



# Employee Benefits Program

## Plan Year: December 1st – November 30th

**MEDICAL/Rx PLANS** Your medical plans will continue to be administered by Cigna.

- You have two plan options – the HDHP with HSA Plan, or the OAP Plan. There are plan changes to both plans.
  - OAP Plan: Inpatient Hospital Copay will now be \$600, and Outpatient Copay will be \$400.
  - HDHP Plan: The Deductible will be \$3,000 single / \$6,000 family.
- The Pharmacy program will continue to be administered through Cigna.

	HDHP with HSA (In Network)	OAP (In Network)
<b>Annual Medical Deductible (Single/Family)</b>	\$3,000/\$6,000	\$0/\$0
<b>Employer HSA Funding Amount (Single/Family)</b>	\$1,250/\$2,000	N/A
<b>Out-of-Pocket Maximum (Single/Family)</b>	\$3,250/\$6,500	\$5,000/\$10,000
<b>OFFICE VISITS</b>		
<b>Primary Doctor Visit</b>	0% after deductible	\$10
<b>Specialist Visit</b>	0% after deductible	\$20
<b>Preventive Care</b>	\$0	\$0
<b>HOSPITAL CARE</b>		
<b>Inpatient Hospital Services</b>	0% after deductible	\$600
<b>Outpatient Hospital Services</b>	0% after deductible	\$400
<b>Emergency Room</b>	0% after deductible	\$300 (waived if admitted)
<b>OTHER SERVICES</b>		
<b>Diagnostic X-Ray &amp; Lab</b>	0% after deductible	0%
<b>Radiology</b>	0% after deductible	0%
<b>Urgent Care</b>	0% after deductible	\$50
<b>PRESCRIPTION DRUG</b> <i>Retail (30 day supply)</i>		
<b>Generic</b>	\$20 after deductible	\$5
<b>Preferred</b>	\$40 after deductible	\$25
<b>Non-Preferred</b>	\$70 after deductible	\$50
<b>Mail Order</b>		
<b>Generic</b>	\$40 after deductible	\$10
<b>Preferred</b>	\$80 after deductible	\$50
<b>Non-Preferred</b>	\$140 after deductible	\$100
<b>EMPLOYEE CONTRIBUTIONS (weekly)</b>	<b>HDHP with HSA</b>	<b>OAP</b>
<b>Employee Only</b>	\$39.23	\$73.85
<b>Employee/Spouse</b>	\$92.31	\$227.31
<b>Employee/Child(ren)</b>	\$73.85	\$175.38
<b>Family</b>	\$109.62	\$300.00



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**DENTAL PLANS** Cigna will continue to be your dental provider.

### BENEFIT OVERVIEW

		CIGNA PPO	
		IN-NETWORK	*OUT-OF-NETWORK
<b>ANNUAL DEDUCTIBLE</b> (individual/family)		\$50/\$150	\$50/\$100
<b>ANNUAL MAXIMUM</b>		\$2,000	
<b>COVERED SERVICES</b> <b>PREVENTATIVE:</b> Exams, X-rays, Cleanings, Fluoride Treatment		100%, no deductible	100%, no deductible
<b>BASIC:</b> Palliative Emergency Treatment, Sealants Fillings, Endodontics, Oral Surgery		100%, after deductible	80%, after deductible
<b>MAJOR:</b> Crowns, Bridges, Dentures, Prosthetics, Inlays/Onlays		60%, after deductible	50%, after deductible
<b>ORTHODONTIA (Child/Adult) – please note there is not a separate orthodontia deductible.</b>		50% up to a \$1,000 lifetime max.	50% up to a \$1,000 lifetime max.
<b>EMPLOYEE CONTRIBUTIONS</b> (Weekly) <b>EMPLOYEE ONLY</b>		\$2.54	
<b>FAMILY</b>		\$13.38	

**VISION PLAN** Vision Benefits of America (VBA) will continue to be your vision provider. Merion Cricket Club will continue to pay for the full cost of your vision coverage – there is no employee cost!

### BENEFIT OVERVIEW

BENEFIT OVERVIEW	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
<b>VISION EXAM</b> (every 12 months)	\$0 Copay	Up to \$40 reimbursement
<b>MATERIALS</b> (every 12 months)	\$20 Copay	N/A
<b>FRAMES</b> (every 12 months)	100%	Up to \$50 reimbursement
<b>PRESCRIPTION GLASSES</b> (every 12 months)	Single	100% Up to \$40 reimbursement
	Bifocal	100% Up to \$60 reimbursement
	Trifocal	100% Up to \$80 reimbursement
Contact Lenses (in lieu of glasses)	\$110 Material Allowance	Up to \$110 reimbursement
Medically Required Contacts	100%	Up to \$450 reimbursement

**LIFE INSURANCE** Merion Cricket Club will provide regular, full-time employees working a minimum of 30 hrs. with up to \$250,000 in Basic Life Insurance through The Hartford. You also will have the option to enroll in Supplemental Life insurance if you wish. Please note, for supplemental plans, Evidence of Insurability (EOI) may be required.



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**SPENDING ACCOUNTS** Merion Cricket Club provides the opportunity to participate in several spending accounts such as a Health Savings Account (HSA), Healthcare Flexible Spending Account (FSA), Dependent Care FSA, and Commuter FSA. Because the funds are pre-tax, every dollar you contribute earns you more in tax savings! Please refer to the online benefit guide for more details.

ACCOUNTS AT A GLANCE	HEALTH SAVINGS ACCOUNT (HSA)	HEALTH FLEXIBLE SPENDING ACCOUNT (FSA)	DEPENDENT CARE FSA	TRANSIT
<b>Description</b>	Tax-advantaged savings account (the employer and employee can both contribute funds).	Tax-advantage spending account, only employees can contribute funds.	Tax advantage spending account lets employees use tax exempt funds to pay for childcare expenses they incur while at work.	Tax advantage spending account used to pay for transportation as part of your daily commute to work.
<b>Who owns the account?</b>	Employee	Employer (an employee cannot take funds with them if they leave the company).	Employer; Funds can be accessed only as they are deducted from your pay.	Employer (an employee cannot take funds with them if they leave the company).
<b>Pre-tax dollars?</b>	Yes	Yes	Yes	Yes
<b>Payment for medical services</b>	Billed by provider	At point of sale/service	No	No
<b>What medical plan should I enroll in to be eligible for each account?</b>	CIGNA HDHP with HSA	CIGNA OAP Plan CIGNA HDHP with HSA – Limited Purpose FSA (eligible dental and vision expenses only)	CIGNA OAP Plan CIGNA HDHP with HSA	CIGNA OAP Plan CIGNA HDHP with HSA
<b>Is there an annual contribution limit?</b>	\$4,300 for individual /\$8,550 for coverage other than individual  <b>Catch-up contributions:</b> \$1,000/year (HSA owners 55 and older)	Yes, \$3,300 annually.	Yes, for 2025, \$5,000	Yes, \$325/month

Those enrolled in Merion's OAP plan will have access to a Health Reimbursement Arrangement (HRA), eligible to reimburse up to \$250 for inpatient hospital stays only. Please note, this is a one-time reimbursement – meaning, for those enrolled in family coverage, only one member is eligible for reimbursement. Also, please note this only applies for one inpatient hospital stay in a given plan year. Reimbursements will be requested via a manual form submitted to Ameriflex. Please see the online benefit guide to access the reimbursement form.

**VOLUNTARY BENEFITS** You have the option to enroll in Voluntary Accident, Voluntary Critical Illness, Voluntary Long-Term Disability, and Voluntary Short-Term Disability. These will be administered through Prudential.

**Accident Insurance** – Prudential Accident insurance offers added financial protection by paying a cash benefit if a covered person is injured as the result of a covered accident. Accident benefits are intended to help employees and their loved ones handle the out-of-pocket expenses and unexpected bills that can follow an accidental injury. Lump sum benefits are paid to the employee (or designated beneficiary), based on the amount stated in the schedule of benefits.

**Hospital Indemnity Insurance** – Prudential Hospital Indemnity insurance pays a fixed indemnity benefit for each day a covered person is confined in a hospital for a covered event, with optional additional daily benefits for related services. The added financial stress of being in the hospital can make recovery from an accident or serious illness more challenging. Even with the best primary health insurance plan, out-of-pocket costs from a hospital stay can add up.

**Critical Illness Insurance** – Prudential Critical Illness insurance pays you a lump sum benefit for a covered person when diagnosed with any covered critical illness while insurance is in effect, subject to the coverage maximum and the pre-existing condition limitation. The benefit can be used any way you choose, and you don't have to be disabled or terminally ill to receive the benefits.



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**VOLUNTARY BENEFITS (Cont'd)** You have the option to enroll in Voluntary Long-Term Disability, and Voluntary Short-Term Disability. These will be administered through Prudential.

### VOLUNTARY SHORT-TERM DISABILITY

BENEFIT	
Voluntary Short-Term Disability	<ul style="list-style-type: none"><li>• Covers 60% of your base annual salary up to a weekly maximum of \$1,000</li><li>• Benefits begin after 14 days if disability is due to an accident or illness.</li><li>• Benefits are payable up to <b>11 weeks</b></li><li>• Benefit payments would not be taxed</li></ul>

### VOLUNTARY LONG-TERM DISABILITY

BENEFIT	
Voluntary Long-Term Disability	<ul style="list-style-type: none"><li>• Covers 60% of your base annual salary up to a monthly maximum of \$7,500</li><li>• Benefits begin after 90 days if disability is due to an accident or illness.</li><li>• Benefits are payable up for the duration of disability or to Social Security Normal Retirement Age</li><li>• Benefit payments would not be taxed</li></ul>

### ENROLLMENT INFORMATION & REMINDERS

This Open Enrollment is an **ACTIVE** Enrollment. This means that you need to log into Employee Navigator to complete your enrollment, even if you do not want to make any changes to your current elections.

Enrollment will be completed through Employee Navigator.

1. Go to [www.employeenavigator.com](http://www.employeenavigator.com)
2. If you are experiencing difficulties logging into your Employee Navigator account or have any questions/issues as you go through your enrollment, please contact the Graham Company Concierge Team. Contact information is provided below:

**Phone: 1-888-842-1488**

**Email: [TGBenefits@grahamco.com](mailto:TGBenefits@grahamco.com)**

All benefits elections will become effective **December 1, 2025**.

### OPEN ENROLLMENT INFORMATION SESSIONS

If you would like more information on the December 1, 2025 benefit offerings and plan designs, please plan to attend the Benefits Open Enrollment Sessions that will be held. Meeting dates and times are as follows:

#### Open Enrollment Information Sessions

October 21<sup>st</sup> and 23<sup>rd</sup>

10am – 11am, and 3pm – 4pm

Representatives from The Graham Company will also be available for one-on-one sessions from 1-2pm on October 21<sup>st</sup> and 23<sup>rd</sup>.

**Should you have any questions about the benefits outlined above, please refer to the online benefits guide**