





EASTERN CAROLINA EMERGENCY PHYSICIANS

An Emergency Care Partners Group

2027 Benefits Guide

Table of Contents

Enrollment 3
Benefit Overview 4
Medical Benefits 6
Dental Benefits 10
Vision Benefits 11
Health Savings Account (HSA) 12
Flexible Spending Accounts (FSA) 13
Life Insurance 14
Disability Insurance 15
Employee Assistance Program 16
Voluntary Benefits 17
Employee Contributions 20
Contact Information 21

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Enrollment

How to Enroll

Action Required: You MUST ENROLL during open enrollment to have any health coverage or if you want to contribute to a Flexible Spending Account in 2027.

Follow These Three Steps to Enroll

1. **Review.** Read through this guide to understand your 2027 benefits options.
2. **Prepare.** Collect Social Security Numbers and dates of birth for yourself and each dependent you plan to enroll. For beneficiaries, you will need their full name, Social Security Number, and relationship to you. If your beneficiary is younger than age 18, you will need to name a guardian.
3. **Enroll.** You can make your benefit elections through Paylocity **https://access.paylocity.com/**
   - Access Benefits
   - Navigate to Actions Needed in sidebar menu
   - Select Start
   - Start your enrollment
   - Add your dependents and beneficiaries.
   - Attach dependents to any plan you want them to be enrolled in.
4. **Before submitting your elections, please review what you have selected, and associated costs making sure all elections are what you intended.**
5. **SAVE** a copy of your 2027 benefits enrollment.

Questions?

Visit the Benefits Homepage by using the QR Code or link provided below:

1. Schedule your personalized appointment with a Benefits Counselor to learn more about your benefit options
2. Review the Benefits Guide and other educational tools to learn more about your benefit offerings
3. Enroll in Benefits! Be sure to have new dependent and beneficiary SS# and DOB available to complete your enrollment



SCAN THE QR CODE OR USE THE LINK
TO VISIT THE BENEFITS HOMEPAGE
https://ecep.benefitsinfo.com/

Benefit Overview

At ECEP II, PA, we value our people. Our goal is to offer a rewards package that enhances you and your family's health and lifestyle.

We also recognize our employees and their families each have unique needs, so we offer options in benefits so that you can choose what you need to have health and security each day.

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefits plans. We understand that you may have questions about this benefits guide, and we'll do our best to help you understand your options and guide you through the process.

This guide is not your only resource. Any time you have questions about benefits or the enrollment process, you can contact the Human Resources Department. This guide contains an overview of benefits only.

Complete information can be found in the plan summaries housed on Paylocity.

Overview

At ECEP II, PA, we value our people. Our goal is to offer a benefits package that enhances you and your family's health and wellbeing. We also recognize our employees and their families each have unique needs, so we offer options in benefits so that you can choose what you need to have the health and security that you deserve.

You share the costs of some benefits (medical and dental), and ECEP II, PA provides other benefits at no cost to you (life, accidental death & dismemberment). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

Benefits Offered

- Medical
- Dental
- Vision
- Health Savings Account (HSA)
- Flexible Spending Account (FSA)
- Basic Life / AD&D
- Voluntary Life / AD&D
- Voluntary Short-Term Disability
- Voluntary Long-Term Disability
- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance
- LegalShield

Eligibility

You are eligible to enroll in benefits if you are a regular, full-time employee working a minimum of 30 hours per week. If you are a new hire, you have 30 days from your date of hire to enroll in benefits.

Benefits begin on the first of the month following a 30 day waiting period.

Eligible dependents are your spouse / domestic partner, children under age 26 (to age 29 if unmarried for medical only in NY), disabled dependents of any age, or ECEP II, PA eligible dependents.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

Things To Consider

Take the following situations into account before you enroll to make sure you have the right coverage.

- Does your spouse / domestic partner have benefits coverage available through another employer?
- Do you need to add or remove any dependent(s) and/or update your beneficiary designation?
- Did any of your covered children reach their 26th birthday this year?

Qualifying Life Events

In general, the benefit elections you make during open enrollment will remain in effect from January 1 to December 31, 2027. Because many of our benefits are on a tax-free basis, the IRS requires you to have a qualifying life event (QLE) to make changes midyear. You can only make changes to your benefits after January 1 if you experience a qualifying life event, including:

- Marriage or divorce
- Birth, adoption, or custody change of a child
- Death of a spouse/domestic partner or child
- Medicare entitlement
- Spouse / domestic partner gaining or losing employment, which affect benefits eligibility
- Spouse / domestic partner's open enrollment and subsequent benefit change(s)
- Dependent children reaching age 26

If you have a qualifying life event, you must notify benefits / human resources within 30 days of the date of your event and provide supporting documentation to make midyear changes to your benefits.

Covered Dependent Updates / Changes

The change in your benefits must be consistent with the change in your family status. If you have a new baby, you can enroll the child as a dependent under your existing medical coverage, but you are not eligible to switch medical plans (change from Blue Cross to Kaiser and visa versa).

If a child needs to be added to coverage due to birth, adoption, etc., you must notify benefits/human resources as soon as the child is born or custody is confirmed and provide supporting documentation to make midyear changes to your benefits.

Medical

- 3 plan options with Blue Cross Blue Shield of North Carolina
  - 2 traditional PPO plans with copays
  - 1 High Deductible Health Plan (HDHP) with Health Savings Accounts (HSA)
  - Medical Waiver Credit: $400 per month paid per pay period.

Dental

- 2 PPO plan options Guardian
  - Low plan if you just need routine dental services
  - High plan if you need braces or more extensive dental treatments

Additional Benefits

- Vision plan administered by Guardian
- Life and Disability plans administered by New York Life
- FSA is administered by WEX
- HSA is administered by WEX
- Accident, Critical Illness, and Hospital Indemnity administered by Guardian
- Legal plans are offered through LegalShield

Limits for 2027

Flexible Spending Accounts (FSAs)

- Healthcare FSA: $3,500
- Dependent Care FSA: $7,500
- Commuter: $350 a month

Health Savings Accounts (HSAs)

- Individual: $4,500
- Family: $9,000
- Catch up for 55+: $1,000

About Your Payroll Deductions

Your premiums for Medical, Dental, Vision, Health Savings Account (HSA), and Flexible Spending Account (FSA) plans will be deducted on a pre-tax basis. All other benefits, including coverages for your domestic partner will be deducted out of your paycheck post tax. You can make changes to the elections only during open enrollment, unless you experience a qualifying life event.

Medical Benefits

Administered by Blue Cross Blue Shield of North Carolina

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way – especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

	Blue Option $0	Blue Option $1,000	Blue Option HSA $5,000
	In-Network	In-Network	In-Network
Deductible	$0 Single $0 Family	$1,000 Single $2,000 Family	$5,000 Single $10,000 Family
Calendar Year Out-of-Pocket Maximum	$1,000 Single $2,000 Family	$5,000 Single $10,000 Family	$5,000 Single $10,000 Family
Coinsurance	You Pay 0%	You Pay 20%	You Pay 0%
HEALTHCARE SERVICES			
Primary Care Office Visit	$20 copay copay is waved for first 3 visits with selected PC	$25 copay copay is waved for first 3 visits with selected PC	0% after deductible
Specialist Office Visit	$40 copay	$50 copay	0% after deductible
Urgent Care	$40 copay	$50 copay	0% after deductible
Emergency Room	$300 copay	$300 copay	0% after deductible
PRESCRIPTION DRUGS			
Retail – Generic Drug (30-Day Supply)	$10 copay	$10 copay	0% after deductible
Retail – Brand Name (30-Day Supply)	$35 copay	$35 copay	0% after deductible
Retail – Nonformulary Drug (30-Day Supply)	$60 copay	$60 copay	0% after deductible
Specialty Drug	25% up to $100	25% up to $100	0% after deductible

To locate an in-network physician or facility, call **877.258.3334** or visit **www.bluecrossnc.com**. When you visit the website, you may register for your online account. This allows you to view your personal information such as plan details, claim details, and take advantage of wellness tools and discounts. You may also download the Blue Cross mobile app.





PROOF OF COVERAGE

when you don't have your member ID card

While Blue Cross and Blue Shield of North Carolina (Blue Cross NC) makes every attempt to distribute member ID cards before the plan year begins, sometimes this process is delayed.

If you are still on the same Blue Cross NC plan as last year, you can use last year's member ID card to receive benefits. If you are on a new plan, there are several ways you can verify your coverage if you haven't received your new member ID card yet.

Access Your Digital Member ID Card

Our member portal, **Blue Connect**℠, gives you convenient access to all the things you need to feel confident in your health care decisions – including your digital member ID card.

Simply visit **BlueCrossNC.com**, and if you're already registered, log in and click "ID Card" to view and download your digital member ID card. If you're not registered, click on "Register for Blue Connect" and take a few minutes to set up your account to start getting on-the-go access to tools and resources for your health journey.

Other Options

At the Doctor's Office

- Providers can use your Social Security number and/or your date of birth to access your information.

At the Pharmacy

- Pharmacists can use your Social Security number, your date of birth and the Blue Cross NC Rx Bin Number: **015905**.

Questions?

Call the Blue Cross NC Customer Service line at **1-877-258-3334.**

If a provider is unable to verify coverage, they can call the Blue Cross NC provider line at 1-800-214-4844.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact the Customer Service number on the back of your ID card for assistance.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Comuníquese con el número para servicio al cliente que aparece en el reverso de su tarjeta del seguro para obtener ayuda.

ID cards are for identification purposes only. They do not guarantee eligibility or payment of your claim.

Blue Cross NC offers several decision support tools to aid you in making decisions around your health care experience. These tools are offered for your convenience and should be used only as reference tools. You should consult your own legal counsel, tax advisor or personal physician as applicable throughout your health care experience.

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Scan to access the Blue Connect Mobile NC app

BlueCross BlueShield of North Carolina



TELEHEALTH
See a doctor from home, at work or on the go

Your Blue Cross and Blue Shield of North Carolina (Blue Cross NC) health plan includes telehealth services from Teladoc® Health. Because telehealth is such a convenient and effective option, Blue Cross NC encourages you to set up your account today.

Convenient care for your total health

- Range of services. Your telehealth offering includes acute care as well as behavioral health services.[1]
- Affordable care. Costs vary depending on your benefits and whether you have a copay or deductible/coinsurance plan. Telehealth is typically less expensive than a visit to urgent care.[2]
- Available 24 hours a day, seven days a week (even holidays) for acute care.
- Behavioral health counseling is available by appointment seven days a week.
- Low wait times and no appointment needed.[2]
- Prescriptions sent electronically to your local pharmacy if needed.[3]
- On the couch, at work or traveling[4] – you can use Teladoc Health anywhere in the U.S.
- Pediatricians are available if your child gets sick.[5]

Acute/non-emergency health problems

- Allergies
- Cough, cold and flu
- Diarrhea
- Ear problems
- Fever[5]
- Headaches
- Insect bites
- Nausea and vomiting
- Sinus problems
- Sore throat
- Urinary problems[5]
- And more

Behavioral health[1]

- Anxiety
- Depression
- Grief and loss
- Relationship issues
- Stress
- And more

3 ways to sign up today:

So it's ready when you need it!

Download the Teladoc Health mobile app
(iOS-/Android-supported)

Go to **Teladochealth.com** and click **"Log in/Register"**

Call 1-855-549-2214

Please Note:

You must wait until your health plan effective date before registering for telehealth services.

1

BlueCross BlueShield of North Carolina | Teladoc HEALTH



Get started today

Whether you've got the flu, are dealing with anxiety or depression, or otherwise need to consult with a physician, telehealth services are a great way to get the care you need when you need it.

Sign up for your Teladoc Health account today. There are several ways to get started: Mobile app, online or by phone (see details on page 1).

Once your account is set up, you can see a board-certified doctor or therapist via secure online video or phone from your mobile device or computer. Teladoc Health's doctors can diagnose symptoms, prescribe non-narcotic medication[6] and send prescriptions to your pharmacy.

Save money

Extra convenience doesn't mean extra cost. In fact, telehealth expenses run less than the typical urgent care visit or ER for a non-emergency.

Get quality care

Teladoc Health doctors are board-certified with an average of 20 years' experience.[7] Specialties range from primary care and internal medicine, to pediatrics and family medicine. So, they can treat a wide range of conditions.

And now your telehealth benefit includes behavioral health care services, with visits for mental illness, depression and similar issues.

Trust is also important. You're only shown doctors who are licensed to practice in your state. It's HIPAA-compliant and if your policy is part of a group plan, your personal health information is never shared with your employer.

Keep in mind that telehealth isn't meant to replace your primary care doctor. Instead, think of it as an easy way to get care when common health problems hit. And of course, you should always call 911 for any life-threatening emergencies.

Learn more at **Teladochealth.com** or by calling **1-855-549-2214**.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact the Customer Service number on the back of your member ID card for assistance.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Comuníquese con el número para servicio al cliente que aparece en el reverso de su tarjeta del seguro para obtener ayuda.

Happy customers

Teladoc Health has a 95% member satisfaction rate with 92% of issues resolved after the first visit.[7]

1 Behavioral Health for teens is available for eligible dependents ages 13-17.

2 www.teladochealth.com/start/how-it-works (Accessed May 2024).

3 In some states, laws require that a doctor only prescribe medication in certain situations and subject to certain limitations.

4 Consults can only be held within the United States.

5 Children under 36 months who present with fever must be referred to their pediatrician (medical home), child friendly urgent care center or emergency department for clinical evaluation and care. Teladoc Health doctors may not treat any children with urinary symptoms. Parent/guardian will be required to complete a different medical history disclosure form for children under the age of 36 months prior to making an appointment with a Teladoc Health doctor.

6 Teladoc Health does not prescribe DEA-controlled substances and may not prescribe nontherapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc Health does not guarantee patients will receive a prescription. Health care professionals using the platform have the right to deny care if, based on professional judgment, a case is inappropriate for telehealth or for misuse of services.

7 Member.teladoc.com/ih (Accessed June 2024).

Teladoc Health interactive consultations are available 24 hours a day, 7 days a week. Teladoc Health is subject to state regulations. Telehealth services are subject to the terms and conditions of the member's health plan, including benefits, limitations and exclusions. Telehealth services are not a substitute for emergency care. Teladoc Health does not replace your primary care doctor and is not an insurance product. Teladoc Health is an independent company that is solely responsible for the telehealth services it is providing. Teladoc Health does not offer Blue Cross or Blue Shield products or services. Teladoc Health and the Teladoc Health logo are registered trademarks of Teladoc Health, Inc. and may not be used without written permission. For complete terms of use, visit member.teladoc.com/terms/terms_of_use.

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BlueCross BlueShield of North Carolina | Teladoc HEALTH



Dental Benefits

Administered by Guardian

Great dental care can contribute to great overall health.

As many as 120 systemic diseases can be visible in your mouth. Research shows that people who have regular dental care have lower healthcare cost burdens—thanks to prevention and early detection.

You may obtain services from any provider you wish. When you obtain services from participating dentists, your out-of-pocket costs are lower. In-network dentists agree to discount their charges and benefit payments are based on the discounted fees.

When you obtain services from dentists who do not participate in the Guardian network, eligible expenses are paid based on Reasonable and Customary (R&C) fees as determined by Guardian for your geographical location. Since the expenses are not discounted, your out-of-pocket expenses may be greater. You may locate participating in-network dentists in your area by visiting Guardian at **www.guardianlife.com** or call **888.600.1600**.

	High Plan	Low Plan
Services	**In-Network**	**In-Network**
Calendar Year Deductible	$50 Per Person $150 Family Limit	$100 Per Person $300 Family Limit
Calendar Year Benefit Maximum	$1,500	$1,000
Preventive Dental Services	$0; No deductible	$0; No deductible
Basic Dental Services	10% after deductible	30% after deductible
Major Dental Services	35% after deductible	50% after deductible
Orthodontia Services (Covered to Children and Adults)	50%; No deductible $1,500 Lifetime Maximum	Not covered

When dental services are utilized during the year, some of the unused annual maximum can rollover to the next year.

	High Plan	Low Plan
Rollover Threshold	$700	$500
Rollover Amount	$350	$250
Rollover In-Network Amount	$500	$350
Rollover Account Limit	$1,250	$1,000

Vision Benefits

Administered by Guardian

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Significant out-of-pocket savings are available with your Full Feature plan by visiting one of VSP's network locations, including one of the largest private practice provider networks, Visionworks and contracted Pearle Vision locations.

	Vision Plan	
	In-Network (any VSP provider)	**Out-of-Network** (any qualified non-network provider of your choice)
Eye Exam once every 12 months	100% after $10 Copay	up to $39 allowance
LENSES once every 12 months		
Single Vision Lenses	100% after $10 Copay	up to $23 allowance
Lined Bifocal Lenses	100% after $10 Copay	up to $37 allowance
Lined Trifocal Lenses	100% after $10 Copay	up to $49 allowance
Lenticular Lenses	100% after $10 Copay	up to $64 allowance
FRAMES once every 24 months		
Frames	100% up to $130 retail allowance	up to $46 allowance
CONTACT LENSES once every 12 months if you elect contacts instead of lenses/frames		
Elective Lenses	100% up to $130 retail allowance	up to $100 allowance

Visit **www.VSP.com** to find a participating provider in the VSP Choice Network.



Health Savings Account (HSA)

Administered by WEX

When you enroll in the High Deductible Health Plan and meet the eligibility requirements, you may open a Health Savings Account (HSA) to help you pay for current out-of-pocket healthcare costs or save for future expenses – even into retirement. The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified healthcare expenses. The HSA is administered by WEX.

What Is an HSA?

An HSA is a healthcare savings account that gives you a triple tax advantage.

1. You contribute pre-tax dollars.
2. You pay for eligible expenses tax-free.
3. Unused funds can be invested and grow interest tax-free.

What Are the Benefits of an HSA?

- **Ownership:** HSA funds roll over from year to year. You own the account and can take it with you if you leave the company or retire.
- **Reduced Costs:** The tax-free HSA funds you use can help you meet your plan's annual deductible. You can also use your HSA funds to pay for the eligible healthcare expenses of your spouse and eligible dependents.
- **Investment Options:** Once your HSA hits a minimum balance, you can invest the money in a variety of mutual funds to grow tax-free interest that can be used for future healthcare costs.

How Much Can I Contribute?

During enrollment, you specify how much you want to contribute to your HSA on an annual basis, through payroll deduction, up to the annual IRS limits.

$4,500 for individual coverage
$9,000 for family coverage
$1,000 55 or over catch-up contribution

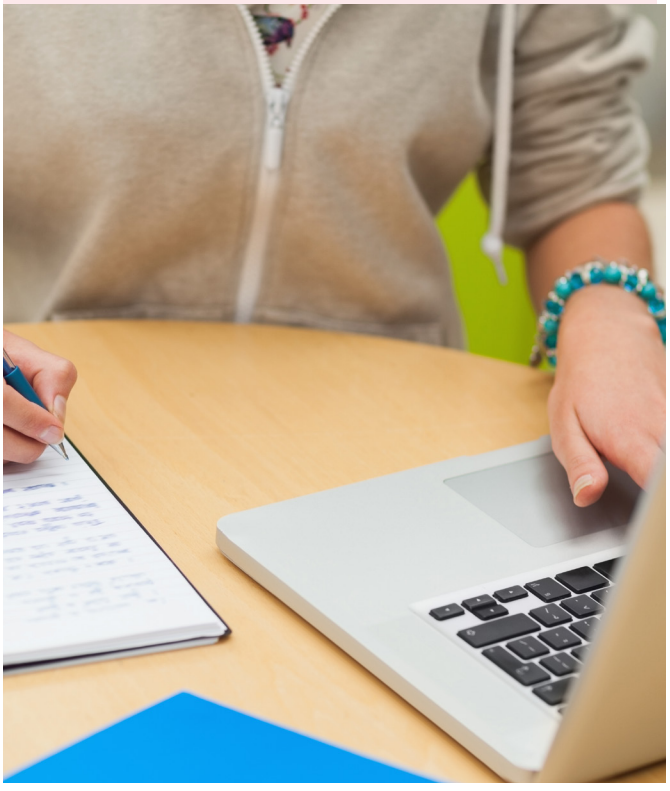
Employer Contribution

$500 for individual coverage
$1,000 for family coverage

Employer contribution is included in IRS Maximum Contribution limit.

Important Notes

- We will provide information to WEX to open your account. Once your information is confirmed via the vetting process, your account will be opened. You MUST complete the set up by logging into the system to accept and agree to the terms of the HSA. Instructions will be provided with the welcome letter from WEX that will be mailed to your home address. If your account cannot be opened via the vetting process due to a mismatched name, address, date of birth, or Social Security number, you will receive a letter and/or email from WEX requesting additional information.
- 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) 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 healthcare 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.



Flexible Spending Accounts (FSA)

Administered by WEX

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax payroll dollars to pay for eligible medical expenses.

Why Fund an FSA?

By having pre-tax deductions made from your regular paychecks, you will be able to put money into a flexible spending account (FSA). You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.)

Healthcare FSA

The money in your healthcare FSA can be used to pay for qualified medical costs, such as;

- Copayments
- Coinsurance
- Prescriptions
- Dental expenses
- Vision expenses

See IRS Publication 502 for the types of expenses that may be eligible.

Healthcare FSA Funding Limits

Each year, the IRS places a limit on the maximum amount that can be contributed to FSA healthcare accounts. For 2027, contributions are limited to $3,500.

Spending Account Rules

1. You must designate how much money you wish to contribute annually to each account during open enrollment or as an eligible new hire or status change. Money set aside for one account cannot be moved to another account.
2. You may change your annual contributions only if you experience a qualifying event that allows for benefits changes, such as marriage, divorce, addition or loss of a dependent, or a change in your spouse's employment.
3. It is important to carefully review your estimated expenses before enrolling. To avoid unused funds being forfeited, make sure reimbursement for claims incurred on or before 12/31/2026 are submitted to WEX prior to 3/15/2027.

Dependent Care FSA

A Dependent Care Flexible Spending Account (DCFSA) can be used to pay for dependent care services, such as preschool, summer day camp, before or after school programs, and child or elder daycare.

With the Dependent Care FSA, you are allowed to set aside up to $7,500 to pay for child or elder care expenses on a pre-tax basis.

- Eligible dependents include children younger than the age of 13 and dependents of any age who are incapable of caring for themselves.

Eligible Expenses in a DCFSA

Examples of eligible dependent care expenses include:

- In-Home Baby-Sitting Services (not by an individual you claim as a dependent)
- Care of a Preschool Child by a Licensed Nursery or Day Care Provider
- Before- and After-School Care
- Day Camp
- In-House Dependent Day Care

Commuter Benefit

Pre-tax commuter benefits are available through WEX. Employees can elect up to $350 a month for public transportation expenses (e.g., Ventra, Metra, UberPool, DART) and up to $350 a month for parking expenses.

Parking expenses must be used to pay for parking as part of your daily commute to work. You pay for eligible parking expenses directly from your WEX commuter account using your WEX debit card.

Life Insurance

Administered by New York Life

Basic Life / AD&D

Life Insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental Death & 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.

Coverage	Benefit Amount
Employee	Flat amount shown in enrollment portal.

Voluntary Life and AD&D

Administered by New York Life

If you would like additional Life insurance coverage, you may purchase voluntary coverage for yourself, your spouse/ domestic partner, and your dependent children through New York Life. Voluntary AD&D is now automatically included with your voluntary life election. The voluntary AD&D benefit will match your life election. The following are your options for coverage. If you elect Voluntary Life coverage within 30 days as a new hire or becoming benefits eligible, you can elect up to the guaranteed issue amount without providing additional proof of good health. If you elect coverage at a later time, an evidence of insurability will be required.

New York Life is allowing a True open enrollment for the 2027 plan year, meaning employees can elect any voluntary coverage (life / AD&D, STD, and LTD) up to the guaranteed issue amount without needing to complete evidence of insurability.

	Benefit Amount	Benefit Maximum	Guarantee Issue
Employee	Multiple of salary rounded to the nearest $1,000	Up to 6x annual salary to a maximum of $500,000 (rounded to the next highest $1,000)	$200,000
Spouse / Domestic Partner	$10,000 increments	Up to 100% of employee coverage amount, not to exceed $250,000	$30,000
Child(ren)	$10,000 per child	$10,000; under 6 months $500	$10,000

Evidence of Insurability

If you elect voluntary Life Insurance coverage within 30 days as a new hire or becoming benefits eligible, you can elect up to the guaranteed issue amount (see chart on this page) without providing additional proof of good health, called “Evidence of Insurability” or EOI.

If you elect coverage at any time after your new hire eligibility period, you will be required to complete EOI and send it to New York Life for approval. Your requested coverage increase will not be effective until New York Life approves the request for you or your spouse / domestic partner.

Beneficiary Designation

Making and maintaining beneficiary designations is an essential part of everyone’s financial plan. Neglecting your beneficiary designations might mean that assets that typically avoid probate may become part of your estate and be subject to the associated time and costs of that process. Making and maintaining your beneficiary designations allows you to show your love, appreciation, and support for those important to you.

Be sure to update your beneficiaries when you complete open enrollment this year.

Disability Insurance

Administered by New York Life

Voluntary Disability Insurance

ECEP II, PA also provides disability insurance through New York Life. This benefit replaces a portion of your income if you become disabled and are unable to work due to a serious illness or injury through the Short-Term Disability (STD) and Long-Term Disability (LTD) plans. Both plans are designed to pay you a portion of your salary after you satisfy a waiting period. Preexisting condition limitations may apply.

The following charts provide a quick overview of the disability plans.

Voluntary Short-Term Disability			
PLAN FEATURE	**OPTION 1**	**OPTION 2**	**OPTION 3**
Waiting Period	14 days	14 days	14 days
Weekly Benefit	50%	60%	50%
Weekly Benefit Maximum	$2,308	$2,308	$1,154
Duration of Benefit	26 weeks	26 weeks	15 weeks

Voluntary Long- Term Disability			
PLAN FEATURE	**OPTION 1**	**OPTION 2**	**OPTION 3**
Waiting Period	180 days	180 days	90 days
Monthly Benefit	50%	60%	60%
Monthly Benefit Maximum	$10,000	$10,000	$5,000
Duration of Benefit	To Social Security Normal Retirement Age		

Guaranteed Issue and Pre-Existing Condition Limitations

If you elect Voluntary STD or LTD coverage when first eligible, you are guaranteed coverage with no medical exams. If you decline this coverage when first eligible but choose to elect it later, you will be required to submit evidence of insurability (EOI) and be approved by the insurance carrier before your coverage becomes effective.

Your insurance limits the benefits you can receive for pre-existing conditions. In general, if you were diagnosed or received care for a condition before the effective date of your policy, you will be covered for a disability due to that condition only if any of the following apply:

- You have not received treatment for your condition for three months before the effective date of your insurance.
- You have been insured under this coverage for 12 months prior to your disability commencing.

Pre-existing condition means a sickness or injury for which an employee has incurred expenses, received medical services including diagnostic measures, took prescribed drugs, or for which a reasonable person would have consulted a physician in the three months prior to the benefit effective date.



Employee Assistance Program

Administered by New York Life

Whateverlife throws at you throw it our way.

Employee Assistance and Wellness Support.

Life: just when you think you've got it figured out, along comes a challenge. Whether your needs are big or small, New York Life Group Benefit Solutions is there for you with our Employee Assistance and Wellness Support program. It can help you and your family find solutions and restore your peace of mind. This is just another example of how we are committed to Putting Benefits To Work For People℠.

Our suite of value-add resources includes:

Employee Assistance Program

Are you feeling overwhelmed by the demands of balancing work and family life? Maybe you have questions about a legal or financial concern. You and your family members now have access to various counseling services including legal, financial, and work-life balance assistance. All counseling calls are answered by a Master's or PhD-level counselor who will collect some general information and will discuss your needs. The Employee Assistance Program provides a maximum of three sessions, per issue, per year.

GuidanceResources®

When you need information quickly to help handle life's challenges, you can visit **guidanceresources.com** for resources and tools on topics such as health and wellness, legal regulations, family and relationships, work and education, money and investments, and home and auto. You will also have access to articles, podcasts, videos, slideshows, on-demand trainings, and "Ask the Expert" which provides personal responses to your questions.

Well-Being Coaching

Sometimes you may need help with personal challenges and physical issues that can be overwhelming. To help you achieve your goals, you will have access to a certified coach who will work with you, one on one, to address health and well-being issues such as burnout, time management and coping with stress. You have access to five sessions per year. All sessions are conducted telephonically.

FamilySource®

Managing the everyday concerns of home, work and family can be difficult. To help resolve those concerns, you have access to family care service specialists that provide customized research, educational materials and prescreened referrals for childcare, adoption, elder care, education, and pet care.

Contact Info:

Employee Assistance and Wellness Support 24/7
Phone: **800.344.9752**
Website: **guidanceresources.com**
Web ID: **NYLGBS**

Voluntary Benefits

While you can't predict life's unexpected events, you can plan for them by choosing benefits that help protect what's important to you.

Accident

Administered by Guardian

The Accident plan provides cash payments directly to you to help cover out-of-pocket costs, such as deductibles or coinsurance. The full schedule of benefits payable for accidental injuries include initial/follow-up treatment, ambulance trips, medical imaging, surgeries, concussion, dislocations and fractures, hospital stays, AD&D, and health screening benefits. It is important to note this benefit is for off the job accidents only. Some benefits are payable once per covered accident, while others are once per plan year. See Benefit Summary for detailed information and schedule of benefits and exclusions.

Watch our video how accident insurance can get you back on your feet.

Critical Illness

Administered by Guardian

Critical illness insurance provides a lump-sum payment for an insured person diagnosed with any of the following critical illnesses while insurance is in effect for the insured person, after any applicable waiting period and subject to any pre-existing condition limitation: Cancer, Heart Attack, Stroke, Organ Transplant, Kidney Failure, and more. See Benefit Summary for detailed information and schedule of benefits and exclusions.

Watch our video how critical illness insurance helps cover the cost of treatment.

Hospital Indemnity

Administered by Guardian

Hospital indemnity coverage eases the financial impact of an employee's hospitalization by providing a lump sum payment to help cover the costs associated with a hospital stay. Hospital indemnity coverage can be used to supplement medical insurance to help handle additional out-of-pocket costs that add up after a hospital stay. This can include Copayments, coinsurance, deductibles, and incidental hospital expenses or other expenses such as transportation and lodging needs. See Benefit Summary for detailed information and schedule of benefits and exclusions.

Watch our video how hospital indemnity insurance can give you a comfortable stay.





Voluntary Benefits (continued)

Legal Services

Administered by LegalShield

We are pleased to provide employee benefits designed to help you save time and money and ease stress. Access to legal advice when you need it most.

One such benefit is LegalShield, which can potentially save you thousands of dollars each year by providing direct access to a provider lawyer for advice and guidance on everyday personal legal and financial matters, including:

- **Advice and consultation:** Demand letters, phone calls made on your behalf, legal research, and the ability to meet with your provider lawyer in-office or by phone.
- **Family law:** adoption and paternity, guardianship, name change, juvenile matters, prenuptial agreements, Elder Care, gender rights, immigration assistance, pet protection, reproductive assistance, and more.
- **Home:** Deeds, home sales or purchases, easements, landlord / tenant matters (tenant only), foreclosures.
- **Finance:** Bankruptcy, collection letters, billing disputes, tax audit and collection, personal property protection, consumer protection, and more.
- **Wills and Estate planning:** Wills, living wills, trusts, powers of attorney, and physician's directives.
- **Motor Vehicle:** Moving traffic violations, license reinstatement.
- Much more

Hiring a lawyer could cost an average of $300 per hour. For a small payroll deduction, LegalShield provides an entire year of direct access to a dedicated provider law firm, which will respond to your request within four business hours.

Who's covered?

- You
- Your spouse
- Your children
- Your parents, step-parents, spouse / domestic partner parents*

How To Enroll

LegalShield will be available during open enrollment. To learn more, visit **www.shieldbenefits.com/emergencycare**.

*Parents, including step-parents, of the participant and the participant's spouse / domestic partner are also eligible for advice, consultation, and document review for covered personal legal matters. They can receive the services available through the Elder Care Services of this Plan. Services include the preparation of a Will and a Physician / Medical Directive.



Gallagher | Marketplace

Benefits With Gallagher Marketplace

Giving you year-round access to additional benefits that could save you money.

Gallagher Marketplace is your gateway for discovering and accessing unique benefits that best fit your lifestyle. Our program offers significant savings on things you are already buying — like home and auto, pre-paid legal services, identity theft protection, pet insurance, renters insurance, boat or RV insurance, as well as extended vehicle warranties. Gallagher Marketplace also offers access to health coverage and Medicare supplemental programs.

With a centralized hub, you can explore an array of benefit options, available not only to Gallagher clients but also to their friends and families.

Discover what benefits your organization offers through Gallagher Marketplace.

The value

- Whether full-time, part-time, or contract workers, all employees and their families are eligible
- Benefit access and potential savings through bundling with the ability to choose from multiple carriers
- Potential costs savings compared to shopping on your own
- Licensed insurance advisors to help find the policy that meets your needs

The convenience

- Enroll any time of the year, not just during open enrollment
- Simple sign-up with payment options
- Easily compare rates from multiple carriers
- Schedule a callback from licensed insurance advisors for a time that's most convenient
- All programs are portable, so you can keep the coverage no matter where life takes you

How it works

1. Visit Gallagher Marketplace to see your available benefits.
2. Select a product to view more details.
3. Click on the partner link to learn more, get a free, no-obligation quote, or apply for coverage.

Scan the QR code to learn more.

AJG.com **The Gallagher Way.** Since 1927.

Insurance is subject to availability and individual eligibility.

Consulting and insurance brokerage services to be provided by Gallagher Benefit Services, Inc. and/or its affiliate Gallagher Benefit Services (Canada) Group Inc. Gallagher Benefit Services, Inc. is a licensed insurance agency that does business in California as "Gallagher Benefit Services of California Insurance Services" and in Massachusetts as "Gallagher Benefit Insurance Services." Neither Arthur J. Gallagher & Co., nor its affilia tes provide accounting, legal or tax advice.

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Employee Contributions

Premium contributions for 2027 are as follows on a per pay period basis:

Medical		
Benefit Plan	Monthly	Semi-Monthly
MEDICAL BLUE OPTION $0 NC		
Employee	$576.02	$288.01
Employee + One	$1,144.06	$572.03
Employee + Child(ren)	$1,029.07	$514.54
Family	$1,608.87	$804.44
MEDICAL BLUE OPTION $1,000 NC		
Employee	$183.48	$91.74
Employee + One	$902.81	$451.41
Employee + Child(ren)	$763.24	$381.62
Family	$1,442.27	$721.14
MEDICAL BLUE OPTION HSA $5,000 NC		
Employee	$46.87	$23.44
Employee + One	$546.93	$273.47
Employee + Child(ren)	$450.00	$225.00
Family	$921.89	$460.95

Dental and Vision		
Benefit Plan	Monthly	Semi-Monthly
DENTAL HIGH PLAN RATES		
Employee	$41.26	$20.63
Employee + One	$81.45	$40.73
Employee + Child(ren)	$111.02	$55.51
Family	$167.18	$83.59
DENTAL LOW PLAN RATES		
Employee	$30.65	$15.33
Employee + One	$60.23	$30.12
Employee + Child(ren)	$82.80	$41.41
Family	$125.44	$62.73
VISION RATES		
Employee	$7.46	$3.73
Employee + One	$14.92	$7.46
Employee + Child(ren)	$15.08	$7.54
Family	$24.06	$12.03

Voluntary Benefits		
Benefit Plan	Monthly	Semi-Monthly
ACCIDENT		
Employee	$6.62	$3.31
Employee + One	$12.05	$6.03
Employee + Child(ren)	$13.75	$6.88
Family	$19.18	$9.59
HOSPITAL INDEMNITY		
Employee	$20.06	$10.03
Employee + One	$45.45	$22.73
Employee + Child(ren)	$38.38	$19.19
Family	$54.95	$27.48
LEGALSHIELD		
LegalShield	$17.00	$8.50

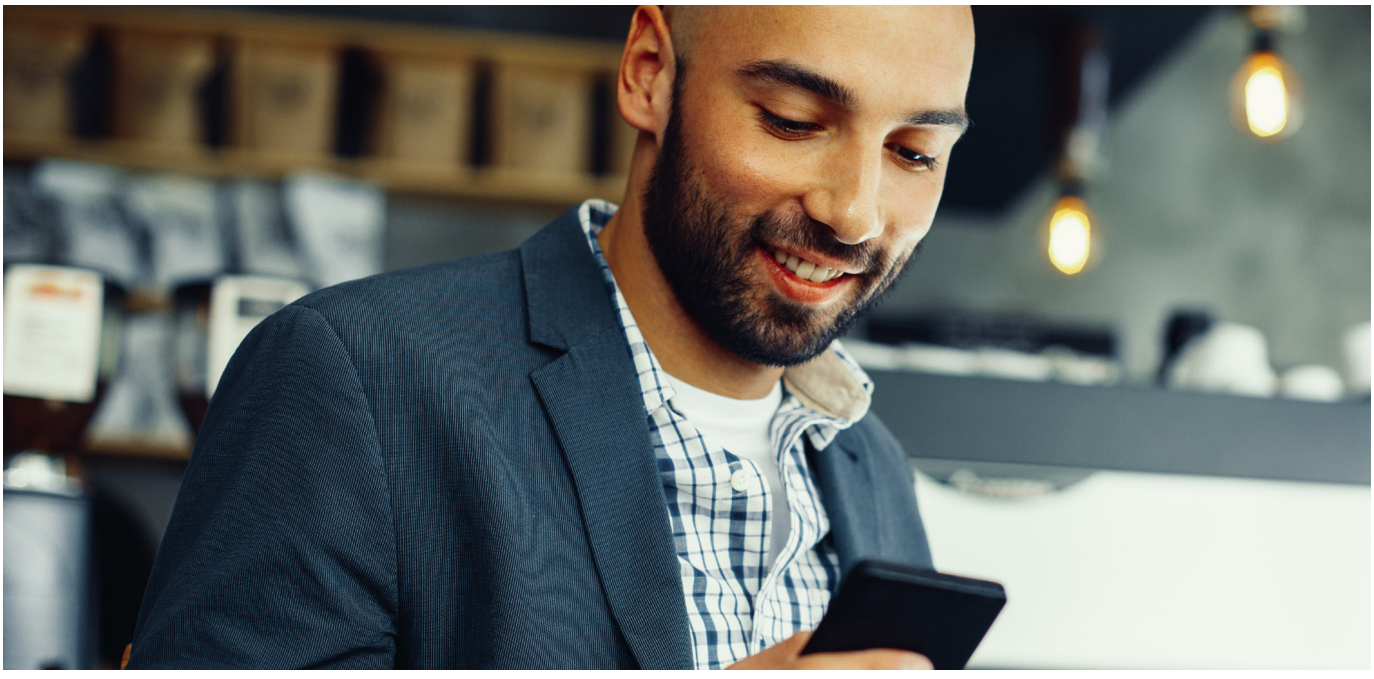
Voluntary Benefits		
Benefit Plan	Monthly	Semi-Monthly
CRITICAL ILLNESS	Rates per $10,000	
Under 25	$4.00	$2.00
25-29	$4.50	$2.25
30-34	$5.80	$2.90
35-59	$7.30	$3.65
40-44	$9.10	$4.55
45-40	$10.70	$5.35
50-54	$15.90	$7.95
55-59	$23.40	$11.70
60-64	$27.00	$13.50
65-69	$35.70	$17.85
70+	$46.40	$23.20

Age Based rates for Voluntary Life / AD&D, Voluntary Short-Term Disability, and Voluntary Long-Term Disability can be found in Paylocity.

Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local Human Resources department.

Benefit	Administrator	Phone	Website/Email
Medical	Blue Cross Blue Shield of North Carolina	877.258.3334	www.bluecrossnc.com
Telemed Virtual Care	MDLive	—	www.bluecrossnc.com
Dental	Guardian	888.600.1600	www.guardianlife.com
Vision	Guardian	888.600.1600	www.guardianlife.com
Health Savings Account	WEX	855.387.3526	www.wexinc.com
Flexible Spending Account	WEX	855.387.3526	www.wexinc.com
Basic Life / AD&D	New York Life	800.644.5567	www.myNYLGBS.com
Voluntary Life / AD&D	New York Life	800.644.5567	www.myNYLGBS.com
Voluntary Short-Term Disability	New York Life	800.644.5567	www.myNYLGBS.com
Voluntary Long-Term Disability	New York Life	800.644.5567	www.myNYLGBS.com
Employee Assistance Program	New York Life	800.344.9752	www.guidanceresources.com Web ID: NYLGBS
Accident	Guardian	888.600.1600	www.guardianlife.com
Critical Illness	Guardian	888.600.1600	www.guardianlife.com
Hospital Indemnity	Guardian	888.600.1600	www.guardianlife.com
Legal Services	LegalShield	888.807.0407	http://www.shieldbenefits.com/emergencycare
Benefits Counselors			https://emergencycare.benefitsinfo.com
Human Resources	Devon Matson Benefits Manager	337.534.0952	devon.matson@ecp.net
	Bethany Ivy Benefits Specialist	337.321.3891	bethany.ivy@ecp.net



Notes

Notes

This benefits guide prepared by



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