Horizon House

2026
EMPLOYEE BENEFITS GUIDE

Welcome to Horizon House

Horizon House is pleased to continue to offer a comprehensive benefits package. We implore you to take the necessary steps to educate yourself and make the best choices for you and your family.

If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to the Member Advocacy Team.

Inside This Guide

Open Enrollment Highlights

Annual Open Enrollment is your once-a-year opportunity to make changes, renew, waive, or enroll in Horizon House's benefit plans.

Open Enrollment Period

March 16, 2026 – March 22, 2026

2026–2027 Plan Year Highlights

- **Employee Contributions:** Modest increase to employees' contributions for the 2026–2027 plan year.
- **Medical Plan Design Changes:** The Buy Up POS and PPO plan options will have updates to benefit coverage. Please review the plan summaries for details on changes to copayments and deductibles.
- **New Medical/Prescription Drug ID Cards:** All members enrolled in the medical and prescription drug plan will receive a new ID card.
- **UNUM Whole Life Insurance:** UNUM Whole Life Insurance enrollment will now be managed through the Enroll VB platform.

Passive Open Enrollment:

Horizon House is holding an PASSIVE ENROLLMENT this year.This means if you do not log into UKG to make benefit elections for the upcoming plan year your 2026 benefit elections will rollover. However, if you contribute any money into an FSA you will need to log in to select your annual contribution amount for the 2026 plan year. The enrollment process must be completed through UKG by March 22, 2026 if any of the following apply:

- You are changing your current coverage
- You wish to add or remove dependents from your benefits
- You are enrolling in benefits for the first time
- You are currently enrolled and wish to waive or continue your current benefits

Note: We still highly encourage everyone to log into UKG to make sure all your personal information is updated, correct beneficiaries are listed and to check what benefits options are available to you

Eligibility & Enrollment Information

Who Is Eligible?

If you're a full-time employee at Horizon House, you're eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week. In addition, the following family members are eligible for medical, dental and vision coverage:

You may enroll eligible dependents in your medical, dental, and vision plans. Eligible dependents typically include:

- Spouse or Domestic Partner
- Children (biological, stepchildren, legally adopted, or children for whom you have legal guardianship) up to age 26

How to Enroll

You need to select your benefits using UKG, the Agency's online portal. On-line Benefit Website

- To enroll or make changes to your benefit selections, you **MUST** go online to our benefit portal at **https://hhinc.ukg.net**.
- You can access **https://hhinc.ukg.net** at any time and from any place with an internet connection.
- Click on the tab on left of screen which says "**Manage MY Benefits**" this will take you to our benefits portal.

Making Changes During the Plan Year

Qualifying Life Events

Unless you experience a Qualifying Life Event, you cannot make changes to your benefits until the next Open Enrollment period. Qualifying Life Events include:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

You must notify the Benefits Unit within 30 days of experiencing Qualifying Life Event.

Medical & Prescription Benefits

Independence Blue Cross

Horizon House offers three (3) Health Plan Options offered to you through Independence Blue Cross. There is a Base POS, a Buy-Up POS, and a High Option PPO. Please review them carefully to make sure your selection meets your needs and/or the needs of your family. Each medical plan includes prescription drug benefits through Independence Blue Cross or Keystone Health Plan East.

The single deductible is embedded in the family deductible, so no one family member can contribute more than the individual deductible amount during the plan year. Once the member meets their single deductible, they will start paying copays and/or coinsurance until they have reached their out-of-pocket maximum and that individual has no further liability for the balance of the year. Other members of the family will continue to pay toward the family deductible and out-of-pocket maximum.

MEDICAL BENEFITS	OPTION 1 POS	OPTION 2 BUY-UP POS	OPTION 3 PPO
PLAN	**Keystone Health Plan East[1]**	**Keystone Health Plan East[1]**	**Personal Choice[1]**
IN-NETWORK BENEFITS			
Does member need to select a PCP?	Yes, PCP is required	Yes, PCP is required	NO PCP
Is a referral required for other care?	Yes, Referral is required	Yes, Referral is required	NO Referral
Deductible (Single / Family)[2]	$3,000 / $6,000	$1,000 / $2,000	$1,000 / $2,000
Out-of-Pocket Maximum[3]	$7,350 / $14,700	$7,350 / $14,700	$7,350 / $14,700
Preventive Care Services	100% Covered	100% Covered	100% Covered
PCP Office Visit	$30	$30	$30
PCP Telemedicine Visit	N/A	$20	$20
Specialist Office Visit	$60	$60	$60
Specialist Telemedicine Visit	N/A	$40	$40
Outpatient Routine Radiology	$60	$60	$60
OP MRI/ MRA, CT-Scan, PET Scans	$200	$200	$200
Urgent Care Center	$100	$100	$100
Mental Healthcare	$60	$60	$60
Horizon House Reimbursement	50% of Member Cost reimbursed through the Mental Healthcare copayment reimbursement plan[4]		
Outpatient Lab/ Pathology	$60	$0	$0
Inpatient Hospital Services / Skilled Nursing[5]	20% after deductible	$400/day, after deductible	$400/day, after deductible
Horizon House Reimbursement	50% of Member Cost to $1,000 Per Person/Year ($2,000 Family)[5]		
Outpatient Surgery	$500 after deductible	$400 after deductible	$400 after deductible
Emergency Room	$500 after deductible	$500 no deductible	$500 no deductible
OUT-OF-NETWORK BENEFITS			
Deductible (Single / Family) **Coinsurance** **Out-of-Pocket Maximum**	Limited Out of Network Benefits, See Summary	Limited Out of Network Benefits, See Summary	$2,500 / $5,000 50% of Plan Allowance $10,000 / $20,000

Medical & Prescription Benefits

Independence Blue Cross

PRESCRIPTION DRUG BENEFITS	OPTION 1 POS	OPTION 2 BUY-UP POS	OPTION 3 PPO
PLAN	**Keystone Health Plan East[1]**	**Keystone Health Plan East[1]**	**Personal Choice[1]**
Generic (30 Day Supply)	$5	$5	$5
Preferred Generic (30 Day Supply)	$20	$20	$20
Preferred Brand (30 Day Supply)	$75	$75	$75
Non-Preferred (Brand or Generic)	$100	$100	$100
Mail Order (90 Day Supply)	2 times retail copay	2 times retail copay	2 times retail copay
Specialty Drug Copay	50% to $1000/ Script	50% to $1000/ Script	50% to $1000/ Script
Horizon House Reimbursement[6]	50% to $700/ Script	50% to $700/ Script	50% to $700/ Script
Self-administered Specialty Drugs	Must obtain through Briova Specialty Pharmacy		
BI-WEEKLY PAYROLL DEDUCTION	**OPTION 1 POS**	**OPTION 2 BUY-UP POS**	**OPTION 3 PPO**
Employee Only	$90.53	$121.65	$164.99
Employee + Child(ren)	$196.20	$255.54	$333.36
Employee + Spouse / Domestic Partner	$328.81	$393.79	$494.90
Employee + Family	$423.06	$487.23	$616.19

[1] Keystone HMO plan operates as AmeriHealth HMO in certain counties outside of the Greater Philadelphia tri-State region, but the benefits and cost is exactly the same. "Personal Choice" is the PPO Network within the tri-state Greater Philadelphia area; outside this area a PPO Member has access to the BCBS PPO Networks in that area. You can seach for participating providers of each plan option at https://www.ibx.com

[2] On the Option 1 plan, the In-Network Deductible only applies to certain services such as inpatient hospital care, outpatient surgery, and ER. It does NOT apply to most copay services and it does NOT apply to prescription drugs.

[3] In-Network Out-of-Pocket Maximum includes member payments for medical and prescription drug copays, deductible and coinsurance amounts (if applicable to the Plan Option).

[4] 50% of Member Cost reimbursed through the Mental Healthcare copayment reimbursement plan

[5] Inpatient Hospital Reimbursement Plan – the Agency will reimburse a member 50% of the member cost for an inpatient hospital or Skilled Nursing Facility admission up to the limits of the plan. S

[6] The Agency will reimburse a member 50% up to $700 per specialty script. This sheet is a comparison of some of the benefits offered by the insurance plans. It is not intended to be a detailed description of benefits. For more information on the limitations, exclusions and services requiring pre-certification, please refer to the appropriate certificate/booklet from the carrier. In the event there is a discrepancy between this document and the actual provisions as defined by the insurance carrier certificate/booklet, the later shall govern.

Vision Benefits

Independence Blue Cross

Take care of your vision and overall health while saving on your eye care and eyewear needs. Vision insurance can help you maintain your vision as well as detect various health problems. Health conditions such as diabetes and high blood pressure can be detected early through a comprehensive eye exam. Eligible employees have the option of electing the voluntary vision plan outlined below.

Our vision plan is administered by Independence Blue Cross and provides coverage for a range of vision care including exams, frames, lenses and contact lenses.

VISION BENEFITS	POS PLANS		PPO PLAN	
	IN-NETWORK	OUT - OF - NETWORK	IN-NETWORK	OUT - OF - NETWORK
Exam *(Davis participating providers)*	Not Covered	Not Covered	No Charge	$35 Reimbursement
Collection Fashion/ Designer/ Premier Frames	No Charge	Not covered	No Charge	Not covered
Non-Collection Frames	$65 allowance (20% off balance)	$100 Reimbursement	$65 allowance (20% off balance)	$100 Reimbursement
Lenses				
Single Vision Lenses	No Charge	$100 Reimbursement	No Charge	$100 Reimbursement
Bifocal Lenses	No Charge	$100 Reimbursement	No Charge	$100 Reimbursement
Trifocal Lenses	No Charge	$100 Reimbursement	No Charge	$100 Reimbursement
Lenticular Lenses	No Charge	$100 Reimbursement	No Charge	$100 Reimbursement
Contact Lenses *In lieu of eyeglasses*	Up to $100 Allowance	$100 Reimbursement	Up to $100 Allowance	$100 Reimbursement
Frequency *Vision Exam / Lenses / Frames / Contact Lenses*	Once every 24 months	Once every 24 months	Once every 24 months	Once every 24 months

When you enroll in a medical plan, vision coverage is automatically provided and included as part of your medical premium.

Prescription Drug Resources

GoodRx

Stop paying too much for your prescriptions! GoodRx is a prescription drug price comparison tool which allows you to simply and easily search for retail pharmacies that offer the lowest price for specific medications.

The cost for the same medications — even when using a network retail pharmacy — varies drastically from one drug store to the next. While prescription drug plan copays may be the same no matter which pharmacy you go to, the retail cost to your employer may be greatly reduced when you get your medications from a pharmacy that charges a discounted price. Lower costs for your employer can also help keep your benefits costs down in the long run.

Use GoodRx to compare drug prices at local and mail-order pharmacies and discover free coupons and savings tips. Find huge savings on drugs not covered by your insurance plan – you may even find savings versus your typical copayment!

You can find the lowest price on prescriptions right from your phone or tablet. Download the GoodRx mobile app today for:

- Instant access to the lowest prices for prescription drugs at more than 75,000 pharmacies
- Coupons and savings tips that can cut your prescription costs by 50% or more
- Side effects, pharmacy hours and locations, pill images, and much more!

Learn more and start saving on your prescriptions today at **connerstrong.goodrx.com**.

Reimbursement Program

Help cover your out-of-pocket costs

To help defray some of the costs associated with hospital-based services (inpatient, outpatient, emergency room and specialized drugs), Horizon House offers several reimbursement programs as well as voluntary insurance plans, which are listed below. Details regarding these plans are available on the online enrollment site and include the payroll costs associated with each plan

Reimbursement Program:

Emergency Room Co-pay:

Regardless of what health insurance plan you select, the co-pay cost for Emergency Room services is $500 per visit. In order to help with this cost, members and dependents insured under one of our medical plans are eligible for a reimbursement of up to $200. This program is available through our provider, WEX Benefits and all you need to do is submit a claim form directly to them. For more information, contact WEX Benefits at **www.wexinc.com** or by phone at **866-451-3399**.

Inpatient Hospital (IHRP):

This plan is fully funded by Horizon House and covers all employees who elect one of the health plan options. The plan will reimburse 50% of the cost for in-patient hospitalization up to $1,000. No enrollment is necessary, but you have to submit the Inpatient Hospitalization Reimbursement Form to the Benefits Unit should you become hospitalized. Full details are outlined on the benefit website portal at **https://hhinc.ukg.net**.

Self-Administered Specialty Drugs:

Members will be expected to pay 50% of the up-front plan cost of the drug to a maximum of $1,000 per script; but Horizon House will reimburse employees any amount over $300 /script. Search for WEX Benefits in the App Store on your mobile phone to download the mobile app to be reimbursed in as little as 3 days. For more information and help, contact WEX Benefits at **866-451-3399** or **www.wexinc.com**.

Mental Health Services:

Horizon House will reimburse staff for a portion of outpatient Mental Health visits for in-network providers. The current co-pay for a mental health visit is $60; however, the Agency will reimburse up to $30 per visit for anyone who utilizes this benefit. For more information and help, contact WEX Benefits at **866-451-3399** or **www.wexinc.com**.

Flexible Spending Accounts (FSA)

WEX

Flexible spending accounts, or FSAs, provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next plan year, you can lower your taxable income.

Healthcare FSA

The Healthcare FSA allows you to set aside pre-tax dollars via payroll deductions to pay for qualified healthcare expenses for you and your dependents. For 2026, the annual maximum amount you may contribute is $3,400 per calendar year.

The Healthcare FSA can be used for:

- Doctor office copays
- Non-cosmetic dental procedures (crowns, dentures, orthodontics)
- Prescription contact lenses, glasses and sunglasses
- LASIK eye surgery

Dependent Care FSA

The Dependent Care FSA lets you use pre-tax dollars toward qualified dependent care expenses. The annual maximum amount you may contribute is $7,500 (or $3,750 if married and filing separately) per calendar year.

The Dependent Care FSA can be used for:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)
- Au Pair
- After school programs
- Baby-sitting/dependent care to allow you to work or actively seek employment
- Day camps and preschool
- Adult/eldercare for adult dependents

Use-It-or-Lose-It

Flexible Spending Accounts operate under a use-it-or-lose-it rule, meaning that money not used by the end of the plan year does not rollover and must be forfeited, per IRS regulations.

Dental Benefits

United Concordia

Eligible employees and their eligible family members may enroll in the United Concordia dental plan, which includes 100% coverage for preventive services such as routine dental exams, cleanings and X-rays.

DENTAL BENEFITS	HIGH OPTION		LOW OPTION	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	$50/$150 Excludes In-Network Class[1] & Orthodontics		$0/$0 Excludes In-Network Class[1]	
Annual Program Maximum (per person)	$2,000 Excludes Orthodontics	$1,500 Excludes Orthodontics	$1,000	
Class I - Diagnostic/ Preventative Services *Exams* *Bitewings X-rays* *All Other X-rays* *Cleaning & Fluoride Treatments* *Sealants* *Space Maintainers* *Palliative Treatment*	100%	100%	100%	90%
Class II - Basic Services *Basic Restorative (Fillings)* *Simple Extractions* *Repairs of Crowns, Inlays, Onlays, Bridges & Dentures* *Endodontics* *Nonsurgical Periodontics* *Surgical Periodontics* *Complex Oral Surgery* *General Anesthesia*	100%	80%	50%	40%
Class III - Major Services *Crowns, Inlays, Onlays Prosthetics (Bridges, Dentures)* *Implants*	60% 50%	50% 50%	0% 0%	0% 0%
Orthodontia Benefits (children age 19 and below) *Diagnostic, Active, Retention Treatment*	50%	50%	No Coverage	No Coverage
Orthodontia Lifetime Maximum (per patient)	$1,500		No Coverage	

BI-WEEKLY PAYROLL DEDUCTION	HIGH OPTION	LOW OPTION
Employee Only	$13.83	$8.03
Employee + Child(ren)	$25.87	$14.57
Employee + Spouse / Domestic Partner	$22.26	$11.56
Employee + Family	$39.69	$21.87

Ancillary Benefits

Lincoln Financial Group

Short Term Disability

All full-time active employees working 30 or more hours per week are covered under this Short-Term Disability income benefit plan. Part-time employees are not eligible.

Class 1: A 1 year waiting period applies to all new hires and those who switch to full-time status. They become covered as of the first day of the month immediately following 1 year of full-time employment.

- If you are Totally Disabled beyond the elimination or waiting period due to an injury or sickness, you will be eligible to receive a weekly benefit of 60% of your basic weekly earnings to a maximum weekly benefit of $4,000 for up to 8 weeks. The minimum weekly benefit is 10% of the weekly total disability benefit. This benefit is fully taxable.

Class 2: A 5 year waiting period applies to all new hires and those who switch to full-time status. They become covered as of the first day of the month immediately following 5 years of full-time employment.

- If you are Totally Disabled beyond the elimination or waiting period due to an injury or sickness, you will be eligible to receive a weekly benefit of 75% of your basic weekly earnings to a maximum weekly benefit of $4,000 for up to 8 weeks. The minimum weekly benefit is 10% of the weekly total disability benefit. This benefit is fully taxable.

Class 3: A 10 year waiting period applies to all new hires and those who switch to full-time status. They become covered as of the first of the month immediately following 10 years of full-time employment.

- If you are Totally Disabled beyond the elimination or waiting period due to an injury or sickness, you will be eligible to receive a weekly benefit of 100% of your basic weekly earnings for up to 8 weeks. There is no maximum benefit. The minimum weekly benefit is 10% of the weekly total disability benefit. This benefit is fully taxable.

All classes: For Maternity claims, the weekly benefit's maximum duration is up to 6-weeks for a vaginal delivery and up to 8-weeks for a c-section delivery.

Long Term Disability

Class 1: All Full-Time Employees With 1+ Years of Service in Grades 1 through 9

- **Minimum Hours:** 30 hours per week
- **Contributions:** Insured employees are not required to contribute to the cost of the Long-Term Disability coverage.
- **Benefit Percentage:** 60%
- **Maximum Monthly Benefit: $6,000**
- **Minimum Monthly Benefit:** $100 or 10% of the Insured Employee's Monthly Benefit, whichever is greater
- **Elimination period:** 90 calendar days of Disability caused by the same or a related Sickness or Injury, which must be accumulated within a 180 calendar day period.

Class 2: All Full-Time Employees With 1+ Years of Service in Grades 10 or More

- **Minimum Hours:** 30 hours per week
- **Contributions:** Insured employees are not required to contribute to the cost of the Long-Term Disability coverage.
- **Benefit Percentage:** 60%
- **Maximum Monthly Benefit:** $12,000
- **Minimum Monthly Benefit:** $100 or 10% of the Insured Employee's Monthly Benefit, whichever is greater
- **Elimination Period:** 90 calendar days of Disability caused by the same or a related Sickness or Injury, which must be accumulated within a 180 calendar day period.

Voluntary Benefits
Lincoln Financial Group

Term Life & AD&D Basic Life Insurance

Life and Accidental Death & Dismemberment (AD&D) insurance provides protection to those who depend on you financially, in the event of your death or an accident that results in death or serious injury.

Term Life & Accidental Death and Dismemberment Insurance are available through Lincoln Financial Group. For new hires (anyone hired in the last 2 months), this plan has a guaranteed issue of up to a $300,000 benefit. This means you do not need to answer any medical questions. This is an extremely affordable plan for you and your dependents, and you can learn about this plan on the Benefit website at **https://hhinc.ukg.net.**

Critical Illness

We know that everyone has different needs when coping with a critical illness. With Critical Illness insurance, you get a benefit paid directly to the covered person, unless otherwise assigned, if they are diagnosed with a covered critical illness, such as:

- Cancer
- Heart attack
- Stroke

This plan can help ease some of your financial worries so you can stay focused on your health. You choose how to spend or save your benefit. It can be used for expenses, such as:

- Paying for childcare or help around the house
- Travel costs to see a specialist
- Medical treatment and doctor visits
- Copays and deductibles
- Prescription drug costs

These plans pay flat $5,000, $10,000 or $20,000 if you are diagnosed with a critical illness or cancer as listed in the materials. Pre-existing condition exclusion may apply. You can learn about and enroll in this plan on the Benefit website at **https://hhinc.ukg.net**.

Voluntary Benefits
Lincoln Financial Group

Accident Insurance

Accidents happen and they can affect more than just your physical health. With Accident Insurance, you get a benefit to help pay for costs associated with a covered accident or injury. You may utilize the payments as you best see fit.

Accident Insurance covers:

- Initial & emergency care
- Hospitalization
- Fractures & Dislocation
- Follow-up care

If you have an accident that causes an injury, this plan will pay a benefit based on the type of loss. This is one of the most affordable plans you can buy, and it does not have a pre-existing condition exclusion. You can learn about and/or enroll in this plan directly on the Benefit website at **https://hhinc.ukg.net**.

Hospital Indemnity

A hospital stay can happen at any time, and it can be costly. Hospital Indemnity insurance helps you and your loved ones have additional financial protection.

With hospital indemnity insurance, a benefit is paid directly to the covered person, unless otherwise assigned, after a covered hospitalization resulting from a covered injury or illness.

It can be used for expenses, such as:

- Copays
- Deductibles
- Coinsurance
- Unexpected costs
- Childcare
- Follow-up services
- Help for the home

This is an affordable voluntary insurance plan that pays benefits in the event you are hospitalized, as well as for other certain services. Pre-existing condition exclusion applies. You can learn about and/or enroll in this plan directly on the Benefit website at **https://hhinc.ukg.net.**

Additional Benefit Offerings & Programs

Retirement Plans

Legacy Financial Group (the Agency's third-party administrator) is available for consultations regarding your retirement plan. You will receive more details and contact information from Legacy directly via your Agency email. Make sure to take advantage of their consult and assistance with your retirement needs including funding advice.

UNUM Whole Life Insurance

Horizon House continues to offer a Whole Life Insurance product through UNUM. UNUM Whole Life Insurance enrollment will now be managed through the Enroll VB platform.

Sage College Tuition Benefit

United Concordia offers a College Tuition Benefit to any employee who selects their dental plan. This program allows the student(s) you choose to earn rewards that can be used at participating colleges to offset tuition costs.

For more information about this program or to view your account, go to **www.tuitionrewards.com**.

Value-Added Services
Conner Strong & Buckelew

BenefitPerks Rewards Program

With CSB Benefit Perks, members gain access to premium discounts on valuable services and items.

CSB Benefit Perks is a discount and rewards program provided by Conner Strong & Buckelew (CSB) that is available to all employees at no additional cost. The program allows employees to receive discounts and cash back for hand-selected shopping online at major retailers.

Use the Benefit Perks website to browse through categories such as: Automotive, Beauty, Computer & Electronics, Gifts & Flowers, Health & Wellness and much more! Employees can also print coupons to present at local retailers and merchants for in-person savings, including movie theatres and other services.

Start saving today by registering online at **connerstrong.corestream.com**.

Value-Added Services
Conner Strong & Buckelew

HUSK Marketplace

Achieving optimal health and wellness doesn't have to be complicated or expensive. Access exclusive best-in-class pricing with some of the biggest brands in fitness, nutrition, and wellness with HUSK Marketplace.

Gyms & Fitness Centers
HUSK Marketplace members can access exclusive savings and flexible membership options to a variety of facilities. From national chains to specialty studios, HUSK and something for every workout.

HUSK Nutrition
HUSK Nutrition provides evidence-based virtual health and nutrition programs. You will meet with a Registered Dietician who will implement a complete 1-on-1 nutrition program specifically designed to answer your nutrition related questions, meet your health goals, individual needs, and busy lifestyle.

Home Equipment & Tech
Whatever your fitness level is, HUSK has exclusive equipment and wearable technology to help support you on your wellness journey. Whether you want to monitor an everyday activity or start a new fitness routine, find the best products and deals here.

On-Demand Fitness
Take advantage of all the benefits of group exercise classes in the comfort of your own home. HUSK's streaming membership options will take your wellness and workouts to the next level.

Mental Health
We all need help sometimes. We all go through difficulties and struggles. HUSK Mental Health connects you with licensed therapists through technology. Our therapists empower you through guidance and support using evidence-based practices.

https://marketplace.huskwellness.com/connerstrong

HealthyLearn

HealthyLearn covers over a thousand health and wellness topics in a simple, straightforward manner. The data and information is laid out in an easy-to-follow format. HealthyLearn includes the following interactive features and services:

- Ask the Coach
- Rotating Health Tip-of-the-Day
- Symptom Checker
- A to Z Encyclopedia
- Health News
- Medical Self-Care Guides for Adults, Children, Adolescents and Seniors
- Women and Men Guides
- Pain Management Guide
- Mental Health Guide
- Home Safety Guide
- Wellness and Disease Management
- Tobacco Cessation
- Stress Management
- Nutrition and Weight Loss
- Health Trackers
- Monthly Wellness Newsletter

Download the HealthyLife Mobile App for access on-the-go!

1. Search your app store for "**healthylife mobile**"
2. Download and open the app
3. Enter the Conner Strong & Buckelew special access code: CSB (all caps)

PLEASE NOTE: You must use the special access code above each time you open the app.

Learn more and get started on your path to wellness today by visiting HealthyLearn at **healthylearn.com/connerstrong**.

Benefits Member Advocacy Center (MAC)

Conner Strong & Buckelew

Employee benefits can be complex, making it difficult to fully understand your coverage and how to use it effectively. The Benefits Member Advocacy Center (MAC) connects you with an expert who can answer your questions and help you maximize your benefits.

You may contact the Benefits MAC if you:

- Believe your claim was not paid properly
- Need clarification on information from the insurance company
- Have a question regarding a bill from a doctor, lab or hospital
- Are unclear on how your benefits work
- Need help to resolve a problem you've been working on

Member Advocates are available Monday through Friday, 8:30am to 5:00pm (Eastern Time). After hours, you can leave a message with a live representative and receive a response by phone or email within 24 to 48 business hours.

How To Contact Member Advocacy?

You may contact the Member Advocacy Team in any of the following ways:

- **Phone: 800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm (Eastern Time)
- **Email**: **cssteam@connerstrong.com**
- **Web: www.connerstrong.com/memberadvocacy**

This resource is available to you and your enrolled dependents!

Additional Benefit Offerings & Programs

COVERAGE TYPE	CARRIER NAME/CONTACT	CUSTOMER SERVICE PHONE	WEBSITE
BENEFITS MEMBER ADVOCACY CENTER	Conner Strong & Buckelew	800-563-9929	www.connerstrong.com/memberadvocacy
MEDICAL, PRESCRIPTION & VISION	Independence Blue Cross	800-275-2583	www.ibx.com
DENTAL	United Concordia	800-332-0366	www.UnitedConcordia.com
VOLUNTARY PLANS: *Hospital Indemnity, Accident Insurance, Critical Illness/ Cancer plans, Term Life & AD&D*	Lincoln Financial	800-423-2765	www.LincolnFinancial.com
FSA BENEFITS	Wex Benefits	866-451-3399	www.wexinc.com
REIMBURSEMENT PROGRAMS: *Emergency Room Co-pay, Self- Administer Specialty Drugs, Mental Health Services*	Wex Benefits	866-451-3399	www.wexinc.com
SAGE COLLEGE TUITION BENEFIT	SAGE Scholars	N/A	www.Tuitionrewards.com
WHOLE LIFE INSURANCE	Unum	866-679-3054	www.unum.com
RETIREMENT PLANS	Legacy Financial Group	N/A	N/A

Legal Notices

Special Enrollment Notice

Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage (including COBRA coverage) is in effect, 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 Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within [30 days or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment. When the loss of other coverage is COBRA coverage, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the Plan. Generally, exhaustion means that COBRA coverage ends for a reason other than the failure to pay COBRA premiums or for cause (that is, submission of a fraudulent claim). This means that the entire 18-, 29-, or 36-month COBRA period usually must be completed in order to trigger a special enrollment for loss of other coverage. Coverage will be effective the first of the month following your request for enrollment.

Loss of coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program (CHIP). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

New dependent by marriage, birth, adoption, or placement for adoption. 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 new dependents. However, you must request enrollment within [30 days or any longer period that applies under the plan] after the marriage, birth, adoption, or placement for adoption. If you request a change within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

To request special enrollment or obtain more information, contact Human Resources.

Women's Health and Cancer Rights Act 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 was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses;
- and treatment of physical complications of the mastectomy, including lymphedema.

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, please speak with Human Resources.

Notice of Coverage for Newborns and Mothers

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).

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 January 31, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: http://myalhipp.com/
Phone: 1-855-692-5447

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

ARKANSAS – Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

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
CHP+: https://hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1
GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: 678-564-1162, Press 2

INDIANA – Medicaid
Health Insurance Premium Payment Program
All other Medicaid
Website: https://www.in.gov/medicaid/
http://www.in.gov/fssa/dfr/
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website:
Iowa Medicaid | Health & Human Services
Medicaid Phone: 1-800-338-8366
Hawki Website: https://hhs.iowa.gov/medicaid/plans-programs/hawki
Hawki Phone: 1-800-257-8563
HIPP Website: https://hhs.iowa.gov/medicaid/plans-programs/fee-service/health-insurance-premium-payment-program
HIPP Phone: 1-888-346-9562

Legal Notices

KANSAS – Medicaid
Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid
Louisiana Medicaid Website:
https://www.ldh.la.gov/healthy-louisiana
Medicaid Customer Service Line: 1-888-342-6207
Louisiana Medicaid email: healthy@la.gov
Louisiana Health Insurance Premium Program (LaHIPP) Website:
https://www.ldh.la.gov/lahipp
LaHIPP phone: 1-877-697-6703
LaHIPP email: La.HIPP@la.gov
LaHIPP fax: 1-888-716-9787
LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084

MAINE – Medicaid
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid
Website: https://mn.gov/dhs/health-care-coverage/
Phone: 1-800-657-3672

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/HIPP
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

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/programs-services/medicaid/health-insurance-premium-program
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710 (TTY: 711)

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: https://www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
Phone: 1-800-692-7462
CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)
CHIP Phone: 1-800-986-KIDS (5437)

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: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP)
Website: https://medicaid.utah.gov/upp/
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: https://medicaid.utah.gov/expansion/
Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/
CHIP Website: https://chip.utah.gov/

VERMONT– Medicaid
Website: https://dvha.vermont.gov/members/medicaid/hipp-program
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

West Virginia – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/
http://mywvhipp.com/
Medicaid Phone: 304-558-1700
CHIP 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 January 31, 2026, 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

Notes

Notes

Horizon House

Horizon House reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment 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. If you have any questions about your Guide, contact Human Resources.