SCOTT

EMPLOYEE BENEFITS GUIDE

October 1, 2026 – September 30, 2027

Virginia Lutheran HOMES

BRANDON OAKS
In the heart of it all

EMPLOYEE BENEFITS GUIDE

2026 - 2027

Dear employees,

Virginia Lutheran Homes appreciates the hard work and dedication you bring to our organization. You are such a valuable part in the success of serving our residents. We are thankful for you!

We care about the overall well-being of you and your families which is why we understand the importance of having a well-rounded benefits program that offers added protection in the case of illness or injury. With thoughtful planning, negotiating with carriers and hearing employee voices, we have created such a robust benefits program that you and your family can benefit from and feel more secure.

This guide has been developed to assist you in learning about your benefit options and information on how to enroll. We encourage you to take time to educate yourself on the options available to you so that you can choose the best coverage for you and your family.

Sincerely,

Virginia Lutheran Homes

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Enrollment Details

Benefits are effective on a plan year that runs from October 1, 2026 – September 30, 2027.

Eligibility:

- Full-time employee working 37.5+ hours per week (30+ for medical)
- Eligible spouse and dependents of full-time employee enrolled in coverage can also be covered in the benefits outlined in this guide
    - Spouse who is not offered affordable medical coverage (defined by the ACA standards) through his/her employer
    - Child(ren) up to the age of 26 – In addition, stepchildren who reside with the employee and are primarily dependent upon the employee for support are also considered eligible dependents. Child(ren) who has a physical or mental disability may be eligible for coverage at any age with proof of disability

How to Enroll/Make Benefit Changes:

- **Open Enrollment:** Open Enrollment is **PASSIVE** this year, meaning that your current benefits will carry over to the upcoming plan year if you do not make any changes.
    - If you are wanting to continue contributing to your Health Savings Account (HSA) or Flexible Spending Account (FSA) you must re-elect in your contribution amount annually.
    - Please log into Proliant from **August 10 through August 21** to review and/or submit benefit election changes, review and update any personal information such as address and phone number and beneficiaries. **The deadline to make any changes to your upcoming benefits is Friday, August 21, 2026.**

- **New Hires:** New Hires are eligible for benefits first of the month coinciding with or next following 30 days of employment.

- **Qualifying Life Event:** Outside of open enrollment and your new hire period, you cannot make benefit changes until the next annual open enrollment unless you experience a qualifying life event (include events such as marriage, divorce, 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 change in coverage under another employer-sponsored plan). See HR within 30 days of when you experience a QLE to make applicable benefit change.

Annual Health Plan Notices:

Please review the Annual Notices by clicking here: **https://scottins.hflip.co/VLH2026AnnualNotices**

This guide has been developed to assist you in learning about your benefit options and information on how to enroll.

We encourage you to take time to educate yourself about your options available to you so that you can choose the best coverage for you and your family.

Please see Human Resources if you have any questions.

Payroll Deduction Overview

Should you choose to enroll in the offered benefit coverages, you will be required to pay a portion of the premium cost, which is deducted on a pre-tax basis from each of your paychecks. Below is a breakdown per pay period of the cost for medical, dental and vision benefits.

MEDICAL (Anthem)		
	Healthkeepers 25 500/20%/4000	**Healthkeepers HSA 3400/0%/4500**
Employee Only	$74.01	$13.85
Employee + Child	$252.92	$79.50
Employee + Children	$590.04	$285.69
Employee + Spouse	$697.52	$364.06
Family	$1,126.83	$680.96

DENTAL (Delta Dental)		
	LOW	**HIGH**
Employee Only	$6.90	$13.27
Employee + Child(ren)	$18.85	$32.22
Employee + Spouse	$17.77	$30.48
Family	$24.85	$41.24

VISION (EyeMed)	
Employee Only	$0.00
Employee + Child(ren)	$ 2.57
Employee + Spouse	$ 2.32
Family	$ 4.99

Please see Proliant for the cost of all other voluntary benefits not listed above.

Key Contacts

Have questions regarding claims, benefits, ID card or much more, please contact the applicable carrier below or visit their member portal.

Medical	**Anthem** 1-833-592-9956 www.anthem.com
Pharmacy	**Anthem** 1-888-809-6084
Dental	**Delta Dental** 1-800-237-6060 www.deltadentalva.com
Vision	**EyeMed** 1-866-9-EYEMED www..eyemed.com
Life & Disability	**The Hartford** Email: gbdcustomerservice@thehartford.com 1-800-523-2233 1-888-301-5615 (Disability Claims) Thehartford.com
Health Savings Accounts & Flexible Spending Account	**Flores** 1-800-532-3327 www.flores247.com
LiveHealth Online (Telemedicine)	**LiveHealth Online** 1-888-548-3432 Livehealthonline.com
Employee Assistance Program (EAP)	**Anthem** 1-800-346-5484 anthemEAP.com

Have payroll questions or need additional support? Please contact Human Resources.

Brian Ard, HR Director	540-562-5443 ext. 8774 bard@vlhnet.org
Aija Kroll, HR Generalist	540-562-5443 ext. 8782 540-562-5463 (fax) akroll@vlhnet.org

Medical & Pharmacy

Virginia Lutheran Homes offers medical insurance through Anthem under the Healthkeepers network where you have the freedom to use providers in and out-of-network, but you will save money by visiting in-network providers. Please visit www.anthem.com for a list of participating providers. Your deductible and out-of-pocket-maximum reset on October 1. Please note, your spouse is only eligible to be enrolled on the health plan if he or she is not offered health coverage through their employer (must sign annual Spousal Declaration Form).

	Healthkeepers 25 / 500 / 20% / 4000	Healthkeepers HSA 3400 / 0% / 4500
In-Network Benefits		
Embedded Deductible (Ind/Fam)	$500 / $1,000	$3,400 / $6,800
Coinsurance	20%	0%
Out-of-Pocket Max. (Ind/Fam)	$4,000 / $8,000	$4,500 / $9,000
Preventive Care	Covered 100%	Covered 100%
Vision Exam (Child/Adult)	$0 / $15 copay, 1 per year	$0 / $15 copay, 1 per year
Office Visits (PCP/Specialist)	$25 PCP / $50 SPC	Covered at 100% after deductible
Urgent Care	$50 copay	Covered at 100% after deductible
Emergency Room Services	20% after deductible	Covered at 100% after deductible
Diagnostic Labs/X-rays	20% after deductible	Covered at 100% after deductible
In/Outpatient Hospital Expenses	20% after deductible	Covered at 100% after deductible
Mental Health & Substance Abuse	Outpatient: $25; Inpatient: 20% after deductible	Covered at 100% after deductible
Prescription Drugs		
Preventive Drug List (medications at no cost)	No	Yes Preventive Drug List *
Out-of-Pocket Max.	Combined with Medical	Combined with medical
Retail Pharmacy Copays	No deductible $10 / $40 / $70 / 20% up to $300	Copays apply after deductible $10 / $40 / $70 / 20% to $300
Mail Order Copays	$20 / $100 / $175 / 20% up to $300	$20 / $100 / $175 / 20% up to $300
Out-of-Network Benefits		
Deductible (Ind/Fam)	$1,000 / $2,000	$6,800 / $13,600
Coinsurance	30%	Employee 30%
Out-of-Pocket Max.(Ind/Fam)	$10,000 / $20,000	$11,250 / $22,500

Please see www.anthem.com for most recent Preventive Drug list for the HSA 3400 plan.

	Healthkeepers 25 / 500 / 20% / 4000	Healthkeepers HSA 3400 / 0% / 4500
Employee Cost Per Pay Period		
Employee Only	$74.01	$13.85
Employee + Child	$252.92	$79.50
Employee + Children	$590.04	$285.69
Employee + Spouse	$697.52	$364.06
Employee + Family	$1,126.83	$680.96

Need health comparing health plans? Visit www.healthplanassist.com (access code: VLH)

Anthem Member Portal

Anthem offers a variety of tools and resources to their members. Download the Sydney[SM] mobile app or visit www.anthem.com to:

- View, print or request a physical copy of your medical ID card –Anthem is all digital with your ID card and communications, meaning you can access these through your member portal
- Track deductible and out-of-pocket maximum utilization
- View claims and benefits
- View EOBs – Anthem provides you with an electronic version of your EOB. If you would like to receive a mailed physical copy of your EOB, you can update your member preference on the member portal: go to Profile | Communications & Settings | Digital Settings
- Access member tools and resources

Mail Order Pharmacy

Skip the pharmacy by signing up for home delivery through CarelonRx Mail for the prescriptions you take long-term for conditions like high blood pressure, diabetes, heart disease, asthma and thyroid problems. You'll receive your medications at your door and enjoy the convenience of not having to visit the pharmacy and find some savings in your pocket every 90 days!

1. Visit the Pharmacy page on the member portal then choose **Request a New Prescription**
2. Type in the prescription you'd like delivered then under the name and cost of your prescription, select **Request a New Prescription**
3. Fill in any blank fields, such as shipping address, payment method and prescriber. First-time requestors will need to select **Continue to Medical Profile**
4. Verify any allergies or health conditions then select **Continue to Submit Order**

Anthem Cost Comparison Tool

Choosing a doctor you trust is important – and choosing one in your plan's network can keep your costs down. Once logged into the member portal, select **Find Care** where you'll be able to find in-network providers and compare costs among providers.

Tip: There are alternatives to the emergency room for non-emergency related care: LiveHealth Online, Primary Care Provider, Retail Health Clinic and Urgent Care.

LiveHealth Online

Connect 24'7 with a board-certified doctor virtually for non-emergency related illnesses or concerns such as flu, skin rashes or infections, pink eye, allergies, cold/fever, sore throat, headaches and much more! Doctors can diagnose and prescribe medications that can be sent to your local pharmacy for pick up. The visit is at no cost to you! Download the LiveHealth Online app. or visit www.livehealthonline.com to pre-register then connect with a doctor.

Relieve back, joint and pelvic pain from the comfort of your home.

Sword Health

Anthem
And its Affiliate HealthKeepers, Inc.

thrive

Sword **Thrive** is an at-home physical therapy program where a licensed therapist will meet with you online and design an individualized educational and exercise plan just you.! You will be shipped a specialized tablet and motion sensors to guide you through your exercises and provide real-time feedback to help you manage your back and joint health.

- Work with a dedicated Physical Therapist from day one
- Follow a care plan built around your pain, goals, and routine
- Receive your Thrive Kit so you can do guided sessions from home

bloom

Sword **Bloom** is an at-home pelvic health and pelvic floor therapy program for women!

- Get support for bladder leaks, pelvic pain, menopause symptoms and pregnancy
- A Pelvic Health Specialist who builds your plan around your body and goals
- Guided exercises you can do privately at home

move

Sword **Move** is an at-home personalized movement program!

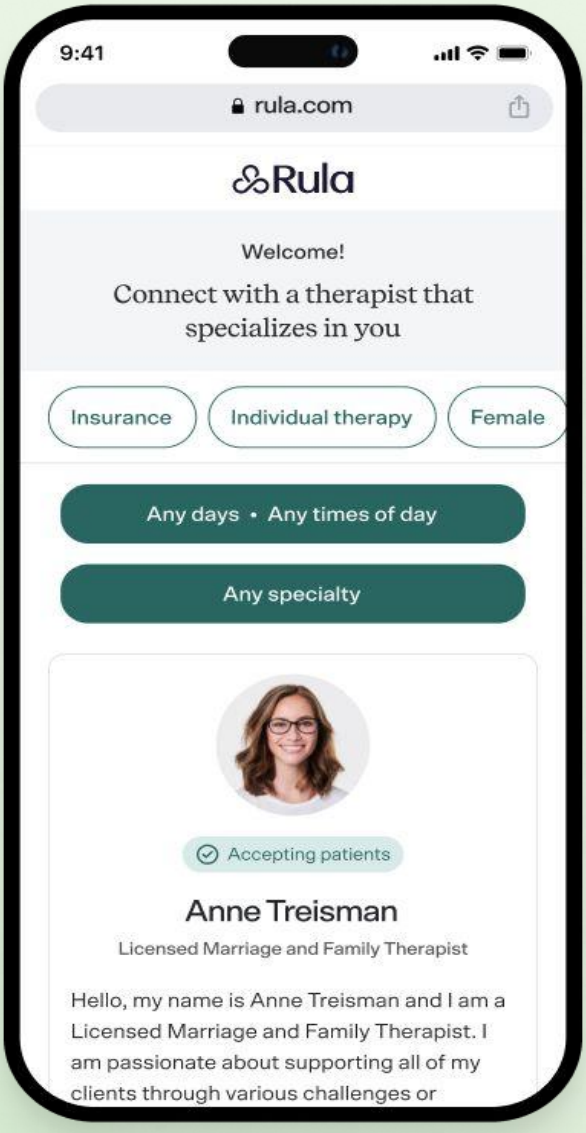
- Get a personalized Move Plan for your goals and routine
- Get support from a Physical Health Specialist
- Build movement habits that fit your day

This is a free program, available to Anthem members!

Rula

Available to Anthem members.

Finding a therapist iust got easier



- **One of many mental health care options available to Anthem members**
- **Online support for mental healthcare**
- **Rapid access to scheduling visits (takes less than 5 minutes to schedule)**
- **Be seen within 3 days of scheduling 1st visit**
- **Select your therapist preferences with a broad provider network (gender, language, ethnicity and specialty)**
- **Book consistent future appointments in advance**
- **Estimated cost is provided when you schedule your visit with a Rula provider – Cost is subject to your Anthem health plan**

Get started today

www.rula.com/virginia-lutheran-homes

(323) 205-7088

KnovaSolutions

Who is KnovaSolutions? Health care service team made up of a nurse, a pharmacist, and a medical research librarian who will work with you to help answer your health care questions and needs. Their team is dedicated to improving you and your family's health and well-being. They are available to help consult you on your important health care decisions and questions. Common questions that KnovaSolutions helps address:

- What does my diagnosis mean?
- Where can I go for the best treatment?
- How do I get a copy of my medical records?
- What lifestyle changes will improve my health
- How can I decrease my stress?

What does KnovaSolutions do? KnovaSolutions is available to answer your questions regarding: healthcare treatment options, medical care decisions, medication, and work-life balance. This is a secure and confidential program in which your conversations will not be shared with anyone.

How much does it cost? No cost to you!

How do I enroll? Call KnovaSolutions at 1-800-355-0885 to determine your eligibility. If you are eligible for the program, a KnovaSolutions agent will reach out to you by phone to see if you would like to enroll. Please note, the incoming call will show up as Cheyenne, Wyoming on your caller ID.

If you or one of your family members are experiencing a complicated medical situation, KnovaSolutions may be able to help you navigate the healthcare system and receive the best care possible.

Twin Health

Metabolic Health

LOSE WEIGHT & HEAL YOUR METABOLISM
LOWER RISK FOR PRE-DIABETES
OVERCOME TYPE 2 DIABETES
– MEET TWIN HEALTH

What is Twin Health? Lifechanging health program to help you reduce medication, heal your disrupted metabolism and for participants with Type 2 Diabetes, reverse it! This program centers around a Whole Body Digital TwinTM — a digital representation of your metabolic health. Twin uses sensors to see how you respond to food, activity, and sleep. Then, it gives real-time, personalized recommendations via the Twin app. Twin provides everything for success, including the sensors and a dedicated care team.

- Lose weight and imporive fitness with personazlied activity/nutrition recommednations
- Avoid or eliminate costly medications (and side effects) with real-time, actionable health insights
- Live a longer, healthier life with one-on-one coaching for habit formation

What is the Cost? Twin is a fully-covered benefit for employees and dependents (18+ years old) enrolled in the health plan.

Scan with your camera or visit website.

partner.twinhealth.com/yourcommunity

EXPERT MEDICARE CONSULTING

When individuals reach age 65, they face the complexity of factoring Medicare into their health care decisions. Trying to understand Medicare – all of the parts, plans and costs – can be very overwhelming and intimidating. When you require assistance navigating the complexities of Medicare, we have the resources and expertise to serve your needs.

We can assist you with questions concerning the following:

- ✓ When should I enroll in Medicare?
- ✓ When can I enroll in Medicare?
- ✓ What is Medicare Part A, B, D, Supplement and Advantage Plans?
  - What do they cover?
  - How much do they cost?
  - What are income guidelines for higher premiums?
- ✓ Should I stay enrolled in my employer's group health plan?

Scott Benefit Services can help you understand Medicare, investigate options and navigate enrollment. Contact us today!

Cheryl Murray
cmurray@scottins.com
804-441-6828

Scott Benefit Services, a division of James A. Scott & Son, Inc.

Tax Advantaged Accounts

Administered by Flores, you have the option to elect in a tax-advantage account where you save pre-tax dollars to pay towards qualified expenses. It's important you weight your options as these accounts function differently.

Health Savings Account

Health Savings Accounts (HSAs) are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany high-deductible health plans (HDHPs), meaning you **must be enrolled in the high-deductible health plan to enroll and contribute to an HSA.**

- **Benefits of an HSA**
  - Lower health plan cost option
  - You own the account (if you leave or retire from VLH, you take the account with you)
  - Balance rolls over from year to year
  - Can minimize post-retirement medical expenses or supplement post-retirement income
- **How much can be contributed into your HSA?**
  - 2026: $4,400 (individual) and $8,750 (family)
  - 2027: $4,500 (individual) and $9,000 (family)
  - If you are age 55 or older, you may make an additional "catch-up" contribution of $1,000.
  - **Virginia Lutheran Homes will contribute** to your Health Savings Account! VLH will make a one-time contribution of $250 towards your HSA if you begin contributing on your first payroll deduction. In addition to the $250, VLH will match dollar for dollar up to $750. This makes Virginia Lutheran Homes' total contribution to your HSA up to $1,000 for the year.
- You may change your contribution amount at any time throughout the plan year as long as you don't exceed the annual maximum (through Proliant)
- **In order to be eligible to contribute to an HSA:**
  - Be covered by a high-deductible health plan
  - Not be covered under other insurance (includes Medicare, Tricare and spouses)
  - Not be claimed as a dependent on someone else's tax return
  - Cannot have a Healthcare Flexible Spending Account and a Health Savings Account at the same time – including your spouse
  - Not be treated by a VA Medical Center for a non-service-related condition in the past 90 days

Flexible Spending Account

Flexible Spending Accounts (FSAs) are a great way for you to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through Flores. You are not taxed on the money put into your FSA nor do you pay taxes if used for qualified expenses. The types of Flexible Spending Accounts that are available to you:

- **Healthcare Flexible Spending Account**
  - Contribute pre-tax dollars to pay for qualified healthcare expenses (medical, dental and vision)
  - 2026 maximum contribution limit is $3,400 individual with a carryover limit of $680 (funds remaining over the carryover limit at the end of the plan year will be forfeited)
  - Funds are available first day of your benefit effective date or plan year (Oct. 1)
- **Dependent Care Flexible Spending Account**
  - Contribute pre-tax dollars to pay for qualified dependent care. In general, eligible dependents include your child who is under the age of 13, or your spouse or relative who is physically or mentally incapable of self-care and lives in your home. This includes before and after school care for children, childcare at a licensed school/facility, nannies, au pairs and in home daycares and certain day camps
  - **2026 maximum contribution limit:** $7,500 or $3,750 if married filing separately
  - Funds are available as you contribute into the plan
- You cannot make changes to your contribution amount mid-year unless you experience a qualifying life event

Dental

Dental insurance helps you protect and maintain your oral health through regular checkups, cleanings and X-rays. VLH offers dental coverage through Delta Dental of Virginia with the option to see in-network dentist (PPO and Premier) or out of network dentist. By seeing an in-network dentist, you will save more! The Premier Network has the largest network, but the PPO network has steeper discounts. Please note, deductible and maximum reset October 1 and there is no waiting period on the dental plans. Visit www.deltadentalva.com to find a participating provider near you!

	Low Plan	High Plan
In Network Benefits		
Annual Deductible	Single: $50 Family: $150	Single: $50 Family: $150
Annual Maximum	$750	$1,500
Preventative Services *Exams, Cleanings, X-rays*	Covered at 100%	Covered at 100%
Basic Services *Fillings, Stainless Steel Crowns, Simple Extraction, Oral Surgery, Periodontics, Endodontics, Denture Repair*	80%	80%
Major Services *Crowns, Prosthodontics, Implants*	Not Covered	50%
Orthodontics **(Children under age 26)**	Not Covered	50% $1,000 lifetime maximum
Out of Network Benefits		
Preventative / Basic Major / Orthodontics	100% / 80% Not Covered	100% / 80% 50%
Employee Cost Per Pay Period		
Employee Only	$6.90	$13.27
Employee + Child(ren)	$18.85	$32.22
Employee + Spouse	$17.77	$30.48
Employee + Family	$24.85	$41.24

Max Over: *If you receive at least one preventive cleaning and use less than half of the annual maximum, a portion of your unused annual maximum will automatically be rolled over to the next plan year. Please see flyer for more details.*

Did you know you have access to Delta's Hearing Program on Amplifon's network for discounts on hearing exams and aids? Visit www.Deltadental.com to learn more or see additional flyer!

Vision

Offered through EyeMed, you have the option to elect in this voluntary vision plan. Vision coverage provides you with specific eye care coverage at a fraction of the cost. Having vision benefits and annual vision screenings can help you maintain your overall vision health as well as early detect various health problems. Sign into your EyeMed member portal for specific plan information, support, resources and additional promotions! www.eyemed.com

	In-Network	Out-of-Network (reimbursement)
Routine Eye Exam	$15 Copay (once every 12 months)	Up to $30
Standard Plastic Lenses (Single, Bifocal, Trifocal & Lenticular)	$25 Copay (once every 12 months)	Single up to $25 Bifocal up to $40 Trifocal up to $60
Progressives	Standard Lens: $90 Premium Progressive Lens: Tier 1 - $110 | Tier 2 - $120 Tier 3 - $135 | Tier 4 - $90, 80% of charge less $120 allowance	Up to $40
Contact Lenses **Conventional** **Disposable** **Medically Necessary**	$0 copay | $130 allowance 15% off balance over $130 Responsible for balance over $130 $0 copay, paid in full	 Up to $104 Up to $104 Up to $210
Frame (once every 12 months)	$0 copay, $130 Allowance, 20% off balance over $130	Up to $65
Lasik	15% off retail price or 5% off promotional price	N/A

Employee Cost Per Pay Period	
Employee Only	$0
Employee + Child(ren)	$2.57
Employee + Spouse	$2.32
Employee + Family	$4.99

VLH covers the full cost of employee only vision coverage!

Life and AD&D

BASIC LIFE INSURANCE

Helps provide for your loved ones if something were to happen to you. Offered through The Hartford, Virginia Lutheran Homes provides full-time employees with 2x their annual salary up to $ 300,000. Virginia Lutheran Homes pays for the full cost of this benefit–meaning you are not responsible for premiums on this benefit.

VOLUNTARY LIFE INSURANCE

Depending on your financial needs, you may want to consider buying supplemental coverage.

- **Employee:** Up to 5x your annual earnings in $5,000 increments up to $250,000 with a minimum benefit of $10,000. Please note: New hires can enroll up to the guaranteed issue amount of $200,000 with no medical questions but amounts over the guaranteed issue amount require answering medical questions (submitting an Evidence of Insurability Form to Hartford for review/approval).
- **Spouse:** If you elect coverage on yourself, you may also elect coverage on your spouse up to 100% of the employee voluntary life election with $5,000 as the minimum benefit but cannot exceed $50,000.
  Please note: New hires can enroll up to the guaranteed issue amount $25,000 with no medical questions but amounts over the guaranteed issue require answering medical questions (submitting an Evidence of Insurability Form to Hartford for review/approval).
- **Child(ren):** Employees may elect coverage of $10,000 on child(ren). The cost of this coverage includes all dependent children. The child coverage is guaranteed as long as the employee is enrolled in Employee Voluntary Life Insurance. Children can be covered from 15 days old to 26 years old.

Late entrants/existing employees must submit an Evidence of Insurability (EOI) form for any amount of coverage even if under the guaranteed issue amount.

Please see carrier documents for age reduction schedule.

Disability

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note, you are not eligible to receive disability benefits if you are receiving workers' compensation benefits.

Please note: All future enrollments for existing employees after open enrollment are considered late entrants and will be required to an submit an Evidence of Insurability (EOI) form that is subject to The Hartford approval for coverage. New hires do not need to submit an EOI. Deductions for voluntary benefits will not begin until approval date from The Hartford is received.

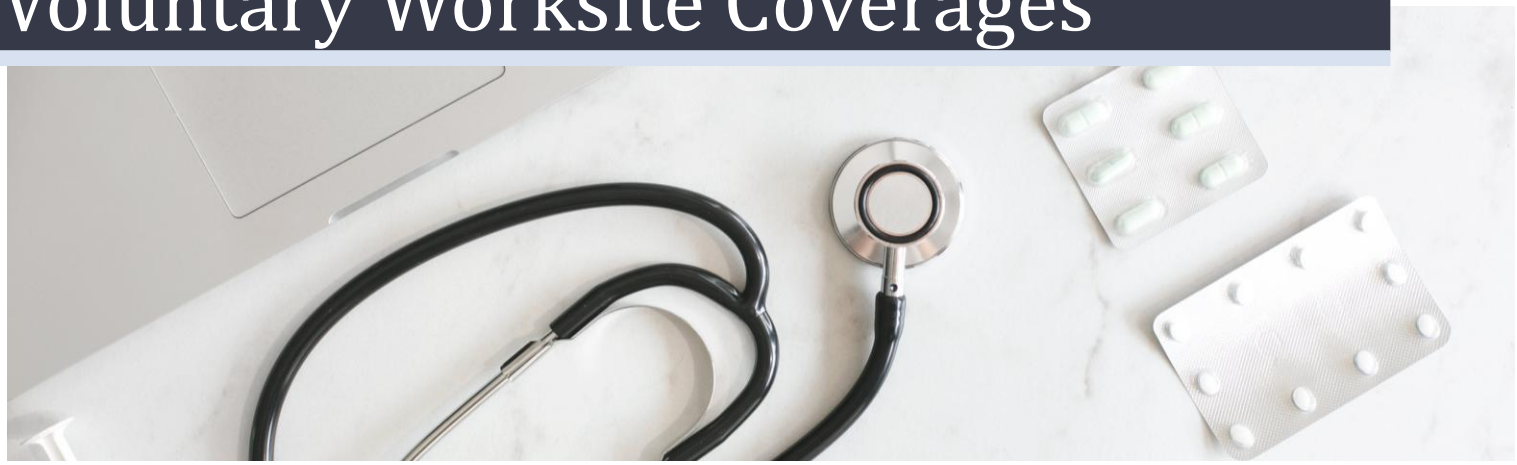
Virginia Lutheran Homes provides all full-time non-exempt employees the opportunity to purchase Voluntary Short-Term Disability and Long-Term Disability Insurance through employee payroll deductions. All full-time exempt employees also have the opportunity to purchase Voluntary Short-Term Disability Insurance through payroll deductions. All full-time exempt employees are provided Long-Term Disability coverage at no cost. (see below)

	Benefit Amount	Benefits Begin	Maximum Benefit Period
Short-Term 15 DAY PLAN	60% of your income up to a maximum of $500 per week	15 days after injury or illness	26 weeks
Short-Term 30 DAY PLAN	60% of your income up to a maximum of $500 per week	30 days after injury or illness	26 weeks

	Benefit Amount	Benefits Begin	Maximum Benefit Period
Long-Term	60% of your income up to a maximum of $5,000 per month	180 days, integrated from short-term disability	If you become disabled prior to age 63, benefits are payable to normal retirement age or 42 months if greater. 63 (or older), the benefit period will be based on a reduced duration schedule.

Please refer the carrier documents for further information

Voluntary Worksite Coverages



Virginia Lutheran Homes offers employees and their eligible dependents the opportunity to enroll in voluntary benefits through The Hartford by semi-monthly payroll deductions. The voluntary benefits offered by The Hartford include the following coverages:

Accident

Providing you coverage when injury, medical treatment and/or services occur that result from a covered accident. With Accident insurance, you'll receive payments associated with a covered injury and related service. You can use the payment in any way you choose, from expenses not covered by your major medical plan to day-to-day costs of living such as mortgage or utility bills.

Critical Illness

Facing a serious illness can be devastating both emotionally and financially. Major medical insurance may pick up most of the tab but can still leave out-of-pocket expenses that add up quickly. Critical Illness insurance can provide a lump-sum benefit upon diagnosis that can be used however you choose from expenses related to treatment, deductibles or day-to-day costs of living such as mortgage or utility bills.

Hospital Indemnity

Cash benefit for you or an insured dependent (spouse/child) if confined in a hospital for a covered illness or injury. Even with the best primary health insurance plan, out-of-pocket costs from a hospital stay can add up. The benefits are paid in lump sum amounts to you and can help offset expenses that may not be covered under your primary health insurance (deductibles, co-insurance amounts or copays) or benefits can be used for any non-medical expenses (like housing costs, groceries, car expenses, etc.).

THE HARTFORD

1-866-547-4205

TheHartford.com/benefits/myclaim

Hartford Services

ABILITY ASSIST COUNSELING SERVICES

- Ability Assist Counseling Services provides access to Master's degree clinicians for 24/7 assistance. This includes 3 face-to-face visits per occurrence per year for emotional concerns and unlimited phone consultations for financial, legal and work-life concerns.
  For more information: 1-800-964-3577 | www.guidanceresources.com
  Company Name: Abili Company ID: HLF902

BENEFICIARY ASSIST COUNSELING SERVICES

- Offers compassionate expertise to help you, your beneficiaries and immediate family members cope with emotional, financial and legal issues that arise after a loss. Includes unlimited phone contact with professionals as well as five face-to-face sessions for up to one year.
  For more information: 1-800-411-7239 | www.guidanceresources.com
  Company Name: Abili Company ID: HLF902

ESTATE GUIDANCE WILL SERVICES

- Helps you protect your family's future by creating a customized and legally binding online will. Online support is also available from licensed attorneys, if needed.
  For more information: www.estateguidance.com | Code: WILLHIF

HEALTH CHAMPION

- Offers unlimited access to benefit specialist and nurses for administrative and clinical support to address medical care and insurance claims concerns if you're enrolled in our life plan. Services include claims and billing support, explanation of benefits, cost estimates and fee negotiation, information related to conditions and available treatments and support to help prepare fore medical visits.
  For more information: 1-800-964-3577 | www.guidanceresources.com

FUNERAL CONCIERGE SERVICES

- Provides a suite of online tools to guide you through key decisions before a loss, including help comparing funeral-related costs. After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers often resulting in significant financial savings. In addition, Express Pay is a service that delivers proceeds in as little as 48 hours, allowing beneficiaries to use proceeds immediately for funeral expenses.
  For more information: 1-866-854-5429 | www.everestfuneral.com/hartford | Code: HFEVLC

Employee Assistance Program Anthem

If you or a loved one need support coping with life, reducing stress or living with a mental health issue, you are not alone! That's where your Employee Assistance Program (EAP) comes in. You'll find tools and resources to help you and your household members with everyday issues, big and small. It's available to you 24/7 at no cost, and everything you share is confidential. Explore all the support your EAP has to offer.

Counseling

Access up to 4 visits with a counselor per person, per issue each year. Choose from in-person or virtual counseling sessions, including text and chat options.

Legal resources

Book a 30-minute phone or in-person consultation with a lawyer for help with legal issues. Pay a discounted rate if you need continued legal services. Explore online forms, resources, and seminars to help navigate legal concerns.

Financial planning

Access unlimited phone consultations with a financial professional for help with issues such as retirement, home buying, and debt. Take charge of your finances with helpful financial tools and calculators.

Work-life resources

Find guidance on navigating your career, parenting, healthy communication, and balancing work and personal life. Get help finding high-quality pet, child, and elder care.

Online wellness resources

Access podcasts, articles, videos, and webinars on dozens of topics to help you manage your emotional, mental, and physical well-being.

Crisis support

Call the 24/7 hotline or get online support with planning, coping, and recovery if you're impacted by a tragedy.

Identity theft support

Receive guidance if you're the victim of fraud or identity theft, including help reporting to credit agencies, filling out paperwork, and negotiating with creditors

Up to four counseling visits per issue, per year
1-800-346-5484 | AnthemEAP.com
Company Code: Virginia Lutheran Homes

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Know Your Benefits

Decoding Common Benefits Terms

Health benefits can be a powerful resource, but employees get the most value out of them when they understand how to use them. Too often, benefits information is filled with terminology that sounds familiar but isn't clearly explained. As a result, many employees nod along during open enrollment or skim plan materials, expecting everything to make sense when they actually need care.

This article breaks down some of the most commonly misunderstood benefits terms, explains why they're confusing and defines what they actually mean in plain language. The goal is to make benefits terminology clearer and easier to navigate so benefits information feels more accessible and less overwhelming.

Understanding Common Benefits Language

The following terms appear frequently in health plan materials but are often misunderstood. Each is broken down to clarify why it can be confusing and what it means in practical terms.

- **Copays** are a fixed dollar amount paid for specific services, such as office visits or prescription medications.
    - **Misconception:** Copays always apply toward meeting the deductible.
    - **Reality:** Some copays count toward the out-of-pocket maximum but may not count toward the deductible, depending on the plan.
- **Coinsurance** is the percentage of health care costs you pay after meeting your deductible, with your insurance covering the remaining percentage.
    - **Misconception:** Insurance pays everything once the deductible is met.
    - **Reality:** After meeting the deductible, costs are usually split. For example, with 20% coinsurance, the individual pays 20% of the allowed amount, and the plan pays 80%.
- **Deductibles** are the amount you must pay out of pocket each plan year for covered health care services before your insurance begins paying its share. Preventive care is generally covered before you hit the deductible.
    - **Misconception:** Many people think a deductible is the amount they pay at every appointment, or they're unsure when it applies.
    - **Reality:** The deductible is a yearly threshold. Once it's met, covered services are typically shared through coinsurance or copays rather than paid entirely out of pocket.
- **Out-of-pocket maximums** are the highest out-of-pocket amounts paid for covered services during a benefit period.
    - **Misconception**: There's no limit to how much medical care might cost in a year.
    - **Reality:** Once the out-of-pocket maximum is reached, the plan generally covers 100% of covered services for the rest of the year.

Know Your Benefits

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- **Preventive care** refers to health care services aimed at preventing illness or detecting conditions early, such as annual exams and screenings.
  - **Misconception**: Preventive care requires coinsurance before you reach the deductible.
  - **Reality**: Preventive services are often covered at no cost when guidelines are followed.

- **Explanation of benefits (EOBs)** are statements from the insurance company explaining how a health care claim was processed.
  - **Misconception**: An EOB is a bill that must be paid immediately.
  - **Reality**: An EOB is informational. It shows what was charged, what the plan paid and what may be owed. The actual bill comes from the provider.

- **Consolidated Omnibus Budget Reconciliation Act (COBRA)** is a federal law that requires group health plans to offer continuation coverage to employees, spouses and dependent children when group health coverage would otherwise be lost due to specific events.
  - **Misconception**: COBRA is a new or different insurance plan.
  - **Reality**: COBRA continues the same coverage, usually at full cost to the individual, for a limited period of time.

- **Summary of benefits and coverage (SBC)** is a standardized document that summarizes a health plan's coverage, costs and key features.
  - **Misconception**: The SBC includes all plan rules and details.
  - **Reality**: The SBC is a high-level summary designed for comparison. Full plan documents provide detailed terms and conditions.

- **In-network and out-of-network providers** differ in that in-network providers have agreements with an insurance company, while out-of-network providers do not.
  - **Misconception:** All in-network services are covered.
  - **Reality**: In-network care is generally covered if approved by the plan and medically necessary, usually subject to a copay, coinsurance and deductible.

- **Flexible spending accounts (FSAs)** are employer-sponsored accounts that allow employees to set aside pre-tax dollars to pay for eligible health care expenses.
  - **Misconception**: FSA funds can be saved and used indefinitely.
  - **Reality**: FSAs typically have "use-it-or-lose-it" rules, meaning unused funds may be forfeited at the end of the plan year, although some plans allow a limited rollover or grace period (for plan years beginning in 2026, the carryover limit is $680).

- **Health savings accounts (HSAs)** are tax-advantaged saving accounts available to individuals enrolled in a high-deductible health plan and used to pay for eligible health care expenses.
  - **Misconception**: HSA funds must be spent each year, like FSA funds.
  - **Reality**: HSA funds roll over year to year, belong to the individual, and can be saved or invested for future health care costs, including expenses in retirement.

Conclusion Understanding benefits terminology isn't just about understanding each definition in detail; it's about making better decisions, avoiding surprise costs and using benefits with confidence. When health care consumers know how deductibles, coinsurance, networks and coverage limits work together, their benefits become less intimidating and far more valuable. Benefits shouldn't feel like a guessing game. With clearer language and the right explanations, you can spend less time decoding plan documents and more time focusing on your health and well-being. Check with your employer for more resources.

How to Read an Explanation of Benefits

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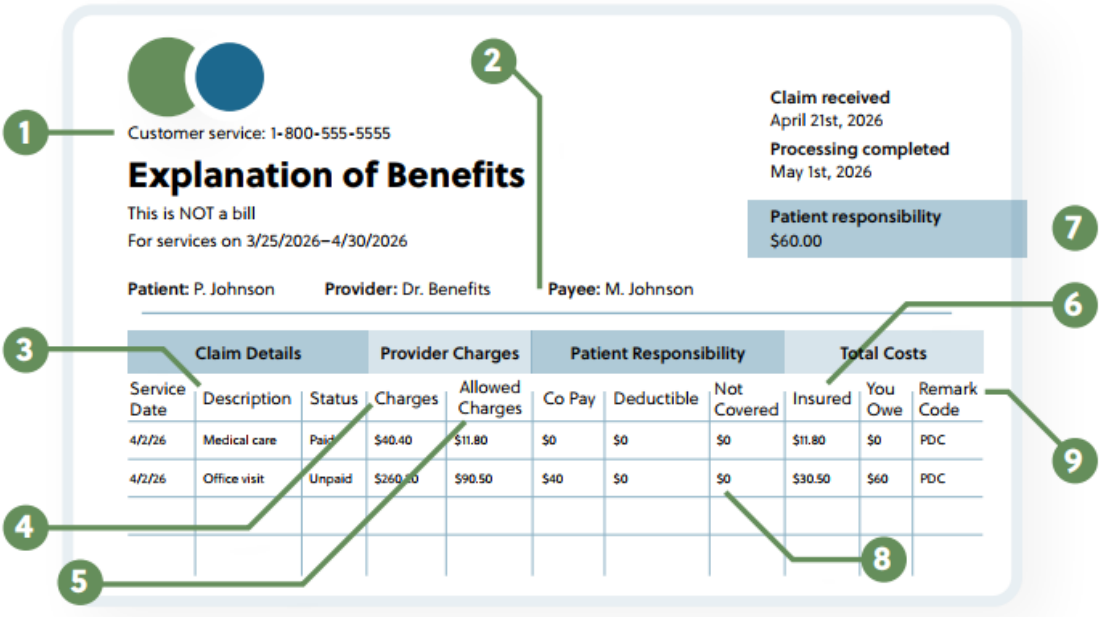
An explanation of benefits (EOB) is a helpful breakdown of how your health insurance handled a recent claim. While it may look like a bill, it's simply a summary, not a request for payment. Learning how to read your EOB is one of the easiest ways to stay informed about your health care costs. To read your EOB, check each section to confirm charges, verify coverage and review for errors such as duplicate charges or services you didn't receive. Reviewing each EOB helps prevent unexpected charges when claims are processed and ensures you don't pay more than you should.



1. **Contact information** —Use this phone number to contact a customer service representative if you need help finding a provider or have questions about coverage.
2. **Payee** —This is the person who will receive any reimbursement for overpaying the claim.
3. **Service description** —This shows the services that were provided, such as a medical visit, lab test or screening.
4. **Provider charges** —This is the amount your doctor and facility bill.
5. **Allowed charges** —This is the discounted rate your plan has negotiated.
6. **Paid by insurer** —This is the amount the insurer covered.
7. **Patient balance** —This is the amount you owe, including any copay, coinsurance or deductible.
8. **Noncovered service** —This is a service, item or supply your plan doesn't include.
9. **Remark code** —This is a note from the health plan that provides more details about the costs, charges and paid amounts for the visit.

Some EOBs also include out-of-pocket expenses that count toward your deductible and out-of-pocket maximum. Review each EOB as soon as it arrives and compare it with your provider's bill. If something doesn't look right, reach out to your insurance company or the provider's billing office.

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Virginia Lutheran HOMES

BRANDON OAKS
In the heart of it all

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 actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact HR.

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