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# 2027 Employee Benefits Guide

# Welcome to White Plains Hospital

White Plains Hospital strives to be an employer of choice and offers a comprehensive benefit package  designed to meet the needs of today's workforce. Benefit offerings are reviewed annually to ensure we are offering plans proven to be market leaders.

Employee health and wellness is a key area of focus at WPH. We are committed to assisting employees to achieve optimal health, happy lives, and a safe work environment.

The offices of Human Resources are an embodiment of support, education, and wellness for the entire White Plains Hospital community. Together, our team supports the goals of the organization through its commitment to attracting, sustaining, and inspiring great individuals to ensure workplace excellence.

We thank you for being part of our team, and for being truly exceptional, every day.

Regards,

Diane Woolley

SVP, Chief Human Resource Officer



# 2027 White Plains Hospital Employee Benefits

Your needs, and those of your family, are unique to you. That's why White Plains Hospital provides a comprehensive and flexible benefits program that you can customize to fit your personal situation. Our program offers you and your family important healthcare coverage and financial security.

Some of the benefits we offer are paid for in full by White Plains Hospital. For others, it's a shared contribution between you and WPH. There are also benefits available to you at reasonable group rates. We've offered advice for ways to save while using the healthcare plans throughout this guide, including details about Tier 1 services, keeping up on preventive care and more.

Your benefits are an important part of your total compensation at White Plains Hospital. Please take the time to review and evaluate all the options available to you and your family.



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This guide is not intended to be a complete description of the insurance coverage offered, nor is it a binding contract. Controlling provisions are provided in each benefit plan policy. Should there be a difference between this guide and the official plan documents, the official plan documents will govern.

More information about specific terms and conditions of each plan is included in the Summary Plan Description (SPD) and Summary of Benefits and Coverage (SBC).

# What's New & Changing in 2027

## Open enrollment is November 2-20, 2026

**Enroll in the HealthyME Benefits Center:**

**Starting this year, you will log in to the HealthyME Benefits Center to learn more about your benefit options and complete your enrollment.**

### Register Your Account and Getting Started

**You can access the HealthyME Benefits Center:**

- Log in directly at **HealthyMEBenefitsEnroll.com** either through single sign-on (SSO) or by registering with a username or password.
- Once you're logged in, update your contact information and preferences to ensure you receive important benefits notifications. You can also opt-in to receive text message notifications.

### Not Sure Which Plan is Right for You?

**A decision support tool is available when enrolling in benefits:**

- Select **I'd Like Help Choosing Plans** and answer a few simple questions to help find plans to fit your unique needs.
- The tool identifies benefits based on your answers to a series of confidential health and lifestyle questions.
- Employees can accept these benefits or make their own choices.

### Have Questions or Need Help Enrolling?

**Sofia is at Your Service. Your virtual benefits assistant is available 24/7/365.**

- Speaks over 50 languages.
- Immediate answers to benefits questions through the HealthyME Benefits Center or the MyChoice Benefits App.

**MyChoice Benefits App™**

Manage certain benefits transactions, view coverage details and get personalized support wherever you are.



# Plan Changes & Updates

**Reminder:** As you are reviewing your benefits, be sure to update your life insurance beneficiaries if needed.

## MyChoice Accounts

Spending accounts are transitioning to MyChoice® Accounts. Watch for additional communications with information about accessing your account, using the MyChoice Benefits app and any actions required before the transition.

## Accidental Injury Benefits through The Hartford

Accident insurance pays you cash benefits if you're injured in a covered accident that can hep alleviate financial stress as you recover. **See page 26 for more information**.



# Eligibility and Enrollment

## Who is Eligible?

You are eligible for these White Plains Hospital benefits if you are:

- An active fulltime or part-time employee – excluding 1199 collectively bargained employees.

**Your dependents are eligible if they are:**

- Your legal spouse or domestic partner.
- Your children* up to age 26.
- Your disabled child(ren)* up to any age (if disabled prior to age 19).

*Includes biological, step, legally adopted/or a child placed for adoption, or a child under your legal guardianship.

## About Domestic Partner Coverage

To enroll your domestic partner in coverage, you will be required to submit:

- Proof of domestic partnership, examples include:
    - Common ownership of real property (joint deed or mortgage agreement) or a common leasehold interest property
    - Common ownership of a motor vehicle
    - Driver's license listing a common address
    - Proof of joint bank accounts or credit accounts
- Appropriate declaration forms.

Under federal law, White Plains Hospital's contribution toward the cost of healthcare coverage for your domestic partner is considered taxable income to you.

You may wish to consult with a tax adviser for more information.

## When Can You Enroll in Benefits?

You can enroll for benefits:

- Within 30 days of first becoming eligible for benefits
- During the Annual Open Enrollment period
- During the plan year, if you experience a Qualifying Life Event (and within 30 days of the event).

## When Does Coverage Begin?

Medical, dental, and vision coverage is effective on the first of the month following your date of hire for all eligible employees.

Life and long -term disability insurance benefits are effective on the first of the month following the date you complete a 6-month waiting period. These benefits are available for eligible full-time employees only.

### Termination of Coverage

If you or a covered dependent no longer meet these eligibility requirements or if your employment ceases:

- Medical, dental, and vision coverage will end on the last day of the month in which you become ineligible.
- Your flexible spending account (healthcare and/or dependent care) eligibility will end on the first day after you become ineligible.
- Life and accidental death & dismemberment coverage will end on the day you become ineligible. Your life insurance coverages are convertible.
- You may be eligible to elect COBRA for yourself and/or your eligible dependents. Please note that domestic partners are excluded from COBRA eligibility.



**Reminder:** You are responsible for informing Benefits Department within 30 days if any of your dependents become ineligible for benefits.

# Benefit Election Change Rights

## Making Benefit Changes During Annual Open Enrollment

Open Enrollment is your once-a-year opportunity to review your benefit plan elections and make adjustments that meet the needs of you and your family.

You may elect to add or drop dependents, change plan elections, drop, or even increase some coverages.

## When is Annual Open Enrollment?

Open enrollment happens in the fall, typically in November. Benefit election changes, if approved, are effective on January 1 of the following calendar year. 2027 Annual Open Enrollment will take place Nov. 2-20, 2026.

## Important Notes

- Most benefit elections, such as medical, dental, vision, and supplemental life elections will roll over into the following year. You are not required to re-enroll; benefits and coverage will continue into the new year with the new contribution requirements.
- You must actively enroll in the following coverages every year: Healthcare FSA, dependent care FSA and commuter/transit account. If you fail to do so during open enrollment, these benefits will not roll over to the following calendar year.
- Increases to voluntary/supplemental life insurance amounts must be approved by the carrier before they are included in your benefit election.

## Making Benefit Changes During the Year

If you have a "qualified life event," you may make changes to certain benefits. You must apply for the change, and provide supporting documentation using the HealthyMe platform, within 30 days of the event. Proof of a life event is subject to approval by White Plains Hospital. Changes are effective retroactive to the date of the event.

### Qualifying Life Events:

- Your marriage
- Your divorce or legal separation
- Birth, adoption, or placement for adoption of an eligible child
- Death of your spouse, domestic partner, or covered child
- Change in your or your spouse/domestic partner's work status that affects benefits eligibility (for example, starting a new job, leaving a job)
- Your spouse's Open Enrollment
- A change in your child's eligibility for benefits
- Gain or loss of Medicare or Medicaid during the year

Other qualifying events may also apply. Please contact the HealthyME Benefits Center at **1-866-959-3545** or visit **HealthyMEBenefitsEnroll.com** as well as **wph-employeebenefits@wphospital.org**.

# Medical & Prescription Drug Plans

White Plains Hospital offers two medical plans through Anthem Blue Cross/Blue Shield with the following features:

- Expansive Anthem Blue Cross/Blue Shield network of providers
- Enhanced benefits & coverage when your care is administered in the White Plains Hospital/Montefiore system (select locations/providers only)
- Preventive care is covered at 100% when using an in-network provider
- Prescription drug coverage through Anthem/ CarelonRx Pharmacy
- Deductibles and out-of-pocket maximums accumulate on calendar year basis



Please refer to the Medical Plans Comparison chart for more details. Always refer to your plan booklet for specific benefits levels and limitations.

## Finding In-Network Providers

- Visit **www.anthem.com/find-care** to search for Anthem in-network providers.
- Visit **wphphysicianassociates.org/find-a-doctor** to search for WPHPA providers.

## Access to Your Healthcare

After you are enrolled in a White Plains Hospital medical plan, log onto **anthem.com** and register to access self-service tools and resources to help manage your medical benefits.

# Medical Plan Options

| Anthem | PPO | | | EPO | |
|---|---|---|---|---|---|
| **Medical** | **You Pay** | | | **You Pay** | |
| | **Tier 1 WPH Network** | **Anthem Network** | **Out of Network** | **Tier 1 WPH Network** | **Anthem Network** |
| **Plan Year Deductible** | $0 Individual<br>$0 Family | $600 Individual<br>$1,200 Family | $1,500 Individual<br>$3,000 Family | $0 Individual<br>$0 Family | $750 Individual<br>$1,500 Family |
| **Plan Year Out-of-Pocket Max** | $0 Individual<br>$0 Family | $3,000 Individual<br>$6,000 Family | $5,500 Individual<br>$11,000 Family | $0 Individual<br>$0 Family | $4,000 Individual<br>$8,000 Family |
| **Coinsurance** | N/A | 10% | 30% | N/A | 20% |
| **Preventive Care** | No charge | No charge | 30% coinsurance | No charge | No charge |
| **Primary / Specialty Office Visit**[1] | $15/$30 visit | $30/$50 for Specialist | 30% coinsurance | $15/$30 visit | $30/$50 visit |
| **Allergy Testing/ Treatment** | No Charge | Deductible & Coinsurance | Deductible & Coinsurance | No Charge | Deductible & Coinsurance |
| **Diagnostic Testing** | No Charge | Lab - $20<br>X-ray - $20 | Deductible & Coinsurance | No Charge | Lab - $20<br>X-ray - $20 |
| **Advanced Imaging (MRI, CT, PET)** | No Charge | $250/visit, then Deductible & Coinsurance | Deductible & Coinsurance | No Charge | $250/visit, then Deductible & Coinsurance |
| **Outpatient Surgery** | No Charge | $500/visit, then Deductible & Coinsurance | Deductible & Coinsurance | No Charge | $500/visit, then Deductible & Coinsurance |
| **Inpatient Hospital** | No Charge | $1,000/admit, then Deductible & Coinsurance | Deductible & Coinsurance | No Charge | $1,000/admit, then Deductible & Coinsurance |
| **Emergency Room** | No Charge | $150 / visit | $150 / visit | No Charge | $150 / visit |
| **Urgent Care** | No Charge | $50 / visit | Deductible & Coinsurance | No Charge | $50 / visit |
| **Skilled Nursing Facility, Hospice** | No Charge | 10% Coinsurance | Deductible & Coinsurance | No Charge | Deductible & Coinsurance |

This is a summary only. Limitations and maximums may apply. Please refer to the plan summaries and Summary of Benefits and Coverage for complete information.

[1] $0 co-pay at White Plains Hospital Physician Associates' locations.

# Prescription Drugs

When you enroll in either of the White Plains Hospital medical plans, you receive comprehensive prescription drug coverage through Anthem/CarelonRx Pharmacy.

Some medications may be subject to prior authorization, quantity limits or step therapy requirements to be approved for coverage. For details on any requirements/restrictions, you may call member services at **1-866-959-3545**.

| Anthem/CarelonRx Pharmacy | Retail 30 day supply | Mail Order/ 90 day supply |
|---|---|---|
| **Tier 1/Generic** | $15 | $30 |
| **Preventive Generic *** | $5 | $10 |
| **Tier 2/Preferred Brand** | $30 | $60 |
| **Tier 3/NonPreferred Brand** | $60 | $120 |
| **Specialty (only available through BioPlus)** | $60 | $120 |
| **Maximum Out-of-Pocket** | | |
| Single | $2,500 | |
| Family | $5,000 | |

* Applies to listed medications prescribed to treat diagnosed Asthma, Diabetes, Hypertension and Hyperlipidemia only.

## Three Ways to Obtain Prescription Drugs

1

### Retail Pharmacy (up to a 30-day supply)

**anthem.com**
**1-844-241-7083**

- Locate a participating retail pharmacy
- View a list of approved drugs

2

### Mail Order/Retail90 (up to a 90-day supply)

**carelonrx.com**
**1-833-396-0309**

- Use for maintenance drugs to treat chronic conditions such as high blood pressure, arthritis or diabetes
- Pay less than retail pharmacy for a 90-day supply

3

### BioPlus Pharmacy (up to 30-day supply)

**bioplusrx.com**
**1-866-514-8082**

- Medications used to treat complex conditionsPay less than retail pharmacy for a 90-day supply
- Prescription can only be filled once every 30 days
- Mail Order/fill through Specialty pharmacy required

# Tips for Success: How To Save $$$

## Medical

**Preventive Care Benefits:** Most preventive care services are covered at 100% when you use in-network providers.

Getting regular exams, screenings and immunizations can reduce your risk for disease and save you a lot of money in the long run by catching problems early or preventing them altogether.

**The Right Care:** When you need care, know your options:

- By using providers and facilities included in the White Plains Hospital/Montefiore system, you pay the lowest cost for all care. See the next page for details on the advantages of Tier 1 providers.
- Consider an urgent care center versus an emergency room

## Prescription

**Mail Order:** Through Anthem/CarelonRx Pharmacy, you have two ways to get up to a 90-day supply of your long-term medications (those medications you take regularly for ongoing conditions).

You can conveniently fill those prescriptions either through home delivery from CarelonRx Pharmacy mail order or at Retail90 locations. For more information contact CarelonRx Pharmacy at **1-833-396-0309** or at **carelonrx.com**.

**Generic Drugs:** The next time you need a prescription, ask your doctor if it is appropriate to use a generic drug rather than a brand name drug. Generic drugs contain the same active ingredients, are identical in dose, form and administrative method AND are less expensive than their brand name counterparts.

If you must take a brand name drug, ask your doctor for samples or coupons. Also check the drug manufacturer's website for available rebates and discounts.

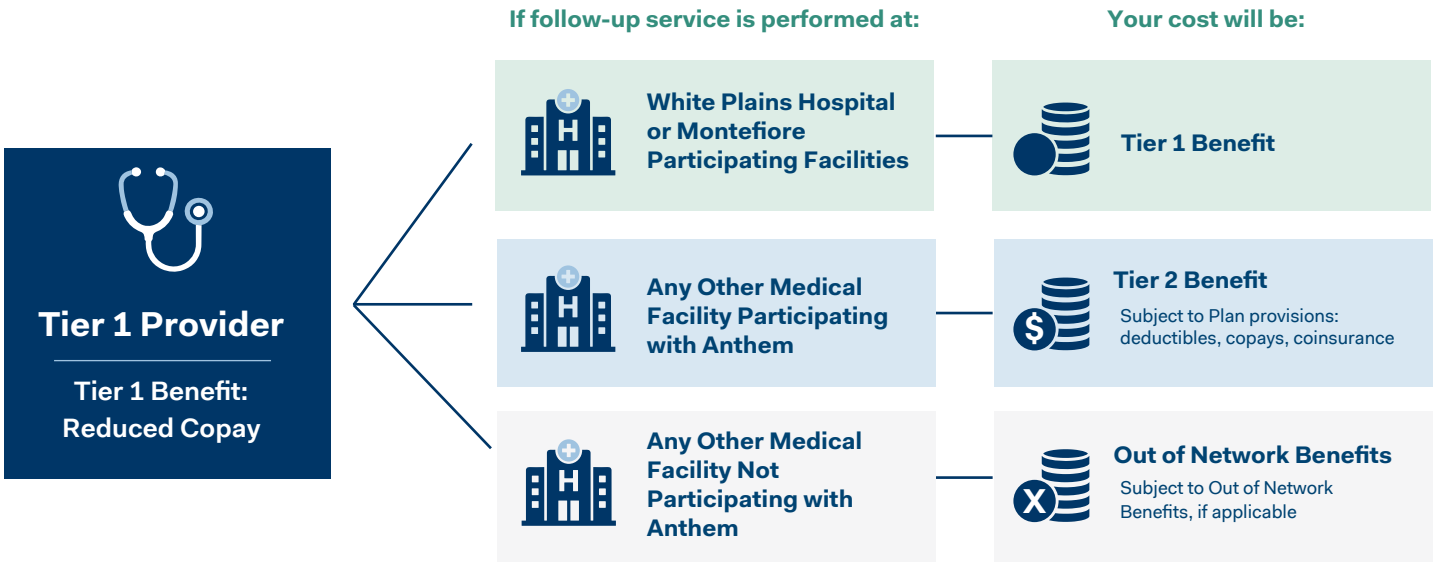


# Tips for Success: Tier 1 Providers

You will receive the highest level of benefits and lowest out-of-pocket cost, when you utilize the services of White Plains Hospital Tier 1 providers. Tier 1 providers include a wide variety of physicians as well as the select medical facilities, all affiliated with White Plains Hospital.

**The provider/facility you utilize for services determines whether your benefits will be considered at Tier 1.**

The chart below provides an example of how you can achieve the highest level of benefits by ensuring you seek care for all services, not just office visits, from Tier 1 providers. In our example, a Tier 1 provider is referring you for additional services; services not provided in that physician's office as part of that office visit charge. Some good examples of this could be non-routine colonoscopy, diagnostic testing, imaging, or simple outpatient surgical procedures.




As noted in the chart, your Tier 1 medical provider could refer you to:

**White Plains Hospital, Montefiore Hospital's Main Campus, Weiler Campus, Wakefield Campus, Children's Hospital, Montefiore New Rochelle or Montefiore Mt. Vernon- these are the only Tier 1 facilities.**

**Any other medical facility:**

If you have the services performed at any other medical facility, your costs will be based on whether the provider participates with Anthem.

- If the provider participates with Anthem, your costs are same as any other Anthem provider or facility therefore, subject to deductibles, copays, and/or coinsurance.
- If the provider does not participate with Anthem, your costs could be either out-of-network, or not covered, depending on your plan election.

# Tips for Success: Where to Seek Care

## WPH Virtual Health Care

WPH physicians are here for you when you need them - and you don't even need to leave your home.

Montefiore MyChart video visits are convenient and easy to schedule for you and your dependents.

Start by calling your doctor's office to determine if a video visit is appropriate. Need help finding a doctor? Call **1-914-849-MyMD**.

## Types of Appointments

Conditions appropriate for a virtual visit include typical cold symptoms, urinary tract infections, pink eye, dermatology issues, stomach discomfort, sprains, strains and mild headaches.

Virtual visits can address conditions including:

- Typical cold symptoms
- Urinary tract infections
- Pink eye
- Dermatology issues
- Stomach discomfort
- Sprains, strains
- Mild headaches

Appointments that require physical examinations, such as annual physicals and gynecological visits, still require in-person office visits.

## Benefits of Montefiore MyChart Video Visits

- Less time away from work
- No travel expenses or time
- Less interference with child or elder care responsibilities
- No exposure to other potentially contagious patients



# Tips for Success: Where to Seek Care

## Emergency Care vs. Urgent Care

When you need help in a hurry, you have choices. Of course, when it's a life-threatening problem, you should call 911 or go straight to the nearest hospital emergency room (ER).

In the ER, true emergencies are treated first, so unless your life is in danger, you'll wait – sometimes for hours. The ER is also the most expensive option for care.

For non-life-threatening problems, call your doctor, your nurse, or go to an urgent care center.

### Go to Urgent Care

- Moderate fever
- Colds, cough or flu
- Bruises and abrasions
- Cuts and minor lacerations
- Minor burns and skin irritations
- Eye, ear, or skin infections
- Sprains or strains
- Possible fractures
- Urinary tract infections
- Respiratory infections

### Go to Emergency Room

- Heart attack or stroke
- Chest pain or intense pain
- Shortness of breath
- Severe abdominal pain
- Head injury or other major trauma
- Loss of consciousness
- Major burns or severe bleeding
- One-sided weakness or numbness
- Open fractures
- Poisoning or suspected overdose



# Medical Plan FAQ

## What are Contributions?

Contributions (sometimes called premium) is the cost you pay for health insurance per pay period, whether you use medical services or not. Contributions are deducted directly from your paycheck on a pre-tax basis.

## What is a Deductible?

A deductible, used for medical and dental plans, is the amount you pay toward the cost of covered expenses before the plan begins to share in the cost with you.

Your plan deductibles run for January 1 –December 31 each year.

## What does Coinsurance mean?

Coinsurance is a set percentage of service costs that you will be expected to pay once you have met your annual deductible.

When your annual deductible is met, your insurance provider pays for their portion of the full cost of the service and you pay the coinsurance, or remaining percentage.

## What is not included in my deductible, or out-of-pocket maximums?

Your deductible and out-of-pocket maximum exclude expenses that are not covered by the plan, such as cosmetic surgery. The cost for services denied by the plan are not include in your deductible or out-of-pocket maximum, whether or not you pay them.

They also exclude any penalties and amounts in excess of allowed amount charges billed by out-of-network providers.

## What counts towards my out-of-pocket maximum?

An out-of-pocket maximum is an annual cap on the dollar amount you are expected to pay out of your own pocket for services (including deductibles, copays, and coinsurance) throughout the plan year.

Once you meet the out-of-pocket amount, your insurance provider will cover 100% of remaining covered medical expenses for the year.

The out-of-pocket maximum excludes non-covered expenses and amounts in excess of allowed amount charges billed by out of network providers.



# Employee Wellbeing Program

White Plains Hospital is committed to providing support, programs, and resources to help our employees and their families improve their health and quality of life.

The Employee Wellbeing Program emphasizes prevention, awareness, and action to lower the risk of chronic conditions.

The program offers a variety of resources and opportunities designed to support employees' physical, mental, and overall well-being. Examples include:

- **Physical Activity & Fitness:** On-site and virtual fitness opportunities, hospital-wide wellness challenges on **Wellable**, community fitness partnerships and events, and access to the Wellhub wellness benefit.
- **Nutrition & Healthy Lifestyle Support:** Nutrition education, Lunch & Learn sessions, educational resources on Wellable, and on-site nutrition tabling.
- **Preventive Health & Education:** Wellness education, health awareness initiatives, preventive health resources, and assistance connecting employees and family with primary and specialty care providers.
- **Digital Wellness Resources:** Access to wellness tools, educational content, challenges, and other resources through the Wellable platform.

## Mental & Emotional Well Being

Educational webinars and workshops, stress-management and resilience resources, work/life support, and connection to free therapy and counseling (5) sessions through ComPsych - Guidance Resources, our EAP (Employee Assistance Program).

**Work Life Balance:** The White Plains Hospital My Work Life Solutions Program offers free services to ALL White Plains Hospital employees and their families. This service is available 24/7/365.

This confidential program includes:

- Assistance finding child/elder care, realty and moving services, event planning services, home repair and contracting services, and much more!
- Emotional support through clinicians available to assist with anxiety, stress, grief, loss, or life adjustments.
- Legal guidance to discuss issues associated with adoption, family law, divorce, wills, trusts, etc.
- Financial resources, including retirement planning, tax planning, and budgeting.

**Eligibility:** All White Plains Hospital employees are eligible to participate in the Employee Wellness Program (including per diem employees).

**Contact:**
Kerenza Belgrave, NBC-HWC*
**Kebelgrave@wphospital.org**
Wellness Program Coordinator

Email **kebelgrave@wphospital.org** for information about wellness programs, resources, events and assistance.

Contact your Work Life Solutions team by phone at **1-800-272-7255** or online at **guidanceresources.com**. Use web ID: **WPH**

* Access current programming and resources through the free employee wellness app on the **Wellable platform**

* Visit the Employee Resource Center on the 4th floor of the Main Campus.

**For Primary Care Physician referrals/Specialist appointments, contact:**

Charnett Branch-Hall
**Chbranch@wphospital.org**
Wellness Program Administrator

# Dental Coverage

White Plains Hospital offers two (PPO) dental plans through CIGNA Dental. Your choice of dentists can determine the cost savings you receive.

Participating/In-Network providers are paid directly by CIGNA Dental and agree to accept negotiated fees, meaning your out-of-pocket responsibility is set and providers cannot balance bill.

When you use non-participating/out-of-network providers, CIGNA will reimburse you directly according to the maximum reimbursable charge (which is calculated at the 90th percentile of all provider charges in the geographic area). The dental provider may choose to balance bill you up to their usual fees.

Participating/In-Network coverage is provided when you use CIGNA dental providers. To search for providers, go to myCigna.com or call **1-800-244-6224**.

| **Cigna** | **Premier Plan** | | **Core Plan** | |
|---|---|---|---|---|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Calendar Year Deductible<br>(Applies to Class II, III, V, IX) | $25 Individual / $50 Family | | $25 Individual / $50 Family | |
| Calendar Year Maximum *<br>(Applies to Class I, II, III, V, IX) | Up to $2,000 | | Up to $1,500 | |
| **Benefit** | **Plan Pays:**** | **Plan Pays:**** | **Plan Pays:**** | **Plan Pays:**** |
| Class I: Diagnostic/Preventive | 100% | 100% | 100% | 100% |
| Class II: Basic Restorative | 85% | 85% | 80% | 80% |
| Class III: Major Restorative | 50% | 50% | 50% | 50% |
| Class IV: Orthodontia | 50%<br>All Members | 50%<br>All Members | 50%<br>Children<19 only | 50%<br>Children<19 only |
| Orthodontia Lifetime Maximum | $2,000 | $2,000 | $1,500 | $1,500 |
| Class V: TMJ | 50% | 50% | Not Covered | Not Covered |
| Class IX: Implants | 50% | 50% | 50% | 50% |

* Calendar year maximum illustrates maximum plan payment. You will be responsible for all costs, both in and out-of-network, in excess of the calendar year maximum.

** Most services are subject to benefit limitations, such as number of services allowed per calendar year. Please refer to your plan document for complete information on all plan provisions.

# Dental Plan Highlights

## Outreach Program

If you have been diagnosed and treated for one of the qualifying medical conditions** you can take advantage of the Cigna Dental Oral Health Integration Program benefits:

- Get paid back 100% for certain dental services
- Learn how stress and other issues affect oral health
- Get discounts on certain prescription dental products

To access a registration form or learn more about the program, please call Cigna's Customer Service at **1-800-244-6224** or go to **myCigna.com**:

- Under the Review My Coverage tab, choose Dental
- On the right-hand side, choose the registration form from the Related Links section.

**Qualifying medical conditions include diabetes, heart disease, pregnancy, stroke, head and neck cancer radiation, organ transplants and chronic kidney disease.

## Network Access

When you use **myCigna.com**, you can search for a dentist that meets your needs and view estimated costs, based on your specific plan. This allows you the opportunity to choose the right dentist. You can also schedule your appointment online.

## Dental

**What is included in Class I, Class II, Class III and Class IV Services?**

Generally, the services can be broken down as follows;

- **Class I**: Preventive services include oral exams, cleanings, fluoride treatments, sealants, xrays and space maintainers.
- **Class II**: Basic Restorative includes fillings, Endodontics, Periodontics, Oral Surgery, Anesthesia and repairs to bridges, crowns, inlays, onlays and dentures.
- **Class III**: Major Restorative includes inlays, onlays, crowns, prosthesis over implants, bridges and dentures.
- **Class IV**: Orthodontia coverage

This is a general description only. There may be frequency, age, service or other limitations associated with any of these benefits. Please refer to your Summary Plan Description for a complete list of all covered services and any limitations.

**What is the calendar year maximum payment?**

This is the most the plan will pay toward covered services for any one individual. You will be responsible for 100% of all covered dental expenses after the plan has paid the annual maximum.

## Dentist Quality

When you search for providers on **mycigna.com**, you get immediate access to the dentist profiles, including detailed information about years of experience, professional affiliations, areas of specialty and even photos and videos of the practice.

You can also compare dental providers through ratings based on factors like professional history and verified patient reviews.

# Vision Coverage

## Overview

Routine eye exams are important for maintaining good vision and can also provide early warning of other health conditions. The EyeMed vision plan provides coverage for exams, glasses and contact lenses. Employees pay the full cost of vision coverage. Please review full summary for details.

In-network coverage is provided when you use EyeMed participating providers. To search for providers, log onto **portal.eyemedvisioncare.com** or call **1-866-939-3633**.

## Vision Plan Highlights

### Does the plan cover both contact lenses and glasses?

Yes, however, you can only utilize the plan benefits for one or the other in a benefit period.

If you purchase glasses and contact lenses in the same benefit period, the plan will only cover one of the two options.

### Does the plan cover lens treatments?

Yes, with participating providers, you will have minimal copays for treatments such as tinting, scratch coating, polycarbonate, polarization or other addons.

### Does the plan cover laser vision correction?

The plan offers an average 15% off the regular price, or 5% off promotional prices, for laser vision correction. These discounts are only available from contracted facilities. We recommend you use your frame allowance for sunglasses after surgery!

### Are there plan limitations?

Yes. Please refer to your Summary of Benefits and Summary Plan Description for complete details regarding the plan coverage, out of network benefits, and any limitations

| EyeMed | | |
|---|---|---|
| | **Core Plan** | **Plan Allowance / Reimbursement** |
| Eye Exam with dilation as necessary (once every calendar year) | $0 copay | Up to $42 |
| Single vision plastic lenses (once every calendar year) | $10 copay | Up to $25 |
| Frames (once every calendar year) | Amount over $200 allowance | Up to $45 |
| Lens option (standard Polycarbonate) | $40 | N/A |
| Progressive Lenses (standard) | 10 Copay | Up to $40 |
| Contact Lenses instead of glasses (once every calendar year) | $0 copay, $175 allowance, 15% off balance over $175 | Up to $100 |

# Life Insurance

MetLife

## Basic Life/AD&D: Full-Time Employees Only

Basic life insurance is available to (non-1199) full-time employees only. Employee basic life insurance is equal to 1.5 times your basic annual earnings, rounded to the next higher $1,000. The maximum amount of insurance is $500,000. This includes an additional accidental death and dismemberment (AD&D) provision that offers coverage in the event of accidental death and certain other conditions. Basic life and AD&D insurance is administered by MetLife and is paid for by White Plains Hospital.

(According to federal law, only the first $50,000 of employer-paid life insurance is not taxable. Premiums paid by White Plains Hospital for coverage levels over $50,000 will be taxable to you and will be included on your paycheck.)

## Voluntary Life Insurance

All FT and PT employees can purchase voluntary life insurance for themselves, their legal spouse and dependent children without providing medical information up to certain guarantee issue (GI) amounts (see chart) when you are first hired. Amounts up to the GI levels are automatically approved.

## When is evidence of insurability (EOI) required?

- On initial new hire election: any amount of coverage in excess of the GI.
- On future increases: any increase in existing coverage amount.
- On future new elections: if you previously declined a coverage, but wish to add it later, you will be required to submit EOI for any amount requested.

## What happens if EOI is declined?

- You are not enrolled for any life insurance coverage amount declined by MetLife.

## Please note:

- Premium requirements are based on your attained age.
- Benefit amounts begin to reduce at age 75. Please refer to the benefit summary for details.

| Voluntary Life Amounts Available | |
|---|---|
| **Employee** | Increments of $10,000 to a maximum amount of $500,000 Guaranteed issue*: $250,000 |
| **Spouse** | Increments of $10,000 to a maximum amount of $500,000 Guaranteed issue*: $10,000 |
| **Child (to age 26)** | Birth to age 6 months: $1,000 6 months but less than 26 years: $2,500 |

**To enroll in Voluntary Spouse and/ or Child Life, you must be enrolled in Voluntary Employee Life.**

*Guaranteed issue is the maximum amount of coverage you or your dependents can elect without medical questions. Guaranteed issue is only available to newly benefit eligible employees (and in some cases, during special enrollment periods).

**Reminder:** As you review your benefits, update your beneficiaries as needed.

# Disability Insurance

The Hartford administers our disability insurance benefit plans. White Plains Hospital pays the cost of (statutory) short-term and long-term disability insurance. You are automatically enrolled in these benefits.

## Short-Term Disability

Short-term disability (STD) benefits are based on the New York State mandated disability platform. This benefit becomes payable when you are unable to work due to an injury or illness unrelated to work. If you remain disabled and meet the plan's disability requirements, you will continue to receive a percentage of your earnings until the benefit duration has ended.

**Benefit Begins:** on the 8th consecutive day of disability.

**Benefit amount:** 50% of your weekly salary, to a maximum of $170 per week.

**Benefit Duration:** Up to 26 weeks.

Benefit level is consistent with, and subject to, New York state requirements.

## Voluntary Short-Term Disability Insurance

Voluntary STD insurance helps protect your income during absences due to non-occupational injury or illness and pregnancy. The cost of coverage is dependent on your age, the commencement period, and the weekly benefit amount that you select. The premium is deducted post-tax from your paycheck, and the benefit is received tax-free.

## Long-Term Disability: Full-Time Employees Only

Long-Term Disability (LTD) benefits are provided to non (1199) full-time employees as income protection in the event you become disabled for an extended period.

**Benefit Begins:** After 180 days of qualified STD disability.

**Benefit Amount:** 60% of basic monthly earnings, to a maximum of $10,000 per month.

**Benefit Duration:** Social Security Normal Retirement Age (SSNRA).

### Important Notes:

- Claims for newly covered employees will be denied if you received medical treatment/advice/care or services in the last 3 months prior to the effective date of this coverage and the disability began in the first 12 months after your effective date of coverage.
- Benefit payments illustrated are before taxes. Your disability payments are normal income and subject to standard tax requirements.

# Long Term Disability Plan FAQ

## Are benefits limited for Mental Illness or Substance Abuse?

Yes. If you are disabled due to

- Mental illness from any cause,
- or any condition results in mental illness due to alcoholism or
- Non-medical use of narcotics, sedatives, stimulants, hallucinogens, etc.

Benefits are payable, not to exceed 24 months, under certain conditions. There are specific limitations and confinement requirements associated with this coverage. Please refer to your Summary Plan Description for complete details.

## Are benefits limited for any other conditions?

Yes. There are some conditions, such as chronic fatigue, musculoskeletal illness, Lyme disease, that may have benefit limitations. Please refer to your Summary Plan Description for complete details.

## How is the benefit calculated if it is less than 1 month?

The plan will pay 1/30 of the monthly benefit for each day you are disabled, after the elimination period has been met.



# Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSA) allow you to set money aside for certain eligible expenses and draw from it throughout the year to pay for those expenses. The money is set aside pretax, reducing your taxable income. Two types of FSAs are available:

- Healthcare
- Dependent Care

Money cannot be transferred between the accounts (i.e., you cannot use money from your healthcare FSA to pay for dependent care expenses and vice versa).

## Healthcare FSA

This FSA allows you to submit your and your dependent's eligible medical, dental, and vision expenses for reimbursement. You can deposit up to $3,400* to a healthcare FSA for the 2027 calendar year.

* 2027 limits will be added once confirmed by IRS.

## Dependent Care FSA

A dependent care FSA is used to pay the costs of dependent care that enable you to work. This care may be for a child under age 13 and for older dependents, including children, spouses, and parents who are physically or mentally unable to care for themselves and who live with you for more than half the year. Eligible expenses include daycare, before-school and after-school care, babysitters, and elder daycare. For the 2027 calendar year, you can deposit up to $7,500 to a dependent care FSA ($3,750 if you are married and filing separately).

### FSA Timing

- Your 2027 FSA annual election covers valid expenses incurred by you and/or your eligible dependent during the 2027 plan year only.
- Claims incurred during 2027 can be submitted for reimbursement up until March 31, 2028. Claims submitted after that date will not be eligible for FSA reimbursement.
- Funds remaining in your FSA after the end of the claim filing period are forfeited.

## How the FSA Works

As a new hire (and again during Open Enrollment), you select the amount of money you wish to deposit into the healthcare and/or the dependent care account for the entire plan year. The plan year for the FSA benefit is January 1 to December 31. The total amount is then equally divided by the number of pay periods remaining in that year and that amount is deducted from each paycheck on a pre-tax basis. The money is then deposited into your FSA account(s).

As you incur eligible expenses, you file a simple claim form (along with copies of your receipts) and are reimbursed for such expenses from the account. Employees who enroll in the healthcare FSA will receive an FSA debit card (credited with their annual election amount,) to pay for qualified purchases, eliminating the need to submit a paper claim and wait for reimbursement.

**NEW**

Beginning January 1, 2027, your spending accounts will be administered through MyChoice® Accounts. If you enroll in an eligible account, you'll use MyChoice Accounts to manage your account, view balances, submit claims, and access account information online or through the MyChoice Benefits app. Your account balance and eligibility are not impacted by this change.

### What to expect

- Access your account online or through the MyChoice Benefits app.
- View account balances and transaction history.
- Submit claims and manage reimbursements.
- **Receive a MyChoice Accounts debit card for eligible expenses, if applicable.**

# Flexible Spending Account Plan FAQ

## Healthcare FSA

**What services are eligible for reimbursement?**

The IRS determines what expenses are eligible for reimbursement under a healthcare FSA. Generally, it can be used to reimburse you for

- Healthcare-related expenses, such as deductible, co-pay and co-insurance dollars
- Dental expenses, such as your coinsurance payments, or amounts above the plan payment maximum
- Vision expenses

This is a general description only. Please refer to your Summary Plan Description for a complete details on covered services and limitations.

**How much of my FSA is available immediately?**

Once you make your annual election, you are required to make contributions throughout the year.

100% of your planned annual contribution is available on January 1 of the plan year. Please remember, absent a significant change in family status, you will still be required to continue contributing through the remainder of the plan year in order to ensure you contribute the full value.

## Dependent Care FSA

**What services are eligible for reimbursement?**

The IRS determines what expense are eligible for reimbursement under a dependent care FSA. Generally, it can be used to reimburse you for:

- Custodial care of a child. Expenses include qualified day care, after-school care, pre-k and day camps.
- Custodial care of an eligible adult that is mentally or physically incapable of caring for themselves.

Eligible expenses do not typically include education tuition, overnight camps, or custodial care that is not for the purpose of allowing the parent to work, or food/meals and such.

Requirements and documentation are very specific. Please refer to your Summary Plan Description for complete details on covered services and limitations.

**When are my FSA dollars available to me?**

You can only be reimbursed up to the total amount accumulated in your dependent care account. If there are not adequate funds in the account for a specific charge, it will be held until future funding is made.



# Additional Benefits

## Commuter Benefits

Our Commuter-Transit Account allows you to use pre-tax dollars from your paycheck to pay for qualifying mass-transit expenses for commuting to and from work. You can contribute up to $340* per month for transit expenses. Contribution amounts can be changed as needed anytime during the year. Unused balances roll over month-to-month.

* 2027 limits will be added once confirmed by IRS.

**NEW**

Beginning January 1, 2027, your Commuter-Transit Account will be administered through MyChoice® Accounts. If you enroll in an eligible account, you'll use MyChoice Accounts to manage your account, view balances, submit claims, and access account information online or through the MyChoice Benefits app. Your account balance and eligibility are not impacted by this change.

### What to expect

- Access your account online or through the MyChoice Benefits app.
- View account balances and transaction history.
- Submit claims and manage reimbursements.
- Receive a MyChoice Accounts debit card for eligible expenses, if applicable.

## Credit Union

All employees are eligible for membership at US Alliance Financial (Credit Union). Credit unions typically charge lower fees compared to banks, and focus on helping members save, borrow and receive affordable financial services. Local branches are available, as well as regular on-site support. US Alliance can be reached at **1-800-431-2754** or **www.usalliance.org**.

## Tuition Reimbursement

White Plains Hospital believes strongly in nurturing our employees' professional growth and development in both their current and future roles. The Hospital offers financial support and partners with several universities and colleges to help both full and part-time employees obtain degrees and training that add value to our organization.

White Plains Hospital (WPH) offers tuition assistance to all eligible, non-union, full-time and part-time employees interested in professional development and adding value to the organization.

For courses/programs leading to a degree, White Plains Hospital will reimburse (excluding books, fees, scholarships, grants, discounts, etc.), with limits based on employment status and degree sought. For further details, please refer to the Tuition Assistance Program Policy.

In addition, WPH partners with colleges and universities to offer discounts and scholarships exclusively to eligible WPH employees. These programs are available in a variety of convenient formats, including face-to-face classroom instruction, online learning, or blended/hybrid learning.

# Additional Benefits (continued)

## Automobile and Home Insurance Program

Travelers offers WPH employees (direct pay) discounted rates on automobile and homeowner's/renter's insurance coverage. Licensed insurance representatives can review your insurance needs with you, explain coverage options and help you find discounts, including multi-policy and safe driver discounts. Please call **1-888-695-4640** directly for information.

## 529 New York State College Savings Program

New York State (NYS) offers a tax-favored flexible program that allows you to save for college expenses for your child, grandchild, niece, nephew, friend or even yourself. If you are a NYS taxpayer, you can deduct your contributions from your NYS taxable income.

You can use the funds for qualified higher education expenses at eligible schools anywhere in the country, and even at some foreign schools.

Please visit **nysaves.org** for more information and to enroll. Salary Reduction Agreements should be sent to **WPH-EmployeeBenefits@wphospital.org**.

## Critical Illness Insurance

White Plains Hospital offers Critical Illness Insurance through The Hartford. This insurance helps protect you and your family from the financial impact of an unexpected illness such as the diagnosis of a heart attack, cancer, stroke, or organ transplantation.

The cost of coverage is withheld on a post-tax basis from your paycheck and the benefit is received tax-free. The plan also provides an annual cash benefit (per calendar year) for eligible health screenings and prevention measures. Enrollment is available to all full-time and part-time employees during the initial new-hire period or the annual open enrollment period only.

**NEW**

## Accidental Injury Benefits

Accident insurance through The Hartford pays you cash benefits if you're injured in a covered accident.

You can use the benefit however you need: copays, deductibles, lost wages, or everyday bills while you recover, helping alleviate financial stress so you can focus on getting better. Covered incidents include things like broken bones, lacerations, emergency transportation needs and more.

This coverage can complement other benefits and help close the financial gap left by traditional health care insurance.

## Group Legal Insurance

LegalEASE

The White Plains Hospital legal services' benefit is administered by LegalEASE. This program provides a discounted fee schedule and offers convenient access to attorneys by phone, online, or in person for a wide variety of legal services. Common legal services include estate documents (wills and trusts), real estate matters, traffic offenses, document review, adoptions, name changes, and debt collection defense.

## Identity Theft Protection

Identity theft is when thieves steal your personal information in order to take over or open new accounts, file fake tax returns, rent or buy properties or commit other crimes in your name. LegalEASE can help you avoid identity theft and, in the worst-case scenario, get your life back after a breach of your secure personal information. The LegalEASE Identity Theft plan is available for your purchase with premium paid through payroll deductions.

# WPH 403(b) Defined Contribution Retirement Program

## Who is eligible to join the plan?

All employees may join the plan to make employee contributions. In addition, an employer non-elective contribution is provided to all full-time and part-time employees except the following:

- 1199 employees covered by a collective bargaining agreement
- Per-diem employees
- Non-resident aliens with no U.S. earned income

## When will I join the plan?

All employees may begin to make salary deferral elections immediately.

Eligible employees will begin to receive the nonelective employer contribution following one year of employment (from date of hire).

## How do I enroll?

All newly hired employees will automatically be enrolled at a 6% tax-deferred contribution rate which will start after a 30-day opt-out period.
Each year thereafter, (after January 1) your contributions will escalate by 1% until you reach a deferral rate of 15%.

Employees are encouraged to register for online account access at **EmpowerMyRetirement.com**. Once registered you can access Empower's financial planning tools, make deferral and investment elections/ changes, track your balance and make your beneficiary designation. Otherwise, please call Empower at **866-467-7756** for assistance.

## Making contributions - What is my "pay" under the plan?

The plan contains a definition of "pay" for calculating contribution amounts. Your plan may use different definitions of "pay" for other purposes. To learn more about what types of compensation are used by the plan, please read your Summary Plan Description.

## How much may I contribute to the plan?

Employees may make tax-deferred or after-tax Roth contributions through payroll deduction up to the maximum allowed under the IRS limit.

- You may change your contributions at any time.
- You may elect to make both tax-deferred and Roth contributions (not to exceed annual limits)
- You may increase or decrease the amount of your contributions each payroll period
- You may stop your contributions at anytime

## 2027 IRS Limits for 403(b)/401(k) Defined Contribution Plans*

- Salary deferral limit: $24,500
- Catch-up contributions* for age 60-63: $11,750
- Catch-up contributions* for others (turning age 50-59 or 64+) $8,500
- Maximum compensation limit: $375,000

**Mandatory Roth Catch-Up:**

Under the SECURE 2.0 Act, participants turning 50+ with (WPH) 2025 FICA wages of $150K or more, must make any catch-up contributions on an after-tax (Roth) basis.

*2027 limits will be added once confirmed by IRS.

**You are immediately vested in your own contributions and earnings (including rollovers and/or transfers from other qualified plans). You become vested in the Hospital contributions and any associated investment earnings after completing three years of vesting service. Under certain circumstance, you may withdraw or borrow against your voluntary contributions.**

# 2027 Health Insurance Employee Bi-Weekly Contribution Rates

## Medical

Anthem BlueCross BlueShield

| Base Annual Salary | Coverage Level | EPO | | PPO | |
|---|---|---|---|---|---|
| | | Full Time | Part Time | Full Time | Part Time |
| Up to $49,999 | Employee | $50.17 | $100.34 | $103.97 | $207.96 |
| | Employee + Spouse/DP | $102.85 | $205.70 | $213.14 | $426.28 |
| | Employee + Child(ren) | $86.59 | $173.18 | $179.46 | $358.91 |
| | Family | $151.19 | $302.39 | $313.57 | $617.53 |
| $50,000–149,999 | Employee | $56.92 | $113.83 | $118.93 | $237.90 |
| | Employee + Spouse/DP | $116.67 | $233.35 | $243.82 | $487.66 |
| | Employee + Child(ren) | $98.23 | $196.46 | $205.30 | $410.60 |
| | Family | $171.52 | $343.03 | $358.73 | $706.46 |
| $150,000–249,999 | Employee | $71.04 | $142.09 | $151.22 | $302.47 |
| | Employee + Spouse/DP | $145.65 | $291.06 | $310.03 | $620.06 |
| | Employee + Child(ren) | $122.61 | $245.26 | $261.04 | $522.07 |
| | Family | $214.11 | $428.22 | $456.12 | $898.27 |
| $250,000+ | Employee | $75.94 | $151.88 | $161.40 | $322.85 |
| | Employee + Spouse/DP | $155.67 | $311.34 | $330.91 | $661.82 |
| | Employee + Child(ren) | $131.06 | $262.14 | $278.62 | $557.23 |
| | Family | $228.84 | $457.69 | $486.84 | $958.75 |

## Dental

cigna healthcare

| Coverage Level | Core Plan | | Premier Plan | |
|---|---|---|---|---|
| | Full Time | Part Time | Full Time | Part Time |
| Employee | $10.58 | $25.44 | $16.60 | $32.13 |
| Employee + Spouse/DP | $19.05 | $45.79 | $29.90 | $57.92 |
| Employee + Child(ren) | $20.11 | $48.35 | $31.55 | $61.15 |
| Family | $29.63 | $71.24 | $46.50 | $90.12 |

## Vision

EyeMed

| Coverage Level | | |
|---|---|---|
| $0-$150,000+ | Full Time | Part Time |
| Employee | $4.45 | $4.45 |
| Employee + Spouse/DP | $8.43 | $8.43 |
| Employee + Child(ren) | $8.88 | $8.88 |
| Family | $13.04 | $13.04 |

# Resources/Contact Information

| Provider | Benefit | Phone | Website / Email |
|---|---|---|---|
| Anthem Blue Cross Blue Shield | Medical | 1-800-889-4817 | www.anthem.com |
| Anthem/ CarelonRx Pharmacy | Prescription | 1-833-396-0309 | www.carelonrx.com |
| CIGNA | Dental | 1-800-244-6224 | www.mycigna.com |
| EyeMed | Vision | 1-866-939-3633 | www.portal.eyemedvisioncare.com |
| The Hartford | Disability Insurance Leave Management | 1-888-683-2816 | www.abilityadvantage.thehartford.com |
| Tetley FinancialPartners | Employee Paid Disability and Critical Illness Insurance Accidental Insurance | 1-203-521-3894 | dtetley@tetleyfp.com |
| 2027 Accounts: MyChoice Accounts, FSA, Commuter | Access via the HealthyME Benefits Center | 1-866-959-3545 | HealthyMEBenefitsEnroll.com |
| My Work Life Balance | Employee Assistance Program (EAP) | 1-800-272-7255 | www.guidanceresources.com |
| LegalEASE | Group Legal/ Identity Theft | 1-800-248-9000<br>1-888-416-4313 | www.legaleaseplan.com/wphospital |
| US Alliance Federal Credit Union | Banking Services | 1-800-431-2754 | www.usalliance.org |
| 529 NYS College Savings Plan | College Savings | 1-877-697-2837 | www.nysaves.org |
| Merrill-Lynch Rep: Joseph Juliano | Financial Advisory Services | 1-203-254-6969 | Joe.Juliano@ml.com |
| Plum Benefits | Entertainment, Travel & Sporting Event Discount | 1-212-660-1888 | www.plumbenefits.com<br>Member code: ac1221237 |
| Empower Retirement | Retirement Plans | 1-866-467-7756 | www.empowermyretirement.com |
| HealthyMEBenefits Center | Online Benefit Portal | 1-866-959-3545 | HealthyMEBenefitsEnroll.com |
| White Plains Hospital | WPH Benefits Department | | WPHEmployeeBenefits@wphospital.org |
| COBRA Administration | HealthyME Benefits Center | 1-866-959-3545 | HealthyMEBenefitsEnroll.com |

# Required Notices

The U.S. government requires companies offering certain employee benefit plans to inform covered employees and their dependents about laws/provisions that affect the governance and/or coverage within those plans.

WPH has full details available for you concerning the following laws/provisions:

- Michelle's Law
- Women's Health & Cancer Rights Act
- Newborn and Mother's Health Protection Act
- Wellness Program Notice
- EEOC Notice
- Notice of HIPAA Privacy Practices
- Notice of HIPAA Special Enrollment Rights
- Notice of Patient Protections
- New Health Insurance Marketplace Coverage Options and Your Health Coverage
- Medicare Creditable Coverage Notice
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
- Model General Notice of COBRA Continuation Coverage Rights

Also, from time to time, you may receive detailed explanations directly from the WPH via letter or email.

# 2027 Employee Benefits Guide




## Keep in touch

**WPH-EmployeeBenefits@wphospital.org**