



2026 Benefits Guide



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NaphCare Benefits Program

Comprehensive and flexible benefits

As an employee of NaphCare, you play a vital role in defining a standard of care for humankind. We are pleased to recognize your contributions with a benefits package that offers a robust selection of benefits for you and your loved ones.

The benefits package includes:

- Medical plan
- Dental plan
- Vision plan
- Health Care and Dependent Care Flexible Spending Accounts
- Company Paid Basic Life and AD&D insurance
- Voluntary Life and AD&D insurance
- Voluntary Short-Term and Long-Term Disability insurance
- Voluntary Accident, Hospital Indemnity, and Critical Illness insurance
- Employee Assistance Program
- 401(k) Retirement Savings Plan
- Financial Advisors
- Paid time off
- Paid holidays
- Tuition Reimbursement Program
- Employee Referral Program

For more information on benefit offerings visit [NaphCare Online](#).

This guide is a brief summary of your benefits and does not constitute a policy. NaphCare may amend the benefit program at any time. Your certificate booklets contain the actual detailed provisions of your benefits. If there are any discrepancies between the information in this brochure and the official plan documents, the official plan documents will prevail.

Each year, NaphCare provides you important benefit plan information to help you better understand and use your benefits, and to meet the basic disclosure requirements of the Employee Retirement Income Security Act of 1974 (ERISA), which governs the NaphCare benefit plans. To make it simpler for you to access your important benefits information in one easy location, all details are located on [NaphCare Online](#) or via the Carrier's website (listed on the [last page](#) of this guide).

State Paid Family and Disability Leave

Several states offer paid leaves, which may affect the coverage and payment of NaphCare's disability plans. Please review your respective state's paid leave programs when making an enrollment decision, as applicable.

Public Health Insurance Marketplaces

Through your state's insurance marketplace, you can shop for coverage and compare available plan options based on price, benefits and quality. You may enroll in coverage through the marketplaces beginning in November each year, for coverage effective January 1.

Coverage purchased through the marketplace is **paid by the individual on a post-tax basis with no employer contribution.**

Massachusetts Residents

NaphCare's health plan meets Massachusetts Minimum Creditable Coverage (MCC) requirements and will satisfy the individual mandate that you have health insurance.

Your Benefits

Your Beneficiary is the person(s) whom will receive your life insurance benefits when you die. Your beneficiary can be a person or multiple people, charitable institutions, or your estate. Once named, your beneficiary remains on file until you make a change.

If your family situation changes, you will want to review the beneficiaries on file and make updates, if necessary. If you do not name a beneficiary, your life insurance benefits will automatically go to your estate.

Please note: The 401(k) plan beneficiary designation is managed by the plan administrator, Schwab Retirement Plan Services. To make a designation, contact Schwab at 800-724-7526 or log on to the website at workplace.schwab.com.

Your Contact Information—Please make sure to review and update your contact information as needed by sending an email with your current address to human.resources@naphcare.com. This will ensure that your tax, benefits, and payroll documents (such as your W-2, 1099, and/or 1095-C) are mailed to your correct address.

Benefits Eligibility

You are eligible for benefits if you meet the eligibility requirements based on classification and according to any specific facility contractual obligations.

Type of Benefit	Full-time Exempt & Non-Exempt Employees	Part-time Employees	PRN or Temporary Employees
Paid Time Off	Yes	Over 30 hours	No
Medical and Prescription Insurance	Yes	Over 30 hours	ACA Guidelines
Dental Insurance	Yes	Over 30 hours	No
Vision Insurance	Yes	Over 30 hours	No
Company Paid Life and AD&D Insurance	Yes	No	No
Flexible Spending Accounts (FSAs)	Yes	No	No
Voluntary Insurance (life, AD&D, disability, hospital indemnity, accident, and critical illness)	Yes	No	No
401(k) Retirement Plan	Yes	Yes	PRN - Yes Temporary - No
Paid Holidays	Yes	No	No
Employee Assistance Program	Yes	Yes	Yes
Worker's Compensation Coverage	Yes	Yes	Yes
Unemployment Compensation	Yes	Yes	Yes
Social Security	Yes	Yes	Yes

Dependent Eligibility

If you elect coverage, your dependents are also eligible for coverage. Eligible dependents include:

- Your legal spouse, although an exclusion applies to medical if your spouse is eligible for medical coverage through their employer.
- Your child(ren)* to age 26, including stepchildren, foster children, and children placed with you for adoption.
- Your grandchild(ren)* for whom you have legal custody (if parents of the grandchildren do not live in the same household as the grandchildren) .

If your child is fully disabled and unmarried, provided he/she became fully disabled prior to age 19 or between the ages of 19 and 26 and if the child was covered by the plan when the disability occurred, the disabled child will be eligible to continue coverage at your request. **You must reach out to the medical plan carrier and benefits@naphcare.com at least 60 days prior to the disabled dependent's 26th birthday or the coverage may end.**

Important Notice Regarding Spouse Coverage

If your spouse is employed and eligible for medical coverage under their employer's medical plan, they **are not** eligible for medical coverage under the NaphCare plan. A signed affidavit is required to validate spouse eligibility.

Benefits Coverage

Coverage begins

For benefits eligible employees, benefits begin on the date of hire or the status change effective date to a benefits eligible employment class. Life insurance that requires an evidence of insurability becomes effective when approved by the carrier.

Premiums will be prorated daily for coverage based on the effective date.

You must enroll within the first 30 days of employment to receive coverage for benefits. If you miss this window, your next opportunity to enroll in benefits will be during the Open Enrollment period each year or if you experience a Qualifying Life Event (QLE).

Coverage ends

Coverage will end at midnight on the last day of the month in which your employment ends or change to a benefits ineligible class. You are responsible for your portion of the premiums through the end of the month. Continuation of coverage (COBRA) will be offered for active coverage at the time of termination (i.e. Medical, Dental, Vision, Medical Flexible Spending Account).

Coverage changes

If you are a current benefits-eligible NaphCare employee, each year you will have the opportunity to review and update your benefits elections for the upcoming plan year. The IRS provides strict regulations about changes to benefit elections during the plan year; however, changes are permitted under specific circumstances called Qualifying Life Events (QLEs), such as:

- Change in legal marital status (marriage, divorce/annulment, death)
- Change in number of dependents (birth, adoption, death)
- Gain or loss of other group coverage
- Change in employment status of employee or spouse (loss of employment, class change, leave of absence, military leave)
- Child reaches maximum age of coverage
- Significant coverage reduction or cost increase
- Change of custody, judgment, court order decree, including Qualified Medical Child Support Orders (QMCSO)
- Change in Medicaid or SCHIP eligibility
- Change in dependent care provider or cost for Dependent Care Flexible Spending Account

Documentation is required per IRS regulations (i.e. birth certificate, marriage certificate, divorce decree, COBRA notice, etc.). The change request must be consistent with the qualifying event and emailed to benefits@naphcare.com within the 30-day deadline.

Reminder!

You must provide documentation within 30 days of your QLE if one of the above situations applies to you and your family. If documentation is not received in a timely manner, the election/change requested will not be processed and the affected dependents will not be covered under NaphCare's plans. Documentation must be legible to be accepted.

Health Plan Costs

By enrolling, you authorize NaphCare to take payroll deductions on a pre-tax basis to cover premiums or contributory benefits. Deductions will begin as soon as administratively possible. Deductions are taken retroactively to the effective date of your coverage. If your wages are insufficient to take deductions (for example, if you are on an unpaid leave of absence) you will be responsible for paying your portion of the premiums to NaphCare in order to continue active coverage.

“Pre-tax deduction” means that your taxable income is decreased by the pre-tax deduction amounts. This allows you to save money on Social Security tax, Medicare tax, federal income tax and, in some cases, state and local income tax.

Below are the **biweekly premiums** (per pay period) for medical/prescription, dental, and vision coverage.

Medical

Coverage Level	Platinum Plan	Gold Plan	Silver Plan
Employee Only	\$62.50	\$47.50	\$30.00
Employee + 1	\$212.50	\$145.00	\$60.00
Employee + Family	\$250.00	\$165.00	\$75.00

Dental

Coverage Level	Cost per pay period
Employee Only	\$10.00
Employee + 1	\$15.00
Employee + Family	\$20.00

Vision

Coverage Level	Cost per pay period
Employee Only	\$3.78
Employee + 1	\$5.49
Employee + Family	\$9.83

Medical Plan Comparison

NaphCare offers a choice of three medical plans through BlueCross BlueShield of Alabama (Alabama employees) or United Healthcare (all other states). All plans offer in- and out-of-network benefits, providing you the flexibility to choose your provider. However, you will pay less out of your pocket when you choose an in-network provider. Alabama employees, locate a network provider at www.bcbsal.org — network is BlueCard PPO Basic. Employees in other states, locate a network provider at www.umar.com — network is UHC Choice Plus.

- The coinsurance percentages listed reflect what the member pays.
- Prescription copays do not accumulate towards the deductible or out-of-pocket maximum.
- Some services may require pre-certification; check the Summary Plan Description for details.

Summary of Benefits	Medical Plan In-Network Comparison		
	Platinum Plan	Gold Plan	Silver Plan
Annual Deductible			
Individual/Family	\$500/\$1,500	\$2,000/\$4,000	\$4,000/\$8,000
Annual Out-of-Pocket Max			
Individual/Family	\$6,600/\$13,200	\$7,500/\$14,000	\$9,000/\$14,000
Lifetime Maximum Benefit	Unlimited		
Physician Services			
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Primary Care/Specialist Office Visit	\$30 copay/\$50 copay	\$35 copay/\$50 copay	\$30 copay first 3 office and first 3 spec, then ded + 20%
Teladoc	\$25 copay	\$25 copay	\$25 copay
Urgent Care	\$75 copay	Deductible + 20%	Deductible + 40%
Maternity Care	100% after ded	Deductible + 20%	Deductible + 40%
Chiropractic Care	Deductible + 20%	Deductible + 20%	Deductible + 40%
Diagnostics			
Lab and X-Ray at Physician's Office	\$10 copay	Deductible + 20%	Deductible + 40%
MRI, CT, PET at Physician's Office	Deductible + 20%	Deductible + 20%	Deductible + 40%
MRI, CT, PET at Outpatient Facility	\$250 copay	Deductible + 20%	Deductible + 40%
Hospital Services			
Inpatient and Residential Treatment	\$100 daily copay for days 1-4	Deductible + 20%	Deductible + 40%
Outpatient Surgery	\$250 copay	Deductible + 20%	Deductible + 40%
Mental Health Services			
Inpatient	Deductible + 20%	Deductible + 20%	Deductible + 40%
Outpatient	\$50 copay	Deductible + 20%	Deductible + 40%
Emergency Room	\$250 copay	Deductible + 20%	Deductible + 40%
Prescription Drugs (30-day supply through Optum Rx)			
Tier 1	\$4 copay	\$10 copay	\$15 copay after deductible
Tier 2	\$40 copay	\$45 copay	\$50 copay after deductible
Tier 3	\$75 copay	\$75 copay	\$75 copay after deductible
Specialty Drugs (30-day supply, no mail order)	10%	20%	Lesser of 50% or \$425 copay after deductible
Mail Order Prescription Drugs (90-day supply)	NaphCare Pharmacy - \$0/\$0/\$0 OptumRx \$4/\$40/\$75	NaphCare Pharmacy \$0/\$0/\$0 OptumRx \$10/\$45/\$75	NaphCare Pharmacy\$0/\$0/\$0 OptumRx \$15/\$50/\$75

Silver Medical Plan

- The coinsurance percentages listed reflect what the member pays.
- Prescription copays do not accumulate towards the deductible or out-of-pocket maximum.
- Some services may require pre-certification; check the Summary Plan Description for details.

Summary of Benefits	Silver Medical Plan	
	In-Network	Out-of-Network
Annual Deductible Individual/Family	\$4,000/\$8,000	\$8,000/\$16,000
Annual Out-of-Pocket Max Individual/Family	\$9,000/\$14,000	Unlimited
Lifetime Maximum Benefit	Unlimited	
Physician Services		
Preventive Care	Covered 100%	Not covered
Primary Care/Specialist Office Visit	\$30 copay first 3 office and first 3 spec, then ded + 20%	Deductible + 50%
Teladoc	\$25 copay	Not covered
Urgent Care	Deductible + 40%	Deductible + 50%
Maternity Care	Deductible + 40%	Deductible + 50%
Chiropractic Care	Deductible + 40%	* Deductible + 50%
Diagnostics		
Lab and X-Ray at Physician's Office	Deductible + 40%	Deductible + 50%
MRI, CT, PET at Physician's Office	Deductible + 40%	Deductible + 50%
MRI, CT, PET at Outpatient Facility	Deductible + 40%	* Deductible + 50%
Hospital Services		
Inpatient and Residential Treatment Facilities	Deductible + 40%	** Deductible + 50%
Outpatient Surgery	Deductible + 40%	* Deductible + 50%
Mental Health Services		
Inpatient	Deductible + 40%	** Deductible + 50%
Outpatient	Deductible + 40%	* Deductible + 50%
Emergency Room	Deductible + 40%	Deductible + 40%
Prescription Drugs (Retail through OptumRx, 30-day supply)		
Tier 1	\$15 copay after deductible	Not covered
Tier 2	\$50 copay after deductible	
Tier 3	\$75 copay after deductible	
Specialty Drugs (30-day supply, no mail order)	Lesser of 50% or \$425 copay after deductible	Not covered
Mail Order Prescription Drugs (90-day supply)	NaphCare Pharmacy - \$0/\$0/\$0 OptumRx \$15/\$50/\$75	Not covered

Gold Medical Plan

- The coinsurance percentages listed reflect what the member pays.
- Prescription copays do not accumulate towards the deductible or out-of-pocket maximum.
- Some services may require pre-certification; check the Summary Plan Description for details.

Summary of Benefits	Gold Medical Plan	
	In-Network	Out-of-Network
Annual Deductible		
Individual/Family	\$2,000/\$4,000	\$4,000/\$8,000
Annual Out-of-Pocket Max		
Individual/Family	\$7,500/\$14,000	Unlimited
Lifetime Maximum Benefit	Unlimited	
Physician Services		
Preventive Care	Covered 100%	Not covered
Primary Care/Specialist Office Visit	\$35 copay/\$50 copay	Deductible + 50%
Teladoc	\$25 copay	Not covered
Urgent Care	Deductible + 20%	Deductible + 50%
Maternity Care	Deductible + 20%	Deductible + 50%
Chiropractic Care	Deductible + 20%	* Deductible + 50%
Diagnostics		
Lab and X-Ray at Physician's Office	Deductible + 20%	Deductible + 50%
MRI, CT, PET at Physician's Office	Deductible + 20%	Deductible + 50%
MRI, CT, PET at Outpatient Facility	Deductible + 20%	Deductible + 50%
Hospital Services		
Inpatient and Residential Treatment	Deductible + 20%	** \$350 per admission deductible + 50%
Outpatient Surgery	Deductible + 20%	* Deductible + 50%
Mental Health Services		
Inpatient	Deductible + 20%	** \$350 per admission deductible + 50%
Outpatient	Deductible + 20%	* Deductible + 50%
Emergency Room	Deductible + 20%	Deductible + 20%
Prescription Drugs (30-day supply through OptumRx)		
Tier 1	\$10 copay	Not covered
Tier 2	\$45 copay	
Tier 3	\$75 copay	
Specialty Drugs (30-day supply, no mail order)	20%	Not covered
Mail Order Prescription Drugs (90-day supply)	NaphCare Pharmacy \$0/\$0/\$0 OptumRx \$10/\$45/\$75	

Platinum Medical Plan

- The coinsurance percentages listed reflect what the member pays.
- Prescription copays do not accumulate towards the deductible or out-of-pocket maximum.
- Some services may require pre-certification; check the Summary Plan Description for details.

Summary of Benefits	Platinum Medical Plan	
	In-Network	Out-of-Network
Annual Deductible		
Individual/Family	\$500/\$1,500	\$1,500/\$4,500
Annual Out-of-Pocket Max		
Individual/Family	\$6,600/\$13,200	Unlimited
Lifetime Maximum Benefit	Unlimited	
Physician Services		
Preventive Care	Covered 100%	Not covered
Primary Care/Specialist Office Visit	\$30 copay/\$50 copay	Deductible + 50%
Teladoc	\$25 copay	Not covered
Urgent Care	\$75 copay	Deductible + 50%
Maternity Care	100% after ded	Deductible + 50%
Chiropractic Care	Deductible + 20%	* Deductible + 50%
Diagnostics		
Lab and X-Ray at Physician's Office	\$10 copay	Deductible + 50%
MRI, CT, PET at Physician's Office	Deductible + 20%	Deductible + 50%
MRI, CT, PET at Outpatient Facility	\$250 copay	* Deductible + 50%
Hospital Services		
Inpatient and Residential Treatment	\$100 daily copay for days 1-4	** Deductible + 50%
Outpatient Surgery	\$250 copay	* Deductible + 50%
Mental Health Services		
Inpatient	Deductible + 20%	** Deductible + 50%
Outpatient	\$50 copay	* Deductible + 50%
Emergency Room	\$250 copay	\$250 copay
Prescription Drugs (30-day supply through OptumRx)		
Tier 1	\$4 copay	Not covered
Tier 2	\$40 copay	
Tier 3	\$75 copay	
Specialty Drugs (30-day supply, no mail order)	10%	Not covered
Mail Order Prescription Drugs (90-day supply)	NaphCare Pharmacy - \$0/\$0/\$0 OptumRx \$4/\$40/\$75	

Additional Medical Plan Benefits



Teladoc—Talk to a Doctor Anytime, Anywhere

NaphCare offers Teladoc for each of the medical plans. It is a convenient way to access a doctor online from your home, office, or while traveling. All you need is a telephone, smartphone, tablet, or computer. It's a great option when you're not having an emergency, when it's not convenient or you are too busy to go to your doctor's office. Doctors can diagnose your symptoms and if a prescription is needed, send it to your pharmacy.

Teladoc gives you 24/7/365 access to U.S. board-certified doctors through video or phone visits. It does not replace your primary care physician (PCP), but is an affordable option for quality care.

Setup your account by calling 1-800-Teladoc, visiting www.teladoc.com, or texting "Get Started" to 469-844-5637. Setup your account today so when you need care, a Teladoc doctor is just a call or click away.

OptumRx Prescription Drug Benefits



Prescription benefits are through OptumRx. To find a network pharmacy in your area, log on to www.optumrx.com — or you can call the toll-free line at 877-559-2955.

Preventative Care Services

Good news! The NaphCare medical plans cover in-network preventive care at 100%. This includes routine screenings and checkups, as well as counseling to prevent illness, disease, or other health problems.

You won't have to pay anything—no deductible, copay, or coinsurance—for preventive services when the only purpose of your visit is to get preventative care.

Talk to your primary care physician to find out which screenings, tests, and vaccines are right for you, when you should get them, and how often.

Employee Prescriptions through the NaphCare Pharmacy

If enrolled in NaphCare's medical plan, the NaphCare Pharmacy offers non-specialty covered prescriptions **at no cost to you or your enrolled dependents!**

Visit [NaphCare Online](#) under Pharmacy—Employee Prescriptions for more information.

Dental Plan



NaphCare offers dental coverage to Alabama employees through Blue Cross and Blue Shield of Alabama's **Access Plus Dental** network and to employees in other states through United Healthcare's **Dental PPO** network. These networks are designed to promote quality and cost-effective dental care.

Covered dental services, level of coverage, deductible and benefit maximum amounts will be the same for in-and out-of-network dentists. However, if you use an out-of-network dentist, carrier will pay you the “allowed amount” for covered services. You may be responsible for the difference between the carrier’s payment and the dentist’s charge (plus deductible and coinsurance, if applicable). You may also have to file the claim yourself if your dentist’s office will not.

Alabama employees, to find a dentist in the Access Plus Dental network, visit www.bcbsal.org and click on “Find a Doctor”. Then select “Dentist” as the healthcare provider type, enter your zip code or city/state and choose “Access Plus Dental”.

Employees in other states, to find a dentist in the UHC dental PPO network, visit www.umar.com and click on “Find a provider”. Then select “Dental” as the healthcare provider type, and enter “UnitedHealthcare Dental PPO” in the search box.

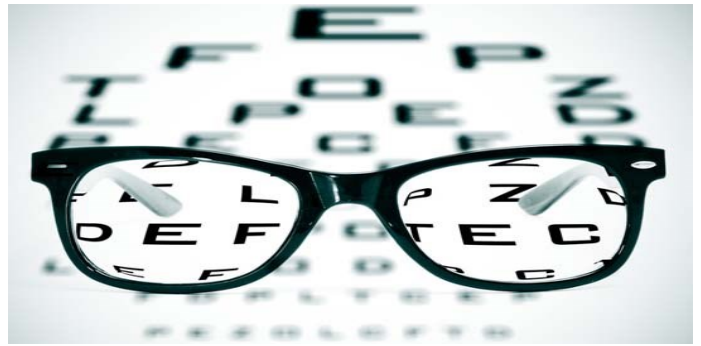
The coinsurance percentages listed below reflect the member payment responsibility.

Summary of Benefits	Dental Plan
Calendar Year Deductible Individual/Family	\$25/\$75
Calendar Year Maximum Benefit Per Individual	\$1,350
Diagnostic and Preventive Services	Covered 100% after deductible
Basic Services (Restorations, simple extractions, endodontics, oral surgery)	Covered 100% after deductible
Periodontics Services	Deductible + 20%
Major Services (Veneers, inlays/on-lays/ crowns, dentures/removable prosthetics, bridges)	Deductible + 50%
Orthodontic Services	Not covered

Vision Plan

NaphCare offers vision coverage through VSP Vision Care.

Find an eye care provider who's right for you by logging on to vsp.com ([VSP Doctor Network](#): [VSP Signature](#)) or call 800.877.7195.



If you choose an out-of-network provider, you may be responsible for submitting a claim form to VSP for reimbursement.

You will not receive a card for vision—just tell your doctor that you have **VSP Signature!**

Extra Savings and Discounts

- Additional discounts on glasses and sunglasses
- Guaranteed pricing on retinal screening as an enhancement to your Well Vision Exam
- Average 15% discount off the regular price of LASIK

Summary of Benefits	VSP Vision Plan	
	In-Network	Out-of-Network
Well Vision Exam (every calendar year)	\$10 copay	Reimbursement up to \$50
Prescription Glasses Frame (every other calendar year) Lenses (every calendar year)	\$25 copay for frame and lenses \$130 allowance + 20% off balance Single vision, lined bifocal/trifocal	Reimbursement up to \$70 Reimbursement depends on lens type
Contact Lens Exam (every calendar year)	Up to \$60 copay	Not covered
Contacts —in lieu of glasses (every calendar year)	\$130 allowance (no copay)	Reimbursement up to \$105



Flexible Spending Accounts (FSAs)

A Flexible Spending Account (FSA) is funded with money you contribute on a pre-tax basis. You can use FSA funds to pay for qualified out-of-pocket health care costs for yourself and eligible dependents or dependent day care charges. After your initial enrollment, according to IRS regulations, **you must re-enroll each year during the open enrollment period** if you want to participate in either a Healthcare FSA or a Dependent Care FSA.

Health Care FSA

You can contribute up to \$3,400 pre-tax dollars annually into the Health Care FSA for 2026 (IRS limits are subject to change). The money you contribute can be used to cover out-of-pocket costs, for yourself and your eligible dependents, such as:

- Medical expenses: copays, deductibles, coinsurance
- Dental expenses: deductibles and coinsurance
- Vision expenses: prescription glasses, contact lenses, copays

For a complete list of eligible expenses, please visit <https://www.isolvedbenefitservices.com/login>.

Dependent Care FSA

Contribute pre-tax dollars to a dependent care FSA to pay for qualified day care expenses to allow you and your spouse to work or attend school full time. Eligible dependents include children under the age of 13 and dependents (spouse, child, or parent) of any age who are physically or mentally unable to care for themselves.

If you're filing single, head of household, or married filing joint on your tax return, you can contribute up to \$7,500. If you're married filing separately on your tax return, you can contribute up to \$3,750. If you are a highly compensated employee under the IRS definition, you are restricted to an annual contribution of no more than \$2,400. Reimbursement is only available if funds are in your account.



Administration Details

- You decide how much to contribute to your health care FSA and/or dependent care FSA on a calendar year basis up to the maximum allowable amount. Your annual election is divided by the number of pay periods left in the calendar year from your coverage effective date and deducted on a pre-tax basis from your paycheck.
- You will be issued a debit card, which you can use to pay for eligible health care expenses at the point of service. When you have non-debit card expenses to be reimbursed (health care or dependent care), submit a claim form with an itemized receipt from the provider. Keep all receipts in case reimbursements must be substantiated.
- You have a grace period through 3/31 of the following year to submit claims incurred within the plan year.
- You will be able to rollover up to \$680 at the end of the 2026 plan year for your health care FSA.

Things to consider when determining your election amount:

- Be sure to fund the accounts wisely as the IRS requires you forfeit any unused funds (that aren't rolled over) in your account at the end of the year (or grace period for the health care FSA only).
- You cannot take income tax deductions for expenses you pay with your pre-tax FSA dollars.
- You cannot stop or change your FSA election(s) during the year unless you experience a qualifying life event consistent with your election change (see [page 6](#) for details).

Life and AD&D Insurance

Basic life and AD&D insurance (company paid)

NaphCare provides Basic Life and Accidental Death & Dismemberment (AD&D) insurance through Lincoln Financial Group equal to one times your annual base salary (up to \$50,000) *at no cost to you*. You do not need to do anything to enroll. **Please be sure your beneficiary designation is up to date.**



Voluntary Life and AD&D Insurance

NaphCare provides benefits eligible employees with the option to purchase additional life and AD&D insurance through Lincoln Financial Group. You may elect to be insured for an amount of life insurance from \$20,000 to \$250,000 or 7 times your annual salary (whichever is less), in increments of \$10,000.

You must purchase voluntary life and AD&D for yourself in order to purchase voluntary life for your spouse and/or dependent child(ren). You are responsible for the full cost of any Voluntary Life/Spouse/Child premiums and it is taken on an after-tax basis.

Evidence of Insurability (EOI)

If you are newly eligible to participate, you may elect up to the guarantee issue amount without proof of good health. If you choose coverage *over* the guarantee issue amount, enroll at any other time other than your initial enrollment period, or wish to increase your coverage, you will be required to complete an EOI. New or increased coverage will not take effect until approved by Lincoln Financial Group. During the annual open enrollment, you may elect to increase your existing voluntary life and AD&D coverage by \$20,000 up to the guarantee issue amount without an EOI.

Employee	\$10,000 increments up to a maximum of \$250,000 or 7x annual salary, whichever is less Guarantee Issue: \$250,000
Spouse	\$5,000 increments up to 50% of employee election or \$100,000, whichever is less Guarantee Issue: \$50,000
Child(ren)	\$1,000 increments up to \$10,000 Guarantee Issue: \$10,000

IMPORTANT!

- Life and AD&D benefits and guarantee issue amounts are subject to age reductions.
- Employee life and AD&D coverage terminates at retirement.
- Refer to the official plan documents on NaphCare Online for additional coverage information.
- Premiums for Lincoln Financial Group are semi-monthly, meaning that they won't be deducted on the 3rd paycheck in a month.

Spouse and Child Life Insurance

Employee or Spouse Rate — Semi-Monthly	
Age	Per \$10,000 of Coverage
0–29	\$0.35
30–34	\$0.40
35–39	\$0.50
40–44	\$0.75
45–49	\$1.15
50–54	\$1.80
55–59	\$3.45
60–64	\$5.10
65–69	\$8.25
70–74	\$14.75
75–79	\$24.20
80+	\$43.55

Child(ren) Rate — Semi-Monthly	
Age	Per \$1,000 of Coverage— (minimum: \$2,000)
Up to age 26	\$0.09

AD&D Rate — Semi-Monthly	
Age	Per \$10,000 of Coverage
Any	\$0.15

Employee or Spouse Life & AD&D Age Reductions	
At the Age of:	Coverage Will Reduce to:
70	65%
75	45%
80	30%
85	20%
90	15%

Reductions become effective on the first day of the Policy month that follows the day you or your spouse reach the specified age. Any reduced amount of insurance will round to the nearest dollar.

If you are age 70 or older on the date insurance becomes effective, the amount of life and AD&D insurance for you will be reduced as shown above. Thereafter, the amount of Life and AD&D insurance will continue to reduce in accordance with the schedule above.

Claim Assistance

For assistance with filing a life claim or an explanation of how a life claim was paid, contact:

Questions on a claim:

Call 1-800-423-2765

To file a claim:

Call 1-866-783-2255

Email LifeClaims@LFG.com (only for documentation submission)

For short-term disability claims:

Call 1-866-783-2255

For long-term disability claims:

Call 1-877-843-3950

Email DisabilityClaims@LFG.com

For accident, hospital indemnity, or critical illness claims:

Call 1-800-423-2765

Email FileClaim@LFG.com

Hours of Operation: Monday - Thursday 7 am - 7 pm and Friday 7 am - 5 pm



Lincoln
FinancialSM

Short Term Disability

Short term disability insurance through Lincoln Financial Group is designed to provide income protection if you have a personal medical illness or injury and are unable to work.

You are responsible for the full cost of the premium for this coverage and it is taken on an after-tax semi-monthly basis.

Elimination Period	Injury	0 calendar days
	Illness or Maternity	7 calendar days
Benefits	Weekly Benefit Percentage	60%
	Maximum Weekly Benefit	\$600
	Maximum Benefit Period	13 weeks

Follow the steps below to calculate the amount you pay each pay period.

Annual Salary _____
 ÷ 52 _____ = Weekly Salary
 x 60% (0.60) _____ = Weekly Benefit Amount (up to \$600/week)
 Weekly benefit amount _____ (enter \$600 if the weekly benefit amount calculated above is greater than \$600)
 x \$0.034 premium factor _____ = Per Pay Period Cost



Long Term Disability

Long term disability (LTD) insurance through Lincoln Financial Group is available in the event your disability continues beyond the STD period. Typically, benefits under LTD begin after you have 90 days of continuous disability.



You are responsible for the full cost of the premium for this coverage and it is taken on an after-tax semi-monthly basis.

Elimination Period	90 calendar days	
Benefits	Monthly Benefit Percentage	60%
	Maximum Monthly Benefit	\$5,000
	Minimum Monthly Benefit	\$100
	Maximum Benefit Period	Based on age at disability

Follow the steps below to calculate the amount you pay each paycheck for LTD insurance.

Age	Semi-Monthly Premium Factor
< 29	0.00165
30-39	0.00280
40-44	0.00450
45-49	0.00665
50-54	0.00935
55+	0.01125

Annual Salary _____

÷ 12 Monthly Salary _____

Monthly Salary _____ (enter \$8,333.33 if the monthly benefit amount calculated above is greater than \$8,333.33)

X Semi-Monthly Premium Factor _____ = Per Pay Period Cost

Follow the steps below to calculate the maximum amount of your LTD benefit.

Annual Salary _____

÷ 12 Monthly Salary _____

X 60% (0.60) _____ = Monthly Benefit Amount (up to \$5,000/month)

Accident Insurance

Accident insurance through Lincoln Financial Group is designed to help deliver financial security for the unexpected and unforeseen expenses in the case of an accidental injury. The cash benefits from this coverage will help meet copayments and other expenses while recovering from the injury in any way you see fit.

You are responsible for the full cost of the premium for this coverage and it is taken on an after-tax semi-monthly basis.

Coverage Level	Semi-monthly premium
Employee Only	\$5.08
Employee + Spouse	\$8.55
Employee + Child(ren)	\$9.49
Employee + Family	\$12.87

The coverage will pay a certain amount based on the injury type and severity. Examples of coverage are as follows. A full listing can be found on Lincoln's website.

- Emergency care benefits, such as: ambulance transportation, ER treatment, diagnostics, and X-ray
- Fracture benefits
- Dislocation benefits
- Specific injury benefits, such as: blood/plasma/platelets, burns (2nd and 3rd degree), skin grafts, concussions, dental crowns and extractions, eye surgery, lacerations, and brain injury
- Surgical benefits
- Hospital and ongoing care benefits, such as: Hospital or intensive care admission and confinement, occupational/physical/chiropractic therapy, pain managements, and medical mobility devices including wheelchairs and prosthesis
- Recovery assistance benefits like family care, transportation, and companion lodging
- Child sports injury benefits
- Moving vehicle benefits
- Health assessment benefits

Limitations and exclusions do apply and can be found in the policy and may vary by state.

Hospital Indemnity Insurance

Hospital indemnity insurance through Lincoln Financial Group is designed to provide additional financial stability for the unexpected and unforeseen expenses in the case of an accidental injury or illness that requires hospitalization.

You are responsible for the full cost of the premium for this coverage and it is taken on an after-tax semi-monthly basis.

Coverage Level	Semi-monthly premium
Employee Only	\$10.37
Employee + Spouse	\$22.32
Employee + Child(ren)	\$16.20
Employee + Family	\$29.40

The coverage will pay a certain amount based on the hospitalization reason. Examples of coverage are as follows. A full listing can be found on Lincoln's website.

- Hospital admission and confinement
- Intensive care admission and confinement
- NICU admission and confinement
- Newborn care
- Pregnancy complications
- Health assessment benefits

Limitations and exclusions do apply and can be found in the policy and may vary by state.

Highlights for Accident, Hospital Indemnity, and Critical Illness

- No medical questions are required to receive coverage.
- Cash benefits are paid directly to the insured in addition to any medical benefit received.
- You can keep the coverage even if you separate from employment.
- Survivor portability for spouse and children.
- Even if you never experience an accident or illness, you can still take advantage of the annual Health Assessment Benefit for wellness checks, screenings, and immunizations.
- The policies pay multiple cash benefits for each injury and covered treatment when an insured individual sustains more than one injury in the same accident.

Critical Illness Insurance

Critical illness insurance through Lincoln Financial Group provides additional financial stability in the case of a critical illness diagnosis. The cash benefits from this

coverage can be used for medical or personal expenses when diagnosed with a covered critical illness.

Employee	\$10,000 increments up to a maximum of \$40,000
Spouse	\$10,000 increments up to a maximum of \$40,000; not to exceed the employee election amount
Child(ren)	\$5,000 increments up to a maximum of \$20,000; not to exceed the employee election amount

Separation Period	3 months	
Benefits	Recurrence period	6 months treatment free
	Recurrent benefit percentage	100%
	Overall plan maximum	Unlimited

The coverage will pay a certain amount based on the illness type. Examples of coverage are as follows. A full listing can be found on Lincoln's website.

- Heart attack, vascular disease, cardiac arrest
- Stroke
- Major organ failure
- Cancer
- Advanced diseases such as: AIDS, Alzheimer's, Parkinson's, ALS, MS, and COPD
- Severe accidental injuries such as: traumatic brain injury, burns, and permanent paralysis
- Childhood conditions such as: cerebral palsy, cleft lip/palate, cystic fibrosis, down syndrome, MS, spina bifida, and type 1 diabetes
- Health assessment benefits

You are responsible for the full cost of the premium for this coverage and it is taken on an after-tax semi-monthly basis.

Age	Employee and spouse semi-monthly premium factor	Child(ren) semi-monthly premium factor
< 24	0.000112	0.0001905
25-29	0.000156	Until age 26 - 0.0001905
30-34	0.000200	N/A
35-39	0.0002565	
40-44	0.000368	
45-49	0.000494	
50-54	0.0007015	
55-59	0.0009655	
60-64	0.001371	
65-69	0.0018985	
70+	0.0035525	

Limitations and exclusions do apply and can be found in the policy and may vary by state.

401(k) Retirement Savings Plan

NaphCare provides a 401(k) Retirement Savings Plan as an easy way to help you save for the future. The table below outlines the key features of the 401(k) Retirement Savings Plan.

Your Contributions	1%–80% of eligible compensation as pre-tax elective deferrals and/or Roth IRA deferrals, subject to certain IRS and plan limits (\$24,500 for 2026). Employees age 50 and older are eligible for “catch-up” contributions (additional \$8,000 for ages 50-59 or \$11,250 for ages 60-63). Contributions are invested according to your elections in any combination of 30 investment options.												
Company Match Contributions	\$0.25 for every \$1 you contribute, up to the first 6% of eligible pay. Company matching contributions are made to eligible employees on a biweekly basis and invested according to your elections in any combination of the available investment options.												
Investment Options	Subject to change. A current fund list is available on the Schwab website at https://workplace.schwab.com .												
Eligibility	Age 21 and older eligible employees can start participating in the 401(k) plan immediately.												
Vesting	<p>You are always fully vested to the portion of your account attributable to the contributions you make to your 401(k) account and any rollovers that you roll into the plan. You earn ownership rights to the portion of your account attributable to company matching contributions through a process called “vesting.” You become vested over time, based on your years of service with NaphCare. A year of service equates to 1,000 or more hours paid during a calendar year. You will incur a break in vesting service if you have 500 paid hours or less during a calendar year.</p> <p>The vesting schedule is as follows:</p> <table> <tr> <td>Less than 1 year</td> <td>0% vested</td> </tr> <tr> <td>At least 1, but less than 2</td> <td>20% vested</td> </tr> <tr> <td>At least 2, but less than 3</td> <td>40% vested</td> </tr> <tr> <td>At least 3, but less than 4</td> <td>60% vested</td> </tr> <tr> <td>At least 4, but less than 5</td> <td>80% vested</td> </tr> <tr> <td>5 years or more</td> <td>100% vested</td> </tr> </table>	Less than 1 year	0% vested	At least 1, but less than 2	20% vested	At least 2, but less than 3	40% vested	At least 3, but less than 4	60% vested	At least 4, but less than 5	80% vested	5 years or more	100% vested
Less than 1 year	0% vested												
At least 1, but less than 2	20% vested												
At least 2, but less than 3	40% vested												
At least 3, but less than 4	60% vested												
At least 4, but less than 5	80% vested												
5 years or more	100% vested												
	<p>All 401(k) transactions (including enrollments, rollovers, and contribution updates) are managed by Schwab. More information can be found within the SPD on Schwab’s website.</p> <p style="text-align: center;">Website: https://workplace.schwab.com Phone: 1-800-724-7526</p>												

Rolling over funds from a different plan?

NaphCare’s 401(k) plan allows incoming rollovers. A rollover is a transaction used to transfer assets from one qualified retirement plan to another.

Schwab provides incoming rollover approval services. As the participant you:

- must submit an Incoming Rollover/Transfer Form to Schwab for processing.
- may contact a service center representative if you need assistance with completing the Incoming Rollover/Transfer Form

Need financial advice?

As a valued employee and plan participant, you have access to financial and investment guidance and resources through our partnership with the advisors at EverThrive Financial Group. Meet one-on-one with an advisor who can help you determine what type of investor you are, and how you can use that knowledge to build a diversified investment portfolio and invest with confidence.

Visit www.everthrivefinancial.com to request specific investment advice at any time. Simply scroll down and click on the “schedule an individual consultation” link. You can also contact them directly for advice by calling 866-695-5162.

Additionally, don't miss out on informative workshops and videos, which will bring you up-to-speed on the features and benefits of the 401(k) plan, how to navigate the website, and what investment options are available to you.



Employee Assistance Program

The NaphCare Employee Assistance Program (EAP) is available through Uprise Health to all employees and eligible dependents.

The EAP provides confidential assessments and short-term, professional counseling services for personal problems that interfere with everyday living. The benefit includes:

Counseling Services

Up to six (6) free face-to-face sessions provided for issues such as:

- Grief and loss
- Coping with change
- Marital/family issues
- Interpersonal relationship difficulties
- Stress-related problems
- Referrals to other professionals when necessary

Work/Life Services

- Unlimited Telephonic Coaching
- Eldercare Support Services
- Legal Counseling Services
- Financial Counseling Services
- Community Support Resources
- Online Services



This benefit is available to you and your family 24 hours a day, 7 days a week, 365 days a year.



To find out more information on how NaphCare's EAP may help you, visit

<https://members.uprisehealth.com> Access Code: NAPHCARE

or call 1-800-395-1616

Work/Life Benefits

Paid Time Off (PTO)

Paid Time Off (PTO) is an accumulation of hours that all active full-time employees receive to use for personal leave. These hours can be used for both vacation and sick leave.

PTO accrual is based on years of service and begins accruing during your first full pay period worked. Employees can begin using their accrued PTO immediately.



Length of Service	Biweekly PTO Accrual	Annual PTO Totals Accrued Biweekly
Up to 5 years	6.15 hours	20 days (160 hours) per year
5+ years	7.7 hours	25 days (200 hours) per year

Paid Holidays

Full-time employees working for NaphCare are eligible to receive 8 hours paid holiday for each company recognized holiday. NaphCare recognizes the following holidays:

New Year's Day	Independence Day	Thanksgiving Day
Martin Luther King, Jr. Day	Labor Day	Day after Thanksgiving
Memorial Day		Christmas Day

Your designated facility may have a separate operating policy/procedure regarding holidays based on clinical needs within the facility. Said policy/procedure shall supersede this provision of the Employee Handbook and/or Benefits Guide.

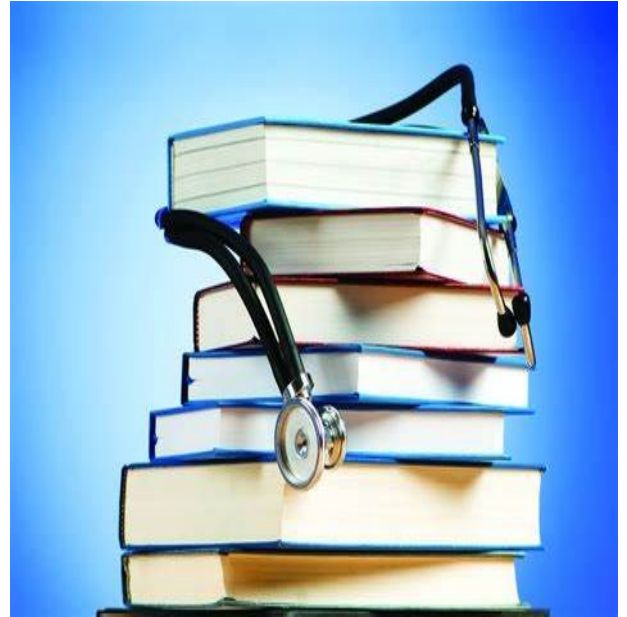


Additional Benefits

Educational Assistance Program

NaphCare embraces our employee's personal and professional growth and offers partial Tuition Reimbursement for academic courses directly related to enhancing a full-time employee's current position or advancement within the company. Approved courses must be offered through a US Department of Education accredited institution and provide academic credit.

Please see the Education/Tuition Reimbursement Policy on [NaphCare Online](#) for details and eligibility questions.



Employee Referral Rewards

NaphCare offers employees a referral bonus for successfully recruiting new employees. If you successfully recruit a full-time or part-time employee and they complete six (6) months service with the Company you will receive:

- \$5,000 for referring a full-time Physician, Dentist, Nurse Practitioner or Physician Assistant
- \$2,500 for referring a part-time Physician, Dentist, Nurse Practitioner or Physician Assistant
- \$500 for referring a new full-time or part-time employee



Please refer to the NaphCare Employee Handbook on [NaphCare Online](#) for full details on the Referral Rewards program. The required service months and reward distribution vary by job title. The Referral Rewards program excludes recruitment of PRN or "Pro Re Nata" providers. Referred candidates must be new NaphCare employees and must indicate the referring employee's name on the employment application or in writing prior to the hiring manager extending an offer to the candidate. Both referred and referring employee must be active employees at the time of payment.

Benefit FAQs

Benefit questions and/or forms should be sent to benefits@naphcare.com.

Am I eligible for benefits? If so, which benefits?

Please see the [benefits eligibility page](#) to determine which benefits you may be eligible for based on your classification.

When will my coverage begin?

Your coverage begins on your date of hire or change to a benefits eligible class and you have 30 days from that date to enroll. You will owe premiums back to your effective date and they will be taken in arrears on your first paycheck following enrollment.

How do I enroll in benefits?

If you are a new hire, a benefits packet was included in your iCIMS onboarding. If you had a class change, you will receive an enrollment packet from the benefits department. If you are experiencing an IRS Qualifying Life Event, please send an email to [Benefits](#). **Remember, you only have 30 days from your date of hire, class change, or QLE to make your elections!**

When will I receive my insurance cards?

You will receive cards for medical, prescription, and/or dental from the carrier in the mail 7-10 business days after your enrollment was approved. In the meantime, Alabama employees can go online to BCBS's website at www.bcbsal.org or call them at 800.292.8868 to print temporary cards/order new cards. Employees in other states can go online to United Healthcare's website at www.umar.com or call them at 800-826-9781 to print temporary cards/order new cards. You will not receive a card for vision.

How do I find out if my doctor is in the network?

Alabama employees can go online to BCBS's website at www.bcbsal.org or call them at 800-810-2583. Employees in other states can go online to United Healthcare's website at www.umar.com or call them at 800-826-9781. For employees in Alabama, your medical network is BlueCard PPO Basic and your dental network is the Alabama Preferred Dentist network. For all other employees, your medical network is UHC Choice Plus and your dental network is UHC Dental PPO.

Who do I contact if I have questions about my coverage?

Contact information, including websites and phone numbers, for each of our carriers is on the [last page of this guide](#).

How do I file a disability claim?

Please email HR with your request to go on leave. As part of their process, they will send you information and forms needed for your leave, including how to file a disability claim.

When may I begin contributing to the 401(k) plan?

Part-time, full-time, and PRN employees over the age of 21 can begin participating in the 401(k) plan immediately. Just visit <https://workplace.schwab.com> or call 800-724-7526 to enroll.

How do I rollover my current 401(k) into the NaphCare 401(k) plan?

Login to <https://workplace.schwab.com> or call 800-724-7526 for assistance.

Carrier Contact Information

Carrier	Phone Number	Website
BlueCross BlueShield of Alabama Medical & Dental (Alabama employees) Platinum Medical or Dental Plan—Group # 72431 Gold Plan—Group # 63802 Silver Plan—Group # 71111	800-292-8868	www.bcbsal.org
Provider Finder Medical network: BlueCard PPO Basic Dental network: Access Plus Dental	800-810-2583	www.bcbsal.org
Precertification Intensive outpatient and partial hospitalization Home health and hospice outside Alabama	800-248-2342 800-821-7231	www.AlabamaBlue.com/precert
United Healthcare Medical & Dental (employees outside of AL) Group # 76417243 for all plans Medical network: UHC Choice Plus Dental network: UHC Dental PPO	800-826-9781	www.umar.com
OptumRx Prescriptions Group # 01964777	877-559-2955	www.optumrx.com
VSP Vision Group # 30016935	800-877-7195	www.vsp.com
iSolved Flexible Spending Accounts COBRA	866-370-3040 800-594-6957	https://www.isolvedbenefitservices.com/login
Lincoln Financial Group Voluntary Benefits (life, disability, accident, hospital, and critical illness) Group 1166038	Life/AD&D: 800-423-2765 STD: 866-783-2255 LTD: 877-843-3950 Acc/hos/crit: 800-423-2765	https://www.lincolnfinancial.com
401(k) Retirement Savings Plan EverThrive Financial Group Financial Advisors	866-695-5162	www.everthrivefinancial.com
Schwab Retirement 401(k) Plan Administrator Plan ID: NPC	800-724-7526	https://workplace.schwab.com
Uprise Health Employee Assistance Program	800-395-1616	www.uprisehealth.com/members
NaphCare Benefits Department	800-834-2420	benefits@naphcare.com