

About This Guide

EK Health provides comprehensive employee benefits as part of our total compensation program. The decisions you make regarding your enrollment in benefits deserve your careful consideration. Your choices will be in effect for the plan year. The only time an employee can make a benefit change mid-year is if they experience an IRS qualified event. Be sure to review the plan's covered and non-covered services and any restrictions on your choice of providers.

Benefits Eligibility

Benefits-eligible employees are eligible to enroll in the EK Health Employee Benefits Program once they have satisfied the new hire waiting period. Please refer to the employee handbook for details. Eligible dependents are: Spouse or Domestic Partner; Children up to age 26; any dependent child who is incapable of self support because of a mental or physical disability.

Open Enrollment and Qualifying Events

Open Enrollment (OE) is held every year in the month of November for a January 1st effective date. At that time, you can make changes to your benefit plan elections such as adding or deleting a spouse and/or dependent, and/or changing health plans. However, qualifying events (Marriage, Divorce, Birth or Adoption, Death and Loss of Coverage), allow you to make changes outside of the OE period. If you experience a qualifying event after OE, you must notify Human Resources within 30 days, otherwise you will be required to wait until the next OE to make any changes to your benefit plan elections.



Health Net

PPO: Members have access to the Health Net's nationwide network of physicians, the ability to self-refer to specialists, and limited out of network coverage is available. Health Net members will also have access to The Difference Card to pay for in-network services.

Medical Plans



Medical Plan Features	In-Network	Out-of-Network
Annual Difference Card Contribution		
Per Person	\$3,500	N/A
Per Family	\$7,000	N/A
Calendar Year Deductible:		
Per Person	\$3,500	\$7,000
Per Family	\$7,000	\$14,000
Individual Embedded	(\$3,500)	(\$7,000)
Annual Out-of-Pocket Max:		
Per Person	\$5,000	\$10,000
Per Family	\$10,000	\$20,000
Individual Embedded	(\$5,000)	(\$10,000)
Preventive Care	\$0	40%*
Office Visits: PCP	20%*	40%*
Specialist	20%*	40%*
Lab	20%*	40%*
X-ray	20%*	40%*
Hospital Medical Services: Inpatient		
Outpatient	20%*	40%*
	10%-20%*	40%*
Telemedicine	\$0*	N/A
Urgent Care	20%*	40%*
Emergency Room	20%*	20%*
Prescription Drugs (Rx):		
Tier 1	\$10*	\$10+50% AMP (\$250 max)*
Tier 2	\$30*	\$30+50% AWP (\$250)*
Tier 3	\$55*	\$55+50% AWP (\$250)*
Tier 4	30% up to \$250*	N/A

* = calendar year deductible applies

Dental Plans



EK Health offers dental insurance through Anthem for all eligible employees and their dependents. With your PPO plan, you pay less out-of-pocket when you select an in-network Anthem provider. This also ensures Anthem PPO dentists won't balance bill you the difference between the contracted amount and their usual fee. Please note if you visit an out-of-network provider you will be balanced billed.

Services	Base Plan		Buy Up Plan	
	In Network	Non Network	In Network	Non Network
Calendar Year Deductible	\$50 per person / \$150 per family		\$25 per person / \$75 per family	
Preventative: Cleanings, Exams, X-Rays	100%	80% of UCR	100%	80% of UCR
Basic Services : Fillings, Simple Extractions, Sealants	80%	80% of UCR	80%	80% of UCR
Major Services: Crowns, Inlays/Onlays, Cast Restoration	50%	50% of UCR	50%	50% of UCR
Calendar Year Maximum	\$1,000		\$2,000	
Orthodontia (child & adult)	50%		50%	
Orthodontia Lifetime Maximum	\$1,000		\$2,000	

**Buy Up Plan: Preventive Services do not count against your Calendar Year Maximum.*

Vision Plans



EK Health employees are offered vision benefits through Anthem. Anthem has a large network of doctors, located in rural and metropolitan areas throughout the nation, who provide both eye exams and eye wear, making for a convenient "one-stop" means of obtaining eye care benefits.

Services	In-Network	Out-of-Network
Network	Blue View Vision	N/A
Exam: Every 12 Months	\$10 Copay	Reimbursed up to \$39
Lenses: Every 12 Months	\$20 Copay	Reimbursed up to \$23-\$49
Frames: Every 24 Months	\$130 allowance + 20%	Reimbursed up to \$100
Contact Lenses: Every 12 Months *In lieu of Eyeglasses	\$130 Allowance	Reimbursed up to \$100

Life AD&D and Disability Plans



EK Health provides Basic Life and AD&D, and Long Term Disability (LTD) coverage to all benefit-eligible employees through Guardian. Basic Life/AD&D is 100% employer paid, and LTD is 50% employer paid. In the event that you suffer a long-term disability that prevents you from working, the plan will supplement a portion of your income to help you with your financial obligations.

PLAN OFFERED	BENEFIT AMOUNT
Group Life/AD&D	\$5,000
Voluntary Short Term Disability Elimination Period Benefit Duration	Up to \$1,200/week, not to exceed 60% of pre-disability income Elimination period: 7 days 13 weeks
Long Term Disability Elimination Period Benefit Duration	60% to \$10,000 per month Elimination Period: 90 days SSNRA

Also Available...

Employee Assistance Program:

- 3 face-to-face sessions with a counselor
- Available to your family members too!
- 24/7 toll-free access to EAP professionals
- Personal, professional, and financial matters
- Free legal consultation

Balance can be a call or click away!

800-386-7055

<https://worklife.uprisehealth.com/>

Access Code: worklife

Emergency TravelAid Travel Program:

- Available to your family members too when traveling in a foreign country or at least 100 miles from home!
- Hospital Admission Coordination
- Prescription Replacement Assistance

410-453-6330

assistance@uhcglobal.com

Voluntary Life AD&D



EK Health offers Voluntary Term Life AD&D insurance for yourself and your eligible dependents through Guardian. You must elect Voluntary Term Life AD&D coverage for yourself in order to cover your spouse and/or child(ren). If you leave EK Health, you may be eligible to port your Voluntary Term Life AD&D policy. Employees will pay 100% of the premium through payroll deductions.

Voluntary Life AD&D	EMPLOYEE	SPOUSE	CHILD(REN)
MINIMUM	\$10,000	\$5,000	\$1,000
MAXIMUM	\$150,000	\$150,000	\$10,000
GUARANTEE ISSUE AMOUNT	\$150,000	\$25,000	\$10,000

For Late Entrants, ALL coverage amounts will require a completed health application/evidence of insurability.

Voluntary Critical Illness and Accident

Accident Insurance				
Benefit Payments	Varies by covered injuries, treatments, and services			
Coverage Levels	Employee (EE)	EE+Spouse	EE + Child(ren)	Family
Cost (per paycheck)	\$16.66	\$38.00	\$39.54	\$60.88
Examples of Coverage Accidents	Ambulance rides, ER visits, fractures, burns, hospital admissions, lacerations			
Wellness Benefit	Off Job only			
Accident Death Benefit	\$50,000 Employee / \$25,000 Spouse / \$5,000 Child			
Critical Illness				
Guarantee Issue Amount*	\$10,000		\$20,000	
Benefit Levels	\$10,000		\$20,000	
Pre-Existing Condition Limitation	12 month look back period		12 month exclusion period	
Examples of Coverage Illness	Cancer, Heart Attack, Stroke, Organ Failure			
Coverage Levels	Employee		Spouse	
Dependent Age Limits	Age 26			
Employee and Spouse Rates	Based on employee age at plan anniversary			

**Only available at initial eligibility*

The Difference Card

Health Net members will automatically be enrolled with The Difference Card and will receive a debit card to pay for in-network medical and Rx expenses. The cards will be funded in the amounts of \$3,500 (single) / \$7,000 (family). Members who utilize in-network services will have their full annual deductible funded by The Difference Card.

Flexible Spending Accounts (FSA)



Benefit eligible employees may enroll in the employer sponsored FSA plans administered through Paylocity. You may make pre-tax contributions to use for eligible health and family care expenses approved by the IRS. Please note that the FSA plans run on a calendar year January 1- December 31st. The Healthcare FSA has a "roll-over" feature that allows unused funds up to \$680 to be carried over into the next plan year. Please budget wisely!

Health Care FSA- You may set aside up to \$3,400 annually to use on eligible expenses, including physician fees, deductibles, copayments, dental and vision expenses.

Dependent Care FSA- You may set aside up to \$7,500 per household annually to use on eligible dependent care expenses. If you are married and filing separately, you may set aside up to \$3,750 annually.

Commuter- You may set aside \$340 per month towards qualified parking, and \$340 per month towards transit expenses.

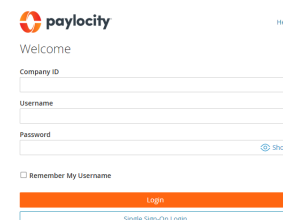
Online Enrollment

Paylocity is EK Health's online benefits enrollment system that allows you to view all benefit options and make benefit elections for you and your family.

You will receive an email with a link to access the Paylocity Open Enrollment, where you may view plan details, coverage amounts, and costs.

Action is required to make your 2026 elections!

<https://access.paylocity.com/>



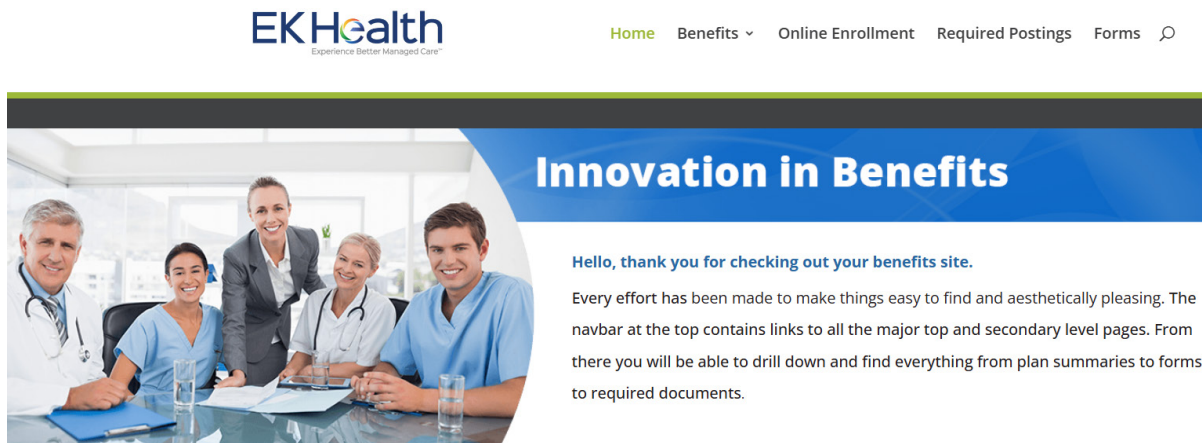
The screenshot shows the Paylocity login interface. It includes a 'Welcome' message, a 'Help' link, and input fields for 'Company ID', 'Username', and 'Password'. There is a 'Remember My Username' checkbox and a 'Login' button. Below the login button is a link for 'Single Sign-On Login'.

EK Health's Benefit Website

A personalized benefits website has been created for EK Health employees: <https://mybenefits.cc/ekhealth>

This website houses direct links to all the carriers' web sites, group numbers, detailed plan descriptions, and contact information. You can search for in-network doctors and dentists by following the links to directories for each carrier.

All documents relating to EK Health's Employee Insurance Benefits Program, including the Summary Plan Descriptions, HIPAA Privacy Notice, General COBRA Notice and any other relevant Plan Documents or Notices, are available to employees and their dependents electronically through the benefits website. You may receive a paper copy of any of the above documents free of charge by contacting Human Resources.



Important Benefit Contact Information

Carrier / Vendor	Group Number	Phone	Website
Health Net: Medical- CA	N9033	800-522-0088	www.healthnet.com
Health Net: Medical- Outside of CA	18903		
Anthem: Dental	L06730	800-888-8288	www.anthem.com
Anthem: Vision	L06730	800-888-8288	www.anthem.com
Guardian: Life/AD&D & Disability Voluntary Life/AD&D Voluntary Critical Illness Voluntary Accident	00580178	800-525-4542	www.guardiananytime.com
Guardian: Employee Assistance Program (EAP)	username: Matters password: wlm70101	800-386-7055	www.ibhworklife.com
Guardian: Travel Assistance Program	EK Health	410-453-6330	assistance@uhcglobal.com
Paylocity: Flexible Spending Account (FSA)	EK Health	800-631-3539	https://access.paylocity.com/
The Difference Card	EK Health	888-343-2110	www.differencecard.com
Acrisure Client Services Manager Sara Packard		925-299-7213	spackard@acrisure.com

If you have ... eligibility questions or unresolved claim issues and need assistance, please contact your Human Resources department, or your Acrisure Client Services Manager noted above.

This summary is intended for reference only. Please refer to your official plan documents for more information.

2026 Employee Monthly Contributions - Medical



PPO Plan	EE only	EE + Spouse	EE + Child(ren)	Family
Health Net PPO MERP	\$135	\$1033.16	\$616.17	\$1,450.16
PPO Plan (Kaiser Grandfathered)	EE only	EE + Spouse	EE + Child(ren)	Family
Health Net PPO MERP	\$120	\$775	\$660	\$1,200

EK Health is excited to continue offering a MERP plan for Health Net.

EK Health Net MERP Annual Contribution	\$3,500 Individual	\$7,000 Family
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2026 Employee Monthly Contributions – Non-Medical



	EE only	EE + 1		EE + 2 or more
Anthem Dental PPO	\$5.00	\$40.25		\$94.93
Anthem Dental PPO - Buy-Up Plan	\$16.44	\$62.22		\$130.46
	EE only	EE + Spouse	EE + Child(ren)	Family
Anthem Blue View Vision PPO	\$6.86	\$11.54	\$11.78	\$18.64
Guardian Life / AD&D	No cost to employees			
Guardian Voluntary Life / AD&D	Based on employee age at plan anniversary			
Guardian Short Term Disability (non-CA only)	Varies by benefit election amount and employee age			
Guardian Long Term Disability	50% of total cost, based on monthly earnings			
Guardian Accident	\$16.66	\$38.00	\$39.54	\$60.88
Guardian Critical Illness	Based on employee age at plan anniversary			
Employee Assistance Program (EAP)	No cost to employees			

*** Please refer to Paylocity for employee-specific monthly costs ***

