2026-2027

EMPLOYEE BENEFITS GUIDE

Free or discounted Primary Care is available for you and your family! Additional information can be found on page 3.

Tabor Children's 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.

TABOR CHILDREN'S SERVICES
Affiliated with Woods System of Care

Woods SYSTEM OF CARE

Tabor Children's Services

2026-2027 BENEFITS GUIDE

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 the Benefits Department.

For more information, visit the Benefits Portal at **taborbenefits.com**.

HAVE QUESTIONS?

If you have questions about your benefits, please contact the Benefits Member Advocacy Center (Benefits MAC) at **800.563.9929** (Monday-Friday, 8:30 am to 5:00 pm EST). Benefits MAC can also be reached by email at **cssteam@connerstrong.com** or online at **connerstrong.com/memberadvocacy**.

You may also visit the BenePortal **taborbenefits.com** at any time to access additional plan information.

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Legal Notices: **CLICK HERE** or scan the QR code to access legal notices.



The Medical Center at Woods

Schedule an appointment TODAY!
215.750.4004

One of the most important benefits available to all Tabor Children's Services employees is our **Onsite Medical Center**. Our excellent clinicians are available to serve as your **primary care provider**, performing your annual check-ups or diagnosing and treating a variety of symptoms and medical conditions for which you might typically visit an Urgent Care facility.

The Medical Center is also able to treat your family members, regardless of if they are covered by our Homestead insurance. The Medical Center accepts **ALL** insurances!

The Medical Center is open from 7 am to 7 pm every weekday, except Wednesdays when hours are 8 am to 4 pm. Same day appointments are usually available. Medical staff are on call 24/7. Call **215.750.4004** to make an appointment or speak to our medical staff.

The Medical Center is a separate company from Tabor Children's Services and all healthcare services are **confidential**, as they are in any medical practice you use.

The Medical Center at Woods

Below are some of the services you can receive at the onsite medical center at **no cost**:

- Blood work/testing
- Urgent care for:
  - Sprains/strains
  - Colds, flu, earache
  - Allergies
  - Rashes
  - Urinary tract infections
- Onsite instant x-rays
- Well exams and health screenings
- Gynecological care
- COVID-19, flu, strep testing
- Immunizations
- Blood sugar checks
- Smoking cessation

Please take advantage of the array of services that are offered!

Your privacy is as important to us as it is to you. Your confidential information will not be shared without your consent.

Enrollment & Eligibility

How to Enroll

To enroll or waive any of the Tabor Children's Services benefits, you must complete enrollment online through 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 Children's Services and you regularly work 30 hours or more 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.**

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

ID Cards

You will receive ID cards for your medical, prescription drug and vision coverages.

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.

Questions?

More info is available on the BenePortal. Scan the QR code to visit BenePortal.



Making Changes & Enrollment Decisions

Making Changes During the Year

Your elections will be in effect until June 30, 2027 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. Proof of status change will be required.

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 2026-2027. 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 Children's 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 for additional information.



Enrollment Instructions

PAYCOM

You MUST enroll through our online system, Paycom.

How to Enroll with Paycom

1. Go to **paycom.com** and hover over the ***Login*** button in the upper right of the page and then click ***"Employee."***
2. Enter your username, password and first four digits of your Social Security Number, then click ***"Log In."***
3. Locate the ***"Benefits"*** tile on the second row, then click ***"2026 Benefits Enrollment."***
4. You will see a pop-up window with a few tips for enrollment. After reviewing those, click ***"Start Enrollment."***

Note:

Don't forget to submit your life insurance beneficiary form (found on Symetra's website) to the benefits department in Human Resources. You can purchase additional coverage for yourself and life insurance for your Spouse and/or Child(ren) directly with the insurance company during open enrollment every year.

5. Finally, you can click ***"Review"*** to see all the benefits you've chosen and how much will come out of each paycheck. You can also make any changes by clicking on the pencil in that benefit's box.
6. Once you are completely done making your choices, click ***"Finalize."*** A pop-up window will ask you to confirm that you want to complete enrollment.
7. Click ***"Sign and Submit"*** to continue to the Benefit Confirmation screen. From here, you can print your open enrollment benefit choices for your records.

Enrollment Tip!

You can keep track of your choices as you go by checking the Progress Bar on the right hand side of your screen.

A green check (✓) means you have enrolled and a red "**X**" means you have declined.



Medical Plan Highlights

HOMESTEAD PLAN

Homestead Plan Highlights

- Low Employee Only Contribution
- Subsidized Family Contributions
- Minimal copays
- No referrals required to see providers

Finding Homestead Providers

You can continue to see your current provider, but if you need a new one visit **my.homesteadplans.com** or **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 multi-specialty outpatient medical facility in Yardley, PA, call **215.316.5150** or visit **my.homesteadplans.com**.
- To find an Atlantic Health System provider or facility, visit **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 and is with you every step of the way — just call **855.897.4816** Monday – Friday 8am – 6pm or email **customerservice@homesteadplans.com**.

Member Portal

Powered by TrueClaim

Your health at your fingertips. Quick and easy access to your health plan — anytime, from anywhere. With the TrueClaim app you can:

- **Get Your ID Card:** View, download, or print your digital ID card whenever you need it
- **Find a Provider:** Use the provider search tool to quickly find doctors, specialists, and facilities who accept the plan
- **View Claims and EOBs:** Track claims in real time and view your Explanation of Benefits (EOB) in just a few taps
- **Track Your Spending:** See how much you've paid toward your deductible and out-of-pocket maximum
- **Estimate the Cost of Care:** Know before you go and avoid surprises by using the cost estimator to see prices for common services and procedures

Get Connected To Your Benefits

Download the TrueClaim app from the App Store or Google Play or visit **my.homesteadplans.com** and register using the same email you use for benefits enrollment or receiving other HR-related communications.

If the system doesn't recognize your email, or you want to add access for a family member, email **customerservice@homesteadplans.com**.

Medical Benefits

DETAILS AT A GLANCE

Tabor Children's Services offers the below competitive and comprehensive health care plan option. For full plan details please contact Human Resources.

BENEFIT DESCRIPTION	Homestead Plan
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
Teladoc	$0 copay
Specialist Office Visit	$30 copay
Physical/Speech/Occupational Therapy	$20 copay
Outpatient Lab/Pathology	$20 copay
Diagnostic Laboratory, 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.

Tabor Children's Services will pay a substantial portion of the cost of your medical coverage regardless of the coverage level you choose. Your 2026-2027 per-pay contributions for medical coverage are listed below.

Per-Pay Medical/Prescription Drug Contributions

TIER	HOMESTEAD PLAN
Employee Only	$42.55
Employee + Spouse	$144.90
Employee + Children	$118.45
Family	$254.15



Telemedicine

TELADOC

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

Available to employees enrolled in the Homestead Medical plan.

Teladoc Benefits

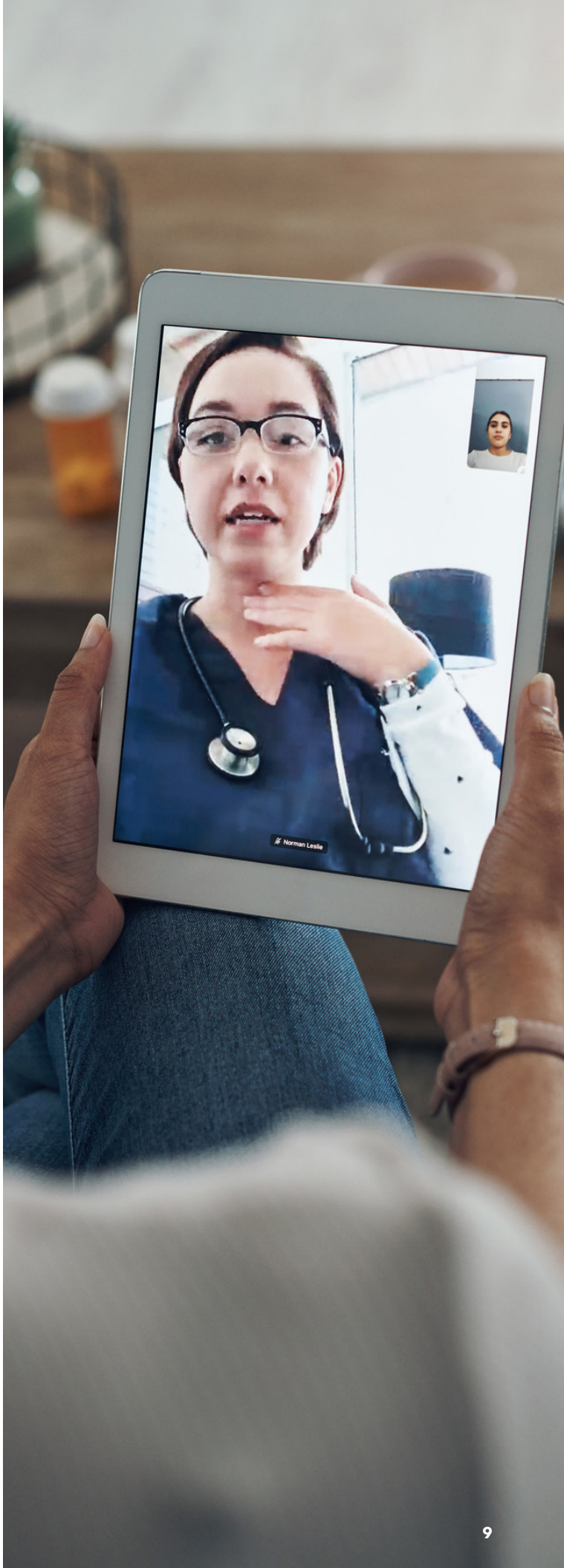
- You can talk to a doctor from wherever you are — day or night
- Skip the trip to the ER or urgent care
- $0 copay

What can be treated with Teladoc?

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

Feel better **for free!**

Call **800.835.2362**, visit **teladoc.com**, or download the mobile app to get started.



Retail Clinics & Urgent Care Centers

WHERE TO GO FOR CARE

Walk-In Retail Clinics

Retail clinics are convenient health care facilities located in pharmacies, grocery stores, and retailers like Target and Walmart. They typically offer extended hours—including evenings, weekends, and many holidays—and are staffed by licensed nurse practitioners and physician assistants who can diagnose, treat, and prescribe.

Most visits take just 15–25 minutes, and clinics serve patients from young children to older adults. Services include basic primary care, preventive care, and chronic condition management, making retail clinics an accessible and affordable option for quality care.

In the Homestead plan, there is no network and you are able to choose any retail clinic. **Tabor Children's Services encourages you to use The Medical Center at Woods as a first choice to save time and avoid copays.**

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

Reasons to Go Retail

Retail clinics offer a convenient and accessible option for everyday care. With no appointments needed, extended hours—including evenings and weekends—and locations nationwide (often inside stores like CVS and Walgreens), it's easy to get care when and where you need it. Just bring your member ID card and walk in.

Visits are typically quick, and you'll be seen by qualified nurse practitioners or physician assistants, with oversight from a doctor. If more advanced care is needed, they can also refer you to the appropriate provider or facility.

Have an Urgent Medical Need? Try an Urgent Care Center

Urgent care centers are a convenient, affordable alternative to the ER for non-life-threatening conditions. Staffed by doctors, they offer shorter wait times, extended evening and weekend hours, and no appointment is needed.

For serious or life-threatening symptoms—such as chest pain, difficulty breathing, or severe bleeding—go directly to the emergency room.



Surgical Benefit

GOLDFINCH

A Better Approach to Surgery and Recovery

Tabor Children's 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.

Prescription Benefits

US-RX CARE & SCRIPTSOURCING

If you are enrolled in the Tabor Children's Services medical plan, you are automatically enrolled in the below prescription 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 & Specialty 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 & Specialty Drugs	

Mandatory Generic Program

Tabor Children's Services employees and their dependents **must follow the mandatory generic program**. If a generic equivalent is available, it will be dispensed and you will pay the generic copay. If no generic is available, the brand drug will be provided at the brand copay. **If you choose a brand drug when a generic is available, you will pay the brand copay plus the cost difference**.

Generic drugs contain the same active ingredients, strength, and quality as brand-name medications, but at a lower cost.

Retail 90 Program/Mail Order *(Optional)*

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

You must register prior to obtaining your medications by either going online at **presmartinc.com** or by mailing a completed form located on **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 the 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 cost.

US-Rx Care Member Portal

Search for lowest-cost pharmacies on your US-Rx Care member portal by going to **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 **usrxcare.com/member**.



Dental Benefits

DELTA DENTAL

NOTE: New enrollees will not receive a printed ID card. To view, download, and print an ID card, please visit deltadentalins.com.

	Delta PPO	DeltaCare DHMO
	PPO/PREMIER NETWORK	**DELTACARE USA NETWORK**
Annual Deductible (Individual/Family)	$50 / $150	None
Annual Benefit Maximum*	$1,500	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)	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 Children's 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 PPO Network (PPO).



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.

2026/2027 Per-Pay Dental Contributions

TIER	PPO PLAN	DHMO PLAN
Employee Only	$10.00	$1.92
Employee + Spouse	$15.00	$8.39
Employee + Children	$20.00	$10.18
Family	$25.00	$18.58

Vision Benefits

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		
• Single Vision	$20 copay	Up to $30 reimbursement
• Lined Bifocal	$20 copay	Up to $50 reimbursement
• Lined Trifocal/Lenticular	$20 copay	Up to $70 reimbursement
Lens Enhancements		
• Standard Progressive	$70 copay	Up to $50 reimbursement
• Premium Progressive	$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 **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 discounts.

2026/2027 Per-Pay Vision Contributions

TIER	NVA VISION PLAN
Employee Only	$2.26
Employee + Spouse	$4.29
Employee + Children	$4.52
Family	$6.64

Flexible Spending Accounts (FSA)

FLORES

Flexible spending accounts, or FSAs, provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next plan year, you can lower your taxable income.

Healthcare FSA

The Healthcare FSA allows you to set aside pre-tax dollars via payroll deductions to pay for qualified healthcare expenses for you and your dependents. For 2026 the annual maximum amount you may contribute is **$3,400** per plan year.

The Healthcare FSA can be used for:

- Doctor office copays
- Non-cosmetic dental procedures (crowns, dentures, orthodontics)
- Prescription contact lenses, glasses, and sunglasses
- LASIK eye surgery

For a full list of eligible expenses, visit **irs.gov/publications/p502**.

Healthcare FSA Rollover

Flexible Spending Accounts operate under a use-it-or-lose-it rule, meaning that money not used by the end of the plan year (June 30, 2027) does not roll over and must be forfeited per IRS regulations. Tabor Children's Services allows up to **$680** or unused Healthcare FSA funds to carryover into the following plan year (following the conclusion of the 90-day run out period). Amounts over **$680** will be forfeited.

Rollover amounts do not prohibit a participant from electing the maximum contribution for the next plan year, however, elections should be made judiciously since any amount exceeding the rollover maximum will be forfeited.

Dependent Care FSA

The Dependent Care FSA allows you to use pre-tax dollars toward qualified dependent care expenses. The annual maximum amount you may contribute is **$7,500** (or **$3,750** if married and filing separately) per plan year.

The Dependent Care FSA can be used for:

- Au Pair
- After school programs
- Baby-sitting/dependent care to allow you to work or actively seek employment
- Day camps and preschool
- Adult/eldercare for adult dependents

For a full list of eligible expenses, visit **irs.gov/publications/p503**.

For all FSAs, you will be receiving a debit card from Flores with your funds loaded.



To manage your Flexible Spending Accounts, visit **www.flores247.com**.

Commuter Benefits

FLORES

Commuter Benefits allow you to pay for eligible work-related transit and parking expenses through pre-tax payroll deductions from your paycheck.

Making Contributions

You are able to make changes to your pre-tax election amount on a month to month basis.

Once you make your election, you will receive a debit card that can be used to pay for work-related transit and parking expenses. Your debit card is loaded with your pre-tax deductions each time a deduction is taken from your paycheck. Each time you use your debit card to pay for transit purchases, the funds are automatically debited from your transit account.

For 2026, you may contribute up to $340 per month for both transportation and parking.

Eligible Expenses

Whether you have public transportation, parking, or park & ride expenses, you can save on just about any way you get to work:

- Bus, light rail, regional rail (train), streetcar, trolley subway or ferry, vanpool
- Parking at or near work
- Parking at or near public transportation for your commute to/from work
- Uber/Lyft are **NOT** eligible expenses

To manage your Commuter Benefits, visit **www.flores247.com**.



Wellness Programs

Tabor Children's Services supports a culture of wellness. The Tabor Children's Services medical benefit programs offer support and guidance as you strive to live the kind of life that improves your chances of staying well.

Covered Women's Health Services

The Tabor Children's Services medical and prescription drug program covers women's health services. All of the following women's health services are considered preventive and will generally be covered at 100% with no cost-share:

- 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

Preventive Care Paid at 100%

The Tabor Children's Services medical program covers certain preventive health services at no cost for the Tabor Children's Services medical plan. 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.



Value-Added Services

CONNER STRONG & BUCKELEW

Benefits Member Advocacy Center

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

Through our relationship with Conner Strong & Buckelew, we are providing you and your family access to the Benefits Member Advocacy Center (MAC). This is a team of experienced benefits professionals that you and your family can reach out to with any questions related to your benefits.

You can contact the Benefits MAC in any of the following ways:

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

BenefitPerks 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.

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

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**.

HUSK Wellness Program

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. HUSK features include:

- Savings on gym and fitness center memberships
- Evidence-based health and nutrition programs led by registered dietitians
- Deals on home gym equipment and wearable technology
- On-demand virtual exercise classes
- Access to licensed therapists for mental health struggles

Learn more by calling **800.294.1500** or visit **marketplace.huskwellness.com/connerstrong**.



Employee Assistance Program (EAP)

LEGACY TREATMENT SERVICES

Tabor Children's Services offers all eligible employees an EAP administered through Legacy Treatment Services (LTS). Your use of this service is strictly confidential.

Included With the EAP

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 telephonic or in-person counseling and work-life services. If needed, you may be referred to ongoing treatment or specialty care.



Life & Disability Benefits

SYMETRA

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). **This plan is 100% paid by Tabor Children's Services.**

$650,000 OPTION	
Eligibility	1st of the month after 60 days following date of hire
Benefit Amount • Life Insurance • AD&D	 2x Annual Base Salary up to $650,000 2x Annual Base Salary up to $650,000
Age Reduction Rules	Benefit reduces by 35% at age 65; 50% at age 70
Taxable Benefits	None
Premiums paid for the benefit amounts above $50,000 are subject to imputed income rules*	

$50,000 OPTION	
Eligibility	1st of the month after 60 days following date of hire
Benefit Amount • Life Insurance • AD&D	 Flat $50,000 Flat $50,000
Age Reduction Rules	Benefit reduces by 35% at age 65; 50% at age 70
Taxable Benefits	None
Premiums paid for the benefit amounts above $50,000 are subject to imputed income rules*	

* Imputed Income is the cash value of non-cash, fringe benefits that an employee receives from an employer.

Long-Term Disability (LTD)

For enduring, serious non-work related illnesses or injuries that prevent you from working longer than 90 days. **This plan is 100% paid by Tabor Children's Services.**

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 $10,000 per month
Pre-Existing Conditions	3 months prior/12 months after
Taxation of Benefits	None



Voluntary Life & Disability Benefits

SYMETRA

Voluntary Life/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. **This plan is voluntary which means it is 100% employee paid.**

VOLUNTARY LIFE AND AD&D	
Eligibility	Available to elect annually at open enrollment
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
Age Reductions • Employee • Spouse • Child(ren)	Benefit reduces by 35% at age 70; 50% at age 75 Spouse will reduce by same percentage and at the same time EEs like insurance reduces Coverage terminates at age 26

Voluntary Short-Term Disability Insurance

Voluntary Short-Term Disability replaces a portion of your income if you're unable to work due to a non-work-related illness or injury. While many people insure their homes and cars, they often overlook protecting their income—their most valuable asset. If you rely on your paycheck to cover expenses, disability insurance can help you maintain your lifestyle and avoid financial strain if you're unable to work. **This plan is voluntary which means it is 100% employee paid.**

VOLUNTARY SHORT-TERM DISABILITY	
Eligibility	Available to elect annually at open enrollment
Definition of Disability	Own Occupation
Earnings Definition	Annual earnings, excluding bonus & commission
Elimination Period	15 days (Accident and Sickness)
Benefit Duration	11 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)

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



Voluntary Benefits

SYMETRA

NOTE: These benefits are available to elect at each open enrollment.

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

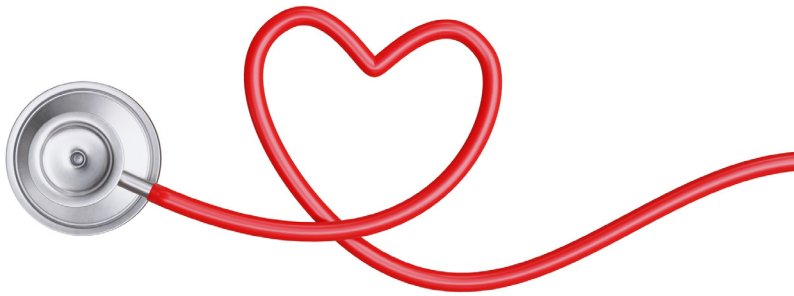
- This plan pays a $50 wellness screening benefit each year once you provide proof of an eligible health screening. We'll pay for a dependent screening too. The application is easy to fill out and includes common screenings, such as:
  - Certain blood tests
  - Pap smear
  - Skin cancer screening
  - 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
- 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 your 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



Voluntary Benefits

SYMETRA

NOTE: This benefit is available to elect at each open enrollment.

Hospital Indemnity

A hospital stay can happen at any time, and it can be costly. Hospital Indemnity insurance helps you and your loved ones have additional financial protection. With hospital indemnity insurance, you get a benefit paid directly to the covered person, unless otherwise assigned, after a covered hospitalization resulting from a covered injury or illness.

It can be used for expenses, such as: Copays, deductibles, and coinsurance. You can use it towards unexpected costs such as; child care, help around the house, follow up services.

Your two plan options are outlined below.

Hospital Indemnity Plan

BENEFIT CATEGORY	PLAN 1	PLAN 2
Hospital Confinement	$500 first day, $100 day 2+	$1,000 first day, $200 day 2+
Intensive Care Unit	$500 first day, $200 day 2+	$1,000 first day, $400 day 2+
Substance Abuse Facility	$100 per day (30 days PP, PCY)	$200 per day (30 days PP, PCY)
Mental Health Facility	$100 per day (30 days PP, PCY)	$200 per day (30 days PP, PCY)
Nursing Facility Only available following IP stay of at least 3 consecutive days	$100 per day (30 days PP, PCY)	$200 per day (30 days PP, PCY)
Pregnancy Limitation	None	None
Portability	Yes	Yes
MONTHLY PREMIUMS		
Employee	$7.54	$15.09
Employee + Spouse	$17.65	$35.30
Employee + Children	$16.07	$32.12
Family	$21.80	$43.60



Identity Theft Protection

ALLSTATE

NOTE: This benefit is available to elect at each open enrollment.

Tabor Children's Services partners with Allstate to offer Identity Theft Protection for you and your family. The Pro Plus plan includes:

- **Up to $1M reimbursement** for stolen funds and eligible out-of-pocket expenses
- **Comprehensive monitoring & alerts** for early detection of suspicious activity
- **High-risk transaction monitoring** (e.g., student loans, medical bills)
- **Bank & financial account alerts** for unusual activity across accounts, cards, and investments
- **Social media monitoring** for threats, explicit content, and cyberbullying (including YouTube)
- **Dark web monitoring** to detect compromised personal information

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 **customercare@aip.com**.



Employee Assistance Program (EAP)

GUIDANCE RESOURCES

Tabor Children's Services offers all eligible employees an Employee Assistance Program administered through Symetra called GuidanceResources.

Services Included

- **EAP:** Five (5) telephonic counseling sessions per issue with experienced clinicians available 24/7
- **Legal Resources:** Unlimited phone access to legal professionals is included, along with a no-cost initial consultation 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.

Help When You Need It

GuidanceResources provides confidential support and resources whenever and wherever you need them. Whether you're looking for someone to talk to or helpful tools to navigate life's challenges, support is always within reach.

- **Call:** 888.327.9573
- **Online:** guidanceresources.com
  - **Web ID:** Symetra
- **App:** GuidanceResources Now

Beneficiary Support
Empathy

Through Symetra beneficiaries have access to additional support services through Empathy. Empathy combines emotional and grief resources with digital tools to help families navigate the loss of a loved one. These resources include:

- Personalized care plans
- Grief support resources
- A dedicated care team
- Funeral planning assistance
- Identity theft prevention
- An award-winning intuitive app



Pet Insurance

NATIONWIDE

Nationwide pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible — without worrying about the cost. With two-budget friendly plans, there's never been a better time to sign up for My Pet Protection Choice.

Additional Benefits

- **VetHelpLine:** Unlimited 24/7 access to licensed veterinary professionals via video chat for emergency care, health advice and continued care at no additional cost.
- **PetRxExpress:** Discounts on pet prescriptions at over 4,700 participating pharmacies, with automatic claim submission for added convenience.

How to Enroll and Pay for Coverage

To purchase pet insurance, you need to contact Nationwide directly to enroll and set up payment. To enroll your pets, call **877.738.7874** or visit **partnersolutions.nationwide.com/pet/woods**.

How to Use Your Pet Insurance Plan

1. Visit any vet, anywhere
2. Submit claim
3. Get reimbursed for eligible expenses



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**.



Carrier Contacts

TABOR CHILDREN'S SERVICES

RESOURCE	CONTACT	WEBSITE/EMAIL	CLAIMS ADDRESS
Medical Homestead	Member Concierge: 855-897-4816 Pre-Authorization: 800-764-3433	www.woodsindecs.com hs-plans.com/woods www.homesteadproviders.com customerservice@homesteadplans.com	Homestead P.O. Box 21307, Eagan, MN 55121
Telemedicine Teladoc	800-835-2362	www.teladoc.com	N/A
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
Flexible Spending Accounts (FSA) & Commuter Benefits Flores	800-532-3327	www.flores247.com	N/A
Surgical Benefit Goldfinch	833-453-3624	Hello@GoldfinchHealth.com	N/A
Dental Delta Dental	800-932-0783	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 and Long-Term Disability Symetra	877-377-6773	www.symetra.com	Life & Disability Claims Department PO Box 1230-06083 Enfield, CT 06083
Accident/Critical Illness/Hospital Indemnity Symetra	800-497-3699	www.symetra.com	Voluntary Benefits Claims Department PO Box 3245 Milwaukee, WI 53201
Short-Term Disability Symetra	877-377-6773	www.symetra.com	Voluntary Benefits Claims Department PO Box 3245 Milwaukee, WI 53201
Identity Theft Protection Allstate	800-789-2720	customercare@aip.com	N/A
EAP Legacy Treatment Services	888-789-2729	N/A	N/A
EAP GuidanceResources	888-327-9573	www.guidanceresources.com Web ID: Symetra	N/A
Pet Insurance Nationwide	877-738-7874	partnersolutions.nationwide.com/pet/woods	N/A
Medicare Assistance Saratoga Medicare Advisors	Bill Webb 856-263-3152	bwebb@saratogabenefits.com saratogamedicareadvisors.com	N/A
Benefits Member Advocacy Center (MAC)	800-563-9929	cssteam@connerstrong.com connerstrong.com/memberadvocacy	N/A
Tabor Children's Services Benefit Contacts Adam Ibrahim - HR Benefits-Administrator Karen Wilkins - Chief Human Resources Officer	215-842-4800 ext. 477 267-456-6744	adam.ibrahim@tabor.org karen.wilkins@tabor.org	N/A



Woods SYSTEM OF CARE

TABOR CHILDREN'S SERVICES
Affiliated with Woods System of Care

Tabor Children's 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 the Benefits Office.