2026 - 2027 BENEFITS GUIDE

The Arc
Mercer

2026-2027 BENEFITS

July 1, 2026 through June 30, 2027

Dear Arc Mercer Team Member,

I want to take a moment to express my sincere and heartfelt appreciation for your dedication, resilience, and commitment you bring to our organization every single day. It is because of your hard work and unwavering efforts that we continue to thrive and are able to increase the number of consumers we serve as well as the services we provide.

This Benefits Guide has been thoughtfully designed with YOU in mind. We recognize that your well-being – physical, financial, and emotional – is the foundation upon which our collective success is built. The benefits package outlined in the pages that follow reflects Arc's ongoing commitment to supporting you and your families in every aspect of life.

The Premium Holiday Program is back for the 3rd Year! Team members enrolled in Arc's medical plan have the opportunity to save up to $849.90 on their insurance premium by completing tasks that promote long-term good health throughout the 7-1-26/27 Plan Year. Please check out the Premium Holiday flyer for details.

SENA Health is back for the 3rd Year! SENA Health will continue to provide care concierge services to members who choose to enroll at no additional cost. The dedicated team of health coordinators are available 24 hours a day, 7 days a week, 365 days a year. They will guide you to the proper care quickly, while ensuring your out-of-pocket expense is as low as possible. I hope you will let them help you save time & money.

This Benefits Guide is only an overview; I encourage you to reach out to our HR-Benefits Team at Benefits@arcmercer.org or 609-406-0181, ext.110, with any questions.

Thank you for being the heart and soul of this organization. It is a privilege to lead such a talented and dedicated team, and I look forward to all that we can accomplish together in the year ahead.

With gratitude,

Steve

Steven P. Cook
Executive Director

The Arc
Mercer

CONTENTS

WHAT'S INSIDE

This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets and SPDs determine how all benefits are paid.

BeneStream

Potential savings on insurance coverage

You and your family may qualify for free health insurance coverage. Medicaid and Children's Health Insurance Program (CHIP) offers:

- No deductibles
- No copays for most services
- Dental, vision, and prescription coverage
- Strong provider networks

FREE COVERAGE MAY BE ONLY A PHONE CALL AWAY!

Phone
877-223-1432

Hours
Monday – Friday,
8 a.m. to 8 p.m. EST

Email
joshua.alvarezsingh@workersbenefitfund.com

How BeneStream can help

The BeneStream service is paid for by Arc Mercer – there is no cost to you. Prior to enrolling in Arc Mercer's benefits plans, contact BeneStream to see if you are eligible for free or low-cost coverage.

Screening Steps

1. Call BeneStream.
2. BeneStream's multi-lingual team will conduct a 5-to-10-minute screening by phone.
3. BeneStream will prepare Potentially Eligible employees for enrollment.

Enrollment Steps

1. BeneStream will schedule a 40-to-80-minute enrollment appointment for Potentially Eligible employees.
2. During the appointment, one-on-one application assistance is provided for Medicaid and CHIP by trained enrollment experts.

ELIGIBLILITY FOR BENEFITS

WHAT DO YOU NEED?

- **Marriage Certificate** if covering a spouse
- **Birth Certificate or Guardianship Paperwork** if covering a child

Are you eligible?

You are eligible for the benefits outlined in this guide if you are an active, full-time employee working 35 or more hours per week.

Your eligible dependents

You can enroll the following family members in benefits:

- Legal spouse
- Child(ren)* until age 26

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

Attestation of eligibility
If your spouse and/or dependent(s) are eligible for medical benefits elsewhere, you will be required to sign an attestation of eligibility (see sample below). In addition, the premium will be up to 50% more than if no other coverage is available to your spouse and/or dependent(s) (see contributions on page 25).

Sample Form
This statement is a legal attestation of eligibility commonly found in employer-sponsored health insurance enrollment forms. By signing it, you confirm that your spouse and/or dependent(s) meet specific criteria–such as not having access to other "creditable coverage"– and acknowledge that failing to be truthful on the form is grounds for disciplinary action, including potential termination of employment.

If your spouse and/or dependent(s) gains access to other "creditable coverage" between 7/1/26 and 6/30/27, you must notify the Benefits Division at benefits@arcmercer.org within 15 days of gaining access. Failure to provide notification will subject you to disciplinary action, including potential termination of employment.

Employee's Name: Date:

List the names and relationship of individuals enrolled in The Arc Mercer Medical Plan.

_____ _____

_____ _____

ELIGIBLILITY FOR BENEFITS CONT.

When can I enroll?

You can enroll in benefits as a new hire or during the annual Open Enrollment period. New hire coverage begins on the 90th day of employment; you will receive Push Notifications from Paycom reminding you to make your benefit elections.

If you miss the enrollment deadline, you'll need to wait until the next Open Enrollment (the one time each year that you can make changes to your benefits for any reason). Benefits elections made during annual Open Enrollment take effect July 1 after you enroll.

Contact HR-Benefits at benefits@arcmercer.org with questions about enrollment.

Termination of Coverage

If you or a covered dependent no longer meet the eligibility requirements or if your employment ends, your medical and dental coverage will end on the last day of the month in which you become ineligible. You may be eligible to elect COBRA for yourself and your eligible dependents.

You are responsible for informing Human Resources within 30 days if any of your dependents become ineligible for benefits.

CHANGING YOUR BENEFITS

Outside of new hire enrollment or Open Enrollment, you may be able to enroll in or make changes to your benefits elections if you experience a qualifying life event, such as:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in an individual's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act.

You must contact the HR-Benefits Team within 30 days of the qualifying life event if you wish to make a corresponding change to your benefits. With eligibility for Medicaid or CHIP or termination of Medicaid or CHIP, you have 60 days to contact the HR-Benefits Team. Written documentation supporting your eligibility to make changes may be required.

SENA HEALTH

GET THE HELP YOU NEED

Phone or text
609-961-6422

Email
hello@senahealth.com

Hours
24/7/365

Who is SENA Health?

SENA Health is Arc Mercer's **Care Concierge Partner**. We've partnered with SENA to help you and your family stay healthy and get timely care when you need it and from the right provider or facility. SENA is offered at **no cost** to you and is voluntary.

After you enroll in Arc Mercer's medical plan and complete your initial intake call with SENA, you'll have access to a dedicated team of health coordinators **24 hours a day, 7 days a week, 365 days a year** at no cost to you. Click the QR code to the left or the following link to complete an enrollment form which will initiate your intake call with SENA: Sena Health Enrollment Form (jotform.com).

How SENA can help

SENA will guide you to the proper care quickly and can even contact the provider for you:

- **Saving you time.** SENA has a list of your providers and can help schedule appointments for you.
- **Saving you money.** You will get help accessing options to pay the lowest copays available under the plan.
- **Saving you from be frustrated.** Your care will be coordinated for you.

Examples of when SENA can help

SENA should be your first call or text when you:

- Have a symptom and need help figuring out where to go.
- Need a doctor to diagnosis a problem you're having.
- Have a medical problem and need lifestyle changes to fix it. Where can I find help with that?
- Are VERY stressed. Where can I find relief?
- Are told your infection needs infusion in a hospital. Is there another option?
- Need a primary care physician. How do I pick one?
- Want to make sure your doctor is "in-network" to avoid surprise bills?
- Want to know if your prescription is generic?

HAVE A BENEFITS OR CLAIMS ISSUE THAT NEEDS ESCALATING?

CONTACT YOUR CAMPBELL PETRIE BENEFITS ADVOCATE

Sekia Davis
Sekia.Davis@patriotgis.com

Phone
888-546-2489

Hours
Monday – Friday,
9 a.m. to 5 p.m. EST

Get help from a Benefits Advocate

SENA Health is your primary point of contact when you need health care.

For benefits and claims issues that need escalating, you have a dedicated Benefits Advocate with our benefits consultant Patriot Growth Insurance Services, LLC (“Patriot”).

Benefits Advocates are trained specialists who can assist with complex benefits issues like:

- Solving a benefits related problem
- Answering a question about a bill
- Providing clarification on an insurance matter
- Resolving a claim that has not been paid properly
- Appealing an insurance determination

Claims assistance

If you need claims assistance, you’ll need to complete a HIPAA Authorization Form to grant your Benefits Advocate permission to work with your insurer and/or healthcare provider(s) to resolve your claims issues.

Help with dental too!

Your Patriot Benefits Advocate can also answer questions about your Arc Mercer dental benefits and claims, not just medical.

HEALTHCARE

MAKE TIME FOR HEALTH

OUR COMMITMENT

We believe that our employees should have access to healthcare coverage that promotes preventive care and helps cover the cost of illness.

Eligible employees and their eligible dependents can enroll in medical and dental, plus employees have access to a dental and vision reimbursement program.

Medical

We offer a comprehensive medical plan, with no deductibles or coinsurance. Preventive care and virtual care are covered in full; you have a copay for other services. Allied administers the medical plan using the national Aetna Signature Administrator network of doctors, hospitals and other healthcare providers. **Providers should contact Allied (not Aetna) at the number on your ID card when verifying eligibility**.

Dental

You have the choice of two dental plans offered through Horizon. Regular checkups and cleanings are fully covered under both plans and can identify issues before they become serious. If you need dental services, the plans help cover the cost of fillings, root canals, gum disease, orthodontia, and more. Employees enrolled in a dental plan are eligible for the Dental Reimbursement Program.

Vision

Employees, their spouses, and dependents who are enrolled in Arc Mercer's medical plan are eligible for the Vision Reimbursement Program.

EPO

With the EPO, care must be received in-network to receive benefits, except in a true emergency. The plan is administered by Allied using the Aetna Signature Administrator network.

In-Network Services	**Copay Per Visit**
Preventive Care	None
Teladoc (Virtual Visits)	None
Primary Care	$10
Specialist	$25
Allergy Shot	$25
Inpatient Hospital	$1,500
Outpatient Hospital	$750
Routine Radiology and Lab	$25
Advanced Radiology*	$250
Advanced Radiology* through SENA/Valenz Health	None
Emergency Room	$500
Urgent Care	$50
Prescription Drugs: 30-Day Supply	**(Retail)**
Generic	None
Preferred Brand	$50
Non-Preferred Band	30%
Specialty	30%
Prescription Drugs: 90-Day Supply (Mail)**	
Generic	None
Preferred Brand	$100
Non-Preferred Band	30%
Out-of-Pocket Maximum	$1,500 per person to a maximum of $4,500 per family
Lifetime Maximum	Unlimited

*Advanced Radiology includes MRI, MRA, CAT, PET scan

**After 2 fills at the pharmacy, certain maintenance medications must be filled through mail-order to continue to receive coverage. If you qualify, SmithRx Connect programs are mandatory to continue coverage. SENA can help you enroll for both mail order and the Connect Programs.

Healthcare questions?
Contact SENA Health
609-961-6422 | hello@senahealth.com

PRESCRIPTION DRUGS

SmithRx

Your pharmacy benefits are administered by SmithRx. This coverage is automatically included when you enroll in Arc Mercer's medical plan.

There are over 75,000 pharmacies, including national chains and independent retailers, in the SmithRx network. Be sure to present your medical/Rx ID card along with your prescription at the pharmacy. SENA Health can help you locate in-network pharmacies.

FORMULARY DRUG TIERS DETERMINE YOUR COST

$0	Generic Drug
$$	Preferred Brand Drug
$$$	Non-Preferred Brand Drug
$$$$	Specialty

What is a formulary?

A drug formulary is a list of prescription drugs covered by your medical plan. Most prescription drug formularies separate the medications they cover into four or five drug categories, or "tiers." These groupings range from least expensive to most expensive cost to you. "Preferred" drugs generally cost you less than "non-preferred" drugs.

Your plans formulary is listed on mysmithrx.com; SENA Health can help you locate where you medication falls within the plan's formulary.

Get the most from your coverage

To get the most out of your prescription drug coverage, note where your prescriptions fall within your plan's drug formulary tiers and ask your doctor for advice. Generic drugs are usually the lowest cost option. Generics are required by the Food and Drug Administration (FDA) to perform the same as brand-name drug counterparts

Note: Many specialty medications require prior authorization; call SmithRx Members Services at 844-454-5201 to initiate the process.

ADDITIONAL WAYS TO SAVE ON PRESCRIPTIONS

MAIL ORDER QR CODE

Amazon Pharmacy (mail order)

In addition to using generic drugs, the mail order pharmacy can save you money on maintenance medications prescribed for chronic, long-term conditions that are taken on a regular and recurring basis. **Mail order is required on maintenance medication after the 2nd refill for benefits to continue.**

With mail order you'll receive a 90-day supply of your maintenance medication for 2½ times the regular copay. Using Amazon Pharmacy to refill your maintenance prescriptions is also a convenient way to ensure you have enough of the medication delivered directly to your home.

To Enroll: visit amazon.com/smithrx; click "Get Started" or scan the QR code to the left; SENA can help you enroll. If you are already an Amazon customer, follow the sign-up process.

Verify and/or add your insurance: You may find an additional 2-digits to your pre-populated member ID. It is important to verify your full member ID on your ID card against the insurance profile. Reminder to have your ID card ready to double check all your information.

Request a new prescription or transfer an existing prescription:

- **New Prescriptions:** Request your doctor or prescriber to send a 90-day supply of your new prescription to Amazon Pharmacy via electronic prescribing (e-scribe) or via phone/fax.
  - **Name/E-scribe:** Amazon Pharmacy Home Delivery
  - **Amazon Pharmacy fax:** 512-884-5981
  - **Amazon Pharmacy address:** 4500 S Pleasant Valley Road, Suite 201, Austin, TX 78744-2911
  - **Amazon prescriber and pharmacy line:** 855-206-3605
- **Existing Prescriptions:** Notify your doctor or provider that you need your prescription transferred to Amazon Pharmacy. Please note the prescription(s) must have remaining refills.

ADDITIONAL WAYS TO SAVE ON PRESCRIPTIONS CONT.

Find My Meds Tool

SENA can help you can use the SmithRx Find My Meds Tool to see a list of online and retail pharmacies near you that will provide your medication at the lowest cost. The **Find My Meds tool** can be found at mysmithrx.com. Your medical plan ID card has all the information that your pharmacy needs to find the best deals for you at point of sale.

SmithRx Drug Pathways

The SmithRx Drug Pathways program (formerly called Connect 360) identifies alternate sources for your high-cost specialty and branded medications to be covered at little or no cost for you. The SmithRx team helps you navigate the process, doing much of the heavy lifting. If you are taking medications that qualify for the program, you will receive a call from the SmithRx team to start the process of saving you money. If you miss the call from SmithRx, it's important to call them back so you do not miss out on this great cost-savings opportunity. Examples of Drug Pathways programs include Access, Access Plus, Mark Cuban Cost Plus, Low-Cost Insulin, and Assist.

If your medication qualifies for a SmithRx Drug Pathways program, the SmithRx representative will advise you where the prescription must be filled and help you through the process. Specialty medications must be filled through the designated pharmacy to remain eligible for coverage.

If you qualify, SmithRx Drug Pathways programs are mandatory to continue coverage; SENA can help you enroll.

GoodRx

You will also be receiving a GoodRx card. This is NOT part of your SmithRx pharmacy benefit however, it may save you money. We suggest you present the GoodRx card to see if the cost is lower than the applicable copay. If not, present your Allied ID card to the pharmacy. Please note that prescriptions purchased using the GoodRx card are not processed through the SmithRx and therefore will not count toward your copay, coinsurance, or out-of-pocket maximum under the medical plan.

ALLIED AND AETNA

HOW SENA HEALTH CAN HELP WITH PROVIDERS

- Find the appropriate in-network provider based on your healthcare needs
- Help manage appointment scheduling
- Facilitate communication with the provider

Who is Allied and Aetna?

Allied administers Arc Mercer's medical plan and gives you access to the Aetna network. Aetna is not the carrier, just the network.

If your doctor's office wants to verify coverage and calls Aetna, the office will be told you do not have Aetna coverage; the doctor needs to call Allied at the telephone number on your ID card.

About the Aetna Network

Aetna is a national network of providers including doctors, hospitals, labs, radiology and surgical centers, and more. To be part of the plan's network, these doctors and facilities must meet certain credential requirements and agree to accept a discounted rate for covered services under the health plan. Out-of-network coverage is not available, except in a true emergency.

Steps to find an in-network provider

SENA Health can help you find in-network providers and even schedule an appointment for you. Providers can be found by following these steps:

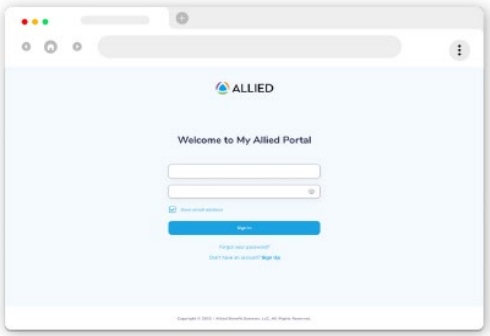
1. Go to alliedbenefit.com/ProviderNetworks and select "Aetna Signature Administrator."
2. Enter your location – zip code, city, county, or state — and click "Search."
3. Look up providers by typing into the general search bar or select from the categories shown.

Once you register on the My Allied Portal and/or My Allied Portal App, simply login and click the "Provider Network" tab.

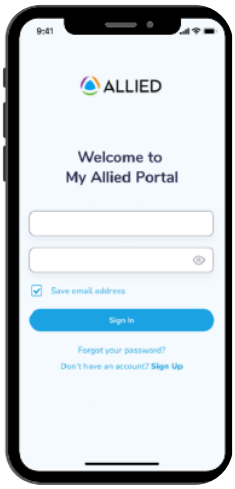
Questions?

Text or call SENA Health at 609-961-6422.

MY ALLIED PORTAL



SENA HEALTH CAN HELP WITH LOGIN AND NAVIGATION



Manage your benefits at home or on-the-go

My Allied Portal allows you to navigate your benefits and proactively manage your healthcare at any time from the mobile app or web browser. SENA Health can help you access My Allied Portal so you can:

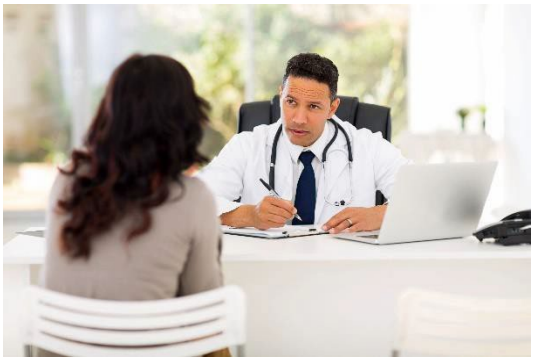
- View and share your digital ID card
- Look up claims and deductible progress
- Review your benefits, copays and coinsurance amounts
- Pull up your customized Personal Health Record (PHR)
- Find in-network providers plus cost estimates for medical procedures and treatments

Activate your new portal

1. Go to alliedbenefit.com/Members or head to your device's app store to download the My Allied Portal app.
2. Use your member ID and group number to log in.
3. Start exploring My Allied Portal's features to get the most out of your healthcare benefits.

You can use the same login credentials to access the mobile app and web browser.

PREVENTIVE CARE SERVICES FOR ADULTS AND CHILDREN



TYPICAL SCREENINGS FOR ADULTS

- Blood pressure
- Cholesterol
- Diabetes
- Colorectal cancer
- Depression
- STIs
- Skin cancer
- Physical

Preventive care for women should include breast and gynecological exams

For men, preventive care should include prostate cancer screening and a testicular exam

You take your car in for maintenance. Why not do the same for yourself?

Annual preventive checkups can help you and your doctor identify your baseline level of health and detect issues before they become serious. SENA Health can help you schedule your annual routine checkup.

What is Preventive Care?

The Affordable Care Act (ACA) requires health insurers to cover a set of preventive services at no cost to you. The type of preventive care you'll need to stay healthy varies by age, gender and medical history. SENA can review with you the full list of services and any limitations in your summary plan description available on My Allied Portal.

Preventive care is covered in full only when obtained from an IN-NETWORK provider.

Not all exams and tests are considered preventive

Exams performed by specialists are not generally considered preventive and may not be covered at 100%. Additionally, certain screenings may be considered diagnostic, not preventive, based on your current medical condition. You may be responsible for your share of the cost for those services. If you have a question about whether a service will be covered as preventive care, contact SENA.

PROGRAMS SENA CAN HELP YOU ACCESS

SENA Health can help you access additional valuable programs available to medical plan participants. Teladoc, Livongo, Valenz Health, and CancerCare offer specialized care to help you get well while saving you time and money.

Teladoc

You and your covered family members can talk to a doctor for non-emergency conditions by phone, video, or app at any time of the day or night, 365 days of the year. Conditions commonly treated by Teladoc include sore throat, flu, fever, sinus infection and rash. Teladoc doctors can provide a diagnosis, treatment, and prescription if needed. Teladoc can help avoid the high cost and long waits at the ER or urgent care, or if your primary doctor is unavailable. There is **no copay** for using Teladoc.

Livongo by Teladoc Health

Livongo helps you live healthier at **no cost** to you by offering chronic care solutions, including:

Diabetes management: connected meter, unlimited strips and lancets

Hypertension management: connected monitor and one-on-one coaching

Health living and diabetes prevention: connected scale and expert guidance

There are also a wide range of personalized self- and program directed solutions based on your level of program engagement.

Valenz Health

Valenz Health is a surgery and imaging program for the most common surgical and imaging procedures, including orthopedic, general surgeries, colonoscopies, MRIs, CT and PET scans. If you utilize this program, you will receive your procedure at **no cost**.

When appropriate, SENA Health will facilitate a call with a navigator from Valenz Health. The navigator will discuss your procedure with you and assist in finding and scheduling an appointment at an in-network facility to ensure that there are no out-of-pocket costs.

PROGRAMS SENA CAN HELP YOU ACCESS (CON'T)

CancerCare

This cutting-edge program is designed to optimize the treatment of cancer and increase the likelihood of a speedy recovery.

From an extremely important second opinion at one of the Centers of Excellence to the most current knowledge available through the National Comprehensive Cancer Network, you'll have a team of experts to guide you through all aspects of your treatment plan.

DISCOUNT PRESCRIPTION PROGRAM

MEDICAL ENROLLMENT IS NOT REQUIRED

Scan

GSNNJ Promo Code
AOM-360-OFF20

Email Customerr Service
support-careglp@carevalidate.com

CarePlus makes it easy to get the care you need from the comfort of home – you can access personalized treatment plans at a discounted cost, with free delivery of medication right to your home.

Covered Prescriptions

- **Medical weight loss.** Online access to GLP-1 medications along with guidance for nutrition, activity, and sleep
- **Hair Care.** Proven ingredients like minoxidil and finasteride, tailored to your individual needs
- **Skin Care.** Prescription skincare for acne, rosacea, fine lines, and more

How to Get Started

Scan the QR code to the left and use the promo code “NEED” to get 20% off covered prescriptions, then:

1. Complete a quick, online intake form
2. A U.S. licensed provider will review your information and write a prescription, if appropriate
3. Your medication will be shipped directly to your home

PET HEALTH INSURANCE

Questions?

Email benefits@arcmercer.org

We are SO EXCITED to be able to offer 3 options to all full-time employees, make it easy to pay through a payroll deductible AND assist the YOU with the cost!

Option 1 – Wishbone Total Pet

This plan covers all pets and is not insurance. There is NO cost to employees.

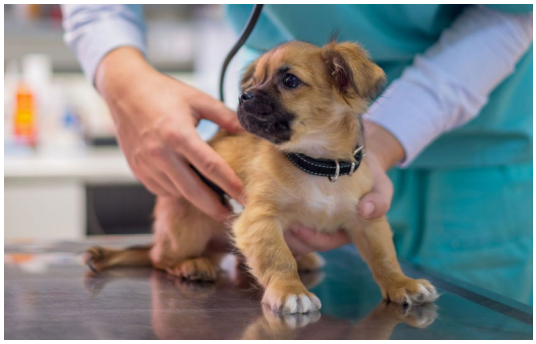
- **Vet Care:** 25% discount on all in-house medical services at only in-network vets. To find a network vet, visit www.wishboneinsurance.com/login.
- **PetPlus:** Receive member only pricing (up to 40% off) on prescriptions, preventative medication, food, toys treats for cats & dogs only plus free shipping.
- **AskVet (24/7 Pet Telehealth):** Chat with a US-based vet 24/7 even when your vet's office is closed (covers dogs and cats).
- **PetTag (lost pet recovery service):** Covers any pet wearing a collar; durable tag which can be scanned from any smart phone.

Option 2 – Wishbone Pet Insurance

This is available for dogs and cats only. You will receive a policy for your pet. You pay the difference between the bi-weekly premium less Arc Mercer's contribution of $10.61/month.

- **Vet Care:** $10,000 annual limit with $250 deductible and 70% or 80% reimbursement. This benefit covers office visits, exams, take home medications, emergency clinics – You can go to any vet and pre-existing conditions are excluded.
- **AskVet (24/7 Pet Telehealth):** Chat with a US-based vet 24/7 even when your vet's office is closed (covers dogs and cats). Annual exams and vaccines are excluded.
- **PetTag (lost pet recovery service):** Covers any pet wearing a collar; durable tag which can be scanned from any smart phone.

PET HEALTH INSURANCE CONT.



Questions?

Email benefits@arcmercer.org

Option 3 – Wishbone Wellness

This plan helps cover the cost of routine preventative care for all types of pets, including cats, dogs, birds, and exotic animals. There is NO cost to the employee.

- **Wellness Care:** Helps cover routine preventive care, including checkups, vaccines, dental cleanings, routine blood work, fecal testing, and urinalysis.
- **Eligible Pets:** Available for cats 11 weeks and older, dogs 9 weeks and older, and birds and exotic animals of any age.
- **Vet Access:** You can use any licensed veterinarian.
- **Claims Reimbursement:** Claims are reimbursed per the applicable plan's schedule within 2 days. Please refer to the Essential or Premium Plan schedules for reimbursement amounts.

Employees may choose any one option, combine two options, or enroll in all three. Arc's contribution varies when multiple options are selected. Please contact the Benefits Department for guidance.

EMPLOYEE ASSISTANCE PROGRAM

GET CONNECTED

Enrolled in Arc Mercer's medical Plan? SENA can help connect you to behavioral health services.

Not enrolled in the medical plan? Get started by phone, web, or mobile app.

Phone
800-440-1440

Login
www.alliedbenefit.com/caresolutions
(group code: arcmercer)

Phone
888-546-2489

Email, chat, or text via the mobile app
Scan the QR code

Available 24/7/365

Allied Care Solutions Behavioral Health is a free and confidential employee assistance program (EAP) available to all employees and their immediate family members.

Expert referrals and consultations

Whether you are a new parent, a caregiver, selling your home or looking for budgeting advice, you're likely to need guidance and referrals to expert resources.

- Legal consultation: by phone or in-person with a local attorney
- Financial expertise: planning and consultation with a licensed financial counselor
- Convenience referrals: for childcare, elder care, home repair, housing needs, education, pet care, adoption and so much more

Choose how to get assistance

- In-the moment support with a licensed clinician by phone
- Web portal
- eConnect® Mobile App
- Text Therapy via Textcoach®
- Animo via web portal or mobile app
- Navigator via web portal or mobile app

HUSK MARKETPLACE

HOW TO REGISTER

Website

marketplace.huskwellness.com/paretohealth

(Eligibility ID: P11199)

Phone

800-294-1599

Email

customerservices@huskwellness.com

Achieving optimal health and wellness

You and your eligible family members* have access to exclusive pricing on some of the biggest brands in fitness, nutrition, and wellness with HUSK Marketplace.

Gyms and fitness centers: exclusive savings and flexible membership options at a variety of facilities, from national chains to specialty studios.

Husk nutrition: meet with a registered dietician to implement a personalized nutrition program designed to meet your health goals, individual needs and busy lifestyle. Click on “don’t have a code” to receive a nutrition code.

Equipment and tech: deals on equipment and wearable technology to help support you on your wellness journey.

On-demand fitness: group exercise classes from the comfort of your own home.

Mental health: get connected with a licensed therapist through technology.

*Eligible family members include your spouse and children ages 18 to 26 years of age who are living at home and/or school.

HORIZON DENTAL

	Horizon Dental Choice (DHMO) (In-Network Only)	Dental Option Plan (PPO) (In and Out-of-Network)
Network	Dental Choice	Dental Options
Calendar Year Deductible	N/A	$50 per individual $150 per family
Calendar Year Plan Maximum	N/A	$2,000 per individual
Diagnostic & Preventive	Refer to schedule of benefits	Plan pays 100%
Basic Services	Refer to schedule of benefits	After deductible, plan pays 80%; you pay 20%
Major Services	Refer to schedule of benefits	After deductible, plan pays 50%; you pay 50%
Orthodontia	Not covered	Not covered

[1]When you enroll, you must choose one of the dentists in the Horizon Dental Choice Network as your **Primary Care Dentist (PCD)** and receive care, or be referred for care, from the PCD. If you do not select a PCD at enrollment, you must choose one before receiving care.

[2]When you go to an in-network provider, you take advantage of negotiated rates. Out-of-network reimbursements are based on "reasonable and customary" amounts and balance billing may apply.

You can locate dental providers on the Horizon portal:
horizonBlue.com/doctorfinder
1-800-4-Dental

YOUR PER PAY CONTRIBUTIONS

The total amount that you pay for medical coverage depends on how many dependents you cover and whether other coverage is available. For dental, the amount you pay depends on which plan you choose and how many dependents you cover.

MEDICAL

Per Paycheck Contributions (Other Coverage **is Not Available** for Your Spouse and/or Child(ren))		Per Paycheck Contributions (Other Coverage **is Available** for Your Spouse and/or Child(ren) but Not Taken)	
$141.65	EMPLOYEE ONLY		
$293.14	EMPLOYEE + SPOUSE	$389.30	EMPLOYEE + SPOUSE
$279.40	EMPLOYEE + CHILD(REN)	$389.30	EMPLOYEE + CHILD(REN)
$414.60	EMPLOYEE + FAMILY	$590.47	EMPLOYEE + FAMILY

DENTAL

	Horizon Dental Choice (DHMO)	Dental Option Plan (PPO)
EMPLOYEE ONLY	$2.48	$4.46
EMPLOYEE + SPOUSE	$4.80	$11.13
EMPLOYEE + CHILD(REN)	$4.71	$9.56
EMPLOYEE + FAMILY	$7.02	$17.49

DENTAL & VISION REIMBURSEMENT PROGRAM

Dental reimbursement program

Arc Mercer employees enrolled in the Agency's dental plan for the 2026/2027 plan year are eligible to receive a reimbursement of up to **$750.00** towards out-of-pocket dental expenses. To be eligible the employee must be actively employed and have a date of dental service between July 1, 2025 and June 30, 2026. This reimbursement applies only to employees and is not available for a spouse or child.

Vision reimbursement program

Arc Mercer employees enrolled in the Agency's medical plan for the 2026/2027 plan year are eligible to receive a reimbursement of up to **$400.00** towards the cost of an eye exam, frames, lenses or contacts. To be eligible the employee must be actively employed and have a date of vision service between July 1, 2026 and June 30, 2027. The vision reimbursement can be extended to a spouse/child enrolled in Arc Mercer's medical plan.

Reimbursement forms

Complete the *Dental Reimbursement Form* and *Vision Reimbursement Form* available online at **https://arcmercer.org/employee-resources** and submit the form(s) with valid receipts to Benefits@arcmercer.org. For dental, you must include a copy of your Horizon Explanation of Benefits (EOB).

The Reimbursement Programs are administered by Arc Mercer – all inquiries should be directed to Human Resources-Benefits.

COMPANY-PROVIDED TERM LIFE INSURANCE

Protection for your family

Arc Mercer offers full time employees two coverage options for Group Term Life Insurance at little or no cost to you.

Option 1: $50,000, paid for in full by Arc Mercer

Option 2: 2 times your base salary up to $300,000

Option 2 is also paid for in full by Arc Mercer. However, per IRS guidelines, you are required to pay tax on the benefit coverage above $50,000. See a benefits specialist in Human Resources if you would like an estimate of your tax liability.

YOUR BENEFICIARY = WHO GETS PAID

If the worst happens, your beneficiary **,** the person (or people) on record with the life insurance carrier, receives the benefit.

Make sure you complete a beneficiary form in Paycom.

SAVE NOW, ENJOY LATER

WHAT ARE YOUR PLANS?

Whether your retirement plans include traveling the world, enjoying a hobby, or relaxing with family, you need a plan to get there.

Our 401(k) plan provides a generous and tax- advantaged way to save so you can achieve your retirement goals.

The earlier you start, the more you'll save!

401(k) Retirement Savings Plan

Arc Mercer offers a generous 401(k) plan that is available to all full time and part time employees.

You are eligible to enroll after 3 months of employment. Upon enrollment you are eligible to contribute up to the IRS maximum limit.

After 1 year and 1,000 hours, Arc Mercer will match dollar for dollar your contribution up to 6%.

After 1 year and 1,000 hours, you will receive a 5% contribution from Arc Mercer, which is comprised of a 3% Safe Harbor contribution and a 2% profit sharing contribution. This benefit applies with or without contributions made by you.

KEY TERMS

Term	Definition
Allowable Charge	The negotiated amount that in-network providers have agreed to accept as full payment.
Balance Billing	A practice where out-of-network providers bill a member for charges that exceed the plan's allowable charge.
Brand Name Drug	A drug sold by a drug company under a specific name or trademark and that is protected by a patent.
Copay	Flat dollar amount you pay for certain healthcare services.
Formulary	The selection of prescription drugs covered by the plan. In most cases, the plan will pay more for generic versions of brand-name drugs, leading to reduced out-of-pocket costs.
Generic Drug	Generic medications are a chemical copy of the original brand, with the same active ingredients. Generics are also available at a lower cost than brand-name medications.
In-Network	"In-network" refers to doctors, hospitals, and other health care providers that have contracted with your insurance company to accept certain negotiated (i.e., discounted) rates.
Open Enrollment	Your annual opportunity to make changes to your benefits plans. During this period, you can add a plan and/or add or drop coverage for an eligible dependent. You cannot make changes to your benefits outside of Open Enrollment unless you experience a Qualifying Life Event.
Out-of-Network	Out-of-network refers to providers that have not agreed to discounted rates, and therefore you typically pay more when you visit these providers.
Out-of-Pocket Maximum	That maximum amount that you will pay each year for covered services under the medical plan.
Plan year	A 12-month period of benefits coverage under a group plan. Arc Mercer's plan year is July 1 through June 30.
Qualifying Life Event	A change in your situation — like getting married, having a baby, or a change a covered dependents' benefits status — that can make you eligible for a Special Enrollment Period, allowing you to enroll in health insurance outside the yearly Open Enrollment Period.

The Arc
Mercer