



**ELMET**  
TECHNOLOGIES

# 2026

## Open Enrollment Benefits Guide

ENROLL BY PHONE OR ONLINE  
866-833-8915  
[www.elmetbenefits.com](http://www.elmetbenefits.com)

SCAN ME



# Introduction

This guide provides an overview of Elmet's 2026 benefits offerings and the Enrollment process.

Complete your elections for 2026 by Monday, November 17th at 5 pm, if enrolling by phone, or by 11:59 pm EST if enrolling via self-service online. You'll find essential benefits, resources, and contact information throughout the guide. Additional benefits information is available online at [www.elmetbenefits.com](http://www.elmetbenefits.com)

## Table of Contents

|                             |      |
|-----------------------------|------|
| How to Enroll.....          | 2    |
| Medical.....                | 3-13 |
| EAP.....                    | 14   |
| Employee Perks.....         | 15   |
| 2-1-1.....                  | 15   |
| HSA.....                    | 16   |
| FSA.....                    | 17   |
| Dental.....                 | 18   |
| Vision.....                 | 19   |
| Life Insurance.....         | 20   |
| Disability.....             | 20   |
| Critical Illness.....       | 21   |
| Accident.....               | 22   |
| Hospital Indemnity.....     | 23   |
| Rates.....                  | 24   |
| Covering Dependents.....    | 25   |
| Location Specific Info..... | 26   |
| Vendor Contact Info.....    | 27   |

**Whatever your needs may be, you are encouraged to start your experience with the Elmet Benefits Service Center.**

## Elmet Benefits Service Center

866- 833- 8915

[questions@elmetbenefits.com](mailto:questions@elmetbenefits.com)

Monday - Thursday: 8am - 6pm

ET Friday: 8am - 5pm ET

[www.elmetbenefits.com](http://www.elmetbenefits.com)

## 2026 Benefits

|                          |                               |                                                                                                                                                             |
|--------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Medical (including Rx)   | +                             | Elmet technologies is offering 3 medical plans for the 2026 Plan Year: PPO Gold Plan, PPO Silver Plan, and HSA Plan                                         |
| Pharmacy (Rx)            | +                             | HPI Medical plan participants: Elmet's pharmacy benefits manager is <b>Fairos Rx</b> . Mail-order prescriptions are managed by <b>Welldyne Mail Order</b> . |
| Dental                   | +                             | Coverage is available for dental exams, cleanings, and restorative care.                                                                                    |
| Vision                   | +                             | Coverage is available for exams and corrective eyewear (contacts/glasses).                                                                                  |
| Basic Life Insurance     | <b>Employer Paid Benefits</b> | All employees receive FREE term life insurance (1.5x Basic Annual Salary).                                                                                  |
| Short Term Disability    |                               | Up to 25 weeks of income replacement for accident or illness.                                                                                               |
| Long Term Disability     |                               | Income replacement from Day 181 to Normal Social Security Retirement Age.                                                                                   |
| Voluntary Life Insurance | +                             | Voluntary life insurance is available to employees, spouses, and children.                                                                                  |
| Critical Illness         | +                             | Cash benefits in the event of a diagnosis of a covered illness.                                                                                             |
| Accident                 | +                             | Cash benefits in the event of an accidental injury.                                                                                                         |
| Hospital Indemnity       | +                             | Cash benefits in the event of an ER visit or hospital admission.                                                                                            |
| Site Specific Benefits   | +                             | See local site HR for additional information regarding these benefits.                                                                                      |

# How to Enroll

## Benefits Enrollment – Online or by Phone

### Enroll Online:

#### Step 1:

Access [www.elmetbenefits.com](http://www.elmetbenefits.com) and click “Enroll Now!”. Or, visit [elmet.zevobenefits.com](http://elmet.zevobenefits.com) to access the enrollment platform directly.

#### Step 2:

**First-time Users:** Click on “Get Started Now” and enter your personal information to create your account.

**Returning Users:** Click on “Log In” and enter your email address and password. Click the “Forgot your password?” link if you can’t remember.

#### Step 3:

Once you’ve logged in, you’ll be able to complete your enrollment by clicking “Begin Enrollment” and following the prompts.

### Enroll by Phone:

Call the Elmet Benefits Service Center at 866-833-8915 to complete your enrollment by phone. You will speak with a Benefits Specialist who will review your options and submit your enrollment for 2026.

## 2026 Benefit Elections

Now is your opportunity to make benefit elections for the 2026 plan year. Please remember no benefits changes are allowed during the year unless you have a qualifying life event or change in family status (supporting documentation required). Common qualifying life events that could result in changes to your benefit coverage include the following:

- Marriage or Divorce
- Birth or adoption of a child
- Loss of a dependent
- Medicare entitlement
- Gain of other coverage
- Loss of other coverage

Should you have a qualifying event during the year, please notify the Benefits Service Center at 866-833-8915. You must submit necessary documentation to the Benefits Service Center within 30 days of your event for the change to be completed.





Elmet Technologies offers three medical plans administered by Health Plans, Inc. (HPI) for the 2026 plan year. HPI offers excellent customer care and utilizes the **Harvard Pilgrim Health Care (HPHC) network (inside New England) and the United Healthcare (UHC) Choice Network (outside of New England)**. You may choose between the PPO Gold, PPO Silver, or HSA Plan. If you are enrolled in the union-contracted Allegiant Care plan, you are not eligible to elect these plans.

The **HSA plan** is a High Deductible Health Plan (HDHP) which qualifies participants to contribute to a Health Savings Account (HSA). If you elect the HSA plan, you are not required to open or contribute to a Health Savings Account (HSA), however, those who do contribute to an HSA will reduce their taxable income and be able to pay for medical, dental, vision, and prescription expenses federal income-tax-free. See the Health Savings Account (HSA) page for more information. Preventive care is always covered at 100% before the deductible, as long as it is coded as Preventive.

The **PPO plans** offer copays for services like office visits, ER visits, and prescription drugs. For most other services, you are responsible for your deductible and coinsurance until you meet your out-of-pocket maximum. Please be aware that copays do not count towards your deductible, only your out-of-pocket maximum. Services are covered at 100% after a copay, as long as you stay in-network. Otherwise, you are responsible for the out-of-network deductible and coinsurance until you meet your out-of-pocket maximum.

## Healthcare Excellence Hubs

We believe that distance and cost should never get in the way of you receiving the best possible medical care. Elmet employees have access to top hospitals across the country at zero out-of-pocket cost, for complex medical conditions and procedures.

### Here's How:

- Before you receive care, call Pathways at 888-340-5487 or e-mail them at [PathwaysConcierge@urmedwatch.com](mailto:PathwaysConcierge@urmedwatch.com) to see if your care is eligible for this benefit.
- Work with a dedicated concierge nurse to coordinate your care at one of these top-quality facilities.
- Receive your eligible covered services and pay nothing out of pocket, including your entire deductible.

All employees, spouses, and dependent children who are enrolled in an Elmet health plan are eligible.

The Centers of Excellence Program: **Cancer Treatment | Joint Replacement | Back Surgery | Heart Procedures | Organ Transplant**

**Note:** If you are enrolled in the HSA Medical Plan, you will need to satisfy the IRS-required minimum deductible before you are eligible to receive free care.

Additional medical procedures may be included on a case-by-case basis. Learn more by contacting the Elmet Benefits Service Center.



|                                                               | HSA Plan                                | PPO Silver                                                | PPO Gold                                                  |
|---------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------|
|                                                               | In-Network                              | In-Network                                                | In-Network                                                |
| Employer HSA Contribution                                     | \$500                                   | N/A                                                       | N/A                                                       |
| <b>Plan Structure</b>                                         |                                         |                                                           |                                                           |
| Deductible*                                                   | Individual: \$2,700<br>Family: \$5,600  | Individual: \$1,250<br>Family: \$2,500                    | Individual: \$500<br>Family: \$1,000                      |
| Embedded Deductible                                           | No                                      | \$1,250                                                   | \$500                                                     |
| Coinsurance (member pays)                                     | 25%                                     | 20%                                                       | 20%                                                       |
| Out-of-Pocket Max (OOPM)*                                     | Individual: \$5,600<br>Family: \$11,000 | Individual: \$5,000<br>Family: \$10,000                   | Individual: \$3,500<br>Family: \$7,000                    |
| Embedded MOOP                                                 | \$5,600                                 | \$5,000                                                   | \$3,500                                                   |
| MOOP Combined (Med and Rx)                                    | Yes                                     | Deductible does not apply to Rx                           | Deductible does not apply to Rx                           |
| <b>Medical Services</b>                                       |                                         |                                                           |                                                           |
| Primary Care Provider (PCP) Office Visit                      | deductible, then 25%                    | \$25 copay                                                | \$25 copay                                                |
| Specialist Office Visit                                       | deductible, then 25%                    | \$60 copay                                                | \$50 copay                                                |
| Chiropractic Visit (40 visit limit)                           | deductible, then 25%                    | \$30 Copay                                                | \$25 Copay                                                |
| Outpatient Therapies<br>PT/OT/ST/SN (60 combined visit limit) | deductible, then 25%                    | Outpatient: \$30 Copay<br>Inpatient: deductible, then 20% | Outpatient: \$25 Copay<br>Inpatient: deductible, then 20% |
| <b>Diagnostic Testing</b>                                     |                                         |                                                           |                                                           |
| Diagnostic Lab Test / X-ray                                   | deductible, then 25%                    | \$50 copay                                                | \$50 copay                                                |
| Advanced Imaging<br>MRI, MRA, CAT & PET Scans                 | deductible, then 25%                    | deductible, then 20%                                      | deductible, then 20%                                      |
| <b>Outpatient Surgery</b>                                     |                                         |                                                           |                                                           |
| Facility Fee                                                  | deductible, then 25%                    | deductible, then 20%                                      | deductible, then 20%                                      |
| Physician Fees and Anesthesia                                 | deductible, then 25%                    | deductible, then 20%                                      | deductible, then 20%                                      |
| <b>In-patient Surgery</b>                                     |                                         |                                                           |                                                           |
| Facility Fee                                                  | deductible, then 25%                    | deductible, then 20%                                      | deductible, then 20%                                      |
| Physician Fees and Anesthesia                                 | deductible, then 25%                    | deductible, then 20%                                      | deductible, then 20%                                      |
| <b>Emergency Care</b>                                         |                                         |                                                           |                                                           |
| Emergency Room                                                | deductible, then 25%                    | \$500 copay, waive if admitted                            | \$500 copay, waive if admitted                            |
| Ambulance                                                     | deductible, then 25%                    | \$150 copay                                               | \$150 copay                                               |
| Urgent Care                                                   | deductible, then 25%                    | \$45 copay                                                | \$35 copay                                                |
| <b>Prescription Drug Coverage</b>                             |                                         |                                                           |                                                           |
| Generic                                                       | deductible, then 25%                    | \$5 copay                                                 | \$5 copay                                                 |
| Preferred Brand                                               | deductible, then 25%                    | \$30 copay                                                | \$30 copay                                                |
| Non-preferred Brand                                           | deductible, then 25%                    | \$50 copay                                                | \$50 copay                                                |
| Specialty                                                     | deductible, then 25%                    | 20% coinsurance                                           | 20% coinsurance                                           |

*Retirement Planning: For those nearing retirement or considering Medicare, it's essential to evaluate how each plan aligns with future healthcare needs. It's important to note that all contributions to an HSA must cease six months before enrolling in Medicare if the individual is Medicare-eligible during that period. Contributions made prior to turning 65 do not affect this requirement.*

Please note the following 2026 Medicare Part D Creditable/Non-Creditable status for the Elmet Medical Plans:

- PPO Silver – Creditable
- PPO Gold – Creditable
- **HSA – Non-Creditable**

If you are already Medicare eligible or will be soon, we would encourage you to speak with a Medicare advisor to see what this means for you, discuss any impacts it could have, and discuss any next steps you need to take.



**Are you or a dependent taking a high-cost medication? You may be eligible for programs to reduce your medication cost.**

The FairoRx Navigator program is focused on simplifying the process of obtaining your medication at a lower cost to you and Elmet Technologies.

What should you expect from FairoRx Navigator if you are taking an eligible medication?

- Receive a call from a member of the Navigator team to provide program education and an overview of next steps
- Based on eligibility criteria, the FairoRx Navigator program determines the appropriate program for you and will provide enrollment assistance
- The Navigator team will communicate with your prescriber about your program and request a new prescription
- You are provided with tracking information for your medication and your package is tracked to ensure delivery

Examples of the Top 9 Medications (by volume) that are eligible for the FairoRx Navigator Program:

- Jardiance
- Trulicity
- Eliquis
- Nurtec
- Farxiga
- Mounjaro
- Xarelto
- Trelegy Ellipta
- Humalog Kwikpen

**Questions?** Please call the FairoRx Navigator program at 833-464-9600. You can also email Fairo at: [ContactUs@FairosRx.com](mailto:ContactUs@FairosRx.com)

This program has **mandatory** and **non-mandatory** components. Certain medications will be required to participate, and others will be voluntary, but they will provide you with the chance to save money on your prescriptions. Call the Navigator program for additional details and to see if your medications qualify.

# Understanding Coordination of Benefits and Duplicate Medical Coverage

If you are enrolled in two medical plans, such as coverage through your spouse's medical plan, as well as coverage through an Elmet medical plan, it's essential to understand how they work together. This is known as **Coordination of Benefits (COB)**. While having two plans may seem like an advantage, it does not guarantee that all medical expenses will be covered at 100%. In fact, in most cases, **the costs associated with being enrolled in two plans often outweigh the benefits.**

## Key Points:

- **How COB Works:** Both plans will share responsibility for your claims, but the total benefits paid will not exceed your **Eligible Charges**. This means any deductibles, copays, or coinsurance will likely still apply under both plans.
- **Determining Payment Order:**
  - The plan covering you as an employee will pay first. If you're covered as a dependent on another plan, that plan pays second.
  - For dependent children, the "birthday rule" applies, meaning the plan of the parent whose birthday falls earlier in the year pays first.
  - Other rules apply if you are covered under COBRA, are retired, or are part of a separated/divorced family structure.
- **Member Cost Shares:** Even with two plans, you may still have to pay deductibles and other cost shares under both. Coordination of benefits does not eliminate these costs.

## Should You Enroll in Two Plans?

In most situations, the financial benefits of double coverage are minimal compared to the additional costs you may incur. It's important to weigh the pros and cons before deciding to enroll in two plans.

## Reference Your Plan Documents:

For specific details on how your benefits are coordinated, please refer to both the **Elmet HPI Medical Plan SPD** and **the SPD or Certificate of your other medical plan**. Each plan's rules may vary, and this general overview is not a guarantee of benefits.

# Tobacco Surcharge and Attestation

Elmet is committed to promoting the health and well-being of all employees. As part of this commitment, a **tobacco surcharge** will apply to all employees who use any form of tobacco or nicotine products. This includes, but is not limited to:

- Cigarettes
- Cigars
- Pipes
- Chewing tobacco
- Snuff
- E-cigarettes or vaping devices
- Any other forms of tobacco or nicotine use, regardless of the delivery method

Employees are required to truthfully attest to their tobacco or nicotine use during their benefits enrollment process. **False attestation** of tobacco or nicotine use may result in disciplinary action, up to and including termination of employment.

Elmet encourages employees to take advantage of the free tobacco cessation program offered through HPI's Achieve Health Program. This program is available to all employees who wish to quit using tobacco or nicotine products and avoid the surcharge.

## AchieveHealth® Tobacco Cessation Program

### A tobacco-free life is within reach

Your health goals are unique to you, your tobacco cessation program should be, too. With AchieveHealth, you'll get a coaching approach tailored to you, your life and your health—to help you quit smoking, for good.

#### The program is:

- Free to you
- Individualized
- Convenient—you'll talk with your coach over the phone when it works best for you.

#### How we can help

Together, you and your health coach will:

- Create your customized quit plan
- Identify barriers to quitting
- Explore new ways to cope with triggers and cravings

#### How it works

- Appointments range from 15–30 minutes.
- Your coach will call you at your scheduled appointment time, anytime Monday – Thursday 8:00am to 10:00pm (EST) and Friday 8:00am to 6:00pm (EST).
- Outside of scheduled appointments, you'll be able to contact your coach through a toll-free number.
- Complete a minimum of 6 conveniently scheduled, telephonic coaching sessions to qualify for a premium reduction.

#### Not quite ready to quit?

That's okay. Give us a call and we'll talk about quitting when and how it works best for you.

**We'll be here for you every step of the way along your journey to quit. Give us a call at 866-234-4635 to get started, or visit [enroll.hpiachievehealth.com](https://enroll.hpiachievehealth.com) to schedule your health coaching appointments today.**



# Pay nothing out of pocket for high-quality care

*with your Healthcare*

## ***Excellence Hubs Benefit!***

Ensuring you receive the best possible care is vitally important. Elmet Technologies will waive your Deductible and Out-of-Pocket costs if you get eligible care at one of our Centers of Excellence hospitals or providers.



### **Here's How:**

- Before you receive care, call Pathways at 888-340-5487 or email them at [PathwaysConcierge@urmedwatch.com](mailto:PathwaysConcierge@urmedwatch.com) to see if your care is eligible for this benefit.
- Work with a dedicated concierge nurse to coordinate your care at one of these top-quality facilities.
- Receive your eligible covered services and pay nothing out of pocket, including your entire deductible.

*Note: If you are enrolled in the HSA Medical Plan, you will need to satisfy the IRS-required minimum deductible before you are eligible to receive free care.*

### **Participating facilities include:**

- New England: Beth Israel Deaconess, Boston Children's Hospital, Brigham and Women's, Dana Farber Cancer Institute, Lahey Clinic, Mass Eye and Ear, New England Baptist Hospital, New England Medical Center, Tufts New England
- Ohio: Cleveland Clinic
- Michigan: University of Michigan Health

Don't let distance stop you from receiving the best care! If you live more than 50 miles from a participating provider, Elmet covers you with a travel benefit that includes most, if not all, of your travel expenses.



### **Questions?**

**We're here to help. Give us a call at 888-340-5487 or email us at [PathwaysConcierge@urmedwatch.com](mailto:PathwaysConcierge@urmedwatch.com).**



# HPI ONLINE ACCESS: MY PLAN

With HPI's My Plan Portal, you can access your Medical ID Card online and manage your account 24/7

## Register in Minutes!



- 1 Go to the [hpiTPA.com](http://hpiTPA.com)
- 2 Visit the Members section and click the link to Get Registered
- 3 Enter your information to create your username and password

If you are a dependent, be sure to have the five-digit home Zip code and the last four digits of the employee's (plan subscriber's) social security number

Access all of your account details\* in one secure location, anytime, anywhere!

- Review your claims
- Check your benefits
- Access your prescription drug plan
- Search your provider network
- Download a report of your claims
- Request claim reimbursements
- View, print or order your member ID card
- View or print applicable tax forms
- Find a Primary Care Provider (PCP)

\* You will have access to details applicable to your plan. Please note, not all of the items listed above apply for all plans.



On your mobile device!

## Have Questions?

**Contact Pathways Concierge**

**Call Monday – Friday 8am–8pm ET**

**888-340-5487**



**hpi**



# HPI's Pathways Concierge

Healthcare can be confusing – ***we're here to help!***

The concierge team knows all about your benefits and can help you with anything healthcare related. Our services are part of your benefit plan – so we'll never charge you for our help.

## Give us a call with any questions you have about:

- Finding a doctor or hospital
- Your benefit plan
- A bill or a claim
- Your co-pay amounts and when you'll pay them
- The cost you'll pay for a procedure
- Assistance with ancillary benefits
- Your medical condition, prescriptions or care plans – you can speak directly to a nurse



## We can also help you with things like:

- Scheduling appointments and transportation
- Teaching you about your health condition
- Preparing for your upcoming surgery
- Finding other care options that will cost you less
- Matching you to a provider based on distance from you, cost, and quality

*Don't worry, your information is completely confidential and secure, which means we'll never share it with anyone without your permission first.*

## Just one more thing to know:

MedWatch is the name of the company that provides these services. They're part of the Health Plans, Inc. (HPI) family of companies, and they may reach out to you to help you with your healthcare needs.



**How do I contact my concierge?**  
**Call Monday–Friday 8am – 8pm ET**  
**888-340-5487**

**hpi**®

# See a doctor now, wherever you are.

Access to a licensed professional at your fingertips

## Its fast and easy

- Connect virtually with a physician in minutes
- Video visits held online or through the mobile app
- Pay only your office visit/PCP-level cost share
- Referrals are not required
- Paperless prescriptions are sent directly to your pharmacy

## Medical Urgent Care Visits

Doctors can diagnose, treat and write prescriptions

for many conditions, including:

- Coughs/colds/flu
- Sore/strep throat
- Pediatric issues
- Sinus and allergies
- Nausea/diarrhea
- Rashes and skin issues
- Women's health
- Sports injuries

## Behavioral Health visits

Psychologists support you using talk therapy, while psychiatrist will also look for biological imbalances and can prescribe medicine as a part of a treatment plan.

## How It Works

1. Download the app on your mobile device or access [doctorondemand.com/health-plans-inc](https://doctorondemand.com/health-plans-inc)
2. Create your account and enter insurance (choose Health Plans, Inc.) and pre-consult information.
3. Complete a questionnaire of current symptoms and medical history.
4. Pay cost-share via app or website.
5. Consult with a Doctor On Demand board certified provider.
6. Receive email follow up after the visit to share with your PCP, or request that it be sent directly to your PCP.

*The details of your consultation will not be forwarded to your PCP without your consent.*



Have questions about Doctor On Demand? Contact Member Support at 800-997-6196 or [support@doctorondemand.com](mailto:support@doctorondemand.com).



Scan the QR Code to Download the App

**hpi**<sup>®</sup>

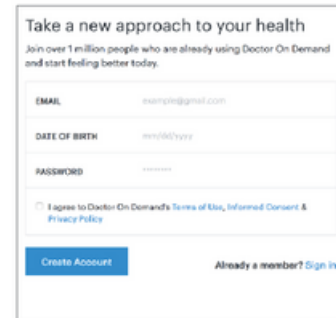
# Dr on Demand – How to Register

1) Go to [doctorondemand.com/healthplans-inc](https://doctorondemand.com/healthplans-inc) (or download the Doctor On Demand app), and click the Register button.



Scan code to download the Doctor On Demand app

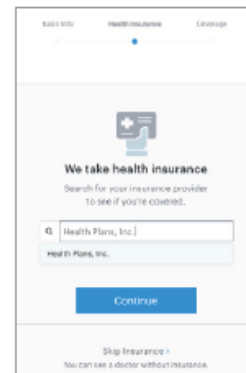
2) Enter your email address and date of birth, then create a password to begin setting up your profile.



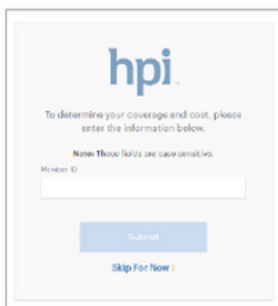
3) Enter your name, phone number/type, and gender, then click Continue.



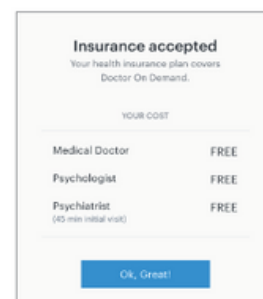
4) Important: In the Health Insurance screen, type and select the full name "Health Plans, Inc." then click Continue.



5) Enter your HPI member ID number, then click Submit.



6) The screen will confirm that your insurance has been accepted and display your copayments (if applicable).



Have questions about Doctor On Demand? Contact Member Support at 800-997-6196 or [support@doctorondemand.com](mailto:support@doctorondemand.com).





| <b><i>Allegiant Care Union Employees Only</i></b>         | <b>Allegiant Care OAP</b>              |
|-----------------------------------------------------------|----------------------------------------|
| <b>Plan Structure</b>                                     |                                        |
| <b>Deductible*</b>                                        | Individual: \$1,500<br>Family: \$3,000 |
| <b>Coinsurance (member pays)</b>                          | 80%                                    |
| <b>Out-of-Pocket Max (OOPM)*</b>                          | Individual: \$3,500<br>Family: \$7,000 |
| <b>Preventive Care</b>                                    | Covered at 100%                        |
| <b>Pharmacy Deductible</b>                                | Individual: \$100<br>Family: \$300     |
| <b>Emergency Services</b>                                 |                                        |
| <b>Emergency Room Care</b>                                | \$400 Copay                            |
| <b>Ambulance</b>                                          | Deductible, then 20% Coinsurance       |
| <b>Urgent Care</b>                                        | \$75 Copay                             |
| <b>Medical Services</b>                                   |                                        |
| <b>Primary Care Office Visit</b>                          | \$35 Copay                             |
| <b>Specialist Office Visit</b>                            | \$50 Copay                             |
| <b>Chiropractic Care (34 visits)</b>                      | Up to \$30 reimbursement               |
| <b>Outpatient Therapies<br/>PT, OT, ST</b>                | \$50 Copay                             |
| <b>Durable Medical Equipment</b>                          | No Charge                              |
| <b>Diagnostic Testing</b>                                 |                                        |
| <b>Diagnostic Lab Test / X-ray</b>                        | Covered at 100%                        |
| <b>Advanced Imaging<br/>MRI, MRA, CAT &amp; PET Scans</b> | \$200 Copay per type of scan per day   |
| <b>Inpatient and Outpatient Surgery</b>                   |                                        |
| <b>Physician Fees</b>                                     | Deductible, then 20% Coinsurance       |
| <b>Facility Fees</b>                                      | Deductible, then 20% Coinsurance       |
| <b>Prescription Drug Coverage</b>                         |                                        |
| <b>Generic</b>                                            | \$15 Copay                             |
| <b>Preferred Brand</b>                                    | \$40 Copay                             |
| <b>Non-preferred Brand</b>                                | \$40 Copay                             |
| <b>Specialty</b>                                          | \$40 Copay                             |

\*Please refer to the Benefit Summary for complete plan details

# Employee Assistance Program (EAP)

## Contact Us... Anytime, Anywhere

No-cost, confidential solutions to life's challenges.



### Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts



### Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care



### Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more

Need representation? Get a free 30-minute consultation and a 25% reduction in fees.



### Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more



### Online Support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions



### Free Online Will Preparation

EstateGuidance® lets you quickly and easily create a will online.

- Specify your wishes for your property
- Provide funeral and burial instructions
- Choose a guardian for your children

ONEAMERICA® is the marketing name for the companies of OneAmerica. OneAmerica markets ComPsych services. ComPsych is not an affiliate of OneAmerica and is not a OneAmerica company.

Copyright © 2017 ComPsych Corporation. All rights reserved. To view the ComPsych HIPAA privacy notice, please go to [www.guidanceresources.com/privacy](http://www.guidanceresources.com/privacy). ComPsych complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

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

Call: 855.387.9727

TDD: 800.697.0353

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

Online: [guidanceresources.com](http://guidanceresources.com)

App: GuidanceResources® Now

Web ID: ONEAMERICA3

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

# 24/7 Support, Resources & Information



### Contact Your GuidanceResources® Program

Call: 855.387.9727

TDD: 800.697.0353

Online: [guidanceresources.com](http://guidanceresources.com)

App: GuidanceResources® Now

Web ID: ONEAMERICA3

# Employee Perks Program: Start Saving Today!

Electronics – Appliances – Apparel – Cars – Flowers – Fitness Memberships – Gift Cards – Groceries – Hotels – Movie Tickets – Rental Cars – Special Events – Theme Parks – And More!

SCAN ME



VISIT

<https://elmettech.savings.workingadvantage.com>



## Help Start Here...

Call 2-1-1 for help. Can't call? Visit 211.org

## Housing Expenses

It is difficult for many people in the U.S. to find and afford safe, reliable housing. If you are struggling to find or pay for housing, you are not alone. Your local 211 is the best resource for help finding options to pay your rent, mortgage, or utilities bills and stay in your home. You can call 211 to speak with someone immediately. Be ready to answer a few questions about your current living situation, any income you have, and any children or other dependents who live with you.

## Utilities Assistance

Paying your electric, gas, water, or internet bills can be overwhelming, especially after the loss of a job or experiencing a medical emergency. If you are having trouble keeping up with your utilities bills, you are not alone. If you need help finding lower-cost options for phone or internet, you can always contact your local 211 for help. Simply call 211 to speak to a specialist.

## Mental Health

If you need assistance locating long-term mental health resources, talking through a problem, or exploring mental health treatment options, call 211 to speak with a live person who can help.

- 211 conversations are confidential, can be made anonymously, and are available in 180 languages upon request.
- If you prefer to text, use web chat, or search for resources online, click here to find more ways to contact your local 211.

## Substance Abuse

Whether you are looking for help for yourself, worried about someone else, or looking to partner with 211, start here to learn more about available mental health and substance use resources and services. Your local 211 can help you identify available services, including counseling or substance use disorder treatment programs. Whether you know that you or someone you care about needs help, or are unsure, reach out to 211 as an easy first step.

# Health Savings Account (HSA)

*Enrolled in the HSA Plan? Did you know that Elmet contributes \$500 per year to your HSA account, as long as you contribute as well? That's FREE money for you and your family!*

If you have signed up for the company HSA health plan, you are eligible for a free Health Savings Account (HSA). This savings account stays with you even after leaving the company, and Elmet will contribute up to \$500 per year (\$41.67 per month) to the account as long as you contribute each year. The money from this HSA is tax-free and can be spent on qualified medical-related costs, such as over-the-counter medications, prescriptions, medical, dental, or vision expenses. You receive a free debit card with this account and also can reimburse yourself for any eligible costs you pay out of pocket.

*Opening a Health Savings Account (HSA) required additional action after your enrollment. You must contact KeyBank to open an account.*

To open an account at zero cost, visit <https://www.key.com/key-work/elmettech> and click "Open Now" or call KeyBank at 207-262-5712. There is no minimum balance, and the account also includes ATM access, free online transfers, and bill pay. Eligibility does require that you are not a dependent on someone else's tax return and that you're not covered by Medicare, Tri-Care, or another health insurance plan (other than as permitted in IRS Publication 969).

## *Already have your own HSA account?*

Elmet will permit employees to use their own, already existing HSA accounts as well. Whether you use your own pre-existing account, or open a new KeyBank account, you must provide an HSA direct deposit form, to HR, before your HSA contributions can be deposited into your account.

## *Catch-up Contributions for Employees 55 and older*

Once you reach 65 years of age, the money in the account can be spent for any purpose. You can contribute up to the below maximum amounts per year to your account:

| Plan Year | Individual Maximum | Family Maximum | Over 55 Catch Up |
|-----------|--------------------|----------------|------------------|
| 2026      | \$4,400            | \$8,750        | \$1,000          |

**Retirement Planning: For those nearing retirement or considering Medicare, it's essential to evaluate how each plan aligns with future healthcare needs. It's important to note that all contributions to an HSA must cease six months before enrolling in Medicare if the individual is Medicare-eligible during that period. Contributions made prior to turning 65 do not affect this requirement.**



# Flexible Spending Account (FSA)

A Healthcare Flexible Spending Account allows you to pay for out-of-pocket costs with pre-tax dollars. Your FSA election will not automatically continue into the following plan year. **You must actively elect to participate by completing your benefits enrollment each year.**



## Healthcare FSA

You can contribute up to \$3,400 during 2026 into a Healthcare FSA. Eligible Healthcare FSA expenses include deductibles, copays, coinsurance, prescription drugs, over-the-counter drugs (no prescription required), dental, and vision expenses. Participants in the FSA receive a debit card so that many expenses can be paid at the time of service.

## Dependent Care FSA

The Dependent Care FSA enables you to pay for certain dependent care expenses using before-tax dollars. You may contribute up to \$7,500 in a Dependent Care FSA. Eligible dependent care expenses include day care / after-school / program fees for children up to age 13 and certain adult day care expenses. It's important to note that expenses are only tax-deductible if both parents are working, actively looking for work, a full-time student, or disabled.

## Limited Purpose FSA

A limited purpose Healthcare FSA is available for HSA plan participants. The limited purpose FSA can only be used for dental and vision expenses for members with a Health Savings Account.

**The IRS will allow Healthcare FSA plan members to roll over up to \$680 of unused funds for future use**





# Dental

With Northeast Delta Dental, you can see any dentist of your choosing. If you choose a dentist in the Delta Dental PPO or Delta Dental Premier network, you will ensure lower out-of-pocket costs. You can locate in-network providers by visiting [www.nedelta.com](http://www.nedelta.com) and selecting "Find a Dentist" – You can select either Delta Dental PPO or Delta Dental Premier as the network. While you have the option to choose between providers in both the PPO and Premier networks, your discount will be greater when using a provider in the PPO network. Premier Network providers can balance bill members up to the maximum allowable fee.

| Delta Dental PPO + Premier Network                                           |                              |
|------------------------------------------------------------------------------|------------------------------|
| Calendar Year Deductible                                                     | \$50 Individual/\$150 Family |
| Calendar Year Maximum                                                        | \$1,500                      |
| Orthodontia Lifetime Maximum                                                 | \$1,500                      |
| Coverage                                                                     |                              |
| Type A Services (Preventive)                                                 |                              |
| Exams - Two in a 12 month period                                             | 100%, no deductible          |
| Cleanings - Two in a 12 month period**                                       |                              |
| Bitewing x-rays - Once in a 12 month period                                  |                              |
| X-rays of individual Teeth as necessary                                      |                              |
| Flouride - Once in a 12 month period for children to age 19                  |                              |
| Sealant - Once in a 3 year period per permanent molar for children to age 19 |                              |
| Type B Services (Basic Restorative)                                          |                              |
| Amalgam Fillings (silver)                                                    | 80%, after deductible        |
| Composite Fillings (white)                                                   |                              |
| Endodontics (root canal therapy)                                             |                              |
| Periodontal Maintenance (cleaning) - Two in a 12 month period**              |                              |
| Denture Repair (removable dentures repaired to original condition)           |                              |
| Emergency Palliative Treatment                                               |                              |
| Oral Surgery (surgical and routine extractions)                              |                              |
| Type C Services (Major Restorative)                                          |                              |
| Crowns                                                                       | 50%, after deductible        |
| Onlays                                                                       |                              |
| Implants                                                                     |                              |
| Removable and fixed partial dentures (bridge)                                |                              |
| Dentures                                                                     |                              |
| Dentures (rebases and relines)                                               |                              |
| Orthodontia Services (Adults & Children)                                     |                              |
| Orthodontia                                                                  | 50%, no deductible           |



Elmet offers Vision insurance through Ameritas, which allows you to choose whether you would like to participate in the VSP Focus vision network or the EyeMed Insight vision network. Choose carefully, as the network you choose will remain your network for the entire 2025 plan year. Using participating network providers will help you to maximize your benefits. You can find participating providers by going to: [www.ameritas.com](http://www.ameritas.com); select “Find a Provider”; scroll down to “Vision” and select either VSP or EyeMed, depending out your plan choice. This link will take you to the appropriate VSP or EyeMed provider search.

| Ameritas Vision Options            |                                                                                        |                              |                                                                                                                   |                              |
|------------------------------------|----------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------|
|                                    | VSP Focus                                                                              |                              | EyeMed Insight                                                                                                    |                              |
|                                    | In Network                                                                             | Out of Network Reimbursement | In Network                                                                                                        | Out of Network Reimbursement |
| Eye Exam                           | \$10                                                                                   | Up to \$45                   | \$10                                                                                                              | Up to \$52                   |
| Contact Lens Fitting and Follow-up | Up to \$60                                                                             | Not Reimbursable             | Standard: Up to \$40<br>Premium: 10% off retail                                                                   | Not Reimbursable             |
| Frames Allowance                   | \$130 Allowance<br><i>Costco and Walmart amount will be wholesale equivalent</i>       | Up to \$70                   | \$130 Allowance                                                                                                   | Up to \$104                  |
| Lenses                             |                                                                                        |                              |                                                                                                                   |                              |
| Single                             | \$10                                                                                   | Up to \$30                   | \$10                                                                                                              | Up to \$68                   |
| Bifocal                            | \$10                                                                                   | Up to \$50                   | \$10                                                                                                              | Up to \$96                   |
| Trifocal                           | \$10                                                                                   | Up to \$65                   | \$10                                                                                                              | Up to \$130                  |
| Lenticular                         | \$10                                                                                   | Up to \$100                  | 20% Discount                                                                                                      | Not Reimbursable             |
| Progressive                        | Cost will vary by option                                                               | Not Reimbursable             | Cost will vary by option                                                                                          | Not Reimbursable             |
| Lens Treatment                     | Additional costs and copays may apply. Refer to benefits summary for complete details. |                              | Additional costs and copays may apply. Refer to benefits summary for complete details.                            |                              |
| Contacts Allowance                 |                                                                                        |                              |                                                                                                                   |                              |
| Conventional and Disposable        | Up to \$130                                                                            | Up to \$105                  | Up to \$130                                                                                                       | Up to \$104                  |
| Medically Necessary                | Covered in Full                                                                        | Up to \$210                  | Covered in Full                                                                                                   | Up to \$200                  |
| Lasik and PRK Vision Correction    | N/A                                                                                    | N/A                          | Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers. | N/A                          |
| Frequencies                        |                                                                                        |                              |                                                                                                                   |                              |
| Exam                               | Every 12 months                                                                        |                              | Every 12 months                                                                                                   |                              |
| Frame Allowance                    | Every 12 months                                                                        |                              | Every 12 months                                                                                                   |                              |
| Lenses                             | Every 12 months                                                                        |                              | Every 12 months                                                                                                   |                              |
| Contacts                           | Every 12 months                                                                        |                              | Every 12 months                                                                                                   |                              |



# Life Insurance



## Age Reductions:

Age Reductions apply to both Basic and Voluntary Life Insurance Elections

- **Basic Life Insurance (Remaining Benefit)**
  - Age 65: 65%
  - Age 70: 40%
  - Age 75: 25%
- **Voluntary Life Insurance (Remaining Benefit)**
  - Age 70: 40%
  - Age 75: 25%
  - Spouse age reductions based on employee age

## Employer Paid Basic Life Insurance

Elmet Technologies provides employer-paid basic life insurance at no employee cost.

All Benefits-eligible employees receive coverage equal to 1.5x your base annual earnings, rounded to the next highest \$1,000, up to a maximum of \$500,000

## Voluntary Life and AD&D Insurance

You may elect voluntary life insurance for yourself and your dependents to supplement the basic life benefit. Employee coverage is available up to the lesser of 5 times your annual salary or \$750,000. Spouse life coverage is available up to 100% of the employee election, not to exceed a maximum of \$250,000. You must insure yourself for at least as much coverage as you select for your spouse. Spouse voluntary life rates are based on employee age. Child life insurance is available for children below the age of 26 regardless of student status.

All plans also include Accidental Death and Dismemberment (AD&D) which pays an additional sum (matching the life amount) in the event of death or loss of limbs, speech, hearing and more caused by an accident. (Refer to the Certificate of Coverage for details.)

|            | Voluntary Life and AD&D Options                                                                                  | New Hire Guaranteed Issue |
|------------|------------------------------------------------------------------------------------------------------------------|---------------------------|
| Employee   | \$1,000 increments to a maximum of the lesser of 5 times annual earnings or \$750,000<br>Minimum policy \$10,000 | \$200,000                 |
| Spouse     | \$5,000 increments up to a maximum of \$250,000<br>(based on employee's age)                                     | \$30,000                  |
| Child(ren) | \$5,000 or \$10,000                                                                                              | \$10,000                  |

**Beneficiary Information:** You must elect a beneficiary or beneficiaries who will receive your life insurance payout at the time of your death. You can update your life insurance beneficiaries any day of the year by calling the Elmet Benefits Service Center at 866-833-8915.

# Disability Insurance



Elmet Technologies pays for the full cost of both Short Term Disability and Long Term Disability coverage for all employees. Disability coverage provides an income replacement benefit in the event that you are unable to work due to a non-job-related illness or accident.

| Short Term Disability  |                                                                                                              |
|------------------------|--------------------------------------------------------------------------------------------------------------|
| Weekly Benefit Amount  | 60% of your base weekly earnings                                                                             |
| Maximum Weekly Benefit | \$2,500                                                                                                      |
| Waiting Period         | 7 days<br>Benefits begin on day 8 of accident and sickness<br><i>Some exceptions apply - see certificate</i> |
| Benefit Duration       | up to 25 weeks                                                                                               |

| Long Term Disability              |                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly Benefit Amount            | 60% of your base monthly earnings                                                                                                                                                                                                                                                                                    |
| Maximum Monthly Benefit           | \$11,000                                                                                                                                                                                                                                                                                                             |
| Waiting Period                    | 180 days<br>Benefits begin upon exhaustion of STD for accident and sickness                                                                                                                                                                                                                                          |
| Benefit Duration                  | Up to Social Security Normal Retirement Age<br><i>Some exceptions apply - see certificate</i>                                                                                                                                                                                                                        |
| Pre-Existing Condition Limitation | A pre-existing condition is an illness or injury for which you received treatment or where symptoms were present within 3 months prior to your effective date of coverage. A disability that begins in the first 12 months after your effective date will not be covered if it results from a pre-existing condition |

# Critical Illness

Elmet Technologies offers voluntary Critical Illness coverage which provides a flat dollar benefit in the event of a diagnosis of a covered illness. The intention of this plan is to cover diagnoses while the coverage is in force.

## Benefit Amount

- Employees: \$5,000 to \$30,000
- Spouses: 50% of the employee coverage amount
- Child(ren): 50% of the employee coverage amount

| Benefits                                                                                                                               |                    |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Benign Brain Tumor                                                                                                                     | 100%               |
| Cancer <ul style="list-style-type: none"><li>• Cancer (except skin cancer)</li><li>• Carcinoma In Situ</li><li>• Skin Cancer</li></ul> | 100%<br>25%<br>10% |
| Coronary Artery Obstruction                                                                                                            | 25%                |
| Coma                                                                                                                                   | 100%               |
| Heart Attack                                                                                                                           | 100%               |
| End Stage Renal Failure                                                                                                                | 100%               |
| Major Organ Failure                                                                                                                    | 100%               |
| Multiple Sclerosis                                                                                                                     | 100%               |
| Stroke                                                                                                                                 | 100%               |

## No Pre-Existing Coverage Exclusion

The following childhood conditions are covered at 100% of the child face amount: Cerebral Palsy; Congenital Birth Defects; Cystic Fibrosis; Down Syndrome; Type 1 Diabetes; Gaucher Disease Type 2 or 3; Infantile Tay Sachs; Sickle Cell Anemia; Type 4 Glycogen Storage Disease; Niemann-Pick Disease; Pompe Disease; Zellweger Syndrome

## Critical Illness Plan Notes:

You may elect Critical Illness at this time with no health questions. The plan includes a recurrence benefit for certain diagnoses. The lifetime maximum is up to 3 times the benefit amount.

**Rates will be calculated during enrollment, as cost is based on several factors, including levels of coverage (face amount), age, tobacco status, and coverage tiers (Employee, Employee & Spouse, etc.).**

**Spouse age and tobacco status will be based on the Employee's age and tobacco status.**

# Accident

Voya's accident plan provides financial protection in the event of an unexpected accident that results in medical treatment. A summary of the benefits is below. Please refer to the Summary of Benefits or Certificate of Coverage for details.

| Benefit                                                                                                                                                                                                                                                                                                                                                                              | Voya Accident Insurance                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Accidental Death</b>                                                                                                                                                                                                                                                                                                                                                              | Employee: \$20,000<br>Spouse: \$20,000<br>Child: \$4,000<br>x4 for Common Carrier                                                                                                                                                                                                                                                                                                     |
| <b>Accidental Dismemberment</b>                                                                                                                                                                                                                                                                                                                                                      | Loss of hands, feet, sight: \$10,000<br>Loss of fingers, toes: \$1,200<br>Organ Loss: \$2,500                                                                                                                                                                                                                                                                                         |
| <b>Accidental Injury</b>                                                                                                                                                                                                                                                                                                                                                             | Fractures: up to \$5,000<br>Dislocations: up to \$3,600<br>Burns: \$750 - \$7,500<br>Concussion: \$60<br>Coma: \$7,500<br>Lacerations: \$20 - \$300<br>Eye Injury: \$200                                                                                                                                                                                                              |
| <b>Medical Treatment</b>                                                                                                                                                                                                                                                                                                                                                             | Ground Ambulance: \$250<br>Air Ambulance: \$1,000<br>Emergency Room: \$150<br>Urgent Care: \$150<br>Office Visit: \$60<br>X-rays: \$20<br>CT, MRI: \$100<br>Transportation: \$300 per trip, up to 3 trips<br>Physical Therapy: \$25 per visit, up to 10 visits<br>Chiropractic Care: \$25 per visit, up to 3 visits<br>Prosthetics: \$500<br>Medical Appliances: \$75<br>Blood: \$200 |
| <b>Hospital</b>                                                                                                                                                                                                                                                                                                                                                                      | Standard Hospital Admission: \$750<br>ICU Admission: \$1,050<br>Hospital Confinement: \$150 per day, up to 365 days<br>ICU Confinement: \$300 per day, up to 30 days<br>Rehab Admission: \$500                                                                                                                                                                                        |
| <b>Other Benefits</b>                                                                                                                                                                                                                                                                                                                                                                | First Accident Benefit: \$100<br>Health Screening Benefit: \$100 per person, per year<br>Organized Sporting Activity: +25% benefit, up to \$1,000 per person/year                                                                                                                                                                                                                     |
| <b>Exclusions:</b> Accidents caused by felonies, substance abuse/drugs, suicide attempt, war, self-inflicted injury, alcohol, infection, dental or plastic surgery for cosmetic purposes, food poisoning, armed forces, aircraft, parachuting, motor vehicle racing/stunts, competitive paid athletic activity, bungee jumping and other activities as described in the certificate. |                                                                                                                                                                                                                                                                                                                                                                                       |

| Accident Payroll Deductions  |        |           |
|------------------------------|--------|-----------|
|                              | Weekly | Bi-weekly |
| <b>Employee</b>              | \$1.49 | \$2.99    |
| <b>Employee + Spouse</b>     | \$2.72 | \$5.44    |
| <b>Employee + Child(ren)</b> | \$2.84 | \$5.68    |
| <b>Family</b>                | \$4.06 | \$8.13    |



# Hospital Indemnity

Elmet Technologies offers voluntary Hospital Indemnity coverage which provides a daily fixed indemnity benefit for eligible hospital confinements. The fixed indemnity benefits may be used as you choose to help offset deductibles, coinsurance, and other expenses.

| Benefits                                     |                                                   |                                                   |
|----------------------------------------------|---------------------------------------------------|---------------------------------------------------|
|                                              | Low Plan                                          | High Plan                                         |
| <b>Admission Benefits</b>                    |                                                   |                                                   |
| Initial Hospital Confinement                 | \$1,100                                           | \$2,200                                           |
| <b>Daily Benefit Amount</b>                  | \$100                                             | \$200                                             |
| <b>Facility Confinement Benefit</b>          |                                                   |                                                   |
| Daily Hospital Confinement Benefit           | \$100/day, up to 31 days per confinement          | \$200/day, up to 31 days per confinement          |
| Daily Critical Care Unit Confinement Benefit | \$200/day, up to 30 days per confinement          | \$400/day, up to 30 days per confinement          |
| Inpatient Rehabilitation Facility            | \$100/day, up to 30 days per confinement          | \$200/day, up to 30 days per confinement          |
| <b>Observation Unit Daily Benefits</b>       | \$250/day, up to a max of 1 day per calendar year | \$250/day, up to a max of 1 day per calendar year |
| <b>Dependent Benefits</b>                    |                                                   |                                                   |
| Spouse                                       | 100% of employee amount                           | 100% of employee amount                           |
| Child(ren)                                   | 100% of employee amount                           | 100% of employee amount                           |

| Low Plan             | Low Plan |          | High Plan |          |
|----------------------|----------|----------|-----------|----------|
|                      | Weekly   | Biweekly | Weekly    | Biweekly |
| <b>Employee Only</b> | \$3.07   | \$6.15   | \$6.06    | \$12.11  |
| <b>EE + Spouse</b>   | \$6.15   | \$12.30  | \$12.12   | \$24.23  |
| <b>EE + Child</b>    | \$6.61   | \$13.21  | \$13.02   | \$26.04  |
| <b>Family</b>        | \$9.68   | \$19.36  | \$19.08   | \$38.16  |

# Medical Plan Deductions

| Weekly Deductions     |          |            |         |                                                                                                                                                                                     |
|-----------------------|----------|------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                       | PPO Gold | PPO Silver | HDHP    | Allegiant Care Union                                                                                                                                                                |
| Employee              | \$64.68  | \$52.82    | \$22.85 | Union employees can sign up for the Allegiant Care Medical Plan during the Allegiant Care Open Enrollment period. Please reference the Teamsters Local 340 for rates and offerings. |
| Employee + Spouse     | \$136.03 | \$110.84   | \$55.74 |                                                                                                                                                                                     |
| Employee + Child(ren) | \$118.16 | \$92.86    | \$45.36 |                                                                                                                                                                                     |
| Family                | \$184.42 | \$158.45   | \$79.25 |                                                                                                                                                                                     |

| Bi-weekly Deductions  |          |            |          |
|-----------------------|----------|------------|----------|
|                       | PPO Gold | PPO Silver | HDHP     |
| Employee              | \$129.35 | \$105.63   | \$45.69  |
| Employee + Spouse     | \$272.05 | \$221.68   | \$111.49 |
| Employee + Child(ren) | \$236.31 | \$185.73   | \$90.72  |
| Family                | \$368.84 | \$316.90   | \$158.49 |

| Tobacco Surcharge - Weekly Deductions |          |            |          |
|---------------------------------------|----------|------------|----------|
|                                       | PPO Gold | PPO Silver | HSA Plan |
| Employee                              | \$71.36  | \$59.50    | \$29.53  |
| Employee + Spouse                     | \$149.40 | \$124.21   | \$69.11  |
| Employee + Child(ren)                 | \$124.84 | \$99.55    | \$52.05  |
| Family                                | \$197.79 | \$171.82   | \$92.61  |

| Tobacco Surcharge - Bi-weekly Deductions |          |            |          |
|------------------------------------------|----------|------------|----------|
|                                          | PPO Gold | PPO Silver | HSA Plan |
| Employee                                 | \$142.72 | \$119.00   | \$59.06  |
| Employee + Spouse                        | \$298.79 | \$248.41   | \$138.23 |
| Employee + Child(ren)                    | \$249.68 | \$199.09   | \$104.09 |
| Family                                   | \$395.58 | \$343.63   | \$185.23 |

## Tobacco Surcharge and Attestation:

The Tobacco Surcharge applies to employees and spouses enrolled in the health plan who use any of the following products: Cigarettes, Cigars, Pipes, Chewing Tobacco, Snuff, E-Cigarettes or Vaping Devices, Any Other Form of Tobacco or Nicotine Use, Regardless of the Delivery Method.

Employees are required to truthfully attest to their tobacco or nicotine use during the benefits enrollment process. False attestation of tobacco or nicotine use may result in disciplinary action, up to and including termination of employment.

Tobacco users may avoid the surcharge by participating in the tobacco cessation program offered by Acheive Health. After completing the program, the tobacco surcharge will be waived.

Get Started Today - Call 866-234-4635

# Vol Life Deductions

| Age                     | Employee         |                  | Spouse           |                  |
|-------------------------|------------------|------------------|------------------|------------------|
|                         | Rate per \$1,000 | Rate per \$1,000 | Rate per \$1,000 | Rate per \$1,000 |
|                         | Weekly           | Biweekly         | Weekly           | Biweekly         |
| 0-19                    | \$0.02           | \$0.03           | \$0.02           | \$0.03           |
| 20-24                   | \$0.02           | \$0.03           | \$0.02           | \$0.03           |
| 25-29                   | \$0.02           | \$0.03           | \$0.02           | \$0.03           |
| 30-34                   | \$0.02           | \$0.04           | \$0.02           | \$0.04           |
| 35-39                   | \$0.02           | \$0.05           | \$0.02           | \$0.05           |
| 40-44                   | \$0.04           | \$0.08           | \$0.04           | \$0.08           |
| 45-45                   | \$0.05           | \$0.11           | \$0.05           | \$0.11           |
| 50-54                   | \$0.08           | \$0.17           | \$0.08           | \$0.17           |
| 55-59                   | \$0.13           | \$0.25           | \$0.13           | \$0.25           |
| 60-64                   | \$0.15           | \$0.30           | \$0.15           | \$0.30           |
| 65-69                   | \$0.23           | \$0.46           | \$0.23           | \$0.46           |
| 70-74                   | \$0.51           | \$1.03           | Not Offered      | Not Offered      |
| 75+                     | \$0.51           | \$1.03           | Not Offered      | Not Offered      |
| Child(ren) up to Age 26 |                  |                  |                  |                  |
|                         | Weekly           |                  | Biweekly         |                  |
| \$5,000                 | \$0.28           |                  | \$0.55           |                  |
| \$10,000                | \$0.55           |                  | \$1.11           |                  |

# Dental Deductions

|              | Weekly | Biweekly |
|--------------|--------|----------|
| Employee     | \$2.89 | \$5.79   |
| Employee + 1 | \$5.49 | \$10.99  |
| Family       | \$9.97 | \$19.94  |

# Vision Deductions

|              | Weekly | Biweekly |
|--------------|--------|----------|
| Employee     | \$1.62 | \$3.23   |
| Employee + 1 | \$3.21 | \$6.42   |
| Family       | \$4.31 | \$8.62   |

Please note that the Zevo system will calculate your Critical Illness and Voluntary Life Insurance deduction amounts during your enrollment

# Dependent Eligibility Verification

If you choose to cover a **new dependent(s) (who is currently not enrolled)** on your medical, dental, or vision plan(s), you will receive an email from the Benefits Service Center following enrollment requesting dependent verification documents. Elmet takes pride in offering a benefit plan that ensures employees and their families have the best quality care, while keeping premiums and out of pocket costs as low as possible. This process helps ensure that your premiums aren't inadvertently spent on an ineligible member. Please be sure to provide the dependent documentation by the deadline indicated in order for your dependent(s) to remain covered.

- Only **legal spouses** and **registered domestic partners** are eligible for coverage
- Children are eligible until their 26th birthday

| Required Dependent Verification Documents                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Spouse</b><br><br><b>OR</b><br><br><b>Registered Domestic Partner</b> | Copy of Marriage Certificate or Affidavit of Domestic Partnership<br><br><b>AND</b><br><br>Joint marital document dated within the last six months:<br><br>One (1) document with both the employee and spouse listed, or two (2) separate documents – one for the employee and one for the spouse – reflecting matching address (ex. mortgage statement, bill, bank statement, tax return indicating both the employee and the spouse reside at the same address) |
|                                                                          | <b>Child</b><br>Copy of child's birth certificate naming the employee as the child's parent                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                          | <b>Stepchild</b><br>Copy of child's birth certificate naming your spouse as the child's parent                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Adopted Child</b>                                                     | Amended birth certificate showing employee as child's parent<br><br><b>OR</b><br><br>Copy of adoption decree or court order naming employee as child's adoptive parent of legal guardian <b>AND</b> copy of legal document showing child's age                                                                                                                                                                                                                    |
|                                                                          | <b>Disabled Child</b><br><br>Child documentation above<br><br><b>AND</b><br><br>Statement of disability<br><br><i>Please note that additional paperwork may be required from the carrier</i>                                                                                                                                                                                                                                                                      |

# Location Specific Benefits

## 401(k)

Please see your local site Human Resources representative for information regarding 401(k) and retirement options that are available to you.

## Gym Membership/Discounts

For additional information regarding possible Gym Membership/Discounts available to you, please consult your local HR Team.







## Benefits & Enrollment Questions

### **Elmet Benefits Service Center**

866-833-8915

[www.elmetbenefits.com](http://www.elmetbenefits.com)

[questions@elmetbenefits.com](mailto:questions@elmetbenefits.com)

## Medical

### **Health Plans, Inc. (HPI)**

888-340-5487

[www.hpitpa.com](http://www.hpitpa.com)

## Pharmacy

### **FairosRx**

833-464-9600

[ContactUs@FairosRx.com](mailto:ContactUs@FairosRx.com)

## High Cost Drug Support

### **Fairos Rx Navigator**

833-464-9600

## Mail Order Pharmacy

### **Welldyne Mail Order**

877-216-2482

## Flexible Spending Accounts

### **Medcom**

800-523-7542, Option 1

[www.medcombenefits.com](http://www.medcombenefits.com)

[MedcomReceipts@medcombenefits.com](mailto:MedcomReceipts@medcombenefits.com)

## Health Savings Account

### **KeyBank**

207-262-5712

[www.key.com/hsa](http://www.key.com/hsa)

## Dental

### **Northeast Delta Dental**

800-832-5700

[www.nedelta.com](http://www.nedelta.com)

[CustomerService@nedelta.com](mailto:CustomerService@nedelta.com)

## Vision

### **Ameritas**

800-877-7195

## Life Insurance and Disability

### **OneAmerica**

800-553-5318

[www.oneamerica.com](http://www.oneamerica.com)

## Critical Illness, Accident & Hospital Indemnity

### **VOYA**

877-236-7564

<https://presents.voya.com/EBRC/elmettechnologies>

**ELMET**  
TECHNOLOGIES

## Employee Assistance Program (EAP)

### **One America Guidance Resources**

855-365-4754

[www.guidanceresources.com](http://www.guidanceresources.com)

Web ID: ONEAMERICA6

## Medical Concierge

### **Pathways Concierge**

888-340-5487



**For benefits questions and enrollment assistance, call 866-833-8915 or visit  
[www.elmetbenefits.com](http://www.elmetbenefits.com)**

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

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

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

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

| ALABAMA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ALASKA – Medicaid                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Website: <a href="http://mvalhipp.com/">http://mvalhipp.com/</a><br>Phone: 1-855-692-5447                                                                                                                                                                                                                                                                                                                                                                                                                                                              | The AK Health Insurance Premium Payment Program<br>Website: <a href="http://mvakhipp.com/">http://mvakhipp.com/</a><br>Phone: 1-866-251-4861<br>Email: <a href="mailto:CustomerService@MvAKHIPP.com">CustomerService@MvAKHIPP.com</a><br>Medicaid Eligibility:<br><a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a> |
| ARKANSAS – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CALIFORNIA – Medicaid                                                                                                                                                                                                                                                                                                                                                             |
| Website: <a href="http://mvarhipp.com/">http://mvarhipp.com/</a><br>Phone: 1-855-MyARHIPP (855-692-7447)                                                                                                                                                                                                                                                                                                                                                                                                                                               | Health Insurance Premium Payment (HIPP) Program Website:<br><a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a><br>Phone: 916-445-8322<br>Fax: 916-440-5676<br>Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>                                                                                                                                            |
| COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FLORIDA – Medicaid                                                                                                                                                                                                                                                                                                                                                                |
| Health First Colorado Website:<br><a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a><br>Health First Colorado Member Contact Center:<br>1-800-221-3943/State Relay 711<br>CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a><br>CHP+ Customer Service: 1-800-359-1991/State Relay 711<br>Health Insurance Buy-In Program (HIBI):<br><a href="https://www.mycobibi.com/">https://www.mycobibi.com/</a><br>HIBI Customer Service: 1-855-692-6442 | Website:<br><a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a><br>Phone: 1-877-357-3268                                                                                                                                                                        |



| GEORGIA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | INDIANA – Medicaid                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a><br/> Phone: 678-564-1162, Press 1<br/> GA CHIPRA Website:<br/> <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a><br/> Phone: 678-564-1162, Press 2</p> | <p>Health Insurance Premium Payment Program<br/> All other Medicaid<br/> Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a><br/> <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a><br/> Family and Social Services Administration<br/> Phone: 1-800-403-0864<br/> Member Services Phone: 1-800-457-4584</p> |
| IOWA – Medicaid and CHIP (Hawki)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | KANSAS – Medicaid                                                                                                                                                                                                                                                                                                                                             |
| <p>Medicaid Website:<br/> <a href="#">Iowa Medicaid   Health &amp; Human Services</a><br/> Medicaid Phone: 1-800-338-8366<br/> Hawki Website:<br/> <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a><br/> Hawki Phone: 1-800-257-8563<br/> HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a><br/> HIPP Phone: 1-888-346-9562</p>                                                                                                                                          | <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a><br/> Phone: 1-800-792-4884<br/> HIPP Phone: 1-800-967-4660</p>                                                                                                                                                                                                              |
| KENTUCKY – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | LOUISIANA – Medicaid                                                                                                                                                                                                                                                                                                                                          |
| <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br/> <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a><br/> Phone: 1-855-459-6328<br/> Email: <a href="mailto:KIHIP.PPROGRAM@ky.gov">KIHIP.PPROGRAM@ky.gov</a><br/> KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a><br/> Phone: 1-877-524-4718<br/> Kentucky Medicaid Website:<br/> <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>      | <p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a><br/> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>                                                                                                                                     |
| MAINE – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MASSACHUSETTS – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                             |
| <p>Enrollment Website:<br/> <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a><br/> Phone: 1-800-442-6003<br/> TTY: Maine relay 711<br/> Private Health Insurance Premium Webpage:<br/> <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a><br/> Phone: 1-800-977-6740<br/> TTY: Maine relay 711</p>                                                                                                                  | <p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a><br/> Phone: 1-800-862-4840<br/> TTY: 711<br/> Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>                                                                                                               |
| MINNESOTA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MISSOURI – Medicaid                                                                                                                                                                                                                                                                                                                                           |
| <p>Website:<br/> <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a><br/> Phone: 1-800-657-3672</p>                                                                                                                                                                                                                                                                                                                                                                                                                          | <p>Website:<br/> <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br/> Phone: 573-751-2005</p>                                                                                                                                                                                       |



| MONTANA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NEBRASKA – Medicaid                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br>Phone: 1-800-694-3084<br>Email: <a href="mailto:HHSHIPProgram@mt.gov">HHSHIPProgram@mt.gov</a>                                                                                                                                                                                                                                      | Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178                                                                                                                                                                                                                           |
| NEVADA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NEW HAMPSHIRE – Medicaid                                                                                                                                                                                                                                                                                                                                                                    |
| Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a><br>Medicaid Phone: 1-800-992-0900                                                                                                                                                                                                                                                                                                                                                           | Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a><br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext. 15218<br>Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a> |
| NEW JERSEY – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                                                                                                      | NEW YORK – Medicaid                                                                                                                                                                                                                                                                                                                                                                         |
| Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a><br>Phone: 1-800-356-1561<br>CHIP Premium Assistance Phone: 609-631-2392<br>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br>CHIP Phone: 1-800-701-0710 (TTY: 711)                                                                             | Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a><br>Phone: 1-800-541-2831                                                                                                                                                                                                                                             |
| NORTH CAROLINA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                           | NORTH DAKOTA – Medicaid                                                                                                                                                                                                                                                                                                                                                                     |
| Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a><br>Phone: 919-855-4100                                                                                                                                                                                                                                                                                                                                                             | Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a><br>Phone: 1-844-854-4825                                                                                                                                                                                                                                                                         |
| OKLAHOMA – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                                                                                                        | OREGON – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                                  |
| Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br>Phone: 1-888-365-3742                                                                                                                                                                                                                                                                                                                                                         | Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br>Phone: 1-800-699-9075                                                                                                                                                                                                                                                 |
| PENNSYLVANIA – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                                                                                                    | RHODE ISLAND – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                            |
| Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a><br>Phone: 1-800-692-7462<br>CHIP Website: <a href="http://www.pa.gov/en/services/dhs/childrens-health-insurance-program-chip">Children's Health Insurance Program (CHIP) (pa.gov)</a><br>CHIP Phone: 1-800-986-KIDS (5437) | Website: <a href="http://www.cohhs.ri.gov/">http://www.cohhs.ri.gov/</a><br>Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)                                                                                                                                                                                                                                                 |
| SOUTH CAROLINA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                           | SOUTH DAKOTA - Medicaid                                                                                                                                                                                                                                                                                                                                                                     |
| Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a><br>Phone: 1-888-549-0820                                                                                                                                                                                                                                                                                                                                                                       | Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a><br>Phone: 1-888-828-0059                                                                                                                                                                                                                                                                                                         |



| TEXAS – Medicaid                                                                                                                                                     | UTAH – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a><br>Phone: 1-800-440-0493                                  | Utah's Premium Partnership for Health Insurance (UPP)<br>Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a><br>Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a><br>Phone: 1-888-222-2542<br>Adult Expansion Website:<br><a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a><br>Utah Medicaid Buyout Program Website:<br><a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a><br>CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a> |
| VERMONT– Medicaid                                                                                                                                                    | VIRGINIA – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a><br>Phone: 1-800-250-8427                              | Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a><br><a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a><br>Medicaid/CHIP Phone: 1-800-432-5924                                                                                                                                |
| WASHINGTON – Medicaid                                                                                                                                                | WEST VIRGINIA – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a><br>Phone: 1-800-562-3022                                                                      | Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a><br><a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)                                                                                                                                                                                                                                                                                                                                                      |
| WISCONSIN – Medicaid and CHIP                                                                                                                                        | WYOMING – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Website:<br><a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a><br>Phone: 1-800-362-3002 | Website:<br><a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a><br>Phone: 1-800-251-1269                                                                                                                                                                                                                                                                                                                                                                                |

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

U.S. Department of Labor  
 Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
 Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
 1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.





# Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 12-31-2026)

## PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

### Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%<sup>1</sup> of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.<sup>2,3</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution - as well as your employee contribution to employment-based coverage - is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

<sup>1</sup> Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

<sup>2</sup> An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.



# When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either - submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

## What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

## How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact the Elmet Benefits Service Center.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.





This guide is a general summary of your benefit options. For specific details, you may refer to each plan's Summary Plan Description (SPD). SPDs for health insurance plans can be found on the Elmet Benefits website: [www.elmetbenefits.com](http://www.elmetbenefits.com). Every effort has been made to ensure that this document accurately represents the benefits being offered. However, if there are any discrepancies between the terms in this document and the terms in the SPD, the SPD will prevail.