



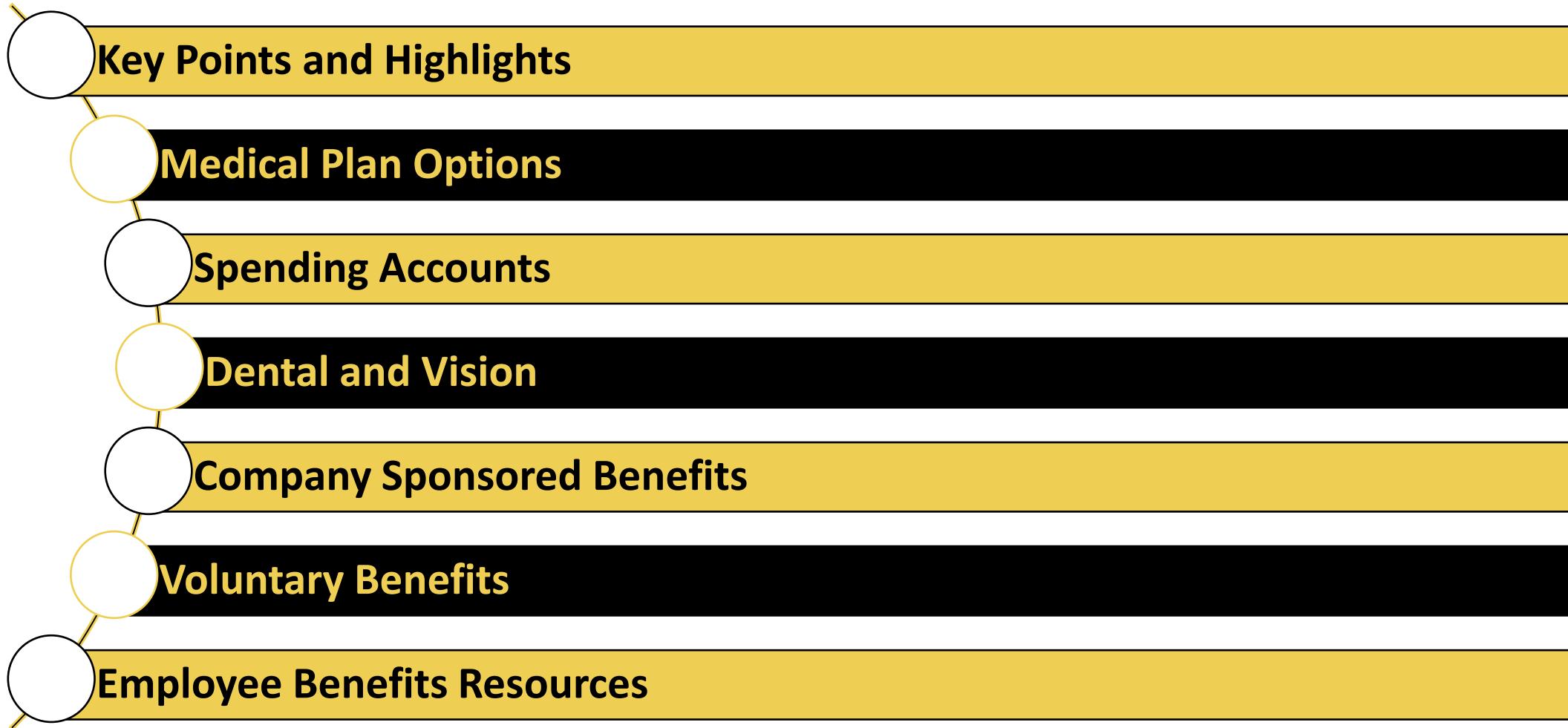
**Plan Year**

**7/1/2025 – 6/30/2026**

**May 19<sup>th</sup> – June 2<sup>nd</sup>**

Welcome  
to Open  
Enrollment

# AGENDA



# ELIGIBILITY

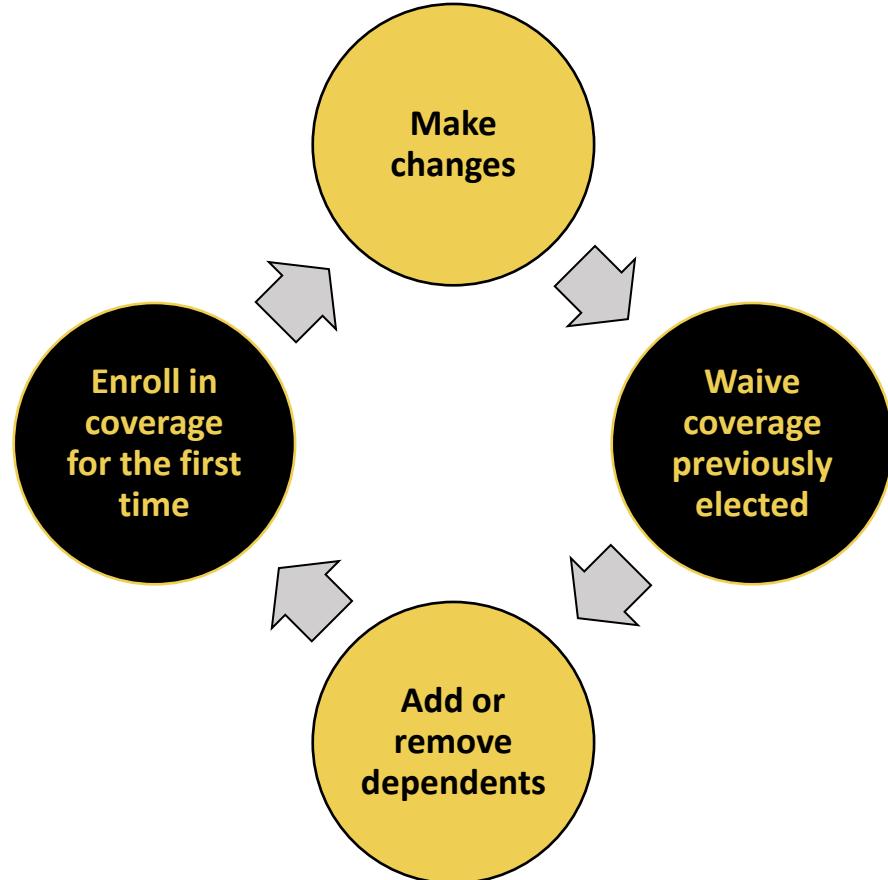
## Employee Eligibility:

- Active Full-Time employees working at least 30 hours per week. Coverage for new hires will begin on the first of the month following 60 days of employment.

## Dependent Eligibility:

- Your spouse (includes same-sex spouses in states that recognize same-sex marriages)
- Your dependent children to age 26.
  - Your unmarried children of any age who are mentally or physically disabled and totally dependent upon you for support (proof of condition and dependence must be submitted)

# WHAT IS OPEN ENROLLMENT?



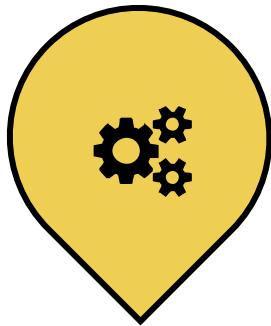
Open Enrollment is a period each year when you can make changes to your annual benefit elections. This presentation will outline all the different benefit options, so you can identify which offerings are best for you and your family.

Qualified Life Events include (but not limited to):

- Marriage, divorce, or legal separation
- Birth, adoption
- Change in job status
- Change in Medicare status

**Open Enrollment: May 19, 2025 – June 2, 2025**

# 2025 – 2026 KEY POINTS AND HIGHLIGHTS



## ACTIVE Enrollment

- Open Enrollment is **ACTIVE!**
- Your current elections will **NOT** roll over for 2025. Please make your benefit elections on **Employee Navigator**, otherwise you will **NOT** have coverage for 2025.



## No Carrier Changes

- There are no changes to any of the insurance carriers across the board



## Plan Designs

- The Physical Therapy benefit under the Medical/Rx plans will see an enhancement to the number of covered visits per plan year from 20 → 30.
- There are no changes to the plan designs for each line of coverage across the board.
  - The IRS 2025 maximum contribution limits are being adopted for the spending accounts.



## Co-worker Contributions

- Across the board for medical, dental, and vision. Co-worker contributions will **NOT** be increasing for 2025.

# HOW DO I CHOOSE THE RIGHT PLAN?

## 1. How much does it cost me to HAVE a plan?

Annual Payroll Contributions	Core Plan	Buy-Up HRA Plan	Buy-Up PPO Plan
Employee Only	\$447	\$1,314	\$2,236
Employee + Spouse	\$4,617	\$6,404	\$8,675
Employee + Child(ren)	\$2,674	\$4,369	\$5,864
Employee + Family	\$5,812	\$7,725	\$11,055

## 2. How much does it cost me to USE the plan?

**Low Utilizer** – rarely visits the doctor, outside of preventive measures and minor health issues.

**Medium Utilizer** – more engaged with doctors for routine care, managing chronic conditions and may be experiencing some health concerns.

**High Utilizer** – frequently engaged with healthcare services, due to chronic illnesses and/or may have multiple health concerns that include visits to the hospital and ongoing treatments.

Out-of-Pocket Maximum*	Core Plan	Buy-Up HRA Plan	Buy-Up PPO Plan
Single	\$6,000	\$5,000	\$3,000
Family	\$12,000	\$10,000	\$6,000

Please note, the Buy-Up HRA plan is not taking the HRA funding that EEG provides into consideration.

# Core

	In-Network
<b>Medical Deductible (Single/Family)</b>	\$3,000 / \$6,000
<b>Benefit Level (Coinsurance)</b>	80%
<b>Out-of-Pocket Max (Single/Family)</b>	\$6,000 / \$12,000
<b>OFFICE VISITS</b>	
<b>Primary Doctor Visit</b>	Covered 80%, after deductible
<b>Specialist Visit</b>	Covered 80%, after deductible
<b>Virtual Care</b>	Covered 80%, after deductible
<b>Urgent Care</b>	Covered 80%, after deductible
<b>Preventive Care</b>	Covered 100%, no deductible
<b>HOSPITAL CARE</b>	
<b>Inpatient Hospital Care</b>	Covered 80%, after deductible
<b>Outpatient Surgery</b>	Covered 80%, after deductible – Amb. Surgery Centers Covered 60%, after deductible – Acute Care Hospitals
<b>Emergency Room (waived if admitted)</b>	Covered 80%, after deductible
<b>OTHER SERVICES</b>	
<b>Complex Imaging (CT/PET scans, MRIs)</b>	Covered 80%, after deductible
<b>Diagnostic Test (X-Ray, Bloodwork)</b>	60%, after deductible - Facility Owned Labs 80%, after deductible – Independent Clinical labs
<b>PRESCRIPTION DRUG – EXPRESS SCRIPTS</b>	
<i>Retail (30-day supply)</i>	
Subject to medical plan deductible	
Subject to medical plan out-of-pocket maximum	
<b>Generic</b>	\$10 copay, after deductible
<b>Formulary</b>	\$75 copay, after deductible
<b>Non-Formulary</b>	\$125 copay, after deductible
<b>Mail Order (Generic, Formulary, Non-Formulary)</b>	\$25 / \$75 / \$125 Copay, after deductible

# HEALTH SAVINGS ACCOUNT (HSA)

Co-Workers enrolled in the Core Plan can contribute to an HSA.

Please note: Empire Education Group does not contribute to the HSA account.

	Single	Family
2025 IRS Maximum Contribution Limits	\$4,300 (under 55)	\$8,550 (under 55)
	\$5,300 (55 and older)	\$9,550 (55 and older)

An HSA offers triple tax savings to you:

1. Tax-Free contributions
2. Tax-Free to use to pay for eligible healthcare expenses
3. Tax-Free interest on unused funds that roll over from year to year  
(NO Use it or Lose it, and stays with you when you change jobs or retire)

*Please note, you are eligible to sign up for an HSA vendor of your own choice.*

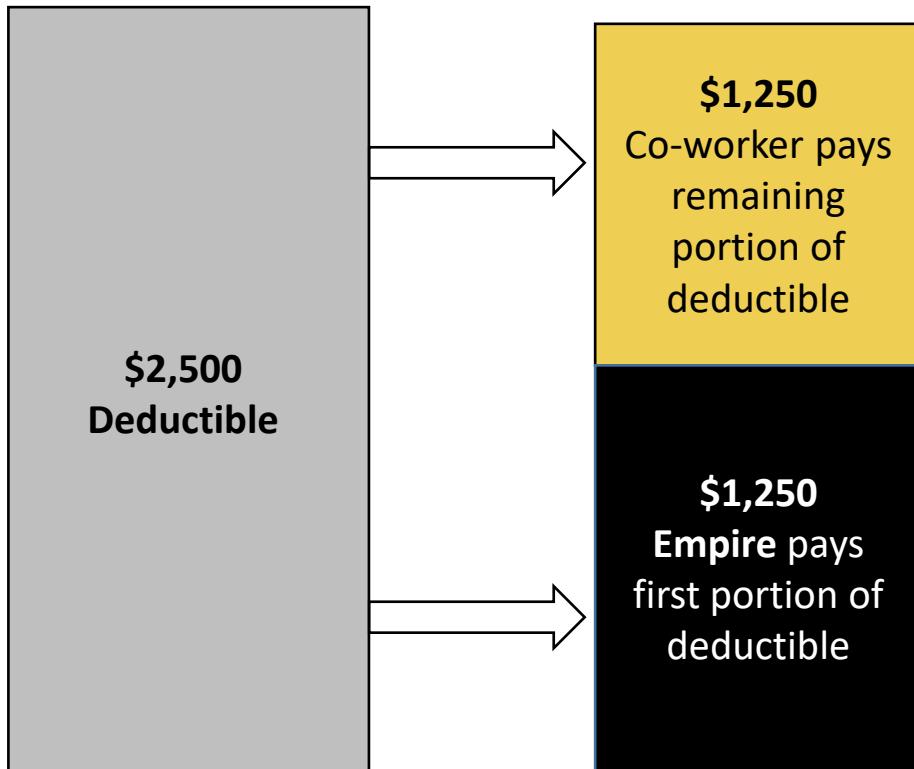
# Buy-Up HRA

	In-Network
<b>Medical Deductible (Single/Family)</b>	\$2,500 / \$5,000
<b>EEG HRA Funding Amount (Single/Family)</b>	\$1,250 / \$2,500
<b>Net Co-worker Deductible</b>	\$1,250 / \$2,500
<b>Benefit Level (Coinsurance)</b>	80%
<b>Out-of-Pocket Max (Single/Family)</b>	\$5,000 / \$10,000
<b>OFFICE VISITS</b>	
<b>Primary Doctor Visit</b>	80% after deductible
<b>Specialist Visit</b>	80% after deductible
<b>Virtual Care</b>	80% after deductible
<b>Urgent Care</b>	80% after deductible
<b>Preventive Care</b>	Covered 100%, <b>no</b> deductible
<b>HOSPITAL CARE</b>	
<b>Inpatient Hospital Care</b>	Covered 80%, after deductible
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<b>Generic</b>	\$10 copay, <b>after</b> deductible
<b>Formulary</b>	\$75 copay, <b>after</b> deductible
<b>Non-Formulary</b>	\$125 copay, <b>after</b> deductible
<b>Mail Order (Generic, Formulary, Non-Formulary)</b>	\$25 / \$75 / \$125 Copay, <b>after</b> deductible

# HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

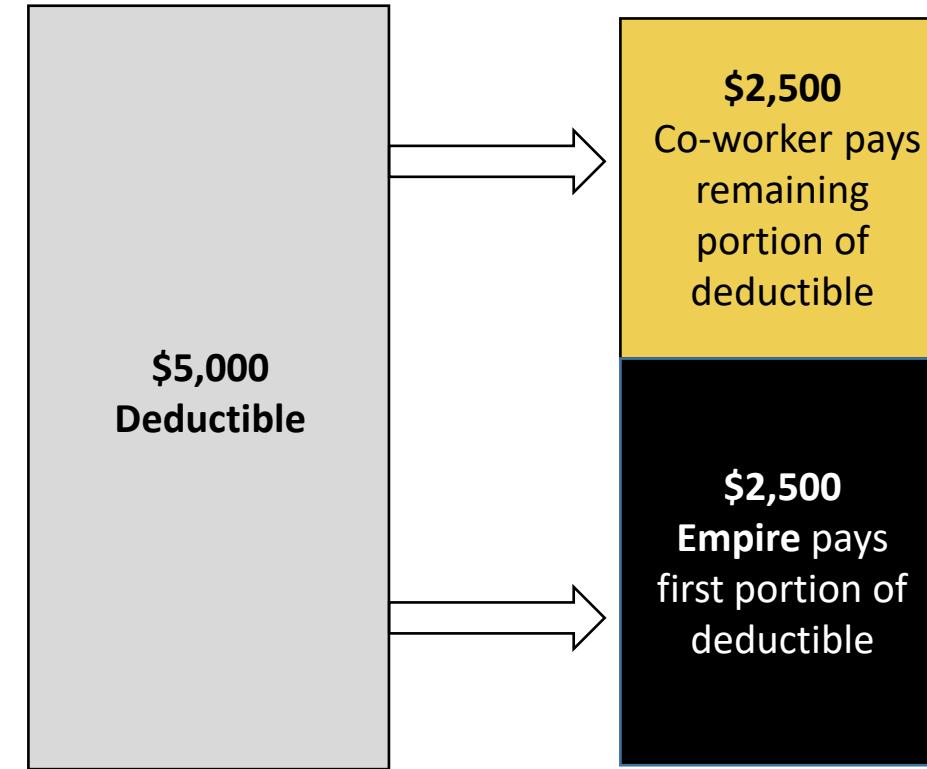
## Single

First \$1,250 of expenses are covered



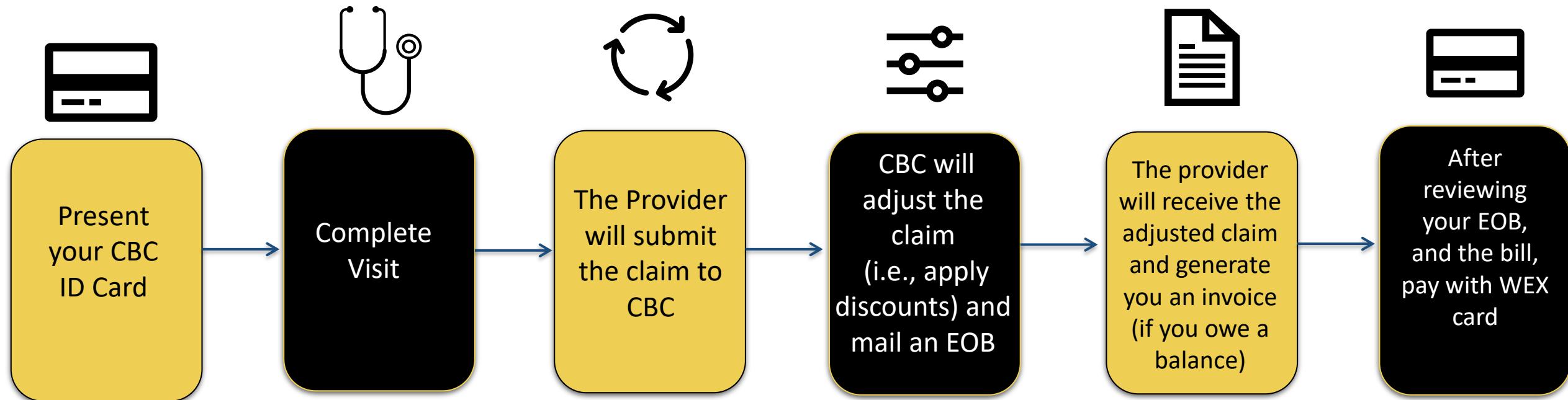
## Non - Single

First \$2,500 of expenses are covered



# HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

## Using your HRA card for medical services

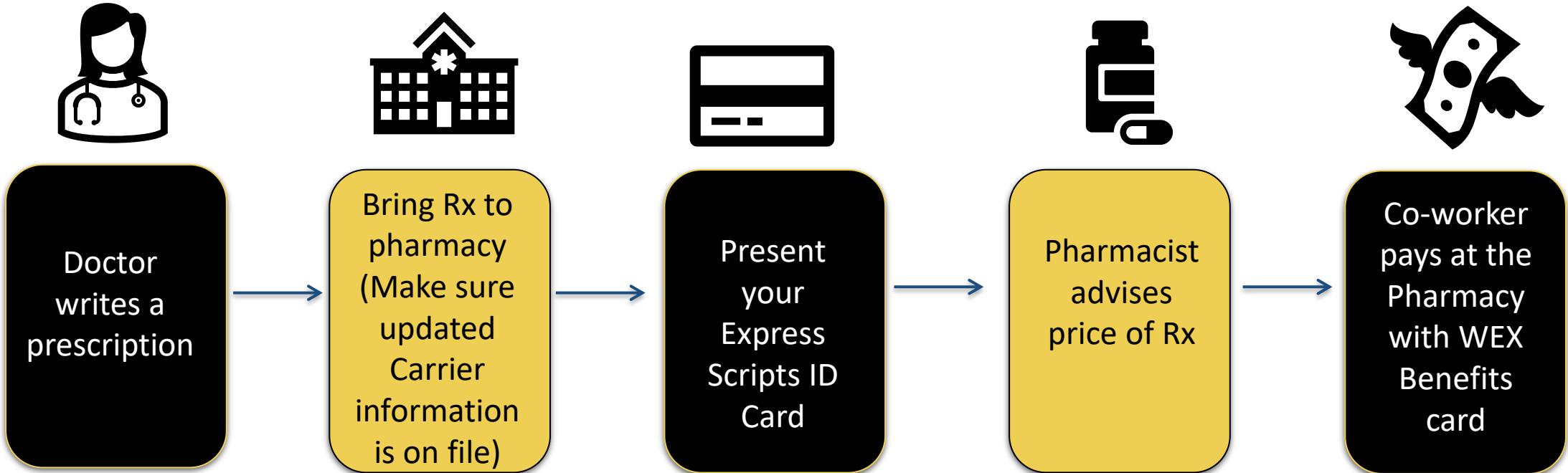


### Reminders:

- The “Member Responsibility” on the Explanation of Benefits should match the amount on the provider bill.
- Wait until you receive the adjusted bill from your provider and the EOB from CBC.  
\*If you do not have an HRA balance remaining you will have to pay using your own means of payment.

# HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

## Using your HRA card for Rx



# Buy-Up PPO

	In-Network
<b>Medical Deductible (Single/Family)</b>	\$1,000 / \$2,000
<b>Benefit Level (Coinsurance)</b>	80%
<b>Out-of-Pocket Max (Single/Family)</b>	\$3,000 / \$6,000
<b>OFFICE VISITS</b>	
<b>Primary Doctor Visit</b>	\$30 Copay
<b>Specialist Visit</b>	\$60 Copay
<b>Virtual Care</b>	\$10 copay
<b>Urgent Care</b>	\$50 Copay
<b>Preventive Care</b>	Covered 100%, no deductible
<b>HOSPITAL CARE</b>	
<b>Inpatient Hospital Care</b>	\$250 copay per day, 5 day maximum
<b>Outpatient Surgery</b>	Covered 80%, after deductible – Amb. Surgery Centers Covered 60%, after deductible – Acute Care Hospitals
<b>Emergency Room (waived if admitted)</b>	\$300 Copay, no deductible
<b>OTHER SERVICES</b>	
<b>Complex Imaging (CT/PET scans, MRIs)</b>	Covered 80%, after deductible
<b>Diagnostic Test (X-Ray, Bloodwork)</b>	\$60 Copay, after deductible - Facility Owned Labs \$30 Copay, after deductible – Independent Clinical labs
<b>PRESCRIPTION DRUG – EXPRESS SCRIPTS</b>	
<i>Retail (30-day supply)</i>	
Not subject to medical plan deductible	
Subject to medical plan out-of-pocket maximum	
<b>Generic</b>	\$10 copay, <b>no deductible</b>
<b>Formulary</b>	\$75 copay, <b>no deductible</b>
<b>Non-Formulary</b>	\$125 copay, <b>no deductible</b>
<b>Mail Order (Generic, Formulary, Non-Formulary)</b>	\$25 / \$75 / \$125 Copay, <b>no deductible</b>

# BI-WEEKLY MEDICAL CONTRIBUTIONS

For the fourth year in a row, Empire is NOT increasing co-worker contributions!

Tier	Buy-Up PPO Plan Co-Worker Bi-Weekly Cost	Buy-Up PPO Plan EEG Bi-Weekly Cost
Co-Worker Only	\$85.99	\$393.79
Co-Worker + Spouse	\$333.65	\$754.52
Co-Worker + Child(ren)	\$225.52	\$629.74
Family	\$425.20	\$980.76

Tier	Buy-Up HRA Plan Co-Worker Bi-Weekly Cost	Buy-Up HRA Plan EEG Bi-Weekly Cost
Co-Worker Only	\$50.56	\$357.26
Co-Worker + Spouse	\$246.31	\$678.64
Co-Worker + Child(ren)	\$168.03	\$558.94
Family	\$297.13	\$897.94

Tier	Core Plan Co-Worker Bi-Weekly Cost	Core Plan EEG Bi-Weekly Cost
Co-Worker Only	\$17.18	\$371.46
Co-Worker + Spouse	\$177.57	\$515.19
Co-Worker + Child(ren)	\$102.85	\$778.57
Family	\$223.54	\$915.28

# KNOW BEFORE YOU GO!

The options below range from least expensive to most expensive and from minor to major medical needs. Empire is pleased to offer you choices when it comes to accessing the care you need.

## Virtual Care Visits



\$

Speak with a physician 24/7 from the comfort of your home, while traveling or wherever you need care.

Treats minor issues such as sinus infections, pink eye, sore throat, etc. and will prescribe medications when appropriate to your local pharmacy.

## Primary Care Provider



\$\$

Make an appointment with your primary care physician when you need to be seen in person by a doctor or you need to follow up after a Telemedicine visit.

## Urgent Care



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Go to Urgent care when you need immediate medical attention, but the symptoms are not life threatening.

Examples include sprains or strains, mild asthma, minor burns or injuries.

## Emergency Room



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Call 911 or go to the emergency room when experiencing life threatening symptoms.

Some examples include chest pains, severe bleeding, head trauma, or loss of consciousness.

# VIRTUAL CARE VISITS

Virtual Care Visits are a convenient and low-cost option when you can't get to your doctor. You can see a board-certified doctor by secure video, phone, or mobile app – anytime, anywhere – who can treat non-emergency medical conditions such as:

- Allergies and rashes
- Arthritis pain
- Bone or joint pain, strain, or injury
- Fever and flu
- Headaches
- Insect bites or stings
- Nasal or respiratory congestion
- Sinusitis
- Sore throat
- Upper respiratory infections

## Two ways to sign up:

1. Download the free Capital BlueCross Virtual Care app



2. Visit [virtualcarecbc.com](http://virtualcarecbc.com)

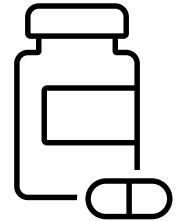
## Learn More

Visit [virtualcarecbc.com](http://virtualcarecbc.com) to learn more about virtual visits.

## Questions

Virtual Care and website: Call **833.433.5914**

Health plan benefits: Call the number on your member ID card



## Save Money on Specialty Medications

- This program is available to co-workers enrolled in the **Buy Up PPO Plan**.
- If you participate in this program, select specialty medications will be free of charge (\$0).
- Your prescriptions will still be filled through Accredo, your existing specialty mail pharmacy.
- If you are currently taking or will be taking a medication on the list (Non-Essential Health Benefit Specialty Drug List\*), you are eligible to participate in the SaveonSP program. You can find this in your Employee Benefits guidebook.
- Enrollment in the program is voluntary. If you choose not to participate, you will be responsible for the copay provided on the medication list.
- Whether you participate in the program or not, keep in mind that the copay will not count towards your deductible or out-of-pocket maximums.

1-800-683-1074

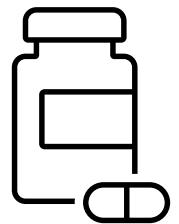
# RX 'N GO

Rx 'N Go will continue to be available!

You have the option to receive various insulin and up to a 90-day supply of generic & brand prescription maintenance drugs by mail at no cost to you (\$0 copay, \$0 shipping) through an exciting program called Rx 'N Go.

Over 1,200 generic medications on the Rx 'N Go coverage list for ongoing medical conditions covered

EEG pays 100% of the cost, you pay \$0 out-of-pocket.



1. Complete Pharmacy Profile Form online at [rxngo.com](http://rxngo.com) or call Rx 'N Go Customer Service at 888.697.9646
2. Submit prescription(s) to Rx 'n Go.  
- For Your Physician: E-Scribe, Phone (888.697.9646), Fax (888.697.0646)
3. Receive 90 day prescription via mail in 5-7 business days.

# GOLDFINCH

A Better Approach to Surgery and Recovery.

Empire Education Group is continuing to provide co-workers enrolled in one of the medical plans access to Goldfinch Health's team of surgery experts at **no cost to you** to help you and your family make the best decisions when it comes to surgery and the recovery that follows.

- Find a great surgeon
- Shorten recovery time after a procedure
- Have a surgery experience that minimizes opioid painkiller use
- Reduces pain and complications
- Have your questions answered every step of the way

**Website:** [my.GoldfinchHealth.com](http://my.GoldfinchHealth.com)  
**Email:** [Hello@GoldfinchHealth.com](mailto>Hello@GoldfinchHealth.com)  
**Phone:** 833-453-3624

**>90%**  
of surgeries are more  
invasive than necessary

**Invasive Surgery**  
extends pain, recovery  
time and return to normal  
life by weeks to months

Invasive surgery is the  
**#1 gateway to**  
opioid addiction

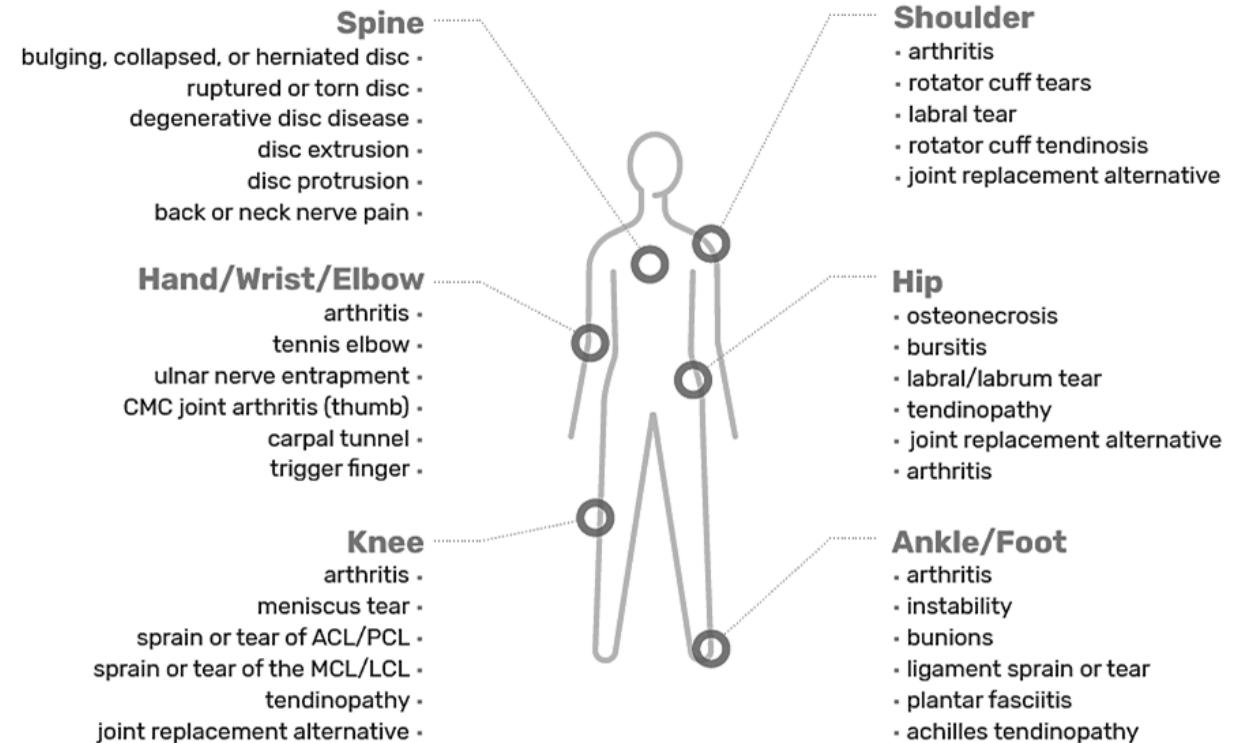
# REGENEXX

Regenexx is a company sponsored benefit that is only available to co-workers enrolled in the **Buy-Up PPO and Buy-Up HRA** medical plans. The initial consultation and treatments under Regenexx is at no cost to Empire co-workers!

**Regenexx** operates in the field of Interventional Orthopedics, a medical specialty that uses regenerative medicine to treat a broad range of orthopedic conditions.

**Regenexx** provides an innovative, non-surgical relief, to treat damaged bone, cartilage, muscles, tendons, and ligaments through outpatient procedures that prevent up to 70% of patients from continuing to elective orthopedic surgery

**Regenexx** procedures are injection-based, outpatient procedures. On procedure days, blood and/or stem cells are collected in the morning, processed in our on-site lab, and reinjected under image-guidance in the afternoon



# FLEXIBLE SPENDING ACCOUNT (FSA)

FSA Type	Election Limit	Description
<b>Traditional Healthcare FSA</b>	\$3,300 Annually	<p>Pre-tax dollars that can be used to pay for <u>eligible medical expenses</u> such as plan deductibles, doctor Copays, Prescriptions, Dental and Vision services.</p> <p>The full FSA election amount is available as of the beginning of the plan year.</p>
<b>Limited Purpose FSA (HSA PLAN)</b>	\$3,300 Annually	<p>This is a healthcare flexible spending account that allows you to use pre-tax dollars, but only for eligible dental and vision expenses when you are enrolled in a Health Savings Account plan either through your plan or our spouse's plan.</p> <p>The full FSA election amount is available as of the beginning of the plan year.</p>
<b>Dependent Care FSA</b>	\$5,000 Annually (\$2,500 if married and filing separate tax returns)	<p>Pre-tax dollars can be used for eligible dependent child and adult daycare expenses that permit you (and your spouse, if married) to work or go to school. For example, childcare for dependents under age 13 while you are at work, day care, adult day care, preschool and before/after school programs, summer day camps.</p>
<b>Commuter Spending Accounts</b>	\$325 Monthly	<p>This account may be used to pay for qualified commuter expenses to travel to and from work.</p>

❖ **Spending Accounts are administered by WEX Benefits.**

**Please Note: The Healthcare FSA, Limited Purpose FSA, and Dependent Care FSA are subject to the use-it-or-lose-it rule. However, the Flexible Spending Accounts have a run-out period of 90 days. This means you will have 90 days after your plan year ends in which you may submit for expenses incurred during the plan year.**

**For any co-workers who have a current Healthcare or Limited Purpose FSA, a protection is in place, allowing a rollover up to \$640 into the 7/1/2025 plan year. Any excess funds over the rollover maximum is subject to use-it-or-lose-it.**

# SPENDING ACCOUNTS

ACCOUNTS AT A GLANCE	HEALTH REIMBURSEMENT ACCOUNT (HRA)	HEALTH SAVINGS ACCOUNT (HSA)	HEALTHCARE FLEXIBLE SPENDING ACCOUNT (HCFSA)	LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT (LPFSA)	DEPENDENT CARE ACCOUNT (DCA)	COMMUTER SPENDING ACCOUNT
Description	Employer-funded reimbursement arrangement. Only employer can contribute funds.	Tax-advantage savings account. At EEG, co-worker contributes funds.	Tax-advantage spending account. At EEG, only co-workers can contribute funds.	Tax-advantage spending account. At EEG, only co-workers can contribute funds.	Tax advantage spending account allows co-workers to use tax exempt funds to pay for childcare expenses they incur while at work.	The Commuter Spending Account allows you to set aside pre-tax dollars to pay for qualified commuter expenses you incur for travel to and from work for your employer.
Who owns the account?	Employer	Co-Worker	Employer (a co-worker cannot take funds with them if they leave the company).	Employer (a co-worker cannot take funds with them if they leave the company).	Employer, funds can be accessed only as they are deducted from your pay.	Employer
Pre-tax dollars?	No	Yes	Yes	Yes	Yes	Yes
Eligible Expenses	Qualified medical expenses	Qualified medical, dental, & vision expenses	Qualified medical, dental, & vision expenses	Qualified dental and vision expenses	Qualified dependent child and adult expenses.	Qualified parking and transit expenses
Is there an annual contribution limit?	No, however, EEG contributes \$1,250 for single coverage and \$2,500 for those enrolled in coverage other than co-worker only	\$4,300 co-worker \$8,550 family <b>Catch-up contributions:</b> Additional \$1,000/year (HSA owners 55 and older)	Yes, \$3,300 annually	Yes, \$3,300 annually	Yes, \$5,000	Yes, \$325 per month

# DENTAL – UNITED CONCORDIA

Dental Benefit Overview	PPO High Plan		PPO Low Plan	
	Elite Plus Network	Out-of-Network**	Elite Plus Network	Out-of-Network**
<b>Annual Deductible</b>	\$50 per individual \$150 per family	\$50 per individual \$150 per family	\$0	\$0
<b>Annual Maximum</b>	\$1,500 per individual	\$1,500 per individual	\$1,000 per individual	\$1,000 per individual
<b>Annual Maximum Rollover*</b>	\$300	N/A	\$300	N/A
<b>COVERED SERVICES</b>				
<b>Preventive: Exams, X-rays, Cleanings, (Deductible does not apply)</b>	Plan pays 100%	100%	Plan pays 100%	100%
<b>Basic: Fillings, periodontics, endodontics</b>	Plan pays 80% after deductible	80%	Plan pays 100%	100%
<b>Major: Crowns, Bridges, Dentures, Inlays/Onlays</b>	Plan pays 50% after deductible	50%	Not Covered	Not Covered
<b>Orthodontia (Dependents to Age 19)</b>	Plan pays 50% to \$1,000 Lifetime maximum	50% to \$1,000 Lifetime maximum	Not Covered	Not Covered

\*Members can roll over \$300 of their unused annual maximum to the next year if they have at least one dental exam during the plan year and their claims for the plan year are less than 50% of the annual maximum amount. Members can accumulate up to \$1,200 in additional rollover across multiple plan years.

\*\*Visiting in-network providers will result in greater cost savings than visiting out-of-network providers. Visiting out-of-network providers also comes with the risk of balance billing, where a provider may bill you the difference between what the provider charges and the amount the plan pays.

# VISION – EYEMED

## BENEFIT OVERVIEW

	INSIGHT NETWORK	OUT-OF-NETWORK REIMBURSEMENT
<b>VISION EXAM</b> (every 12 months)	\$10 copay	Up to \$32
<b>MATERIALS</b>		
<b>FRAMES</b> (every 24 months)	\$130 allowance, 20% off balance over \$130	Up to \$65
<b>LENSES</b> (every 12 months)	Single	\$0 copay
	Bifocal	\$0 copay
	Trifocal	\$0 copay
<b>MEDICALLY NECESSARY CONTACTS</b>	\$0 copay	Up to \$55
<b>CONTACTS IN LIEU OF GLASSES</b>	\$100 allowance; 15% off balance over \$100	Up to \$210
		Up to \$80

\*Visiting in-network providers will result in greater cost savings than visiting out-of-network providers. Visiting out-of-network providers also comes with the risk of balance billing, where a provider may bill you the difference between what the provider charges and the amount the plan pays.

# DENTAL AND VISION CONTRIBUTIONS

UNITED CONCORDIA DENTAL BI-WEEKLY CONTRIBUTIONS		
Tier	United Concordia PPO High	United Concordia PPO Low
Co-Worker Only	\$5.25	\$3.81
Co-Worker + Spouse	\$10.76	\$9.13
Co-Worker + Child(ren)	\$15.01	\$10.56
Family	\$24.88	\$18.92

Contact: 1-800-332-0366

EYEMED VISION BI-WEEKLY CONTRIBUTIONS	
Co-Worker Only	\$2.36
Co-Worker + Spouse	\$4.71
Co-Worker + Child(ren)	\$5.89
Family	\$7.07

Contact: 1-866-939-3633

# LIFE INSURANCE/AD&D – PRUDENTIAL

BASIC LIFE/AD&D INSURANCE	BENEFIT AMOUNT
<b>BASIC LIFE AND ACCIDENTAL DEATH &amp; DISMEMBERMENT (AD&amp;D)</b>	Empire Education Group provides their full-time co-workers with a Basic Life and AD&D amount at no additional cost that equals 1x annual salary, up to a maximum of \$50,000.
VOLUNTARY LIFE INSURANCE	BENEFIT AMOUNT
<b>VOLUNTARY LIFE</b>	<ul style="list-style-type: none"><li><b>Co-Worker:</b> Coverage is available in increments of \$10,000 to the lesser of 5x your salary up to \$350,000. Rates are based on age and the amount of coverage elected. <b>Guaranteed Issue:</b> \$300,000. Any amount over will be subject to Evidence of Insurability.</li><li><b>Spouse:</b> Coverage is available in increments of \$5,000 up to the lesser of 100% of co-worker's election or \$100,000. Rates are based on age and the amount of coverage elected. <b>Guaranteed Issue:</b> \$25,000 Any amount over will be subject to Evidence of Insurability.</li><li><b>Child(ren):</b> If your child is age 14 days to 6 months, you may purchase \$1,000 in coverage. For dependent children aged 6 months to 20 years (26 if a full-time student), you may choose to elect increments of \$2,000 up to \$10,000.</li></ul> <p><i>*Spouses and children may only elect coverage if the co-worker has elected coverage.</i></p>

- If enrolling when **first eligible** within the specified period of your date of hire or a life event, you may elect up to the Guaranteed Issue amounts without Evidence of Insurability
- All other elections or enrollment **after** the initial enrollment period will require an Evidence of Insurability to Prudential for all coverage amounts. If you have been denied coverage in the past, proof of good health satisfactory to Prudential is required.
- You have 60 days from the effective date to submit an Evidence of Insurability form to Prudential or the pending coverage election request will be withdrawn.

# IMPORTANCE OF BENEFICIARY DESIGNATION

It is crucial to name your beneficiaries on your retirement plans, financial accounts, and life insurance policies as it allows you to have control on who/what will be entitled to the benefit. If a beneficiary is not named, the process of paying out the benefit will be significantly delayed and difficult for loved ones to access the funds.

**Please ensure you keep your named beneficiaries updated and current!**

- **Beneficiary:** Any individual or entity designated to receive an asset from a benefactor. Multiple beneficiaries may be named with assigned shares of the overall benefit.
- **Primary Beneficiary:** First in line to receive the benefit.
- **Contingent Beneficiary:** If the primary beneficiary passes or is unable/unwilling to receive the benefit, the contingent beneficiary will be next in line.

**Prudential pays the benefit to one of the following if no beneficiary is named:**

(1) Your surviving spouse; (2) Your surviving child(ren) in equal shares; (3) Your surviving parents in equal shares; (4) Your siblings in equal shares; or (5) estate.

If your life insurance benefit is paid out to **your estate**, the funds will go through **probate** to determine who and how the proceeds will be distributed. This process can be lengthy, expensive, and strenuous.

# DISABILITY INSURANCE - PRUDENTIAL

	<b>VOLUNTARY SHORT TERM DISABILITY</b>	<b>VOLUNTARY LONG TERM DISABILITY</b>
<b>CO-WORKER CONTRIBUTION REQUIRED?</b>	Yes – Co-Worker Paid	Yes – Co-Worker Paid
<b>WHEN BENEFITS BEGIN</b>	Illness: 8 <sup>th</sup> day Injury: 1 <sup>st</sup> day	91 <sup>st</sup> day
<b>BENEFIT DURATION</b>	13 weeks	Social Security Normal Retirement Age
<b>BENEFIT AMOUNT</b>	60% of weekly base earnings up to \$1,500 per week	60% of monthly earnings up to \$6,000 per month

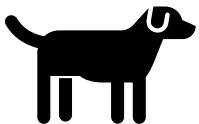
*\*If this is not your first time being eligible for these benefits, you will be subject to an Evidence of Insurability form. You have 60 days from the effective date to submit an Evidence of Insurability form to Prudential or the pending coverage election request will be withdrawn.*

# PET BENEFIT SOLUTIONS

Total Pet (All Animals)	Wishbone (Dogs & Cats)
<p>Total Pet provides access to discounts on brand-name pet prescriptions, food, and products. Members also receive discounts on in-house medical services at in-network veterinarians. All types of animals are eligible under Total Pet.</p>	<p>Wishbone offers up to a 90% reimbursement for costs of services and treatment due to an accident or illness. Once the deductible is breached, Wishbone will reimburse for accident- and/or illness-related expenses. Only dogs and cats are eligible under Wishbone.</p>

## Additional Features for Both Benefits

- You have unlimited 24/7 access to Pet Telehealth through AskVet for dogs and cats.



# ACCIDENT PLAN - PRUDENTIAL

Accident Insurance from Prudential helps relieve financial strain for co-workers in the event of a covered accident, while also helping to curb costs.

Use the cash for any expense you choose:



Deductibles and copays   Mortgage Payment   Order takeout while you heal   Other bills you may have

Receive cash for covered accidents and related expenses and treatment  
Some examples include:



Ground Ambulance



Emergency Room



Concussion



X-Ray

Low	High
\$200	\$400

Low	High
\$75	\$150

Low	High
\$75	\$150

Low	High
\$100	\$200

A full breakdown of coverages can be found in Employee Navigator.

# CRITICAL ILLNESS PLAN - PRUDENTIAL

Critical Illness insurance through **Prudential** is designed to help co-workers offset the financial effects of a catastrophic illness with a lump sum benefit if an insured is diagnosed with a covered critical illness.

A \$50 Wellness Benefit is included for each insured one time per calendar year.

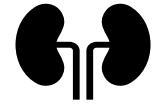
- Co-Workers may elect coverage amounts of \$10,000, \$20,000, or \$30,000
- Spouse coverage is available in increments of \$10,000 as well, but no more than the lesser of \$30,000 or 100% of the Co-Worker's amount.
- Child coverage is available in increments of \$5,000, but no more than the lesser of \$15,000 or 50% of the co-worker's amount.
- Elections are made as Employee only, Employee and Spouse, Employee plus Child(ren), and Family coverage.

Receive cash for covered illnesses based on the amount of coverage.

Some examples include:



Heart  
Attack



End Stage  
Renal Failure



Loss of  
Hearing



Loss of  
Speech

The cost of Critical Illness is based on age and amount of coverage. Please see the Critical Illness rate charts in Employee Navigator for the cost of coverage.

# HOSPITAL INDEMNITY PLAN - PRUDENTIAL

Hospital Indemnity Insurance from **Prudential** helps relieve financial strain for co-workers that are not prepared for an unexpected hospital stay. This benefit complements your medical coverage by paying a lump sum amount directly to you for covered Hospital services.

Use the cash for any expense you choose:



Deductibles   Mortgage   Order takeout   Other bills  
and copays   Payment   while you   you may have  
heal

BENEFIT	HIGH	MEDIUM	LOW
Hospital Admission Benefit	\$1,500	\$1,000	\$500
ICU Admission Benefit	\$500	\$500	\$250
Hospital Confinement Benefit	\$100	\$100	\$100
ICU Confinement Benefit	\$200	\$200	\$200

# UNIVERSAL LIFE WITH LONG TERM CARE - TRUSTMARK

Is your family protected financially if something happens to you or your spouse?

With Whole Life offered through Trustmark, you can purchase whole life insurance that provides higher benefits during your working years when the need for coverage is highest.

There are also living benefits for long-term care, should you need it.

The long-term care benefit can help offset those expensive costs at any age because this benefit does not reduce due to age.



**1 in 3 households** would have immediate trouble paying for living expenses if they lost their primary earner.<sup>1</sup>



**40% of Americans** live paycheck to paycheck. Could your family afford to stay in your home?<sup>2</sup>



**56% of Americans** have less than \$10,000 saved for retirement - **1 in 3** have \$0 saved. Wouldn't it be nice to have some protection?<sup>3</sup>

# CANCER GUARDIAN – GENOMIC LIFE

Cancer Guardian is a transformative benefit program that combines the power of advanced DNA testing with the personalized support of expert cancer care resources. It is not just DNA testing that makes personalized medicine personal. It is also each step through the cancer journey, from expert pathology review, therapy selection, cancer care support, financial navigation, and clinical trial search.



**Cancer Support  
Specialists**



**Advanced DNA  
Testing**



**Navigation  
Technology**

Bi-Weekly Contributions	Cancer Guardian
Co-Worker + Child(ren)	\$7.38
Family	\$14.77

# HTA FINANCIAL

HTA Financial is a no-cost, company-sponsored benefit available to you and your dependents for assistance and advice regarding Medicare coverage, benefits, or general questions you may have.



**610-430-6650, option 1**  
[Medicare@HTAfinancial.com](mailto:Medicare@HTAfinancial.com)

## Services Include:

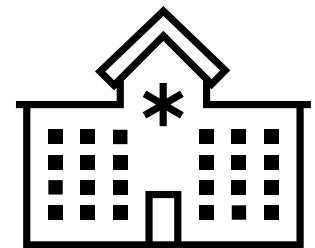
A short fact finder to collect details on your specific situation and needs.

Transition from the Group Health Plan to Original Medicare and Medicare Supplemental Insurance.

Helpful timeline as to when to contact Social Security regarding coverage and benefits under Medicare, Medicare Supplemental Insurance, Prescription Drug Plans and Medicare Advantage.

HTA Financial can help with guidance and support for choosing appropriate coverages to meet your needs as well as enrollment assistance in a plan if you choose to enroll.

HTA encourages you to have your current prescription medications handy when contacting HTA Financial!

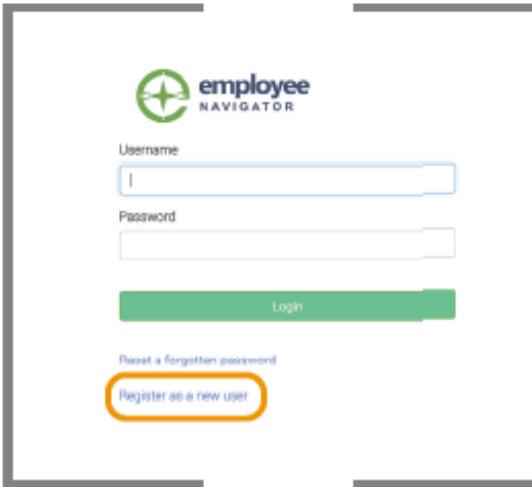


# EMPLOYEE NAVIGATOR

## OVERVIEW

1. Go to [www.employeenavigator.com](http://www.employeenavigator.com)
2. Click the green "Login" button in the top right corner of the screen.
3. On the next page click the "Register as a new user" link.
4. Input the requested information on the next screen:
  - First Name
  - Last Name
  - Company Identifier: **EEG1**
  - Pin (last 4 of social)

## REGISTER AS NEW USER (1)



The image shows a login screen for the Employee Navigator. It features a logo with a compass rose and the text "employee NAVIGATOR". Below the logo are two input fields: "Username" and "Password", followed by a green "Login" button. At the bottom of the screen, there are two links: "Reset a forgotten password" and "Register as a new user", with the latter being highlighted by a red oval.

## REGISTER (2)

### FIND YOUR EMPLOYMENT INFORMATION

If you do not know your company identifier or your information cannot be found then please contact your administrator.

First Name

Last Name

Company Identifier

Pin (Last 4 Digits of SSN / ID)

Birth Date

[Next](#)

## REGISTER (3)

### SET UP USER NAME & PASSWORD

Choose a user name and password. If your email address is on file, it is pre-populated as a recommended user name.

User Name   
(Company e-mail address is recommended)

New Password

Confirm Password

•Passwords must be at least 6 characters  
•It must contain a symbol and a number  
•Using uppercase, numbers and symbols greatly improves security

I agree with the Employee Navigator [Terms of Use](#)

[Register](#)

# CUSTOMER SERVICE RESOURCES

The Graham Company provides an Employee Benefits Concierge Line to assist Empire Education co-workers with inquiries related to:

- Claim Payment
- Coverage Explanations
- Eligibility

The Concierge Line is staffed Monday through Friday, 9:00 am to 5:00 pm EST.

Toll Free 1-888-842-1488  
[Graham-Benefits@marshmma.com](mailto:Graham-Benefits@marshmma.com)



# QUESTIONS?



Open Enrollment this year will be **ACTIVE**.  
This means your current benefit elections will **NOT** roll over for  
the 2025 – 2026 plan year.  
Please make your benefit elections on Employee Navigator,  
otherwise you will **NOT** have coverage for 2025.

**Open Enrollment – May 19 – June 2**

