Employee 2026 Benefits Guide

Effective January 1, 2026



Human Resources
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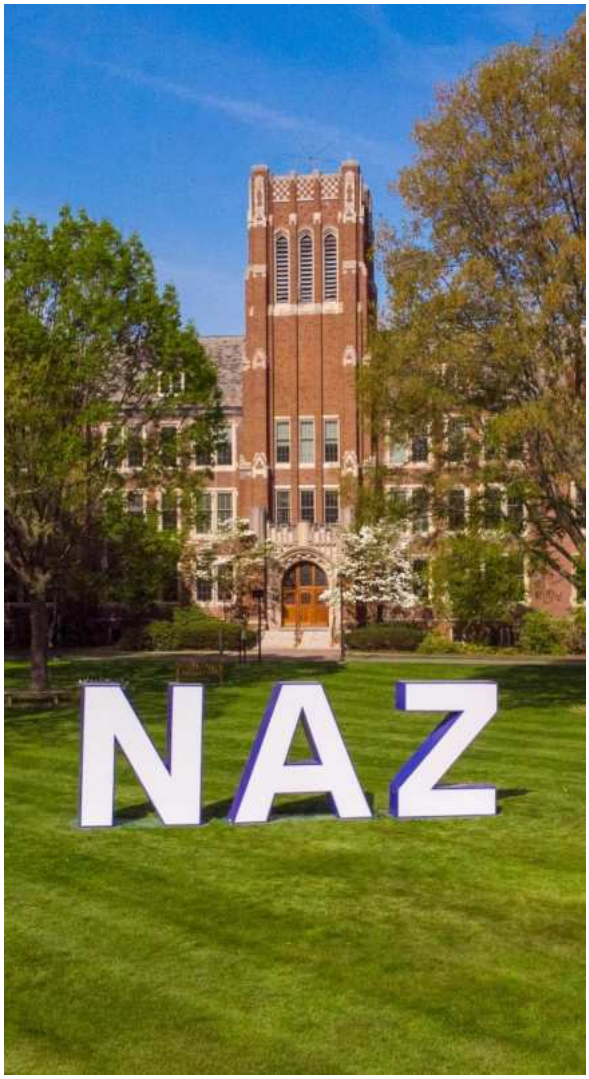
NAZARETH UNIVERSITY

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Welcome

To Our Valued Employees:



We are pleased to present this overview of your employee benefits! Nazareth University offers a variety of benefits to help you protect your health, your family, and your way of life. As a valued employee, we want to offer the best benefits possible and have carefully reviewed our benefits to ensure affordability, quality, and ease of use.

Some of the benefits we offer are paid for in full by Nazareth University. For others, it is a shared contribution between you and Nazareth University. Additional benefits are also available at reasonable group rates. Your benefits are an important part of your total compensation at Nazareth University. Please take the time to review and evaluate all the options available to you and your family.

Kind regards,

Your Nazareth University HR Team

These buttons are interactive!
Click to jump to more information.

Eligibility

Who is Eligible?

- An active full-time employee working 32+hours for 32 weeks per year.

Your dependents are eligible if they are:

- Your legal spouse or domestic partner
- Your child(ren)* up to age 26
- Your disabled children up to any age (if disabled prior to age 19)

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

**May include non-children dependents required to be covered under state law.

Making Benefit Changes During the Plan Year

The benefit elections made during your enrollment period will be in effect through the end of the plan year. If you have a "qualifying life event," you may make changes to certain benefits if you apply for the change and provide supporting documentation to Human Resources within 30 days of the event. Proof of life events is subject to approval. Please reach out to your employer for specific documentation to be submitted for a qualified life event during the benefit year. Changes are effective prospectively unless the event is for birth, adoption, or placement for adoption.

Qualified Life Events

Change in Marital Status	Change in Dependents	Change in Employment
• Marriage • Divorce • Death of your spouse	• Birth, adoption or placement for adoption of an eligible child (Retroactive to the date of the event) • Death of your covered dependent • Gain or loss of Medicare or Medicaid during the year	• Change in you or your spouse's work status that affects benefits eligibility • Your spouse's Open Enrollment differs from yours • Relocation if the move impacts eligibility for the plan

Your Coverage and Enrollment

When Does Coverage Begin?

Benefits for new hires, unless explained otherwise, are effective on the first of the month following date of hire.

If you do not enroll during your eligibility period, you may enroll at the next open enrollment period.

Termination of Coverage

If you or a covered dependent no longer meet the eligibility requirements or if your employment ceases, your benefits will end.

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

Benefits can be canceled due to:

- Open Enrollment
- Termination (voluntary or involuntary)
- Retirement
- Qualified Life Event

When Can I Enroll in Benefits?

You can enroll for benefits:

- Within 30 days of first becoming eligible for benefits
- During the annual Open Enrollment period
- During the plan year, if you experience a Qualifying Life Event

Annual Open Enrollment

This is a once-a-year opportunity to review your benefit plan elections and make adjustments that meet the needs of you and your family. Changes take effect on January 1.

How Do I Enroll?

To enroll (or make changes) to your benefits, log into HR@Hand.

A Note About Health Care Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because your employer's medical insurance meets specific ACA requirements, you may not be eligible to receive a federal subsidy. Additional information is available at: www.healthcare.gov .

Benefits at a Glance

Confirm Eligibility with HR Office.

Benefit Plans		Coverage	Rates					
			*Signature HDHP 1800		*Signature HDHP $3500		SimplyBlue 40-1000	
Health Benefits	**Medical Plans**—Excellus BCBS Dependents to age 26 **See also Health Savings Accounts shown below*		BiWeekly	Monthly	BiWeekly	Monthly	BiWeekly	Monthly
		Employee	$159.98	$346.63	$86.47	$187.35	$262.65	$569.08
		Employee+Spouse	$478.20	$1,036.09	$303.26	$657.07	$722.50	$1,565.41
		Employee+ Child/ren	$408.86	$885.87	$250.85	$543.50	$629.55	$1,364.02
		Family	$514.76	$1,115.31	$329.55	$714.02	$773.43	$1,675.76
	Dental—Excellus Plans Dependents to age 26		HIGH PLAN / $1750 Annual Max		LOW PLAN / $1500 Annual Max			
			BiWeekly	Monthly	BiWeekly	Monthly		
		Employee	$21.80	$47.23	$16.76	$36.32		
		Employee+Spouse	$47.96	$103.91	$36.89	$79.92		
		Employee+ Child/ren	$43.59	$94.45	$33.54	$72.67		
		Family	$65.38	$141.66	$50.31	$109.00		
	Vision Plan—EyeMed Dependents to age 26		BiWeekly	Monthly				
		Employee	$2.88	$6.25				
		Employee+Spouse	$5.18	$11.23				
		Employee+ Child/ren	$5.47	$11.86				
		Family	$8.65	$18.74				
Reimbursement Plans	***Health Savings Account** (HSA)—Health Equity Only applicable to the HDHP plans	Employee Only	IRS 2026 maximum = $4,400					
		All Other Families	IRS 2026 maximum = $8,750					
	Flexible Spending Arrangements (FSAs)—Benefit Resources Inc	Health Care FSA	Up to $3,400, annually | $150 minimum					
		Dependent Care FSA	Up to $7,500, annually | $150 minimum					
Employer Paid	**Term Life/AD&D Insurance**—New York Life	Employee	*Benefit=$25,000*					
	Short Term Disability Insurance—New York Life	Employee	*Benefit=50% of weekly base salary, up to $170 / week,*					
	Long Term Disability Insurance— New York Life	Employee	*Benefit= 50% of monthly base salary, up to $6,000*					
	Employee Assistance Program—ComPsych	Employee+Family	*Benefit assists employees with personal problems and/or work-related problems that may impact their job performance, health, mental and emotional well-being.*					

Benefits at a Glance

Confirm Eligibility with HR Office.

Voluntary Benefits

	Term Life/AD&D Insurance—Guardian	Employee; Employee+ Spouse/DP &/or Children	Rates vary based on age and elected benefit. ***Employees**: sold in $10K increments, up to 7x annual earnings, if ≤ $500K* ***Spouse**: $5K or $10K, not to exceed 50% of the employee's benefit* ***Child/ren**: $2K or $4K*			
	Long Term Disability / Buy-Up—New York Life	Employee	**Monthly Rate**= $0.238 per $100 of Monthly Earnings *Benefit=70% of Monthly Covered Earnings, up to $6K*			
	Aflac Supplemental Health Plans **Ages 18-75**		**CANCER CARE—CLASSIC PLAN NY78300**		**CANCER CARE—PREMIER PLAN NY78400**	
			Monthly Rates	**Monthly Initial Diagnosis Rider (5-Units)**	**Monthly Rates**	**Monthly Initial Diagnosis Rider (5-Units)**
		Employee	$32.89	$5.85	$47.84	$5.85
		Employee+Spouse	$56.29	$13.00	$83.59	$13.00
		Employee+ Child/ren	$32.89	$5.85	$47.84	$5.85
		Family	$56.29	$13.00	$83.59	$13.00
		ACCIDENT ONLY Monthly Rates		**SPECIFIED HEALTH EVENT RIDER**		
		Employee	$19.39	Rates vary by age.		
		Employee+Spouse	$27.67			
		Employee+ Child/ren	$32.83			
		Family	$42.90			



How a Health Plan Works

Balance Billing

When a provider bills you for the balance remaining on the bill that your plan doesn't cover. This amount is the difference between the actual billed amount and the allowed amount. For example, if the provider's charge is $200 and the allowed amount is $110, the provider may bill you for the remaining $90. This happens most often when you see an out-of-network provider (non-preferred provider). A network provider (preferred provider) may not balance bill you for covered services.

Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe.

For example, if the health insurance or plan's allowed amount for an office visit is $100 and you've met your deductible, your coinsurance payment of 20% would be $20. The health insurance or plan pays the rest of the allowed amount.

Maximum Out-of-Pocket Limit

Yearly amount the federal government sets as the most each individual or family can be required to pay in cost sharing during the plan year for covered, in-network services. Applies to most types of health plans and insurance. This amount may be higher than the out-of-pocket limits stated for your plan.

Deductible

An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services.

A plan may also have only separate deductibles. (For example, if your deductible is $1,000, your plan won't pay anything until you've met your $1,000 deductible for covered health care services subject to the deductible.)

Scan to View

OR Use Link

Glossary of Health Coverage and Medical Terms

Medical Overview

We offer 3-medical plans through ExcellusBCBS with the following features:

- Deductibles and out-of-pocket maximums accumulate January 1st through December 31st
- Includes prescription drug coverage
- If you enroll in the HDHP Medical plans, you can open and contribute to a Health Savings Account (HSA) to help cover some of your medical plan costs (refer to HSA section for more information)
- Please refer to the Summary Plan Description (SPD) and Summary of Benefits and Coverage (SBC) as well as the carrier contracts for information regarding specific benefit levels, exclusions and limitations for all policies

Medical Provider Finder

To search for in-network medical providers:
Log onto https://www.excellusbcbs.com/find-a-doctor/provider

Access Care from your home via Telehealth Services.
Log onto https://www.excellusbcbs.com/find-a-doctor/telemedicine

Mobile App: Download the Excellus BCBS Mobile App Today!

Download on the App Store

GET IT ON Google Play





2026 Wellbeing Benefits Guide from Excellus

Medical Comparison

Only In-Network benefits are shown as a summary of our medical plan benefits offered.

For details and limitations, please refer to your summary of benefits for specific requirements regarding pre-authorizations, coverage limits, and out-of-network costs.

	*Signature HDHP 1800 HSA Applies	*Signature HDHP $3500 HSA Applies	SimplyBlue 40-1000
Links to Plan Summaries	*Benefit Summary Summary of Benefits & Coverage*	*Benefit Summary Summary of Benefits & Coverage*	*Benefit Summary Summary of Benefits & Coverage*
You Pay In-Network	**In-Network (Individual / Family)**	**In-Network (Individual / Family)**	**In-Network (Individual / Family)**
Deductible	$1,800 / $3,600	$3,500 / $7,000	$1,000 / $3,000
Coinsurance	20% InNtwk / 40% OutNtwk	20% InNtwk / 40% OutNtwk	20% InNtwk / 40% OutNtwk
Out-of-Pocket Maximums	$3,500 / $7,000	$7,000 / $14,000	$3,500 / $10,500
Coinsurance/Copays			
Preventive Care	Covered in Full	Covered in Full	Covered in Full
Primary Care	20%, after deductible	20%, after deductible	$40 Copay
Specialist Care	20%, after deductible	20%, after deductible	$60 Copay
Inpatient Hospitalization	20%, after deductible	20%, after deductible	20%, after deductible
Emergency Room Care	20%, after deductible	20%, after deductible	$250 Copay
Outpatient Surgery	20%, after deductible	20%, after deductible	20%, after deductible
Urgent Care	20%, after deductible	20%, after deductible	$50 Copay
Pharmacy Retail Rx Covered in Network only / (only 30-day supply shown)			
Prescription Deductible	Integrated Rx	Integrated Rx	
Generic (Tier 1)	$5 Copay / $0-Kids	$15 Copay / $0-Kids	Generics only $7-Adults / $0-Kids
Preferred Brand (Tier 2)	$35 Copay / $0-Kids	$50 Copay	N/A
Non-Preferred Brand (Tier 3)	$70 Copay	$50% Coinsurance	N/A
Mail Order	2-Copay, 90-day supply	2-Copay, 90-day supply	2-Copay, 90-day supply

Prescription Drugs

Get the Most from Your Prescription Coverage

When you enroll in a medical plan, you receive comprehensive prescription drug coverage through Excellus's Express Scripts.

- If you take maintenance medication, you can save money by enrolling in mail order Rx.
- Not all medications can be filled via mail order
- Specialty medications must be filled at Excellus's approved specialty pharmacy https://www.excellusbcbs.com/find-a-doctor/pharmacy/specialty
- Ask your doctor if it is appropriate to use a generic drug rather than a brand name; some medications require programs to control cost of prescription drug expense
- Compare Pharmacies for the best price
- Prescription Management may apply; such as prior authorization, step therapy, and quantity limits



Preventive Care

Preventive services help you stay healthy, detect health problems early, determine the most effective treatments, and prevent certain diseases.

- Preventive services include exams, vaccines, lab tests, and screenings
- Routine visits will only be covered at 100% under preventive care when using an in-network provider
- Full list: healthcare.gov/what-are-my-preventive-care-benefits

Health Savings Account (HSA)

If you elect one of the HDHP Plans (a qualified high-deductible plan) and you are not enrolled in coverage elsewhere that would negate eligibility, you are eligible to contribute to a Health Saving Account through Health Equity(or a vendor of your choice). You may set aside tax-free money from each paycheck now and save funds to cover qualified healthcare expenses that come up later.

How does an HSA work?

Confirm amount to be deducted from each paycheck. Activate your account through Health Equity. Use HSA debit card to pay for qualifying expenses.

To view eligible purchases with your HSA account, please visit hsastore.com

Limitations

- Can not be enrolled in Medicare or Tricare
- Can not be claimed as a dependent on someone's tax return
- Can not currently receive Veterans Affairs (VA) benefits, or within the past 3 months (unless for a service-related disability)
- Can not be contributing towards a Healthcare FSA

Advantages

- Balance rolls over each year
- Contributions are tax-free
- Account belongs to you; any money in the account is yours – no vesting

**Tax treatment of HSAs for state tax purposes may vary by state*

Distributions

- Money must be in the account to spend
- Use funds for any taxable dependents
- 20% tax penalty applied if you are under age 65 and use the funds for non-eligible expenses
- At age 65, monies can be used for non-eligible health expenses with no penalty; normal income tax will apply.

  –You can also pay for Medicare Part B premiums with your HSA funds

Enrollment Tiers	2025 Maximum Contribution Allowed	2026 Maximum Contribution Allowed
Employee Only	$4,300	$4,400
Employee + Dependent(s)	$8,550	$8,750
Employee 55+ Over	Additional $1,000 per year as catch-up	

See Details: Understanding HDHPs and HSAs

Flexible Spending Accounts (FSA)

An FSA (or flexible spending account) allows you to set aside money annually to cover the cost of qualified medical expenses. It's a lot like a savings account but used for qualified health-related costs. FSAs work on an annual plan year basis and are funded with regular payroll deductions on a pre-tax basis. Contribution toward the cost of coverage for your domestic partner's expenses under the FSA are generally not considered qualifying medical expenses.

Healthcare FSA
2026—$3,400 IRS Annual Maximum

- Use for medical, dental and vision expenses
- Healthcare FSA funds are available in full on day one
- You have the option to roll over up to $680 of unused FSA dollars to the following plan year
  - These roll over funds will not count against your future FSA election / contribution limit
  - Any unused balance over $680 at the end of the plan year will be forfeited
- Not available for HSA plan participants

Limited Purpose Healthcare FSA

- Eligible for HSA plan participants
- Use for only dental & vision expenses
- Same annual contribution limit and claims filing deadlines as the Healthcare FSA

Dependent Care FSA
2026—$7,500 IRS Annual Maximum
($3,750 if married and filing separately)

- Use to pay for costs of dependent care for:
  - Children under age 13
  - Older dependents, including children, spouses and parents who are physically or mentally unable to care for themselves that live with you more than ½ of the year
- Dependent Care FSA funds are contributed to their account as they are taken from the employee's paycheck;
  Money in – Money out
- Eligible expenses include daycare, before-school and after-school care, babysitters and elder daycare
- Kindergarten or higher education does not qualify

Employee Login: https://participant.briweb.com/login

Supplemental Health Benefits*

Nazareth University offers additional voluntary benefit plans through Aflac. These plans are not medical insurance and do not replace your medical coverage but rather pay cash directly to you in addition to any benefits you receive from your health plan.

Accident Insurance

Pays cash benefits when you or your covered family members suffer injuries sustained in an accident.

- Accidental Death Benefit
- Hospital Admission, Emergency Care and Ambulance
- Fractures, tears, concussion
- And more

Plan 1-New in 2026
Accident Only Insurance-Option 2-Aflac
Plan 2-No new enrollments
Accident-Advantage Plan-Option 4-Aflac

Cancer Care Insurance Plans

Benefits help you handle medical plan deductibles, copays, and other out-of-pocket costs by providing benefits when you receive radiation or chemotherapy treatment or are hospitalized for surgeries to treat cancer.

Cash Benefits for specific Cancer Screenings!

Cancer Care-Classic-Aflac
Cancer Care-Premier-Aflac
(with expanded benefits)

What Can I Do with the Money I Receive?

- Cover cost of copays, deductibles, and coinsurance
- Reimburse yourself for transportation and lodging costs
- Help with childcare and other domestic expenses
- Assist with home health care cost Make up for lost wages
- Pay everyday expenses, such as rent, utilities, and groceries

Want to enroll or know more?

Contact: Charles Morales
Aflac District Sales Coordinator
585-738-2629

Dental (PPO)

Dental insurance is offered through Excellus BCBS. Your choice of dentists can determine the cost savings you receive.

You will pay less for in-network services. For out-of-network providers, Excellus BCBS pays claims based on reasonable and customary (R&C) charges. You are responsible for paying the balance of the bill.

Please refer to plan summary for out-of- network benefits, subject to balance billing, and limitations.

Dental-HIGH Plan Summary-Excellus
Dental-LOW Plan Summary-Excellus



	HIGH PLAN	LOW PLAN
Benefit Maximum Per Person	Combined In & Out of Network	Combined In & Out of Network
Calendar Year Annual Max	$1,750	$1,500
Orthodontia Lifetime Max	$1,500	N/A
Deductible (applies only to Basic & Major Services)— same In & Out-Of-Network		
Individual	$25	$50
Family	$75	$150
Benefit	Plan Pays the same % In & Out-of-Network	Plan Pays the same % In & Out-of-Network
Class I—Preventive & Diagnostic	100%	100%
Class II & IIA—Basic Restorative	80%	50%
Class III—Major Restorative	50%	50%
Orthodontia (to age 19)	50%	N/A

Vision

Routine eye exams are important for maintaining good vision and can also provide early warning of other health conditions. The EyeMed vision plan provides coverage for exams, glasses and contact lenses, as shown below.

In-network coverage is provided when you use EyeMed providers. Refer to plan summary for out- of-network benefits and limitations.



Here is what you'll pay in-network:

EyeMed Vision Summary

Insight Network	Plan Name
Based on Last Date of Service	**In-Network**
Eye Exam *Once every 12 months*	$20 Copay
Materials Copay	$25 Copay
Lenses **Single, Lined Bifocal, Lined Trifocal, Lenticular** *Once every 12 months*	Benefits vary by type of lens.
Frames *Once every 12 months*	$0 Copay, 20% off balance over $130 Allowance
Contacts *Instead of glasses, Once every 12 months*	Elective Contacts covered at $0 Copay. 15% off balance over $110 allowance. Medically necessary may be covered at a high benefit level.

Life Insurance

Basic Life/AD&D Insurance

A $25,000 Basic Life insurance policy is provided to you at no cost through New York Life Insurance Company. You are automatically enrolled in this benefit. This coverage includes an Accidental Death and Dismemberment (AD&D) provision, at the same coverage amount, in the event of accidental death and other conditions. Please refer to the benefit summary for details.

Basic Life/AD&D Benefit Summary-New York Life

According to federal law, only the first $50,000 of employer-paid life insurance is not taxable. Premium paid by your employer for coverage levels over $50,000 will be taxable to you and will be included on your year-end W-2 statement.

What is Life Insurance?

- A lump sum payment distributed to beneficiaries upon death of the insured or insureds
- Reassurance that your loved ones would be financially secure if you passed away unexpectedly; average funeral cost is $10,000



Reminder! Update your Beneficiaries!

Plan for your expected and unexpected life changes by ensuring you and your family are protected. Update your beneficiaries now and keep them current each year.

Voluntary Life Insurance

Voluntary Life and AD&D Insurance

As a new hire, you can purchase Voluntary Life insurance through New York Life Insurance for you, your legal spouse and dependent children without providing medical information up to certain guaranteed issue (GI) amounts Please refer to the benefit summary for details.

Employee Paid Term Life / AD&D Benefit Summary-New York Life

Voluntary Life and AD&D Insurance	
Employee	Employees: sold in $10K increments, up to 7x annual earnings, if ≤ $500K Guaranteed issue: $200,000
Spouse/Domestic Partner	$5K or $10K, not to exceed 50% of the employee's benefit Guaranteed issue: $10,000
Child (up to age 26	Increments of $2,000 or $4,000 / Under 6-months = $500 Guaranteed issue: $4,000

Medical review (often referred to as Evidence of Insurability or EOI) is completed via the enrollment site.
**Guaranteed issue is the amount of coverage you or your dependents can elect up to without medical questions. Guaranteed issue is only available to newly benefit eligible employees.*

Reminder! Update your Beneficiaries!

Plan for your expected and unexpected life changes by ensuring you and your family are protected. Update your beneficiaries now and keep them current each year.



Disability Insurances

New York Life Insurance administers our Disability insurance benefit plans for any full-time employee. Nazareth University provides these plans at no cost to you; however, you may elect to enroll in the Long-Term Disability Insurance-Buy-Up benefit.

Long Term Disability Insurance with Employee Paid Buy-Up Option

Short-Term Disability

Short-Term Disability (STD) benefits are payable when you are unable to work due to an injury or illness unrelated to work.

When do the benefits start?
8th day of accident or illness

(Benefit duration is reduced by the initial disability waiting period (before benefits begin)

How much would the benefit pay?
50% of your weekly salary to $170 per week

How long will the benefit pay?
Up to 26 weeks

Long-Term Disability

Long-Term Disability (LTD) benefits are provided as income protection in the event you become disabled for an extended period. Proof of disability is required.

When do the benefits start?
After 180 days of qualified disability

(This plan begins to pay after the Short-Term Disability benefits end.)

How much would the benefit pay?
Basic plan provides 50% of basic monthly earnings to $6,000 per month

Buy-Up plan increases the benefit to 70% of basic monthly earnings
Cost=$0.238 / $100 of covered earnings.

How long will the benefit pay?
Social Security Normal Retirement Age (SSNRA)

A pre-existing condition is any accident or illness for which you have received advice or treatment in the months prior to your coverage effective date and will be excluded from this benefit for the month exclusion period listed.

STD Benefits integrate with state mandated disability plans. Maternity claims fall under this policy.

LTD Benefits: If you do not enroll within 30 days of your date of hire and wish to purchase coverage in the future, ALL amounts elected will be subject to EOI requirements and could be either approved or declined by the carrier.

Employee Assistance Program (EAP)

The EAP can provide you and your family and household members with information and assistance on a wide range of topics and issues including work stress, debt problems, family issues, relationship worries, parenting challenges, anxiety, grief and much more.

Offered through ComPsych is provided at no cost to you. Counselors are available for support by phone 24 hours a day, seven days a week.

Counselors can talk to you about anything going on in your life, including:

- Family & Relationships
- Work
- Money
- Grief
- Legal Services
- Identity Theft Recovery
- Anxiety, Depression
- Health
- Everyday Life

Employee Assistance & Wellness Support



Up to 5—FREE Face to Face Coaching Sessions per year

800-344-9752

Website: guidance resources.com

Web ID: NYLGBS

Contact Information

Benefit	Partner Website / Phone
Benefit Questions	Alera Group CARE Team EM: support@aleracare.zendesk.com | 800-836-0026, Opt 2
Accident, Cancer Care, Specified Health Event	Aflac | www.aflac.com | Charles Morales, 585-738-2629
Dental Insurance-Group # 101680	Excellus BCBS | www.excellusbcbs.com | 800-499-1275
Disability Insurance-Long Term=Group # NYK960398	New York Life Insurance Company www.mynylgbs.com | 800-362-4462
Employee Assistance Program/EAP	ComPsych| guidance resources.com | 800-344-9752
Flexible Spending Accounts (FSA)	Benefit Resources, Inc | www.benefitresource.com | 800-473-9595
Health Savings Account (HSA)	Health Equity | www.healthequity.com | 866-346-5800
Life Insurance-Group # FLY960556	New York Life Insurance Company www.mynylgbs.com | 800-362-4462
Medical-Group #45256	Excellus BCBS | www.excellusbcbs.com | 800-499-1275
Vision-Group # 102276	EyeMed | www.eyemed.com | 888-581-3648

Benefits Help Desk

You have access to the Employee Benefits CARE Team through Alera Group. The CARE Team serves as a liaison between employees and insurance carriers to help you understand and navigate your benefits.

Email: support@aleracare.zendesk.com

(Enter in the Subject Line1: Your First and Last Name & your Employer's Name)

Phone: 800.836.0026, Opt-2 Available Monday - Friday, 8AM – 4:30PM EST



Benefits Effective January 1 – December 31, 2026

(*) DISCLAIMER: This document has been prepared by Alera Group, Inc. (collectively with its parent, subsidiaries and affiliates, "Alera Group") to provide an overview of your employer's benefits program. Alera Group, its directors, officers, managers, employees, representatives and affiliates, make no representation or warranty, express or implied, as to the accuracy or completeness of the information contained herein regarding those lines of coverage for which Alera Group is not the exclusive broker of record. This document is not a contract and confers no contractual rights between you and Alera Group. The terms of your benefits are governed by the legal plan documents and insurance contracts ("Plan Documents") between your employer and one or more insurance carriers. This document is not a certificate of coverage, and the benefit descriptions in this document are not a guarantee of current or future claim coverage, nor does it replace or amend the underlying Plan Documents. If there is any difference between the benefit descriptions in this document and the Plan Documents, the terms of the Plan Documents will control. Your employer reserves the right to change, discontinue or terminate the benefit plans at any time.