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# 2026 Benefit Plans

English: [www.brainshark.com/hubintl/2026WellHavenBenefits](http://www.brainshark.com/hubintl/2026WellHavenBenefits)

Spanish: [www.brainshark.com/hubintl/WellHavenBenefits2026Spanish](http://www.brainshark.com/hubintl/WellHavenBenefits2026Spanish)

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# Enrollment

## Enrollment for 2026

This is your opportunity to:

- Choose your plans for January 1, 2026 – December 31, 2026
- You must log on and make your plan selections or you will not have benefits for the 2026 plan year.

**Please note!** Unless you experience a Qualifying Life Event throughout 2026 (birth, marriage, divorce, etc.), you will not have the opportunity to enroll or change your benefits until the next annual enrollment period (October 2026) for the 2027 Plan Year.



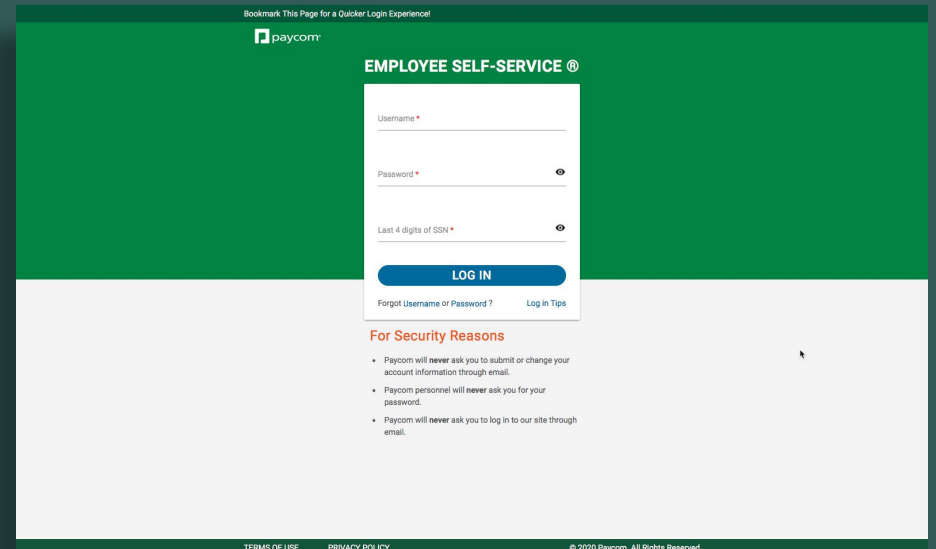
# Benefits Enrollment – Enroll Through Paycom

Benefits Enrollment will be conducted online through Paycom Self-Service.

Please ensure to take the following steps as you go through the Benefits Enrollment process:

- Review/update/complete all of your personal information
- Add your life insurance beneficiary
- Fill out the enrollment portal in its entirety

**Please note!** All eligible employees must complete the benefits enrollment process in its entirety.



The screenshot shows the Paycom Employee Self-Service login interface. At the top, there is a green header with the Paycom logo and the text "EMPLOYEE SELF-SERVICE ®". Below the header, there is a white login form with fields for "Username \*", "Password \*", and "Last 4 digits of SSN \*". Each field has a red asterisk indicating it is required. There are eye icons next to the password and SSN fields to toggle visibility. Below the fields is a blue "LOG IN" button. Under the button, there are links for "Forgot Username or Password?" and "Log In Tips". Below the login form, there is a section titled "For Security Reasons" with three bullet points: "Paycom will **never** ask you to submit or change your account information through email.", "Paycom personnel will **never** ask you for your password.", and "Paycom will **never** ask you to log in to our site through email." At the bottom of the page, there is a green footer with links for "TERMS OF USE" and "PRIVACY POLICY", and a copyright notice "© 2020 Paycom. All Rights Reserved".

# 2026 Benefits Selection Worksheet

The Worksheet is for you to use to:

- Take notes as you listen to the information today; it contains a section for each benefit plan
- Note any questions that come to mind
- Keep track of follow-up action items
- Have with you when you actually go into Paycom to make your benefit elections

2026 Benefits Selection Worksheet	
Employee Name _____	
Medical Insurance	
NOTES	
QUESTIONS / RESEARCH / ACTION ITEMS	
DECISION	

# Who's Eligible?

## Employee Eligibility

- All employees working a minimum of 30 hours per week
- 1<sup>st</sup> of the month following 30 days of employment

## Dependent Eligibility

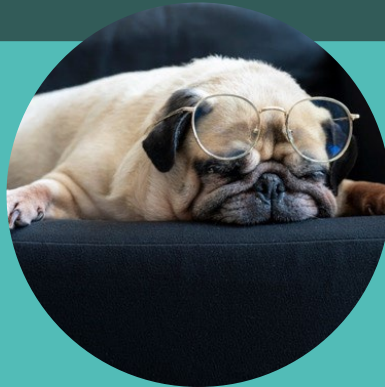
- Spouse
- Domestic Partner
- Children, step-children, adopted children
- Disabled children, up to any age





# 2026 Benefits Plan Line-up

- TouchCare – health care and Medicare concierge
- Teladoc – telemedicine
- Medical /Prescription Drugs
- Dental
- Vision
- Health Care Savings Account (HSA)
- Flexible Spending Account (FSA)
- Disability – Short Term and Long Term
- Life Insurance – Company sponsored and Voluntary
- Voluntary Critical Illness and Hospital Indemnity
- Accident Insurance
- Student Debt Refinancing
- Employee Assistance Plan
- 401k Retirement Plan
- PTO and Holiday Pay
- Paid Maternity/Paternity/Bereavement Leave
- Continuing Education (CE)
- Employee Pet Wellness Plan
- Pet Peace of Mind
- Additional employee discounts



# Choosing Your Plan

## Your Health Care Needs are Unique

Choose a plan that's right for you!

All plans include:

- Access to doctors, hospitals and health care professionals including mental health and chiropractic services
- Prescription drug benefits with a money-saving home delivery service
- Free preventive care including annual checkups and vaccinations
- Health and wellness tools that help you get the most out of your plan



# Know Your Health Care Basics



**CO-PAY:** This is a set amount you pay for covered services, such as doctor visits.



**DEDUCTIBLE:** This is the set amount you pay before the Plan shares the cost.



**COINSURANCE (YOUR % OF THE COSTS):** After you pay your deductible, this is your percentage of costs each time you receive care, then your plan covers the rest.



**OUT-OF-POCKET-LIMIT:** This is the maximum amount you can pay out of your pocket for covered services each year.



**IN-NETWORK:** Coverage for treatment from a participating provider



**OUT-OF-NETWORK:** Coverage for treatment from a non-participating provider. Copayments and coinsurance will be higher than if you received treatment from a participating provider. You may also be balanced billed for services over the allowed amount.



**PRESCRIPTION FORMULARY:** A list of prescription medication preferred for use by the health plan. Formulary Tiers are assigned which direct the cost of the medication.



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# TouchCare

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Your healthcare concierge and caring advocacy. Here to simplify your medical and prescription needs!

As an advocate and expert Health Assistant, they can support you with:

- Benefits navigation for health insurance & voluntary benefits
- Billing & claims negotiation
- Provider searches, appointment scheduling, cost comparisons
- Procedure preparation assistance
- Prescription care
- Understanding your options about Medicare





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# Telemedicine

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**When you need a doctor, access one  
anytime, anywhere....**

**Know your care options:**

**General Medical**

For non-emergency conditions like the flu, allergies, infections, and much more.

**Family doctor**

For annual exams and ongoing medical conditions needing regular monitoring.

**Urgent care/ER**

For severe conditions like chest pain, sprains, cuts, burns, or broken bones.

**Feel better when you need to:**

**Visit [TeladocHealth.com](https://TeladocHealth.com)**

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# Medical Insurance

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# Comparing Your Medical Plan

Medical Plans	Cigna High Deductible Health Plan (HDHP)	Cigna PPO Plan
Benefits from doctors who aren't in the plan	Yes; Out-of-Network included	Yes; Out-of-Network included
Primary Care Doctor	Not Required	Not Required
Specialist referrals	Not Required	Not Required
Health Savings Account	Yes	No
Flexible Spending Account	No	Yes
Limited Flexible Spending Account	Yes	No



# Medical Plan Side by Side Comparison

Plan	Cigna Qualified High Deductible Health Plan		Cigna PPO Plan	
Services	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Deductible	\$3,300 Individual / \$6,600		\$3,500 per person / \$7,000 Family	
Out-of-Pocket Maximum	\$5,000 per person/ 10,000 Family		\$6,700 per person/ \$13,500 Family	
Preventive Care	Covered in full	After Deductible, you pay 40%	Covered in full	After Deductible, you pay 40%
Primary Care Visit	After Deductible, you pay 20%	After Deductible, you pay 40%	\$40 Co-pay	After Deductible, you pay 40%
Specialist Visit	After Deductible, you pay 20%	After Deductible, you pay 40%	\$60 Co-pay	After Deductible, you pay 40%
Diagnostic Lab and X-Ray	After Deductible, you pay 20%	After Deductible, you pay 40%	After Deductible, you pay 20%	After Deductible, you pay 40%
Urgent Care	After Deductible, you pay 20%	After Deductible, you pay 40%	Same as Office Visit	After Deductible, you pay 40%
Emergency Room	After Deductible, you pay 20%	Paid at in-network level	Deductible applies and a \$300 copay, after deductible you pay 20%	Paid at in-network level
Inpatient Hospital/Outpatient Hospital	After Deductible, you pay 20%	After Deductible, you pay 40%	After Deductible, you pay 20%	After Deductible, you pay 40%
Chiropractic Care – 12 visit max/year	After Deductible, you pay 20%	After Deductible, you pay 40%	\$40 Copay	After Deductible, you pay 40%
Acupuncture – 12 visit max/year	After Deductible, you pay 20%	After Deductible, you pay 40%	\$40 Copay	After Deductible, you pay 40%
Prescription Drugs <sup>1</sup> – Retail and Mail Order Generic/Pref-Brand/Brand/Specialty Specialty drugs available for a 30-day supply only	After Deductible, you pay 20%	After Deductible, you pay 20%	\$20 Copay / \$40 Copay / \$60 Copay / 50% up to \$300 max Mail Order: 3x Retail	

1. Compound drugs covered at 50% coinsurance

\*Disclaimer – If you visit an Out-of-Network provider, you are responsible for charges above usual, customary, and reasonable (UCR) limits.

# Medical Plan Rates for 2026

Medical Plan PER PAYCHECK Pre-Tax Contributions

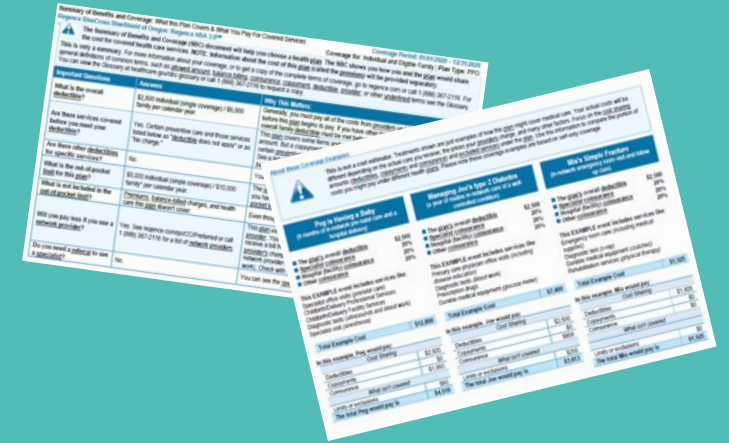
Coverage Level	QHDHP	PPO
Employee Only	\$85.66	\$89.66
Employee + Spouse	\$274.59	\$230.90
Employee Only + Child(ren)	\$214.45	\$180.34
Employee + Family (Spouse + Children)	\$448.36	\$406.03



# Choosing Your Medical Plan

Utilize your SBC (Summary of Benefits and Coverage) to determine the most appropriate plan option for you or you and your family.

- The SBC is a snapshot of a health plan's costs, benefits, covered health care services, and other features that are important to consumers. SBCs also explain health plans' unique features like cost sharing rules and include significant limits and exceptions to coverage in easy-to-understand terms.



We'll take a glance at the SBC next!

Step 1: Print the SBC for the QDHP, PPO, as well as spouse plans (if applicable).

1

Step 2: Lay all SBC's side by side.

2

Step 3: Compare plan components:

- Deductible
- Coinsurance and Copays
- Out of Pocket Maximums
- Prescription Drug Coverages
- About these Coverage Examples

3


Step 4: Choose plan option.

4


# Summary of Benefits Coverage at a Glance

**Summary of Benefits and Coverage:** What this Plan Covers & What You Pay For Covered Services  
WellHaven Pet Health: Cigna QHDPH

**Coverage Period:** 01/01/2026-12/31/2026  
**Coverage for:** Individual + Family | **Plan Type:** HSA

 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, Benefit Risk Management Services, Inc. (BRMS) at 888-224-2770 or visit <http://www.myhealthbenefits.com>. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 888-224-2770 to request a copy.


Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$3,300 / individual or \$6,600 / family	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
Are there services covered before you meet your deductible?	Yes. <a href="#">Preventive Care</a> and services listed in your complete terms of coverage.	The <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without cost sharing and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">http://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other deductibles for specific services?	No	You don't have to meet the <a href="#">deductible</a> for specific services
What is the out-of-pocket limit for this plan?	\$5,000 / individual or \$10,000 / family	The <a href="#">out-of-pocket</a> limit is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket</a> limits until the overall family <a href="#">out-of-pocket</a> limit has been met.
What is not included in the out-of-pocket limit?	<a href="#">Copayments</a> for certain services, <a href="#">balance billing</a> charges, <a href="#">premiums</a> , and health care this <a href="#">plan</a> doesn't cover.	Even though you pay for these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a network provider?	Yes. See <a href="http://www.myCigna.com">www.myCigna.com</a> for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's</a> network. You will pay the most if you use an <a href="#">out-of-network provider</a> , and you may receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a referral to see a specialist?	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.


Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	You may have to pay for services that aren't <a href="#">preventive</a> . Ask your <a href="#">provider</a> if the services needed are <a href="#">preventive</a> , then check what your <a href="#">plan</a> will pay for.
	<a href="#">Specialist</a> visit	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	
	<a href="#">Preventive care/screening/immunization</a>	No Charge, <a href="#">deductible</a> does not apply	40% <a href="#">coinsurance</a>	
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	None
	Imaging (CT/PET scans, MRIs)	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.fairoxrx.com">www.fairoxrx.com</a>	Generic drugs (Tier 1)	20% <a href="#">coinsurance</a> after <a href="#">deductible</a> / retail prescription Mail Order 20% <a href="#">coinsurance</a> after <a href="#">deductible</a> / home delivery prescription	Retail 40% <a href="#">coinsurance</a> after <a href="#">deductible</a> / retail prescription Mail Order 40% <a href="#">coinsurance</a> after <a href="#">deductible</a> / home delivery prescription	<a href="#">Prescription drugs</a> not on the Drug List are not covered, unless an exception is approved. 90-day supply / retail prescription (your <a href="#">cost share</a> is per 30-day supply) 90-day supply / mail order prescription 30-day supply / <a href="#">specialty drug</a> prescription <a href="#">Specialty drugs</a> are not available through mail order. Coverage includes compound medications at 50% <a href="#">coinsurance</a> . <a href="#">Deductible</a> does not apply. <a href="#">Cost share</a> for insulin will not exceed \$35 / 30-day supply retail prescription or \$105 / 90-day supply mail order prescription. No charge, <a href="#">deductible</a> does not apply for certain preventive drugs, contraceptives and immunizations at a participating pharmacy, or for self-administrable cancer chemotherapy drugs. The first fill of <a href="#">specialty drugs</a> may be provided by a retail pharmacy; additional refills must be provided by a specialty pharmacy.
	Preferred brand drugs (Tier 2)	20% <a href="#">coinsurance</a> after <a href="#">deductible</a> / retail prescription Mail Order 20% <a href="#">coinsurance</a> after <a href="#">deductible</a> / home delivery prescription	Retail 40% <a href="#">coinsurance</a> after <a href="#">deductible</a> / retail prescription Mail Order 40% <a href="#">coinsurance</a> after <a href="#">deductible</a> / home delivery prescription	
	Non-preferred brand drugs (Tier 3)	20% <a href="#">coinsurance</a> after <a href="#">deductible</a> / retail prescription Mail Order 20% <a href="#">coinsurance</a> after <a href="#">deductible</a> / home delivery prescription	Retail 40% <a href="#">coinsurance</a> after <a href="#">deductible</a> / retail prescription Mail Order 40% <a href="#">coinsurance</a> after <a href="#">deductible</a> / home delivery prescription	
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**Summary of Benefits and Coverage:** What this Plan Covers & What You Pay For Covered Services  
WellHaven Pet Health: Cigna PPO

**Coverage Period:** 01/01/2026-12/31/2026  
**Coverage for:** Individual + Family | **Plan Type:** PPO

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Are there other deductibles for specific services?	No	You don't have to meet the <a href="#">deductible</a> for specific services
What is the out-of-pocket limit for this plan?	\$6,700 / individual or \$13,500 / family	The <a href="#">out-of-pocket</a> limit is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket</a> limits until the overall family <a href="#">out-of-pocket</a> limit has been met.
What is not included in the out-of-pocket limit?	<a href="#">Copayments</a> for certain services, <a href="#">balance billing</a> charges, <a href="#">premiums</a> , and health care this <a href="#">plan</a> doesn't cover.	Even though you pay for these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
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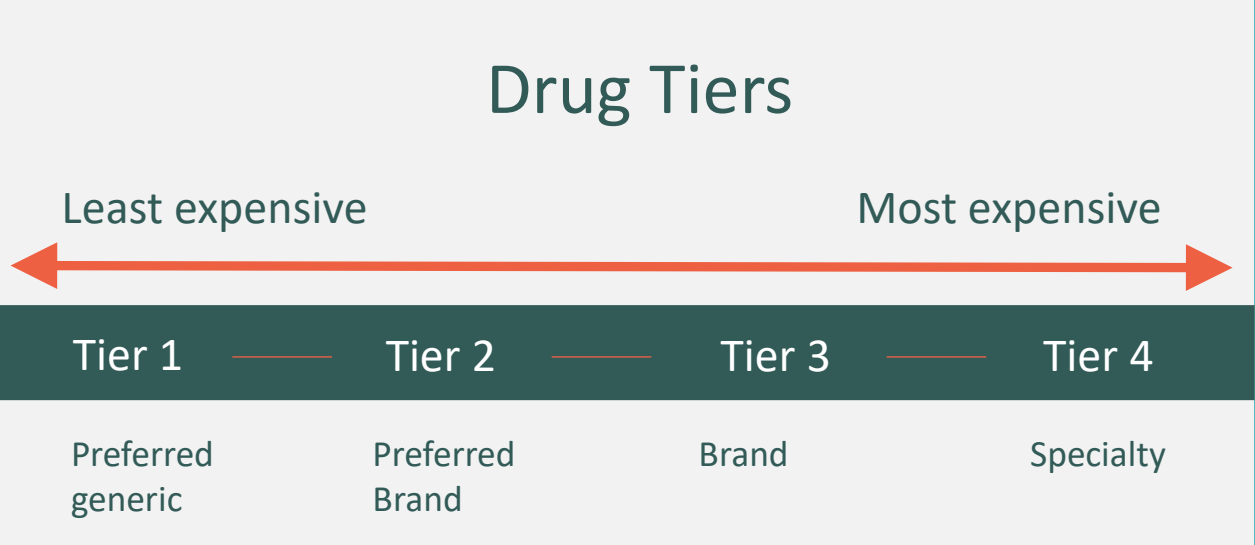
Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$40visit, <a href="#">deductible</a> does not apply	40% <a href="#">coinsurance</a>	<a href="#">Copay</a> applies to participating provider office visit only. All other services received during office visits are subject to the <a href="#">deductible</a> & <a href="#">coinsurance</a> .
	<a href="#">Specialist</a> visit	60visit, <a href="#">deductible</a> does not apply	40% <a href="#">coinsurance</a>	
	<a href="#">Preventive care/screening/immunization</a>	No Charge, <a href="#">deductible</a> does not apply	40% <a href="#">coinsurance</a>	
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work) Imaging (CT/PET scans, MRIs)	20% <a href="#">coinsurance</a> 20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a> 40% <a href="#">coinsurance</a>	None
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.fairoxrx.com">www.fairoxrx.com</a>	Generic drugs (Tier 1)	Retail \$20 / Prescription, <a href="#">deductible</a> does not apply Mail Order \$60 / Prescription, <a href="#">deductible</a> does not apply	40% <a href="#">coinsurance</a> 40% <a href="#">coinsurance</a>	<a href="#">Prescription drugs</a> not on the Drug List are not covered, unless an exception is approved. 90-day supply / retail prescription (your <a href="#">cost share</a> is per 30-day supply) 90-day supply / mail order prescription 30-day supply / <a href="#">specialty drug</a> prescription <a href="#">Specialty drugs</a> are not available through mail order. Coverage includes compound medications at 50% <a href="#">coinsurance</a> . <a href="#">Deductible</a> does not apply. <a href="#">Cost share</a> for insulin will not exceed \$35 / 30-day supply retail prescription or \$105 / 90-day supply mail order prescription.
	Preferred brand drugs (Tier 2)	Retail \$40 / Prescription, <a href="#">deductible</a> does not apply Mail Order \$120 / Prescription, <a href="#">deductible</a> does not apply	40% <a href="#">coinsurance</a> 40% <a href="#">coinsurance</a>	
	Non-preferred brand drugs (Tier 3)	Retail \$60 / Prescription, <a href="#">deductible</a> does not apply Mail Order \$180 / Prescription, <a href="#">deductible</a> does not apply	40% <a href="#">coinsurance</a> 40% <a href="#">coinsurance</a>	



# Prescription Formulary

Drug Formulary can be accessed by visiting [www.fairosrx](http://www.fairosrx). You will be able to determine what Formulary Tier was assigned to a particular medication.

Costs are determined by the assigned Tier number.



# Tips and Tools



**If you can, call Teladoc, go to your family doctor, go to a convenience clinic, or urgent care instead of an emergency room.**

Unless you have an immediate emergency, you can save money by choosing to get care from an urgent care center. You pay a lower amount out of your pocket with an urgent care versus the ER.

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**See doctors in your plan; remember Touchcare can help guide you.**

Save with a lower deductible and pay a lower percentage of the costs.

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**Use the Estimate Your Cost tool to check costs.**

Find cost ranges for services with different doctors and check quality reviews for doctors.

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**Save money on stuff that's good for you.**

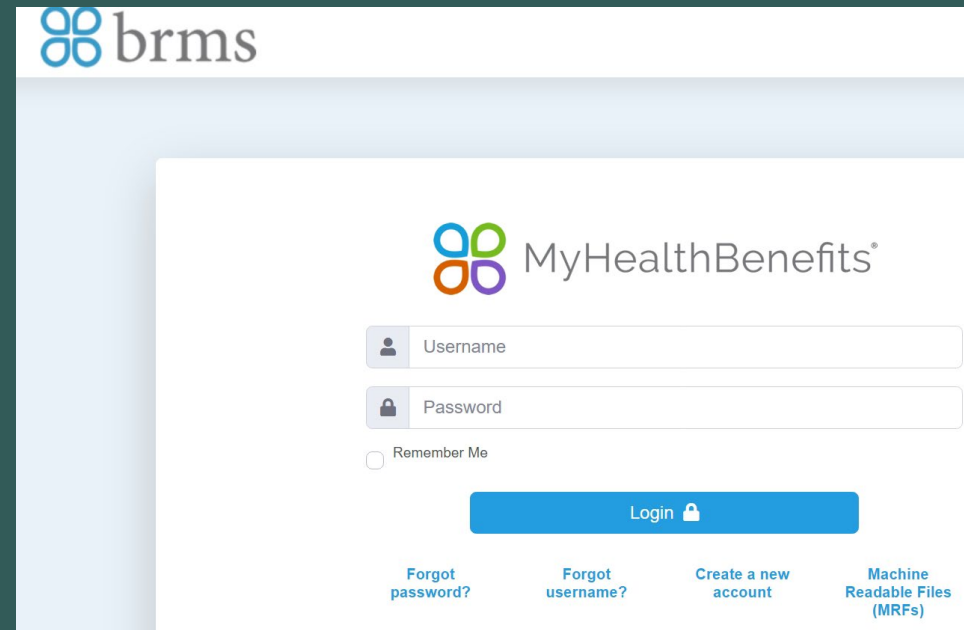
Get discounts on health-related products and services.

# BRMS Website

Employee's can utilize BRMS website to review paid claims, and review the prescription formulary

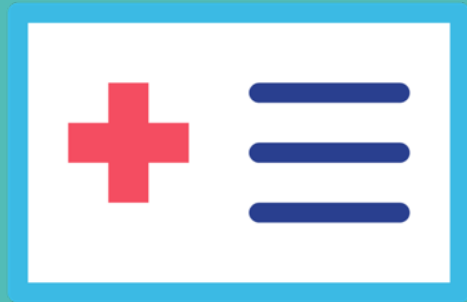
## Tools to Select Your Plan

- SBCs
- Website
- Insurance Cards



The screenshot shows the BRMS website interface. At the top left is the 'brms' logo. The main content area features the 'MyHealthBenefits®' logo. Below the logo are two input fields: 'Username' with a person icon and 'Password' with a lock icon. There is a 'Remember Me' checkbox below the password field. A blue 'Login' button with a lock icon is positioned below the input fields. At the bottom of the login area, there are four links: 'Forgot password?', 'Forgot username?', 'Create a new account', and 'Machine Readable Files (MRFs)'.

# High Deductible Health Plan and HSA



High-Deductible Health Plan

Working  
Together



Health Savings Account (HSA)

# The HSA Plan

## Health Savings Account (HSA)

### Eligible HSA Expenses

- Deductibles, copays, and coinsurance
- Prescription drugs costs
- Dental care costs (non-cosmetic)
- Vision care costs
- IRS Publication 502 provide a complete list of eligible expenses and be found at [www.irs.gov](http://www.irs.gov)





# How HSA Claims are Paid



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# Flexible Spending Accounts (FSAs)

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# What is an FSA (Flexible Spending Account)?

- You are not required to be enrolled in the WellHaven medical plan to participate
- Allows you to set aside money before it is taxed and use it to pay for eligible medical, dental, and vision expenses
- There is also a dependent care account to help pay for daycare expenses
- You choose how much to contribute based on your personal needs – up to the maximum annual allotment
- It's like getting a 25%-40% discount since all qualified expenses are paid for on a pre-tax basis!



You can use funds in your FSA to pay for:



# FSA at-a-Glance

Medical Insurance Enrollment	WellHaven BRMS/ Cigna Plan	Medical Plan Outside of WellHaven	Eligible Health Care FSA	Type of Health Care Eligible Expenses	Maximum Employee Contribution in 2026	Last Day to Incur Expenses	Last Day to Submit Expenses	FSA Balance on 3/31/2027	Rollover Balance 1st Day to Use \$ in 2027
QHDHP			Limited Purpose	<ul style="list-style-type: none"> <li>Dental</li> <li>Vision</li> </ul>	\$3,400	12/31/2026	3/31/2027	<ul style="list-style-type: none"> <li>Up to \$680 can rollover to 2026</li> <li>Balances over \$680 are Forfeited by Employee</li> </ul>	<ul style="list-style-type: none"> <li>4/1/2027</li> </ul>
PPO			General Purpose	<ul style="list-style-type: none"> <li>Dental</li> <li>Vision</li> <li>Medical</li> </ul>	\$3,400	12/31/2026	3/31/2027	<ul style="list-style-type: none"> <li>Up to \$680 can rollover to 2026</li> <li>Balances over \$680 are Forfeited by Employee</li> </ul>	<ul style="list-style-type: none"> <li>4/1/2027</li> </ul>
			Eligible FSA						
N/A	N/A	N/A	Dependent Care	N/A	\$5,000	12/31/2026	3/31/2027	Balances of any amount are forfeited by Employee	N/A



# Health Care FSAs...

Let's take a closer look





# Basic Need to Knows of Health Care FSAs



## FSA Eligible Expenses

You do not need to be enrolled in a WellHaven-sponsored medical plan.

Pay for qualified healthcare costs with pre-tax dollars

- Doctor co-pays
- Prescriptions
- Over the Counter Medications
- Dental and orthodontia costs
- Eye-glasses and contact lenses

Use a Debit Card for purchases

- You'll still need to keep your receipts!

For a full listing of eligible expenses visit the Wex website at: [Eligible Expenses](#)

## FSA Contributions

Contribute up to a maximum of \$3,400 in 2026.

FSA annual contribution is determined at the beginning of the year (January 1st).

- Annual amount divided evenly across all paychecks for the year
- Cannot change your FSA elected amount (unless QLE)

FSA funds are available on the first day of the plan year

- Plan Year for 2026 = 1/1/2026 – 12/31/2026



# Health Care FSA Contributions



## CAUTION

- Do not over-contribute!
- You will forfeit any money left in your FSA at the end of the plan year
- You can always spend the monies on:
  - Glasses/contacts - extra
  - Contact lens solution – stock up



Use it or lose it!



### Runout Period

- You have until 3/31/2027 to submit any unreimbursed healthcare expenses
- Must have been incurred in 2026

### Rollover to 2027

- Rollover up to \$680
- Funds become available after the Runout Period (4/1/2027)
- You can still elect the maximum contribution in 2027
- Debit Card purchases will use the rollover funds first (beginning 4/1/2027)

# Health Care FSA Contributions



## How Much to Contribute?

- How much did you spend last year on health care expenses?
- Will you spend the same this year?
  - Did you have a significant expense last year that will not apply this year?
  - Do you have significant expenses planned for this year that you can account for?



Estimate a lower amount than you think you'll need.



Lowest risk - only contribute up to the Rollover amount = \$680



Locked in – your annual contribution election is “locked in” for the year = you cannot make changes (exception for QLEs)



# Two Health Care FSAs...

General Purpose FSA  
Limited Purpose FSA

Which one is right for you?



# General Purpose Health Care FSA

You are enrolled in WellHaven's sponsored PPO Plan.



OR

You are enrolled in another plan outside of WellHaven that is not a high-deductible health plan.

## General Purpose Health Care FSA

You can use funds in your General Purpose Health Care FSA to pay for:

Medical  
Expenses



OTC



Chiropractic  
Care



Dental Care



E  
F  
P  
T  
O  
Z  
Vision Care,  
Glasses &  
Contacts



# Limited Purpose Health Care FSA

You are enrolled in WellHaven's sponsored QHDHP Plan.



OR

You are enrolled in a QHDHP Plan outside of WellHaven.



## Limited Purpose Health Care FSA

You can use funds in your Limited Purpose Health Care FSA to pay for:

You can continue to use funds in your **HSA** to pay for:





# Dependent Care FSA

Dependent  
Care



# Basics Need to Knows of Dependent Care FSA



## FSA Eligible Expenses

### Eligible Dependents

- Child up to age 12
- Disabled Dependent or Spouse
- Elder Care – tax dependent

Pay for eligible dependent care costs with pre-tax dollars

- Childcare Center
- Adult Day Care Center
- Babysitter or Nanny – work-related
- Custodial Elder Care – work-related
- Summer Day Camp
- Before or After School Care

Submit receipts for reimbursement.

For a full listing of eligible expenses visit the Wex website at: [Eligible Expenses](#)

## FSA Contributions

Contribute up to a maximum of \$5,000 in 2026

- \$2,500 if married and filing separately

FSA annual contribution is determined at the beginning of the year (January 1st)

- Annual amount divided evenly across all paychecks for the year
- Cannot change your FSA elected amount (unless QLE)

FSA funds are available once your payroll contribution(s) has been deposited into your FSA account.

- Plan Year for 2026 = 1/1 – 12/31/2026



# Dependent Care FSA Contributions



## CAUTION

- Do not over-contribute!
- Estimate predictable dependent care expenses
- You will forfeit any money left in your FSA at the end of the plan year



Use it or lose it!



### Runout Period

- You have until 3/31/2027 to submit any unreimbursed dependent care expenses
- Must have been incurred in 2026

No Rollover to 2027

# Dependent Care FSA Contributions



## How Much to Contribute?

- How much did you spend last year on dependent care expenses?
- Will you spend the same this year?
  - Is one of your children now over the eligible age of 12?
  - Did you add a dependent to your family, such as birth or adoption?



Estimate a lower amount than you think you'll need.



Locked in – your annual contribution election is “locked in” for the year = you cannot make changes (exception for QLEs)

# FSA Convenience Tools



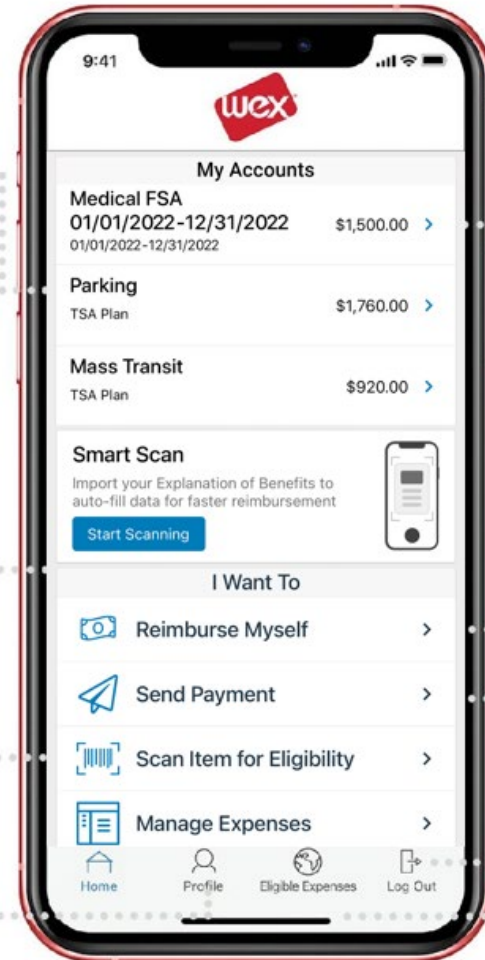
# Wex Mobile App

Get instant notifications on the status of your claims.

File a claim and upload documentation in seconds using your phone's camera.

Scan an item's bar code with your phone's camera to determine if it's an IRS code Section 213(D) eligible expense.

Report a card as lost or stolen.



Check your balance and view account activity.

Easily move funds from your HSA into your bank account to cover eligible expenses.

View current HSA investments balance, recent activity and rate of return.

Reset login credentials.

Log in with your Face ID.



## Security on the go

Our mobile app uses secure encryption and won't store pictures on your phone, keeping your documentation safe and secure. Login is protected by a four-digit passcode of your choosing. You can also log in with your thumbprint on Apple devices.

Download the app for free on Apple and Android smartphones and tablets





# Wex Benefits Card

Free Debit Card – no fees associated with using it

- Allows for purchases to be approved at the point-of-sale (POS)
  - This means your purchase can be approved at the register without requiring a receipt
- Debit Card is valid for 3+ years
- Keep your receipts as a backup!



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# Dental Insurance

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# Dental Plan

We will continue to offer two Plans through Guardian for this next year:

## Base Plan

- Lower annual benefit maximum
- Does not include orthodontia

## Buy-Up Plan

- Includes orthodontia
- Higher annual benefit maximum



# Dental Plan Side by Side Comparison

Plan	Base Plan		Buy Up	
Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$75 Individual / \$225 Family		\$50 Individual / \$150 Family	
Annual Benefit Maximum	\$1,000 Per Person		\$1,500 Per Person	
Preventive Care	Deductible Waived Paid at 100%	Deductible Waived Paid at 100% of allowed amount	Deductible Waived Paid at 100%	Deductible Waived Paid at 100% of allowed amount
Exams				
X-Rays				
Cleanings				
Basic Restorative	After Deductible, you pay 20%	After Deductible, you pay 20% of allowed amount	After Deductible, you pay 20%	After Deductible, you pay 20% of allowed amount
Major Restorative	After Deductible, you pay 50%	After Deductible, you pay 50% of allowed amount	After Deductible, you pay 50%	After Deductible, you pay 50% of allowed amount
Orthodontia (dependent Child and Adult children to age 26)	<div>Not Covered</div>		You pay 50%, deductible does not apply	You pay 50% of allowed amount, deductible does not apply
			Up to \$1,000 lifetime maximum benefit	Up to \$1,000 lifetime maximum benefit

# Which Dental Plan is Right for You?

## Helpful Tips to Help You Select the Right Plan



Scenario: Employee only enrolled

LOW USAGE SCENARIO	Recommended Option
<ul style="list-style-type: none"><li>• Annual cleanings</li><li>• No need for orthodontia coverage</li></ul>	<b>Base Plan</b>

Scenario: Employee enrolled with family

HIGH USAGE SCENARIO	Recommended Option
<ul style="list-style-type: none"><li>• Annual cleanings</li><li>• More extensive dental work</li><li>• Child needs orthodontia coverage</li></ul>	<b>Buy Up Plan</b>



# Dental Plan Rates for 2026

Dental Plan PER PAYCHECK Pre-Tax Contributions

Coverage Level	Base Plan	Buy Up Plan
Employee Only	\$6.18	\$9.61
Employee + Spouse	\$13.46	\$18.85
Employee Only + Child(ren)	\$15.14	\$21.20
Employee + Family (Spouse + Children)	\$23.26	\$32.59





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# Vision Insurance

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# Vision Plan

We will continue to offer VSP as our Vision Plan.



Services	In-Network	Out-of-Network
Exams	\$10 Copay, then covered in full	\$10 Copay, then covered up to \$45
Hardware (Materials) Copay	\$25 Copay	\$25 Copay
Lenses		
Single Vision	Covered in full after Copay	After Copay, covered up to \$30
Lined Bifocal	Covered in full after Copay	After Copay, covered up to \$50
Lined Trifocal	Covered in full after Copay	After Copay, covered up to \$65
Lenticular	Covered in full after Copay	After Copay, covered up to \$100
Progressive	\$0 to \$175 Copay	After Copay, covered up to \$50
Frames	After Copay, covered up to \$130	After Copay, covered up to \$70
Contact Lenses		
Elective	Covered up to \$130	Covered up to \$105
Medically Necessary	Covered in full	Covered up to \$210
Fit & Follow-Up	Up to \$60 Copay	Not covered
Coverage Frequency		
Exams	Covered every 12 months	
Lenses	Covered every 12 months	
Frames	Covered every 24 months	

# Vision Plan Rates for 2026

Vision Plan PER PAYCHECK Pre-Tax Contributions

Coverage Level	Employee Pays
Employee Only	\$0.48
Employee + Spouse	\$1.19
Employee Only + Child(ren)	\$1.23
Employee + Family (Spouse + Children)	\$2.42



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# Life Insurance

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# Life and Accidental Death & Dismemberment (AD&D) Insurance

We will continue to provide base coverage at no cost to the employee:

- \$25,000 term life insurance and AD&D
- This includes portability with evidence of insurability and ceases at age 70.
- There is an accelerated life benefit of 80% of the face amount





# Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance

Employees can purchase additional coverage for:

- Employee
- Spouse or Domestic Partner
- Dependent Child

Voluntary Life comes with

- Will preparation services
- Estate resolution services
- ID Theft
- Global Emergency Assistance

Coverage	Benefit Amounts	Guaranteed Issue Amount
Employee	Increments of \$5,000 with a minimum of \$10,000, up to \$300,000	\$200,000
Spouse or Domestic Partner	Increments of \$5,000, up to the lesser of \$100,000 or 50% of the employee's supplemental life insurance amount	\$25,000
Child(ren)	Birth to 14 days : Flat \$1,000 Over age 14 days to 26 years: \$1,000 Increments up to \$10,000 maximum	\$10,000



# Evidence of Insurability & Voluntary Life Insurance Rules

## Evidence of Insurability (EOI)

- When electing voluntary life coverages (employee, spouse, and dependent) you may be subject to provide evidence of insurability.

Evidence of Insurability: Proof presented through medical examination and/or through written statements about an individual's health.

## Life Insurance Rules

- Specific “rules” apply regarding the need for EOI during Open Enrollment



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# Disability Insurance

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# Disability Insurance Plans

Employees will have the opportunity to purchase Disability Plans.

- Disability Plans provide partial income replacement in the event the employee is medically disabled due to injury or illness.

**Short Term Disability (STD)** – provides partial income replacement during the first 12 weeks of disability.

**Long Term Disability (LTD)** – provides partial income replacement after 12 weeks up to age 65 if applicable.

	Short-Term Disability
Eligibility	All active full-time employees working at least 30 hours per week
Benefits Begin	8th Day
Benefit Duration	12 Weeks
Weekly Benefit %	60% of Weekly Salary
Maximum Weekly Benefit	\$1,500
Pre-existing Limit	3/12

	Long-Term Disability
Eligibility	All active full-time employees working at least 30 hours per week
Benefits Begin	90 Days
Benefit Duration	Social Security Normal Retirement Age
Monthly Benefit %	60% of Basic Monthly Earnings
Maximum Monthly Benefit	\$15,000 – DVM/Sr. Leadership \$8,000 – all other
Pre-existing Limit	3/12

2026 costs are calculated based on employee’s earnings over a 12 month period.

# Disability Insurance Plans

## Short Term Disability (STD)

Example: Your date of hire with WellHaven Pet Health was 1/15/2025. The short-term disability benefits were effective 3/1/2025. You are pregnant and deliver a baby February 17th, 2026. This short-term disability claim would more than likely be declined as a pre-existing condition.

Example: Your date of hire with WellHaven Pet Health was 10/1/2025, short term disability benefits were effective November 1, 2025. In March of 2026, you go hiking, fall and break your leg. You file a disability claim, provided there were no prior injuries, or treatment for this leg this claim would more than likely be paid.

## Long Term Disability (LTD)

Example: You have enrolled for the disability benefits for the first time effective January 1st, 2026. In May of 2026, you go out on short term disability due to a condition you had been treated for in October '25. Because this illness was treated in the preceding three months of your effective date of coverage, this LTD claim would be denied.

Example: You have enrolled for the disability benefits for the first time effective January 1st, 2026. In May of 2027, you go out on disability for a condition you have been treating for over the course of your life. Because you were on the policy for 12 months prior to the disability, pre-existing conditions do not apply.



# STD/LTD Premium Calculation

STD Calculation is based on benefit

Hourly Rate	x Hours Per Week	= Weekly Payroll	x %	= Benefit	X Rate	Sub-Total	/10 = Monthly Premium	/2 = Per Pay Period
\$15.00	40.00	\$600.00	.60	\$360.00	.179	\$64.44	\$6.44	\$3.22

LTD Calculation is based on covered monthly salary

Hourly Rate	x Hours Per Week	= Weekly Payroll	x 52 Weeks	Monthly Payroll	x Rate	Sub-Total	/100 = Monthly Premium	/2 = Per Pay Period
\$15.00	40.00	\$600.00	\$31,200	\$2,600	0.506	\$1315.60	\$13.23	\$6.58



# Voluntary Critical Illness Hospital Indemnity Accident



# What is Critical Illness?



- This coverage pays you a lump sum if you are diagnosed with a covered condition
  - Help you worry less about expenses so you can focus on recovery
- Employees can choose \$10,000, \$20,000 or \$30,000 in coverage to cover conditions including:
  - Heart Attack, Cancer, End State Renal Failure, Paralysis, Loss of vision, and many more!
- Spouses/Domestic partners are offered 100% of employee amount. Dependent children will be offered 50% of the employee amount
- Pre-existing condition limitation not included
- Rates are based on amount selected, coverage tier and employee's age
- This plan also provides an annual wellness benefit



# What is Hospital Indemnity?

- This coverage is to help pay for out-of-pocket expenses medical insurance doesn't cover, such as co-insurance, co-pays and deductibles
- Employees can choose between a low or high option depending on the level of coverage you would like
- 1st day in hospital \$500 (low) / \$1000 (high)

Benefit	High Plan	Low Plan
First Day Hospital Admission - 4 times per year	\$1,000	\$500
Hospital Confinement - Daily Benefit up to 15 days	\$200	\$100

## Per Paycheck Rates

Tier	High Plan	Low Plan
EE	\$9.06	\$4.53
EE + Spouse	\$14.05	\$7.02
EE + Children	\$13.95	\$6.98
EE + Family	\$18.94	\$9.47

# What is Accident Coverage?

- Accident Insurance pays you lump sum of benefits after you suffer an accident. This could be for more than 40 different circumstances, including:
  - emergency treatment, ambulance, burns, dislocations, fractures, hospital confinement, and surgery.
- Accident insurance can be a simple, affordable way to help supplement and cover additional expenses related to health and disability

## Per Paycheck Rates

Tier	High Plan
Employee Only	\$6.71
Employee +Spouse	\$9.88
Employee + Child(ren)	\$10.32
Employee + Family	\$13.49



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# Employee Assistance Program (EAP)

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# Employee Assistance Program (EAP)

The EAP offers confidential support to help employees with life's challenges and locate resources and services. It provides access to a team of experienced professionals who can help with a wide range of personal, family and work issues.

- Counseling
- Legal Services
- Financial Services
- Stress and Anxiety Support
- Alcohol and Drug Issues
- Health and Wellness Coaching
- Child and Eldercare Assistance



## How EAP can help...

1. Provide you with a confidential place to talk. When you call the EAP, a trained professional will help you assess your needs and provide referrals to local counselors, psychologists, therapists, and substance abuse professionals.
2. Offer help to your loved ones. Services are available to you and anyone in your household. Your program offers unlimited telephonic consultations, and up to three face-to-face visits, with a licensed clinician for you and each household member.
3. Help you balance work and life. Sometimes life can become work, and work can become your life. The EAP is here to help you balance the two. Maybe you need someone to talk to you about a recent transition or conflict at work, or maybe you're looking for some guidance with your personal relationships. Either way, the EAP is a just a call or click away.

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# Peanut Butter

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# What is Peanut Butter?



- We have partnered with Peanut Butter to help our employees tackle student debt.
- Our student loan assistance program includes:
  - Curated advice and insights to help you restructure your loans and save money
  - Access to refinancing marketplace designed to get you the best terms possible
  - Free counseling services
- Student loan refinancing options
  - \$200 rebate put towards student loan



# Wealth Management



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# Retirement Manulife John Hancock



## 401 (k) Contact Information:

**Manulife John Hancock**  
**Phone 800-294-3575**

### Financial Advisor Team

**Brian Siano**  
Vice President, Retirement Services NFP  
Corporate Services (NY), LLC  
Phone: 212-457-8874  
Email: [brian.siano@nfp.com](mailto:brian.siano@nfp.com)

**Deborah Sharp**  
Senior Advisor  
Corporate Services (NY), LLC  
Phone: 512-697-5209  
Email: [deborah.sharp@nfp.com](mailto:deborah.sharp@nfp.com)

# Choose Between Two Plans

You can contribute with pre-tax or post-tax elective deferrals (payroll contributions).

## 401k Traditional Plan

- Pre-tax payroll Contributions

## Roth Plan

- Post-tax payroll Contributions

\*There are other pro's and con's for each Plan option. Please contact your financial advisor.



# Get to Know the 401k Plan

## Eligibility Requirements

- 21+ years of age
- First of month following 30 days of service

## Employee Contributions – 2026

Contribute 0% - 100% of annual pay up to \$23,500

- 50+ years of age – additional \$7,500

## Employer Match

- WellHaven will match
  - 25% of the first 8% of employee contribution deferrals
- Vesting Schedule
  - 50% vested first year of employment
  - 100% vested second year of employment



# Getting Started

## Set Up John Hancock Account

- [myplan.johnhancock.com](https://myplan.johnhancock.com)

## Elect Deferrals

- Elect deferral contribution percentage
- Elect fund(s)
- Default fund is a BlackRock Life Path Index fund
  - Risk based on how long until retirement

## Beneficiary Designation

- Set up your beneficiary designation
- If legally married, your spouse must be your beneficiary unless formally waived (requires notary services)



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# Additional Benefits

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- Hill's VIP Market Program
- IDEXX Lab Reference Discounts
- Elanco Flea, Tick, and Heartworm Preventatives



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# Paid Time Off (PTO)

WellHaven offers a generous PTO program designed to support your wellbeing, and the flexibility to use time accrued to meet your needs.

PTO includes the following:

- Sick Pay
- Vacation Time Off
- Personal Time Off

PTO Eligibility

- Employees classified as Full Time (working 30+ hours per week)
- Eligible employees will accrue PTO starting on the first day of hire or status change
- PTO is available for use after ninety (90) days of hire or status change
- Prior acquisition seniority counts

Employee Classification	PTO Accrual Per Pay Period	Annual PTO Accrual	Maximum PTO Accrual CAP	Annual PTO Maximum Carryover
Salaried Exempt <i>Includes: Doctors, Hospital leadership, and certain Campus positions</i>	5.00 hours	120.00 hours	160.00 hours	Full amount accrued
Hourly Non-Exempt (<3 yos) <i>Includes: Hospital para staff and certain Campus positions</i>	3.33 hours	80.00 hours	120.00 hours	Full amount accrued
Hourly Non-Exempt (3+ yos) <i>Includes: Hospital para staff and certain Campus positions</i>	3.50 hours	84.00 hours	124.00 hours	Full amount accrued

# Paid Holidays

WellHaven recognizes the following seven (7) annual Holidays:

- New Years Day
- Memorial Day
- 4<sup>th</sup> of July
- Labor Day
- Thanksgiving Day
- Christmas Day
- Personal Floating Holiday



## Paid Holiday Eligibility

- Employees classified as Full Time (working 30+ hours per week)
- Eligible employees will be eligible for Holiday pay on the first day of hire or status change

## Paid Holiday Benefit

- Eligible employees will receive an 8.00 benefit for the paid holiday whether they work the company-recognized holiday or not.

# WellHaven Leaves

## Maternity/Paternity/Adoption/Foster Paid Leave (MPAFL)

- MPAFL entitles eligible employees to receive 2 weeks of paid leave.
  - Full-Time classified employees receive 80.00 hours paid at the regular base rate
  - Part-Time classified employees receive an average (based on working hours) of 2 weeks paid at a regular base rate

## Bereavement Leave

- Full-Time classified employees that have been with WellHaven for at least six (6) months are eligible to receive Bereavement Leave
- Eligible employees will receive three (3) days = 24 hours paid at employee's current base rate
- Eligible employees will receive two (2) days of unpaid leave time



# Continuing Education (CE)

## Continuing Education (CE) Eligibility

- The following employees are eligible to participate in CE program
  - Employees classified as full-time and working in an eligible position
  - Employees classified as part-time, working 20+ hours per week and in an eligible position
  - Employees are eligible upon hire

Eligible Position	Annual Maximum Reimbursement for CE Tuition/Costs	Annual Maximum Paid Hours (aka. Paid Time) for attending CE Events
DVM (Full Time: 30+ hours per week)	\$1,500.00	24 hours
DVM (Part time: 20-29.99 hours per week)	\$750.00	16 hours
Practice Manager – Credentialed CVT/LVT/RVT (Full Time)	\$750.00	16 hours
Practice Manager – Non-Credentialed (Full Time)	\$500.00	16 hours
CVT/LVT/RVT (Full Time)	\$500.00	16 hours
Veterinary Assistant or Non-Credentialed Technician and CSR's (Full Time)	\$125.00	8 hours



# Professional License

Position	DVM License	DVM DEA License	Renewal Cycle
DVM (Full Time: 30+ hours per week)	Yes	TBD, as needed	Per regulatory body renewal cycle
DVM (Part time: 20-29.99 hours per week)	Yes	TBD, as needed	Per regulatory body renewal cycle

Position	CVT/LVT/RVT License	Renewal Cycle
CVT/LVT/RVT (Full Time: 30+ hours per week)	Yes	Per regulatory body renewal cycle
CVT/LVT/RVT (Part time: 20-29.99 hours per week)	Yes	Per regulatory body renewal cycle
Practice Manager with CVT/LVT/RVT (Full Time: 30+ hours per week)	Yes	Per regulatory body renewal cycle
Practice Manager with CVT/LVT/RVT (Part time: 20-29.99 hours per week)	Yes	Per regulatory body renewal cycle

# Wellness Plans

Eligible employees may receive a maximum of two (2) wellness plans at any given time period.

- Plans are for your personal pet(s).
- Employees enrolled in a plan receive 20% off services and products not covered under the plan.

## Wellness Plan Benefit Eligibility

- Employee is working for a hospital that uses the eVet system and the hospital offers wellness plans.
- Employees must select from the currently available plans at their hospital.
- Employees are eligible on the first of the month following thirty (30) days of employment.
- Employees classified as Full Time (working 30+ hours per week) are eligible for up to two (2) plans.
- Employees classified as Part Time (regularly scheduled, not temp or per diem) are eligible for one (1) plan.

## Scrubs & WellHaven Branded Clothing

- Different packages are available based on if you're classified as either Full Time or Part Time. Your Practice Manager will have more details on the packages available to you and how to order.

# NEXT STEPS for Health and Welfare Benefits

## REVIEW

- Review Benefits Presentation
- Review Benefits Guide
- Raise questions, research answers
- Complete 2026 Benefit Election Worksheet
- Review premium rates



## DECIDE

- Decide which Plan is right for you and your family
- Decide which dependent(s) you will enroll for each Plan
- Decide who will be your designated beneficiaries

## ENROLL

- Enrollment is a 10-minute process via Paycom
- Review your final Enrollment Confirmation Form before “Submitting”
- If enrolling in a Voluntary Life Plan, which requires EOI
  - Complete the EOI process in its entirety directly with Guardian

# NEXT STEPS for 401(k) Plan

## REVIEW

- Review your personal situation to determine which Plan is right for you: Traditional 401k or Roth
- Review your personal situation to determine how much you can contribute



## DECIDE

- Decide which Plan to enroll in: Traditional 401k, Roth, or a combination of both
- Decide how much to contribute
- Decide who will be your designated beneficiaries

## ENROLL

- Enroll through the John Hancock website
- Enrollment information covered in the 401k Guide

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Have questions or need help?

HR@wellhaven.com





WELL PEOPLE   WELL PETS

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# Thank You!

WELL PRACTICE   WELL COMMUNITY

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