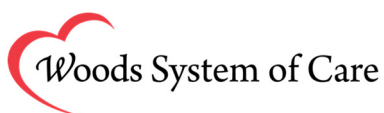


2025- 2026

EMPLOYEE BENEFITS GUIDE

Tabor Services offers you and your eligible family members a comprehensive and valuable benefits program. This guide has been developed to assist you in learning about your benefit options and how to enroll. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.



Welcome

TO TABOR SERVICES!

This guide includes only highlights of the benefit plans. While we have tried to be as accurate as possible in developing this information, the official plan documents govern in all cases. If you would like a copy of the official plan documents, please contact Human Resources.

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QUESTIONS?

If you have questions about your benefits, please contact Member Advocacy at **800.563.9929**, Monday through Friday 8:30 am to 5:00 pm. They can also be reached at **cssteam@connerstrong.com** or **www.connerstrong.com/memberadvocacy**.

Enrollment & Eligibility

How to Enroll

To enroll or waive any of the Tabor Services benefits, you must complete enrollment online through your Paycom Employee Self Service.

Who is Eligible to Elect Benefits?

If you are an active employee who is directly employed and compensated for services by Tabor Services and you regularly work 30 or more hours per week, you can enroll in the benefits described in this Guide. New hires have a 60 day waiting period from their date of hire, and are eligible the 1st of the month immediately following the 60 days. Please remember that only eligible dependents can be enrolled.

Eligible dependents include:

- Legal spouse or domestic partner
- Dependent children up to age 26

Documentation is required for all dependents—you must provide documentation when requested to confirm the eligibility status of your dependents.

Adding Newborns

A newborn child will be automatically covered for the first 30 days immediately following birth. **If the child is not enrolled within these 30 days, coverage will be terminated retroactively to date of birth.** To enroll this child you must contact Human Resources within 30 days of the birth.

If you have a qualified life event during the year and wish to make a change in your coverage, you must complete online via Paycom by selecting "Benefits" then "Qualifying Life Event."

ID Cards

You will receive ID cards for your medical, prescription drug and vision coverage. If you do not receive your new cards in a timely manner, or if there are errors on your card, please contact Human Resources or your plan's Member Services Department for assistance.



Making Changes & Enrollment Decisions

Making Changes During the Year

Your elections will be in effect until June 30, 2026 unless you experience a status change defined by the IRS, such as:

- Change in legal marital status
- Change in number of tax dependents
- Termination of employment for you or your spouse
- Change in work schedule of either employee or spouse
- Dependent becomes ineligible due to age or termination of student status
- Change in residence or worksite for you or your dependents
- Entitlement to Medicare

Note: Enrollment changes must be made within 30 days of the status change

Before Enrolling, Consider...

It is important that you put careful thought into the annual enrollment process to make the proper choices based on your individual and family healthcare needs and financial standing.

Determine your healthcare needs up front.

- Evaluate your spouse's health plan to determine the best cost and coverage for you and your family.
- Consider if any of your dependents will remain on your plan in 2025-2026. Remember that adult children are able to be covered under their parent's health plan up to age 26.
- Do you cover a dependent child under age 19 under the Tabor Services' plan? If so, you may have alternative coverage options under Medicaid and the Children's Health Insurance Program (CHIP). Please refer to the legal notices at the end of this guide for additional information.



Woods Services reviews its benefit program offerings on a regular basis in an effort to identify opportunities for Woods, its affiliates, and its employees. Program changes are made over time in an effort to offer a competitive benefit package for you and your family.

Medical Plan Highlights

HOMESTEAD PLAN

Homestead Plan Highlights

- No Referrals Required to See Providers
- Minimal Copays

Finding Homestead Providers

You can continue to see your current provider, but if you need a new one please visit

www.homesteadproviders.com

or www.multiplan.com.

On the MultiPlan site, look for providers who participate in the PHCS Practitioner Only Network. Homestead also has an agreement with Penn Medicine and Atlantic Health System.

To find a Penn Medicine provider or facility, including their multispecialty outpatient medical facility in Yardley, PA, call **215.316.5150** or visit www.homesteadproviders.com.

To find an Atlantic Health System provider or facility, visit www.findadoctor.atlantichealth.org.

Facilities or Hospitals

With the Homestead Plan, you have the ability to visit any facility or hospital without needing a referral and without out-of-network penalties. Some services may require pre-authorization which your physician can obtain by contacting Healthcare Strategies (HCS) at **800.764.3433**.

Homestead Member Concierge

Not able to find a specific provider? Concerned about an upcoming appointment or how to explain your benefits coverage? Homestead is here and ready to help. We are with you every step of the way — just call us at **855.897.4816** or email us at customerservice@homesteadplans.com.

Teladoc

You also have access to Teladoc, one of the largest providers of convenient telemedicine services, at **1.800.Teladoc** or www.teladoc.com. Teladoc services are **FREE** for primary care services.



Medical Plan Highlights

HOMESTEAD PLAN

Homestead/Medxoom Online Health Portal

Homestead's Medxoom member portal provides on-demand access on your phone or computer to:

- Coverage information and digital ID cards
- Your profile and paid claims information
- Digital Explanation of Benefits (EOB)
- Automatic tracking of expenses and progress towards deductible and other out-of-pocket costs

To access the portal and register on your mobile device:

- Download the app at the Apple App Store or Google Play Store by searching for “**Medxoom**” and installing on your mobile device as directed.
- Open the app and register entering your email, password, SSN + DOB. (Don't worry, your information is kept private and secure.) Once registered, your app screen will say Homestead, but still say Medxoom on your phone.
- Review your profile information by clicking your name or Settings. Invite your adult dependents to register too.

Accessing on the web

To access the portal on your laptop or PC, simply visit **www.hs-plans.com/woods**. You can also access it through the button on your health benefits website: **www.woodsindex.com**.



Now you can:

- Have all details about your medical plan in one place
- Get real-time updates on progress made towards meeting your deductible and out-of-pocket maximums
- See important messages and documents from Homestead
- ...and more! Start maximizing your health benefits experience today

Medical Benefits

DETAILS AT A GLANCE



Tabor Services is offering the below competitive and comprehensive health care plan option. (Full plan detail available by contacting Human Resources).

Homestead Plan

BENEFIT DESCRIPTION	
PCP Designation/Referrals Required	No
Deductible (Individual/Family)	\$500/\$1,000*
Coinsurance	100%
Medical Out-of-Pocket Maximum (Individual/Family)	\$1,500/\$3,000
Rx Out-of-Pocket Maximum (Individual/Family)	\$1,000/\$2,000
Preventive Care Services	100%
Primary Care Physician Office Visit	\$20 copay
Mental Health Care Visit (Office or Outpatient Setting)	\$20 copay
Retail Clinics	\$10 copay
Specialist Office Visit	\$30 copay
Physical/Speech/Occupational Therapy	\$20 copay
Outpatient Lab/Pathology	\$20 copay
Diagnostic Laboratory	\$20 copay
Diagnostic X-Ray/Imaging	\$20 copay
MRI/MRA, CT Scans/PET	\$50 copay
Inpatient Hospital	\$200 copay after deductible
Outpatient Surgery	\$100 copay after deductible
Emergency Room (waived if admitted)	\$200 copay after deductible
Urgent Care Center	\$30 copay
Durable Medical Equipment	100%

* Deductible applies to inpatient hospital stays, outpatient surgeries, and emergency room visits. Preventive and non-preventive colonoscopies will not be subject to the deductible. Outpatient facility copay will apply. Deductible waived at Penn Medicine and Atlantic Health hospitals and facilities.

Note: If you have any family members enrolled, each family member must meet their own deductible and out-of-pocket maximum until the overall family deductible and out-of-pocket maximum is met.

This includes only highlights of the Tabor Services plan. While we have tried to be as accurate as possible in developing this information, the official plan documents govern in all cases. If you would like a copy of the official plan documents please contact Human Resources.

Tabor Services will pay a substantial portion of the cost of your medical coverage regardless of the coverage level you choose. Your 2025-2026 per-pay contributions for medical coverage are listed below:

Medical Plan Contributions

COVERAGE LEVEL	HOMESTEAD PLAN
Employee Only	\$42.55
Employee + Child(ren)	\$118.45
Employee + Spouse	\$144.90
Family	\$254.15

Deductible Example

FOR THE HOMESTEAD MEDICAL PLAN

The below charts illustrate how your deductible will work on the Homestead medical plan for employee only and family coverage, respectively.

Homestead Medical Plan — Employee Only Coverage

Plan Year Deductible	\$500	
COST COMPONENTS (ANNUAL)	SERVICE COST	COST TO EMPLOYEE
Inpatient Hospital Stay on December 1, 2025	\$8,000	\$500 deductible + \$200 copay = \$700 total
Emergency Room Visit on March 1, 2026	\$1,100	\$200 copay (waived if admitted to the hospital)

Homestead Medical Plan — Family Coverage

Plan Year Deductible	\$500 per person up to \$1,000 total	
COST COMPONENTS (ANNUAL)	SERVICE COST	COST TO EMPLOYEE
Family Member #1 Inpatient Hospital Stay on December 1, 2025	\$15,000	\$500 deductible + \$200 copay = \$700 total
Family Member #2 Emergency Room Visit on March 1, 2026	\$1,500	\$500 (remaining deductible) + \$200 emergency room copay (waived if admitted to the hospital) = \$700
Family Member #3 Outpatient Surgery on April 1, 2026	\$4,000	\$100 copay (\$1,000 family deductible already met, so only the copay amount is due)



Prescription Benefits

US-RX CARE & SCRIPTSOURCING

If you are enrolled in the Tabor Services medical plan, you are automatically enrolled in the below prescription drug plan.

Homestead Plan

RETAIL PHARMACY (UP TO A 30-DAY SUPPLY)	
Generic	\$5 copay
Preferred Brand Formulary Drugs	20% coinsurance (\$25 min/\$50 max)
Non-Preferred Brand Drugs	30% coinsurance (\$55 min/\$80 max)
MAIL ORDER PHARMACY (UP TO A 90-DAY SUPPLY)	
Generic	2x retail copay
Preferred Brand Formulary Drugs	
Non-Preferred Brand Drugs	

Mandatory Generic Program

Tabor Services employees and their dependents **are required to use the mandatory generic program**. This means that **if a member is prescribed a brand name drug when a generic is available, the generic drug will be filled** and the member will be responsible for the applicable generic drug copay.

When a prescription drug is not available in a generic form, the member will receive the brand drug and be responsible for the applicable brand drug copay. **If a brand drug is filled when a generic is available, the member will be responsible for the brand name drug copay plus the difference between the negotiated discount price for the generic drug and the brand drug.**

Please keep in mind that generic drugs are prescription medications that have the same active ingredients, dosage amounts, strength, safety, and quality as brand-name prescription medications at a lower cost.

Mail Order/Retail 90 Program (Optional)

You and your family members can conveniently get a 90-day supply of your maintenance medications through Prescription mart, your mail-order pharmacy provider.

You must register prior to obtaining your medications by either going online at www.presmartinc.com or by mailing a completed form located on www.presmartinc.com, once there click on “Forms” located in the menu on the top right of the webpage and then navigating to “Patient Profile Form”. The mailing address is listed on the form and can also be found on this Benefits Resources page in the back of this guide.

To contact the pharmacy with questions, call **800.630.3206**.

Prescription Benefits

US-RX CARE & SCRIPTSOURCING

Specialty Rx

Specialty medications are high cost drugs used to treat complex conditions (such as HIV and multiple sclerosis). Depending on the medication, these will be obtained through ScriptSourcing.

ScriptSourcing is a third party vendor that integrates with US-Rx Care to assist members with obtaining their specialty medications.

ScriptSourcing will reach out to you to guide you through the process on how to obtain your medications..

If you choose not to participate in this program, your out-of-pocket cost could increase by as much as 100% of the medication cost.

CopayAssist Program

If you are taking certain high-cost and specialty medications, you may be eligible for the CopayAssist Program. If you are eligible, you will be contacted by US-Rx Care to enroll you in the program. If you choose not to enroll, your out-of-pocket cost could increase by as much as 100% of the medication cost.

US-Rx Care Member Portal

Search for lowest-cost pharmacies on your US-Rx Care member portal by going to www.usrxcare.com/member and typing in your zip code. You can also view your out-of-pocket cost for any medication, your pharmacy claims history and drug information by registering/logging into your US-Rx Care member portal at www.usrxcare.com/member.



Telemedicine

TELADOC

With Teladoc, you have access to primary care doctors anytime, anywhere.

If you are enrolled in the Homestead medical plan, through Teladoc you can access doctors by phone or video 24/7, from wherever you are.

Teladoc Benefits

- You can talk to a doctor from wherever you are—day or night.
- Skip the trip to the ER or urgent care.
- \$0 copay

What can be treated with Teladoc?

- Cold & flu symptoms
- Allergies & Sinus problems
- Asthma
- Acne
- Pink eye
- Ear infection
- Respiratory infection
- And more!

Feel better when you need to, for free!

Call **1.800.TELADOC (835.2362)**, visit **Teladoc.com**, or download the mobile app to get started.



Employee Assistance Program (EAP)

LEGACY TREATMENT SERVICES

Tabor Services offers all eligible employees an EAP administered through Legacy Treatment Services (LTS). Your use of this service is strictly confidential. You will have three counseling sessions per issue per plan year.

The EAP offers comprehensive solutions to help you when faced with a personal crisis such as depression, anxiety, or substance use. **The EAP includes:**

Telephone or In-Person Counseling

Legacy's licensed and professional counselors listen and carefully evaluate your needs and offer short-term counseling focused on coping strategies. LTS professionals provide assistance for:

- Marital difficulties
- Substance abuse (alcohol & drugs)
- Parenting and family conflicts
- Grief counseling
- Stress & anger management
- Depression and emotional problems
- And much more!

Employees in need of long-term counseling and specialized care are referred to the appropriate treatment plans.

Work-Life Services

Legacy offers resources to help employees find a healthy work-life balance.

How does it work?

You can call Legacy at **888.245.6605** to access telephone or in-person counseling and work-life services. If needed, you may be referred to ongoing treatment or specialty care.



Employee Assistance Program (EAP)

GUIDANCERESOURCES

Tabor Services offers all eligible employees an Employee Assistance Program (EAP) administered through Symetra called GuidanceResources®.

The EAP provides resources to assist with difficulties with relationships and coping with difficult life circumstances, managing grief and loss, communicating and dealing more effectively with stress.

Help when you need it

Your GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them.

Your toll-free number gives you direct, 24/7 access to a Guidance consultant, who will answer your questions and, if needed, refer you to a counselor or other resources.

- Call: **888.327.9573**

Log on today to connect directly with a Guidance consultant about your issue or to consult articles, podcasts, videos and other helpful tools.

- Online: **guidanceresources.com**
- App: **GuidanceResources® Now**
- Web ID: **Symetra**

Services Included for employees and household family members:

EAP

Five confidential telephonic counseling sessions per issue with experienced clinicians available 24/7

Legal Resources

Unlimited phone access to legal professionals and an initial consultation has no charge with a local attorney. Additional discounts and services are also available

Financial Resources

Unlimited phone access to financial professionals for information regarding personal finance and related issues

Work / Life Resources

Information and referrals on child care, elder care, adoption, relocation and other personal convenience matters

GuidanceResources® Online

Access to extensive content to help with personal or family concerns, and access to helpful planning tools, discount programs and more

Health Risk Assessments

Online access to a health risk assessment survey and a variety of health management tools and information



Wellness Programs

Tabor Services Supports a Culture of Wellness

The Tabor Services medical benefit programs offer you support and guidance as you strive to live the kind of life that improves your chances of staying well.

Preventive Care Paid at 100%

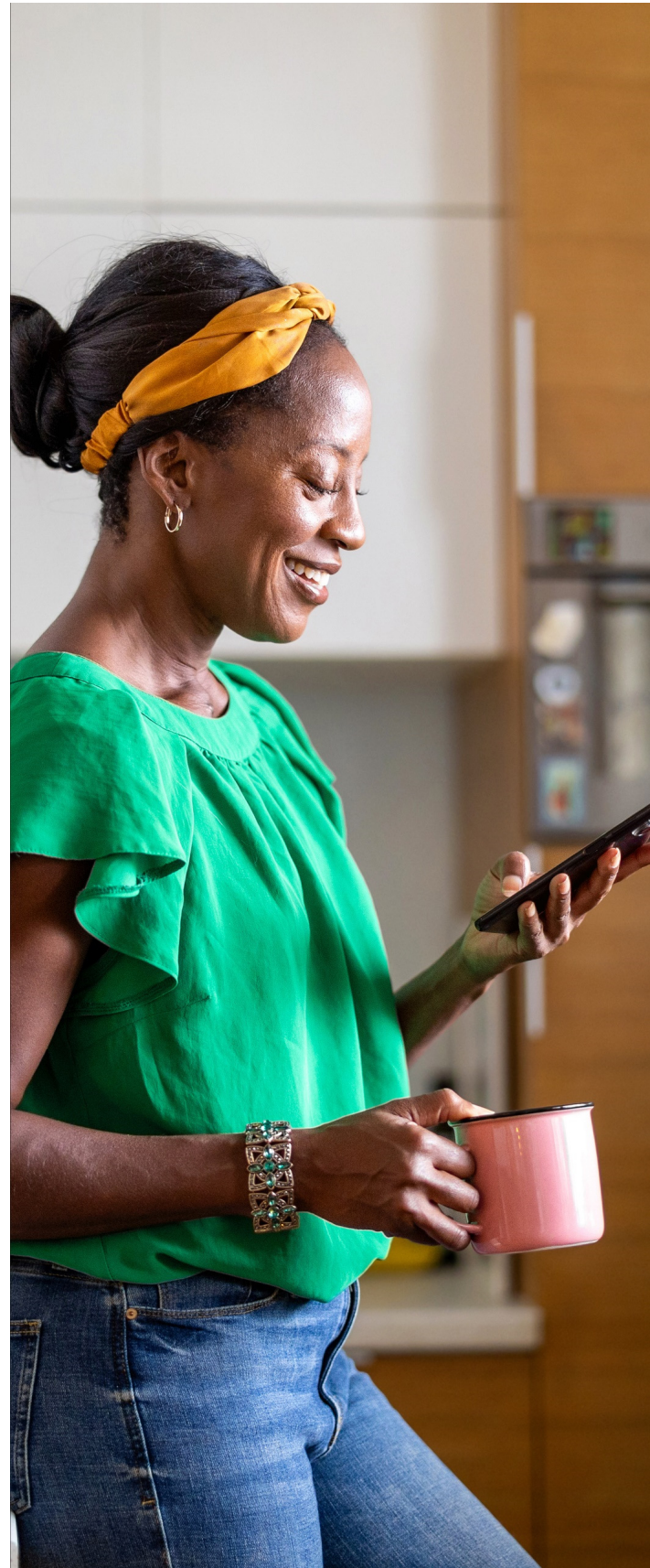
The Tabor Services medical program covers certain preventive health services at no cost for all medical plans. Preventive services including colorectal cancer screenings, high blood pressure screenings, annual physicals, immunizations, flu vaccinations, mammograms, pap smears and osteoporosis screenings, all of which are covered at 100%, with no out of pocket cost to you. Utilizing guidelines recommended by the U.S. Preventive Services Task Force, Centers of Disease Control and Center for Medicare and Medicaid, all services rendered must be age and gender appropriate.

Covered Women's Health Services

The Tabor Services medical and prescription drug program covers women's health services.

All of the following women's health services are considered preventive (please note that some were already covered) and will generally be covered at 100% with no cost-share, when provided in-network:

- Well-women visits (annually and now including prenatal visits)
- Screening for gestational diabetes
- Screening for human papillomavirus (HPV)
- Counseling for sexually transmitted infections
- Counseling and Screening for human immunodeficiency virus (HIV)
- Screening and Counseling for interpersonal and domestic violence
- Breastfeeding support, supplies and counseling
- Contraceptive methods and counseling



Retail Clinics & Urgent Care Centers

Walk-In Retail Clinics

Retail clinics are health care facilities located in high-traffic retail outlets such as pharmacies, grocery stores and big box retailers like Target and Walmart. Retail clinics have flexible hours of operation, with most of them open 7 days a week—up to 12 hours a day during the work week and up to 8 hours on Saturday and Sunday, including most holidays. Services are provided by licensed, highly-educated physician assistants or nurse practitioners, who are qualified to diagnose, treat and prescribe.

Most visits take approximately 15-25 minutes and many of the clinics see patients from ages 18 months through 65+ years old. The services offered in retail clinics include basic primary care, wellness and preventive services and chronic disease care. Retail clinics are a great source of accessible, affordable, high-quality health care.

- If you choose the Homestead plan, there is no network and you are able to choose any retail clinic.

Walk-in Clinics Provide or Treat:

- Routine allergies
- Ear infections
- Strep throat
- Colds & flu
- Vaccinations
- Minor insect bites
- Poison ivy
- Sprains
- Diabetes screening
- Heart screenings
- School physicals
- Well-baby exams, and more

Seven Great Reasons to Go Retail

- **You're covered.** All you need is your member ID card.
- **No appointments needed.** The name says it all — just walk right in.
- **Convenient hours.** Some clinics are open 7 days a weeks, with extended evening and weekend hours.
- **Quicker care.** The average ER visit tops 4 hours, while clinic visits are generally an hour or less.
- **Many locations.** With freestanding and retail-based clinics nationwide, you can find a spot close to your home or job; including inside your neighborhood Rite Aid®, CVS/pharmacy® or Walgreens®.
- **Skilled staff.** Clinics are overseen by a doctor, with nurse practitioners or physician assistants onsite.
- **Recommendations.** If you ever need more extensive care, clinics can refer you to a local doctor, emergency room or urgent care center.

Have an Urgent Medical Need? Try an Urgent Care Center

If your care need is more than minor, Urgent Care centers give you an affordable alternative to the ER. The sites are staffed with doctors to handle urgent medical matters. **Wait times are usually much shorter than in an emergency room.** And just like retail clinics, evening and weekend hours are available, with no appointments needed.

If your medical need is more than urgent — for example, characterized by chest pain, trouble breathing, bad bleeding or other symptoms that are serious or put your life at risk — you should go straight to your local ER.

Additional Resources

SURGICAL BENEFIT & MEMBER ADVOCACY

Goldfinch Health Surgical Benefit

A Better Approach to Surgery and Recovery.

Tabor Services partners with Goldfinch Health to protect you and your family from the pitfalls of surgery. Today, surgery doesn't need to be so invasive to your body, budget and life.

When you're considering surgery, Goldfinch Health's team of surgery experts – **at NO COST to you** – can help you and your family make the best decisions when it comes to surgery and the recovery that follows.

Your personal Goldfinch Nurse Navigator can help you:

- Find a great surgeon
- Get your questions answered every step of the way
- Shorten your recovery time after surgery by 2x or more
- Have a surgery experience that minimizes opioid painkiller use
- Reduce pain and complications
- Enjoy a better surgery and recovery

Did you know?

- >90% of surgeries are more invasive than necessary.
- Invasive surgery extends pain, recovery time and return to normal life by weeks to months.
- Invasive surgery is the #1 gateway to opioid addiction.

Connect with your Goldfinch Nurse Navigator today!

Email Hello@GoldfinchHealth.com or call **833.453.3624** to get started.

Conner Strong & Buckelew Benefits Member Advocacy Center

Tabor Services is proud to offer its employees a comprehensive suite of affordable benefits.

We have partnered with Conner Strong & Buckelew, a new firm that will provide you and your family with access to Member Advocacy. This is a team of experienced benefit professionals that you and your family can reach out to with any questions related to your benefits.

You can contact the Benefits Member Advocacy Center in any of the following ways:

- Via phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm ET
- Via the web:
www.connerstrong.com/memberadvocacy
- Via e-mail:
cssteam@connerstrong.com



Additional Resources

HUSK, GOODRX, & BENEFIT PERKS

HUSK Marketplace

Achieving optimal health and wellness doesn't have to be complicated or expensive. Access exclusive best-in-class pricing with some of the biggest brands in fitness, nutrition, and wellness with HUSK Marketplace.

Visit: marketplace.huskwellness.com/connerstrong

GoodRx

GoodRx allows you to simply and easily search for retail pharmacies that offer the lowest price for specific medications.

Use Good Rx to compare drug prices at local and mail-order pharmacies and discover free coupons and savings tips.

Find out how GoodRx can save on your prescription drugs by visiting goodrx.com.

Benefit Perks Rewards Program

CSB Benefit Perks is a discount and rewards program provided by Conner Strong & Buckelew (CSB) that is available to all employees at no additional cost. The program allows employees to receive discounts and cash back for hand-selected shopping online at major retailers.

Use the Benefit Perks website to browse through categories such as: Automotive, Beauty, Computer & Electronics, Gifts & Flowers, Health & Wellness and much more! Employees can also print coupons to present at local retailers and merchants for in-person savings, including movie theatres and other services.

Start saving today by registering online at connerstrong.corestream.com.



Dental Benefits

DELTA DENTAL

NOTE: New enrollees will not receive a printed ID card. To view/download/print an ID card, please go to www.deltadentalins.com.

Tabor Services offers two comprehensive dental plans through Delta Dental.

	Delta PPO	DeltaCare DHMO
	PPO/PREMIER NETWORK	DELTACARE USA NETWORK
Annual Deductible (Individual/Family)	\$50/\$150	None
Annual Benefit Maximum*	\$1,200	None
Benefit Basis	Delta Dental's prevailing fee**	N/A
Lifetime Ortho Maximum	\$1,000	None
Preventive & Diagnostic Services Exams, Cleanings, Bitewing X-rays (each twice in a contract year)	100% no deductible	\$0 – \$50
Basic Services Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Sealants, Posterior Composites, TMJ/Mouth Guards	80%	\$0 – \$365
Major Services Crowns, Gold Restorations, Bridgework, Full and Partial Dentures	50%	\$10 – \$365
Orthodontia Benefits (children age 19 and below for PPO, Adult Ortho on DHMO)	50%	\$1,150 – \$2,100

* Does not apply to Preventive & Diagnostic Services

** Benefit basis used as reimbursement for out-of-network services (premier network level).

This includes only highlights of the Tabor Services plan. While we have tried to be as accurate as possible in developing this information, the official plan documents govern in all cases. If you would like a copy of the official plan documents please contact Human Resources.

Delta PPO Plan

You have the flexibility to receive treatment from any dentist you choose, either in or out-of-network. Please note out-of-network providers will be paid at the Delta Dental usual & customary allowance. You will be responsible for paying the difference between the out-of-network dentists actual charge and the plan allowance, which may result in higher out-of-pocket costs. To find an in-network dentist, log onto deltadentalins.com and select the PPO network.

DeltaCare DHMO Plan

You and each of your covered dependents are required to choose a participating Primary Care Dentist (PCD) to coordinate your care. If you require specialty care, your PCD can refer you to a network specialist for covered services, however, you may visit a participating orthodontist without a referral. To find an in-network dentist, log onto deltadentalins.com and select the DeltaCare USA (DHMO) network.

Your Cost for Dental

Please refer to the chart below for your 2025-2026 per-pay contribution amounts.

COVERAGE LEVEL	PPO PLAN	DHMO PLAN
Single Coverage	\$10.00	\$1.92
Employee & Child(ren)	\$20.00	\$10.18
Employee & Spouse/Domestic Partner	\$15.00	\$8.39
Family Coverage	\$25.00	\$18.58

Vision Plan

NATIONAL VISION ADMINISTRATORS (NVA)

Eligible employees and their eligible family members may enroll in the NVA Vision plan. With NVA, you will get quality care that focuses on your eyes and overall wellness. Vision coverage is fully employee paid.

NVA Vision Plan

	IN-NETWORK	OUT-OF-NETWORK
Exam	\$10 copay	Up to \$40 reimbursement
Retinal Screening	Up to \$39 copay	N/A
Frames	\$150 allowance; 20% discount on amount over allowance	Up to \$105 reimbursement
Lenses		
Standard Lenses – Single Vision	\$20 copay	Up to \$30 reimbursement
Lined Bifocal Lenses	\$20 copay	Up to \$50 reimbursement
Lined Trifocal or Lenticular Lenses	\$20 copay	Up to \$70 reimbursement
Lens Enhancements		
Standard Progressives	\$70 copay	Up to \$50 reimbursement
Premium Progressives	\$100 copay	Up to \$50 reimbursement
UV Treatment/Tint/Scratch Resistant Coating	\$12 copay / \$10 copay / \$10 copay	N/A
Standard Polycarbonate	\$25 copay (Single vision); \$30 copay (Bifocal/Trifocal lenses)	N/A
Contact Lenses		
In Lieu of Eyeglasses	\$150 allowance; 15% discount on amount over allowance	Up to \$105 reimbursement
Contact Lens Exam (fitting and evaluation)	\$20 copay	N/A
- Daily wear	\$20 copay	
- Extended wear	\$30 copay	
- Specialty contact fitting	\$50 copay	
Frequency		
Vision Exam	12 months	12 months
Lenses	12 months	12 months
Frames	12 months	12 months

To get the most out of your benefits and to reduce your out-of-pocket costs, make sure you visit an in-network provider or retailer. For a complete list of in-network providers near you, go to www.e-nva.com or call **800.672.7723**.

You will also receive a Welcome Packet from NVA which will contain two ID cards, a listing of 10-12 providers near your home zip code, a benefit summary, information on contact lens mail order, and information on LASIK surgery

Your Cost for Vision

Please refer to the chart below for your 2025-2026 per-pay contribution amounts.

COVERAGE LEVEL	COST PER PAY
Employee Only	\$2.26
Employee + Child(ren)	\$4.52
Employee + Spouse	\$4.29
Family	\$6.64

Life & Disability Benefits

SYMETRA

Life, Accidental Death & Dismemberment (AD&D) and Long-Term Disability Insurance is **100% paid** by Tabor Services.

Group Life & AD&D Insurance

Life Insurance benefits are paid to a beneficiary(ies) you designate in the event of your death. **AD&D benefits** are paid to your beneficiary(ies) upon your accidental death or to you for a covered loss (such as the loss of a limb, eyesight or hearing).

GROUP LIFE AND AD&D	
Eligible Employees	Employees working or scheduled to work at least 30 hours per week upon the date of your insurance eligibility
Benefit Amount	
Life Insurance	2x Annual Base Salary up to \$650,000
AD&D	2x Annual Base Salary up to \$650,000
Age Reduction Rules	Benefit reduces to 35% at age 65; 50% at age 70
Taxation of Benefits	None

Group Long-Term Disability Insurance

For enduring, serious non-work related illnesses or injuries that prevent you from working longer than 90 days.

GROUP LONG-TERM DISABILITY	
Eligible Employees	Employees working or scheduled to work at least 30 hours per week following 12 months of continuous active employment
Elimination Period	90 days
Benefit Duration	Benefit duration to age 65 with graded ADEA
Benefit Multiple	60% of base monthly salary up to \$5,000 per month
Pre-Existing Conditions	3 months prior/12 months after
Taxation of Benefits	None



Voluntary Life & Disability Benefits

SYMETRA

Voluntary Life and AD&D and Voluntary Short-Term Disability Insurance are **100% employee paid**.

Voluntary Life and AD&D Insurance

Supplemental Life Insurance benefits that are paid to a designated beneficiary(ies) you designate in the event of death. Individual Term Life and AD&D is a sensible and affordable way to provide your family and loved ones with the money they may need in the event of an untimely death or accident.

VOLUNTARY LIFE AND AD&D	
Employee Coverage	The lesser of 5x Annual Salary or \$500,000 in increments of \$5,000. Guaranteed issue amount is \$150,000
Spouse Coverage	If the employee elects coverage, amounts from \$5,000 to \$250,000 in increments of \$5,000. Guaranteed issue amount is \$50,000. Not to exceed 100% of employee amount.
Child(ren) Coverage	Flat amount of \$10,000
Guaranteed Issue	Applies to any employees who enroll within 31 days of becoming eligible. If you enroll more than 31 days after becoming eligible, or elect over the Guaranteed Issue amount, you will be required to provide Evidence of Insurability (EOI)
Age Reductions	
Employee	Benefit reduces to 35% at age 70; 50% at age 75;
Spouse	Spouse life will reduce by the same percentage and at the same time EEs like insurance reduces
Child(ren)	Coverage terminates at age 26

Voluntary Short-Term Disability Insurance

Voluntary Short-Term Disability continues a percentage of your regular pay if you become injured or ill due to a non-occupational illness or injury and cannot work. Most people insure their material possessions—their homes and cars, for example. But many of these same people don't insure what is probably their most valuable asset — their ability to work and earn income. If you become sick or are injured and can't work, will you be able to pay your bills and maintain your standard of living?

If you depend on your income to pay the bills, you need to seriously consider buying disability income insurance. It can help you maintain your current lifestyle and help protect you and your family from going into serious debt.

NOTE: Evidence of Insurability (EOI) is required for any Short-Term Disability election whether you are a new or current employee.

VOLUNTARY SHORT-TERM DISABILITY	
Definition of Disability	Own Occupation
Earnings Definition	Annual earnings, excluding bonus & commission
Elimination Period	15 days (Accident and Sickness)
Benefit Duration	13 weeks
Benefit Amount	60% of base weekly salary from \$100 up to a maximum of \$1,200 per week. (Elections can be made in \$50 increments)

Voluntary Benefits

SYMETRA

Accident Insurance

Accidents are unexpected and can strike any member of your family. The costs associated with treatment can mount quickly. For covered accidental injuries, fixed benefits are paid directly to you regardless of any other coverage you may have and you can spend it any way you choose. Benefits are paid according to a fixed schedule that includes benefits for hospitalization, fractures and dislocations, emergency room visits, major diagnostic exams, physical therapy and more. Also, if you or a covered dependent should die as a result of an accidental injury within 365 days while the coverage remains in force, a death benefit is payable.

Key Advantages of this Plan

- This plan pays a \$50 wellness screening benefit each year once you provide proof of an eligible health screening. We'll pay for a dependent screening too. The application is easy to fill out and includes common screenings, such as:
 - Certain blood tests
 - Pap smear
 - Skin cancer screening
 - Lipid panels
 - Cardiac exercise stress test
 - Electrocardiogram (ECG)
 - Immunizations and interscholastic sports physical exam. (Availability of benefit and covered tests may vary by state.)
- Provides coverage for on- and off-the-job accidents
- Benefits are payable directly to you, the employee
- This plan pays benefits in addition to any other coverage you may have
- There are no health questions or pre-existing conditions limitations

Critical Illness Insurance

Critical Illness insurance pays a fixed benefit if you are diagnosed after your coverage effective date. Covered illnesses include but are not limited to cancer, heart attack, stroke, and paralysis. This insurance can help cover out-of-pocket medical and non-medical expenses. It does not have to be used to pay for treatment.

Key Advantages of this Plan

- Benefits are payable directly to you to be spent any way you choose. You can elect the following amounts for you and your dependents
 - **Employee:** \$5,000, \$15,000, \$20,000, or \$30,000
 - **Spouse:** \$2,500, \$5,000, or \$15,000 (not to exceed 50% of employee coverage)
 - **Child(ren):** \$2,500 or \$5,000 (not to exceed 50% of employee coverage)
- \$50 wellness screening
- Pays in addition to any other coverage you may have
- Flexible coverage options to meet your individual needs
- Fast and accurate claims service
- Coverage is fully portable — if you change jobs you can take your coverage with you



Identity Theft Protection

ALLSTATE

Tabor Services partners with Allstate to provide you with the opportunity to purchase Identity Theft Protection for you and your family. Here are some of the features Allstate offers with the Pro Plus Identity Theft plan:

Reimbursement

If you fall victim to fraud, Allstate will reimburse your out-of-pocket costs and up to \$1 million in stolen funds from accounts such as your 401(k), COVID stimulus payments or tax returns.

Comprehensive monitoring and alerts

A proprietary monitoring platform that detects high-risk activity to provide rapid alerts at the first sign of fraud, so you can detect fraud at its earliest sign, enabling quick restoration for minimal damage and stress.

High-risk transaction monitoring

Allstate will send alerts for non-credit-based transactions like student loan activity and medical billing.

Account activity

You're alerted when unusual activity on your personal banking accounts could be a sign of account takeover.

Financial activity monitoring

Alerts triggered from sources such as bank accounts, thresholds, credit and debit cards, 401(k)s, and other investment accounts help you take control of your finances.

Social media monitoring

Monitor social accounts for everyone in your family, with monitoring for vulgarity, threats, explicit content, violence, and cyberbullying. Now, you can even add your YouTube accounts and Allstate will monitor comments for questionable content.

Dark web monitoring

In-depth monitoring goes beyond just looking out for a participant's Social Security number. Bots and human intelligence scour closed hacker forums for compromised credentials and other personal information. You will be immediately alerted if you have been compromised.

How much does it cost?

The per month cost for the plan is:

- **Employee only:** \$7.95
- **Family:** \$13.95

Have questions?

For more information, call **800.789.2720** or email customer care@aip.com.



Medicare Assistance

SARATOGA MEDICARE ADVISORS

Are you or your dependents approaching or at Medicare eligible age (65 years or older)? If so, take advantage of our partnership with Saratoga Medicare Advisors.

This **free** service can help you understand your options and make informed decisions when it comes to Medicare coverage. Saratoga's service will walk you through each of your options and ensure you and your family are making the best Medicare decision for your situation.

After contacting Saratoga, within 24 hours they will reach out and arrange a conference call or in-person meeting to gather information about your unique situation and explain the cost and process for selecting Medicare Supplement (Medigap), Medicare Advantage, Dental, and Vision coverage. Saratoga will also receive your prescriptions and assist you with securing a drug plan that best suits your needs.

To learn more about this **free** service, please contact:

Bill Webb by phone at **856.263.3152** or by email at **bwebb@saratogabenefits.com**.



Benefit Resources

TABOR SERVICES



Carrier Contacts

PLAN	CONTACT	WEBSITE/EMAIL	CLAIMS ADDRESS
Medical Homestead	Member Concierge: 855-897-4816 Surprise Bills: 844-307-6755 Pre-Authorization: 800-764-3433	www.woodsindex.com https://hs-plans.com/woods www.homesteadproviders.com www.teladoc.com customerservice@homesteadplans.com	Homestead P.O. Box 211208 Eagan, MN 55121
Prescription US-Rx Care & ScriptSourcing	Member Services: 877-200-5533 Prescription Mart Pharmacy: 800-630-3206	www.usrxcare.com/member	Prescription Mart P.O. Box 12607 Beaumont, TX 77726
Surgical Benefit Goldfinch	833-453-3624	Hello@GoldfinchHealth.com	N/A
Dental Delta Dental	PPO Plan: 800-932-0783 DeltaCare Plan: 800-422-4234	www.deltadentalins.com	Delta Dental of PA P.O. Box 2105 Mechanicsburg, PA 17055
Vision National Vision Administrators (NVA)	800-672-7723	www.e-nva.com	N/A
Group Life Symetra	877-377-6773	www.symetra.com	Life & Disability Claims Department PO Box 1230-06083 Enfield, CT 06083
Group LTD Symetra	877-377-6773	www.symetra.com	Life & Disability Claims Department PO Box 1230-06083 Enfield, CT 06083
Accident/Critical Illness Symetra	800-497-3699	www.symetra.com	Voluntary Benefits Claims Department PO Box 3245 Milwaukee, WI 53201
STD Sun Life	877-377-6773	www.symetra.com	Life & Disability Claims Department PO Box 1230-06083 Enfield, CT 06083
Identity Theft Protection Allstate	800-789-2720	customercare@aip.com	N/A
EAP Legacy Treatment Services	888-245-6605	N/A	N/A
EAP GuidanceResources	888-327-9573	www.guidanceresources.com Web ID: Symetra	N/A
Benefits Member Advocacy Center Conner Strong & Buckelew	800-563-9929	www.connerstrong.com/memberadvocacy cssteam@connerstrong.com	N/A
Medicare Assistance Saratoga Medicare Advisors	Bill Webb 856-263-3152	bwebb@saratogabenefits.com https://saratogamedicareadvisors.com	N/A

Benefit Contacts

	PHONE	EMAIL/WEBSITE
Adam Ibrahim HR Benefits Administrator	215-842-4800, ext. 477	adam.ibrahim@tabor.org
Karen Wilkins Chief Human Resources Officer	267-456-6744	karen.wilkins@tabor.org

Legal Notices

Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Tabor Services offers a series of health coverage options. You should receive a Summary of Benefits and Coverage (SBC) during Open Enrollment. These documents summarize important information about all health coverage options in a standard format. Please contact Human Resources if you have any questions or did not receive your SBC.

Notice Regarding Special Enrollment

Loss of other coverage (excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage (including COBRA coverage) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within [30 days or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment. When the loss of other coverage is COBRA coverage, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the Plan. Generally, exhaustion means that COBRA coverage ends for a reason other than the failure to pay COBRA premiums or for cause (that is, submission of a fraudulent claim). This means that the entire 18-, 29-, or 36-month COBRA period usually must be completed in order to trigger a special enrollment for loss of other coverage.

Loss of eligibility for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program (CHIP) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or CHIP. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

New dependent by marriage, birth, adoption, or placement for adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If you request a change within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For a new dependent as a result of marriage, coverage will be effective the first of the month following your request for enrollment.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

To request special enrollment or obtain more information, contact Human Resources.

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other benefits. If you have any questions, please speak with Human Resources.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or

Legal Notices

call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of March 17, 2025. Contact your State for more information on eligibility -

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program

Website: <http://myakhipp.com/>
Phone: 1-866-251-4861

Email: CustomerService@MyAKHIPP.com

Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program Website: <http://dhcs.ca.gov/hipp>

Phone: 916-445-8322

Fax: 916-440-5676

Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>

Health First Colorado Member Contact Center:

1-800-221-3943/State Relay 711

CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>

CHP+ Customer Service: 1-800-359-1991/State Relay 711

Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>

HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: <https://www.flmedicaidptprecovery.com/flmedicaidptprecovery.com/hipp/index.html>

Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162, Press 1

GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>

Phone: 678-564-1162, Press 2

INDIANA – Medicaid

Health Insurance Premium Payment Program

All other Medicaid

Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fssa/dfr/>

Family and Social Services Administration

Phone: 1-800-403-0864

Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:

<https://hhs.iowa.gov/programs/welcome-iowa-medicaid>

Medicaid Phone: 1-800-338-8366

Hawki Website:

<https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>

Hawki Phone: 1-800-257-8563

HIPP Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)

Website:

<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328

Email: KIHIPPPROGRAM@ky.gov

KCHIP Website: <https://kynect.ky.gov>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US

Phone: 1-800-442-6003

TTY: Maine relay 711

Private Health Insurance Premium Webpage:

<https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 1-800-977-6740

TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840

TTY: 711

Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website:

<https://mn.gov/dhs/health-care-coverage/>

Phone: 1-800-657-3672

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: HHSHIPPPProgram@mt.gov

Legal Notices

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext. 15218

Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Phone: 1-800-356-1561

CHIP Premium Assistance Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>

Phone: 1-800-692-7462

CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>

CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlite Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>

Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>

Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/>

Email: upp@utah.gov

Phone: 1-888-222-2542

Adult Expansion Website: <https://medicaid.utah.gov/expansion/>

Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>

CHIP Website: <https://chip.utah.gov/>

VERMONT – Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>

Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select> and <https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>

Medicaid/CHIP Phone: 1-800-432-5924

WISCONSIN – Medicaid and CHIP

Website:

<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>

Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

Insurance Marketplace Notice

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets our needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than

9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the insurance carrier’s customer service number located on your ID card. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area. To get information about the Marketplace coverage, you can call the government’s 24/7 Help-Line at 1-800-318-2596 or go to <https://www.healthcare.gov/marketplace/individual/>.

¹ An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information about Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name Tabor Services		4. Employer Identification Number 23-2148612	
5. Employer Address 57 E Armat St.		6. Employer phone number (215)-348-4071	
7. City Philadelphia	8. State Pennsylvania		9. Zip Code 19144
10. Who can we contact about employee health coverage at this job? Betty Nixon		11. Phone number 215-842-4800, ext. 327	12. Email Address betty.nixon@tabor.org

Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to all employees. Eligible employees are:

- If you are an active employee who is directly employed and compensated for services by Tabor Services and you regularly work 30 or more hours per week, you can enroll in benefits.

With respect to dependents, we do offer coverage. Eligible dependents are:

- Legal spouse or domestic partner
- Dependent children up to age 26

Note: This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.



Tabor Services reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. If you have any questions about your Guide, contact Human Resources.