EXCELSIOR
CARE GROUP

EMPLOYEE BENEFITS GUIDE

2026

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WELCOME

As a new employee, I want to welcome you to a new career with our company. You can take pride in the fact that you are now a team member of a premier provider of skilled health care services. We strive to provide excellent care for our residents and will help you attain excellence in your career with us.

An important part of your compensation package is the employee benefits made available to all eligible employees. This guide will give you an overview of all the available insurance benefit choices. Our H.R./ Benefits Team has worked hard to provide you with a broad choice of insurance benefits to protect you and your family in time of need. Please take the time to review the important information in this guide so you can make informed choices when selecting your benefits.

Please note, it is your decision whether to participate in any of the benefits offered. It is mandatory to go through the benefit offering interview to hear about your benefit choices. You can then enroll or decline any or all of the offerings.

To make the interview process as easy as possible, we have a dedicated enrollment firm with counselors who are available to help you understand how each benefit can work for you. During the month prior to your benefit eligibility, you must find a time to call the enrollment center at **(646) 461-5288**

You can have your benefit interview at that time if a counselor is available, or schedule an appointment for a future time. It's that simple.

Again, welcome aboard! Wishing you much success!

Sincerely,

Your Human Resources Team

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ELIGIBILITY

Employees are eligible for benefits starting on the first of the month following 60 days from the first date of employment. You can elect medical, dental, and vision coverage for your spouse and dependent/adult children up to 26 years old. Your employer reserves the right to request proof of marriage and birth certificates in order to add dependents.

WHEN COVERAGE BEGINS AND ENDS

Your benefits become effective the 1st of the month following 60 days from date of hire provided you've elected your benefits with an enrollment specialist during the enrollment period. Any applicable waiting periods or additional exceptions are covered under each benefit description.

Your coverage under the benefits plans will end the day of your last day of work and/or the last day of the month, the day you no longer meet the plan's eligibility requirements, your contributions are discontinued, or the Group Insurance Policy is terminated.

QUALIFYING EVENTS

Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a Qualifying Event.

These may include, but not limited to: Changes in employment status, legal marital status or number of dependents, taking an unpaid leave of absence, Dependent satisfies or ceases to satisfy eligibility requirement, a COBRA-qualifying event, Entitlement to Medicare or Medicaid, or a change in the place of residence of the employee, resulting in the current carrier not being available.

THINGS TO CONSIDER

Consider your personal situation and the difference between the plan options and their costs when making your decision. You may also elect to waive coverage.

Ask yourself the following questions
- Will your current doctor be in or out-of-network?
- Do you have any planned surgeries this year?
- How many family members will you cover?
- How often do you visit the doctor?
- Are you planning to have a baby this year?

By reading this guide cover to cover, you will become familiar with your benefits options. After enrolling, verify that your payroll deductions are correct. If not, please contact your HR representative.

KEY TERMS
TO REMEMBER

COINSURANCE

The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.

DEDUCTIBLE

The amount you pay for covered health care services before your insurance plan starts to pay. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest.

COPAYMENT

A flat fee that you pay toward the cost of covered medical services.

IN-NETWORK

Health care received from your primary care physician or from a specialist within an outlined list of health care practitioners.

OUT-OF-NETWORK

Health care you receive without a physician referral, or services received by a non-network service provider. Out-of-network health care and play payments are SUBJECT to deductibles and copayments.

OUT-OF-POCKET MAXIMUM (OOPM)

The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.

USUAL, CUSTOMARY AND REASONABLE (UCR)ALLOWANCE

The fee paid for services that is: (1) a similar amount to the fee charged from a health care provider to the majority of patients for the same procedure, (2) the customary fee paid to providers with similar training and expertise in a similar geographic area, and (3) reasonable in light of any unusual clinical circumstances.

MEDICAL Benefits

American Plan ADMINISTRATORS

Deductibles:

All benefits and amounts shown are after your deductible has been met unless otherwise noted. You must pay all of the costs from providers up to the deductible amount before your plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

In-Network Plan Design	RBP Plan
Deductible Individual / Family	$1,500 / $3,000
Max Out-of-Pocket Individual / Family	$5,000 / $10,000
Doctor's Office Visit	
Primary care visit to treat injury or illness	$25 Copay*
Specialist visit	$25 Copay*
Preventive Care/Screening/Immunization	No Charge*
Imaging and Testing	
Diagnostic Tests **(x-ray, blood work)**	Office: No Charge* Hospital: 20% coinsurance
Imaging **(CT/PET scans, MRIs)**	No Charge* Hospital: 20% coinsurance
Immediate Medical Attention	
Emergency Room Care	$100 Copay and 20% Coinsurance*
Emergency Medical Transportation	$100 Copay*
Urgent Care	$40 Copay*
Prescription Copay	**(retail/mail order)**
Generic Drugs	$15 / $30
Preferred Brand	$35 / $70
Non-Preferred Brand	$70 / $140
Specialty Drugs	Not Covered
More information about Rx coverage	www.myepiccare.com
Outpatient Services	
Facility fee	20% Coinsurance
Physician/surgeon fees	20% Coinsurance

Plan Design Continued	RBP Plan
Hospital Stay	
Facility Fees	20% Coinsurance
Physician/surgeon fees	20% Coinsurance
Pregnancy	
Office visits	$25 Copay/ initial visit only*
Childbirth/delivery professional services	20% Coinsurance
Childbirth/delivery facility services	20% Coinsurance
Mental Health Care	
Outpatient services	$25 copay/mental health $40 copay/substance abuse*
Inpatient services	20% Coinsurance
Recovery Assistance	
Home Health Care	$50 Copay
Rehabilitation services	$40 Copay
Habilitation services	Not Covered
Skilled Nursing Care	20% Coinsurance
Durable Medical Equipment	$100 Copay*
Hospice services	20% Coinsurance
Out-of-Network	**RBP Plan**
Deductible Individual / Family	N/A
Max Out-of-Pocket Individual / Family	N/A
Coinsurance	N/A

Find an In-Network Provider

Save money by using an in-network provider for your care.

To look up medical providers go to www.magnacare.com

Click “Find Provider” then “Search MagnaCare Providers”

DENTAL Benefits

How do I find a dentist?

Simply visit sunlife.com/findadentist. Follow the prompts to find a dentist in your area who participates in the PPO network. You do not need to select a dentist in advance. The PPO network for your plan is the Sun Life Dental Network® with 145,000+ unique dentists.

Dental PPO Plans	Basic	Enhanced
Deductible: Individual/Family	$50 / $150	$25 / $75
Annual Maximum Benefit	$1,000 Per Person	$1,500 Per Person
Orthodontia Lifetime Maximum (dependent children up to age 19)	Not Covered	$1,000 lifetime per child
Preventive Dental Services	80%	100%
Oral evaluations – 1 in any 6 month period		
Routine dental cleanings – 1 in any 6 month period(frequency combined with periodontal maintenance)		
Fluoride treatment – 1 in any 6 month period. Only for children under age 14		
Sealants – no more than 1 per tooth in any 36 month period, only for permanent molar teeth. Only for children under age 14		
Bitewing x-rays – 1 in any 12 month period		
Intra-oral complete series x-rays – 1 in any 60 month period		
Genetic test for susceptibility to oral diseases		
Basic Dental Services	50%	80%
New fillings		
Space maintainers – only for children under age 19		
Simple extractions, incision and drainage		
Surgical extractions of erupted teeth, impacted teeth,or exposed root		
Biopsy (including brush biopsy)		
Endodontics (includes root canal therapy) – 1 per tooth in any 24 month period		
General anesthesia/IV sedation – medically required		
Minor gum disease (non-surgical periodontics)		
Scaling and root planing – 1 in any 24 month period per area		
Periodontal maintenance – 1 in any 6 consecutive months (frequency combined with routine dental cleanings)		
Localized delivery of antimicrobial agents		
Major gum disease (surgical periodontics)		
Major Dental Services	50%	50%
Dentures and bridges – subject to 10 year replacement limit		
Stainless steel crowns– only for children under age 19		
Inlay, onlay, and crown restorations – 1 per tooth in any 10 year period		
Ortho Services, including	Not Covered	50%
Orthodontic treatment is limited to your dependent children		

Sun Life

VISION Benefits

Vision Plan Details

Benefits	In-Network	Out-of-Network
Eye Exam Once per 12 months	$10 copay	Up to $45
Routine retinal screening	No more than a $39 copay	N / A
Frames Once per 12 months Includes a wide selection at Walmart	$130 for the frame of your choice 20% off the amount over your allowance $70 allowance at Costco	Up to $70
Lenses Once per 12 months		
Single lined	$25 copay (lenses and frame)	Up to $30
Bifocal lined		Up to $50
Trifocal		Up to $60
Lenticular		Up to $100
Necessary contacts		Up to $210
Standard	No cost	N / A
Premium progressive	$95-$105 copay	N / A
Custom progressive	$150–$175 copay	N / A
Other	Average savings of 20-25%	N / A
Contact lenses (instead of eyeglasses)		
Elective Contacts 1 per 12 months	$130 copay	Up to $105
Contact Fitting and Evaluation	$60 copay	
Laser Vision Correction and Other Coverage		
Lasik Once per eye per lifetime	Average 15% off the regular price 5% off the promotional price.	N / A
Additional Discounts	20% off complete pairs of prescription and non-prescription glasses, including sunglasses. Discounts are unlimited for 12 months following exam.	N / A
Coverage with Retail Providers	Coverage with retail providers may be different. Check with Costco for VSP member pricing. The Costco allowance is equivalent to the allowance at preferred providers and other retail providers.	

Frequently Asked Questions:

How do I use my Vision Benefit? Once enrolled, simply tell your VSP doctor you're a member and they will handle the rest. If you visit an in-network doctor for services and materials, you don't need an ID card or have forms to complete.

How do I locate an in-network VSP Doctor? There are two ways to find an in-network doctor: 1. Visit vsp.com and select the Choice network. 2. Call VSP at 800-877-7195.

What happens if I use an out-of-network Doctor? You will be required to pay the full amount to the doctor at time of service. You can then submit a claim for reimbursement, which is a lesser benefit when compared to visiting a VSP doctor.

Can I use my benefits to buy glasses or contacts online? Absolutely. Just visit www.eyeconic.com. Once you have linked your benefits you will be able to see how your coverage will be applied to different options that you are reviewing. Eyeconic features a virtual try-on tool so you can see how the glasses will look on you before you make your purchase.

ACCIDENT Insurance

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Key Features

- Guaranteed Issue coverage, no medical questions to answer.
- Protection for accidental off the job injuries, 24-hours a day.
- Coverage available for spouse and child(ren)
- Affordable premiums conveniently payroll deducted
- Portability - Keep your coverage if you change jobs or retire while the policy is in force.
- $50 Health Screening Benefit for employees and their spouses.
- Benefits are 25% higher when accident is due to organized sports.

Health Screening Benefit

Once per year, receive a $50 benefit provided you complete a covered screening such as an annual physical, blood tests, eye exam, or dental exam.

Review your plan documents for a complete list of covered screenings.

Benefit Amounts*

AD&D and Hospital		Low	High
Accidental Death & Dismemberment	Employee Spouse Children	$25,000 $12,500 $5,000	$50,000 $25,000 $10,000
Admission 1 per accident		$1,000	$1,500
Hospital Confinement up to 15 days		$200	$300
ICU Supplemental Admission 1 per accident		$1,000	$1,500
ICU Supplemental Confinement up to 15 days		$200	$300
Outpatient Surgery Benefit 1 per accident		$300	$400
Inpatient Rehabilitation 15 days per accident, 30 days per calendar year		$150	$200

Benefit Amounts*

Injury Benefits		Low	High
Basic Dismemberment		$10,000	$15,000
Catastrophic Dismemberment		$20,000	$40,000
Paralysis		$20,000	$40,000
Fracture	Closed Open	$4,000 $8,000	$5,000 $10,000
Dislocation	Closed Open	$4,000 $8,000	$5,000 $10,000
Burns (up to) 1 per accident	2nd Degree up to 3rd Degree up to	$1,000 $10,000	$1,500 $15,000
Concussion 1 per calendar year		$250	$500
Laceration 1 per accident/3 per calender year		$400	$700
Broken Tooth Benefit 1 per accident		$200	$300
Eye Injury 1 per accident		$300	$400
Medical Treatment & Services		**Low**	**High**
Ambulance 1 per accident	Ground Air	$300 $1,000	$400 $1,250
Initial Care 1 per accident	Emergency Room Physician's Office, Urgent Care Non-Emergency Care	$150 $75 $75	$200 $100 $100
Medical Testing (CT, EEG, MRI, x-rays, etc.) 2 per accident		$150	$200
Physician Follow-Up Visit 2 per accident/6 per calender year		$75	$100
Transportation 1 per accident/2 per calender year		$200	$300
Therapy Services 10 per accident		$35	$50
Pain Management 1 per accident		$75	$100
Prosthetics (up to) 1 per accident		$1,500	$2,000
Medical Appliance		$750	$1,000
Modification 1 per accident		$100	$100
Blood/Plasma/Platelets 1 per accident		$400	$500
Surgery 1 per accident		$1,500	$2,000
Other Outpatient Surgery Benefit 1 per accident		$300	$400

*All listed amounts are maximum benefits for the listed injury. Your payment from this plan may very depending on severity of injury, per accident or per calender year limitations. Please review your plan documents for full details.

MetLife

CRITICAL ILLNESS Insurance

Plan Highlights

Guaranteed Issue Coverage (no medical questions)
Employee: up to $30,000
Spouse: 50% of employee benefit
Child(ren): 50% of employee benefit

- $50 annual Health Screening Benefit is payable for employees, their covered spouse and children.
- Coverage may be continued; refer to your certificate for details.
- Wavier of Premium while the insured is totally disabled.
- Pre-Existing Conditions Limitation: Conditions which you have been treated for in the 3 months prior to starting this plan are excluded for 6 months. Does not apply to Heart Attack or Stroke.
- Initial Benefit is payable for a covered condition the first time that it occurs while coverage is in effect. The Initial Benefit amount is expressed as a percentage of the elected Benefit Amount.
- Recurrence Benefit means the benefit that is payable for another occurrence of the same covered condition for which MetLife has already paid a benefit. The Recurrence Benefit amount is expressed as a percentage of the Initial Benefit amount.

Health Screening Benefit

Once per year, receive a $50 benefit provided you complete a covered screening such as an annual physical, blood tests, eye exam, or dental exam.

Review your plan documents for a complete list of covered screenings.

Plan Benefits

Base Benefits

ALS	100%
Alzheimer's Disease	100%
Autism Spectrum Disorder severe diagnosis only	100%
Invasive Cancer	100%
Non-Invasive Cancer	25%
Skin Cancer	25%
Childhood Disease (Cerebral Palsy, Cleft Lip/Palate, Cystic Fibrosis, T1 Diabetes, Sickle Cell Anemia, Spina Bifida, etc.)	100%
Coma	100%
Coronary Artery Disease -	100%
Heart Attack	100%
Infectious Diseases Rabies, Malaria, Bacterial Meningitis, etc.	100%
Kidney Failure	100%
Loss of: Ability to Speak; Hearing; or Sight	100%
Major Organ Failure	100%
Multiple Sclerosis	100%
Muscular Dystrophy	100%
Paralysis of 2 or more limbs	100%
Parkinson's Disease (Advanced)	100%
Skin Cancer	100%
Severe Burns	100%
Stroke	100%
Sudden Cardiac Death	100%
Systemic Lupus Erythematosus (SLE)	100%
Transient Ischemic Attack	100%

Recurrence Benefit

Payable for a subsequent diagnosis of: Invasive / Non-Invasive Cancer, Coma, Coronary Artery Disease, Heart Attack, Kidney Failure, Major Organ Failure, Paralysis of 2 or more limbs, Stroke, Transient Ischemic Attack, Skin Cancer	100%

SHORT-TERM Disability

MetLife

Why enroll in Short-Term Disability Insurance?

Disability Insurance is like insurance for your paycheck. The plan insures a portion of your monthly salary in the event you become disabled and are unable to work due to injury, sickness or while on maternity leave.

Short Term Disability Benefits	
Disability Weekly Benefit	Up to 60% of base annual pay Maximum $1,000
Benefit Period	11 Weeks
Elimination Period	Injury 14 days / Sickness 14 days
Pre-Existing Conditions	3/12

Total Disability

This convenient, affordable disability income plan will help provide needed income if you become disabled and are unable to work due to a covered injury or illness. Disability benefits will be payable weekly once the elimination period has been satisfied

Pre-Existing Conditions

Conditions you received treatment, care, consultation, medication or prescriptions for in the 3 months prior to starting this plan are not covered for the first 12 months.
If you are pregnant, prior to starting the plan, any leave or condition relating to the pregnancy will not be covered.

Work Incentive

While disabled and receiving a Weekly Benefit, employees may receive up to 100% of Predisability Weekly Earnings, return-to-work earnings, and other income benefits.

Rehabilitation Incentive

10% increase in your Weekly Benefit if you are participating in an approved Rehabilitation Program.

Benefit Period

Your benefits last until you are able to return to work up to 11 weeks. Your benefit period starts the day after your elimination period ends.

Elimination Period

Period of time you must wait before you can start taking advantage of your disability benefit. If you become disabled, benefits begin immediately following your elimination period. This plan has separate elimination periods for injury and sickness.

Family Care Incentive

If the employee works or participates in a Rehabilitation Program while they are Disabled, starting with the 4th Weekly Benefit payment, reimbursement may be provided for up to $100 per week for eligible Family Care expenses incurred by an employee for each eligible family member during the benefit period

MetLife

LONG-TERM Disability

Why enroll in Long-Term Disability Insurance?

If you are disabled for 90 days and you have used up your Short-Term Disability, this plan picks up to make sure you are still covered until you are well enough to work or until you reach retirement age

Long-Term Disability Benefits	
Disability Monthly Benefit	Up to 50% of base annual pay Maximum $5,000
Benefit Period	RBD w/ SSNRA
Elimination Period	90 days or end of Short-Term Disability Coverage
Own Occupation Period	24 months

Benefit Period

Your coverage duration is determined by the age at which you become disabled.

Age at Disablement	Duration of Benefits
59 or younger	to age 65
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 or older	12 months

Elimination Period

Period of time you must wait before you can start taking advantage of your disability benefit. If you become disabled, benefits begin immediately following your elimination period. This plan has separate elimination periods for injury and sickness.

Pre-Existing Conditions

Conditions you received treatment, care, consultation, medication or prescriptions for in the 6 months prior to starting this plan are not covered for the first 12 months.

Work Incentive

While disabled and receiving a Monthly Benefit, you may receive up to 100% of Predisability Monthly Earnings, return-to-work earnings, and other income benefits. After the first 24 months following the employees return to work, MetLife will reduce the benefit by 50% of the amount the you earn from working while disabled.

Definition of Disability/Own Occupation

Sickness, or as a direct result of accidental injury:

- Receiving and complying with appropriate care and treatment, and
- During the elimination period and the next 24 months is unable to earn more than 80% of predisability earnings at their Own Occupation for any local employer, and
- After such period, is unable to earn more than 60% of their predisability earnings from any employer in their local economy at any gainful occupation for which they are reasonably qualified taking into account their training, prior education and experience.

Rehabilitation Incentive

10% increase in your Monthly Benefit if you are participating in an approved Rehabilitation Program.

TERM LIFE Insurance

MetLife

Protect those you love from financial hardship. Life insurance pays a benefit directly to any beneficiaries you choose, such as your spouse, partner, children or other loved ones. Life insurance may help provide replacement income for your family.

Group Term Life Insurance		
	Benefit Amount	**Guaranteed Issue**
Employee Life	$10,000 increments up to 5 times annual pay	$150,000
Spouse	Maximum of $100,000 in $5,000 increments Not to exceed 50% of employee amount.	$25,000
Child(ren)	Maximum of $10,000 aged 6mo - 26yr	$10,000

Guaranteed Issue*

The first time this benefit is available to you, to the amounts listed, you and your family automatically qualify for this benefit without having to answer health questions. You will continue to carry this for as long as you maintain the policy.

Waiver of Premium

Premiums may be waived if you should become disabled and are unable to work.

Portability of Coverage

You may be able to keep your insurance if you later become ineligible such as by leaving the group.

Convertible

You may be able to convert your coverage to an individual insurance policy, without having to furnish proof of good health.

Will Preparation and Digital Estate Planning

As part of your Life insurance coverage with MetLife Worldwide Benefits, you have access to valuable legal resources, including will preparation and digital estate planning. These services are designed to help you feel confident about your most important life decisions. Please check your Schedule of Benefits or ask your employer if this service is included in your plan.

*Evidence of Insurability (EOI)

Employee Supplemental Life: Employees can elect up to $150,000 without EOI. Elections in excess of the Guaranteed Issue ($150K) or employees who were previously declined will require EOI.

Spouse Supplemental Life: Spouses can elect one increment up to $25,000 without EOI. Elections more than $25,000 or that exceed the election rules of this event will require EOI.

MetLife

HOSPITAL INDEMNITY Insurance

Expenses associated with a hospital stay can be financially difficult if money is tight and you are not prepared.

Having hospital indemnity coverage in place before you experience a sickness or injury can help eliminate your financial concerns and provide support at a time when it is needed most by paying a cash benefit to you if you are stuck in admitted to the hospital.

Plan Highlights

- Guaranteed Issue coverage without a Pre-Existing Condition Limitation
- Coverage also available for your dependents
- Premiums are affordable and are conveniently payroll deducted
- Portability - coverage may be continued; refer to your certificate for details
- Coverage for routine childbirth & pregnancy complications
- No benefit reduction due to age
- 24 hour coverage

BENEFITS OVERVIEW:		Low	High
HOSPITAL ADMISSION BENEFIT 4 times per calendar year	Admission	$250	$1,000
	ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	$200	$0
CONFINEMENT BENEFIT 31 days per confinement ICU Supplemental Confinement pays an additional benefit for 31 of those days Payable for sickness/injury or a healthy newborn child	Confinement	$100	$60
	ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	$50	$0

Examples of Covered Services

- Hospitalization due to sickness or injury
- Treatment for mental illness in a hospital
- Treatment for alcoholism & drug addiction in a hospital
- Injury or illness resulting from drug and alcohol misuse is covered, except driving under the influence.
- Routine, vaginal delivery of a child or children
- Non-emergency Cesarean section.
- Complications of pregnancy
- Emergency Cesarean section

CARRIER CONTACT INFORMATION

For assistance understanding and enrolling your benefits, reach the enrollment call center at **(646) 461-5288** Monday-Friday 9am-6pm EST

Below is contact information for each of the carriers of the specific benefits available to you for when you need to make a claim or have questions relating to a specific condition, coverage, or loss.

Carrier Contact Information

Medical	**APA**	(888) 624-6300	apatpa.com
Medical Network	**Magnacare**		magnacare.com/provider-locator
Dental	**Sunlife**	800-247-6875	sunlife.com/us
Vision	**Sunlife**	800-247-6875	sunlife.com/us
Accident	**Metlife**	(800) 929-1492	metlife.com/mybenefits
Critical Illness	**Metlife**	(800) 929-1492	metlife.com/mybenefits
Hospital Indemnity	**Metlife**	(800) 929-1492	metlife.com/mybenefits
Short-Term Disability	**Metlife**	(800) 929-1492	metlife.com/mybenefits
Long-Term Disability	**Metlife**	(800) 929-1492	metlife.com/mybenefits
Term Life	**Metlife**	(800) 929-1492	metlife.com/mybenefits