



Malvern Health Inc. Employee Benefits

AT-A-GLANCE



Welcome to Malvern Health!

One of the many ways we demonstrate our commitment to our employees at Malvern Health is by offering top quality benefit plans to our employees and their families. In fact, our unwavering commitment to offering comprehensive, affordable health benefits that meet the unique needs of our workforce continues to be a major organizational differentiator for us. It assures we can continue to attract, nurture and train the best talent in the industry.

Our benefits package is designed to give you peace of mind today and is flexible enough to grow with you over time.

New Hire Enrollment Period

All full-time employees are eligible for benefits 1st of the month following 30 days of employment.

Medical Benefits

Malvern offers three medical plan options through Independence Blue Cross (IBX) in an effort to fit each employee's personal needs. A HMO plan, a PPO Copay Plan and a PPO Deductible plan which includes an HSA option.

Prescription Drug Plan

Offered with your medical plan elections through Independence Rx. Large network, low copays! Save money using the mail-order program.

Dental Benefits

Two plans offered through Aetna. In-network preventive care covered at 100%!

Vision Benefits

Administered through Davis Vision and powered by Independence Blue Cross (IBX), this plan offers low copays!

Life and AD&D Insurance

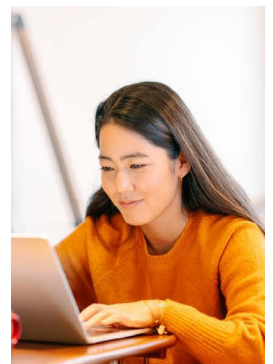
This coverage is available at no cost—the company pays 100% of the Basic Life and AD&D premium.

401(k) Program

There is a .25 cent match to every dollar contributed up to 4%!

Additional Benefits Include:

- Health Savings Account (HSA)
- Employee Assistance Program (EAP)
- Member Advocacy



Enrolling in Benefits

What You Need to Know

How to Enroll

To enroll in or make changes to your benefits for the January 1, 2026 open enrollment, you **must** complete your enrollment through Paycom.

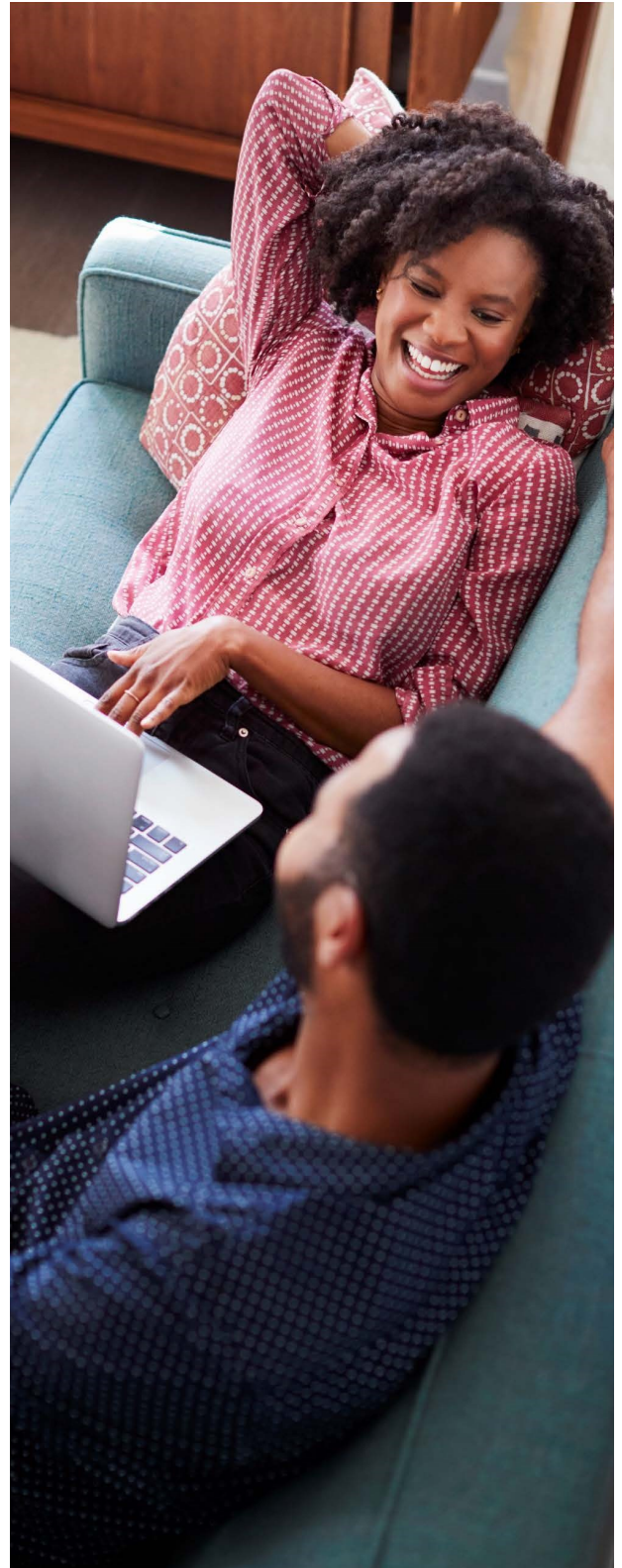
Remember, once you make your benefit elections, you cannot make changes to your benefits until the next Open Enrollment period, unless you experience a Qualified Life Event.

Making Plan Changes During the Year

You can only plan changes to your benefits during Open Enrollment, unless you experience a Qualified Life Event.

Qualified Life Events include:

- Marriage
- Civil union/domestic partnership status change
- Divorce
- Birth of adoption of a child
- Change in a child's dependent status
- Death of a spouse, child, or other qualified dependent
- Change in residence due to an employment transfer for you or your spouse/civil union/domestic partner
- Commencement or termination of adoption proceedings
- Change in your spouse's/civil union's/domestic partner's benefits or employment status



Medical Benefits

Independence Blue Cross (IBX)

Option 1:
DPOS \$20/\$50/\$400

Option 2:
PPO \$20/\$50/\$400

Option 3:
PPO HSA \$2000/100%

Benefit Description	In-Network	In-Network	In-Network
Plan Network	DPOS HMO—Local network*	PPO	PPO
Deductible Individual / Family	\$0 / \$0	\$0 / \$0	\$2,000 / \$4,000
Out-of-Pocket Maximum Individual / Family	\$6,600 / \$13,200	\$6,600 / \$13,200	\$6,750 / \$13,500
Preventive Care Services	Plan pays 100%	Plan pays 100%	Plan pays 100%
Office Visits			
Telemedicine	No charge	No charge	No charge after deductible
Primary Care Physician (PCP) Office Visit	\$20 copay	\$20 copay	No charge after deductible
Specialist Office Visit	\$50 copay	\$50 copay	No charge after deductible
Outpatient Diagnostic Tests			
Diagnostic Lab (bloodwork)	No charge	No charge	No charge after deductible
X-Ray	\$60 copay	\$60 copay	No charge after deductible
Major Diagnostic Lab/Imaging (MRI, CT-Scan)	\$200 copay	\$200 copay	No charge after deductible
Emergency Services			
Emergency Room	\$250 copay	\$250 copay	No charge after deductible
Emergency Ambulance	\$60 copay	\$60 copay	No charge after deductible
Urgent Care Center	\$75 copay	\$75 copay	No charge after deductible
Hospital			
Facility fee (e.g., hospital room)	\$400 copay per day (max of 5 copays per admission)	\$400 copay per day (max of 5 copays per admission)	No charge after deductible
Outpatient Surgery			
Facility fee (e.g., Ambulatory Surgical Center)	\$400 copay	\$400 copay	No charge after deductible
Mental/Behavioral Health/Substance Abuse			
Outpatient	\$60 copay	\$60 copay	No charge after deductible
Inpatient	\$400 copay per day (max of 5 copays per admission)	\$400 copay per day (max of 5 copays per admission)	No charge after deductible
Prescription Drugs			
Retail Generic (1-30 days supply)	\$20 copay	\$20 copay	\$20 copay after deductible
Retail Preferred Brand (1-30 days supply)	\$40 copay	\$40 copay	\$40 copay after deductible
Retail Non-Preferred (1-30 days supply)	\$60 copay	\$60 copay	\$60 copay after deductible
Mail Order (31-90 day supply)	2x retail copay	2x retail copay	2x retail copay after deductible
Specialty (1-30 days supply)	\$100 copay	\$100 copay	\$100 copay after deductible
	Out-of-Network	Out-of-Network	Out-of-Network
Deductible Individual / Family	\$2,500 / \$5,000	\$2,500 / \$5,000	\$5,000 / \$10,000
Out-of-Pocket Maximum Individual / Family	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,000 / \$20,000
Coinsurance	50% after deductible	50% after deductible	50% after deductible
Emergency Room and Ambulance	Covered at In-Network level	Covered at In-Network level	Covered at In-Network level

*Local network area includes Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties in Pennsylvania. Surrounding areas include Berks, Lancaster, Lehigh, and Northampton counties in Pennsylvania; Burlington, Camden, Gloucester, Hunterdon, Mercer, Salem, and Warren Counties in New Jersey; and New Castle County in Delaware.

Employee Contributions—Per Pay Period

Coverage Tier	DPOS \$20/\$50/\$400	PPO \$20/\$50/\$400	PPO HSA \$2000/100%
Employee Only	\$55.00	\$65.00	\$60.00
Employee + Spouse	\$385.00	\$390.00	\$380.00
Employee + Child(ren)	\$110.00	\$150.00	\$120.00
Employee + Family	\$385.00	\$390.00	\$380.00

Note:

You may also change your HSA contribution at this time.