



2026 Benefits Guide

Benefits to Support Your Life Journey

We offer a comprehensive health care program to meet the needs of you and your family. This guide provides information to help you make your enrollment decisions. During benefits enrollment, you have the opportunity to review your coverage needs, consider the benefits plans available to you and select those that will provide the most value to you and your family.

This guide also provides assistance in identifying ways you can save money. Be sure to review the plans in this guide to ensure you select the plans that will best meet your needs and financial goals.



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accesso's success is the direct result of your dedication and hard work.

This booklet provides an overview of the benefits package offered to you by **accesso**. As your employer, we remain committed to supporting your health and well-being while ensuring the long-term sustainability of our benefits program.

Over the past several years, healthcare costs have continued to rise at a pace far exceeding inflation. Expenses for medical treatments, prescription medications, and hospital services have surged, making traditional group health plans increasingly expensive and less flexible for both employers and employees.

Historically, **accesso** has absorbed most of these rising costs to minimize the impact on our team. However, the healthcare market is evolving, and we need a solution that addresses affordability while giving you more control over your coverage. That's why, beginning this year, we are introducing an Individual Coverage Health Reimbursement Arrangement (ICHRA).

What Does This Mean for You?

Instead of being limited to a one-size-fits-all group plan, you now have the flexibility to choose an individual health insurance plan that best meets your needs and those of your family.

- Want lower premiums?
- Need specific coverage options?

ICHRA puts the decision-making power in your hands. **accesso** will provide tax-free reimbursements for eligible premiums and medical expenses, so you can shop for coverage that works for you—without losing employer support.

Why This Change?

This transition is designed to help you navigate today's expensive healthcare market with greater confidence and choice. By moving to ICHRA, we're creating a benefits model that is more sustainable for the company and more personalized for you. Our goal is to empower you to make informed decisions about your healthcare while continuing to invest in programs that support your overall well-being.

We're Here to Help

We understand that change brings questions. Please review the resources in this guide and attend upcoming information sessions to learn more about how ICHRA works and what steps you need to take during open enrollment. Your health and well-being remain our top priority, and we're excited to offer a solution that gives you more flexibility and control in an ever-changing healthcare landscape.

Thank you for partnering with us as we make this important transition.

Maura Schiefelbein, SVP, People

New for 2026

MEDICAL AND PRESCRIPTION

Beginning with this year's Open Enrollment, accesso will move its medical coverage to an Individual Coverage Health Reimbursement Arrangement (ICHRA). This new approach allows employees to select the health insurance plan that best suits their individual needs, while receiving tax-free reimbursement for eligible premiums and medical expenses. Please review the ICHRA guide and participate in upcoming information sessions to learn more about how this model works and what it means for you.

DENTAL, VISION AND VOLUNTARY LIFE

Dental and Vision rates with Guardian, as well as Voluntary Life rates with Sun Life, will see a modest increase this year (Voluntary Life rate changes depend on your age band). You can view per-pay-period costs on PlanSource.



Benefits Enrollment Checklist

THIS IS AN ACTIVE ENROLLMENT. YOU WILL NEED TO LOGIN TO UPDATE YOUR BENEFITS. THEY WILL NOT ROLLOVER TO 2026.

- All associates can review benefits and make changes at benefits.plansource.com. Your medical benefit enrollment will be available through Remodel Health (linked in PlanSource).

BEFORE ENROLLING

- Take the time to educate yourself on all of the benefit options that are available to you by reviewing this benefits guide carefully as you consider your plan choices
- Prepare a list of your doctors and prescriptions

DURING ENROLLMENT

- **Open Enrollment:** Be sure to make your elections for Open Enrollment between November 13 and November 26
- **New Hire Enrollment:** Be sure to make your elections within 30 days after your eligibility date
- If you do not make elections, then you may not be able to enroll and/or make changes to your benefits until the next Open Enrollment period

AFTER ENROLLMENT

- **Dental coverage:** If you elect coverage, you can download a digital ID card. For dental services, coverage will be tied to the employee's social security number. Be sure to give this to your provider at time of service.
- **Vision coverage:** If you elect coverage, you can download a digital ID card. For vision services, coverage will be tied to the employee's social security number. Be sure to give this to your provider at the time of service.
- **Medical coverage:** You will receive a medical ID card directly from the insurance carrier you selected during enrollment. Timing and details may vary by carrier, so watch for it in the mail or check your carrier's member portal for digital access.
- **Health Savings Account:** If you are newly enrolling in the HSA, you will receive an HSA debit card from Optum.
- **Flexible Spending Account:** If you are newly enrolling in the FSA will receive a new debit card from iSolved. For these accounts, if you have a card from the last five years that has not expired, that card will be reloaded with your upcoming elections.

Carry Your Benefits With You Wherever You Go

It's never been easier to access and use your benefits with these apps and websites. Download and bookmark them today so they're there whenever you need them.



Health Coverage

Carrier will vary based on what you elect in the ICHRA Portal.

NFP ICHRA Portal Powered by **Remodel Health**: Your one-stop ICHRA portal for everything related to your new health benefit.



HSA

OPTUM BANK

- Send payments to providers or reimburse yourself from your HSA
- Take a photo with your device to initiate claims and payments



Dental and Vision

GUARDIAN

- Easily view your dental and vision coverage, find a dentist, access your electronic ID card and more



FSA

isolated Benefit Services iFlex

- Quickly check available balances 24/7
- Take a photo with your device to initiate claims and payments



Family Planning

Maven

- Whether you're looking for birth control advice, considering adoption, struggling with breastfeeding, or dealing with tantrums, Maven is here for you!



Pet Insurance

Pet

- Access your Digital ID card
- Add or edit the pets on your plan
- Locate a network veterinarian
- Refer a vet to join the network



EAP

Curalinc

- Provides fast, easy access to your employee assistance program and a wide array of health and well-being resources.



Disability / Supplemental

Sun Life

- Get easy access to manage your benefits, submit/track claims, and more.



Travel Assistance

Assist America (Through Sun Life)

- A provider of global emergency medical services for travelers who become ill or injured while traveling more than 100 miles from home, or while in a foreign country.



Text [accessobenefits to 844.678.0490](tel:844.678.0490) to opt-in to benefits-related text messages.

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Enrollment Basics

WHO YOU CAN COVER

In order to be eligible to enroll in the benefits we provide, you or your dependents must meet the following eligibility criteria:

Employees

Must be a regular, full-time employee currently working 30 hours or more per week.

Spouse or Domestic Partner

Your lawful spouse as recognized by federal tax purposes or your domestic partner.

Dependent child(ren)

Children up to age 26 (eligible through December 31 following the child's 26th birthday) for medical, dental, and vision coverage.

Children up to age 26 (eligible through the end of the month following the child's 26th birthday) who are unmarried for voluntary life, voluntary accident, critical illness, and hospital indemnity coverage.

Over-age dependents ages 26-30 (eligible only for medical coverage, through December 31 following the child's 30th birthday) who are:

- Unmarried AND have no dependents of their own AND are dependent on the employee for financial support
- Not offered coverage through another group or individual plan
- Not entitled to benefits under Title XVIII of Social Security Act
- Full or part-time students

Newborn children of covered dependent children (under the age of 26)

A newborn child of a covered dependent child (under the age of 26) is eligible for medical coverage for the first 18 months, as long as the newborn's parent also remains covered.

Disabled dependents

Dependents who become disabled before age 26 and rely on you for support may be eligible.

WHEN YOU CAN ENROLL

After you are hired

Your coverage begins the first day of the month, following 30 days of employment. You must submit your benefits elections and upload all required documentation prior to your coverage effective date.

During Open Enrollment

Open Enrollment is your opportunity to evaluate your benefit options and make changes for the following year. Benefits selected during Open Enrollment are effective January 1, 2026 - December 31, 2026.

Mid-Year Changes

You may make changes to your benefits elections if you experience a qualified life event. The changes you make must be the result of and consistent with the qualified life event that occurred.

Mid-year change requests and supporting documentation must be submitted through PlanSource within 30-days of the date of the event.

EXAMPLES OF QUALIFIED LIFE EVENTS

Birth, adoption, legal guardianship or placement for adoption

Marriage, divorce or annulment

Death of a dependent

Gain or loss of other creditable coverage

IMPORTANT TO KNOW

How to make mid-year changes to your benefits if you've experienced a qualified life event:

- Log in to benefits.plansource.com
- Supporting documentation should be provided to HR at the time the change is requested

If you do not request the change and provide the necessary documentation within 30 days, you will have to wait until the next Open Enrollment to make the change.



How To Enroll

All benefit elections *besides medical* must be submitted through PlanSource - the employee self-service, online portal for employees to enroll in benefit plans. Your medical options will be available through the Remodel Health platform (linked in PlanSource). Once logged in, you will be able to see benefits offered to you and compare costs.

Log on to benefits.plansource.com

- Your USER NAME is first initial + up to first six characters of last name + last four of Social Security Number (i.e. MSCHIEF5555).
- Your password is Birth Date in the YYYYMMDD format (i.e. 09/01/1900 = 19000901).
- After logging in for the first time or at the start of each Open Enrollment Period, you will be asked to create a new password.

Step 1: Review Profile

- The * indicates a required field. Verify your Personal Information; if there are changes, you will need to contact Human Resources to make the necessary updates in payroll as well.
- If you need to add a family member to your coverage, select *Next: Review My Family* and add family member. You should add all eligible family members during this step, even if you are not enrolling them in coverage. Please double check spelling of names and verify dates of birth and social security numbers.

Step 2: Shop Benefits

Shop each benefit offering, choosing your desired election under the appropriate plan, or declining the benefit entirely. In order to proceed through each enrollment page, use the *Shop Plans* button next to the first benefit type. If you elect coverage with family members, select family members to add to coverage, then click *Update Cart*.

Step 3: Review Beneficiaries

View, add, or edit beneficiaries for each of your coverages. When adding a beneficiary, click the box next to *Add to all benefits* if you wish to designate the same beneficiary for all coverages.

Step 4: Checkout

Once you have completed each benefit election, click *Confirm and Checkout* at the bottom of the page. Review for accuracy and choose *Checkout*. Your benefit election will not be complete until you hit the *Checkout* button.

ICHRA 101

An ICHRA (Individual Coverage Health Reimbursement Arrangement) is a health benefit where you get tax-free money from your employer to choose your own individual health insurance plan.

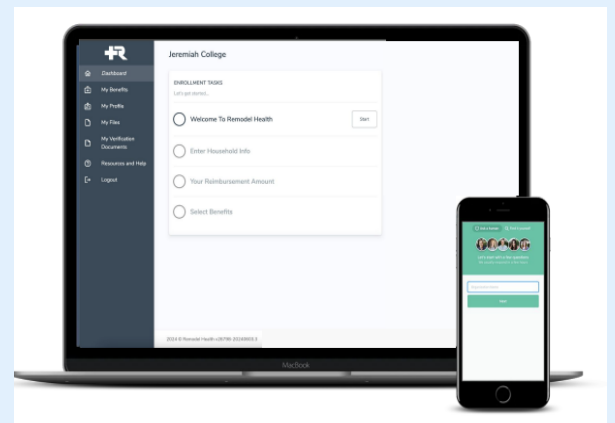
We're proud to offer a benefit that meets the needs of our team and puts the power back in your hands.

Key benefits of an ICHRA

- ✓ **Freedom of Choice:** You pick the carrier and plan that best suits your individual needs.
- ✓ **Payroll Deductions:** If the health plan you select costs more than your employer's ICHRA contribution, the difference is taken via a payroll deduction.
- ✓ **You own the plan with the carrier:** If you leave your employer during the plan year, you still own the plan and can keep the health insurance plan .

Leverage the enrollment system's online tools designed to help you choose the right plan that fits your family's needs.

- Educational videos simplify insurance jargon.
- Physician and Prescription searches help you find a plan with your doctor in-network.
- Filters help limit the number of available health plans based on what's important to you.



Contact Remodel Health with any questions:
care@remodelhealth.com or 1-844-748-3240



Employee Pre-Enrollment Checklist

Get Ready to Choose Your Benefits! Coverage Begins January 1st.

Open Enrollment Window	11/13/25-11/26/25
Enrollment Portal Website	https://app remodelhealth.com/login
Open Enrollment Benefits Meeting	11/11/25 and 11/12/25

Step 1: Create

- Create your Remodel Health account and complete your verification checklist.

Step 2: Select

- Select your preferred plan or talk with a licensed advisor.

Step 3: Receive

- Receive ongoing support from your Remodel Health Customer Success Representative.

Remodel Health Additional Benefits



Licensed Benefits Advisors

Remodel Health’s non-commissioned, licensed benefits advisors are available to help you choose the health benefit that best suits your needs and the needs of your household. **Schedule an advisement in your Remodel Health profile at: app.remodelhealth.com.**



Main Point of Contact

A customer success representative will be your contact for all the questions you have about your health benefits. Their goal is to be your advocate and answer any questions you may have regarding coverage. You’ll want to reach out to your insurance carrier directly to process claims. **You can reach your Customer Success Representative at: care@remodelhealth.com or call at (844) 748-3240.**



Educational Resources

Remodel Health customers have access to a variety of free educational resources through the Remodel Health platform. Learn how to best utilize your health benefits—from how to use an HSA, when to use Teladoc, and more! **Visit: help.remodelhealth.com.**

Health Savings Account (HSA)

If you enroll in a High Deductible Health Plan (HDHP) through the accesso ICHRA, you should consider contributing to the Health Savings Account administered by Optum Bank. With an HSA, you can gain more control over your health care expenses because contributions, interest and withdrawals for qualified health care expenses are all tax-advantaged.

WHY HAVE AN HSA?

- If you elect a High Deductible Health Plan (HDHP) through the ICHRA platform, you may be eligible to enroll in our HSA plan
- Contributions are tax deductible. The maximum contribution is \$4,400 for individuals and \$8,750 for dependent coverage. This includes both your contribution and accesso's.
- Withdrawals to pay for eligible expenses are never taxed
- Accumulated interest earnings are tax deferred, and if used to pay eligible expenses, are tax free
- Money not used at year end 'rolls over' for use the next year
- The balance in your HSA account can be invested

ELIGIBILITY REQUIREMENTS

- Must be enrolled in a High Deductible Health Plan (HDHP) through the accesso ICHRA
- Must not be enrolled in Medicare
- Must not be covered by other medical insurance(s) such as a Health Care FSA, HRA and other 'first dollar' coverage
- Must not have received VA medical benefits at any time in the past three months
- May not be claimed as a dependent on another individual's tax return
- Spouse not contributing to/participating in a Health Care FSA through his/her employer

DEBIT CARD

All HSA participants will receive an HSA debit card from Optum Bank. Your HSA card can be used to pay for qualified medical expenses billed from an insurance company, a physician's office and pharmacies. Transactions with your HSA debit card are secure and will only work to purchase eligible and authorized items.

A full list of qualified expenses can be found in IRS Publication 502, at www.irs.gov/pub/irs-pdf/p502.pdf.

EMPLOYER CONTRIBUTION

accesso provides an annual contribution of up to \$500 for employee only coverage and up to \$1,000 for coverage that includes dependents when you enroll in a High-Deductible Health Plan through the ICHRA! Contributions are prorated based on your date of hire.



ANNUAL IRS CONTRIBUTION LIMITS

	Employee Only	Employee + Dep(s)
Annual Employer Contribution	\$500	\$1,000
2026 IRS Max	\$4,400	\$8,750
Catch-Up Contributions	Age 55+: \$1,000	

* The HSA annual maximum consists of both your contributions AND your employer's contribution. Example: As a family, you can contribute \$7,750 + accesso's \$1,000 to reach the maximum of \$8,750.

Flexible Spending Accounts (FSAs)

We offer the choice of three Flexible Spending Accounts (FSAs) administered by iSolved Benefit Services, which allow you to pay for eligible expenses with pre-tax dollars.

Please note: If you are enrolled in a HDHP Plan, you are not eligible to participate in the Health Care FSA.

HEALTH CARE FSA

Health Care FSAs may be used to pay for eligible medical, prescription, dental and vision expenses not fully covered by your insurance plans for you and your tax eligible dependents*. We allow participants to carry over up to \$680 in unused money at the end of the plan year to be used to reimburse expenses incurred in the next year. Any amount in excess of \$680 will be forfeited, so plan accordingly.

LIMITED PURPOSE FSA

Limited Purpose FSAs are available to those who are enrolled in a qualified High Deductible Health Plan (HDHP). Limited Purpose FSAs can only be used on eligible dental and vision expenses*. When coordinated with an HSA, this account can further reduce your taxable income while allowing you to allocate your HSA funds to other purposes, including medical costs. We allow participants to carry over up to \$680 in unused money at the end of the plan year to be used to reimburse expenses incurred in the next year. Any amount in excess of \$680 will be forfeited, so plan accordingly.

DEPENDENT CARE FSA

Dependent Care FSAs may be used to pay for eligible expenses related to the care and supervision of your child (to age 13) or adult dependent on your tax return*. Eligible expenses include child or adult day care, after school care, nursery school, nanny or baby sitter. You must accumulate the funds in your Dependent Care FSA before you can be reimbursed.

Employees have 30 days following the end of the plan year to submit paper claims for any dates of service within the current plan year. A full list of qualified expenses can be found in IRS Publication 502, at www.irs.gov/pub/irs-pdf/p502.pdf.

* Highly compensated employees (as determined by The Bailey Group through "discrimination testing") may contribute only up to a capped amount to their dependent care FSA. The capped amount is determined annually and subject to change.



ANNUAL IRS CONTRIBUTION LIMITS

MINIMUM

MAXIMUM

Health Care FSA	\$100	\$3,400
Limited Purpose FSA	\$100	\$3,400
Dependent Care FSA	\$100	\$7,500 (or \$3,750 if married and filing separately)

Dental Benefits

Your dental coverage is provided through **Guardian**. You may view your benefits, print an ID card and locate in-network dental providers by visiting Guardianlife.com.

KEY FEATURES AND DETAILS

- Both plans have a unique **Maximum Rollover Account (MRA)** benefit. Submit a claim (without exceeding the annual benefit maximum), and Guardian will roll over a portion of your unused annual dental maximum.
 - **Low Plan:** If claims remain below \$500, Guardian rolls over up to \$250, or \$350 if only in-network providers were used during the benefit year. The rollover account is capped at \$1,000.
 - **High Plan:** If claims remain below \$800, Guardian rolls over up to \$400, or \$600 if only in-network providers were used during the benefit year. The rollover account is capped at \$1,500.
- Cleanings are covered once every 6 months from your last date of service.

Reimbursement schedule for your out-of-network benefits:

There are two different types of reimbursement schedules for dental plans: **Maximum Allowable Charge (MAC)** and **Usual, Customary and Reasonable (UCR)**.

The Low Plan utilizes MAC while the High Plan pays out-of-network benefits based on a percentile of the prevailing fee data for the dentist's zip code, which provides a greater benefit compared to MAC.

	LOW PLAN	HIGH PLAN
IN-NETWORK (PLAN PAYS)		
Calendar Year Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Diagnostic & Preventive Cleanings, exams, x-rays, sealants, space maintainers and fluoride treatments	Covered 100%	Covered 100%
Basic Services Fillings (including tooth-colored fillings on posterior teeth), repairs, extractions, oral surgery, general anesthesia, endodontics and periodontics	70% after deductible	90% after deductible
Major Services Inlays, onlays, crowns, bridges and implants	40% after deductible	60% after deductible
Orthodontic Services Children only	50%	50%
Lifetime Orthodontia Max Per Individual	\$1,000	\$1,000
Annual Benefit Maximum Per Individual. Covers the cost of preventive, basic, and major services.	\$1,000	\$2,000
OUT-OF-NETWORK (PLAN PAYS) YOU MAY BE BALANCE BILLED IF YOU USE AN OUT-OF-NETWORK PROVIDER		
Diagnostic and Preventive	100%	100%
Basic Services	50% after deductible	90% after deductible
Major Services	25% after deductible	60% after deductible
Orthodontic Services	50%	50%
EMPLOYEE COST PER-PAY-PERIOD		
Employee Only	\$6.44	\$16.53
Employee + Spouse	\$16.08	\$36.66
Employee + Child(ren)	\$20.75	\$40.80
Employee + Family	\$31.50	\$63.89



Vision Benefits

Your vision coverage is provided through **Guardian**. When you utilize a provider that participates in the network, discounts will be greater and there are no claim forms necessary. Plan participants also have access to discounted lens upgrade options and LASIK eye surgery.

You may view benefits, print an ID card and search for in-network vision providers at vsp.com.

KEY FEATURES AND DETAILS

- Vision insurance covers benefits not typically included in medical insurance, like routine eye exams and allowances towards the purchase of eyeglasses and contact lenses.
- The VSP Choice network includes one of the largest private practice provider networks, Visionworks and contracted Pearle Vision locations.



IN-NETWORK	
Eye Exams Routine Eye Exam Contact Lens Fitting/Follow-up <i>Benefits may be redeemed every calendar year</i>	\$10 copay Standard: \$60 allowance Premium: 15% discount
Frames <i>Benefits may be redeemed every other calendar year</i>	\$150 allowance 20% off remainder
Lens Standard Plastic Single Vision Bifocal Trifocal Lenticular Standard Progressive	\$25 Copay \$25 Copay \$25 Copay \$25 Copay \$25 Copay
Contacts <i>Benefits may be redeemed every calendar year</i>	\$150 allowance
OUT-OF-NETWORK	
Eye Exams Routine Eye Exam Contact Lens Fitting/Follow-up	\$39 Included in the Contact Lens Allowance
Frames	\$46 Allowance
Lens Single Vision Bifocal Trifocal Lenticular	\$23 Allowance \$37 Allowance \$49 Allowance \$64 Allowance
Contacts	\$100 Allowance
EMPLOYEE COST PER-PAY-PERIOD	
Employee Only	\$3.69
Employee + Spouse	\$7.34
Employee + Child(ren)	\$6.21
Employee + Family	\$10.26

IMPORTANT TO KNOW

What is a benefit allowance?

A benefit allowance gives you a certain dollar amount to use towards contacts and glasses (lenses and frames). When you choose materials that are within that dollar amount or allowance, they are covered at 100%. If you choose a frame exceeding your plan allowance, you'll be responsible for paying the overage, in addition to any applicable copays at the time of your visit.

Can I get contacts AND glasses in the same calendar year?

No. You can only get contacts OR glasses in the same calendar year, not both.

Basic Life and AD&D



We provide Basic Life and Accidental Death and Dismemberment (AD&D) coverage at no cost to you. Employees receive a generous benefit of 2x basic annual earnings, up to \$600,000 (\$500,000 guaranteed issue), through Sun Life.

Imputed income may apply.

DOES THE COVERAGE AMOUNT CHANGE BASED ON MY AGE?

The amount of coverage will reduce to 65% at age 65, 50% at age 70 and 35% at age 75.

CAN I CONTINUE THIS COVERAGE IF MY EMPLOYMENT ENDS?

Coverage may be continued through Continuation or Conversion if certain criteria is met. If you would like to continue coverage after your employment ends with us, please reach out to Sun Life.

WHAT IS PORTABILITY?

Employees may continue group life insurance coverage when they are losing coverage because their employment is being voluntarily or involuntarily terminated. You must:

- Be under the age of 70

- Not terminating employment due to retirement, illness, or injury

WHAT IS CONVERSION?

Conversion allows eligible insured employees to convert some or all of their group life coverage to an individual whole life insurance policy when their coverage is reduced or terminated for any reason other than non-payment of premiums.

WHAT IS AN ACCELERATED LIFE BENEFIT?

If an employee should become terminally ill with 12 months or less to live, the employee can apply to receive up to 75% of current life insurance amount, up to \$500,000, as a one-time lump sum. Any amount received will then reduce the amount of death benefit paid out.

Voluntary Life



Employees have the option to purchase additional life insurance coverage through Sun Life. Imputed income may apply.

EMPLOYEE COVERAGE

You may elect to purchase \$10,000 coverage increments, up to the lesser of 5x salary or \$500,000. The Guaranteed Issue amount is \$100,000 and you will be able to elect up to the Guaranteed Issue amount when you are first eligible for the plan without having to submit Evidence of Insurability (EOI).

You may increase your coverage amount up to \$10,000, not to exceed \$100,000 of total coverage, with each future annual enrollment period without having to submit Evidence of Insurability (EOI).

SPOUSE COVERAGE

This benefit is only available if enrolled in Employee Voluntary Life coverage

You may also elect to purchase \$5,000 increments of life insurance coverage for your spouse, up to 100% of the employee amount of coverage.

You may elect a coverage amount for your spouse up to the Guaranteed Issue amount (\$25,000) when you are first eligible for the plan, without submitting Evidence of Insurability (EOI). The cost of coverage is based on the age of the employee.

CHILD COVERAGE

This benefit is only available if enrolled in Employee Voluntary Life coverage

You may also elect to purchase \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000 of coverage for eligible children. All child life amounts are Guaranteed Issue and no Cis required.

IMPORTANT TO KNOW

Does the coverage amount change based on my age?

The amount of coverage will reduce to 65% at age 65, to 50% at age 70 and to 35% at age 75.

Can I continue this coverage if my employment ends?

Coverage may be continued through Portability or Conversion if certain criteria is met. See the Portability and Conversion explanations and criteria in the Basic Life and AD&D section of this booklet for more information.

Do I have to fill out a medical questionnaire?

Initial elections in excess of the Guaranteed Issue amounts and late enrollees increasing their employee life insurance by more than \$10,000 or spouse life insurance by more than \$5,000 (not to exceed the Guaranteed Issue amounts) must complete Evidence of Insurability (EOI).

Download the Evidence of Insurability (EOI) form, complete it, and return it to HR. Coverage will be effective on the first day of the month following the date your medical questionnaire is approved by the insurance company.

Short-Term Disability



We provide disability benefits at no cost to you through Sun Life. Short-Term and Long-Term Disability Income benefits are provided to all eligible full-time employees.

SHORT-TERM DISABILITY INCOME BENEFITS

This coverage is to protect you and your family in the event that a short-term disability prevents you from performing the duties of your occupation. STD coverage protects your income due to injury or sickness. To receive benefits, your claim must be approved by Sun Life. There are no pre-existing condition limitations. See a brief summary of benefits below:

SHORT-TERM DISABILITY INCOME	
Waiting Period Illness / Accident	14 days, benefits begin on the 15th day
Max Benefit Duration	11 weeks
% of Income Replaced	60% of your weekly earnings
Maximum Benefit Amount	\$1,000 weekly benefit less any other income benefit

Why disability coverage is important:

We understand that for most of us our income is the most important financial resource.

To be without income for an extended period of time would most likely be devastating for you and your family. We recognize the importance of protecting your income in the event you are unable to work due to an injury or illness.



Long-Term Disability

LTD is an income replacement program that protects you and your family in the event you become disabled and are unable to perform the material and substantial duties of your job. LTD benefits replace 60% of your Total Monthly Earnings, up to a maximum of \$5,000 per month.

Total Monthly Earnings include deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, health savings account or flexible spending account, but does not include income received due to commissions, bonuses, overtime pay or any other extra compensation.

See a summary of benefits below:

LONG-TERM DISABILITY INCOME	
Elimination Period The amount of time you must wait between an illness or disability begins and when you can start receiving benefits.	90 days
Benefits Payable Duration	2 years (Own Occupation) or to Social Security Normal Retirement Age (SSNRA)
% of Income Replaced	60% of your Total Monthly Earnings
Maximum Benefit Amount	\$5,000 monthly benefit less any other income benefit

IMPORTANT TO KNOW

What if I am receiving disability income from another source in addition to the employer-sponsored disability plan?

Your disability benefit will be reduced by any disability income you receive from other sources, such as Worker's Compensation, Social Security, and/or State Disability Plans, to provide you with a combined monthly benefit equal to 60% of your basic monthly earnings.

Is there a pre-existing condition limitation?

If you received treatment, a diagnosis, service, or prescription drugs during the 3 months before your coverage began, no benefits will be payable for the first 12 months of the policy.

What is an *Own Occupation* definition of disability?

This covers individuals who are unable to perform the majority of the occupational duties that they have been trained to perform.



HOSPITAL INDEMNITY, CRITICAL ILLNESS WITH CANCER, ACCIDENT

Supplemental plans are offered through **Sun Life** and provide benefits which pay directly to you regardless of any other insurance you may have. These plans help with the medical and personal expenses incurred when a person is undergoing treatment. Two plan options are available for each type of coverage, with the High Plan reimbursing a greater amount as compared to the Low Plan. Costs of the plans will vary by employee.

HOSPITAL INDEMNITY (LOW PLAN/HIGH PLAN)

- Wellness screening benefit at \$75 per individual each year
- \$500 /\$1,000 or \$1,500/\$2,000 hospital/ICU initial confinement benefit and \$100/\$200 daily for 365 days
- \$100/\$200 daily rehabilitation unit confinement benefit for 30 days
- \$100/\$200 daily lodging benefit when you or your adult companion have to travel over 100 miles for a covered hospital stay for up to 30 days

CRITICAL ILLNESS WITH CANCER (LOW PLAN/HIGH PLAN)

- Wellness screening benefit at \$75 per individual each year
- In the event of heart attack, end-stage kidney disease, major organ failure, stroke, cancer, advanced ALS, Alzheimer's or Parkinson's
- In the event of 8 different childhood conditions, should you choose to add dependent coverage
- \$15,000 or \$30,000 first occurrence benefit for major events like heart attacks, strokes, end-stage kidney disease, organ failure, and invasive cancer

ACCIDENT (LOW PLAN/HIGH PLAN)

- Wellness screening benefit at \$50 per individual each year
- Provides 24-hour, on- and off-job coverage
- \$100/\$200 reimbursed for major diagnostic exam
- \$500/\$1,000 or \$1,500/\$2,000 when admitted into hospital/ICU and \$100/\$200 daily hospital benefit
- Surgery benefits from \$100/\$200 to \$1,000/\$2,000
- Ambulance: \$200/\$300 ground, \$750/\$1,000 for air
- \$15/\$25 for 10 treatments provided by a licensed physical therapist



Four pet benefit options are offered through **Pet Benefit Solutions** and provide employees pet benefits at exclusive group rates. You can choose to enroll in one, two, three, or four plans. Choose the plans that work best for you and your pets and choose to cover one pet or multiple pets.

Wishbone Pet Health Insurance

Wishbone offers a pet health insurance plan that offers 70% reimbursement on accidents, illnesses, surgeries, cancer, and more with a 10% in-network bonus if an in-network vet is visited. You can also choose to add on routine care coverage. Program benefits include:

- Low deductibles
- No annual limit
- Optional vet direct pay
- Fast claims processing and payment
- Visit petbenefits.com/land/accesso to generate your pet's custom quote.

Wishbone Wellness Coverage

Protecting pets just got easier and less expensive with Wishbone's wellness plans! Employees can get money back on routine pet care like annual check-ups, vaccinations, and preventatives without having to enroll in an accident or illness plan

- Visit petbenefits.com/land/accesso to enroll.

Pet Assure Veterinary Discount Plan

With Pet Assure's veterinary discount plan, you will save on all in-house medical services at participating veterinarians. Simply present your ID card at all well, sick or emergency visits and the vet will discount your bill right at the time of service. All pets are eligible. There are no exclusions for breed, age or pre-existing health conditions. Program benefits include:

- 25% off vet services
- Instant savings, no claims
- 24/7 lost pet recovery services
- No exclusions
- Enroll on PlanSource

PetPlus Prescription Savings Plan

With PetPlus prescription savings plan, you will save up to 50% on prescription medications, flea and tick products, vitamins and supplements, heartworm preventatives, prescription and non-prescription food, and treats and supplies. Shipping is free or you can pick up at a participating pharmacy. Program benefits include:

- Member savings guarantee
- 20% off PetCareRx.com
- 24/7 Ask-a-Vet helpline
- Free Delivery
- Enroll on PlanSource

Travel Emergency Assistance

All full-time benefit eligible employees have free access to Assist America programs through Sun Life. This travel emergency assistance program immediately connects you to doctors, hospitals, pharmacies and other services if you experience a medical or non-medical emergency while traveling 100 miles (150 km) away from your permanent residence, or in another country. Some of the benefits available are:

Medical Consultation, Evaluation & Referral

Calls to Assist America's Operations Center are evaluated by medical personnel and referred to quality doctors and/or hospitals

Foreign Hospital Admission Assistance

Assist America fosters prompt hospital admission outside the United States by validating the member's health coverage or by advancing funds to the hospital as needed.

Emergency Medical Evacuation

If adequate medical facilities are not available locally, Assist America will use whatever mode of transport, equipment and personnel necessary to evacuate a member of the nearest facility capable of providing a high standard of care.

Medical Monitoring

Assist America's medical personnel will maintain regular communication with the member's attending physician and/or hospital and relay information to the family, as appropriate.

Medical Repatriation

If a member still requires medical assistance upon being discharged from a hospital, Assist America will repatriate them home or to a rehabilitation facility with a medical or non-medical escort, as necessary.

Prescription Assistance

If a member needs a replacement prescription while traveling, Assist America will help in filling that prescription.

Care of Minor Children

Assist America will arrange for the care of children left unattended as the result of a medical emergency and pay for any transportation costs involved in such arrangements.

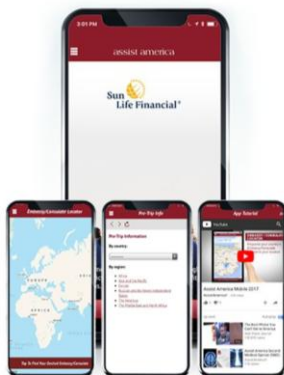
Compassionate Visit

If a member is traveling alone and will be hospitalized for more than seven days, Assist America will provide economy, round-trip, common carrier transportation to the place of hospitalization for a designated family member or friend.

Return of Mortal Remains

Assist America will assist with the logistics of returning a member's remains home in the event of his or her death during travel.

Other non-medical emergency assistance services include: Return of vehicle, lost luggage and document assistance, referrals, emergency message transmission, bail bond and emergency cash counseling, and pre-trip information.



609.986.1234 (outside USA - Collect Call)

800.872.1414 (inside USA)

Email at medservices@assistamerica.com

App is Available for iPhone and Android devices.

Identity Theft Protection

Identity theft is a serious crime. Each year, millions of Americans have their personal financial information stolen and must spend a significant amount of time and money to restore their records. If you ever become a victim of identity theft, you don't have to face it alone.

All full-time benefit eligible employees have free access to the support of Sun Life's comprehensive Identity Theft Protection program through Assist America SecurAssist Identity Protection program.

The SecurAssist Identity Protection program provides:

- 24x7 telephone support and step-by-step guidance by anti-fraud experts,
- a case worker assigned to you to help you notify the credit bureaus and file paperwork to correct your credit reports,
- help canceling stolen cards and reissuing new cards, and
- help notifying financial institutions and government agencies.

You can also help stop identity theft before it happens:

- You can securely store information from credit cards, bank cards, and documents in one safe centralized location. If any information ever becomes lost or stolen, retrieval is easy and the resolution process can begin.
- You can register for identity frauds protection surveillance of up to 10 credit or debit cards.
- Registered cards are monitored using sophisticated real-time early warning technology that monitors underground chat rooms across cyberspace, where thieves are selling and trading stolen personal information.
- You receive early warning of potential threats and are notified if your identity has been misused.

If you are the victim of financial or medical identify fraud, or if you would like to store your card information in one central location, contact Assist America.

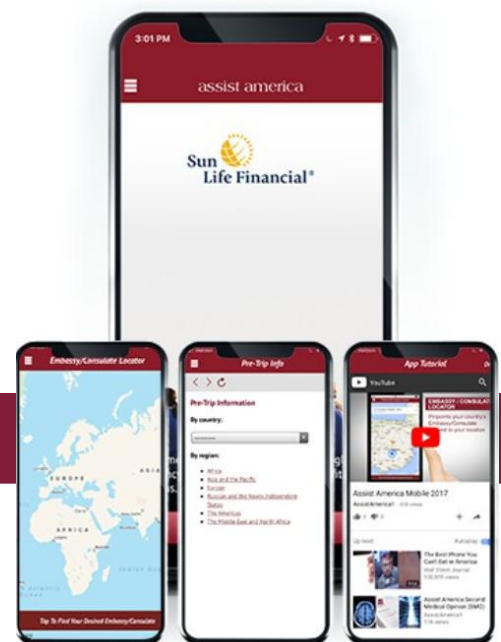
BY PHONE

877.409.9597

Membership number: 01-AA-SUL-100101

ONLINE

[Sun Life ID Protection](#) | [Assist America](#) | [Global Emergency Services](#) |



Employee Assistance Program (EAP)

At some point in our lives, each of us faces a problem or situation that is difficult to resolve. **SupportLinc** is a no cost confidential resource that is available to you and your family to help you deal with life's challenges, and the demands that come with balancing home and work. Staffed by licensed counselors, this benefit provides support, guidance and referrals to local resources 24 hours a day, 365 days a year. You can also strengthen your mental health and emotional fitness through coaching sessions.

SupportLinc provides up to five (5) sessions of face-to-face counseling or coaching sessions for a wide variety of concerns. Your EAP also includes:

- **Textcoach**, a secure messaging platform that allows you to conveniently connect with a licensed mental health counselor, provides up to 5 weeks of text therapy per person per occurrence.
- **Digital Cognitive Behavioral Therapy (dCBT)** platform, **Animo**, a desktop and mobile resource that offers evidence-based content, practical resources and daily inspiration to foster meaningful and lasting behavioral change.

Getting in touch with your EAP is easy.

BY PHONE

888.881.LINC (5462)

ONLINE

www.supportlinc.com

Code: accesso

MOBILE APP



EMOTIONAL OR WORK-LIFE COUNSELING

Helps address stress, relationship or other personal issues you or your family members may face. It's staffed by Guidance Experts—highly trained master's and doctoral level clinicians—who listen to concerns and quickly make referrals to in-person counseling or other valuable resources. Situations may include:

- Job pressures
- Stress, anxiety & depression
- Substance abuse
- Relationship/marital conflicts
- Work/school disagreements
- Child & elder care referral services

FINANCIAL INFORMATION AND RESOURCES

Provides support for the complicated financial decisions you and your family members may face. Speak by phone with a CPA and Certified Financial Planners on a wide range of financial issues. Topics may include:

- Managing a budget
- Getting out of debt
- Savings for college
- Retirement
- Tax questions

LEGAL SUPPORT AND RESOURCES

Offers assistance if legal uncertainties arise. Talk to an attorney by phone about the issues that are important to you or your family members. If you require representation, you'll be referred to a qualified attorney in your area with up to a 25% reduction in customary legal fees thereafter. Topics may include:

- Debt and bankruptcy
- Buying a home
- Divorce guardianship
- Power of attorney

Family Planning Benefits

MAVEN CLINIC

Maven is a free digital health platform, providing around-the-clock support at every stage of your journey. Sign up today to meet your personal guide through adoption, surrogacy, fertility, pregnancy, postpartum, early pediatrics, and returning to work. Use Maven to book on-demand appointments with best-in-class providers and receive personalized resources. Maven is available to employees and their partners through their baby's first birthday. Enrollment is confidential and will not be shared with *accesso*.

Sign up for access to these free services:

- Unlimited video chat and messaging with women's and family health providers in over 20 specialties
- Designated Care Advocate who can help you find care and navigate your benefits
- Personal referrals to high-quality fertility clinics, plus exclusive treatment discounts
- Easy reimbursement for fertility, adoption, and surrogacy with Maven Wallet, up to \$7,500 annually/\$15,000 per lifetime*

Support at every stage of your journey



Fertility



Adoption, Surrogacy



Pregnancy



Postpartum,
Return-to-work



Get Started:

Go to mavenclinic.com/join/accesso
or download the Maven Clinic App
Any questions? Contact us at support@mavenclinic.com

*If you are a U.S. employee who is enrolled in a high deductible health plan (HDHP), eligible expenses may only be incurred after you have met the minimum statutory deductible applicable to your coverage (single or family) for the applicable plan year. The minimum statutory deductible for 2026 is \$1,700 for an HDHP with single coverage and \$3,400 for an HDHP with family coverage.

PARENTAL LEAVE

For eligible employees, *accesso* offers six weeks of paid parental leave to employees following the birth of an employee's child or the placement of a child with an employee in connection with adoption or foster care.

The purpose of paid parental leave is to enable the employee to care for and bond with a newborn or newly adopted or newly placed child. This policy will run concurrently with Family and Medical Leave Act (FMLA) leave, as applicable.

Please refer to your employee handbook for eligibility details.

Federal Notices

IMPORTANT NOTICE FROM ACCESSO ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with accesso and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. accesso LLC has determined that the prescription drug coverage offered by the ICHRA Medical Plan is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the ICHRA. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.
3. You can keep your current coverage from accesso's ICHRA. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan, your current coverage with accesso will not be affected. Your current coverage pays for health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all your current health and prescription drug benefits. [See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.]

If you do decide to join a Medicare drug plan and drop your current accesso coverage, be aware that you and your dependents will be able to get this coverage back only during a qualified life event or during the annual enrollment period.

When will you pay a higher premium (penalty) to join a Medicare drug plan?

Since the coverage under accesso's ICHRA, is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage...

Contact your plan administrator. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through your employer changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [medicare.gov](https://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).



NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Kathy Lindsay, Sr. Payroll & Benefits Administrator, 407-720-8228.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

WOMEN'S HEALTH & CANCER RIGHTS ACT OF 1998 (WHCRA) NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prosthesis and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator 407-720-8228.



CHIPRA - 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.

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 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 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 July 31, 2021. Contact your State for more information on eligibility.

ALABAMA - Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA - Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS - Medicaid

Website: <http://myarhhip.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA - Medicaid

Website: Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hip>
Phone: 916-445-8322
Email: hipp@dhcs.ca.gov

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:

1-800-221-3943/ State Relay 711

Website: <https://www.kancare.ks.gov/>
CHP+: <https://www.colorado.gov/pacific/hcpf/child-insurance->
Phone: 1-800-792-4884

health-plan-plus
CHP+ Customer Service: 1-800-359-1991/
State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance->

buy-program
HIBI Customer Service: 1-855-692-6442

FLORIDA - Medicaid

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA - Medicaid

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162 ext 2131

INDIANA - Medicaid

Healthy Indiana Plan for low-income adults 19-64 Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid
Website: <https://www.in.gov/medicaid/>
Phone 1-800-457-4584

IOWA - Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/member>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/> [medicaid-a-to-z/hipp](#)
HIPP Phone: 1-888-346-9562

KANSAS - Medicaid

KENTUCKY - Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Page/>

kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA - Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/ lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE - Medicaid

Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: -800-977-6740.
TTY: Maine relay 711

MASSACHUSETTS - Medicaid and CHIP

Website: <https://www.mass.gov/info-details/masshealth-premium-assistance-program>
Phone: 1-800-862-4840

MINNESOTA - Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp> Phone: 1-800-657-3739

MISSOURI - Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/>
MontanaHealthcarePrograms/HIP
P Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website:
<http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website:
<http://dhcfp.nv.gov> Medicaid
Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website:
<https://www.dhhs.nh.gov/oi/hipp.htm>
Phone: 603-271-5218
Toll free number for the HIP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
<http://www.state.nj.us/humanservices/>
dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website:
<http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website:
https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website:
<https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website:
<http://www.nd.gov/dhs/services/medicalsev/medicaid/>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website:
<http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid

Website:
<http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html> Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website:
<https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx> Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)

SOUTH CAROLINA – Medicaid

Website:
<http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website:
<http://gethipptexas.com/>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website:
<https://medicaid.utah.gov/> CHIP Website:
<http://health.utah.gov/chip> Phone: 1-877-543-7669

VERMONT – Medicaid

Website:
<http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select> <https://www.coverva.org/en/hipp>
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website:
<https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid

Website: <http://mywvhipp.com/>
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website:
<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm> Phone: 1-800-362-3002

WYOMING – Medicaid

Website:
<https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security
Administration
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
1-877-267-2323, Menu Option 4, Ext. 61565

Key Contacts

CONTACT	CONTACT INFORMATION
accesso Benefits & Payroll	Rebecca Potter, Benefits Manager benefits@accesso.com 321.418.6061 Susan Kolkedy, Sr. Payroll Administrator Susan.Kolkedy@accesso.com 407.613.2603
The Bailey Group Advisors	accessobenefits@mbaileygroup.com
ICHRA	Contact the ICHRA Customer Service Line with any questions: care@remodelhealth.com or 1-844-748-3240
PlanSource Benefits Enrollment Website	benefits.plansource.com
Dental Guardian (Group #025705)	www.GuardianLife.com 888.600.1600
Vision Guardian (Group #025705)	www.vsp.com 877.814.8970
Life and AD&D Sun Life (Group #934829)	www.mysunlifebenefits.com EOI: https://www.sunlife-usa.net/eol/index.cfm 800.247.6875
FSA iSolved Benefit Services	www.isolvedbenefitservices.com 800.733.8839
HSA Optum Bank	www.optumbank.com 866.234.8913
COBRA iSolved Benefit Services	www.isolvedbenefitservices.com 866.320.3040
Short-Term and Long-Term Disability Sun Life (Group #934829)	www.mysunlifebenefits.com 800.247.6875
Additional Benefits Assist America - Emergency Travel Assistance, Identity Theft Protection (Group #01AASUL100101)	www.assistamerica.com 800.872.1414
Voluntary Benefits Sun Life - Critical Illness, Accident, Hospital Indemnity (Group #934829) Pet Benefit Solutions (Group ID 3875)	www.sunlife.com/us 877.820.5306 www.petbenefits.com/land/accesso 800.891.2565 customercare@petbenefits.com
EAP SupportLinc	www.supportlinc.com Code: accesso 888.881.LINC (5462)
Family Planning Maven	mavenclinic.com/join/accesso support@mavenclinic.com

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The information in this Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. The benefit options selected during Open Enrollment will be binding. The terms and provisions will govern you and restrictions of the plans in which you enroll.

Generally, unless you experience a qualifying life event, your elections will remain in effect for the entire plan year. By completing your enrollment you authorize accesso to deduct contributions from your paycheck, now and in the future, as required under each of the plans. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources. accesso reserves the right to change, amend or cease these benefits at any time.

This guide was last updated on 11/7/2025.