEDICAL PLAN HIGHLIGHTS



Below is a high-level overview of the Medical plan. Please refer to the Summary of Benefits and Coverage for a listing of benefits, exclusions and limitations.

WHAT YOU PAY	DIFFERENCE CARD PAYS	YOU PAY	UHC Medical Plan EROD	UHC Medical Plan EROD
Plan Details	ONLY IN NETWORK	ONLY IN NETWORK	IN NETWORK	OUT OF NETWORK
Calendar Year Deductible <i>Individual / Family</i>	First \$5,300 / \$10,600	Last \$3,000 / \$6,000	\$8,300 / \$16,600	\$10,000 / \$20,000
Coinsurance (your responsibility after deductible) <i>Medical / Pharmacy</i>	0%	0%	0%	30%
Out-of-Pocket Maximum <i>Individual / Family</i>	\$3,000 / \$6,000	\$3,000 / \$6,000	\$8,300 / \$16,600	\$20,000 / \$40,000
Medical Benefits				
Network	Choice Plus			
Referral to see Specialist	Not Required			
Preventative Care	No Charge		No Charge	30% after deductible
Office Visits – Primary Care	First \$5,300 / \$10,600	Remaining Cost	0% after deductible	30% after deductible
Office Visits – Specialist	First \$5,300 / \$10,600	Remaining Cost	0% after deductible	30% after deductible
Telemedicine Virtual Visits	First \$5,300 / \$10,600	Remaining Cost	0% after deductible	30% after deductible
Urgent Care Visits	First \$5,300 / \$10,600	Remaining Cost	0% after deductible	30% after deductible
Emergency Room Visits	First \$5,300 / \$10,600	Remaining Cost	0% after deductible	30% after deductible
Routine Labs & X-Rays	First \$5,300 / \$10,600	Remaining Cost	0% after deductible	30% after deductible
Complex Imaging	First \$5,300 / \$10,600	Remaining Cost	0% after deductible	30% after deductible
Hospitalization	First \$5,300 / \$10,600	Remaining Cost	0% after deductible	30% after deductible
Out-Patient Surgery	First \$5,300 / \$10,600	Remaining Cost	0% after deductible	30% after deductible
Pharmacy Benefits				
Rx Deductible	First \$5,300 / \$10,600 then 75%	25% after Initial Funding	Medical Deductible	Medical Deductible
Preferred Drugs <i>Generic, Brand, & Specialty</i>	First \$5,300 / \$10,600	Remaining Cost	0% after deductible	30% after deductible
Non-preferred Drugs* <i>Generic & Brand Name</i>	First \$5,300 / \$10,600	Remaining Cost	0% after deductible	30% after deductible
Non-preferred Drugs* <i>Specialty</i>	First \$5,300 / \$10,600	Remaining Cost	0% after deductible	30% after deductible
Mail Order (90 Day Supply)	First \$5,300 / \$10,600	Remaining Cost	0% after deductible	30% after deductible

Have your provider swipe the Difference Card for the following amounts: In-Network Medical & Rx First \$5,300/ \$10,600 then 25% for RX

Difference Card: All claims must be submitted within 3 months of the end of the deductible accumulation period.
Terminated members must submit claims within 3 months of the termination date.

MEDICAL PLAN COST

MEDICAL PLAN (\$8,300 PPO)

2026 PER PAY PERIOD DEDUCTIONS, EFFECTIVE JANUARY 1ST

	Monthly Premium	Employer Monthly Contribution	Employee Semi- Monthly	Employee Monthly
Employee Only	\$922.35	\$922.35	\$0.00	\$0.00
Employee & Spouse	\$2,029.18	\$1,270.95	\$379.12	\$758.23
Employee & Child(ren)	\$1,752.48	\$1,183.80	\$284.34	\$568.68
Employee & Family	\$2,951.54	\$1,561.44	\$695.05	\$1,390.10





DIFFERENCE CARD

The Difference Card is used in addition to your health insurance plan. Below is additional information about creating an account, Difference Card Mobile App, how to file a claim and your member services details. **(Can only be used with In-Network Benefits)**

Create Your Account

Register your account with The Difference Card

Download
the Mobile App
to View
and
Submit Claims



SCAN THIS WITH
YOUR CAMERA



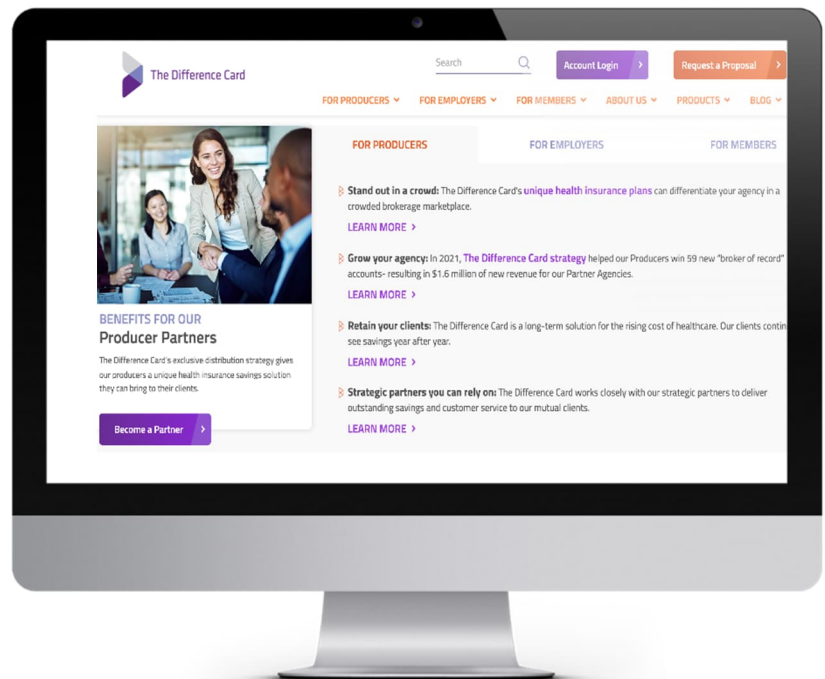
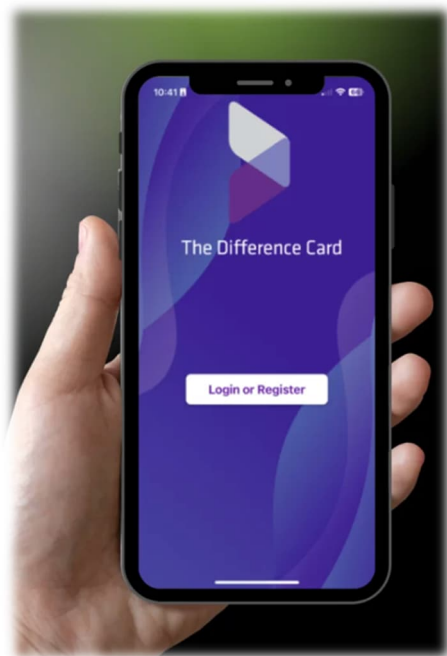
Mobile App

Use The Difference Card Mobile App to register your account and get started.

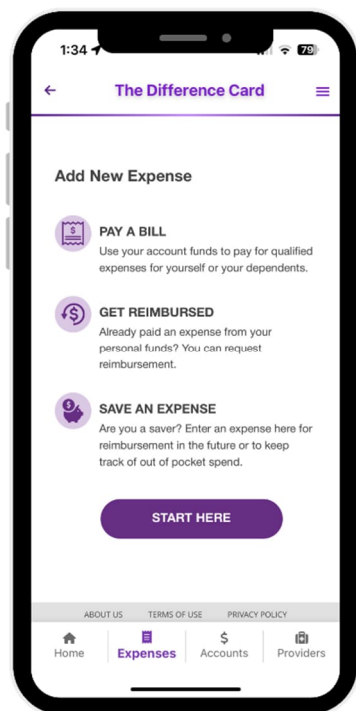


Online

Or, create your account online at DifferenceCard.com



Difference Card Mobile App



Mobile App Features

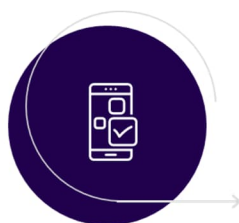
- Snap a picture to easily submit a claim
- Find the cheapest place to buy prescriptions
- Compare cost and search for providers
- View account balances
- Check the status of a claim in real time
- Sign up for Direct Deposit

To download, simply go to your phone's app store and search for 'DC Smart Mobile'. Make sure to look out for their logo for the correct app!



How to submit your claim?

4 easy ways to get your money from The Difference Card



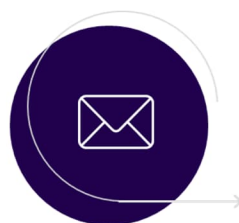
MOBILE APP

Submit a claim with the click of a picture.



ONLINE PORTAL

Visit
DifferenceCard.com
to login to your
account and submit a
claim.



MAIL

Mail your claim
PO Box 322
Mt Kisco NY 10549
*Make sure to include a claim
form.



FAX

Fax your claim to
602.333.4252.
*Make sure to include a claim
form.

Direct Deposit

The fastest way to get your money.

Sign up in the Mobile App or Online to get your employer funding direct deposited.

Validating your account

Step 1: Enter your direct deposit details in the Difference Card portal.

Step 2: 24 hours later, check your bank account for 3 micro transactions. (2 deposits, 1 M&I Bank withdrawal)

Step 3: Log in to the Difference Card portal to enter the 3 amounts that are validated.

Difference Card Member Services



Monday - Friday
8:00 AM - 11:00 PM ET
7:00AM - 10:00PM CT
6:00AM - 9:00PM MST
5:00 AM - 8:00 PM PT

How to reach us:

 888.343.2110

 Visit differencecard.com to chat with a representative during our business hours.

When to Call Member Services

- ▶ Request a new card
- ▶ Assistance with your online or mobile app account
- ▶ Direct deposit assistance
- ▶ Claims questions
- ▶ For a review of your employer funded benefit

MORE ABOUT YOUR MEDICAL

PREAUTHORIZATIONS

Preauthorization establishes in advance the Medical Necessity or Experimental/Investigational nature of certain care and services covered under your medical plan. Preauthorization ensures that the requested care and services will not be denied. Generally speaking, you should seek a preauthorization for:

- Inpatient hospital stays
- Outpatient procedures
- Specialty medications
- Infusion therapies
- Cardiac testing and imaging
- Non-emergency medical transportation
- Extended care services
- Certain Behavioral Health and Dependency services other than office visits

Preauthorization does not guarantee payment of benefits. Actual availability of benefits is always subject to other requirements of the Plan, such as limitations and exclusions, payment of premium, and eligibility at the time care and services are provided. Additional information can be found in your Certificate of Coverage or by calling the Preauthorization Helplines listed inside the back cover of this guide.

MORE ABOUT YOUR PRESCRIPTION DRUG BENEFITS

Generic Drugs – Generic drugs offer the best value. These medications are a safe and effective alternative to the higher cost brand drugs. They offer the same therapeutic benefit as their brand equivalents but at a much lower cost.

Brand Drugs – Brand medications are higher cost medications that typically do not have a generic equivalent. If there is a generic equivalent and you choose to take the brand, payment of the difference between the cost of a brand name drug and a generic may be required.

Specialty Drugs – These are higher-cost medications used to treat complex medical conditions. They typically require special handling and administration.

Note: You can find out more about your pharmacy benefits online at www.myuhc.com.

PREVENTIVE SERVICES – 100% COVERED

The Affordable Care Act requires all health plans to provide preventive care services with no out-of-pocket expense to the member. Allowed preventive services must be covered without you having to pay a copayment or co-insurance or meet your deductible. This applies only when these services are delivered by a network provider. For more details about federally mandated preventive services, visit www.healthcare.gov

For example, depending on your age, you may have access — at no cost — to preventive services such as:

- Blood pressure, diabetes, and cholesterol tests
- Many cancer screenings, including mammograms and colonoscopies
- Counseling on topics such as quitting smoking, losing weight, eating healthy, treating depression, and reducing alcohol use
- Regular well-baby and well-child visits
- Routine vaccinations against diseases such as measles, polio, or meningitis
- Counseling, screening, and vaccines to ensure healthy pregnancies
- Flu, pneumonia and shingles shots

UHC NETWORK PROVIDERS

To ensure you receive the maximum value out of your medical insurance, it is important that you use providers and facilities in the United Healthcare network.

To see if your doctor is in network or to find a network facility physician go to www.myuhc.com then:

1. Click on “Find a Provider” under Find a doctor.
2. Click on “Medical Directory”.
3. Click on “Employer and Individual Plans”.
4. When asked to select your network, please use the “Choice Plus” Network.



WHERE TO GET CARE

You have many choices where to seek medical attention. However, some healthcare providers may be more expensive than others. Use the guidelines below to help you decide which makes the most sense for your medical needs.

Virtual Visits – \$

The licensed physicians, nurses and physicians' assistants can diagnose non-emergency medical problems and recommend treatment and even call in a prescription to your pharmacy for the cost of a copay. Available all day, every day. Call for such things as:

- Cold and flu symptoms
- Urinary tract infections
- Sinus issues
- Pink eye

Doctor's Office \$\$

Your physician knows your health history, and you can build a partnership together for your long-term health. Office hours vary. See your physician for:

- Routine check-ups
- Preventive care
- Immunizations
- Treatment for long-term issues

Walk-In Clinics \$\$

Available on retail store hours. Walk-in clinics are staffed by nurse practitioners or physicians' assistants who treat non-emergency minor ailments such as:

- Sprains
- Minor skin conditions or cuts
- Strep Throat
- Common infections



Urgent Care \$\$\$

Hours typically include weekends, evenings, and holidays. Make use of an urgent care clinic for more serious illnesses or non-life-threatening injuries that need immediate attention, such as:

- Minor strains, or sprains
- Broken bones or simple fractures
- Cuts that may need stitches.
- Minor burns

Emergency Room \$\$\$\$

Doctors available all day, every day. If you have a life-threatening situation or late-night trauma, go to the ER. If a situation is life threatening, call 911.

Go to the ER if you are experiencing:

- Difficulty Breathing
- Sudden change in vision
- Chest pain
- Sudden weakness
- Slurred speech
- Head, eye, or spinal injuries.



Watch out for Freestanding Emergency Rooms!

They often look just like an Urgent Care Clinic, but the cost can be significantly higher- often 10 or 15 times the cost of an Urgent Care. Look for the word "Emergency" in the name. Still unsure. Ask the admissions clerk if you will be charged an ER copay or an Urgent Care copay.

FLEXIBLE SPENDING ACCOUNT (FSA)



	Flexible Spending Account (FSA)	Dependent Care Reimbursement
What would I use this account for?	Eligible health care expenses, including dental, vision and prescription medication. IRS Publication 502 provides a complete list of eligible expenses and can be found on www.irs.gov	IRS-approved dependent care expenses with pre-tax dollars.
What is the maximum amount that my employer and I <u>combined</u> can put in this account?	2026 IRS Limits: \$3,400	2026 IRS Limits: Married Filing Jointly/ Single \$7,500 Married Filing Separately \$3,750
When are the funds available?	Your entire contribution amount is available at the beginning of the plan year.	Only money accrued in your Dependent Care account is available for use.
What happens if I don't use the money during the year?	You can roll over up to \$680 into the next year. Anything above this amount is forfeited.	This is a reimbursement. No funds are provided up front.

TELEMEDICINE VISITS

Our virtual visits solution lets members have a live consultation with an independently contracted, board-certified doctor or therapist. This can happen 24 hours a day, seven days a week by phone. Also, **Virtual Visits** board-certified therapists are available by online video or mobile app (by appointment).

Instead of going to a physician's office, clients can talk while at home, work or many other places. A virtual visit can cost less than going to the urgent care clinic or emergency room.



Virtual Visits doctors and therapists can treat many non-emergency medical and behavioral health conditions, like:

GENERAL HEALTH	PEDIATRIC CARE	BEHAVIORAL HEALTH
Allergies	Cold/flu	Online counseling
Asthma	Ear infections	Child behavior/learning issues
Nausea	Pink eye	Stress management
Sinus infections		

They can also write — and send — prescriptions (when appropriate). This service can only be used in the U.S.

CHOOSING A DOCTOR

- Visit myuhc.com/virtualvisits or download the UnitedHealthcare app.
- Once registered you can use the app to engage a physician.
- You can call 1-855-615-8335.



UNITED HEALTHCARE ONLINE/MOBILE ACCESS

Use [United Healthcare's online access](#), the secure member portal to get immediate access to health and wellness information such as claims and plan benefits, deductible balances and much more.

There is also a mobile app! Once you have registered online you can download the mobile app and have many of the same resources right at your fingertips.



Download the UnitedHealthcare app

The **UnitedHealthcare® app** puts your health plan at your fingertips. Download it to:

- Find nearby care options in your network
- See your claim details and view progress toward your deductible
- View and share your health plan ID card with your doctor's office
- Video chat with a doctor 24/7



IT'S EASY TO GET STARTED...

5. Go to www.myuhc.com
6. Click the Sign Up tab then choose Register Now
7. Use the information on your UHC ID card to complete the process.

Real Appeal®: A lifestyle and weight management program

Nearly 1 in 3 adults is overweight.¹ Obesity costs the U.S. health care system nearly \$173 billion a year.² Real Appeal is working to help reverse this trend, with resources and support to help employees with weight goals and prevent weight-related health conditions. Real Appeal is provided at no additional cost to eligible employees as part of their medical benefit plan.

Support to help achieve weight goals and healthy lifestyle habits

Real Appeal uses clinically proven science to help motivate employees to improve their health and reduce their risk of developing costly chronic conditions such as heart disease and diabetes. The program offers:

- Encouraging and inspirational messaging
- A Success Kit
- Online classes
- Digital support and tracking
- A Health Coach

Real Appeal success

904k+
enrolled participants³

88%
of at-risk participants lost weight³

37%
lost 5% or more in body weight³

2:1 ROI
over 3 years⁴

Real Appeal includes:



A Success Kit

After attending their first group coaching session, employees receive a Success Kit with tools to help them kick-start their weight loss. The kit includes:

- Balanced portion plate
- Digital weight scale
- Electronic food scale
- Digital fitness app



A personal Health Coach

Coaches guide employees through the program step by step, customizing it to help fit their needs, personal preferences and goals.



Online support and mobile app

Real Appeal is designed to help employees stay accountable to their goals with:

- Customizable food, activity, weight and goal trackers
- Unlimited access to digital content
- Online group sessions where members can support each other through chat
- An online lifestyle program to help employees learn new ways to be their healthiest selves



Join today at enroll.realappeal.com
or scan this code



United
Healthcare

Real
Appeal

UHC REWARDS



Get in on UHC Rewards

Good news—your health plan comes with a new way to earn up to \$1,000. UnitedHealthcare Rewards is included in your health plan at no additional cost.



There's so much good to get

With UHC Rewards, a variety of actions—including many things you may already be doing—lead to rewards. The activities you go for are up to you—same goes for ways to spend your earnings. Here are some ways you can earn:

Reach daily goals

- Track 5,000 steps or 15 active minutes each day, or double it for an even bigger reward
- Track 14 nights of sleep

Complete one-time reward activities

- Go paperless
- Get a biometric screening
- Take a health survey
- Connect a tracker

Personalize your experience by selecting activities that are right for you—and look for new ways of earning rewards to be added throughout the year.

Earn up to
\$1,000

**United
Healthcare**

UHC Rewards program participants will have 120 days from 1/1/2026 to redeem any rewards accumulated from the prior plan

There are 2 ways to get started



On the UnitedHealthcare® app

- Scan this code to download the app
- Sign in or register
- Select the **Menu** tab and choose **UHC Rewards**
- Activate UHC Rewards and start earning
- Though not required, connect a tracker and get access to even more reward activities

On myuhc.com®

- Sign in or register
- Select **UHC Rewards**
- Activate UHC Rewards
- Choose reward activities that inspire you—and start earning

UHC ONEPASS SELECT

Rediscover your passion for health

With One Pass Select®, we're on a mission to make fitness engaging for everyone. One Pass Select can help you reach your fitness goals while finding new passions along the way. Find a routine that's right for you whether you work out at home or at the gym. Choose a membership tier that fits your lifestyle and provides everything you need for whole body health in one easy, affordable plan.

You and your eligible family members (18+) can get started with One Pass Select when you activate UnitedHealthcare Rewards. Plus, you can use your earnings to help pay for your One Pass Select membership.



Find your fit with One Pass Select



At the gym

Choose from our large nationwide network of gym brands and local fitness studios. Use any gym in the network and create a routine just for you.



At home

Work out at home with live or on-demand online fitness classes. Try our workout builder to get routines created just for you based on your fitness level and interests.



In the kitchen

Get groceries and household essentials delivered to your home. We make it easy to plan for everything you need to enjoy delicious, nutritious meals.



To get started:

1. Scan this code to download the **UnitedHealthcare® app**
2. Sign in or register
3. Select **UHC Rewards**
4. Select **Redeem rewards** to access One Pass Select

DENTAL PLAN HIGHLIGHTS



Everyone deserves a healthy smile. With our dental insurance offering, through **United Healthcare**, you can keep your family smiling with affordable dental coverage that makes it easy to visit your dentist for regular cleanings and preventative care, as well as for major treatments.

	Dental Plan
Annual Benefit Maximum	\$1,000/per person
Calendar Year Deductible (waived for preventive services)	\$50 / \$150 Family
Preventive Services Cleanings (once every 6 mos.), oral exams, x-rays, etc.	100%, deductible waived
Basic Services Fillings, routine extractions, etc.	80% after deductible
Major Services Crowns, Root Canals, Bridgework, Dentures, etc.	50% after deductible
Orthodontic Services Children up to age 19	50% After Ded. Up to \$1,000 Lifetime Maximum
Non-Network Benefits	Maximum Allowable Charge

This is a calendar year plan. All deductibles and Out-of-Pocket Maximums reset on January 1st of each year.

2026 PER PAY PERIOD DEDUCTIONS, EFFECTIVE JANUARY 1ST

	Monthly Premium	Employer Monthly Contribution	Employee Semi- Monthly	Employee Monthly
Employee Only	\$38.05	\$38.05	\$0.00	\$0.00
Employee & Spouse	\$76.09	\$41.19	\$17.45	\$34.90
Employee & Child(ren)	\$82.00	\$41.68	\$20.16	\$40.32
Employee & Family	\$125.88	\$45.30	\$40.29	\$80.58

FINDING A NETWORK DENTIST

1. Go to www.myuhc.com
2. Click on "Find a Dentist"
3. Select Employer and Individual Plans
4. Enter your Zip Code click continue
5. Select your Network (**National Options PPO30**)

VISION PLAN HIGHLIGHTS

Whether you wear glasses or have perfect eyesight, you should have your vision checked annually. Many illnesses and conditions such as diabetes can be identified through a routine eye exam. Below is a brief summary of the benefits available to you under our [United Healthcare](#) vision plan. Remember, go to an in-network provider to maximize the value of your vision plan.

	In-Network	Out-of-Network
Eye Exams	\$10 copay	Reimbursed up to \$40
Lenses Single/Bifocal/Trifocal	\$25 Copay	Reimbursed up to \$40/\$60/\$80
Frames	\$130 Allowance + 20% off of the balance	Reimbursed up to \$45
Contact Lenses Lenses (in lieu of glasses)	\$130 Allowance	Reimbursed up to \$105
Frequency Exams	Once Per 12 Months	Once Per 12 Months
Lenses and Contacts	Once Per 12 Months	Once Per 12 Months
Frames	Once Per 24 Months	Once Per 24 Months

2026 PER PAY PERIOD DEDUCTIONS, EFFECTIVE JANUARY 1ST

	Monthly Premium	Employer Monthly Contribution	Employee Semi- Monthly	Employee Monthly
Employee Only	\$5.51	\$5.51	\$0.00	\$0.00
Employee & Spouse	\$10.44	\$5.51	\$2.47	\$4.93
Employee & Child(ren)	\$12.25	\$5.51	\$3.37	\$6.74
Employee & Family	\$17.46	\$5.51	\$5.98	\$11.95

FINDING A NETWORK VISION CARE PROVIDER

Visit the myuhcvision.com website to:

- Check when you're eligible for benefits
- Learn how your vision plan works
- See your copay amounts
- Print your ID card, if you prefer (ID cards are optional)
- Find a network eye doctor to get the most out of your vision benefits
- Choose from local doctors around the corner to well-known retail chains or specialty online retailers
- View claim status
- Find answers to frequently asked questions
- Get discounts on laser vision correction, extra contact lenses and eyeglasses, blue-light-blocking screen filters and more
- Access monthly vision health and wellness content to help understand the value of your vision plan



LIFE INSURANCE

Discussing what might happen to your family if you were not around to provide for them is not always the easiest conversation. Life insurance can help you plan for your family's future needs.

EMPLOYER PAID TERM LIFE AND AD&D

Sunshine Cottage provides, at no cost to you, life and accidental death insurance for you. In the event of your death, the basic life coverage would pay your beneficiary(ies) a benefit of **\$50,000 for all full-time eligible employees, \$5,000 for your spouse, and \$2,000 for your child(ren).**

In the event of accidental death, beneficiary(ies) would receive an additional benefit **equal to the benefit amount described above.** If you lose a limb or suffer other permanent disability as the result of an accident, you may be eligible for other benefit payments under the AD&D plan. These are determined according to the injury.

- At age 75, amounts reduce to 50%

SUPPLEMENTAL LIFE AND AD&D

You may purchase additional insurance in increments of **\$10,000** up to **\$300,000**. An Evidence of Insurability form is required for any amount over **\$130,000**. This is referred to as the "Guarantee Issue".

Spouses may enroll in increments of **\$5,000** up to a maximum of **\$150,000** but not exceeding 100% of the life insurance you elected for yourself. An Evidence of Insurability form is required for amounts over **\$20,000**.

You can also purchase a **\$10,000** policy for your children ages 6 months to 26 years. Note that the child premium covers all children.

- At age 75, amounts reduce to 50%
- Spouse coverage terminates when you reach age 70

EVIDENCE OF INSURABILITY / HEALTH STATEMENT

Newly hired employees electing over the Guarantee Issue amount and late entrants...those who waived coverage the first time it was offered...will need to complete an **Evidence of Insurability**. Completion of an Evidence of Insurability will also be necessary if you decide to increase your benefit at a later date.

Employees who elect coverage over the guarantee issued amount \$130,000 must complete an Evidence of Insurability (EOI form) Additionally, for any coverage election exceeding \$280,000 (which is \$150,000 over the guaranteed issue) an extra medical appointment will be required to provide urine and blood samples through Mutual of Omaha's paramedical vendor.

BENEFICIARY INFORMATION

Please verify that your beneficiary information is correct and up-to-date. In the event of your death, policy proceeds will be paid according to your most recent beneficiary designation. You may name primary and contingent (secondary) beneficiaries. You are the beneficiary for Life and AD&D coverage on your dependents.

NOTES:

- **If designating a minor child (under age 18)** due to legal restrictions, minors cannot be paid the death benefit directly. The recommendation is to set up a trust for the minor that is named as a beneficiary.
- **Voluntary Life/AD&D rates are age-based rates based on your age for Employee and Spouse.** Your premium increases when you age up into a new age bracket. The new rate will reflect upon the plan anniversary -January 1st of the following plan year.



DISABILITY INSURANCE



The unexpected could happen at any time. Disability insurance provides you and your family with peace of mind if you are unable to work due to illness or injury. Sunshine Cottage proudly provides all its full-time eligible employees **the option to purchase** Short-Term and Long-Term Disability insurance. This benefit provides you with financial protection should you be unable to work for an extended period of time.

VOLUNTARY SHORT-TERM DISABILITY (STD)

This coverage provides a weekly income if you are unable to work due to an illness or injury.

Our STD policy will replace **60%** of your weekly income up to **\$1,000 per week** for up to **26 weeks**.

You must be sick or disabled for at least **1 day due to an accident and 8 days due to a sickness** before you are eligible to receive a benefit payment.

VOLUNTARY LONG-TERM DISABILITY (LTD)

Should your disability last more than 180 days, this plan will provide a replacement income equal to **60%** of your pre-disability income up to **\$7,000 per month** for as long as you are disabled or until you reach Social Security Normal Retirement Age.

The cost of coverage is based on your age and income level. Individual rates can be found in Employee Navigator.

PREMIUM CHANGES EFFECTIVE 1ST OF THE MONTH FOLLOWING UPDATE TO SALARY



Mutual of Omaha

VOLUNTARY CRITICAL ILLNESS

Critical illness insurance pays a lump sum to the policyholder upon diagnosis of a covered illness. This payout can be utilized for various purposes, including mortgage payments and medical expenses. It is particularly beneficial for covering costs that are not covered by health insurance, such as deductibles and out-of-network doctor expenses.

Voluntary Critical Illness

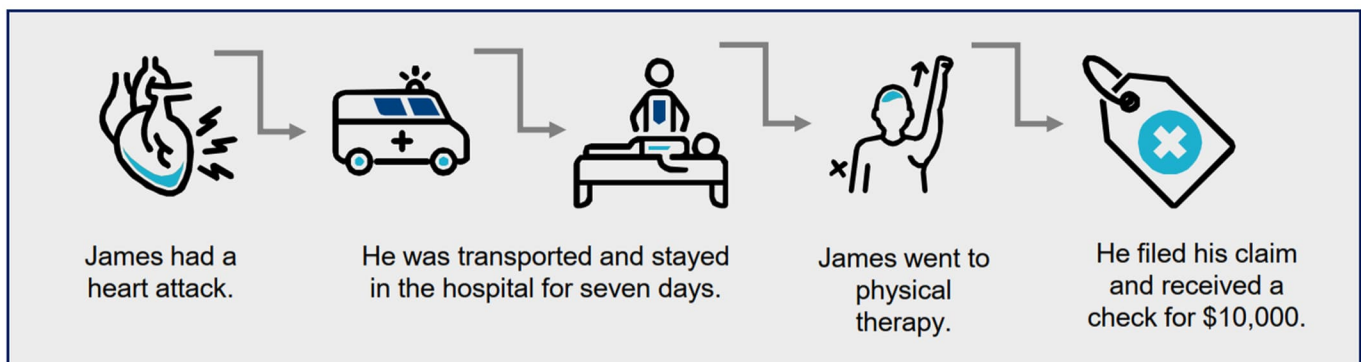
Employee	\$5,000 increments up to \$30,000
Guarantee Issue Amount	\$30,000
Spouse	\$5,000 increments up to \$30,000, not to exceed 100% of employee benefit
Guarantee Issue Amount	\$30,000
Child / Guarantee Issue Amount	50% of employee benefit up to \$20,000 / All Child amount are guaranteed
Portability	Included
Health Screening Benefit	A health screening benefit of \$50 is payable once per calendar year for each insured person who has a health screening test performed while insurance is in effect for the insured person

Critical Illness Premium Rates

(Monthly Rates per \$1,000 of benefit)

<30	\$1.09
30-39	\$1.26
40-49	\$2.68
50-59	\$4.79
60-69	\$4.79
70-79	\$8.71
80-99	\$13.39

How Critical Illness Insurance works



VOLUNTARY ACCIDENT & HOSPITAL INDEMNITY INSURANCE



Mutual of Omaha

Voluntary Accident

Accident insurance pays a specific dollar amount to the policyholder depending on the nature of the incident. This payout can be utilized for various purposes, including mortgage payments and medical expenses. It is particularly beneficial for covering costs that are not covered by health insurance, such as deductibles and out-of-network doctor expenses.

	Emergency Room Visits		Hospital Stays
	Medical Exams – Including major diagnostic exams		Physical Therapy
	Fractures and Dislocations		Transportation and Lodging – if you are away from home when the accident happens
Payroll Deductions Semi- Monthly / Monthly			
Employee Only	\$4.40	\$8.80	
Employee + Spouse	\$7.11	\$14.21	
Employee + Child(ren)	\$8.66	\$17.32	
Employee + Family	\$11.79	\$23.58	

Voluntary Hospital Indemnity

Hospital indemnity insurance is an insurance plan you can purchase in addition to your health insurance plan. You pay a monthly premium, just as you do for other insurance, and if you end up spending time in the hospital, you receive a fixed benefit amount paid directly to you to help cover expenses.

Voluntary Hospital Indemnity		
Employee, Spouse & Children	Benefits paid based on admission type and length of stay.	
Hospital Admission	\$1,000 per admission	
ICU Admission	\$2,000 per admission	
	See benefit summary for full list of benefits	
Health Screening Benefit	A health screening benefit of \$50 is payable once per calendar year for each insured person who has a health screening test performed while insurance is in effect for the insured person. Up to 6 per family per calendar year.	
Payroll Deductions Semi- Monthly / Monthly		
Employee Only	\$10.75	\$21.50
Employee + Spouse	\$23.65	\$47.29
Employee + Child(ren)	\$14.19	\$28.37
Employee + Family	\$28.38	\$56.75

ADDITIONAL BENEFITS

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The EAP is free and offers a variety of services designed to assist you and your family in resolving daily work and life challenges that may be affecting your well-being. **All services are confidential.** EAP features include:

- Managing Stress
- 24/7 telephone access to EAP Professionals
- E-Chat, online information and services
- Referrals to supportive resources
- Working through grief and loss issues
- Balancing work and life
- Legal library and online forms
- Telephonic financial consulting
- Quitting tobacco, alcohol or drug use
- Controlling depression and anxiety
- Caring for children or aging parents

Don't Delay if you need help

Mutual of Omaha:

- Call 800-316-2796
- Web: www.mutualofomaha.com/eap

United Healthcare:

- Call 888-887-4114



Scan to save EAP
contact information
to your phone.



ONLINE WILL PREP

How can you have peace of mind that in the event of your death, your property will be distributed according to your wishes? Or your children will be cared for by those you choose? The answer is by having a will.

Online will preparation is an enhanced product service available from Mutual of Omaha. The service provides you the ability to simply and quickly create a standard will that meets your needs and is valid in all states—free of charge. Follow these simple steps to start using this free resource:

1. Visit www.willprepservices.com use code MUTUALWILLS to register.
2. Answer simple multiple choice questions on your computer or smartphone.
3. You are in! Complete the forms or download the materials you need.

ADDITIONAL BENEFITS, CONTINUE

TRAVEL ASSISTANCE

Our Travel Resource Services, provided by **Mutual of Omaha by AXA Assistance USA**, is a 24-hour emergency service that can help you access emergency assistance when you are traveling 100 or more miles away from home. Help is there when a crisis strikes. More than 850,000 multilingual service professionals stand ready to assist you in more than 200 countries and territories worldwide.

USE YOUR TRAVEL ASSISTANCE PHONE NUMBER TO ACCESS:

- Information regarding passport, visa or other required documentation for foreign travel
- Travel, health advisories and inoculation requirements for foreign countries
- Domestic and international weather forecasts
- Daily foreign currency exchange rates
- Consulate and embassy locations
- Telephonic translation and interpreter services
- Locating legal services
- Baggage assistance with lost, stolen or delayed baggage while traveling on a common carrier
- Document replacement
- Vehicle return
- Medical Assistance – emergency evacuation, transportation arrangements, locating medical providers, etc.
- Identify theft assistance

Call 800-856-9947 in the U.S.

OR

Call 312-935-3658 collect
when outside the U.S.

Your Hearing Discount Program



Program Benefits - In addition to your hearing care benefit, you will have access to complimentary aftercare*, including:

- ✓ **Custom hearing solutions** — wide choice of products from the industry's leading brands
- ✓ **Risk-free trial** — find your right fit by trying your hearing aids for 60 days
- ✓ **Follow-up care** — ensures a smooth transition to your new hearing aids
- ✓ **Battery support** — battery supply or charging station to keep your hearing aids powered
- ✓ **Warranty** — 3-year coverage for loss, repairs, or damage
- ✓ **Financing** — no interest for those who qualify
- ✓ **Savings for family and friends** — your parents, siblings, in-laws, and friends qualify, too

*Risk-free trial - 100% money back guarantee if not completely satisfied, no return or restocking fees. Follow-up care - for one year following purchase. Batteries - two year supply of batteries (80 cells/ear/year) or one standard charger at no additional cost. Warranty - Exclusions and limitations may apply. Contact Client Services (1-844-267-5436) for details.

Accessing Your Benefits is as Easy as ...

1. Call Amplifon at 1-888-534-1747 and a Patient Care Advocate will assist you in finding a hearing care provider near you.
2. Our advocate will explain the Amplifon process, request your mailing information and assist you in making an appointment with a hearing care provider.
3. Amplifon will send information to you and the hearing care provider. This will ensure your Amplifon discounts are activated.

To learn more visit amplifonusa.com/mutualofomaha.

	Level 1	Level 2	Level 3	Level 4	Level 5
Hearing Aid Features	Standard features	Additional, easy-to-use functions	Designed for work and play	Enhanced to keep you on the go	Leading technology keeps you connected
One Simple Price	\$995	\$1,495	\$1,795	\$2,195	\$2,645



TIPS AND TRICKS

- Make sure your provider is in-network. The network is Choice through United Healthcare. Instructions for finding a provider can be found on page 12.
 - Save time and money by using the **Virtual Visits** that come with all our plans. See page 15 for more information.
 - Take advantage of the no-cost preventive services that are included with your plan. All in-network preventive services are covered at 100% (no deductible and/or copay). See page 14 for details.
 - Be sure to obtain **a pre-authorization** from UHC for any in and/or out-patient procedures. This will ensure they are approved by prior to your service date. They will also provide you with a good idea of how it will be covered.
 - Save time and money by asking for generic medications and by using your mail order pharmacy.
 - Be sure to use an in-network Pharmacy to obtain the lowest copay option. Please visit www.myuhc.com to find all in-network pharmacies available like HEB, CVS, Walgreens, Walmart, and others.
 - A **freestanding Emergency Room** (ER) looks and feels like an urgent care center. You will pay the ER copay if you visit a freestanding Emergency Room.
 - If you have a Flexible Savings Account (FSA), the funds will be lost if they are not used by the end of the plan year. You can roll over \$680, if you participate in the FSA for subsequent years!
 - You can enroll in any of the benefits without having the medical coverage. In fact, you can mix and match who you cover on each plan!
 - Use an in-network vision provider. If not, you will need to file a claim for reimbursement.
- **Beneficiaries should be over 18.** If not, they will not receive any insurance settlement until they reach the age of 18.
 - **Don't wait to buy Life Insurance.** If you are electing life insurance and you are not a new hire, you will be required to complete an Evidence of Insurability form.

ENROLLING WITH EMPLOYEE NAVIGATOR

Sunshine Cottage is committed to keeping you informed about your benefits. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family. This is a PASSIVE enrollment.

ALL employees MUST complete open enrollment changes with our online enrollment system Employee Navigator by December 10, 2025.

REGISTRATION AND ENROLLMENT

1. Navigate to employeenavigator.com/benefits
2. Choose "Register as a new user" then enter
3. First and Last Name (as they appear on your paycheck)
4. Company Identifier: **SunshineCottage**
5. Pin: Last four digits of your SSN
6. When logged in, Click "Start Enrollment" to begin your enrollment.



Username

Password

Login

[Reset a forgotten password](#)

[Register as a new user](#)

If you have problems logging in please contact **MMA Member Support**

Center 800-207-2265 Pin:1829 or you can send an email to Sunshinecottage@MarshMMA.com

A screenshot of the Employee Navigator dashboard. The top section features a collection of colorful icons representing various benefits: a medical van, a house, a document, a person, a family, a piggy bank, a heart with a pulse line, and a pair of glasses. Below the icons, the text reads "Good Morning, Sunshine Cottage" in a large, friendly font, followed by "Grab a cup of coffee and let's get some work done." and "You have 31 days left to complete your benefit enrollment." On the right side, a green box contains the text "You have 1 item to complete." followed by a large number "1" and the text "Enroll in your benefits". At the bottom right, there is a green button labeled "Start Enrollment". A red arrow points from the "Register as a new user" link in the previous section to the "Enroll in your benefits" item in this dashboard.

CUSTOMER SERVICE & CONTACT INFORMATION

The [Marsh McLennan Agency Member Support Center](#) is available to you as a liaison in your dealings with insurance carriers. Please contact them with any questions regarding your employee benefits package.

CALL 800-207-2265 AND DIAL PIN: 1827

EMAIL: SUNSHINECOTTAGE@MARSHMMA.COM

Support is available Monday - Friday from 8 am - 6 pm CT, provided in both English and Spanish.

Our benefits specialists are insurance professionals! For instance, they can assist:

- ID cards
- Claims
- Finding a provider
- Benefit questions

They know about your employee benefit plans, and their goal is to resolve your questions promptly and effectively. In some cases, it may be necessary for the representative to contact a member of your MMA benefits account team or the plan insurance carrier on your behalf. If your question cannot be resolved in one email or phone call, you will be kept informed of the inquiry status until a resolution has been reached.

Benefit	Carrier / Contact	Customer Service	Website / Email
Medical Group # 1571244	United Healthcare	866-633-2446	www.myuhc.com
Virtual Visits Group # 1571244	UHC Virtual Visits	N/A	www.myuhc.com/virtualvisits
Difference Card	The Difference Card	888-343-2110	differencecard.com
Real Appeal Group # 1571244	United Healthcare	Online Access Only	enroll.realappeal.com
Dental Group # 1571244	United Healthcare	800-445-9090	www.myuhc.com
Vision Group # 1571244	United Healthcare	800-638-3120	www.myuhcvision.com
Life & AD&D Group # G000AYPM	Mutual of Omaha	800-655-5142	www.mutualofomaha.com
Short Term Disability Group # G000AYPM	Mutual of Omaha	800-655-5142	www.mutualofomaha.com
Long Term Disability Group # G000AYPM	Mutual of Omaha	800-655-5142	www.mutualofomaha.com
Critical Illness Group # G000AYPM	Mutual of Omaha	866-372-5577	www.mutualofomaha.com customerservice@gilsbar.com
Accident, Hospital Indemnity Group # G000AYPM	Mutual of Omaha	800-877-5176	www.mutualofomaha.com
FSA/DCA	Proficient Benefit Solutions	210-659-8100	www.proficientbenefits.com
Employee Assistance Program (EAP)	United Healthcare	888-887-4114	
Employee Assistance Program (EAP)	Mutual of Omaha	800-316-2796	www.mutualofomaha.com/eap
Online Will Prep	Mutual of Omaha	800-655-5142	www.willprepservices.com Code: MUTUALWILLS
Travel Assistance Program	Mutual of Omaha	Within the U.S: 800-856-9947 Outside the U.S: 312-935-3658	
Hearing Discount Program	Mutual of Omaha	888-534-1747	amplifonusa.com/mutualofomaha
Benefits Service Center	Marsh McLennan Member Support Center	800-207-2265 Pin: 1827	SunshineCottage@MarshMMA.com

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