





EMPOWER
EMERGENCY PHYSICIANS
An Emergency Care Partners Group

2026 Benefits Guide

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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.

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Benefits Offered

- Medical
- Dental
- Vision
- Basic Life / AD&D
- Short Term Disability
- Long Term Disability

Eligibility

You are eligible for benefits if you work 30 or more hours per week. Eligible family members may include:

- Your legally married spouse
- Your registered domestic partner (RDP) and/or their children where applicable by state law
- 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 Coverage Begins

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

- **New Hires:** Complete enrollment within 30 days of your date of hire. If you enroll on time, coverage is effective the first of the month following your date of hire. If you fail to enroll on time, you will not have benefits coverage (except for company-paid benefits) until the next annual Open Enrollment period.
- **Open Enrollment:** Changes made during Open Enrollment are effective January 1, 2026 – December 31, 2026.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period unless you experience a qualifying life event during the year. Following are examples of the most qualifying life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse / RDP or child
- Loss of coverage under your spouse's / RDP's plan
- You gain access to state coverage under Medicaid or The Children's Health Insurance Program.

Making Changes

To change your benefit elections, contact Human Resources within 30 days of the qualifying life event. Be prepared to provide supporting documentation, such as a marriage license, birth certificate, or divorce decree.

Enrollment

Go to ADP for your enrollment. There you will find detailed information about the plans available to you and instructions for enrolling.

Required Information

You will be required to enter a Social Security Number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

Medical

We are proud to offer you a medical plan that provides comprehensive medical and prescription drug coverage. The plan also offers many resources and tools to help you maintain a healthy lifestyle.

Blue Cross Blue Shield of AZ

The High-Deductible Health Plan (HDHP) works similarly to a traditional PPO:

- You may see any health care provider and still receive coverage, but you will maximize your benefits and lower your out-of-pocket costs if you use an in-network provider.
- 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.

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.

Health Savings Account (HSA)

The HDHP comes with a Health Savings Account (HSA), which lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

Here's how the HSA works:

- You contribute pre-tax funds to the HSA through automatic payroll deductions.
- Your contributions may not exceed the annual IRS limits listed below.
- You can withdraw HSA funds, tax free, to pay for qualified health care expenses now or in the future. 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

- To have an HSA, you must be at least 18 years old, be covered under a qualified HDHP, not be enrolled in Medicare, and not be claimed as a dependent on another person's tax return.
- 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.

Limits for 2026

HSA Contribution Limit	2026
Employee Only	$4,400
Family (Employee + One More)	$8,750
Catch-Up (Age 55+)	$1,000

Telehealth

Online Doctor Visits Any Day, Any Time

Employees can take advantage of flexible, affordable, and convenient healthcare with the BlueCare Anywhere telehealth app. When primary doctors are not available, employees can visit a provider, counselor, or psychiatrist from a smartphone, computer, or tablet. Three types of Telehealth Care available:

3 Types of Telehealth Care Available

- **Medical:** When an employee doesn't have a regular doctor or their primary care provider isn't available, BlueCare Anywhere providers are here to help with a range of common illnesses, aches, and pains. They can also prescribe medication, if necessary.
- **Counseling:** Licensed psychologists or counselors are available to treat issues – such as mental health and substance abuse – that can affect emotional, psychological, and social well-being. By appointment only.
- **Psychiatry:** Board-certified psychiatrists are available for assessments, evaluation, treatment, and medication management by appointment only.

BlueCare Anywhere Telehealth Type off Visit	Administrator
Medical Visit	$67
Counseling Visit	$96 – $122
Psychiatric Visit	$98 – $263

Quality Care with Real Benefits

Anytime, Anywhere Access

Round-the-clock access can help employees get care quickly and may help avoid unnecessary urgent care or emergency room visits.

Accessible Care, Healthier Employees

Because employees can conveniently access care from the comfort of their home or other familiar environment, they're more likely to seek care rather than delaying treatment. Healthier employees can reduce absenteeism and increase productivity.

Convenience and Cost Savings

With BlueCare Anywhere, appointments are typically available within minutes of logging on. Plus, online visits may help employees avoid unnecessary urgent care or emergency room visits.,

Medical Plan Summary

Administered by Blue Cross Blue Shield of AZ

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

	Blue Cross Blue Shield of AZ $3,400 QHDHP
	In-Network
Deductible	$3,400 Single/$6,800 Family
Calendar Year Out-of-Pocket Maximum	$6,000 Single / $12,000 Family
COVERED SERVICES	
Office Visits (physician / specialist)	Deductible + 20%
Routine Preventive Care	No Charge
Outpatient Diagnostic (lab / x-ray)	Deductible + 20%
Complex Imaging	Deductible + 20%
Chiropractic	Deductible + 20%
Ambulance	Deductible + 20%
Emergency Room	Deductible + 20%
Urgent Care Facility	Deductible + 20%
Inpatient Hospital Stay	Deductible + 20%
Outpatient Surgery	Deductible + 20%
PRESCRIPTION DRUGS (ALL TIERS)	
Retail Pharmacy (30-Day Supply)	Deductible + 20%
Mail Order (90-Day Supply)	Deductible + 20%

Coinsurance percentages and copay amounts shown above represent what the member is responsible for paying. Pre-service notification may be required for some services. If you use an out-of-network provider, you may be responsible for charges above the maximum allowed amount. See plan documents for full details.

Health Reimbursement Account (HRA)

Health Reimbursement Account (HRA): Your employer will contribute the last $2,600 of the out-of-pocket maximum once your deductible is met. You must meet your full individual deductible first. Once you meet your deductible, you will be reimbursed for covered expenses applied to your out-of-pocket maximum through the end of the calendar year.

Manager your Health Plan Online

As a BCBSAZ member you have exclusive access to MyBlue, an online portal that allows your health plan to work for you. The convenience of MyBlue takes the hassle out of managing your plan and gives you access 24/7. Signing up for your MyBlue account is quick and easy. Follow the steps below:

1. Register your MyBlue account at **azblue.com/MyBlue**
2. Enter your member ID and date of birth
3. Remember to enter your email address
4. Choose your delivery preferences
5. Enter login information, accept terms, and submit

If you have any questions, please reach out to the number on the back of your member ID card.

Claims and Benefits

- Review your coverage
- View claims status and detail
- Track deductibles
- Access member health statements

Manage Your Account

- Review or change your communication preferences
- Access a digital version of your ID card or print a copy, or request a new card be mailed to you

Find a Doctor, Facility, or Estimate Costs

- Find doctors in your network
- Get cost estimates for treatments and procedures
- Search for in-network hospitals, labs, and urgent care clinics near you



Dental Benefits

Administered by Ameritas

We are proud to offer you a choice of two dental plans. The **Ameritas** dental plans offer 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 **Ameritas Dental Network**. Following in a high-level overview of the coverage available.

Rollover Benefit

These plans include a rollover option. If you have at least one dental procedure during the calendar year and use less than $750 in benefits, you may roll over $250 into the next plan year (raising the annual maximum from $1,500 to $1,750). If you use an Ameritas PPO provider, you may earn an additional $100 rollover bonus. Up to an additional $1,000 in rewards may be accumulated at one time.

	Ameritas Base Plan	Ameritas Buy-Up Plan with Orthodontia
Services	**In-Network**	**In-Network**
Calendar Year Deductible	$25 Per Person $75 Family Limit	$25 Per Person $75 Family Limit
Calendar Year Benefit Maximum	$1,500	$2,000
Preventive Dental Services	No Charge	No Charge
Basic Dental Services	Deductible, then 10%	Deductible, then 10%
Major Dental Services	Deductible, then 40%	Deductible, then 40%
Orthodontia Services (Covered to Children and& Adults)	Not Covered	Deductible, then 50%; $1,500 lifetime maximum

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

Vision Benefits

Administered by Ameritas

EMpower also offers a vision plan through Ameritas. You may seek care from any provider, however you will maximize benefits and lower out-of-pocket costs if you choose a provider in the EyeMed Insight Network.

	Vision Plan	
	EyeMed Insight In-Network	**Out-of-Network Reimbursement**
Eye Exam once every 12 months	$10	Up to $35
Materials Copay	$25	N/A
LENSES		
Single Vision Lenses	No charge after material copay	Up to $25
Lined Bifocal Lenses	No charge after material copay	Up to $40
Lined Trifocal Lenses	No charge after material copay	Up to $55
FRAMES once every 12 months		
Frames	$130 allowance	Up to $65
CONTACT LENSES once every 12 months if you elect contacts instead of lenses / frames		
Elective Lenses	$130 allowance	Up to $104
Necessary Lenses	Covered in Full	Up to $200





Life and Disability

Administered by The Standard

Your Life and Disability coverage is through The Standard. Please see Human Resources for details of your Life and Disability plans.

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck. Depending on the benefit, the amounts could be pre-taxed or post-taxed. Speak with HR regarding how benefits are deducted. The amount will depend on the plan you select and whether you choose to cover eligible family members.

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	Group #	Phone	Website / Email
Medical	Blue Cross Blue Shield of Arizona	100411	800.232.2345	www.azblue.com
Dental	Ameritas	01005842	800.659.2223	dentalnetwork.ameritas.com
Vision	Ameritas	01005842	800.659.2223	www.eyemed.com
Life / AD&D and Disability	The Standard	–	800.368.2859	www.standard.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

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