



2026 EMPLOYEE BENEFITS GUIDE

January 1, 2026 - December 31, 2026



Employee Benefits Guide is intended for summary purposes only.



WELCOME

Welcome to Your Employee Benefits Guide

Maine Eye Center is committed to providing our employees with a benefits program that is both comprehensive and competitive. Our program offers a range of plan options to meet the needs of our diverse workforce. We know that your benefits are important to you and your family. This program is designed to assist you in providing for the health, well-being and financial security of you and your covered dependents. Helping you understand the benefits available to you is important to us.

Benefits Guide Overview

This guide provides a general overview of your benefit choices to help you select the coverage that is right for you. Be sure to make choices that work to your best advantage. Of course with choice, comes responsibility and planning. Please take time to read about and understand the benefit plan thoroughly, and enroll on time.

Included in this guide are summary explanations of the benefits and costs as well as contact information for each provider.

It is important to remember that only those benefit programs for which you are eligible and have enrolled in apply to you. We encourage you to review each section and to discuss your benefits with your family members. Be sure to pay close attention to applicable copayments and deductibles, how to file claims, preauthorization requirements, networks and services that may be limited or not covered (exclusions).

This guide is not an employee/employer contract. It is not intended to cover all provisions of all plans, but rather is a quick reference to help answer most of your questions. Please see your Summary Plan Description for complete details.

We hope this guide will give you a clear explanation of your benefits and help you be better prepared for the enrollment process.



WHAT YOU'LL FIND IN THIS GUIDE

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ELIGIBILITY DETAILS

Are you eligible for benefits?

You are eligible for benefits if you work **30 or more hours per week**. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When are you eligible for benefits?

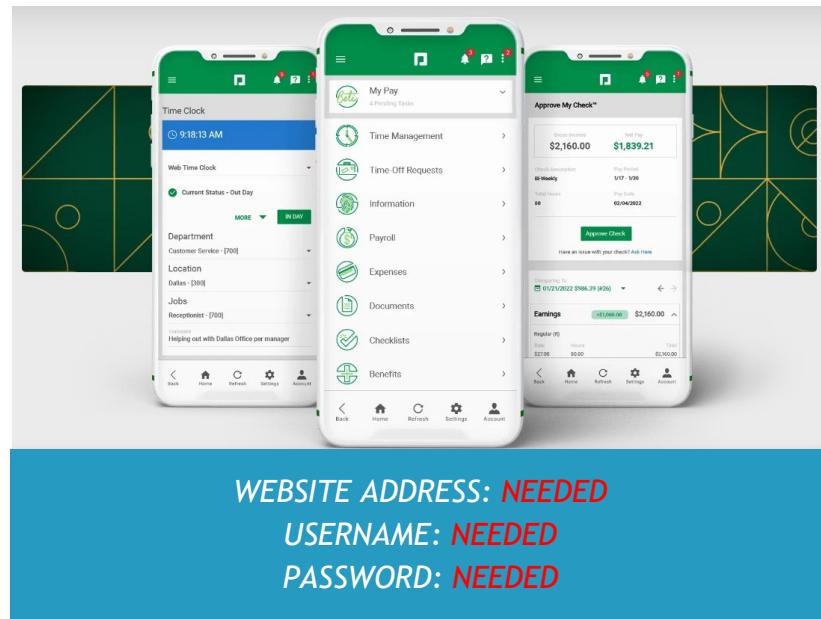
New Hires must complete the enrollment process within **30 days of your date of hire**. If you enroll on time, coverage is effective on the first of the month following 30 days of employment. If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits).

Any changes made during **Open Enrollment** take effect January 1, 2026 through December 31, 2026.

How do you enroll in your benefits?

Maine Eye Center offers an electronic enrollment portal through Paycom to access your benefits and HR information.

With just one login and one password, you enter and manage your own HR and payroll data in a single, easy-to-use software.



WEBSITE ADDRESS: **NEEDED**
USERNAME: **NEEDED**
PASSWORD: **NEEDED**

EMPLOYEE RESPONSIBILITIES

Life Events

It is the employee's responsibility to report any dependent changes which result in loss of or entitlement to eligibility and any other "life" events to the Human Resources Department for COBRA purposes, within 30 days of the event in order to make any changes to your plan elections. **Below are examples of Life Events and relevant instruction for each event:**

Marriage: You are required to report a marriage to your employer within 30 days in order to add your spouse to your insurance plans. A copy of the marriage license and insurance company applications may be required to change your name, beneficiary, address, or to add or delete dependents from the benefit plans.

Birth/Adoption: If you are enrolling a new dependent, you have 30 days from the date of birth or acquisition to complete the required enrollment forms. A copy of the Birth Certificate or Court document is required.



Court orders: If you are enrolling a dependent child(ren) whose coverage might be governed by a divorce decree or other support order, please look at your documents carefully. Depending upon how your divorce or court order was written, the dependent may NOT be eligible for this plan. A copy of the court documents or Medical support Notice is required to enroll a dependent child(ren).

Different last name for spouse or children: Insurance companies or your employer may require proof such as a marriage license, birth certificate, court documents, or recent tax form, to show that dependents with different names are your legal dependents. Enrollment or payment of claims may be pended until proof is received. Please be prepared to submit this documentation if requested by the insurance carrier or your employer. Your dependent may not be enrolled if documentation is not received when requested.

Divorce or legal separation: If you become legally separated or divorced, it is your responsibility to notify your employer of your status change within 30 days of the event in order to make any changes to your plan elections. You may be required to provide a copy of the appropriate finalized court paper to verify the event date. Please contact your Plan Administrator if you would like further explanation.

HELPFUL TERMS TO KNOW

Healthcare Insurance Definitions

The following terms may be helpful to know as you read further about your medical, dental, and other options available to you.

Copayment (co-pay): A Copayment is a fixed dollar amount you must pay for certain Covered Benefits. The Copayment is due at the time of service or when billed by the Provider. You may have to pay a set amount every time you have an office visit, a different amount for lab work, and various amounts for different types of prescription drugs.

Deductible: A specific dollar amount that you pay for most Covered Benefits each calendar year before any benefits subject to the Deductible are payable by the Plan.

Coinsurance: A percentage of the allowed amount for certain Covered Benefits that must be paid by the Member. Coinsurance amounts applicable to your plan are stated in your Schedule of Benefits.

Covered Benefit(s): The products and services that a Member is eligible to receive, or obtain payment for, under the Plan.

Out-of-pocket Maximum: Money you pay toward the cost of healthcare services. It generally is the deductible and the coinsurance amount added together. In some cases it may also include the co-pays you have for healthcare services. Plans vary widely in the amount of out-of-pocket costs you pay.

Plan Year: The one-year period for which benefits are purchased and administered. Benefits for which limited yearly coverage is provided renew at the beginning of the Plan Year. Generally, the Plan year begins on the Plan's Anniversary Date. Benefits under your Plan are administered on a Calendar Year basis. Please refer to your Schedule of Benefits for details.

Premium: The cost of a Healthcare Plan.

Embedded Deductible and Out of Pocket Max: The embedded feature means that even if you cover dependents on your plan, no one person in your family will exceed the individual deductible and out of pocket amounts. Once one person meets the individual out of pocket amount that person is covered in full. The remaining covered family members will continue to accrue expenses until they reach the individual out of pocket on their own, or the family out of pocket max is reached.

BENEFITS AT A GLANCE

Harvard Pilgrim Health Care	<u>HMO \$2500</u>	<u>HMO \$3500</u>	<u>POS HSA \$5000</u>	<u>POS \$2500</u>
DEDUCTIBLE				
IN NETWORK	\$2,500/\$5,000	\$3,500/\$7,000	\$5,000/\$10,000	\$2,500/\$5,000
OUT OF NETWORK	N/A	N/A	\$10,000/\$20,000	\$5,000/\$10,000
COINSURANCE				
IN NETWORK	30%	30%	30%	30%
OUT OF NETWORK	N/A	N/A	50%	50%
TOTAL OUT OF POCKET				
IN NETWORK	\$4,500/\$9,000	\$6,500/\$13,000	\$6,600/\$13,200	\$4,500/\$9,000
OUT OF NETWORK	N/A	N/A	\$15,000/\$30,000	\$9,000/\$18,000
COVERED SERVICES				
INPATIENT HOSPITAL SERV.	DED + COINS	DED + COINS	DED + COINS	DED + COINS
OUTPATIENT DAY SURGERY	DED + COINS	DED + COINS	DED + COINS	DED + COINS
PROF. FACILITY CHARGES	DED + COINS	DED + COINS	DED + COINS	DED + COINS
PRIMARY CARE VISIT	\$35 (1ST VISIT \$0)	\$50 (1ST VISIT \$0)	DED + COINS	\$35 (1ST VISIT \$0) (IN)
SPECIALIST VISIT	\$35 OR \$50	\$50 OR \$65	DED + COINS	\$35 OR \$50 (IN)
DIAGNOSTIC TESTING	DED + COINS	DED + COINS	DED + COINS	DED + COINS
ROUTINE PHYSICAL EXAM	\$0	\$0	\$0 (IN)	\$0 (IN)
ANNUAL GYN VISIT	\$0	\$0	\$0 (IN)	\$0 (IN)
MRI/CAT/PET SCAN	DED + COINS	DED + COINS	DED + COINS	DED + COINS
AMBULANCE	\$0	\$0	DED + COINS	COINS
EMERGENCY ROOM	DED + COINS	DED + COINS	DED + COINS	DED + COINS
PT/ST/OT	\$35	\$50	DED + COINS	\$35 (IN)
DRUG CARD	\$10/\$20/\$30/\$50	\$10/\$20/\$30/\$50	DED THEN \$10/\$20/\$30/\$50	\$10/\$20/\$30/\$50
MAIL ORDER RX	2 COPAYS	2 COPAYS	DED THEN 2 COPAYS	2 COPAYS
PREVENTIVE RX	N/A	N/A	DED WAIVED	N/A
RX OUT OF POCKET	\$1,000/\$2,000	\$1,000/\$2,000	COMBINED W/MED	\$1,000/\$2,000

MEDICAL INSURANCE

Administered by Harvard Pilgrim Healthcare



Harvard Pilgrim
HealthCare

We are proud to offer you a **choice of medical plans** that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. **You are required to select a Primary Care Physician (PCP) for all plans.**

Harvard HMO

With this plan, **you select a primary care physician (PCP) from the participating network of providers who will coordinate your health care needs**, refer you to specialists (if needed) and approve further medical treatment. Services received outside of the HMO's network are not covered, except in the case of emergency medical care.

Harvard HMO and POS Plans

You pay the full cost of non-preventive health care services until you meet the annual deductible. Once you meet the deductible, you pay a percentage of your health care expenses (coinsurance) and the plan pays the rest. You may also have to pay a fixed dollar amount (copay) for certain services.

Harvard POS

With this plan, **you select a primary care physician (PCP) from the participating network of providers who will coordinate your health care needs**. You may receive care from medical professionals and hospitals in or out of Harvard Pilgrim's network. Your costs will be lower when you receive care from in-network providers with your PCP's referral.



You get **in-network coverage** — which typically costs less — when you receive care from participating providers. Our network is vast, with thousands of participating providers and hospitals across the country. Chances are very good that you can receive all of your care with in-network providers.

Referrals are needed for specialists to receive the in-network benefit level.

You get **out-of-network coverage** — which typically costs more — when you receive care from non-participating providers. Our network providers have agreed to certain charges. When you choose out-of-network providers, they can charge more than the Harvard Pilgrim allowed amount, and you will be responsible for paying the difference.

MEDICAL INSURANCE (CONT.)

Harvard POS/HSA



Harvard Pilgrim
Health Care

This plan gives you the freedom to seek care from the provider of your choice. **You are required to select a primary care physician (PCP.)** You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the network. The plan pays the full cost of qualified in-network preventive health care services.

Health Savings Account (HSA)

The HDHP comes with a type of savings account called a health savings account, or HSA administered by isolved. The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses. Here is how the HSA works:

- You contribute pre-tax funds to the HSA through automatic payroll deductions.
- In addition, Maine Eye Center will match your HSA contribution dollar-for-dollar \$60.00 per pay period up to \$1560.00 annually.
- Your contributions may not exceed the annual IRS limits listed in the column on the right under HSA Contribution Limit 2026. **This limit includes both the employee and employer contributions.**
- You can withdraw HSA funds tax-free to pay for current qualified health care expenses, or save them for the future, also tax-free. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

Important Notes

- You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) must not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, please refer to IRS Publication 969.
- For a complete list of qualified health care expenses, refer to IRS Publication 502.
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

Harvard POS/HSA

You pay the full cost of non-preventive health care services until you meet the annual deductible.

Once you meet the deductible, the plan pays the rest if you are using in-network providers.

Once your deductible and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year.



HSA Contribution Limit

2026

Employee Only	\$4,400
Family (employee +1 or more)	\$8,750
Catch-up (age 55+)	\$1,000

MEDICAL INSURANCE (CONT.)

Health Reimbursement Arrangement (HRA)



A Health Reimbursement Arrangement (HRA) is an employer funded account that is designed to reimburse employees for qualified medical expenses that are paid for out-of-pocket. Employees will be required to complete and submit a claim form to isolved or upload a claim request via the isolved portal or mobile app in order to receive reimbursement funds. Reimbursement checks will be mailed directly to the employees home address or the employee may set up direct deposit to their bank.

Maine Eye Center will reimburse the last \$500/\$1,000 of your deductible/out of pocket expenses as outlined below. Below please find details about how the POS HSA plan shares expenses with you.

Deductible	You pay the first	HRA reimburses the last	Net deductible/out-of-pocket
Single: \$5,000	\$5,000	\$500	\$4,500
Family: \$10,000	\$10,000	\$1,000	\$9,000



FLEXIBLE SPENDING ACCOUNTS



Administered by isolved

Maine Eye Center provides you with an opportunity to participate in two **different Flexible Spending Accounts (FSAs)** administered through isolved. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2026, you may contribute up to \$3,400 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26.

Limited-Purpose Health Care FSA (for HSA participants)

If you enroll in the HSA medical plan, you may only participate in a limited-purpose Health Care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses.

Dependent Care FSA

For 2026, you may contribute up to \$7,500 (per family) to cover eligible dependent care expenses (\$3,750 if you and your spouse file separate tax returns). Qualified expenses could include **child care for a dependent that is under age 13** by nursery schools, daycare centers, or babysitters. Care for a household member who is physically or mentally unable to care for themselves and qualifies as a federal tax dependent. For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

Did You Know Your Health Care FSA Covers:

Coinsurance Copayments
Deductibles Prescriptions
Dental treatment Orthodontia
Eye exams/eyeglasses

Lasik eye surgery

For a complete list
of eligible expenses, visit

www.irs.gov/pub/irs-pdf/p502.pdf.

FSA Rules

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules.

Health care FSA: Unused funds up to \$680 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$680 will not be returned to you or carried over to the following year.

Dependent care FSA: Unused funds will not be returned to you or carried over to the following year.

FYI about FSAs

You must enroll each year to participate.

You can incur expenses through December 31, 2025 and must file claims by March 31, 2026.

DENTAL INSURANCE

Administered by Delta Dental



Delta Dental DPPO: This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental network.

Key Dental Benefits		Delta Dental Preferred Plus
Deductibles (per lifetime)		
Individual		\$75
Family		\$225
Benefit Maximum <i>(per calendar year, preventive, basic, and major services combined)</i>		
Per individual		\$1,500 Up to \$3,000 with double-up max benefit
Covered Services		
Preventive Services	Covered in full	
Basic Services	Deductible, then 30%	
Major Services (after 6 mo. waiting period)	Deductible, then 50%	
Orthodontic Services (adults and children, after 6 mo. waiting period)	50%	
Orthodontic Maximum*	\$1,250	

* If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

* Lifetime Maximums will be credited for those dependents who have already used their maximums and would not be eligible for the new lifetime.

EMPLOYEE EYE CARE BENEFITS

Maine Eye Care Benefits



Applicable to active part-time and full-time employees who have been employed through the benefits waiting period and are benefits eligible after the first full month of employment. Employee's are not eligible for Elective Procedure discount until the completion of 6 months of Employment.

Service or Product	Employee Benefit	Immediate Family Benefit
Annual Routine Eye Exam with an Optometrist	No billing to insurance, adjusted off internally.	No billing to insurance, adjusted off internally.
Medically Necessary Services	Standard Billing to insurance, no adjustment applicable.	Standard Billing to insurance, no adjustment applicable.
Contact Lens Fitting	Retail less 50%	Retail less 25%
Contact Lenses	Invoice Cost	Retail less 25%
Prescription Eyewear	Retail less 50%	Retail less 50%
Non-Prescription Eyewear	Retail less 50%	Retail less 50%
Elective Procedure	Retail less 50% Excludes supplies	Retail less 50% Excludes supplies

- Employees are responsible for notifying the Optical Shop or the Provider before a family member arrives to make a purchase or appointment.
- Employee discounts cannot be combined with any other promotion or discount.
- Immediate Family is defined as someone who can be covered under your health insurance or a domestic partner. Also includes Parents and Siblings.
- Employees may not share their benefit allocations with anyone who does not fit the above criteria.

LIFE/AD&D INSURANCE

Administered by Prudential



Life Insurance provides your named beneficiary(ies) with a benefit in the event of your death. Accidental Death and Dismemberment (AD&D) Insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

Maine Eye Center provides this benefit at no cost to you.

Life and AD&D	The Hartford
Benefit Amount	Flat \$50,000 Benefit



Supplemental Life/AD&D

If you determine you need more than the basic coverage, you may purchase additional coverage for yourself and your eligible family members.

If you select supplemental coverage, this benefit is paid by you.

Voluntary Life and AD&D	Prudential	Guaranteed Issue*
Employee	\$10,000 increments to the lesser of 5X annual earnings or \$500,000 maximum	\$100,000
Spouse	\$5,000 increments to the lesser of 100% employee amount or \$250,000 maximum	\$30,000
Children	\$2,000 increments to the lesser of 100% employee amount or \$10,000	\$10,000

*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

DISABILITY INSURANCE

Administered by Prudential



You are provided with Short Term Disability and can opt for Long Term Disability Insurance. Disability Insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Maine Eye Center provides Short-Term Disability Coverage at no cost to you.

Short-Term Disability	The Hartford
Benefit Percentage	60%
Weekly Benefit Maximum	\$1,000
Elimination Period	1 Day Injury 8 Days Illness
Maximum Benefit Duration	13 Weeks

If you select Long-Term Disability Coverage, this benefit is paid by you.

Long-Term Disability	The Hartford
Benefit Percentage	60%
Monthly Benefit Maximum	\$10,000
Waiting Period	90 Days
Own Occupation	2 Years
Maximum Benefit Duration	To Age 65 or SSNRA

VOLUNTARY ACCIDENT PLAN

Administered by Prudential



Maine Eye Center is pleased to offer Voluntary Accident Insurance through Prudential. Benefits from these plans are paid directly to you. Coverage is also available for your spouse and dependents.

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: You visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But in reality, treating a broken leg can cost up to \$7,500¹. And it's not only broken limbs - an average non-fatal injury could cost you \$6,620 in medical bills. When your medical bill arrives, you'll be relieved you have accident insurance on your side.



See HR for rate details.

- 1) Why health insurance is important: Protection from high medical costs. HealthCare.gov
- 2) Average medical cost of fatal and non-fatal injuries by type in the USA, December 2019. National Library of Medicine.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Administered by Prudential



Life is full of challenges, and sometimes balancing it is difficult. Maine Eye Center is proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. Benefits of the EAP include:

- Assistance for you and your household members
- Up to three in-person sessions with a counselor per issue, per year, per individual
- Unlimited toll-free phone access and online resources

The employee assistance program (EAP) is provided at NO COST to you through Prudential.



The EAP Can Assist With

Work-life services

Relationships and marital conflicts

Health and wellbeing

Grief and loss

Legal or financial issues

Child and eldercare

Call : 800.311.4327

TTY : 800.697.0353

Online: guidanceresources.com

Your company Web ID: GRS311

PET INSURANCE

Administered by Nationwide Pet Insurance

Get nose-to-tail coverage!



Nationwide offers coverage for your pet's injuries, illnesses and preventive care. Plus, you're free to use any vet, anywhere. Plans are available for dogs, cats, birds and exotic pets.

- Rest easy with 24/7 veterinary help—All Nationwide Pet Insurance members receive free, 24/7 access to vethelpline® (\$150 value) for guidance on any pet health concern. This service is available exclusively from Nationwide and includes preferred pricing on coverage for your pets.
- Visit <http://benefits.petinsurance.com/maineeyecenter> or Call - (877) 738-7874 for more information or to get a no-obligation quote.

EMPLOYEE ADVOCATE



Meet Sara

Employees occasionally need assistance in resolving issues with insurance carriers, such as unpaid or denied claims on medical and/or dental insurance, referral questions, and prescription coverages.

Our Employee Advocate, Sara Closson, is available to help you seek resolution and **her services are provided at no cost**. Sara has an excellent understanding of insurance and what is required to “work within the system” to obtain timely resolution to problems. She is dedicated to resolving claims issues of our employees and their families.

Contact Sara

Email SClosson@AcadiaBenefits.com

Direct **207.523.0065**

Toll Free **866.761.2426**

Fax **207.761.0976**

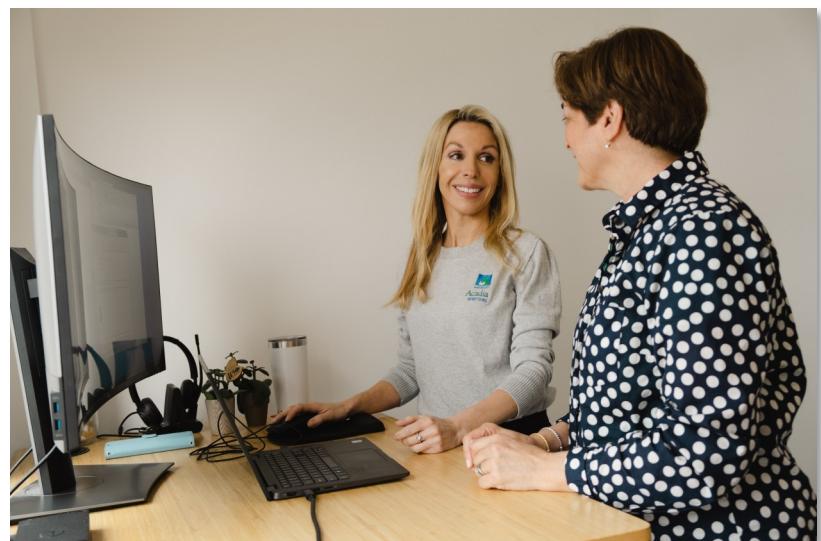
Online AcadiaBenefits.com/Employee-Advocate



A few additional details

We ask that employees and/or dependents contact the carrier at least once to resolve the issue prior to contacting Sara.

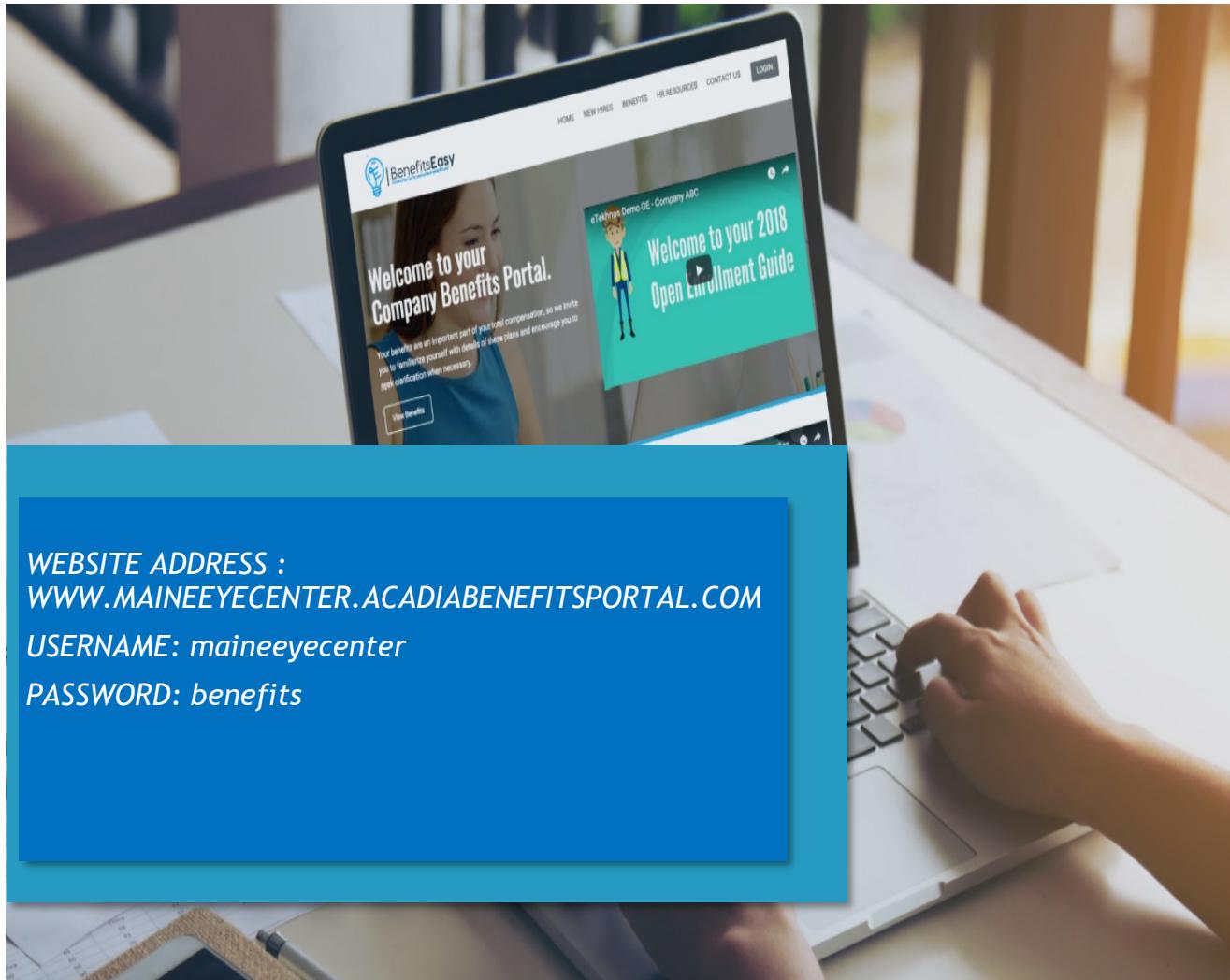
You will need to complete a carrier release form in order for Sara to assist you.



EMPLOYEE BENEFIT CENTER

Maine Eye Center is excited to offer a website to access your benefits and HR information! One stop shopping for all your employee benefits needs, questions, videos, and more.

All benefits offered, including plan details, forms, costs and carrier support contact information, are accessible 24/7. HR documents and new hire resources are also available. Login today to increase your knowledge about the benefits available to you and your family members!



VIRTUAL CARE

With AllyHealth, you and your family have 24/7/365 virtual access to a network of board-certified doctors, mental health counselors, wellness coaches, life coaches, wellbeing support, work-life support, and more. And nearly every appointment has a \$0 copay!*

That's right - \$0 expert medical advice from the comfort of home.



Fast and convenient access to quality care: 24 hours a day, 7 days a week, 365 days a year

- No co-pays, deductibles, or per-call charges*
- Prescriptions called in to your local pharmacy
- Avoid long waits and exposure to germs and viruses
- Medical visits available 24/7/365, on-demand
- In-the-moment mental health support available 24/7/365, on demand
- Ongoing, scheduled and structured mental health visits available in an average of one week
- Many other mental health and wellbeing resources available to meet you where you are
- Personal concierge to assist you with many of life's most common burdens
- Get and stay healthy with our virtual health and wellness coaching
- Plan covers the entire family
- Flexible and easy to use (available via web, mobile app, or simply by phone)
- Rx savings program offers up to 85% discounts at retail pharmacies
- Medical bill negotiation service can help you save on your medical bills



This voluntary benefit is paid by employees at a bi-weekly cost of \$10.80.

THIS PLAN IS NOT INSURANCE and is not intended to replace insurance or a primary care physician relationship. Consultations with our doctors are \$0 (subject to usage limitations). Mental health, wellbeing, daily support, and coaching programs typically include a limited number of free sessions per family per year at no charge, with additional sessions available on a fee for service basis. If you have any questions about your plan or visit costs, please see your plan administrator, or contact AllyHealth support at support@allyhealth.net.

EMPLOYEE DISCOUNTS

Discount program - BenefitHub

Maine Eye Center offers employees access to the online discount and perks website, BenefitHub. Simply login to the site and access amazing discounts and cash back on thousands of brands that you love.

<https://maineeyecenter.benefithub.com/welcome/signup>

*Enter your name, and email address, and use
referral code 7IM8MH, to join.*

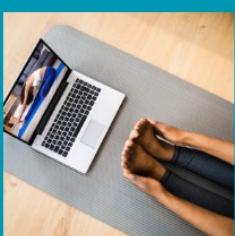


 **BenefitHub**™

WELLNESS

Virtual wellness program - Action Health Platform through Momentum

Maine Eye Center is pleased to offer a virtual wellness program providing individualized exercise prescriptions to reduce the risk of injuries, improve fitness, and provide early injury detection and intervention.



This automated data driven virtual health and wellness platform collects, analyzes, and prescribes exercise based on the results of an in-depth health and fitness evaluation survey. This process collects information on the users past and present health, fitness goals, access to equipment, and can evaluate current orthopedic injuries. The results of this evaluation allow a tailor-made exercise prescription or rehabilitation program to be built to achieve your goals. **Programs are all conveniently available via our free video app and online.** Videos and written instruction will assist you performing the exercises correctly.

Through reoccurring surveys, the platform can monitor the physical and mental health of a user and refer cases that may need in person interaction to the appropriate professionals. New exercise prescriptions monthly will help you stay motivated and ensure progression toward your goals.

RATES

Your contributions toward the cost of medical and dental coverage are automatically deducted from your paycheck before taxes

Medical Insurance

Coverage Tier		Biweekly Employee Contribution		
		Harvard Pilgrim HMO 2500	Harvard Pilgrim HMO 3500	Harvard Pilgrim POS/HSA 5000
Employee Only		\$97.56	\$93.00	\$47.68
Employee + Spouse		\$333.68	\$318.11	\$276.09
Employee + Child(ren)		\$279.75	\$266.70	\$231.37
Family		\$444.91	\$424.14	\$367.96
				\$464.44

Dental Insurance

Coverage Tier		Biweekly Employee Contribution
Northeast Delta Dental		
Employee Only		\$9.70
Employee + Spouse		\$27.27
Employee + Child(ren)		\$29.16
Family		\$47.66

Life and Disability Coverage

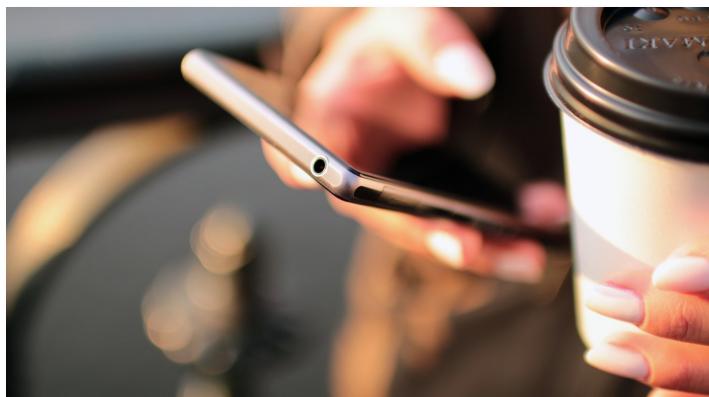
Coverage Tier		Biweekly Employee Contribution
Prudential		
Life and AD&D		Provided at no cost to you.
Short-Term Disability		Provided at no cost to you.
Long-Term Disability		100% voluntary. See HR for rates.

Supplemental Life/AD&D

Deductions for supplemental Life/AD&D are taken from your paycheck after taxes. Please see HR for rates.

BENEFIT CONTACTS

Coverage	Carrier	Phone	Website/Email
Medical	Harvard Pilgrim Health Care	(888) 333-4742	harvardpilgrim.org
Dental	Northeast Delta Dental	(800) 832-5700	nedelta.com
Flexible Spending Account (FSAs)	isolved	(866) 370-3040	fsa@isolvedhcm.com
Health Reimbursement Arrangement (HRA)	isolved	(800) 796-7910	isolvedhcm.com
Health Savings Accounts (HSAs)	isolved	(800) 796-7910	isolvedhcm.com
Life/AD&D	Prudential	(800) 842-1718	Prudential.com
Disability	Prudential	(800) 842-1718	Prudential.com
Pet Insurance	Nationwide	(800) 540-2016	petinsurance.com
EAP	Prudential	(800) 311- 4327	guidanceresources.com
Virtual Care	AllyHealth	(888) 565-3303	www.AllyHealth.net
Discount Program	BenefitsHub	N/A	maineye-center.benefithub.com/welcome/signup
Wellness	Momentum	(207) 347-3030	info@MomentumMaine.com



These Summaries are for Informational Purposes Only

The information in this booklet is only a brief description of the benefits and insurance plans, and is not a Summary Plan Description (SPD) for the plan.

For complete details on any benefit, refer to your plan administrator. If there are any inconsistencies between the descriptions in this booklet and the insurance contracts, the insurance contract and plan agreements will contain legal, binding provisions and will prevail.

